Health Information Exchange Steering Committee Meeting

June 1, 2020

Agenda

- Georgia Maheras, BiState: COVID-19 Response Efforts
- Beth Anderson and Carolyn Stone, VITL: Proposed Subcommittees and Review of Subcommittee Outputs
- Emily Richards, DVHA: Next Steps

COVID-19 Response to Date

Georgia J. Maheras, Esq. &
Heather E. Skeels

BI-STATE PRIMARY CARE ASSOCIATION

SERVING VERMONT & NEW HAMPSHIRE

bistatepca.org

Bi-State Primary Care Association

Who is Bi-State?

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont. Bi-State has served as a catalyst for diverse groups, with varying interests, to organize around a shared vision of access to health care for all.

Bi-State members include federally qualified health centers (FQHCs), rural health clinics (RHCs), hospital-supported primary care practices, area health education centers (AHECs), clinics for the uninsured, Planned Parenthood, and health center-controlled networks.

What does Bi-State do?

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.
Bi-State's nonprofit recruitment center provides workforce assistance and candidate referrals to FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The Recruitment Center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

Vermont Rural Health Alliance (VRHA)

Who is VRHA?

- A program of Bi-State Primary Care Association
- A Health Center Controlled Network (HCCN)
- Members of VRHA are the 11 FQHCs in Vermont
- VRHA regularly collaborates with 2 other HCCN entities CHAN (NH), and Breakwater Health (MN)

What does VRHA do?

- A vehicle for health care initiatives; a mechanism to get information back directly to policymakers and state leadership - "Policy into Practice"
- Direct connection to environmental drivers
- Alignment of health care initiatives at national and state level; deep understanding of components and how initiatives interlock
- Work is directed by the FQHC participants and responds to needs of the FQHCs
- Respond to the FQHC regulatory environment
- Support HRSA (funder and regulator) goals for FQHCs

