

Health Information Exchange Steering Committee Meeting

July 27, 2020

Next Two Meetings

- ***What's approved?*** What work is underway that the Committee has initiated and/or approved?
- ***What's new?*** What work is newly initiated by the Cures Act, COVID, etc.?
- ***What's possible?*** What does the Committee want to explore considering our current understanding of the HIE ecosystem?

Today's Agenda

Focus: Tactical Plans

- Welcome & Introductions
- Review and Confirm Data Onboarding Plans
- Review and Confirm Schedule and Outputs of Subcommittees
- COVID-19 Lessons Learned and Related Opportunities

Review and Confirm Data Onboarding Plans

DATATYPES ROADMAP

KEY --->

POLICY

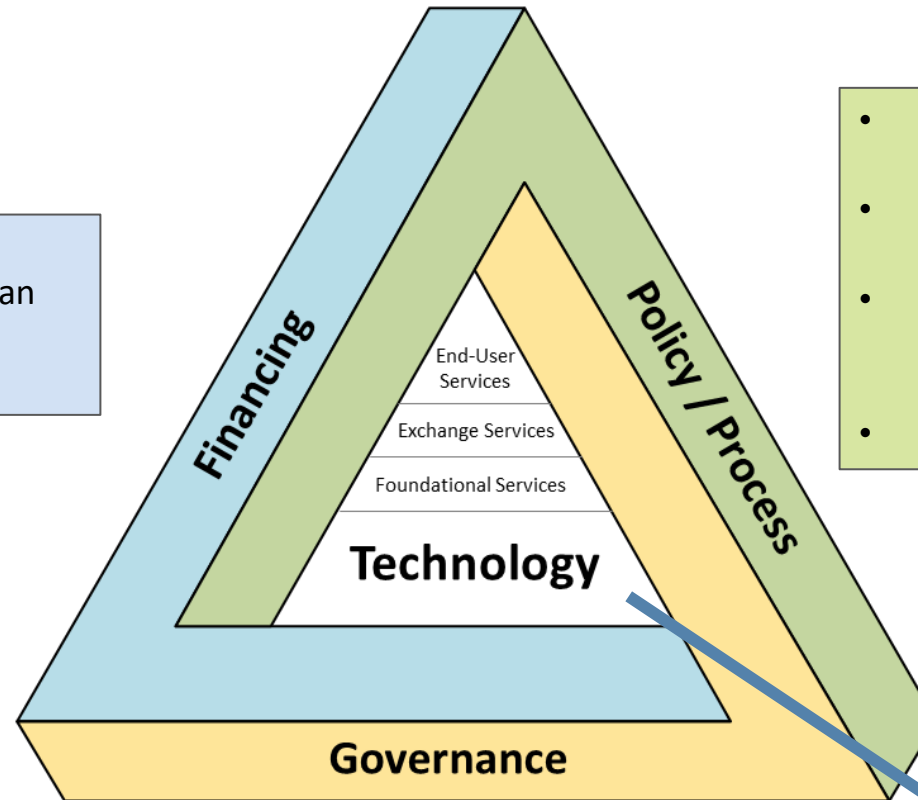
GOVERNANCE

TECHNOLOGY

FINANCING

	2020 - Q1			2020 - Q2			2020 - Q3			2020 - Q4			2021 - Q1			2021 - Q2			2021 - Q3			2021 - Q4							
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC					
Physical Health	VHIE Interface Development & Replacement																		Connectivity Criteria - 2021										
	Interface Prioritization						Connectivity Criteria			Interface Prioritization - 2021																			
	Connectivity Criteria Subcommittee									Interface Prioritization Subcommittee									Connectivity Criteria Subcommittee										
						Collaborative Services Phase II Implementation																							
								Collaborative Services Subcommittee																					
SDoH									Data Sharing Agreements							Connectivity Criteria													
																Connectivity Criteria Subcommittee													
																			TBD - Phase I: Identify and Implement Technical Solution										
													Phase II: SDoH Subcommittee - Next Steps																
SUD / BH / MH	DA EMR Implementation																												
	DA Connectivity Criteria										Interface Prioritization - 2021																		
											Interface Prioritization Subcommittee																		
											VITL Propose Updates to Consent Policy for Committee Approval																		
									Stakeholder Informed Procedures				Next Steps																
Claims																			VHIE Capable of Managing Claims Data										
																			Pilot Design: Medicaid Claims Managed in the VHIE										

