

Health Information Exchange Steering Committee *September 26, 2022*

Agenda

- Welcome
- VITL & Connectivity Criteria Updates
- MDAAP Update
- Recap of September 21st Strategy Session
- 2022 Goals Progress Report
- On-Going Education Development
- 2023 Meetings Logistics

VITL Projects Update

- MedicaSoft Transition
- Initiatives with AHS
- Public Consent Education

Platform Transition Update

- Transition from legacy platform completed for June 30
- All data contributor interfaces moved to VITL interface engine
- Results Delivery and Direct Messaging capabilities transitioned
- Clinician Portal roll-out successful (VITLAccess)
 - Extensive outreach and training program implemented to ensure smooth transition and encourage use, including live trainings & learning hub
 - Positive feedback about user interface, available data
 - Usage has been strong

New VITLAccess Clinical Portal



Patient Charts

Sources: All

VITLPERSON, ONE (M, 56)
DOB: 05/03/1966

Demographics

Address: 123 VITL Way Apt ABC, Burlington, VT 05812

CIGNA

Clinician Dashboard

Patient Charts

Summary

All Results

Allergies

Documents

Medication

Problems

All Results

Report	Alert	Provider	Date	Status	Source
Ethanol Level2	Normal	MD PROVIDER, SEVEN K	01/02/2022 07:31	Final	Brattleboro Memorial Hospital
Culture Wound		MD PROVIDER, THREE R	12/16/2021 16:16	Partial	Brattleboro Memorial Hospital
MIC	Abnormal	MD PROVIDER, THREE R	12/16/2021 16:16	Final	Brattleboro Memorial Hospital
TRANSCRIPTION			11/18/2021 13:53	Final	Gifford Medical Center
XR Knee 4 Views w/ Patella Left		PROVIDER, THREE	11/18/2021 08:53	Final	Brattleboro Memorial Hospital
Office Visit: office visit-DM f/u			05/26/2020 09:35	Final	Community Health Centers of Burlington
Lab Report: Hepatitis C Ab w Rflx HCV PCR			04/23/2020 14:52	Final	Community Health Centers of Burlington
Lab Report: Comprehensive Metabolic Panel			04/21/2020 19:00	Final	Community Health Centers of Burlington
Lab Report: Basic Metabolic Panel, Direct LDL Chol, Vitamin B12			04/16/2019 13:46	Final	Community Health Centers of Burlington
Lab Report: Microalbumin			04/23/2018 13:25	Final	Community Health Centers of Burlington
Lab Report: Syphilis Serology (RPR)			11/01/2017 13:57	Final	Community Health Centers of Burlington
Lab Report: Complete Blood Count No Diff, ESR			10/31/2017 13:50	Final	Community Health Centers of Burlington
Lab Report: TSH (W/Ref FT4), Vitamin B12			10/31/2017 13:45	Final	Community Health Centers of Burlington
Lab Report:			04/07/2017 07:45	Final	Community Health Centers of Burlington

Immunizations

Immunization	Administered Date	Dose	Refused	Body Site	Source
Pprevnar 13 Purchased Intramus Susp 00005-1971-02	10/28/2019 08:49	0.5 m L			Community Health Centers of Burlington
2017 Afluria Quad Intramus Susp PURCHASED Supply 33332-417-10	10/23/2017 11:08	0.5 m L			Community Health Centers of Burlington
Pneumovax 23 Injection Injectable 25 MCG/0.5ML	09/05/2017 12:24	0.5 m L			Community Health Centers of Burlington
Boostrix Intramuscular Suspension 5-2.5-18.5	09/05/2017 12:23	0.5 m L			Community Health Centers of Burlington

Documents

Description	Created	Source
Fictitious Health Center Clinical Summary Summarization of episode note	05/27/2021 21:46	Community Health Centers of Burlington

Patient Relationships

Name	Phone	Relationship	Date	Source
VITLPERSON, AUNT		aunt	04/07/2022 07:31	Northeastern Vermont Regional Hospital
VITLPERSON, EMERGENCY	Home: 802 888-1010	Emergency contact person	04/07/2022 07:31	Northeastern Vermont Regional Hospital
VITLPERSON, SELF		self	04/07/2022 07:31	Northeastern Vermont Regional Hospital

Family History



Current Activities

- Reporting Database
 - Enhancements and performance tuning in progress
 - COVID Report Redesign in Progress
 - Planning stakeholder engagement program to plan for future capabilities
- Patient API
 - Planning underway
 - Includes working with the State to leverage person identification
- Conversion to FHIR R4 version
 - Planning underway
 - Data mapping started

