

Health Information Exchange Steering Committee Meeting

January 22, 2024

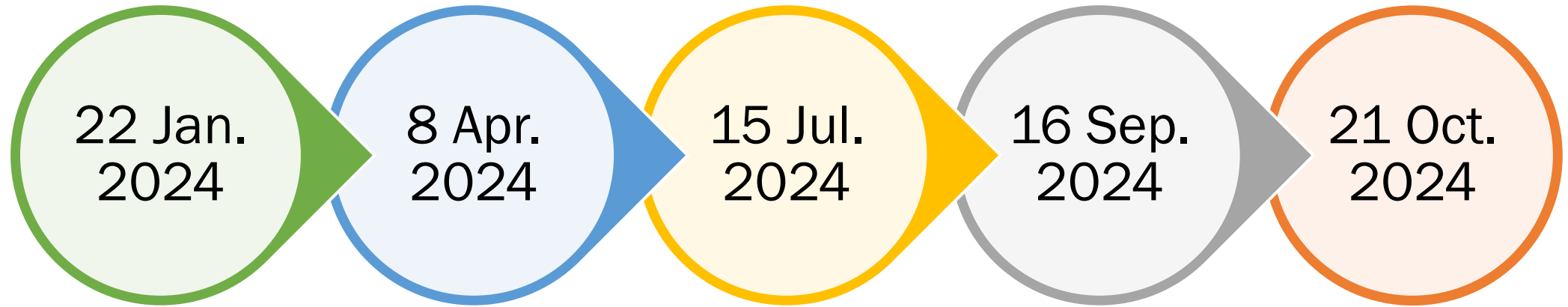
Agenda

- Welcome Team Members
- 2024 HIE SC Meeting Schedule
- Various Updates: Federal/State/HIE
- Update on HIE Strategic Items
- Public Health – HIE Integration Strategy Recommendation, *Jessie Hammond*
- Analytics Layer Discussion
- Guest Speaker Topic/Education: VITL 101 Refresher, *Maurine Gilbert*
- Guest Speaker Topic/Education: AHEAD model, *Wendy Trafton*

Welcome Team Members

Name, Organization	Role	Voting
Emma Harrigan, VT Hospital Association	Hospital Care Representative	Voting
Eric Schultheis, Vermont Legal Aid	Health Care Advocate	Voting
Helen Labun, Vermont Health Care Association	Long Term Care Representative	Voting
Jessie Hammond, Vermont Department of Health	Public Health Representative	Voting
Jimmy Mauro, Blue Cross Blue Shield	Payer Representative	Voting
Kristin McClure, AHS Office of Health Care Reform	HIE Steering Committee Chair	Voting
Mary Kate Mohlman, Bi-State Primary Care Association	Primary Care Representative	Voting
Sandy Rouse, Central VT Home Health & Hospice	Home Health Representative	Voting
TBD, OneCare VT	ACO Representative	Voting
Simone Rueschemeyer, Vermont Care Partners	Mental Health & Substance Use Representative	Voting
Victor Morrison	Consumer Representative	Voting
Rick Dooley, TCHC	Independent Provider	Voting
Beth Anderson, VITL	HIE Representative	Non-Voting
Emily Wivell, Agency of Digital Services	Technologist/Security	Non-Voting
John Saroyan, Blueprint for Health Program	Practice Innovation Lead – Blueprint for Health	Non-Voting
Kathryn O’Neill, GMCB	Green Mountain Care Board	Non-Voting
James LaRock, AHS	Privacy Attorney	Non-Voting
Vacant, Vermont Department of Health	Health Equity Expert	Voting

