

# **Health Information Exchange Steering Committee Meeting**

**March 22, 2021**

# Today's Agenda

- Review Outcomes Based Certification Proposed Measures
- Discuss Claims Pilot Plans
- Meet the HIE Steering Committee Consultant

# Introductions

Name, Organization	Role	Voting
Ena Backus, AHS Office of Health Care Reform	Chair	Voting
Interim: Katie Muir, 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

# Outcomes Based Certification

# Outcomes Based Certification

- *Goal:* Measure the value of Vermont's Health Information Exchange through the Outcomes Based Certification process to:
  - (1) Align Vermont stakeholders around VHIE measures of success/effectiveness
  - (2) Obtain CMS Certification to allow Vermont to receive enhanced federal funding for VHIE operations

# Medicaid Systems Certification

1. The Center for Medicare & Medicaid Services (**CMS**) provides an opportunity for states to certify **their Medicaid IT-system “modules”**
2. Certified modules are eligible for **75% federal contribution to operations costs on an ongoing basis**
3. CMS has recently transitioned to an **Outcomes Based Certification process** and opened the certification opportunity to HIE systems
4. To obtain certification, a **state must propose longitudinal outcome measures** to CMS that validate the positive impact of HIE modules on *Medicaid* operations and beneficiaries
5. A module **must be live for 6 months before it can be certified** (funding is retroactive to go-live date)
6. **Several states have obtained HIE certification**

# What's in an Outcome Measure?

**Area of Focus** - *area of health care or Medicaid operations that an IT system intends to impact*

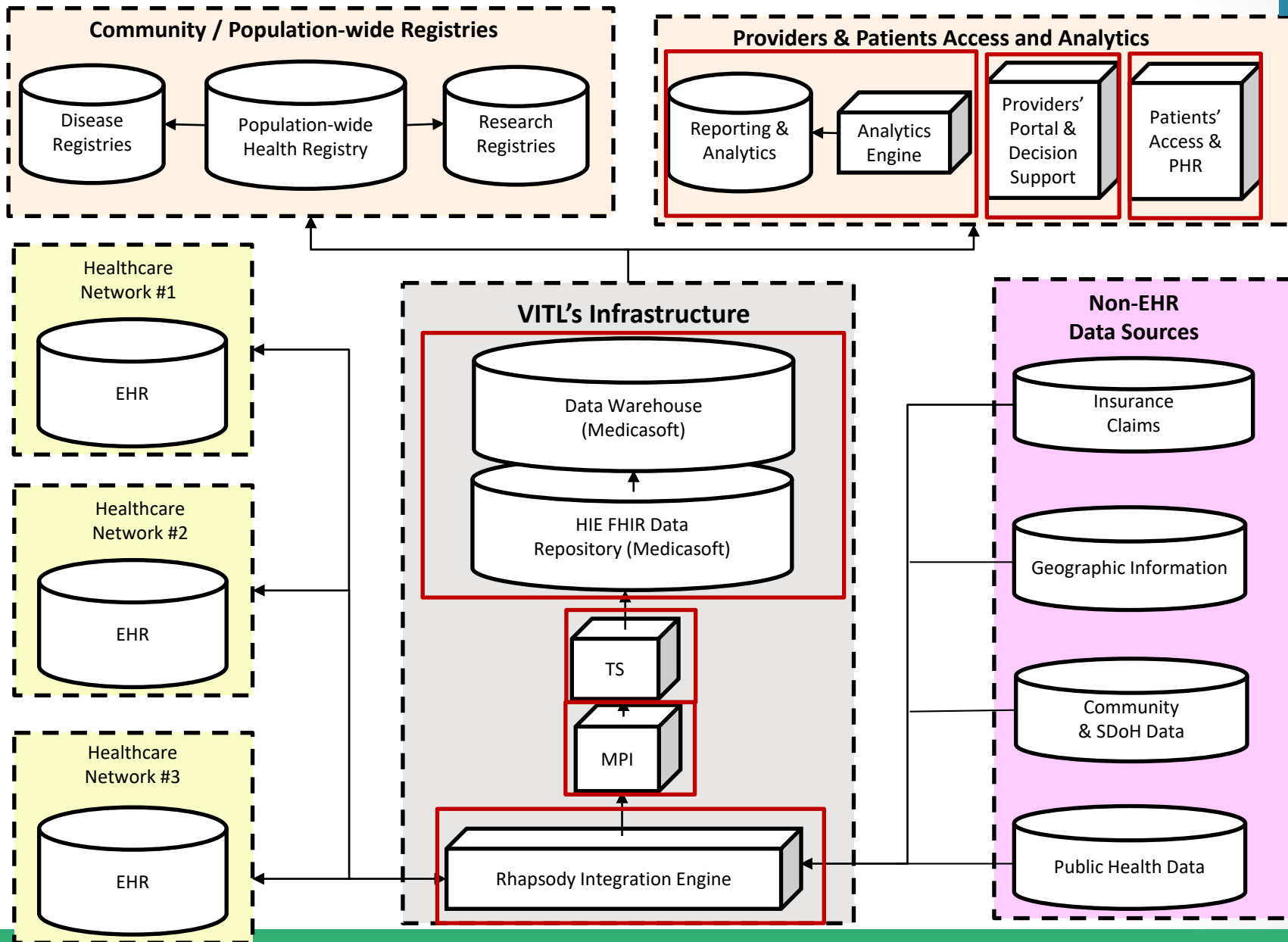
**System Outcome** - *discrete and measurable improvement resulting from an IT function*

