

Committee Name: Health Information Exchange (HIE) Steering Committee	(Interim) Committee Chair: Sandi Hoffman
Meeting Goals: 1) Welcomes & Introductions 2) Approve DA Connectivity Criteria 3) New Interoperability Rules: ONC Cures Act Final Rule, CMS Interoperability & Patient Access, VITL's Plan for Complying w/ Final Rules 4) COVID-19 Lessons Learned 5) Wrap-Up	Mtg. Facilitator: Emily Richards Mtg. Recorder: Marie Bernier Where: Virtual Meeting
	Conference Room: none
	Date: June 22, 2020 Time: 10:30am – 12:30pm
<input type="checkbox"/> May contain Confidential/Exempt information	Teams Meeting Information: +1 802-552-8456, 642 073 910#

Attendees (Present Bold) <i>Non-Voting Member in Italics</i>			
Name	Title	Name	Title
Sandi Hoffman, Chair	Quality Improvement Director & Interim Deputy Commissioner, DVHA	Beth Tanzman	Executive Director, Blueprint for Health
Tracy Dolan	Deputy Commissioner, AHS	<i>Beth Anderson</i>	<i>VITL, Vermont's Health Information Exchange Operator</i>
Tyler Gauthier	OneCare Vermont	<i>Sarah Kinsler</i>	<i>Health Care Project Director, The Green Mountain Care Board</i>
Emma Harrigan	Vermont Association of Hospitals and Health Systems	<i>Kristin McClure</i>	<i>Chief Data Officer, ADS</i>
Georgia Maheras	Bi-State Primary Care Association	<i>Emily Richards</i>	<i>Program Director, HIE</i>
Jimmy Mauro	Blue Cross Blue Shield of Vermont	<i>Naomi Hahr</i>	<i>Program Manager, HIE</i>
Simone Rueschemeyer	Executive Director, Vermont Care Network	<i>Marie Bernier</i>	<i>Executive Assistant, HIE</i>

Non-Committee Members present			
Name	Title	Name	Title
Bechir BenSaid	Program Manager, ADS	David Casceillo	CIO, Brattleboro Retreat
Leah Fullem	VP Enterprise Info Management & Analytics, UVMHC	Jessie Hammond	Public Health Statistics Manager, AHS
Frank Harris	Strategic Technology Advisor, VITL	Roberta Mitchell	Program Manager, UVMHC

Carolyn Stone	Director of Operations, VITL	Richard Terricciano	Enterprise Architect, ADS
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	Agenda Item	Schedule
I.	Welcome & Introductions	10:30 – 10:40
II.	Approve DA Criteria	10:40 – 10:45
III.	New Interoperability Rules: ONC Cures Act Final Rule, CMS Interoperability & Patient Access, VITL’s Plan for Complying w/ Final Rules	10:45 – 11:45
IV.	COVID-19 Lessons Learned	11:45 – 12:25
V.	Wrap-Up	12:25 – 12:30

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I.	Welcome & Introductions	Emily Richards	<i>Emily virtually welcomed the group to the fourth meeting of 2020.</i>	
II.	Approve DA Connectivity Criteria	Emily Richards/Simone Rueschemeyer	<i>By consensus, the Committee approved the Designated Agencies (DA) Connectivity Criteria that was discussed in length during the previous meeting on June 1, 2020 (see Criteria here).</i>	
III.	New Interoperability Rules: ONC Cures Act Final Rule, CMS Interoperability & Patient Access, VITL’s Plan for Complying w/ Final Rules	Bechir Bensaid	<p><i>Bechir Bensaid, Program Manager for the Agency of Digital Services (ADS), assigned to the Health Information Exchange Team (HIE) introduced the ONC Cures Act Final Rule and the CMS Interoperability & Patient Access rule. The purpose of the presentation was to build the Committee’s understanding of the new rules and begin a conversation about their implications in Vermont. Bechir focused on the ONC rule.</i></p> <ul style="list-style-type: none"> • <i>Office of the National Coordinator (ONC) Cures Act Final Rule. (see slides 3-33 for presentation materials)</i> • <i>The ONC’s Cures Act Final Rule supports seamless and secure access, exchange and use of electronic health information.</i> • <i>The rule is designed to give patients and their healthcare providers secure access to health information.</i> • <i>It also aims to increase innovation and competition by fostering an ecosystem of new applications to provide patients with more choices in their healthcare. This is done by</i> 	