Managing Claims Data through the VHIE



- HITECH/HIT Fund (federal/state) support investment in VHIE Data Platform which can manage claims data
- Data management services – TBD

- VHIE Data Sharing Policy between payers and VHIE
- Payer/provider agreements acknowledging transmission of claims to VHIE
- US 21st Century Cures Act – requirements for payer to VHIE exchange and prevention of information blocking activities
- Robust security procedures

- HIE Steering Committee: guiding policy development and investment support
- GMCB: VHCURES data governance and system management
- Payer specific governance

- VHIE will have the capacity to manage claims data by end of 2021
- VHCURES acts as Vermont's All Payer Claims Database
- Payers manage claims through individual systems e.g., Medicaid Managed Information System
- Certified/validated security infrastructure is required

2020/21 – Claims Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE implement capability to manage claims data	December, 2021	Collaborative Services Subcommittee to review implementation and report back to Committee
Pilot Design: Medicaid Claims managed in the VHIE	July 2021 – December 2021	TBD: Claims Subcommittee to support the design of a claims pilot including, but not limited to, use cases, data sharing agreements, data governance, and technical implementation strategies
TBD: Cures Act support for payers	January, 2022	TBD: Payers are currently evaluating needs and desire to work through the VHIE to meet new obligations

Claims Data

- ***Theory of the case –***

- Effectively linking clinical and claims data will support the use cases underpinning the HIE Plan, specifically to enable a real look at the impacts of clinical interactions at both the practice and population levels
- VITL has purchased a master data management tool that has a proven track record of integrating clinical and claims data
- If the VHIE can effectively link claims and clinical data, there may be an opportunity to consolidate the technologies used to aggregate and manage claims data

Claims Data

Notes on claims data in the HIE Plan –

- **IT Roadmap**, “Aggregating demographic, clinical, and claims data is foundational to evaluate population health statistics and emerging value-based programs.”
- **Discussion Summary**, “BCBSVT are currently using claims data for much of their data analytics and this has “got them a long way” but clinical data will get them much further in terms of obtaining useful business intelligence and population health metrics from the current health care data.”
- **Discussion Summary (VAHHS)**, “Currently, hospitals are unable to get mental health care data, there is a gross lack of interoperability between systems, and an inability to timely [link] data to claims data, all of which could be improved through the HIE.”

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Committee Discussion

- SUD/MH/BH
 - Part II+ Group – agreed to “pilot” with one Designated Agency
 - Interface Prioritization
 - Connectivity Criteria
 - *Other next steps?*
- SDoH
 - Is the subcommittee’s timing correct?
 - Is there a committee member who would like to lead the subcommittee?
 - Other projects that involve gathering or using SDoH data that should be considered?

Review and Confirm Schedule & Outputs of Subcommittees

Subcommittee Output

- **Connectivity Criteria Subcommittee**

- September 2020: Propose Connectivity Criteria Update to Steering Committee [Physical Health Data]

- **Collaborative Services Subcommittee**

- September 2020: Point-in-time assessment of the Collaborative Services project and propose next steps in the form of a recommendation to the HIE Steering Committee

What is the HIE Steering Committee's obligation?

- Review the Connectivity Criteria update
- Review the recommendation from the Collaborative Services Subcommittee
- Include approved versions of both in the HIE Plan

Updates on Subcommittees

- **Collaborative Services Subcommittee**
 - Charter reviewed with the Committee
 - Final subcommittee members selected
 - Kick-Off scheduled for July 24
- **Connectivity Criteria Subcommittee**
 - Meeting expected early August
 - Additional member added from BCBS

COVID-19 Lessons Learned and Related Opportunities

How to Focus our Discussion

1. What are the opportunities presented through the COVID-19 response efforts?

2. Of those opportunities, how does the Steering Committee propose integrating them into the ongoing HIE strategy?

- Pursue as described
- Learn more – e.g., establish a subcommittee or request research to support assessment
- Do not pursue