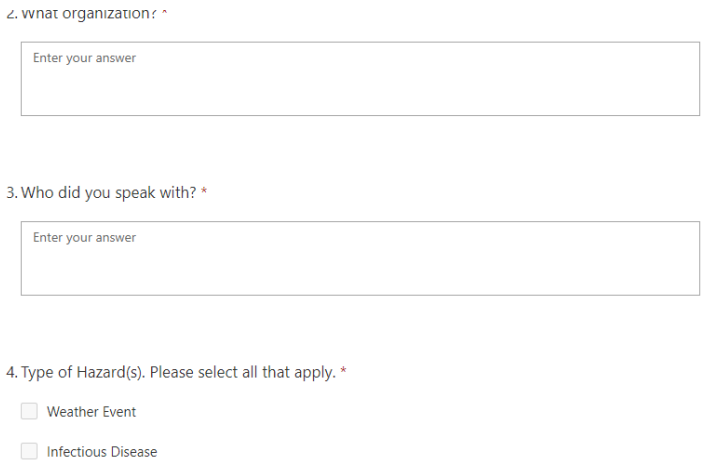
Emergency Preparedness Charge

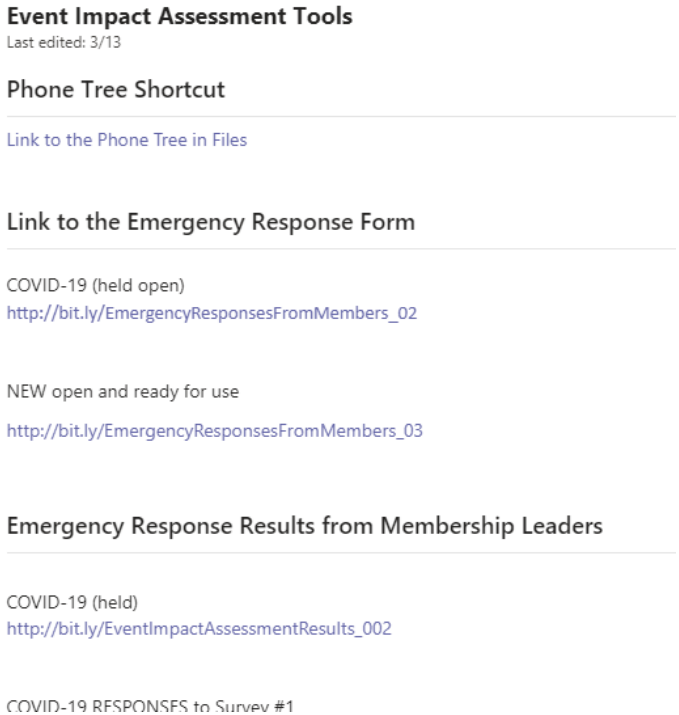
Emergency Preparedness

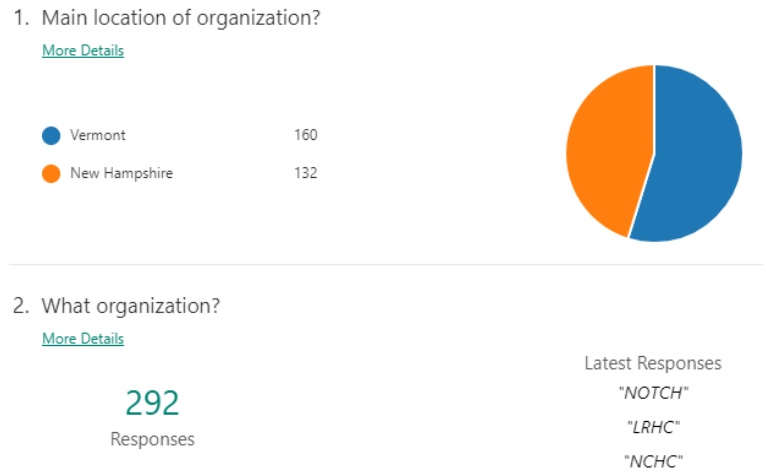
- Bi-State is a HRSA-designated Primary Care Association (PCA). One PCA role is to enhance health centers' emergency preparedness and response. PCAs must develop, exercise, maintain, and implement systems to ensure timely and accurate reporting on health center operational status during disasters and/or public health emergencies, and PCAs must provide training and technical assistance to health centers, leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and/or public health emergencies.

Event Impact Assessment

- Tool designed and used by BSPCA to “interview” health centers about the impact of any event.
- Available on any device with internet access
- Detailed instructions on how to use the tool get mailed when we have an event to staff who will be using the tool
- Currently using for COVID19







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Participation in the EP Structure in Vermont

Bi-State staffer Kaylana Blindow is the regular representative on the following EP Groups:

- Public Health Emergency Preparedness Senior Advisory Committee (SAC)
- Vermont Healthcare Emergency Preparedness Coalition (VHEPC)
  - Vermont's Crisis Standards of Care (part of the above)
- PCA Emergency Management Advisory Coalition (EMAC)

Meeting Need in a Rapidly Changing and Unclear Environment

Peer Groups

- Members from Vermont and New Hampshire
  - Chief Executive Officers
  - Dental Leaders
  - Chief Financial Officers
  - Medical Directors

Resources

- BSPCA Website
- Social Media
- Telehealth Update Page
- COVID-19 Bulletin – 2x per week
- Business Implications Messages
- 'Just in time' with our members, Legislature, Administration, other Associations

Data Analysis

- COVID-19 Tools in Qlik
  - Based on clinical data available from FQHC EMRs
  - Inclusive of patients 65 and older; and
  - ICD10 of conditions identified by the CDC as “risker”
  - Lauri Scharf updates the conditions list based on CDC recommendations

BMI 40+	Z684
Bronchiectasis	J47*
Bronchitis-Acute	J20*
Bronchitis-Chronic	J41*, J42*
Chronic Hepatitis	K73*
Chronic Kidney Disease	N18*
Complications of Spleen	D7*
COPD	J44*
CVD	I25*
Cystic Fibrosis	E84*

Susceptible patients: All patients age 65 and older + younger patients with the listed conditions on their problem list OR entered in the chart within past 2 years. *Selection of a condition applies only to patients under age 65.*

Patients susceptible to COVID19

42% 4,562 Patients susceptible to COVID19

COVID-19 susceptibility (rate and patient count) by age group:

