

Health Information Exchange Steering Committee Meeting

April 26, 2021

Today's Agenda

- HIE Financing Model – Public Funding Opportunities and Challenges
- Stakeholder Engagement Plans
- A Look at the Next Few Months
- Wrap Up

Introductions

Name, Organization	Role	Voting
Ena Backus, AHS Office of Health Care Reform	Chair	Voting
OneCare VT	ACO Representative	Voting
Simone Rueschemeyer, Vermont Care Partners	Mental Health & Substance Use Representative	Voting
Georgia Maheras, Bi-State Primary Care Assoc.	Primary Care Representative	Voting
Kristin McClure, Agency of Digital Services	Technologist	Voting
Tracy Dolan (interim: Jessie Hammond), Dept. of Health	Public Health Representative	Voting
Beth Anderson, VITL	HIE Representative	Non-Voting
Jimmy Mauro, Blue Cross Blue Shield	Payer Representative	Voting
Vacant	Consumer Representative	Voting
Emma Harrigan, VT Hospital Association	Hospital Care Representative	Voting
Sandy Rouse, Central VT Home Health & Hospice	Home Health Representative	Voting
Laura Pelosi, VHCA Policy & Regulatory Affairs	Long Term Care Representative	Voting
TBD, Blueprint for Health Program	Practice Innovation Lead – Blueprint for Health	Non-Voting
Sarah Kinsler, GMCB	Green Mountain Care Board	Non-Voting
Emily Richards, AHS Office of Health Care Reform	HIE Program Representative	Non-Voting

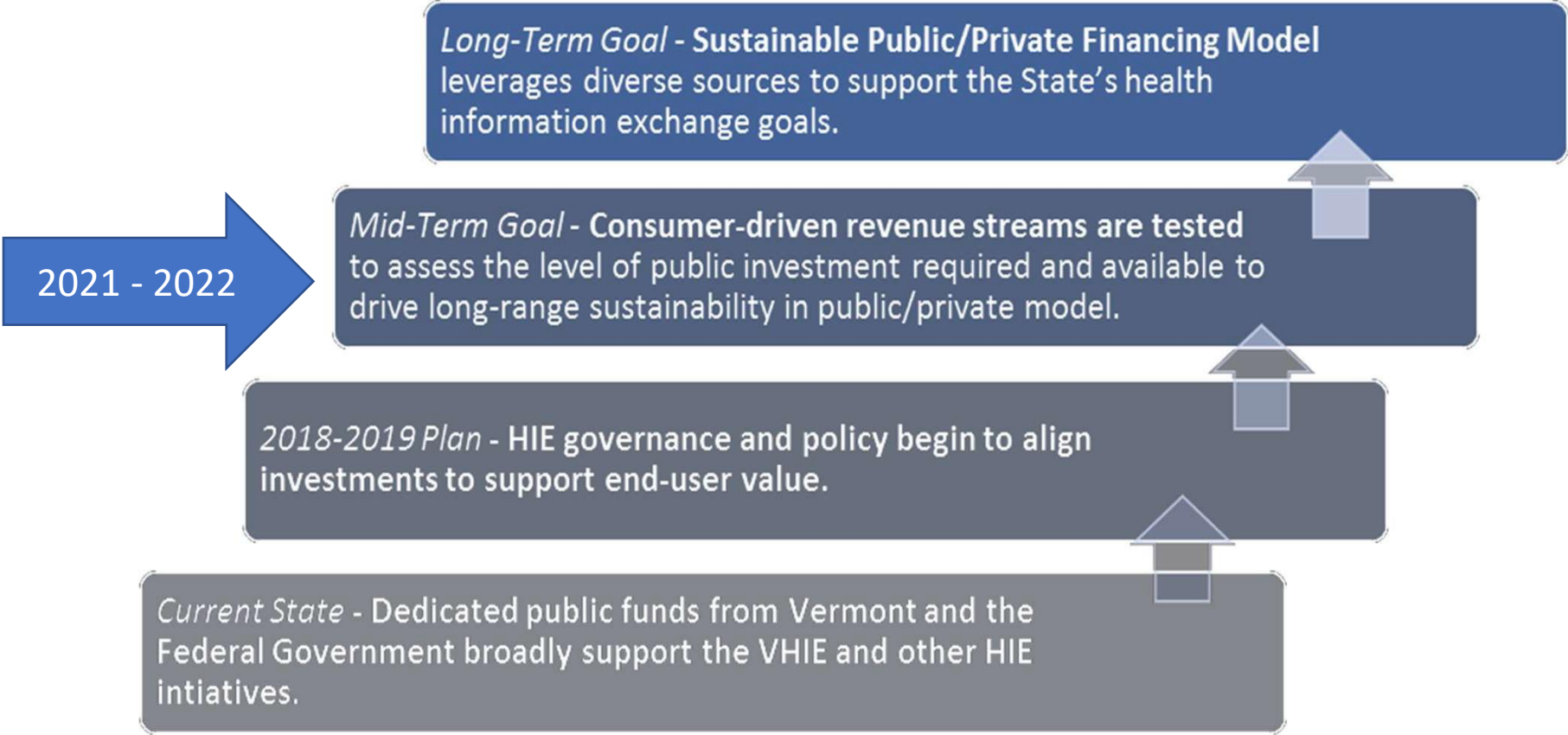
Introductions: Josiah Mueller, OneCare Vermont