Initiatives with AHS

- Medicaid Interoperability Project
 - Requirements submitted
 - Integrated testing underway
 - VITL code complete
- Social Determinants of Health (SDOH) Implementation
 - VCCI Screening Tool is first data set
 - Approach and requirements submitted
- Bi-Directional Immunization query and retrieve
 - Technical design drafted
 - Preparing for pilot

Patient Education

- Re-launched direct outreach to Vermonters in June 2022
- Goal is views, awareness
- Paid placement on Facebook, Instagram, YouTube
- Asking partners to help organically grow reach
- Supplements ongoing education by participating organizations

Sample social post:

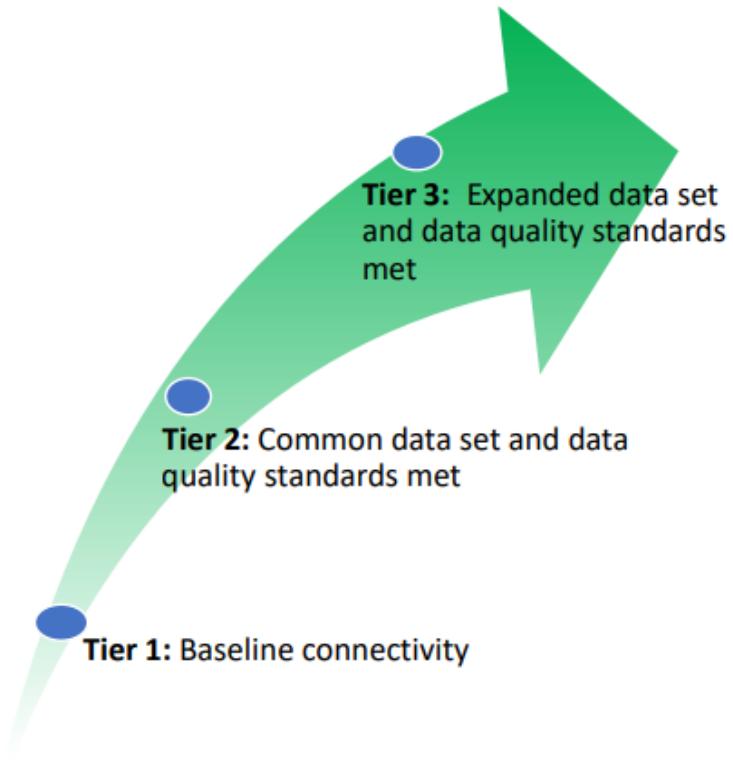


VHIE Connectivity Criteria Approval

- Establishes the criteria for health care organizations to connect to the Vermont Health Information Exchange (VHIE)
- Recommending that the Criteria remain unchanged for 2023
- As a reminder, 2022 Connectivity Criteria additions were:
 - Added a new Claims data contributor type with data elements
 - Added FHIR and Claims as potential interface types
 - Added COVID-19 Test Results to the Physical Health Tier 2

Connectivity Criteria Overview

Uses expand as hospitals and practices advance through the stages



Criteria	Objective	Value
<ul style="list-style-type: none"> Expanded data sets for use by specific stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Variety of quality data aggregated for specific use by stakeholders Data can be analyzed across organizations 	<ul style="list-style-type: none"> Performance measurement and population health management applications are optimized Expanded data uses possible for advanced end-user services
<ul style="list-style-type: none"> One common data set for use by VHIE and all stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Uniform, quality patient data aggregated Data utility beyond point of care 	<ul style="list-style-type: none"> Stakeholders can measure quality and manage populations (inform quality measures) Expanded data uses possible (example: Care Management)
<ul style="list-style-type: none"> Data supports patient matching Data is structured for storage and transmission 	<ul style="list-style-type: none"> Implement planned interfaces Patient matching Data use at the point of care and by stakeholders 	<ul style="list-style-type: none"> Clinicians can view basic data Clinicians can receive electronic results Patients are properly matched

Future Considerations

- Comply with federal interoperability rules
- Social determinants of health (SDOH)
- Sexual Orientation and Gender Identity (SOGI)
- Care plans
- Focus on data completeness



Vermont's Medicaid Data Aggregation and Access Program: MDAAP

Heriberto Troche

Medicaid Operations
Administrator

Agency of Human Services



Agenda

- Program History
- Looking Forward to 2023:
Onboarding Mental Health,
Substance Use Disorder, and Long-
Term Services and Supports
Providers
- MDAAP Design and RFP status
- Timeline through 2023
- Action Items



The Electronic Health Record Incentive Payment Program

Over \$60
Million Dollars
Paid Out

Eligible Providers:

- Physician
- Nurse Practitioner
- Physician Assistant*
- Pediatrician
- Certified Nurse
Midwife
- Dentist



Potential Providers-
Mental Health,
Substance Use Disorder,
and Long-Term Services
and Support Providers:

- Psychologist
- Licensed Mental Health
Counselor & LCSW
- Home, Community and
Facility-Based LTSS Providers
- Physical & Occupational
Therapists
- Naturopathic Physician
- Other providers TBD





The Medicaid Data Aggregation and Access Program

The HIESC has acknowledged the importance of providing incentives to eligible professionals who adopt, implement, and meaningfully use certified electronic health record technology. The HIESC has agreed to establish a subcommittee to ensure that program requirements appropriately reflect the needs and realities of participating providers.