0-17	18-64	65+
5%	28%	100%
60	1,967	2,597

Future State

- Analysis of data
  - Vaccine cohorts (influenza, pneumonia, DTAP, eventually COVID)
  - Gap analysis (physical health, kids)
  - Mental health outreach
  - Dental needs
  - Targeted information for areas with new service restrictions
- New delivery of care modalities
- Alternative Payment Models and Value and Flexibility
  - DVHA Retainer II

Today's Goal

- **Review two proposed sub-committees**: Connectivity Criteria (updated) and Collaborative Services (new)
  - Approve sub-committee's membership and 2020 goals

- **Review outputs of two existing subcommittees**: DA Connectivity Criteria (pilot for BH/MH/SUD data) and Interface Prioritization
  - Ask questions and provide feedback in anticipation of approving DA Connectivity Criteria at June 22 meeting
  - Approve Interface Prioritization Criteria

Connectivity Criteria Sub-Committee

Connectivity Criteria Sub-Committee

- **Objective**
  - Update General Connectivity Criteria (Tiers 1/2/3) for existing and new data types
- **Overview**
  - For 2020 and beyond, the HIE Steering Committee (SC) will consider formal adoption of this sub-committee candidate to work on the Connectivity Criteria.
- **Sub-committee's Members [Proposed]**
  - VITL, VCP, BiState, OCV, DVHA, Blueprint, VCCI, GMCB, and other expert groups as required.
- **What is the HIE Steering Committee's obligation?**
  - Review and approve Sub-Committee membership

Connectivity Criteria Sub-Committee

WHAT is purpose of Connectivity Criteria Sub-Committee?

1. Annually refine/update the existing Connectivity Criteria to enable the Vermont Health Information Exchange to provide services that further the goals outlined in the statewide HIE Strategic Plan.

2. Establish Connectivity Criteria to enable aggregation and management of additional data types – beyond current clinical data – including social determinants of health (SDoH), claims, women's health, substance use and mental health data.

WHY does this work matter?

The Connectivity Criteria *[required under 18 V.S.A. § 9352 (i)(2)]* establishes the standards for creating and maintaining connectivity to the State of Vermont's Health Information Exchange network.

An overarching clear framework expressed through the connectivity criteria will empower data sources and data receivers to confidently share meaningful data throughout Vermont and nationwide.

HOW are we accomplishing this effort?

Currently the Connectivity criteria is aligned towards US Core Data for Interoperability *(USCDI) version 1 data set*.

As part of the 21st Century Cures Act Final Rule, *HL7 FHIR Release 4.0.1* has been identified as the foundational standard to support data exchange via secure APIs and USCDI)version 1 data set for defining electronic health information (EHI).

WHEN do we expect to see outcomes?

Present to June 2020 -

- Create Tier II Connectivity Criteria for the Designated Agencies (DA) data set involving Substance Use Disorder (SUD) data.
- Develop Connectivity Criteria Subcommittee Charter and submit to HIE SC.

July 2020 to Fall 2020 -

- Review/update the existing Physical Health ~~(Clinical)~~ Connectivity Criteria for Tier II & II standards