COVID Response Efforts by Phase

*Currently
Occurring*

- An interface between VT Public Health Lab (VPHL) and the VHIE was developed to allow providers direct access to the VPHL testing data through VITLAccess.
- To support epidemiological modeling, daily, VITL generates a report on positive test results for VT's chief data officer.
- VDH's EPI team is using the provider portal, VITLAccess to gather data, such as demographics, on positive patients. Previously, they were reaching out to providers for this data.
- VITL generates data to support VDH's federal reporting requirements.
- VDH has an interface that supports reporting to the NBS, a national tool for tracking disease data, and feeds lab results directly to the UVVMC systems.
- The VHIE to OneCare Vermont "gateway" provides lab results which support reporting, analysis and care coordination for ACO participating providers.
- OneCare deployed a new self-service application to identify vulnerable members of the attributed population for care coordination outreach.
- Bi-State is providing data to the FQHCs through Qlik software, enabling risk assessment and patient outreach.
- Bi-State's Event Impact Assessment application is being used to measure COVID-19 pandemic impact on health centers.

COVID Response Efforts by Phase

In Progress

- The VHIE to transmit additional test results to VDH - many already feed into VDH, but new labs forthcoming.
- A feed of hospital data in the VHIE to EMResource.
 - EMResource is a tool that hospitals are required to use to report emergency care information. This interface will automate much of the required state and federal reporting.
- VITL is partnering with VDH's EPI team to connect the VHIE to all new labs that will capture COVID-19 results.
 - VHIE to capture test results from additional sources such as BROAD, a research lab supporting hospitals and universities, and make results available to providers and public health staff.

Planned

- VITL is working with cities/towns across the state to provide access to VITLAccess, the provider portal, to EMS/EMT.
 - Four towns are reviewing the VHIE services agreement, the first step in onboarding new users.
- VITL is working to enhance the number of providers who receive Electronic Results (Lab) Delivery into their EHRs.
 - Currently, only about 22% of providers with a known EHR receive VHIE lab feeds.
- A data feed from the VHIE to BiState to amplify tools used to support FQHCs (for emergency and non-emergency use).

Discussion: Future Opportunities

- VHIE to automate sharing of state-wide testing results and enhance vaccine collection.
 - Additional sites may include long term facilities and additional commercial labs.
- VHIE to continue data-sharing to support ongoing syndromic surveillance, beyond COVID-19?
 - VHIE Service Agreements (*in progress*) & the state's consent policy will need to change
- Connect additional VDH registries to the VHIE to automate public health reporting to VDH and make essential data available to providers (e.g., birth, death, immunization).
- Direct feeds of lab results to state lab, providers, and health care organizations and special reporting to stakeholders e.g., BiState and One Care
- Connect providers to direct lab feeds to ensure they have the real-time information they need to provide care
- Leverage the VHIE's connection to EMResource to support hospital reporting in future emergencies?
- Expand VHIE connection to a national network/database – eHealth Exchange – to support health information sharing nationwide.
- The new VHIE Data Platform – available in early 2021 – will allow for on-demand data pulls to support a range of user's needs.
- Continue to expand EMT/EMS use of VITLAccess, the provider portal.

