























## HIE Steering Committee Strategic Planning Session Notes

September 16, 2024

| Name, Organization  | Role  | Voting     |         |
|---|---|------------|---------|
| <b>Will Dempsey</b> , AHS - Central Office  | HIE Steering Committee Chair                    | Voting     | Present |
| <b>Emma Harrigan</b> , VT Hospital Association  | Hospital Care Representative                    | Voting     | Present |
| <b>Eric Schultheis</b> , Vermont Legal Aid  | Health Care Advocate                            | Voting     | Absent  |
| <b>Helen Labun</b> , Vermont Health Care Association                                    | Long Term Care Representative                   | Voting     | Present |
| <b>Jessie Hammond</b> , Vermont Department of Health                                    | Public Health Representative                    | Voting     | Present |
| <b>Jimmy Mauro</b> , Blue Cross Blue Shield   | Payer Representative                            | Voting     | Present |
| <b>Jodi Frei</b> , OneCare VT   | ACO Representative                              | Voting     | Present |
| <b>Mary Kate Mohlman</b> , Bi-State Primary Care Association                            | Primary Care Representative                     | Voting     | Absent  |
| <b>Rick Dooley</b> , TCHC   | Independent Provider                            | Voting     | Absent  |
| <b>Sandy Rouse</b> , Central VT Home Health & Hospice                                   | Home Health Representative                      | Voting     | Absent  |
| <b>Simone Rueschemeyer</b> , Vermont Care Partners<br><i>Represented by Ken Gingras</i> | Mental Health & Substance Use Representative    | Voting     | Present |
| <b>Song Nguyen</b> , Vermont Department of Health                                       | Health Equity Expert                            | Voting     | Present |
| <b>Victor Morrison</b>  | Consumer Representative                         | Voting     | Absent  |
| <b>Beth Anderson</b> , VITL   | HIE Representative                              | Non-Voting | Present |
| <b>Kristina Choquette</b> , VITL  | HIE Representative                              | Non-Voting | Present |
| <b>Dr. John Saroyan</b> , Blueprint for Health Program                                  | Practice Innovation Lead – Blueprint for Health | Non-Voting | Present |
| <b>Andrea DeLaBruere</b> , ADS  | Deputy Secretary                                | Non-Voting | Present |
| <b>James LaRock</b> , AHS   | Privacy Attorney                                | Non-Voting | Absent  |
| <b>Tim Tremblay</b> , AHS   | HIE Data Quality Lead                           | Non-Voting | Present |
| <b>Steven Andrews</b> , GMCB  | Green Mountain Care Board                       | Non-Voting | Present |

Online Participants

▼ In this meeting (12) Mute all

|   |                                 |   |
|---|---------------------------------|---|
|    | Podgornaya, Inna                |    |
|    | Bensaid, Bechir                 |    |
|    | Beth Anderson (Unverified)      |    |
|    | Cara Callanan (Unverified)      |    |
|    | Christopher Vitale (Unverified) |    |
|    | DeLaBruere, Andrea              |    |
|    | Dempsey, Will                   |    |
|    | Hammond, Jessie (she\her)       |    |
|   | Justin Tease (Unverified)       |   |
|  | Maurine Gilbert (Unverified)    |  |
|  | Saroyan, John M                 |  |

### Action Items/Suggestions for the HIE Strategic Plan

- Allocate time for the SC members to reacquaint with the delayed Plan activities to understand their potential impact. Clarify the Use Case and Benefits (FHIR APIs, Provider Directory, etc), assess whether providers and vendor environments are ready for tasks like care coordination and provider directory, etc. If not, steps should be taken to prepare them for this work.

### Top 3 Strategic Items Per Organization

#### Helen Labun, Vermont Health Care Association

#### 1. COLST (Clinician Orders for Life-Sustaining Treatment) Standardization and Sharing

Sharing of COLST orders, especially for skilled nursing facilities with terminally ill or elderly patients. The current process involves physical copies being carried with patients,

which is inefficient. A priority is to share these orders digitally to ensure they are easily accessible and standardized

## **2. Regulatory Updates for Assisted Living and Residential Care Homes**

Anticipate changes due to recent regulatory updates, which will impact the clinical complexity of residents and the certification levels for EHRs used by these providers. The delay in the regulatory process has pushed back further prioritization in this area, but now that the rulemaking is complete, it can move forward.

## **3. The importance of using federal standards/FHIR, for HIE**

How are we fitting into the standards and align with them.

## **4. Balance between having SDOH data and delaying discharge because of SDOH issues. Concerns around sharing data without accounting for consequences and impact**

### **Emma Harrigan, VT Hospital Association**

#### **1. Integration of EHRs and Expanding Data Types and Connections**

- Need to enhance user experiences and increase data usage.
- Continue efforts to increase the variety of data types available and improve connections within VITL, especially by collaborating with DAs

#### **2. Preserving and Protecting Participation Gains**

- Need to maintain and protect the high level of participation in VITL by balancing the voluntary nature of the system with new initiatives
- Ensure providers and payers feel comfortable with the pace of changes

#### **3. Ongoing Education for Providers and Policymakers/ Highlighting the HIE Benefits for Providers**

- Continue to educate providers, policymakers, and state government officials about VITL's capabilities/how landscape is changing
- Highlight the benefits of using VITL for providers,
- Encourage providers to take the first step and engage with the system.