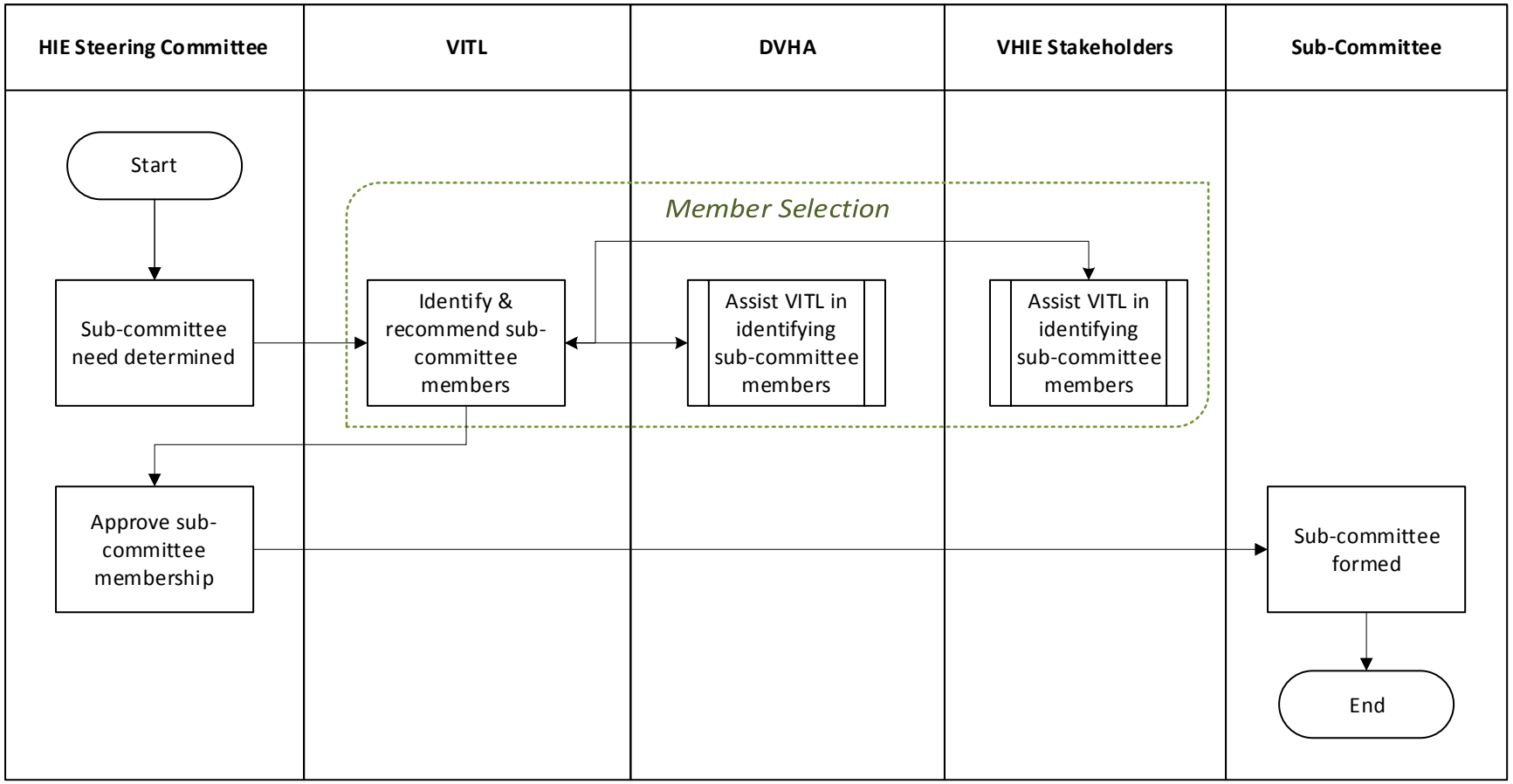
October 2020 -

- Support presentation of annual Connectivity Criteria updates to HIE SC for review and approval (Physical and DA data types).

WHO is involved in making this work happen?

VITL
OneCare Vermont
Blueprint (DVHA)
Vermont Care Partners
Vermont Department of Health (VDH)
Green Mountain Care Board (GMCB)
Vermont Chronic Care Initiative
Bi-State Primary Care Association
HIE Program Team (DVHA)
Other groups as defined by new data types

Connectivity Criteria Sub-Committee Membership



Connectivity Criteria Sub-Committee Responsibilities

- Create recommendations on Connectivity criteria for all data type projects [Physical Health/Part 2/Claims/SDoH] in line with currently established industry and federal standards and protocols.
- Participate in annual and new data type Connectivity criteria reviews and creation.
- Provide input for their programs and relevant data types into the process.
- Help communicate the recommendations to the HIE Steering Committee.
- September 2020: Propose Connectivity Criteria Update to Steering Committee

Approval Process

- *Does the Committee have questions or concerns?*

- *Any objections to approving the makeup and focus of this subcommittee?*

Collaborative Services Sub-Committee

- **Objective**
  - Provide strategic insight to VITL as they progress on the Collaborative Services Project AND provide a project assessment and recommendation to the Steering Committee
- **Overview**
  - We had great success during the Vendor selection process, so we are re-engaging this group to help provide guidance during the implementation stage of the project
- **Sub-committee's Members [Proposed]**
  - Blueprint, OneCare, Bi-State, GMCB, BCBS, Vermont Care Partners, VDH, AHS, ADS, DVHA and VITL
- **What is the HIE Steering Committee's obligation?**
  - Review and approve Sub-Committee membership