COVID Related Use Cases

Use Case	Solution
<p>As a provider I need access to COVID test results for my patients to provide the most suitable care</p>	<p>Previously critical VPHL (state public health lab) COVID reporting was available only through PDF or fax. Once this HL7 interface between VPHL and VHIE is complete users can access more lab results (Electronic Health Record) via VITLAccess in the VHIE.</p>
<p>As Public Health staff I need access to statewide patient data to monitor & model the pandemic effects (current & future state)</p>	<p>All new labs capturing COVID-19 data will transmit data to VHIE which in turn will transmit data to VPHL. VITL is also working with the state's chief data officer to gather data to support epidemic modeling. Daily, VITL generates a report on positive test results to the state's chief data officer.</p>
<p>As Public Health staff I need access to statewide lab data to support state and federal reporting</p>	<p>VITL working with VDH to generate reports that support federal reporting requirements e.g., # of patients on ventilators. VDH staff (EPI team) is currently using VITLAccess to complete data gathering requirements, to minimize reaching out to providers for patient data.</p>
<p>As a provider I want to receive lab results electronically, instead of manually re-entering these into our EHR system to reduce administrative burden</p>	<p>Connecting VHIE via Electronic Results Delivery into the providers EHR will solve this issue [Scope yet to be confirmed]. Currently, about 22% of providers with a known EHR receive VHIE lab feeds.</p>
<p>As hospital staff I want the COVID data to be submitted directly in the EMResource (Juvare)- a system hospitals are mandated to report in, to reduce the amount of manual system reporting required</p>	<p>VITL is building a feed of VHIE data to EMResource. Note EMResource is a tool that can report on resources under the purview of an emergency (like COVID-19). This interface will support required state and federal reporting.</p>
<p>As a first responder (EMT, EMS, etc) I need access to patient health history to come prepared to best serve a patient and protect my team in an emergency</p>	<p>VITL is working with towns across the state to provide access to VITLAccess, the provider portal. Four towns are currently reviewing the VHIE services agreement to get this connection implemented.</p>
<p>As a provider I need birth, death, immunization and other data currently collected in public health registries to ensure I understand the full health needs of my patients</p>	<p>Providers currently look at obituaries to find out death information. VITL can leverage the new MPI tool to match patient records and ensure the public health registries are up-to-date, as are patient record systems connected to the VHIE.</p>
<p>As a health program manager I need access to epidemic data to support analysis of the patient population to support care coordination and care across participating providers.</p>	<p>Data to support reporting sent from VHIE to OCV. Data to support reporting/analysis sent from VHIE to VCCI.</p>

Linking the VHE to a National Network

Expanding the Availability of Patient Data



VITL would like to expand the availability of patient data for Vermont providers, and providers outside of Vermont treating Vermont residents, by expanding participation in a national network-eHealth Exchange (eHX)

Achieving HIE Roadmap Goals

- This supports HIE Steering Committee Roadmap goals to ***create one health record for every person*** and ***improve health care operations***,
 - 3.2.2.2.1.c Interoperability includes the action to explore participating in data sharing networks to support interoperability requirements

Data Beyond Vermont – Offering Providers a More Complete Picture

- ✓ The VHIE captures data about patients treated in Vermont, at DHMC, and by the VA and DOD (eHX)
- x VHIE Data is not available to providers in other states
- x Vermont providers likely do not have data for patients treated outside of Vermont
 - The Division of Tourism and Marketing estimates 13M visitors/year
 - Vermont has 77,000 second homes, rental properties or camps according to the Department of Taxes
 - The VHIE has data on 119K individuals with a non-VT address who have had at least one encounter since 1/1/2019

VITL's Goals for eHX

Improve patient care in Vermont

- Enable VHIE participants to query HCOs in other states to obtain information on their patients to ensure they have a complete picture of patients' health needs

Improve patient care outside of Vermont

- Allow providers at HCOs in other states to access data that exists in the VHIE about their patients to ensure they have a complete picture of their patients' health needs

Inform care during declared emergencies

- Enable Vermonters to provide aid to visitors during a disaster and responders in other states to care for Vermonters in their state during a disaster

Benefits of eHX

- Expands availability of health records for patients regardless of residency when traveling to or from Vermont
- Eliminates the need to develop separate relationships, interfaces and agreements with each organization
- Enables connection to governmental providers
- Enhances data quality- participants required to undergo content testing
- Optional connection to Carequality's networks (e.g. AthenaNet, eClinicalWorks, CommonWell) which can deliver VHIE data through a provider's EHR connection to eHX

Steering Committee Plans: July – November 2020

- **July**

- Confirm tactical plans for 2021 and beyond
 - New data types, subcommittees, COVID-19 lessons learned

- **August**

- Refine sustainability plans & review strategic planning concepts
 - VITL's 2020 plans and response to the CURES Act
 - Opportunities: HIE Certification and state-run EHR incentive program

- **September**

- Review 2020 work and finalize HIE Plan update
 - Subcommittee outputs, governance, 2021 subcommittee proposal, stakeholder engagement

