

Health Information Exchange Steering Committee Meeting

August 24, 2020

Today's Agenda

- Welcome & Introductions
- A Look at VITL's Work in 2021
- Sustainability Concepts:
 - Outcomes Based Certification
 - State-Run EHR Incentive Program
- Confirming Strategic Concepts in the HIE Plan
- Wrap Up

HIE Sustainability: Exploring Outcomes Based Certification



Publicly Funded HIE Initiatives

State HIT Fund

- A small tax on private health insurance claims to support electronic exchange of health information
- Previously a special fund, now claims tax revenues are distributed to the General Fund
- Impacted by shifts in private claims

HITECH Act

- Through September 2021, provides states with 90/10 matching funds for HIE development activities – the VHIE, public health registries, ACO IT capacity, etc.
- CMS intends to continue to fund Medicaid-focused HIE activities, likely at a lesser match rate

Outcomes Based Certification

- CMS has recently advised that HIE “modules” may be certified, opening an opportunity for states to receive previously unavailable Operations funds at a 75/25 match rate

Outcomes Based Certification (OBC): Quick Facts

- CMS has offered certification opportunities to Medicaid systems for years; certifying HIEs is a new opportunity, recently introduced
- The OBC process ensures that Medicaid systems projects are focused on achieving outcomes to improve Medicaid programs
- Because the HIE opportunity is new, CMS is asking states to propose their own outcomes measures (i.e., there are no specific metrics we must use)
- Systems must be live for at least 6 months before certification can be awarded
- Federal matching dollars (75/25) are retroactive to system “go live” date
- It is expected that outcomes are designed to measure progress over multiple years

CMS Guidance on Developing Outcomes

IT Milestone

Go live with a system that provides query-based HIE

...Just the *what*

Program Outcome

Medicaid providers are able to use the system for query-based HIE to improve care coordination.

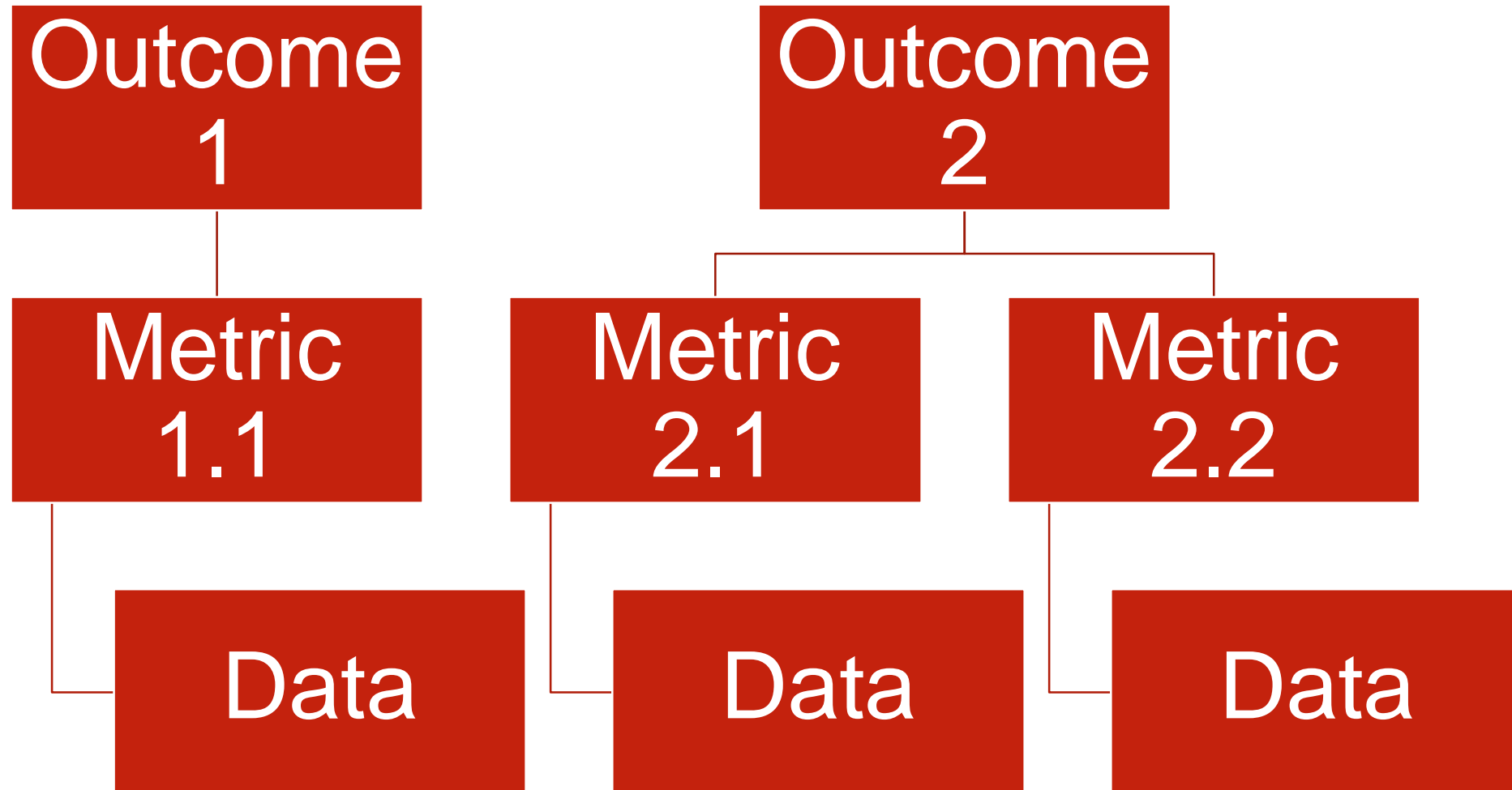
The *what* and the *why*!

