

# HIE Steering Committee

August 7, 2019



# Upcoming Steering Committee Meetings:

- August 21<sup>st</sup>
- September 4<sup>th</sup> & 18<sup>th</sup>
- October 2<sup>nd</sup> & 16<sup>th</sup>

# Agenda

Topic	Schedule
Welcome	10:30 – 10:40
Consent Policy Implementation	10:40 – 11:10
Technical Roadmap Draft Review	11:10-11:30
BREAK	11:30-11:40
Technical Roadmap Review, cont.	11:40-12:25
Wrap-Up	12:25 – 12:30

# An Overview of This Year's Progress

- By February: Establish a permanent HIE Steering Committee ✓
- By March: Develop an evaluation methodology for assessing HIE proposals, current work, and the HIE Plan
- By March: Hire a Steering Committee Consultant ✓
- By April: Complete an assessment of the State's data governance efforts and define the Steering Committee's role in relation to existing work *In progress*
- By May: Work with stakeholders to assess potential changes in the State's consent policy ✓
- By July: Draft a Technical Roadmap that reflects a 3-5 yr. IT investment and growth strategy related to key HIE strategic objectives *In Progress*
- By August: Conduct an evaluation of HIE activities ✓

# What's Left?

- By September: Develop the 2020 version of the financing/sustainability model (This year's version of it) *In Progress*
- By November: Update the HIE plan with the evaluation results, Technical Roadmap, sustainability model, consent recommendation, items left unaddressed in 2019, and tactical plans for 2020 *In Progress*

## Opt-Out Consent Overview

- The Opt-Out consent policy is in effect
- Meaningful Consent is the goal
- The HIE Steering Committee has a defined role, as part of the Steering Committee role in HIT planning
- Milestones are determined by Act 53 requirements for status updates and implementation start date
- Critical workstreams include stakeholder engagement, development of mechanisms to support Opt-Out, and an evaluation methodology
- First update to Legislature and GMCB is due August 1, 2019 – Draft under review

# Opt-Out Consent Implementation Progress Update

- Progress Report submitted to legislature & GMCB 8/1
- Report update presentation to GMCB 8/7
- Project team continues to work on stakeholder engagement & technical mechanisms

# Who? Stakeholders Engaged

Population Identified	Advocates Engaged	Member Interviews / Focus Groups
People with developmental disabilities	✓	✓
Family members of people with developmental disabilities	Contacted	
Refugees and New Americans	✓	
People accessing sexual and reproductive health services	✓	
LGBTQ people	✓	
People living with HIV / AIDS	✓	✓
Teenagers / young adults	Contacted	
Older Vermonters	✓	
People receiving mental health services	Contacted	
People with substance use disorder	Contacted	
General public (“Vermonters”)	✓	✓



# What we are learning

- VHIE is news to Vermonters
  - Meaningful conversations about consent aren't universal
- Is this related to my health insurance?
- Desire/expectation that providers know about my care history
- Which doctors can view my data?
- First-choice messenger is provider

# Evaluation Methodology

Identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful

- 4 core evaluation questions
  - Have we reached people?
  - Is the message clear / understood?
  - Are the opt-out options easy?
  - Which providers are offering opt-out?

# Communications Strategy – Draft

## Through

### Advocates/Partners

- Use existing strong & trusting relationships &
- Use their existing communications channels

## Through Providers

- Talk to patients about rights and options related to health data where it is most relevant

## Direct to Vermonters

- Reach Vermonters we haven't reached in other channels & reinforce the message

Does this get us to “each” Vermonter?

# State of Vermont, HIE Steering Committee HIE Technical Roadmap Project

## Roadmap Draft

Lantana Consulting Group

Velatura

August 8, 2019 HIE SC Meeting, Waterbury

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## Agenda

1. HIE Technical Roadmap Draft
  - Review of status/method
  - HIE SC Feedback/discussion
2. Contextual elements of the Technical Roadmap – impact on larger HIE Planning
  - Data Governance
  - Sustainability
  - Review of progress, audits, and updates
3. Stakeholder Engagement Phase 2 planning
  - Dates and sessions
  - Approach

**Status**  
**Method**

## HIE Goals:

1. Create One Health Record for Every Person—Ensure access to complete and accurate health records to support optimal care delivery and coordination.
2. Improve Healthcare Operations—Enrich healthcare operations through data collection and analysis to support quality improvement and reporting.
3. Use Data to Support Investment and Policy Decisions—Bolster the health system to learn and improve based on accurate, comprehensive data; guide investment of time, labor, and capital; and inform policies and program development.