- **October**

- 2020 Evaluation and 2021 Planning

- **November**

- Submit HIE Plan
- Begin/continue tactical plans for 2020/2021

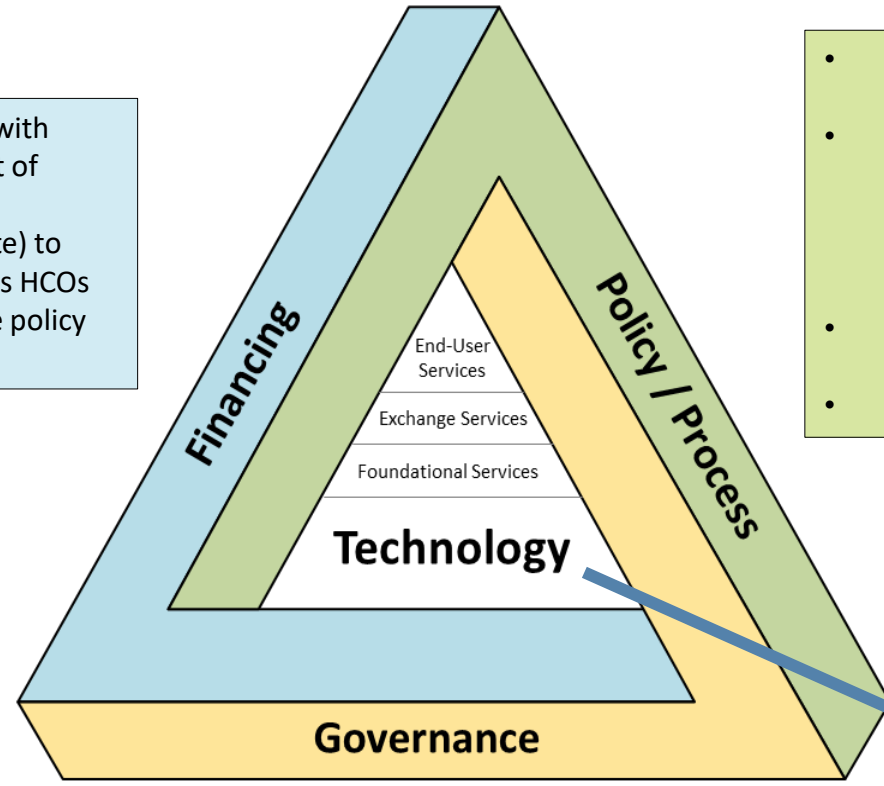
Meeting Evaluation

- *Did we achieve what we intended?*
- *Feedback – what should we repeat? What should we learn from?*

Reference

Exchange of Current Physical Health Data via the VHIE

- Technology Services contract with State of Vermont, Department of Vermont Health Access
- HITECH/HIT Fund (federal/state) to support connections to various HCOs & VHIE and staff to coordinate policy development



- [18 V.S.A. § 9352](#) – VITL exclusively operates VT’s clinical data exchange
- Clinical Connectivity Criteria (3-tiers)
 - Clinical Data Set & Data Quality Standards
 - VHIE Connectivity Certification Process
 - Connectivity Work Plan: creates individualized plan for organizations to advance data quality
- Act 53 of 2019: Vermont’s Consent Policy is now “opt-out” – 95% of Vermonter’s data available via the VHIE
- Robust security procedures

- HIE Steering Committee: guiding policy development and investment support
 - Connectivity Criteria Subcommittee: annually, subject matter experts guiding enhancements of Criteria
 - Interface Prioritization Subcommittee: developing criteria for selection of annual interface projects
- VITL Board of Directors: VHIE operation’s oversight