Healthcare Outcome

Improve care coordination and reduce duplicative testing

...Just the *why*

Outcomes are Supported by Metrics and Metrics Rely on Data



Outcomes – Metrics – Data

01

Outcomes - discrete and measurable improvements to Medicaid program management, monitoring, or administration, resulting from the delivery of Information Technology (IT) system functionality

02

Metrics - measures that would demonstrate whether a system is meeting an outcome

03

Data - production information for the agreed-upon metrics that states provide to CMS to demonstrate whether a system is meeting the agreed-upon outcomes

Proposal to the Steering Committee

- The foundational VHIE Collaborative Services technology will be up and running in January 2021
 - Systems must be live for 6-months to be certified, meaning the soonest Vermont could receive certification is July 2021
 - Certification funding is retroactive to the date the system began operating under certified standards
- The outcomes selected for the Outcomes Based Certification process could be used to:
 - Aid the Steering Committee in measuring the value and utility of the VHIE over time
 - Demonstrate the importance of the HIE system to Medicaid operations, gaining access to federal Operations funds

Post-HITECH Meaningful Use/ HIT Incentive Program

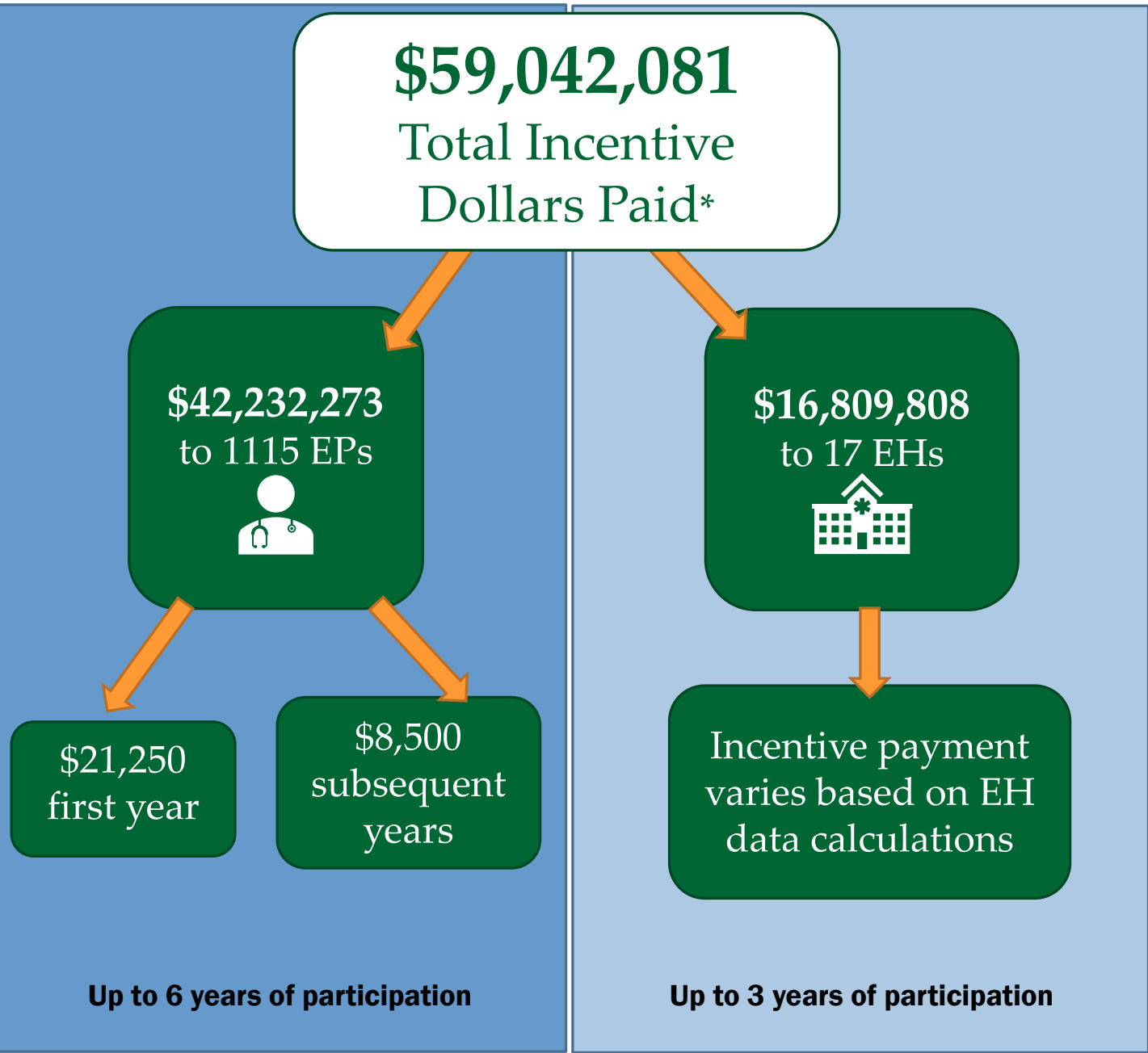
VT PROMOTING INTEROPERABILITY PROGRAM



Program Overview

- The Electronic Health Record Incentive Payment (**EHRIP**) program was established in 2009 as part of the Health Information Technology for Economic and Clinical Health (**HITECH**) act.
- Incentivizes Medicaid providers' adoption, implementation and meaningful use of electronic health records (EHRs) (100% federal funds).
- States manage financial oversight and monitoring of expenditures for the Medicaid EHRIP (funded federally at 90/10).
- Re-branded in 2018 to the Promoting Interoperability Program (**PIP**) to reflect a new phase of EHR measurement focused on interoperability and improving provider and patient access to health information.

