

# HIE Steering Committee

December 11, 2019



# Agenda

Topic	Schedule
Welcome	10:30 – 10:35
VITL Interface Priorities for 2020	10:35 – 11:35
BREAK	11:35 – 11:45
Reflecting on this Year & Charting a Path Forward	11:45 – 12:25
Wrap up	12:25 – 12:30



# VHIE Interface Prioritization

December 11, 2019

# VHIE Interface Prioritization Overview

- Needed for CY2020 VITL – DVHA Contract work
- Establishes the priority of interface implementations for health care organizations to connect to the Vermont Health Information Exchange (VHIE)
- VITL and DVHA are seeking input from the larger HIE community

# Why Are We Here?

- Want to ensure we prioritize in a thoughtful manner
- Want to get your input on the methodology
- Want to people to have the opportunity to weigh in
- This group will make recommendations to DVHA on the priorities

# Interface Categories

## 2 Categories of Contributing Interfaces

- New interfaces
- Replacement interfaces - needed when an organization switches vendors, or gets acquired
- Could be ADT, CCD, VXU, Laboratory, Radiology, or Transcribed Reports

## 3 Types of Delivery Interfaces

- Laboratory Results Delivery Interfaces
- Radiology Results Delivery Interfaces
- Transcribed Results Delivery Interfaces

# Interface Considerations

## Contributing Data

- Blueprint HCO?
- OneCare Vermont HCO?
- Medicaid population of HCO?
- Immunization Registry HCO?
- Vendor capable?
- HCO engaged and willing?
- Tier 2 capable?
- Willing to send multiple data types?
- Age of request?
- Total number of patients?
- Others?

# Interface Considerations

## Receiving Data

- HCO engaged and willing?
- Hospital or Lab willing to test?
- Vendor capable?
- Age of request?
- Potential interface volume?
- Others?

# Successes and Challenges in the Past

## Successes:

- Vendor switches mean that the vendor and HCO team is engaged for testing already
- Can bundle multiple interface types into one project
- VDH started pre-vetting HCOs prior to putting on the priority list

## Challenges:

- Many HCOs get put on the priority list without their knowledge
- More education needed about the VHIE and the benefits of contributing for the programs
- Vendor switches top priority is to get the HCO live for patients, and any issues with the VHIE interface can get delayed

# Contributing Interface Groupings

## Vendor Switches (if known)

- Department of Corrections (Feb 2020 potentially)
- Porter Hospital (Nov 2020)
- CVMC Hospital (Nov 2020)
- Samaritan Hospital (June 2020)
- Designated Agencies (need Part 2 solution in place)

## New

- BP, OCV, VCCI and VDH priorities
- Client requested interfaces

## eCW & AthenaHealth

- Awaiting completion of first successful connections, before moving on to new HCOs.

# Delivery Interface Groupings

## Vendor Switches (if known)

- Designated Agencies
- Department of Corrections (Feb 2020 potentially)

## New

- Client requested interfaces
- Hospital or Commercial Lab requested interfaces

# Next Steps

- Provide any vendor switches you are aware of that are not on this list to VITL so we can include them in the planning
- Start thinking about what would raise the priority of an interface for your program and send it to VITL
- Start thinking about any HCOs that are your priority and send it to VITL
- Start thinking about the best way your program and VITL can engage the HCOs on your list
  
- We will be setting up our next meeting in early January to review the draft recommendations based on your feedback above