### **Jimmy Mauro, BCBS**

- 1. Completeness of connections and Data quality**
- 2. SDOH is big for BCBS, full view not just Claims data**

- 3. Efficiencies for data exchanges, FHIR standards, Ability to extract data for the provider organizations, focus on KPIs (how to be most efficient with limited resources), focus on how to balance competing priorities**

Jimmy asked about process improvements and user interfaces reviews

VITL: post interface work/feedback from providers on real world use cases and challenges (Maurine)

### **Song Nguyen, Vermont Department of Health**

- 1. Increasing Accessibility of Equitable Data and Analysis**

Focus on improving access for marginalized populations in Vermont who have historically had limited access

- 2. Improving Interpretation of Health Data**

Enhance the ability of marginalized communities to interpret health information/patient outreach/education

- 3. Collaboration for Health Equity/Data Sovereignty and Data Transparency**

Focus on fair, mutually beneficial collaboration that incorporates data sovereignty and transparency, especially for indigenous populations to control and interpret their own data, including oral traditions.

- 4. Increase Culturally Relevant Transparency**

Ensure that data and health information are shared and interpreted in ways that respect the cultural context and specific health needs of culturally and ethnically diverse populations, for example someone, who identifies as Black in Vermont, speaking to a provider who might be sensitive to Black health issues.

### **Jodie Frei, OneCare VT**

- 1. Integration/Clinical Data Exchange/Expanding Connectivity**

Focus on boosting clinical data exchange, especially for small rural independent practices that lack technological resources.

- 2. Data Completeness and Data Availability (clinical data)**

Prioritizing aggregation and analysis of clinical data for preventive and chronic disease management. There's a focus on data completeness. Also, there's a need to address the lag in claims data. Clinical and ADT data very important to OneCare.

3. **Social Drivers of Health and Referral Management (Provider Directory as a tool)**

How can we exchange data based on screenings

Provider Directory as opportunity to develop a system of referral management

4. **Care Coordination and ability to exchange Shared Care Plans in a way that's efficient for the providers**

Retired a legacy system that handled shared care plans, we need to include this into the HIE Strategic plan

**Steven Andrews, GMCB**

1. **Improve data liquidity/Data Flow Improvements**

Continue efforts to ensure data moves more frequently and efficiently across systems.

2. **More Data Access for Providers/Provider Outreach**

3. **Data Integration from more sources/Need to make Claims Data more timely**

Improve the timeliness of claims data, addressing current delays

**Ken, Vermont Care Partners**

1. **Social Drivers of Health**

Focus on the intersection of SDoH, mental health, and SUD. Aligning with broader group efforts.

2. **Part 2 Regulation Updates**

Prepare for the recent changes in Part 2 ensuring updates to policies before the January 2026 adoption deadline (?).

3. **Data Quality Improvement/Data Completeness**

Continue working on improving data quality (CQI) to ensure clean, complete, and timely information is shared with partners, particularly the AHS and VITL. This is seen as a long-term goal.

#### **4. Referral System Need**

Need a reliable, coordinated referral management system between designated agencies, primary care providers (PCPs), and hospitals

### **Kristina Choquette, VITL**

#### **1. Provider Education and Engagement**

Prioritize ongoing provider education to ensure effective use of systems like VITL, and emphasize the importance of user understanding and engagement.

#### **2. Support of UHDS**

#### **3. National Exchange and TEFCA Focus**

#### **4. Data Quality and Interoperability Leadership**

### **Andrea DeLaBruere, ADS**

#### **1. Simplifying Technology**

Focus on reducing the complexity of technology across state government to streamline operations and improve efficiency

#### **2. Improving Standardization and Data-Driven Decision Making**

Enhance the standardization of processes, including raising awareness of cyber risks, data privacy, and improving data-driven decision-making across the government

#### **3. Enhancing User Experience**

Work with partners to improve user experience across digital platforms, including making websites more accessible and ensuring smooth interactions when logging into portals, particularly with the modernization of outdated technology

#### **4. Increasing Predictability and Transparency**

Strive to create more predictable and transparent digital experiences, fostering user confidence and satisfaction. Shift the approach from project-based work to problem-solving, focusing on outcomes rather than just tasks

**Jessie Hammond, VDH**

**1. Strategic Expansion of Public Health Interfaces**

Continue expanding public health interfaces, be more strategic and thoughtful about implementation.

**2. Pilot Integration Projects**

- We have pilot integration projects for integrating birth, immunization, continue to enhance data in HIE
- Launch FHIR messaging with death records and send them to federal government
- Prioritize the way we send information to the HIE via electronic format vs. the manual one that we use now
- Taking the integration strategy that we have and putting it into the long term implementation plan.

**3. Potential Impact of ONC Draft Rule/Federal Rules and Regulations Alignment**

Keep an eye on the potential impact of the ONC HTI-2 draft rule, which, if passed, could change public health data-sharing requirements and formats, requiring internal discussions and adjustments.

**Dr. Saroyan, Blueprint for Health**

**1. Expand BP Connectivity**

**2. Health Equity and Social Drivers of Health**

Emphasize the importance of screening and coding SDoH across systems to improve Health Equity.

**3. Discharge Notification Systems and CCDs**

**4. Improve Quality Measurement and Reporting/ Support for Electronic Clinical Quality Measures (eCQMs)**

Assist practices with implementation and mapping eCQMs in the framework used by CMS and CQA/AHEAD model participation.