

Vermont Health Information Exchange
Data Governance Council Meeting

June 5, 2023

Agenda

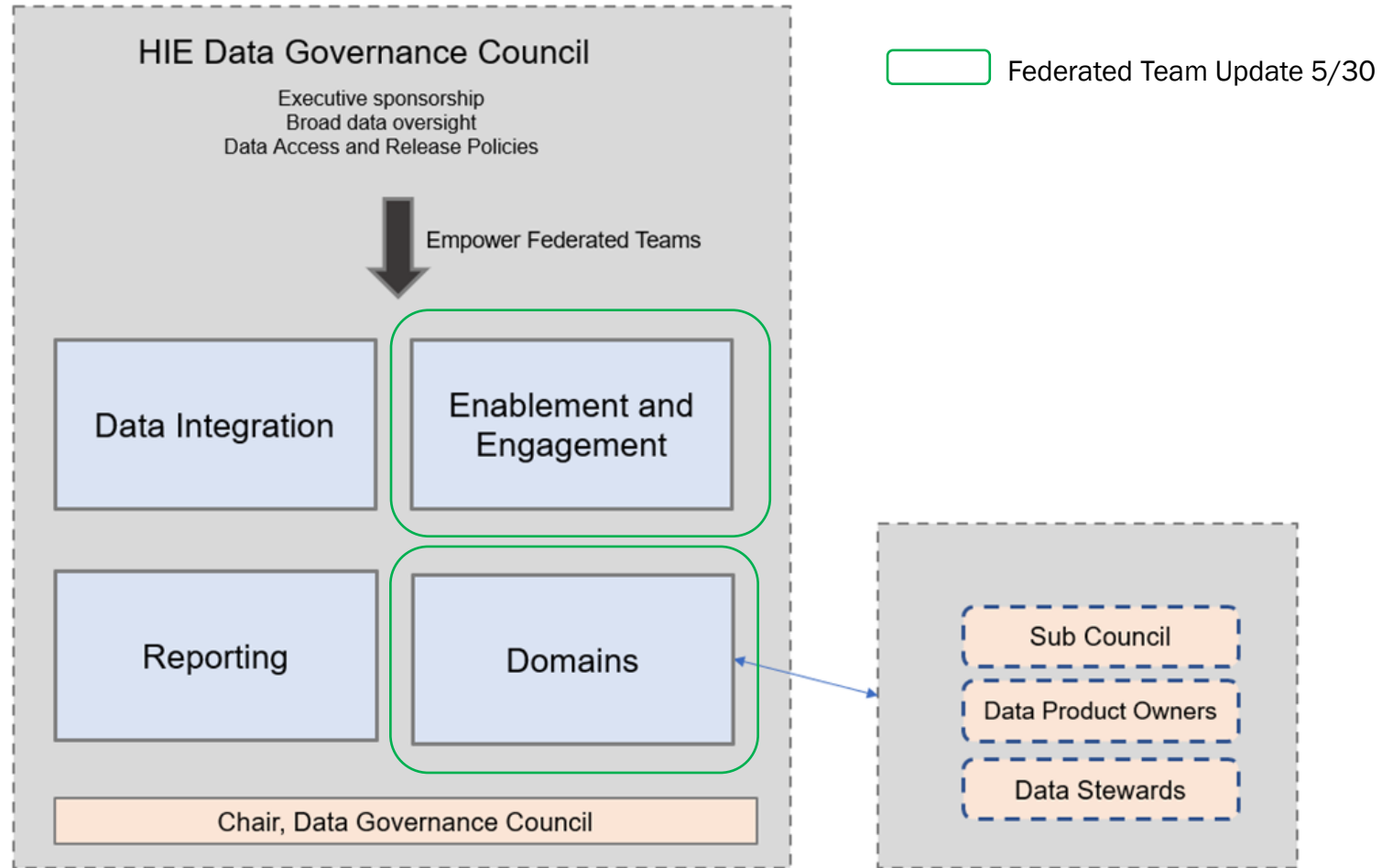
- HIE Steering Committee – Open Mtg agenda topic (June 19)
- HIE Data Governance – 42 CFR Part 2
 - Overview on Part 2 provisions
- Federated Team Updates
 - Progress overview
 - Recommended KPIs/Metrics
 - Engagement & Enablement Team *[Inna P. & Maurine G.]*
 - Part 2 Data Governance Update
 - Part 2 data governance work to date – ongoing *[Kristin M. & Dave K.]*