2024 HIE SC Meeting Schedule



- Strategic Planning Sessions

Various Updates

- Federal:
 - Advancing Interoperability and Prior Authorization – CMS finalized (1/18/23)
 - [CMS Interoperability and Prior Authorization Final Rule CMS-0057-F | CMS](#)
 - HTI – 1 Rule finalized (Health data, technology, interoperability 1st in a series)
 - [Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing \(HTI-1\) Final Rule | HealthIT.gov](#)
- State:
 - Legislative session underway
 - [S.211](#)
 - [S.173](#)
 - Others?
- HIE:
 - HIE Data Governance Council – adopted public meetings 2024
 - [HIE Strategic Plan](#) – approved by GMCB (12/13/23)
 - April HIE Steering Committee mtg – include educational topic on TEFCA

HIE Strategic Items (Approved Plan from GMCB)

WBS	TASK NAME	2024												2025
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
1	Data Governance													
2	Patient Education & Provider Outreach ★													
3	Connectivity													
4	Data Completeness, Quality, Standardization													
4.1	Form Team ★													
4.2	Scoping & Baseline measurements													
4.3	Implementation													
5	Analytics Layer ★													
5.1	Scoping & Requirements Gathering													
5.2	Procurement													
6	Maintenance & Operations Cost Focus													
7	Care Coordination & Referral Management													
7.1	Scoping & Requirements Gathering													
7.2	Procurement													
8	Strategic Roadmap - SDoH													
8.1	SDoH Data Governance													
8.2	Analysis and Development of Strategic Roadmap Recommendation													
9	VDH-HIE Integration													
9.1	Planning & Prioritization													
9.2	Implementation													
10	Explore Options - Rural/Smaller Independent Providers ★													
11	APIs													
12	Provider Directory													
12.1	Scoping & Requirements Gathering													
12.2	Procurement													
12.3	Data Governance													
12.4	Implementation													

- ★ • Patient Education:
 - Team formed (HCA, VITL, BiState)
 - Kick off January
- ★ • Provider Outreach:
 - Team formed (VAHHS, Independent Provider(s), Vermont Medical Society, VITL)
 - Kick off January
- ★ • Data Completeness, Quality, Standardization:
 - VITL leading
 - TBD
- ★ • Rural/Smaller Providers – Explore Options:
 - Outreach to Federal Partners started (CDC, ASTHO, ONC, US Senator/Rep, others?)
- ★ • Analytics Layer:
 - Broader discussion

Public Health – HIE Integration Strategy Recommendations

- VDH contracted a vendor to develop an integration strategy for public health systems and the VHIE.
- Contract had a short timeline - began in September 2023 and final deliverable provided in December 2023.
- Work included stakeholder interviews - VDH programs (15), ADS, VHIE, and VITL; and review of documentation.
- Recommendations based upon an assessment framework and prioritization matrix.

Public Health – HIE Integration Strategy Recommendations

- Assessment framework included the areas of: system host type, system software type, and dataset value
- Prioritization framework/matrix included 6 areas of integration options:
 - Interface feed organization and integration engine optimization
 - CDC software roadmap and moving to the cloud
 - Curated datasets to the UHDS
 - API data access and integration into health care provider workflow
 - Web applications and single sign on
 - Full third-party systems and data access.
- Also included level of effort and dataset value.
- Yielded a hierarchal list of data systems to consider integration efforts

Public Health – HIE Integration Strategy Recommendations

- Recommendation: Focus on integration of inhouse systems first, followed by CDC developed systems, and then vendor hosted systems.
- Recommendation: Within each integration option, data systems and/or projects of high value suggested, along with a strategy to accomplish.
- Recommendation: Using the prioritization matrix, first five data systems to focus integration projects on are:
 - Births and Deaths
 - Immunization Registry
 - Universal Developmental Screening Registry
 - Vermont Early Hearing Detection and Intervention Program
 - Health Homes and Lead Poisoning Surveillance System

Public Health – HIE Integration Strategy Recommendations

- Recommendation: Seek additional funding
 - VDH and ADS explore grant opportunities to fill current/create new positions enabling more time to providing guidance and ensuring quality data on information shared in the Unified Health Data Space (UHDS).
 - In addition to this, VDH should actively pursue Medicaid Enterprise Systems (MES) certification for projects helping Medicaid beneficiaries.
- Next Steps:
 - Reviewing internally (VDH and ADS) to identify initial data system(s) and project(s)
 - Based on feasibility, resources, integration pathway and timing.
 - Meet with AHS and VHIE leadership to discuss our project(s), come to mutual agreement on direction.
 - Meet with VITL to get their input and begin work on initial integration plan(s).
 - Expect work to begin in next Fiscal Year
- Question: What role in prioritizing VDH/VHIE integration projects does the Steering Committee want to have?