The Medicaid Data Aggregation Business Program

The program's initial focus will be on mental health providers, substance use disorder treatment providers, and long-term services and supports providers that predominantly serve the Medicaid population because:

(1) They disproportionately serve populations experiencing health disparities;

(2) They were previously ineligible for the federal EHR incentive programs, or the programs were not designed with their technical needs in mind;

(3) Their need for data collection and use, and analytic capabilities prevent them from participating in studies of Vermonters' health needs and integrated care models.



MDAAP Program

MDAAP Program Design:

- Allows for flexibility in selected data collection tools.
- Provide incentives based on time-based milestones such as organizational readiness assessments, signed contracts with vendors, or plans to connect to the HIE to ensure organizations have sufficient funding to participate.
- Provides Technical Assistance to eligible professionals and practices across the state.



MDAAP Program Implementation

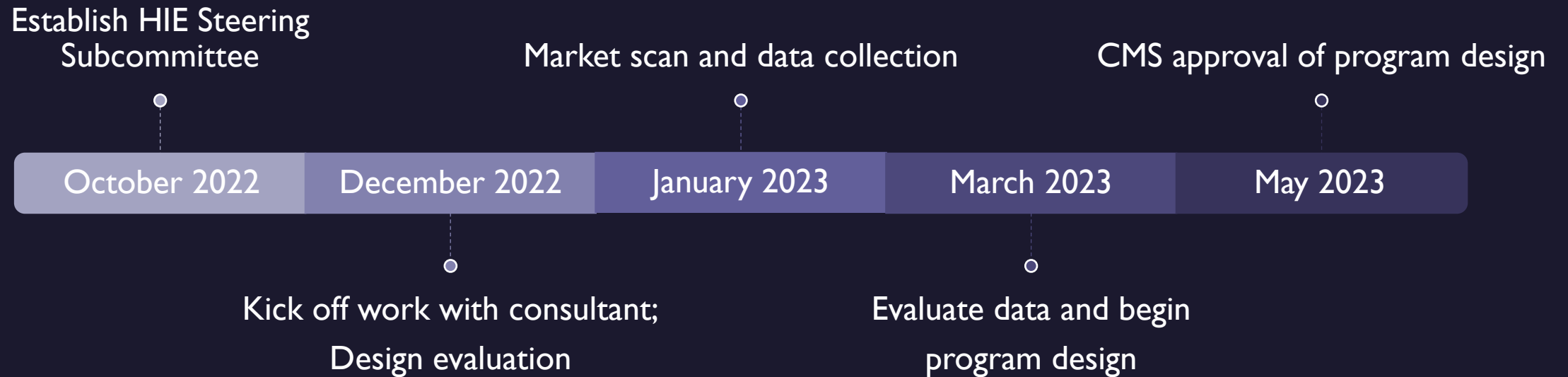
The RFP for a vendor to help design the program was issued on September 16th and bids will be due on October 21st at 4:30pm. Program design will include collaborating with the vendor through:

Phase I: Evaluate how Medicaid providers currently store, access, utilize, and share information.

Phase II: Using the findings from the evaluation, design a program to increase electronic data collection and exchange

Phase III: Department of Vermont Health Access will use the deployment plan, designed in partnership with Contractor during Phase II, to incentivize electronic data collection tools and HIE connections and provide Technical Assistance.

Timeline



Program launch July 2023

Recommended Action Items

Create an MDAAP Subcommittee composed of representatives and experts for the mental health, substance use disorder, and long-term services and supports provider communities. The Subcommittee could:

- Advise the vendor on strategies to select and engage targeted practices and providers to learn about their record keeping and case management;
- Provide feedback following a vendor presentation of the Phase I evaluation regarding current record systems used by targeted providers;
- Provide feedback following a vendor presentation of the Phase II program design.