Responsibilities and Next Steps

- The sub-committee will be invited to the formal project kickoff meeting.
- Provide guidance to the VITL Project team at the kickoff and throughout the course of the project.
- Engage in periodic project updates or reviews as appropriate for your program.
  - Some programs will be more involved than others due to near term use of the new platform.
- Help identify Subject Matter Experts (SMEs) from your program if needed to help with requirements gathering and validation of these.
- September: Provide recommendation to the Steering Committee

Approval Process

- *Does the Committee have questions or concerns?*

- *Any objections to approving the makeup and focus of this subcommittee?*

Designated Agency (DA) Connectivity Criteria

- **Objective**
  - Develop Connectivity Criteria (Tier 2 Only) for Substance Use Disorder, Mental & Behavioral Health data (SUD,MH,BH)
- **Overview**
  - The Criteria represents data originating from Vermont's DAs
  - The Criteria is intended to act as a first step, or pilot, for aggregation and exchange of SUD, MH and BH data from additional sources
  - DA Connectivity Criteria developed by the Connectivity Sub-Committee, with contributions from DA subject matter experts.
- **Sub-committee's Members**
  - VITL, VCP, BiState, OCV, VAHHS, DVHA, Blueprint, VCCI
- **What is the HIE Steering Committee's obligation?**
  - Review the DA Connectivity Criteria; approve on June 22

Connectivity Criteria

Supports the core mission of the VHIE

- Connectivity criteria help to ensure core mission can be met
  - Helps to ensure all data needed to *match patients* across organizations is present
  - Helps to ensure a *comprehensive set of data* is collected
  - Helps to drive *data quality* by defining requirements data must meet
- Criteria can be used to hold EHR vendors accountable