# Questions?



# Reflecting on this Year's Work & Charting a Path Forward

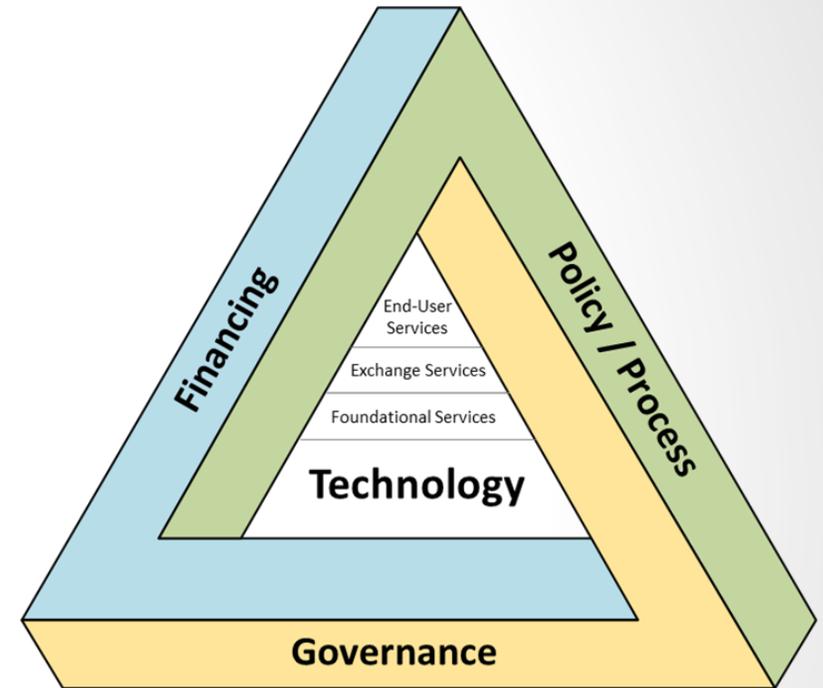
# Objective for Today: Walk the Path

1. Ground ourselves in the strategic plan (continuation of last meeting)
2. Establish steps for achieving the strategies in our plan
3. Begin to “walk” down the 2020 path



# Key Focus Areas

- Collaborative Services
- HIE Governance
- Health IT Roadmap
- Operational Efficiency & Effectiveness through the Tactical Plan
- Opt-Out Consent Policy Implementation



## Areas to Explore: How we Get There

- *Are these the correct tactics? What did we miss?*
  - Digesting/Digging into the Technical Roadmap
  - Elaborating on a Financing & Sustainability Model
  - Aligning Strategy with the Collaborative Services Project
  - Developing our Governance Model - Convening Sub-Committees to Support Our Work
  - Leaning on HIE Program Operations