## Key Objectives Supporting HIE Goals

Key Objectives	Goals
<b>Fundamental Use Cases</b>	
1. Delivering Information at the Point of Care	1,2,3
2. Augmenting Public Health Registries	2,3
<b>High Priority and Evolving HIE Use Cases</b>	
3. Substance Use Disorder/Behavioral Info	1,2,3
4. Social Determinants of Health	1,2,3
5. Automating Quality Reporting	1,2,3
6. Providing Consumer Access	1
<b>Enabling Services</b>	
7. Improving Data Quality	1,2,3
8. Matching Patient Identity	1,2,3
9. Supplying a Provider Directory	2,3
10-12. Managing Consent and Data Access	1,2,3
13. Increasing Data Sources, Data Quantity	1,2,3
14. Ensuring Network Security	1,2,3

## Note:

- A tactic may support more than one Objective; here, grouped according to primary Objective
- Tactics are categorized by timeframe for realization/completion:
  - Near term: 1-18 months
  - Mid-term: 19-36 months
  - Long terms: 36-60 months
  - On-going
  - Quarterly
  - Annual
- Tactics are categorized by rough order of magnitude of effort
  - Low
  - Medium
  - High

## 1. *Delivering Information at the Point of Care*

Share appropriate information with patient's care team to support care management and care coordination.

### ***Tactics***

- 1.1 Define information needs at point of care
- 1.2 Improve adoption of care coordination exchange solutions
- 1.3 Validate care team attribution services
- 1.4 Ensure information covers requirements for point of care as well as analysis

## 2. Augmenting Public Health Registries

*Increase adoption and efficiency of electronic Public Health Registry reporting and integrate into provider workflow.*

### **Tactics**

- 2.1 Improve standard Immunization reporting
- 2.2 Query/Retrieve of Immunizations
- 2.3 Explore bi-direction exchange
- 2.4 Investigate integration of inpatient cancer reporting
- 2.5 Increase ambulatory cancer reporting
- 2.6 Support birth and fetal death standard reporting
- 2.7 Automate reportable labs
- 2.8 Increase submissions to Surveillance database
- 2.9 VPMS/EHR integration leveraging open APIs

## 3. Substance Use Disorder/Behavioral Info

*Create safe, effective solutions to share sensitive data (e.g., SUD, behavioral health, other), adhering to state and federal regulations.*

### **Tactics**

- 3.1 Develop and publish list of sensitive data
- 3.2 Flag sensitive data
- 3.3 Implement Managing Sensitive Data Policy
- 3.4 Evaluate granular consent management solution through pilot

## 4. Social Determinants of Health

*Develop tools and methods to collect, aggregate, and share Social Determinants of Health (SDOH) data.*

### **Tactics**

- 4.1 Review existing VHIE SDOH data
- 4.2 Assess alignment of existing VHIE SDOH data with national standards
- 4.3 Review state repositories
- 4.4 Explore mapping state agency to healthcare standards
- 4.5 Design pilot integration of AHS with health record
- 4.6 Monitor capture of SDOH at point of care

## 5. Automating 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.*

### **Tactics**

- 5.1 Identify quality leadership team
- 5.2 Define program universe through census
- 5.3 Assess quality measures, data requirements and quality, and gaps in care for highest use and data availability
- 5.4 Consider harmonization opportunities for Quality reporting including data submission and gaps in care
- 5.5 Consider adoption of CMS-standards for eCQM submission
- 5.6 Pilot standardized Quality reporting formats
- 5.7 Deploy existing and complimentary format solution

## 6. *Providing Consumer Access*

*Description*

*Tactics*



## 7. Improving Data Quality

Improve data quality of data shard across VHIE

### **Tactics**

- 7.1 Consider tools, methods for local validation
- 7.2 Define rejection threshold
- 7.3 Investigate further constraining Connectivity Criteria
- 7.4 Develop expanded data analysis format
- 7.5 Utilize Terminology Services to normalize coded data to standard code systems
- 7.6 Consolidate individuals associated with all clinical VHIE information using UMPI and NPI
- 7.7 Minimize duplicate data
- 7.8 Formalize Data quality work queue and remediation plan

## 8. Matching Patient Identity

*Enhance patient matching through adoption of advanced tools and extend it to additional data sources.*

### **Tactics**

- 8.1 Ensure patient matching services are operational 99% (up-time) and effective within a 5% mis-match rate (95% accurate matching)
- 8.2 Duplicate match work queue + remediation action plan
- 8.3 Define VITL -> HCI Patient Merge transaction (A40)
- 8.4 Establish merge policy and ongoing merge schedule
- 8.5 Review, update, execute bulk de-duplication of historical identities/records
- 8.6 Implement feedback to demographic sources
- 8.7 Explore patient identity reconciliation efforts among VHIE stakeholders
- 8.8 Disseminate UMPI value
- 7.9 Investigate standards-based identity management tools independent of HealthCatalyst

## 9. Supplying a Provider Directory

*Support provider directory services including organizational affiliation, patient attribution, direct messaging, and federation with external provider directories.*

### **Tactics**

- 9.1 Evaluate existing provider directory capabilities
- 9.2 Request IAPD funds for provider directory
- 9.3 Develop Provider Directory RFP
- 9.4 RFP committee selection process
- 9.5 PD in annual MMIS IAPD funding request
- 9.3 Implement Provider Directory
- 9.7 Pilot Provider Directory
- 9.8 Deploy Provider Directory