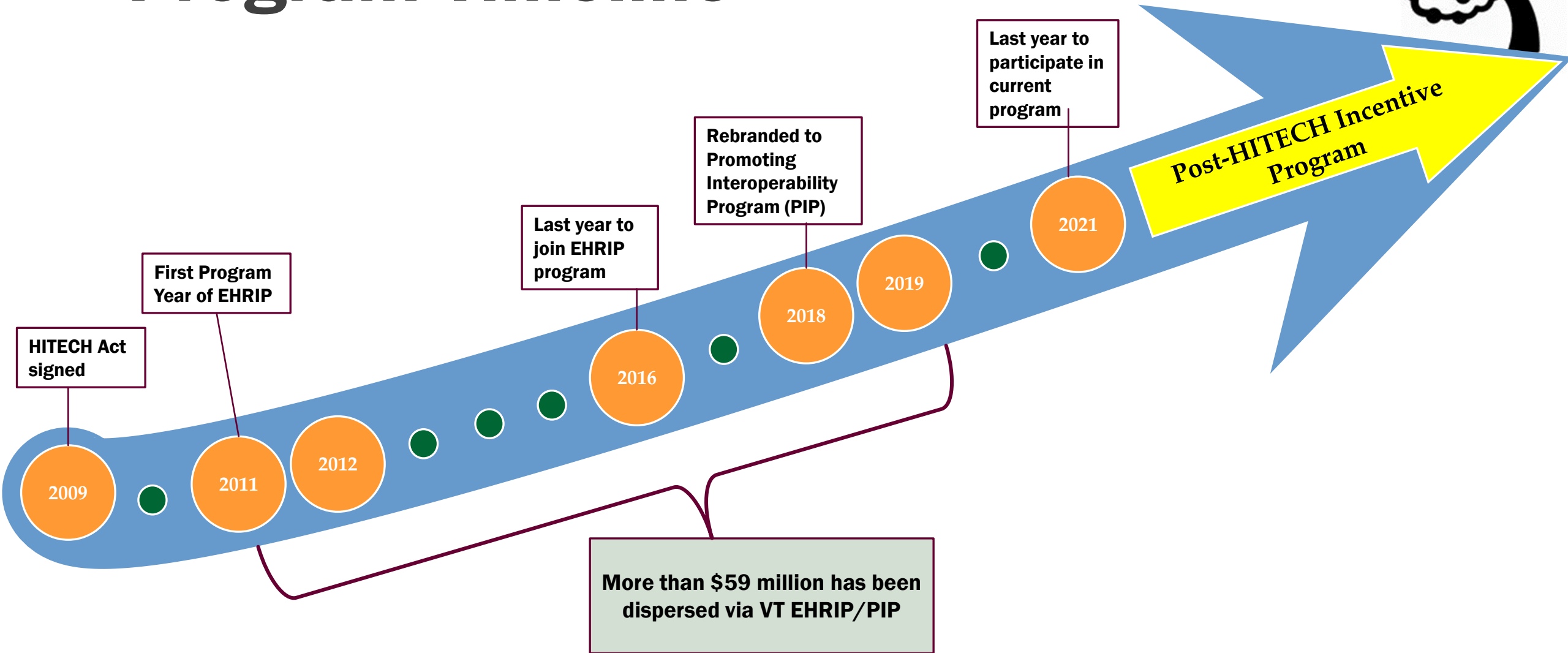




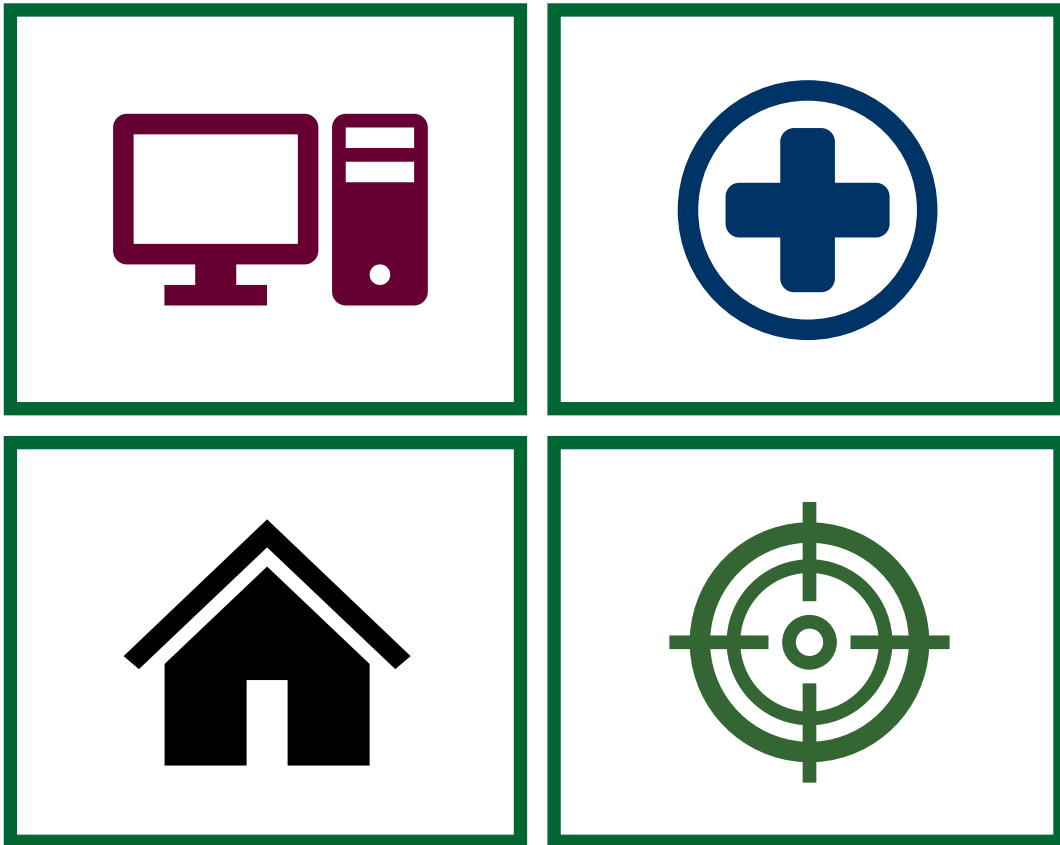
Program Statistics

- 100% of participating Eligible Hospitals (EHs) have successfully reached maximum participation in the program
- Just under 20% of participating EPs in have successfully reached maximum participation in the program**
- 3517 applications have been paid out

Program Timeline



Current Program Requirements



- Certified EHR in use
- At least 30%* Medicaid Patient Volume
- Performs less than 90% of services in a hospital inpatient or emergency department setting
- Meet Meaningful Use objectives and measures**

Impact of PIP



Incentivizes meaningful use and interoperability of EHRs and other data repositories



Valued source of financial support for providers and hospitals



Final program year is **2021**

CMS is Offering States a NEW Opportunity

- Design and run an EHR Incentive Program, when the current Medicaid EHR Incentive Program expires at the end of 2021
- The federal contribution would be lower than the current program (current: 100% federally funded incentive payments; 90/10 for staff)

Future Incentive Programs Impacts



Continued advancement of interoperability and other healthcare reform priorities



Opportunity for continued financial support for providers and hospitals



Potential to tie-in/support existing state-funded HIE/HIT programs

Eligible Professional (EP) Types

CURRENT PROGRAM EPs

- **Physician**
- **Nurse Practitioner**
- **Physician Assistant***
- **Pediatrician**
- **Certified Nurse Midwife**
- **Dentist**

POTENTIAL PROGRAM EPs

- **Psychologist (Doctorate and Masters Levels)**
- **Licensed Mental Health Counselor**
- **Licensed Clinical Social Worker**
- **Physical and Occupational Therapists**
- **Naturopathic Physician**
- **Other types to be considered**

Meaningful Use Objectives

CURRENT REQUIREMENTS

- **Protect patient information**
- **Electronic prescribing, lab orders, etc.**
- **Clinical Quality Measures**
- **Patient electronic access to and engagement with health information**
- **Health Information Exchange**

PROPOSED REQUIREMENTS

- **Public Health and Immunization reporting**
- **Mental and behavioral health reporting**
- **Social determinants of health reporting**
- **Additional HIE priorities**