Analytics Layer Discussion

- Prioritization Discussion
 - Different Stakeholders: Providers, Payers, Policy Makers, Public Health
 - Separate Platform for Patients (Engagement Platform)
- KM Preferred approach:
 - Whichever method we choose, we tailor it to each stakeholder specifically. To integrate into their workflow in a meaningful way for them.
- Approach for Analytics Layer
 - Options:
 - 1 Analytics vendor for all stakeholders
 - 1 Analytics vendor for each stakeholder
 - Different Analytics vendor for each stakeholder

VITL 101

January 2024



About VITL

- VITL operates the Vermont Health Information Exchange, as designated by the Vermont Legislature.
- VITL is an independent nonprofit organization founded in 2005.
- Board members represent hospitals, health care providers, health technologists, payers, and businesses across Vermont

VITL's Mission & Vision

VITL's **mission** is to securely aggregate, standardize, and share the data needed to improve the effectiveness of health care for Vermonters.

VITL's **vision** is to be a leader in collaboratively delivering actionable data that leads to better health.

Part of a [Strategic Framework](#) introduced in 2021

What VITL Does

- **Collects, matches, and standardizes patient data** in real time from providers caring for Vermonters **to create one comprehensive health record for each person** in the Vermont Health Information Exchange
- **Serves as a hub** for efficient data sharing, eliminating the need for health care organizations to build and maintain multiple point-to-point connections
- **Protects patient data** through robust security practices and ensuring appropriate access to data
- **Makes data available** to inform:
 - Patient care
 - Case management
 - Quality improvement
 - Public health activities
 - Population health initiatives
 - Health care reform

VITL Participants

	Contribute Data	Access Data
Hospitals (<i>including all Vermont hospitals and a border hospital, along with their inpatient and ambulatory services, emergency departments, and owned specialty and primary care practices</i>)	16	16
Vermont Federally Qualified Health Centers	11	10
Independent Specialty and Primary Care Practices	31	63
Home Health Agencies	5	7
Nursing Homes and Long-Term Care Facilities	0	5
Pharmacy Chains and Independent Pharmacies	11	1
Laboratories (State and Commercial)	14	0
Departments of the State of Vermont	2	3
Designated Mental Health Agencies and Specialized Services Agencies	0	11
Emergency Medical Services	0	48
Payers	0	2

- New and replacement connections (interfaces) for data contribution are funded through the State contract.
- Connections are prioritized with the HIE Steering Committee Connectivity Criteria Subcommittee.

The Data in the Vermont Health Information Exchange

- Admission, discharge, and transfer (ADT) messages
- Laboratory results
- Radiology reports
- Transcribed reports – including many types of notes
- Immunization messages
- Home health monitoring data
- Continuity of Care Documents (CCDs)

How Vermonters' Data is Shared

- Data sharing is governed by the Services Agreements between VITL and organizations that contribute and use data, by VITL policies, and by state and federal law including HIPAA.
- An individual Vermonter's data is available to authorized users unless they opt-out to block their data from view.
- Currently, 98.9% of Vermonters are sharing their data and 1.1% of Vermonters have opted-out.
- More information for individuals is available at vitl.net/sharing.

Accessing Vermont Health Information Exchange Data

150+ organizations use VITL's data access services.