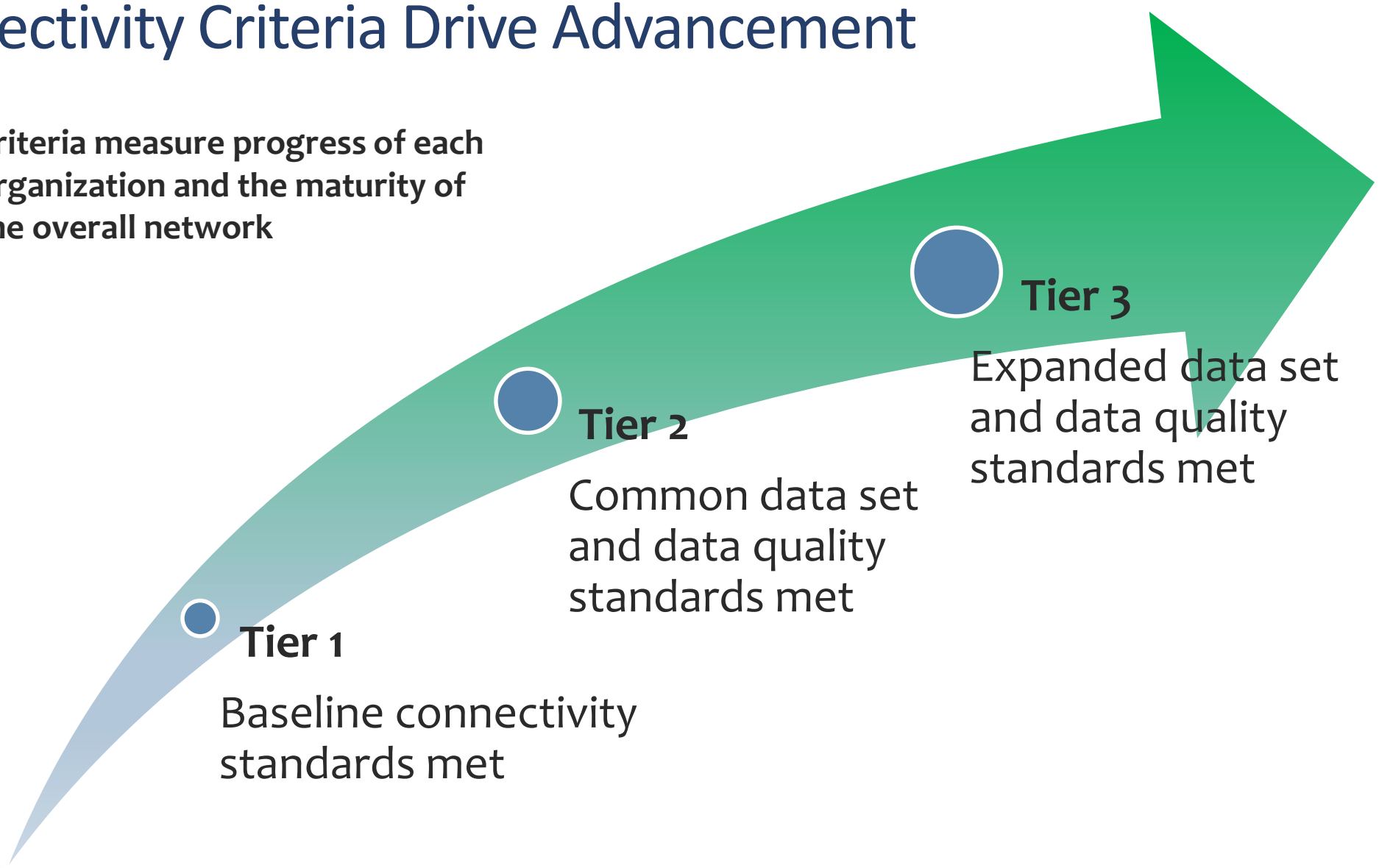
Connectivity Criteria

Supports the State HIE Plan

- Sets a path for organizations to connect and contribute data
  - Longitudinal health record for all
  - Improve operations at the practice
  - Population health management in the learning health system
- Assists customers and stakeholders in selecting or maximizing technology investments
- Assists in setting priorities

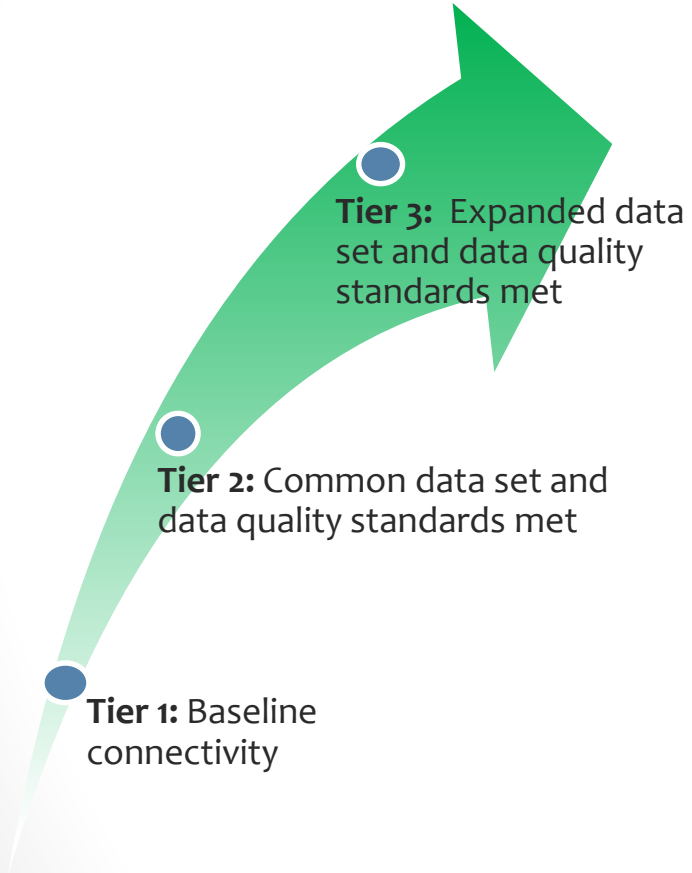
Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