Josiah Mueller, RN, MHS began his role as Director of Value Based Care for OneCare Vermont in April, 2021. Josiah most recently served as Director of Healthcare Analytics in Clinical Operations at the Mount Sinai Health System. He started his career in healthcare during nursing school, working as a nursing assistant in neurological inpatient and ICU settings. He then worked at Johns Hopkins Hospital as a registered nurse in the Pediatric Emergency Department and also taught hospital-based clinical coursework to nursing students. His patient care and teaching experience led to his work in value-based care and inspired him to earn a Master's of Health Science in Healthcare Economics from the Johns Hopkins Bloomberg School of Public Health. Following his graduate studies, he worked as a Nurse Consultant at the Center for Medicare and Medicaid Innovation (CMMI). Josiah is a running and cycling enthusiast and looks forward to enjoying Vermont's mountainous terrain and bountiful beauty.

Objectives for Today's Conversation

- Obtain Collective Understanding:
 - ❖ Public Funding Opportunities & Limitations
- Use that Information to Help the Committee:
 - ❖ Confirm Elements of Foundational Infrastructure & Prioritize Needed Enhancements
 - ❖ Evolve the HIE Financing Model to Include Both Public Funding (infrastructure & operations) & Private Funding (participants pay to use services)

Concepts from the HIE Plan: Evolving Financing Model



Concepts from the HIE Plan: IT Modular Architecture

“The ultimate value to users is evident in Tiers II and III: Exchange and End-User Services...”

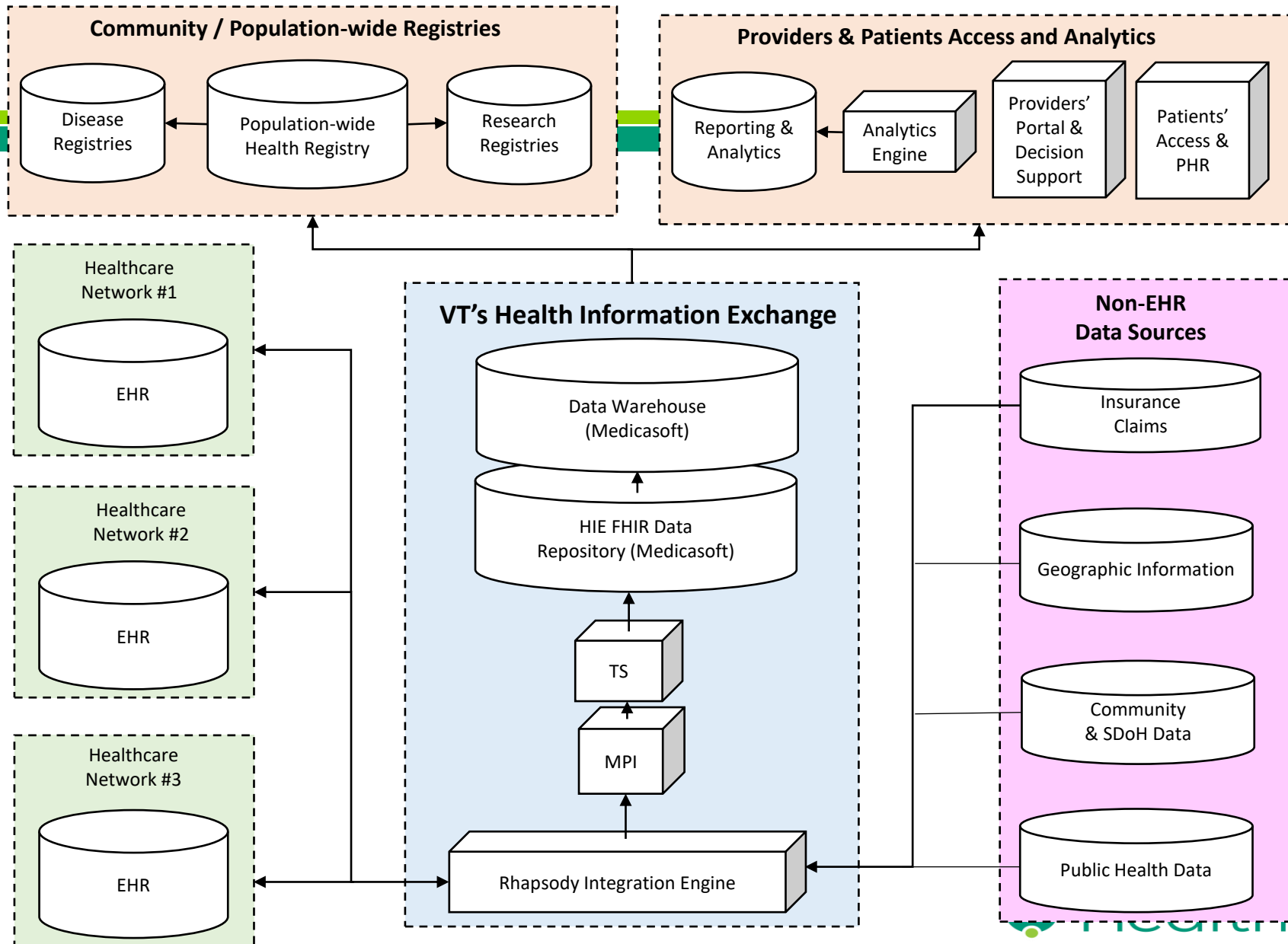
Tier I (Foundational) is required to enable Tiers II and III.”