			<p><i>defining and penalizing information blocking; using the ONC IT Certification Process to force use of data exchange methods; and raising the baseline for data exchange by establishing the USCDI (core data set.)</i></p> <ul style="list-style-type: none"> • <i>The new rules build on the HITECH act, which established the Meaningful Use program and other activities to promote interoperability in the health care system.</i> • <i>The patient is at the focal point: this gives the patient access and choice. It puts them at the center of their own healthcare and data information in the modern Health IT economy – on their own smartphone or computer device. This helps promote transparency within healthcare and builds competitive options in getting medical care.</i> • <i>Information Blocking includes three separate entities known as “Actors:” Health Care Providers, Health IT Developers of Certified Health IT, and Health Information Networks (HIN)/Health Information Exchange (HIE). Information Blocking Provisions means that a practice that is likely to interfere with access, exchange, or use of electronic health information (except as required by law or covered by eight specific exceptions – see page 21 for exceptions) may be penalized by law.</i> • <i>Interference means by way of not allowing publication of “FHIR service base URLs,” delaying or preventing, the request, associating a cost, or not making the data interoperable.</i> <ul style="list-style-type: none"> • <i>Committee Discussion:</i> • <i>Leah: Regarding Patient Access to data, what is the cost and how does HIPPA cover getting</i> 	
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			<p><i>the patient the access without an excessive cost? Since the hospital being connected through an API, does that mean there won't be a charge to the patient?</i></p> <ul style="list-style-type: none"> <i>The rule states that patient access should not be prohibitive to the patient. Any certified organization will need to provide access for their patients. The specific regulatory guidelines are not yet available. API's should facilitate low cost data exchange.</i> <i>Frank: The rule points at electronic health records; if you store images in a record they are required to be in the API. If the record only has a link to the image, the API just needs to include the link to the images - so there are nuances about what information is included in patient access.</i> <ul style="list-style-type: none"> ONC Update to Health IT Certification Program: <i>the ONC introduced the following two new technical certification criteria that were necessary to implement the 21st Century Cures Act: Electronic Health Information (EHI) Export and Standardizing API for Patient and Population Services. To qualify for the Standardized API certification requires the use of HL7 - FHIR. These new criteria will advance interoperability and make it easier for patients to access their own electronic health information on smartphones.</i> <i>To become certified, "Actors" must comply with these two new certification criteria by April 1, 2021.</i> 	
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			<ul style="list-style-type: none"> • <i>FHIR is a set of 150+ module components known as resources and even though different organizations define what a resource is (i.e. a patient) FHIR allows you to define 80% what a patient should include from a is from a data element point of view, and the organization can come up with the other 20% to customize the data to their own specific needs (within a certain set of framework).</i> • <i>Certification requirements and API's and Information Blocking dates to remember - November 1, 2020, but not enforced until February 1, 2020. However, FHIR does not have to implemented until May 1, 2022.</i> <ul style="list-style-type: none"> • Committee Discussion: • <i>What is the difference between effective & enforced?</i> • <i>COVID allowed for extensions of the deadline - they are not going to enforce the deadline (no penalties) but the enforceable date will be the time when penalties may be enforced.</i> • <i>Penalties for providers have not been set. Proposed rule for penalties is open for comment until the end of June and penalties will be dependent on certain criteria (was the patient harmed, etc).</i> • <i>There are revisions/further definition to be developed. Will there be an expert on the HIE/DVHA side that monitors changes and provides information to the provider community?</i> • <i>This is something that the HIE SC consider: How are we educating providers?</i> 	
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			<ul style="list-style-type: none"> • <i>Provider community will need to know changes and penalties - every provider & Hospital in the state will need it – participants inquired, can the state side help, even from a communications standpoint?</i> • <i>CMS Interoperability & Patient Access</i> <ul style="list-style-type: none"> • <i>Center for Medicare and Medicaid Services (CMS) Rule is to work in accordance with the ONC rule, to work towards the same goals.</i> • <i>Rule as written: creates a framework of requirements to enable individuals to access their own health care and drive interoperability. Requirements impact health plans and providers participating in federal health care programs and relies on ONC’s technical standards to drive action amongst specific actors.</i> • <i>Only those with a relationship with the Federal Government will be mandated by this rule, such as hospitals, Medicare Advantage Plans, Medicaid, and Qualified Health Plans (but not those in Vermont).</i> • <i>VITL’s Plan for Complying with Final Rules</i> <ul style="list-style-type: none"> • <i>Frank Harris, Strategic Technology Advisor, at Vermont Information Technology Leaders (VITL) discussed how these two rules will directly affect HIE. <u>For presentation materials, see slides 43-55 here.</u></i> • <i>VITL will ensure VHIE compliance with the ONC rule as required but will properly vet all requests to make sure they are within the ONC rules.</i> • <i>The Collaborative Services Project, with Medica-soft, will set VITL up to</i> 	
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			<p><i>easily comply the new rules, but work will need to be done to make sure all necessary paperwork and procedures are in place to comply.</i></p> <ul style="list-style-type: none"> <i>VITL plans to go live on the new ONC platform in January 2021, with the information blocking compliance coming February, 2021.</i> <i>VITL will have to test all API's and will also have to bring all staff up to speed on the changes to the meaningful use changes.</i> <ul style="list-style-type: none"> <u>Committee Discussion:</u> <i>Are all hospitals in VT sending Admissions, Discharges, and/or Transfers (ADTs) to VITL?</i> <i>What is OCV & Hospitals relationship with patient ping?</i> <i>By virtue of sending to VITL, are hospitals compliant? Is there anything that hospitals will have to do in addition?</i> <i>Beth: VITL is still investigating and working with their legal team to understand what their role is and they will report back.</i> <i>David: Does the HIE have a provider directory? Could direct addressing be used via the provider directory?</i> <i>VITL doesn't have a complete provider directory. The new platform will have the capability to create an automatic provider directory, but it will not be ready until 2021.</i> <i>July 1, 2020 Provider Directory Rule enforceable date: should be May 2021 (not July 1, 2021).</i> 	
IV.	COVID-19 Lessons Learned	Emily Richards	<i>Given the time constraints of today's meeting, this discussion will be held during the July or August meeting.</i>	

V.	Wrap-Up	Emily Richards	<p><i>Emily reminded folks that more information regarding everything discussed today is available on the Committee's website.</i></p> <p><i>The next meeting is scheduled for July 27, 2020.</i></p> <p><i>The July/August plans are to pull together the strategic planning concepts and to cover lessons learned from COVID-19 response efforts.</i></p>	
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