- **State Plan Amendment**
- **State Discretion**
- **Regional Opportunities**

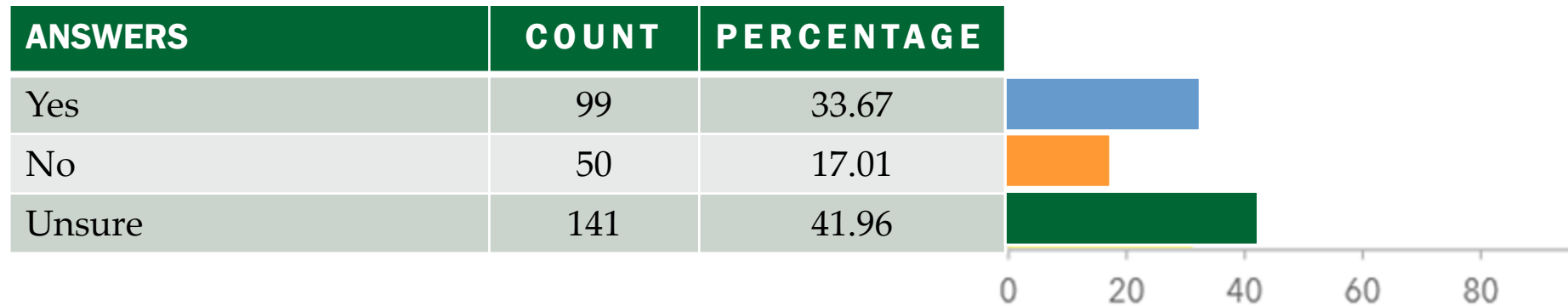
ACTIVITIES	HITECH FUNDING	POST-HITECH FUNDING
Design, development and implementation	90%	90%
Operations	90%	75%
Program Administration	90%	*Currently awaiting CMS determination
Incentive payments	100%	*Based on FMAP
Services and Onboarding	90%	0% (look into this/verify; may be 50%)

Post HITECH-Incentive Programs- Federal Funding and current information

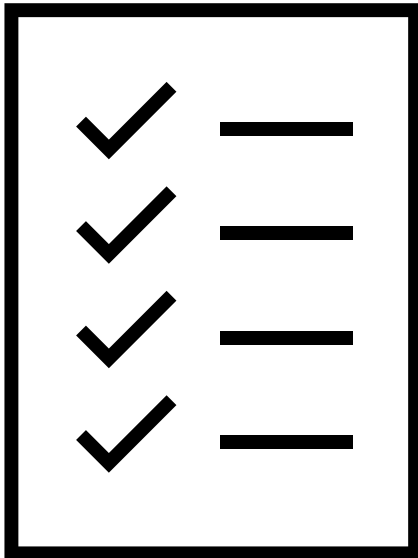
2019 SMHP Environmental Scan

Interest in Future Incentive Program

Would you participate in a potential state-funded program that would provide annual incentive payments for meaningful use of Health Information Technology?



Next steps:



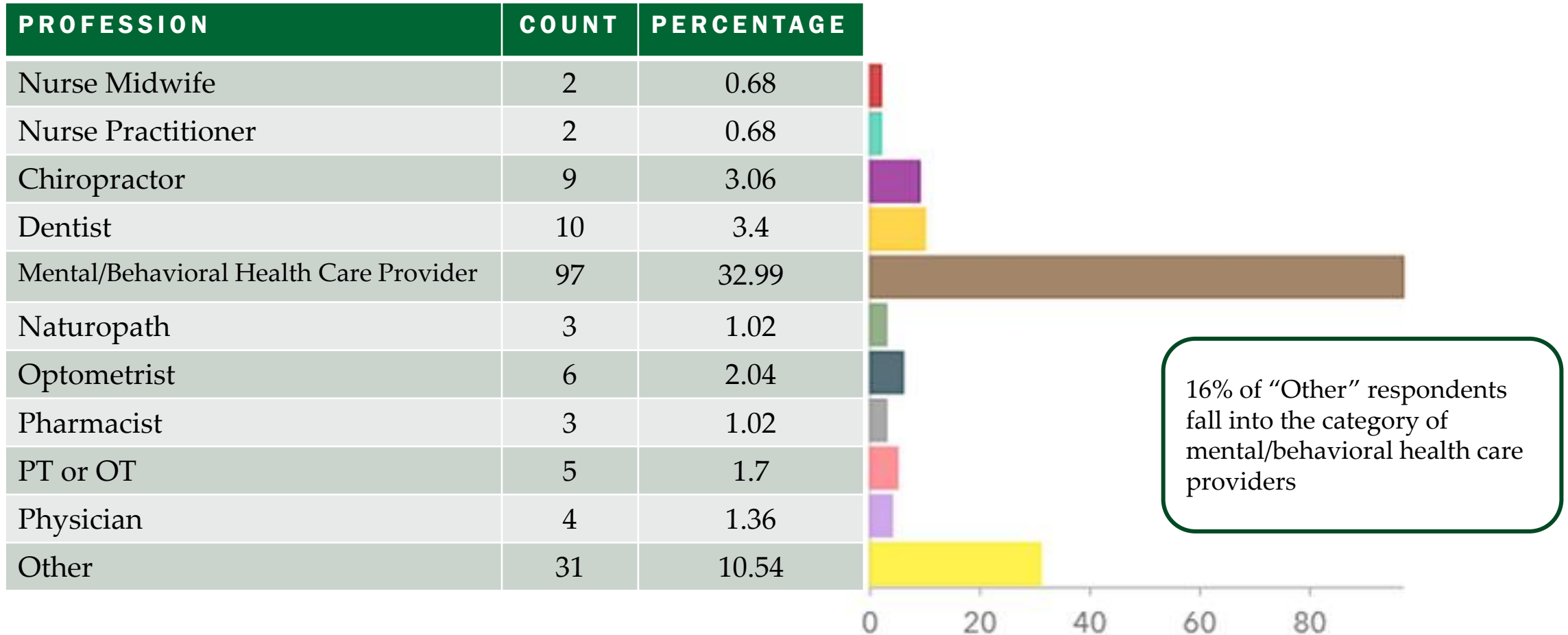
Steering Committee:

- Determine alignment with HIE Plan,
- Plan State Strategy
 - Identify and convene Incentive Program Subcommittee.
- Through the subcommittee, provide relevant insight, guidance, and direction towards development of the program.
- Determine necessary research.

State PIP Team

- Provide operational and administrative support to the relevant subcommittee
- Continue discussions with local, regional, and federal partners,
- Develop proposals for Program Specifications,
- Conduct/manage necessary research,
- Work with stakeholders to develop SPA.