End-User Services		
Reporting Services	Notification Services	
Analytics Services	Consumer Tools	
Care Coordination Tools	Patient Attribution & Dashboards	
Exchange Services		
Data Aggregation	Data Access	Data Extraction
Terminology Services		Data Governance
Foundational Services		
Identity Management	Consent Policy & Management	
Security	Provider Directories	

Private Investment
(Pay for Services)

Public Investment
(Build & Operate)
Infrastructure

Another View



HIE Steering Committee Role

- Define an HIE investment portfolio & monitor statewide investments in service of the Vermont's HIE goals;
- Assess the viability of investments, identify the needed level of investments, & consider the appropriate balance of public & private funds; and
- Advance HIE use cases, ensure accountability of all parties in furthering the State's HIE goals, & engage a broad range of stakeholders in the strategic planning & oversight activities.

2021 Focus Areas including Federal Mandates & Public Funding Opportunities

- ❖ Understand what must be done in 2021--Mandates
 - ❖ Comply with New Federal Rules
 - ❖ COVID Response
- ❖ Continue to Support Collaborative Services Project
 - ❖ Align strategies & unify investments in one central system--VHIE.
 - ❖ Ensure VHIE infrastructure is built to align with user needs.
- ❖ Assess what Federal Funds are Available for Mandates & Priorities
- ❖ Leverage Available Federal Funding to Support Sustainability of Health Data Infrastructure

Sources of Federal Funds

- **HITECH Promoting Interoperability ends 9/30/21 (Except Close-out & 5-Yr State Medicaid Health Plan (SMHP))**
- **Ongoing CMS Medicaid**
 - ❖ Medicaid Enterprise Systems (MES)
 - ❑ Short-Term funding to build & implement project/system
 - ❑ Long-Term ongoing funding for operations & maintenance (Cannot include provider onboarding)
 - ❖ Administration of Medicaid program (50% Federal Match)
 - ❖ 1115 Waiver – Mid-Term Support for Delivery System Reform Efforts
 - ❖ State-Run EHR Incentive Program (Future: Fund EHRs for providers not eligible for current program)
- **One-Time Federal Funding (100%)**
 - ❖ COVID Relief Act (2021 Budget Bill)
 - ❖ American Rescue Plan Act of 2021
 - ❑ Public Health & COVID
 - ❑ Broadband & Telehealth

New Federal Rules Create Mandates for States & Providers

❖ 7/1/21: Payers & Medicaid

- Patient Access (API) to claims & clinical record via electronic device of choice
- Provider Index: Must have index of all providers & later list of providers accepting new patients or referrals
- Portable Patient Records: Previous payer must provide records to new payer

❖ 7/1/21: Providers, health plans, & payers (including Medicaid)

- Cannot block patient information from being shared (Information Blocking)

❖ 5/5/21: Hospitals

- All hospitals must send Admission, Discharge, & Transfer (ADTs) alerts to patient care team

❖ 10/1/21: Medicaid agencies must have “authorized” drug registry

- Prescribers & dispensers must check PDMP registry before issuing opioid drugs

Can VHIE assist to Meet New Federal Rules?