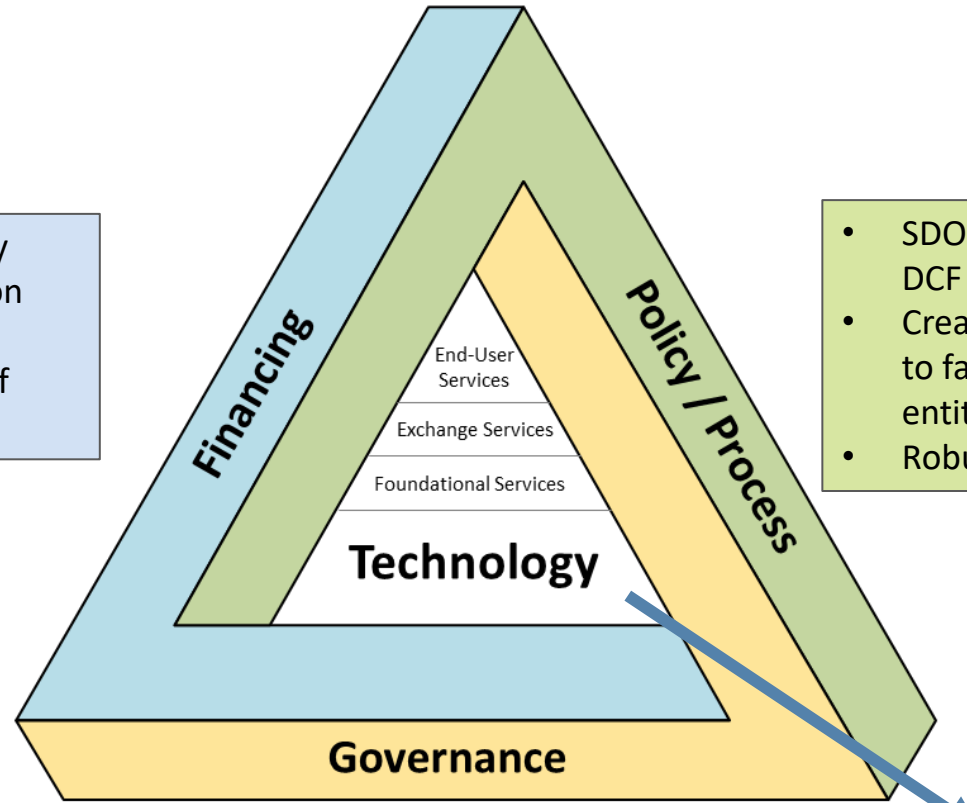
- Annual work to implement new and replacement interfaces
- Interfaces must be developed for individual message types (e.g., labs, immunizations or radiological results)
- Interfaces meet national data sharing standards (e.g., HL-7)
- Exchange services provided: Provider Portal, Results delivery, Direct Messaging, Event Notification
- Certified/validated security infrastructure

2020/21 –Physical Health Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE Interface Prioritization Developed by Interface Subcommittee & Presented to Steering Committee	June 1, 2020	Assess and approve interface prioritization Criteria presented by VITL to the Steering Committee Note: Subcommittee met in April; Additional meeting is required
VHIE Interface Development and Replacement. 2020 goal: 85 interfaces (in DVHA/VITL contract)	Annually: January – December	Prioritization set by subcommittee and approved by Committee will guide this work. 23 or 85 completed for 2020.
Collaborative Services IT Implementation – enhancements of data quality 1. UMPI – Rhapsody Integration 2. Rhapsody Infrastructure 3. TermAtlas Implementation 4. Future Data Platform Implementation	October: final review of Phase I and II implementation (subcommittee) December: final implementation of Phase II	Leveraging the Collaborative Services Subcommittee, oversee execution of the project and use implementation results to inform ongoing HIE strategy
Connectivity Criteria (CC) Update/Revision developed by the CC Subcommittee	September 2020	Review and approve Updated Connectivity Criteria, as developed by CC Subcommittee

Exchange of Social Determinant of Health Data to Support the AIM Grant and OCV

- OneCare Vermont was awarded a grant by CHCS, funded by the Robert Wood Johnson Foundation, to enhance risk stratification efforts by leveraging social determinant of health data



- SDOH Connectivity Criteria related to VCCI and DCF data in support of the AIM initiative
- Create legal agreements between AHS & VITL to facilitate the sharing of data between SOV entities and external groups
- Robust security procedures

- HIE Steering Committee: Approve SDOH datatype, Approve SDOH Connectivity Criteria, Support investment in SDOH data management capabilities
- AHS Data Governance Council: AHS-wide legal agreements to facilitate sharing of agency data with VITL & OCV