Data is available through:

- The **VITLAccess clinical portal**, accessible by web browser
- **Delivered into electronic health records**
 - Delivering laboratory results, radiology reports, and transcribed reports into EHRs
 - Delivering VT Immunization Registry histories and forecasts into EHRs
 - Under development: using new health care technology standards to deliver more data types directly into EHRs
- **Event notification**
- **Custom reporting and analytics**

VITL 2023 Annual Report

2023 Annual Report

VITL

A look at what VITL has accomplished together with partners from 2020-2023 and a preview of what's ahead.

You can click the link below to read the **[VITL 2023 Annual Report](#)**

A Look to the Future

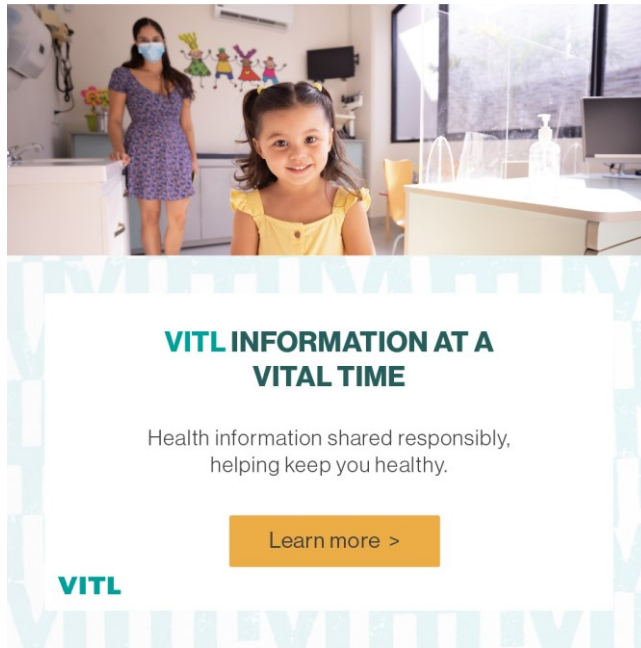
- **Work with the State to support the development of the Unified Health Data Space (UHDS)**
- Continue our commitment to **connecting to as many providers supporting Vermonters as possible**, and integrating that data into the Vermont Health Information Exchange;
- Partner with the Vermont Agency of Human Services to create opportunities to integrate new data types into the Vermont Health Information Exchange. A particular focus in the near term will be to develop a **strategy to integrate SDOH data**;
- Continue to work with our stakeholders and clients to find opportunities to leverage our new technical capabilities to **deliver the health data that providers need when and where they need it**;
- Explore using Vermont Health Information Exchange data in new ways to support the delivery of **quality measures and other analytics**;
- **Evaluate opportunities to participate in and support federal interoperability initiatives**, such as the Office of the National Coordinator of Health Information Technology's (ONC) Trusted Exchange Framework and Common Agreement (TEFCA), *while also protecting the privacy of reproductive health and gender affirming care data that is protected under Vermont law.*

Patient Education

Patient Education Campaign

- VITL's fall 2023 education campaign utilizes a broad range of media to reach more Vermonters across ages, locations, and media habits. The campaign, running now, includes educational messages on:
 - Social media, including Instagram and Facebook
 - Vermont Public, via a radio sponsorship message
 - Commercial [radio message](#) – this is a new medium for VITL, being used for its broad reach and longer format (30 seconds) which enables us to convey more information about how and why health data is shared
 - VTDigger [sponsored news story](#) – another new medium, also offering more in-depth content for deeper education
- All campaign tactics offer the opportunity to learn more at vitl.net/sharing, where Vermonters can read our data sharing FAQs and can opt-out of data sharing or begin the process of opting-back-in, requesting their record, or requesting an audit of access to their record. The site also encourages calling the VITL team with questions.

Patient education campaign sample content



Social posts (sample above) achieve broad reach while a sponsored news story (right and [linked](#)) offers deeper education.

SPONSOR SPOTLIGHT

Access to health information improves care: The five most commonly asked questions about health information sharing in Vermont

VITL

Sponsored By VITL
October 26, 2023, 3:03 pm



When you walk into a doctor's office, you expect that they have easy access to all of the relevant information they need to make the right decisions for your care. In the past, doctors actually spent large amounts of time trying to collect patient information — time that they would prefer to spend with their patients.