Thank You

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September 21st Strategy Session Synthesis

YR	Goal	HIE 2023 THEMES					
		Foundational	Value Based Care Mgt	Governance	Grow Value for Stakeholders	Develop Culture of Learning and Innovation	Focus on Health Equity
2023	Establish Data Governance for each data type and stakeholder use of it (includes consent and public data literacy education)	x		x			
2023	Focus on clinical data completeness, quality, and standardization (particularly for high-priority hybrid clinical quality measures used by multiple stakeholders for quality payments and/or for reporting required for federal funding)	x		x			x
2023	Funding Structure - include as a foundational item the funding structure of HIE	x				x	
2023	Establish new / additional interfaces to increase the richness of data (types of providers, number of providers, completeness of the data included, include screenings, and modernize the technology used to send the data). Implement more sustainable interfaces leveraging tech. Promote portability of EHI through standards-based APIs and other interoperable health IT that permit individuals to readily send and receive their EHI across various platforms.	x			x	x	
2023	Enhance accessibility for Stakeholders			x	x		x
2023	Identify 2 use cases for SDoH and enable end to end implementation of it.		x	x	x		x
2023	Development work to start for HIE to serve as the Medicaid Data Warehouse		x		x		
2023-2024	Integrate Dept of Health and HIE to include: bi - directional exchange of immunization records; vital statistics; electronic case reporting; PDMP (Pharmacy Drug Monitoring Program)		x	x	x		x
2024	Ongoing Technology Enhancements: ease of use, employ single sign on capability				x		
2024	Expand Stakeholders to include researchers to utilize limited datasets of HIE for health improvement			x	x	x	x
2024	Integrate all-payer claims and clinical data			x	x		
2024	Capability for complex care management, care coordination, and referral management		x		x		x
2024-2025	Onboard Integrated Enrollment and Eligibility data			x	x		
2023-2025	Enable HIE to ingest and use data from Home Health Devices: Wearable sensors, IOT			x		x	
2024-2025	Enable HIE to adopt new algorithms, analytics, machine learning to empower individuals, address patients' full range of health needs, promote healthy behaviors, and facilitate better health outcomes for individuals, families, and communities					x	x
2025	Customization for Provider Portal				x	x	
2025	Patient Portal, explore patient engagement platform				x	x	

2022 Goals and Progress

Category	2022 Goals	Current Phase	Status Against Target			Overall Status	Notes
			Scope	Schedule	Budget		
Collaborative Services	New Provider Portal	Closing	Complete	On-Time	On-Budget	Complete	
	Okta Identity Management - ID Authentication & Authorization - Smart on FHIR	Planning	On Track	On-Time	On-Budget	On Track	Part of a Statewide ID management platform
	FHIR R3 to FHIR R4 upgrade	Executing	On Track	On-Time	On-Budget	On Track	Needed for Cures Act compliance
Medicaid Services	21st Century Cures Act Compliance - Interoperability Project - Clinical Data for API (Patient Access)	Executing	On Track	On-Time	On-Budget	On Track	Supporting Medicaid Cures Act compliance
	Unified Health Data Space - MDWAS Project - Leverage VHIE's DW for Medicaid Operations	Planning	On Track	On-Time	On-Budget	On Track	Leveraging VHIE's modular infrastructure
	Medicaid Data Aggregation & Access Program (MDAAP)	Executing	On Track	On-Time	On-Budget	On Track	State's extension of HITECH/PIP
CMS Funding & Federal Compliance	VHIE System CMS Certification	Closing	Complete	On-Time	On-Budget	Complete	5th Nationwide to Obtain HIE Certification
	OBC Compliance & Federal Reporting	Executing	On Track	On-Time	On-Budget	On Track	Outcomes & Metrics approved by CMS
	Post-HITECH Cost Allocation	Executing	Complete	On-Time	On-Budget	Complete	Secured 'conditional approval' from CMS
Population Health	Integrate Social Determinants of Health Data (with Clinical & SDoH Data)	Executing	On Track	On-Time	On-Budget	On Track	Ahead of Gravity project & may need to adjust
	Integrate Claims Data (with Clinical & SDoH Data)	Executing	On Hold Pending Re-prioritization			Planning	Part 2 may take precedence
	Blueprint extracts & Access	Executing	On Track	On-Time	On-Budget	On Track	To include program direct data access next
Public Health	New Interface Connections & Existing Interface Remediations	Executing	On Track	On Track	On-Budget	On Track	Prioritizing Public Health Interfaces
	Implement bi-directional data exchange with IZ registry incl. Mulesoft & Rhasody Interface	Initiating	On Track	On-Time	On-Budget	On Track	
	Provide COVID-19 Reporting	Closing	Complete	On-Time	On-Budget	Complete	
VHIE Operations	Ensure VHIE Services are operational 24 hrs, 7 days / wk, 94% uptime. Maintain system security.	Executing	On Track	On-Time	On-Budget	On Track	On-going M&O activities

HIE Steering Committee Discussion Items

- On-Going Education Development
- 2023 Meeting Logistics
 - In-Person Meetings vs Remote?
- Anything Else?