❖ Patient & Provider Access (API) Payers & Medicaid by 7/1/21

- MES HIE funding to build APIs for Medicaid & offer to all users
(user fees less costly than to build stand-alone systems)

❖ Hospitals send ADTs by 5/5/21

- ADT capabilities in HIE for participating hospitals
(user fees less costly than stand-alone system)

❖ Mandate PDMP Checks by 10/1/21

- Integrate PDMP & HIE
(less costly than standalone PDMP & users have access)

What Public Funding Pays & does not Pay for

Category	Public Funds: Pay to Build, Implement & Operate Technical Infrastructure				Public Funds: Does Not Pay for Use of Services
	Medicaid Admin. (50%)	1115 Waiver (67%)	Ongoing Medicaid Enterprise Services (MES) (% vary)	One-time COVID Relief Act (CRA) & American Rescue Plan Act (ARPA) (100%)	
Public Funding: Must meet CMS requirements					Participants must pay to use services (including Medicaid as user)
Existing Plan Priorities		YES – Public Funds can pay	YES – Public Funds can pay	YES – Public Funds can pay	Participants Pay to Use Services
COVID & Public Health		YES	YES	YES	Participants Pay
New Federal Mandates		YES	YES	YES	Participants Pay
New Use-Cases Added to Plan		YES	YES	YES	Participants Pay

Next Steps

- Assess Existing HIE Plan priority projects under lens of potential federal funding sources
- Identify new federal mandates & determine if HIE can help meet
- Identify other priorities to add to Plan based on potential federal/public funding
- Create matrix of Projects & Potential Funding (some may require state match). Example API:

	CRA	ARPA	Agency	HITECH	MES	MES	WAIVER	Admin.
Project	100%	100%	FCC, etc.	90%	90%	75%	67%	50%
API	TBD	Y	CMS	Planning	Y	N/A	TBD	Y

- Assess mix of Plan priorities, new mandates, & additional projects to determine final priorities
- Add final priorities to recommended Plan by:
 - ❖ 1. Updated priorities (existing priorities, mandates, additional priorities (use cases); and
 - ❖ 2. Updated sources of public funding (CMS, CRA, ARPA, other) & state match (where required)

HIE Steering Committee & Stakeholder Interviews

- ❖ Purpose: To gain an understanding of stakeholders' views of where VHIE is now (“as-is”) compared to the aspirations of the Strategic Plan (“to-be”)
- ❖ Interviewees
 - ❖ HIE Steering Committee
 - ❖ Identified Stakeholders (Blueprint for Health; AHS Payment Reform leadership; University of Vermont; GMCB Clinician Group; & VITL)
- ❖ Objective: Obtain stakeholder feedback on:
 - How health data infrastructure is currently used and known gaps/pain points
 - The impacts of federal mandates & COVID response on VHIE priorities & efforts
 - Envisioned future use cases
 - Priorities of stakeholder's organization and/or representative population
- ❖ Timeline: April 27th – June 4th (Presentation of Findings at June Meeting)

HIE Steering Committee Meetings: The Month's Ahead

- **May**
 - HTS: Public Funding Priorities
- **June**
 - HTS: Overview of Strategic Plan Gap Analysis & Results of Stakeholder Interviews
 - Status of Consent Policy Consumer Education Efforts & Discussion of Next Steps
 - TBD: Review CARES Act Changes to SUD Data Exchange Regulations; Discuss Public Health/HIE Opportunities; Realign Priorities
- **July**
 - HTS: Strategies for Sustainability & Draft Outline of Report
 - VHIE Claims Pilot Subcommittee's Work & Next Steps
- **August**
 - HTS: Presentation & Discussion of Draft Report
 - Review Outputs of Subcommittees (Connectivity Criteria, Collaborative Services)
- **September**
 - HTS: Final HIE Plan Update Review (Report submission September 30th)

Wrap Up

- Update on the VHIE Outcomes Based Certification Process
- Meeting Debrief: *How did we do?*
- Next Meeting, Monday, May 24 – 10:30am – 12:00pm
- Committee Materials Posted Here:
<https://healthdata.vermont.gov/HIESTEERINGCommittee>