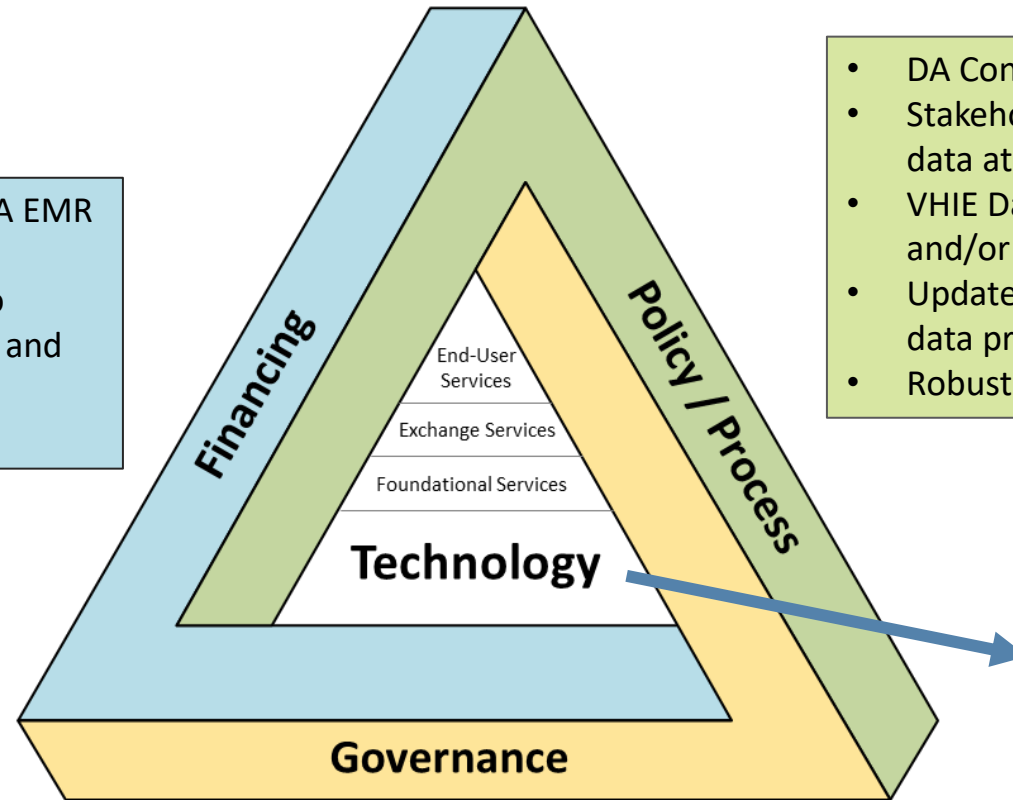
- Set up VITL infrastructure to manage SDOH data through the collaborative services project
- Create feeds from DCF to VITL
 - Data feeds from DCF to VITL
 - TBD: Augmenting Gateway feed to support SDOH data between VITL & OCV
- Certified/validated security infrastructure

2020/21 – SDoH Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE Interface Prioritization developed by Subcommittee & Presented to Steering Committee	June 1, 2021	Steering Committee to assess and approve interface prioritization criteria
Connectivity Criteria for SDOH Data	July 2021	Steering Committee to approve SDoH Connectivity Criteria sub-committee membership and sub-committee to propose update Criteria
Development of data sharing agreements between AHS and OCV	Fall 2020	Steering Committee to review and provide feedback
Identify technical solution for data sharing – (data exchange between DCF and VITL and potential enhancement of data gateway from VITL to DVHA/VCCI)	June 2021 – September 2021* <i>Note: This may be a phased or hybrid approach to satisfy grant requirements in the interim while establishing a more permanent solution</i>	AIM Team and/or VITL to present technical solution to Steering Committee as the solution may influence strategic planning *Could occur sooner if data elements are well understood before Conn. Criteria is developed
Implement technical solution for exchange of data	TBD <i>Note: data sharing may need to begin before final technical stage implemented</i>	Steering Committee to stay informed as implementation may influence strategic planning
SDoH subcommittee to assess next steps for aggregating additional SDoH data types through the VHIE and data access policies & procedures	By end of 2021 <i>Note: AIM Grant ends October 2021</i>	Steering Committee to direct work of SDoH subcommittee and use their outputs to inform ongoing work