Connectivity Criteria

Uses expand as hospitals and practices advance through the stages



Criteria	Objective	Value
• Expanded data sets for use by stakeholder(s) • Data is standardized	• Variety of quality data aggregated for use by stakeholders • Data can be analyzed across organizations	• Performance measurement and population health management applications are optimized • Expanded data uses possible for advanced end-user services
• One common data set for use by VHIE and all stakeholder(s) • Data is standardized	• Uniform, quality patient data aggregated • Data utility beyond point of care	• Stakeholders can measure quality and manage populations (inform quality measures) • Expanded data uses possible (example: Care Management)
• Data supports patient matching • Data is structured for storage and transmission	• Implement planned interfaces • Patient matching • Data use at the point of care and by stakeholders	• Clinicians can view basic data • Clinicians can receive electronic results • Patients are properly matched

Evolution of the Criteria

Existing Criteria	Revised Criteria
Initial Criteria created in 2018 for Physical Health data contributors, and updated in 2019 based on experience and utilization in 2019 for Tier 2 & 3	No updates to Physical Health data from 2019. Will be reviewing later in 2020.
Existing Physical Health Criteria is not applicable to the Mental and Behavioral Health data Designated Agencies generate.	New Mental and Behavioral Health Criteria created in 2020 and Tier 2 defined for this data contributor type. Data Prevalence was evaluated using the Vermont Care Network Database to help initial criteria decision making for 2020.
Customer and stakeholder education documentation to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.	Documentation will be updated based on addition of new data type later in 2020 once the Physical Health review has occurred.

Proposed New Criteria and Their Overlap

Existing Physical Health Criteria	New Mental and Behavioral Health Criteria
Demographics	Aligns with existing criteria
Providers	Added additional members of the care team, since there are many other types of care givers in this setting
Diagnostic results	1 diagnostic result overlaps with the existing criteria. Added 9 new ones to align with (Pregnance, Platelet count, Hematocrit, Red Blood Cell Count and distribution width, Mean Corpuscular (MC) Volume, MC Hemoglobin, MC Hemoglobin Concentration, and Absolute Neutrophil Count)
Immunizations	Immunizations not administered at Designated Agencies
Problems	No overlap with existing criteria. Added top 10 Mental, Behavioral and Neurodevelopmental Health disorders due to physiological, substance use, psychotic, mood, nonpsychotic mental, behavioral syndromes, adult personality and behavior, intellectual disability, developmental, and childhood/adolescent behavioral and emotional factors

Proposed New Criteria and Their Overlap

Existing Physical Health Criteria	New Mental and Behavioral Health Criteria
9 problems	5 new problems added to align with stakeholder program needs (COPD, stroke, anxiety, depression, tobacco use including nicotine)
Procedures	No overlap, and no procedures identified for Tier 2. Sub committee thinking about other types of procedures specific to this data contributor that might be of value for Tier 3 next year.
Medications	Aligns with existing criteria
Allergies	Aligns with existing criteria
Screenings	Aligns with existing criteria
Vital signs	Aligns with existing criteria
Hospital encounters	Not applicable to Designated Agencies
Payers	Aligns with existing criteria

New Proposed Mental and Behavioral Health Criteria

- Tier 1 – Focuses on their capability to connect to the VHIE and Initial Interface development
- Tier 2 - This consists of one common data set for each designated agency for use across the state by all stakeholders and healthcare providers
- Tier 3 - will consist of expanded data sets to be defined in the next year

Interface Prioritization

Interface Prioritization Sub-Committee

- **Objective**
  - To help the HIE Steering Committee in setting VHIE connectivity priorities
- **Overview**
  - This ad hoc sub-committee met on April 23rd to assess this year's proposal (CY20) and to come back to the larger group with a Criteria recommendation.
- **Sub-committee members**
  - Blueprint, OneCare, Bi-State and VITL
- **What is the HIE Steering Committee's obligation?**
  - Review and approve Interface Prioritization Criteria for 2020; set the stage for priority setting in 2021

Interface Prioritization

- To help engage the HIE Steering Committee in setting connectivity priorities for the calendar year 2020, Blueprint, OneCare and Bi-State representatives joined VITL in an ad hoc subcommittee on April 23rd to assess this year's proposal (CY20) and to come back to the larger group with a Criteria recommendation.