Overview of States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

*Wendy Trafton, Deputy Director of Health Care Reform
Vermont Agency of Human Services*

Current Model and New Model Opportunity: “States Advancing All-Payer Health Equity Approaches and Development” (AHEAD)

- Vermont’s current All-Payer Accountable Care Organization Model Agreement is an arrangement with the federal government that **allows Medicare, Medicaid, and commercial insurers to pay for health care differently** and establishes state-level accountability for cost, population health, and quality.
- The state is currently in a **two-year extension period** of that model.
- The Center for Medicare & Medicaid Innovation (CMMI) is now offering only **models that can operate in multiple states** rather than different state-specific models.
- More details on the model were released by CMMI in the form of a 127-page **Notice of Funding Opportunity (NOFO)** on November 16, 2023.

Vermont's Feedback to CMMI on Future Model

AHS and GMCB met regularly with CMMI's new model leads during the past year. **Based on feedback from Vermont providers and other partners**, the state continuously reinforced the importance of the following elements in a future model:

Support for rural provider stability and sustainability (workforce and inflation are important concerns)

Increase in predictability of payments

Ensuring the right amount of revenue (recognition that Vermont is a low-cost state for Medicare)

Support for investments in preventive and community care

Making sure payment models and quality measures are aligned across payers as much as possible

Allowing Vermont to move forward on important health care reform efforts

Goals of AHEAD Model

From Centers for Medicare & Medicaid Services (CMS) Notice of Funding Opportunity (NOFO):

“The AHEAD Model is a voluntary, state-based alternative payment and service delivery model designed to ***curb health care cost growth, improve population health, and advance health equity by reducing disparities in health outcomes.***” (Emphasis added)

AHEAD Model At-A-Glance

The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.

Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)
Primary Care Investment (Medicare & All-Payer)
Equity and Population Health Outcomes via State Agreements with CMS

8-9
Performance
Years

Components



Cooperative Agreement
Funding



Hospital Global Budgets
(facility services)



Primary Care AHEAD

Strategies

Equity Integrated
Across Model

Behavioral Health
Integration

In lieu
of "Behavioral
Health",
VT uses the
term "Mental
Health and
Substance Use
Disorder
Treatment"

All-Payer
Approach

Medicaid
Alignment

Accelerating
Existing State
Innovations

AHEAD Model Information and Timeline

<https://innovation.cms.gov/innovation-models/ahead>

Timeline:

Notice of Funding Opportunity Publication: **November 16, 2023**

Letter of Intent to Apply Due Date (encouraged but not required): **February 5, 2024**

Deadline for States to Submit Applications for Cohorts 1 and 2: **March 18, 2024**

		2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
	Model Year		MY1	MY2	MY3	MY4	MY5	MY6	MY7	MY8	MY9	MY10	MY11
1st NOFO Period	Cohort 1	NOFO	Pre-Implementation (18 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8	PY9
	Cohort 2		Pre-Implementation (30 mos)			PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8
2nd NOFO Period	Cohort 3		NOFO	Pre-Implementation (24 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8

Alignment with Health Information Exchange

- How can HIE support AHEAD goals and reduce redundancies in the health care system overall?
 - Model Goals
 - Improve Population Health
 - Advance Health Equity
 - Curb Healthcare Cost Growth
 - Examples
 - Accountability and responsibility for improved health outcomes and reduction of health care costs requires **timely, accurate and useable data** at the provider and state level.
 - Accountability for population health and equity targets requires **timely, accurate, and useable demographic data**.
 - Hospitals and Primary Care Practices will also be required to **collect and report standardized self-reported patient demographic data**, screen for **health-related social needs** and make referrals or other responsive actions to address those needs.
 - The State must develop a health equity plan and use **data to identity health disparities**, establish measurable goals to reduce disparities, and **track performance**.
 - Other?

Next Steps