Exchange of DA's Health Data* via the VHIE

- State grant/DA funds to support DA EMR implementation
- HITECH/HIT Fund (federal/state) to support connections between DAs and VHIE and staff to coordinate policy development



- DA Connectivity Criteria
- Stakeholder informed procedures for managing DA data at VHIE
- VHIE Data Sharing Policies to enable SUD exchange and/or DA data exchange
- Updated consent policy to enable patient-driven data protections for SUD data (within HIE Plan)
- Robust security procedures

- Consent management reflective of new consent policy (patient directed access)
- DA EMR implementation
- VHIE infrastructure ready to manage new data (intake to access)
 - Phase I - Access-based sharing across DA network; Phase II – Broader network sharing
- Data feed from VHIE to DAs
- Data feed from DAs to VHIE
- Certified/validated security infrastructure

- VCP Steering Committee
- Independent Review: oversight of DA EMR implementation
- HIE Steering Committee: guiding policy development and investment support
 - Connectivity Criteria Subcommittee: connectivity standards for DAs
- VCP: DA coordinating entity

*Data types: physical health, substance use disorder, mental health, and behavioral health data, and other “sensitive” data types.

2020/21 – DA Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
Independent Review of DA EMR Implementation Process	June, 2020	Committee will be informed of results via the final report/VCP presentation
DA EMR Implementation Across 9 DA Entities	Fall, 2020	Committee will be updated
DA Connectivity Criteria developed by the Connectivity Subcommittee, with contributions from DA subject matter experts	July, 2020	Committee to review and approve Criteria
Updated consent policy to enable patient-driven data protections for SUD data	December 2020 – proposal from VITL to Steering Committee March 2021 – Steering Committee reviews/approves	Review VITL’s proposed policy and associated stakeholder engagement process. Assess policy and resubmit HIE Plan to GMCB with updated policy.
Stakeholder informed procedures for managing DA data at VHIE & VHIE Data Sharing Policy	December, 2020	Committee to review and approve
Interface prioritization to support DA connectivity developed by Interface Prioritization Subcommittee	January, 2021	After 2020 priorities are set, the group will be reconvened to discuss 2021 priorities

VHIE & eHealth Exchange

Making patient data available across states

For Discussion

06/30/2020

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What is eHealth Exchange?

What is eHealth Exchange

- [eHealth Exchange](#) (eHX) is a national network that would enable users of the VHIE to query patient data from specified health care organizations and HIE's across the country, and can also enable those health care organizations to query the VHIE for information. It began as an ONC initiative, now an independent non-profit health information network.

“Active in all 50 states, the eHealth Exchange is the largest query-based, health information network in the country. It is the principal network that connects federal agencies and non-federal organizations, allowing them to work together to improve patient care and public health.”

Participants

We are proud of our numbers. By ONC's own count, more than 50% of the nation's HIEs have signed on to the eHealth Exchange DURSA, a common agreement for trusted exchange.



61

Regional and/or State HIEs



4

Federal Agencies



75%

of all U.S. Hospitals



70,000

Medical Groups



5,200

Dialysis Centers



8,300

Pharmacies



120M

Patients

eHX Data Sharing & Controls

Accessing Patient Data through eHX

- eHX maintains [operating policies and procedures](#) and all participating organizations must sign a [Data Use and Reciprocal Support Agreement](#) (DURSA)
- Consent requirements are managed by each organization providing data, and are applied to queries they receive for their data (e.g. VT would not send a user data on a patient who had opted-out of the VHIE)
- Participating organizations (HIE) must identify the eHX participant(s) with which they want to exchange data
 - Though all HCOs are encouraged to participate, individual VHIE participants can opt out of sharing their data to the eHX

eHX DURSA

- The DURSA is a comprehensive, multi-party trust agreement that is entered into voluntarily by public and private organizations (eHealth Exchange participants) that desire to engage in electronic health information exchange with each other as part of the eHealth Exchange.
- The DURSA builds upon the various legal requirements that participants are already subject to and describes the mutual responsibilities, obligations and expectations of all participants under the Agreement. All of these responsibilities, obligations and expectations created a framework for safe and secure health information exchange, and are designed to promote trust among participants and protect the privacy, confidentiality and security of the health data that is shared.