Reference: 2019 SMHP Environmental Scan Respondent Provider Type



Confirming Strategic Concepts in the HIE Plan

IT Objectives	Tactics	Status
Objective #1: Deliver Quality Data at the Point of Care Share appropriate information with patient's care team to support care management and care coordination.	Strengthen identity matching and broaden its use across all health services	In Progress
	Optimize care delivery through evidence-based clinical decision support and precision medicine	Exploring
	Support VHIE connection to national networks	In Progress
	Ensure that patients' longitudinal health record is based in USCDI and FHIR standards, as detailed by ONC's Interoperability Rules	In Progress
	Expand use of electronic health records and other technologies across the full spectrum of care delivery	In Progress
	Expand Telehealth consistent with USCDI & FHIR R4 APIs	Planning
Objective #2: Integrate Public Health Systems and the VHIE Increase adoption and efficiency of electronic Public Health Registry reporting and integrate into provider workflow.	Connect the Death Registry and the VHIE to ensure that providers and analysts can gain timely access to death data	Exploring
	Establish lab interfaces with the VHIE to enable rapid sharing of disease surveillance data to predict epidemics, prevent outbreaks, and save lives	In Progress
	Establish a bi-directional connection between the Immunization Registry and the VHIE	Exploring
	Leverage VHIE foundational IT infrastructure to support public health data management	Exploring
	Integrate VPMS (PDMP) and the VHIE to expand access to needed pharmacy data	Exploring
	Leverage VHIE data to enable electronic clinical reporting	Exploring
Objective #3: Manage Sensitive Health Information Create safe, effective solutions to share sensitive data (e.g., SUD, behavioral health, other), adhering to state and federal regulations.	Ensure public health emergency response data is aggregated by the VHIE to support centralized data reporting, transmission, and provider access	Exploring
	Develop VHIE capabilities to identify, parse and translate data to manage consent and access to "sensitive" health data	Planning
	Map sensitive data to all available standards to support interoperability and ease reporting and analysis	Planning
	Develop "sensitive" data consent management model - security tags (granular consent), a FHIR data model feature (opt in)	Exploring
Objective #4: Integrate Health & Human Services Data into the VHIE Develop tools and methods to collect, aggregate, and share health and health and human services data such as social determinants of health data and claims.	Develop connectivity criteria to define data elements specific to sensitive care settings	In Progress
	Develop interfaces between care settings that create sensitive data e.g., Designated Agencies and the VHIE	In Progress
	Develop VHIE infrastructure to aggregate SDOH data through the collaborative services project infrastructure	Planning
	Ensure VHIE utilizes the Gravity FHIR resource for standardized SDOH data management and exchange	Exploring
	Connect SDOH data sources, like the Agency of Human Services, to the VHIE	Planning
Objective #5: Automate Quality Reporting Support and enhance quality reporting by harmonizing reporting requirements, standardizing reporting formats, and creating a reliable, predictable pipeline of information captured with minimal disruption to workflow.	Develop a consent model/access protocols for access to SDOH data	Exploring
	Relying on the FHIR data model, create technical and operational processes for aggregating claims data	Planning
Objective #6: Provide Consumer Access Individual consumers and their personal caregivers (family and friends in their support network) should have access to comprehensive longitudinal record of their own care.	Implement a VHIE data repository able to parse and distribute patient-level data based on user's needs (e.g., HEDIS, emergency response systems)	Planning
	Note: the Collaborative Services Project Subcommittee will support VITL in identifying data reporting requirements (individual organizational needs)	
	Expand FHIR and query-based capabilities	Planning
	Comply with the ONC's 21st Century Cures Act to open data access to patients via API	Planning
	Explore a personal health record system that unites data across source systems as a means of creating a longitudinal health record not dependent on care setting or insurer	Planning

HIE Technical Planning – Guiding Principles

- Employ an agile, test-driven approach to all implementations.
- Start with the simple systems. Complex systems that work evolved from simple systems that work (Gall's Law).
- Start and mature pilot projects to production deployment.
- Information will outlive the application upon which it is created. Base interoperability and acquisition decisions on that understanding
- Evaluate technology from the aspect of lock-in and ease of migration.
- Base data reuse decisions on increasing predictability and reliability of information.
- Data are the most valuable HIE resource and must be portable.
- Reuse across systems is a bedrock principle

HIE Technical Planning Guiding Principles

- The ultimate value to users is evident in tiers two and three: Exchange and End-User Services.
- Tier one (Foundational) is required to enable tiers two and three.

End-User Services		
Reporting Services	Notification Services	
Analytics Services	Consumer Tools	
Care Coordination Tools	Patient Attribution & Dashboards	

Exchange Services		
Data Aggregation	Data Access	Data Extraction
Terminology Services		Data Governance

Foundational Services	
Identity Management	Consent Policy & Management
Security	Provider Directories

Wrap Up

- Next Meeting
 - Review Subcommittee Outputs – Collaborative Services Assessment and Connectivity Criteria Updates
 - Discuss Governance – HIE Steering Committee structural updates (membership and subcommittees) and meeting design
 - Finalize HIE Plan
- Meeting Evaluation: *How did we do?*