# Digesting the Technical Roadmap

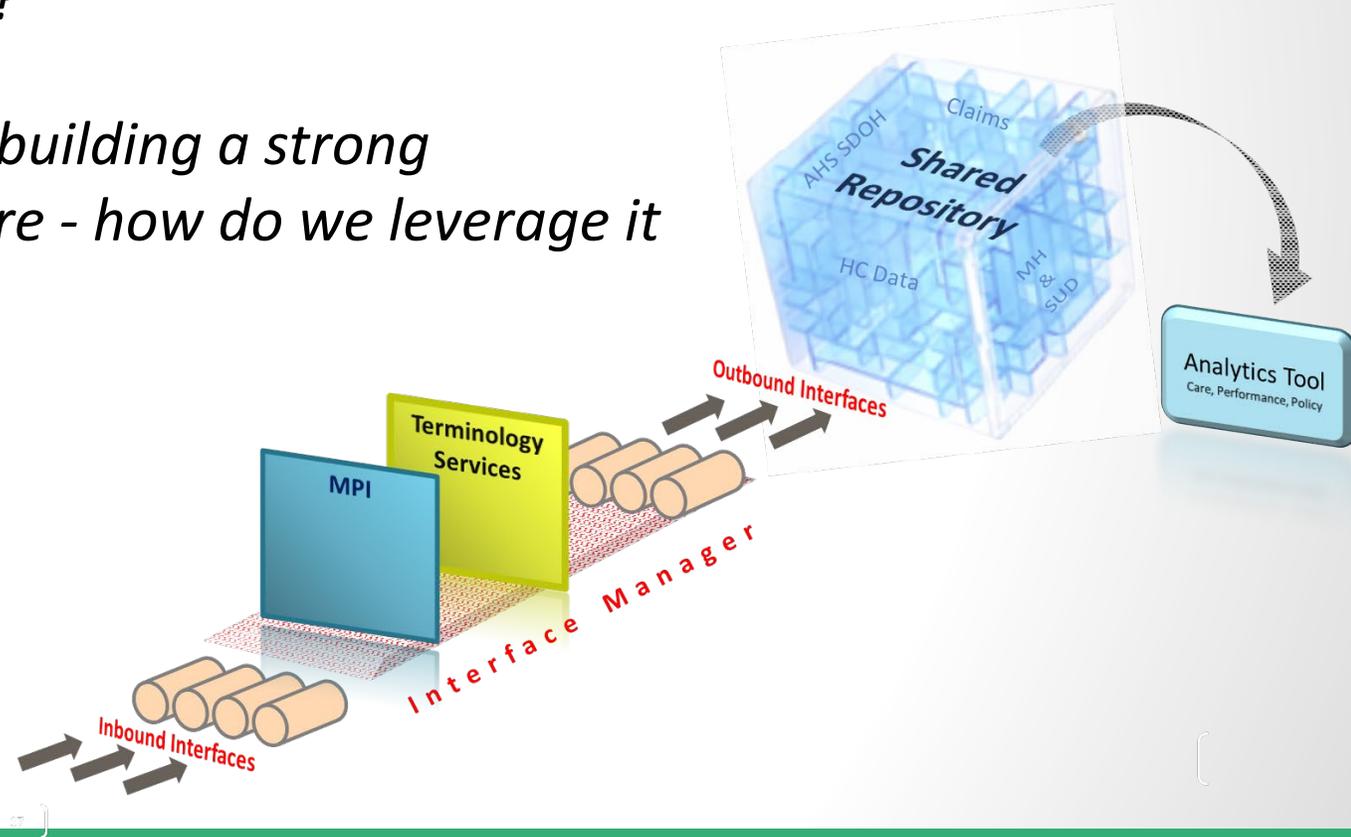
- Key Objectives:
  - Delivering Information at the Point of Care
  - Augmenting Use of Public Health Registries
  - Managing Sensitive Information
  - Leveraging Social Determinants of Health Data
  - Automating Quality Reporting
  - Providing Consumer Access
- *Do we need more time to ensure there is collective understanding of and support for these objectives?*
- *How would you prioritize these objectives?*

# Elaborating on an HIE Financing/Sustainability Model

- The Facts:
  - Current public investment level in HIE infrastructure is unsustainable
  - The HIE Steering Committee is charged with developing a strategy that will serve the entirety of the health care system – not just the public sector or Medicaid
  - DVHA is working to evaluate the most advantageous public funding streams and focus investments on foundational services, which are key to building Exchange and End-User Services
- *What is the Steering Committee's role in guiding a broad HIE investment strategy?*
- *What do you need to successfully fulfill this role?*

# Collaborative Services Project (CSP)

- Confirming our Assumptions: *Do we need more time dedicated to elevating the group's understanding of CSP and what it means in the context of HIE planning?*
- Moving forward: *If CSP is focused on building a strong foundational technology infrastructure - how do we leverage it strategically and tactically?*



# Sub-Committees to Enable HIE Strategy

- Sub-Committees Discussed:
  - Data Governance
  - Connectivity Criteria
  - Quality Management
  - Mental Health and Social Determinants of Health
  - Interoperability
  - Use case development
- *Should sub-committees be developed over time? Or do we need all sub-committees to be established before 2020 work can begin?*
- *What is our sub-committee model? How do sub-committees interact with the main committee and how are responsibilities delineated?*

# HIE Program Operations

- *Would the Committee like to hear more about DVHA's HIE Program Operations?*
- *What topics are most relevant to the Committee's work (e.g., VITL contract, HIT Fund and federal funding, the AHS Medicaid Enterprise)?*
- Next Step: Individual Meetings to De-Brief this Year's Committee Experience

# Tying it All Together

- The HIE Governance Model enables stakeholders to develop a strategy for HIE in Vermont
- Digesting the technical roadmap will help us identify the work to be prioritized in 2020 and beyond
- The efforts prioritized drive the need for establishing sub-committees to carry out the work, and leverages existing “sub-committees”
- These workstreams both depend on and inform the overall HIE strategy, and ongoing work supports the prioritized initiatives