Open Mtgs

HIE Steering Committee – Special Session June 19

- Agenda topic to include: Open Mtgs for HIE Data Governance Council
- Discussion to hear members thoughts – recommendation prior to the June-19th meeting

DG Structure



42 CFR Part 2 Provisions – Knowledge Sharing

42 CFR Part 2 Data has specific data protections, criteria, and requirements

- [42 CFR Part 2 Provisions Level Set](#)
- Video / Audio to be made available shortly (VITL)
- Strongly encourage each HIE Data Governance Council members to review the Level Set slides and the video (~35 mins)
- Want to ensure all members have a level of knowledge and expertise to make informed decisions when Domain groups present recommendations
- We welcome any questions from the HIE Data Governance Council members

Core Federated Teams

Role: Provide recommendations to Data Governance Council

Engagement and Enablement

- Communication Plan
- Data Literacy
- Metrics & KPIs

Data Integration

- Data Onboarding
- Data Catalog
- Data Matching
- Data Lineage
- Business Glossary
- Metrics/KPIs

- Members

- Maurine Gilbert, VITL
- Inna Podgornaya, HIE Program

- Members

- Tim Tremblay, HIE Program
- Bechir BenSaid, HIE Program
- Jennifer Starling, VITL

Health Data Literacy

Measuring User Experiences and Engagement

What is Health Data Literacy? Why do we need this?

- According to the U.S. Department of Health and Human Services' (HHS) Healthy People 2030 initiative, health literacy involves the information and services that people need to make well-informed health decisions.
- Digital Health Literacy, as defined by the World Health Organization, is the ability to collect, manage, evaluate data from electronic sources and apply the knowledge gained to addressing or solving a health problem.
- Health Data Literacy empowers users to comprehend healthcare data and then use it to make clinical and business decisions with confidence, viewing the provision of care through a broader lens that includes data insight and analytics
- Successful Healthcare Data Literacy Efforts improve Engagement, Confidence, and Performance
- Data Governance Group Role:
 - Setting goals and KPIs
 - Evaluating efforts

Enhancing Health Data Literacy Through Education – Tactics to Consider

- **Healthcare Provider Education:**
 - Offer regular training sessions and workshops on data interpretation, data quality, and data security.
 - Provide online resources, tutorials, and webinars to support continuous learning and skill development.
 - Skill set validation for (skill gap analysis, continuous education, certification programs)
- **Patient Education and Empowerment for all Vermonters:**
 - Conduct public awareness campaigns and outreach programs to educate patients about the benefits of the HIE and the importance of data literacy.
 - Provide clear and concise explanations of health data and terminology to **promote data transparency**.
 - Offer educational workshops and seminars in partnership with community organizations to reach a wider audience.
- **Understanding Federal Rules and Regulations:**
 - Ensure that education efforts align with federal rules and regulations, such as the Interoperability Rules.
 - Educate healthcare providers and patients about legal considerations for data sharing, patient privacy, and data access rights.
- **Fostering Meaningful Engagement:**
 - Encourage active engagement with health data by providing user-friendly dashboards and data visualization tools.

Inclusion of Public Outreach and Education for Data Literacy in MMIS IAPD 8.0

- \$400,000 Request for Data-literacy education for healthcare consumers, and stakeholder outreach and engagement, related to the Unified Health Data Space
- Outcome Measure - Increased awareness, understanding, and utilization of the Unified Health Data Space by Vermonters through their healthcare providers

Metrics – User Experiences and Engagement

- **VITLAccess User Survey**
 - Consider comprehensive annual survey and/or regular very brief (one-two question) in-app surveys
 - Ask about data completeness, data needs
- **Brief VITLAccess User Interviews**
 - Consider annual series of brief user interviews
 - Goal - to build a better understanding of user needs and work context (use cases)
 - Questions for exploration:
 - How do you use VITL Access?
 - What additional data or functionality would be helpful in your role?