- The sub-committee worked with an Interface Prioritization Matrix that VITL created for this purpose.

- The matrix incorporated a list of categories and a 100-point scoring system.

- Interfaces were ranked in each category and given an overall Total Score to rank them in order of priority.

Interface Prioritization - Categories

- Patient Volume
- Vendor Ease
- Vendor/Site Tier 2 capable?
- Site ready to engage?
- Known Upgrade/Switch in next 12 months?
- Data Category
- Contributing Data?
- Receiving Data?
- Replacements in Past?
- Programs supported
- Other special circumstances?

Interface Prioritization – Scoring System

1. Patient Volume (35 Pts)	
Large	35
Medium	20
Small	10
2. Vendor Ease (10 Pts)	
Easy	10
Medium	5
Hard	1
3. Vendor/Site Tier 2 capable? (20 Pts)	
Yes	20
No	0
Not evaluated Yet	10
Vendor working on Tier 2	15
Tier 2 Does Not Apply	20

4. Site ready to engage? (20 Pts)	
Yes	20
No - in 2019	5
Unknown	10
5. Data Category in Alignment (5 Pts)	
Yes	5
No	0
6. Replacements in Past? (5 Pts)	
0	5
1	2
2+	0
7. Other Circumstances (5 Pts)	
Up	5
None	0

Interface Prioritization – Highest Priority

- Large Patient Volume
- Easy Vendor
- Tier 2 Capable
- Site Ready
- No known Upgrade/switch in next 12 months
- Data Priority in alignment with HIE Steering Committee Direction

Interface Prioritization – Lowest Priority

- Small Patient Volume
- Hard Vendor
- Not Tier 2 capable
- Site not willing
- Upgrading/Switching EHR in next 12 months
- Data Priority not in alignment with HIE Steering Committee Direction

Interface Prioritization – Other Considerations/Tiebreakers

- Contributing Data?
- Receiving Data?
- Replacements in Past?
- Programs supported
- Other special circumstances?

Next Steps

- The sub committee recommends that we use this scoring criteria for CY2020 and see how it works.
- Adjustments can be made if needed when we prioritize work for next year (CY2021)

NOTE: Due to the recent COVID event VITL is prioritizing work with DVHA & stakeholders across the state to support statewide reporting and response to the pandemic.

Next Steps

- **June**
  - Cures Act: bring members up-to-speed on new rules and regulations
  - COVID-19 Response Efforts: discuss learnings from HIE-related pandemic efforts and implications for the HIE strategic plan

- **July/August**
  - Pulling our strategic planning concepts together
    - Confirm our Frame of Reference – *the "triangle" of essential facets of HIE efforts and the HIE IT Architecture*
    - Build on Prioritized Work in Flight – *Collaborative Services, onboarding of new data types, expanding consent work, etc.*
    - Respond to Current Realities – *Covid-19 learning and opportunities and the Cures Act and related rules/legislation*
    - Elaborate on the Sustainability Strategy – *A look at public funding opportunities and discussion around garnering demand-driven participation in the market*

- **September**
  - Review outputs from the subcommittees
  - Put the final touches on the HIE Plan

Collaborative Services Update

June 1, 2020

Collaborative Services – Phase 1

Universal MPI

Solution: Verato UMPI

Live in January 2020 for reporting clients like VCCI, OCV, BP

The provider portal will take until next year

Interfacing

Solution: Rhapsody

Provided by Cureous Innovations

Live in April 2020

Terminology Services

Solution: Term Atlas

Developed and provided by Cureous Innovations (HealthInfoNet, Maine HIE)

Live in April 2020

Collaborative Services – Phase 2
Future Data Platform

Vendor Selection

Completed Feb 2020

Participants:

- VITL (lead)
- DVHA
- ADS
- Blueprint for Health
- OneCare Vermont
- Vermont Care Partners
- Bi-State Primary Care Association
- GMCB

Contracting

- Completed April 22, 2020
- Medicasoft is the selected vendor

Activity

- May:
  - Requirement Discovery sessions
  - Stakeholder engagement plan development

Next Steps:

- Project kickoff meeting
- Implementation Sprints start