### 10. Managing Consent and Data Access

*Automate opt-out processing in alignment with legislation and stakeholder engagement efforts to support Vermonters' information exchange preferences.*

#### **Tactics**

- 10.1 Bulk electronic consent submission to HIE
- 10.2 Automate consent management with HCI
- 10.3 Investigate standards-based consent submission
- 10.4 Implement triage/feedback process for consent submission

## 11. Managing Consent and Data Access

*Provide multiple options for sharing information, including query, push and view*

### **Tactics**

- 11.1 Evaluate workflow and data access preferences
- 11.2 Assess and optimize use of transport options
- 11.3 Provide VITL Direct Secure Messaging service
- 11.4 Implement SSO to VITL Access from EHRs
- 11.5 Maintain/expand use of VITLAccess and PBM query
- 11.6 Evaluate Consumer access
- 11.7 Implement Consumer choices
- 11.8 Medicaid Provider Portal
- 11.9 Evaluate federal regulations / rulings requirements

### 12. Managing Consent and Data Access

*Increase utilization of federated approach for sharing transactional data and supporting analytic programs*

#### **Tactics**

- 12.1 Enhance VHCURES
- 12.2 Explore & expand FHIR / Query-based capabilities
- 12.3 Use FHIR / Query-based capabilities
- 12.4 Evaluate evolving federated exchange opportunities
- 12.5 Design administrative rights to “Lockers”

### 13. Increasing Data Sources, Data Quantity

Increase the sources and amount of information collected and shared through VHIE, adhering to data quality standards

#### ***Tactics***

- 13.1 Encourage adoption of vendor-support hub services
- 13.2 Explore capture methods for VHIE-independent (provider-provider) exchange
- 13.3 Utilize FTP server
- 13.4 Investigate Remote Agent solution
- 13.5 Identify structured information exchange alignment with USCDI and create transition path for earlier national standards (C32)
- 13.6 Support industry standard security best practices/protocols
- 13.7 Investigate eCW exchange solutions
- 13.8 Support SOAP
- 13.9 Pilot FHIR
- 13.10 Develop volume metrics; set goals

## 14. Ensuring Network Security

*Decrease infrastructure maintenance requirements while adhering to security standards.*

### **Tactics**

- 14.1 Independent PEN testing
- 14.2 Utilize SIEM service and remediation plan
- 14.3 HIE NIST attestation
- 14.4 VSGG monthly meetings



# Presentation Options for Roadmap Document

## Option A: All tactics in one table

Objective	Tactic	Responsible (*Prime)	Level of Effort	Target Completion	Months to Complete	Architecture Tier
<b>1. Deliver Information at the Point of Care</b>						
	1.1 Define information needs at point of care	VHIE*, stakeholders	Low	Near	3	Care Coordination
	1.2 Improve adoption of care coordination exchange solutions	VHIE*, OCV, plans, providers, pharmacies	Low	Near	Ongoing	Data Access, Consumer Tools, Care Coordination Tools
	1.3 Validate care team attribution services	VHIE*, OCV, plans, providers, plans, pharmacies	Medium	Near	6	Data Quality, Interoperability, Notification Services
	1.4 Ensure information cover requirements for point of care as well as analysis	VHIE*, stakeholders	Medium	Near	Ongoing	Notification Services, Care Coordination Tools, Data Extraction/aggregation
<b>2. Augmenting Public Health Registries</b>						
	2.1 Improve standard Immunization reporting	VDH*, VHIE/HCI, providers, pharmacies	Medium	Near	12	Data Extraction/aggregation, Interoperability
	2.2 Query/Retrieve of Immunizations	VDH*, VHIE/HVI, providers, pharmacies	Medium	Middle	12	Interoperability, Data Access

# Presentation Options for Roadmap Document

## Option B: Separate table for each Objective

### 1. *Delivering Information at the Point of Care*

*Share appropriate information with patient's care team to support care management and care coordination.*

<b>Tactic</b>	<b>Responsible (*Prime)</b>	<b>Level of Effort</b>	<b>Target Completion</b>	<b>Months to Complete</b>	<b>Architecture Tier</b>
1.1 Define information needs at point of care	VHIE*, stakeholders	Low	Near	3	Care Coordination
1.2 Improve adoption of care coordination exchange solutions	VHIE*, OCV, plans, providers, pharmacies	Low	Near	Ongoing	Data Access, Consumer Tools, Care Coordination Tools
1.3 Validate care team attribution services	VHIE*, OCV, plans, providers, plans, pharmacies	Medium	Near	6	Data Quality, Interoperability, Notification Services
1.4 Ensure information cover requirements for point of care as well as analysis	VHIE*, stakeholders	Medium	Near	Ongoing	Notification Services, Care Coordination Tools, Data Extraction/aggregation

## Gantt charts