Metrics - Data Access Measurement (service-by-service)

- Individual VITLAccess users with a chart access in the last 30 days
- Number of VITLAccess chart accesses – counted as up to one view of a patient chart per organization per hour
- Number of records delivered directly into provider EHR (inclusive of LAB/RAD/TRANS results, VXU records via bidirectional, documents via eHealth Exchange, + and new methods that we make available)
- ADT messages delivered to partners to enable event notification
- Number of vaccination records delivered to the Vermont Department of Health on behalf of health care organizations.

Part 2 Data Governance Update

Part 2 Domain – Data Governance Overview

- **Domain:** Part 2 Data Governance Group
- Team formed (shown on following page)
- Goals and Scope established
- Meeting every other week through end of June 2023, will adjust agendas as necessary to meet Domain team's needs
 - **May 2nd** agenda: Data Storage in the HIE
 - **May 16th** agenda: Baseline 42 CFR Part 2 summary/overview, education, training
 - **May 30th** agenda: Consent, Revocation and Example Data Uses
 - **June 15th** agenda: Security, Tagging, Record Retention, Record Destruction; tentative: we have also planned to include a [Culture Change topic], to be presented by Kana Enomoto (former SAMHSA administrator)
 - **June 27th** agenda: Data Quality, Monitoring, KPI/metrics

Domain: Part 2 Data Governance Group Membership

Name, Organization	Role
Kristin McClure, <i>HIE/AHS</i>	Health Data Officer
Tim Tremblay, <i>HIE/AHS</i>	Data Integration Lead
Stephen DeVoe, <i>DMH/AHS</i>	Director of Quality and Accountability
Jessie Hammond, <i>VDH/AHS</i>	Division Director
Mahesh ThopaSridharan, <i>HIE/AHS</i>	IT Project Manager
Beth Anderson, <i>VITL</i>	President & CEO
Michele Boutin, <i>CMC</i>	Operations
Cheryl Cavanagh, <i>HCRS</i>	Compliance
Tim Gould, <i>NKHS</i>	IT Director
Nicholas Hunt, <i>NKHS</i>	Compliance
Dave Kronoff, <i>HC</i>	Compliance
Kim McClellan, <i>NCSS</i>	Operations
Laura Pearce, <i>HC</i>	Operations
Jit Singh, <i>RMHS</i>	IT Director
Eva Leonetti, <i>UCS</i>	HIM Lead & Privacy Officer
Ken Gingras, <i>VCP</i>	HIT Director
Simone Rueschemeyer, <i>VCP</i>	Executive Director

Shared Values and Goals

- Ensuring access and minimal barriers to services for all Vermonters
- Clear and shared understanding of governance process
- We will establish data governance prior to any data being sent
- Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data
- Policy makers / payers are able to assess value of programs and adapt to changing needs
- AHS will not share data with law enforcement or anyone else

Part 2 Data Governance Goals

- **Short-term goals** include use of the VHIE for Medicaid payment and operations activities consistent with established payment and quality models, aligned with activities acknowledged by Part 2 rules, e.g.:
 - Quality assessment, improvement initiatives, utilization review
 - Business management activities related to compliance
 - Other payment activities (e.g. determine need for adjustments to payment policies to enhance care)

See 42 CFR § 2.33 (b)

This short-term goal is limited to AHS access only. AHS will honor HIE opt-out policy.

- **Long-term goals** are currently centered on effective care coordination for individuals with SUD
 - Detailed long-term goals will be dependent upon ongoing rulemaking
 - Moving towards care coordination goals will require the right individual-level data, at the right time, delivered to the right stakeholders that can impact the care and outcomes people with SUD

This long-term goal is to include healthcare providers involved in treatment of patients for care coordination.