**Metric (s)** - *measures that demonstrate how a system supports achievement of an outcome*

**Data** - *production information that demonstrates that HIE is meeting the outcome*

**IT Module(s)** - *which IT systems enable this outcome?*

**Rational** - *why is this system outcome important?*





# Vermont's Proposal: Phase I

- Focus: Core VHIE Functions
- Direct Care/Care Coordination
  - Event Notification
  - Electronic Lab Results Delivery
- Public Health
- Program Management/Health Program Support

# Care Delivery/Care Coordination

**Proposed Care Delivery/Care Coordination Outcome:** Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by creating one health record for every Vermonter accessible to treating providers and care coordinators.

- **Metric:** The patient records made available to treating providers and care coordinators through the VHIE.
- **Data:**
  - Cumulative Opt-Out Consent Rate
  - HL-7 Implementations (New)
  - Total Number of Interface Connections
  - Total Number of Providers Accessing the VHIE
  - Percent of Medicaid Patient Records Transmitted to Medicaid Care Coordination Tool

# Care Delivery/Care Coordination: Event Notification

**Proposed Care Delivery/Care Coordination Outcome:** Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by alerting providers to admissions, discharges, and transfers of their patients.

- **Metric:** Event notifications exchanged through VHIE connection to event notification service, Patient Ping.
- **Data:**
  - Number of event notifications (ADT) messages sent via Patient Ping through VHIE connection
  - Master Patient Index: Percent Match Rate

# Care Delivery/Care Coordination: Electronic Results Delivery

**Proposed Care Delivery/Care Coordination Outcome:** Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by directly delivering laboratory, radiological, and transcribed reports to their electronic health record systems.

**Metric:** LAB, RAD, TRANS messages captured by the VHIE and delivered to electronic health record systems.

**Data:**

- Number of LAB messages captured in the VHIE
- Number of RAD messages captured in the VHIE
- Number of TRANS messages captured in the VHIE

# Public Health

1. **Proposed Public Health Outcome:** Enhance public health management by automating capture and exchange of public health data through the VHIE system.
2. **Proposed Public Health Outcome:** Support response to COVID-19 by capturing and making available related data for the state's Public Health Authority and treating providers.

**Metric:** Immunization data captured by the VHIE and transmitted to the Immunization Registry

**Metric:** Death records captured in the VHIE system from the state's Death Registry

**Metric:** Lab results for COVID testing made available to public health authority and treating providers (capability to submit electronic data on reportable lab results)

**Data:**

- The percent of immunization messages (VXU) provided by the VHIE to the Immunization Registry by HL-7 or batch upload
- Death records transmitted from Death Registry to VHIE
- Number of LAB messages captured in the VHIE

# Program Management/Health Program Support

**Proposed Program Management/Health Program Support Outcome:** Through standardization and translation, ensure health data supports health programs in implementation and evaluation.

- **Metric:** Terms standardized and translated to support, measure, and evaluate health programs
  - **Data:**
    - Cumulative Data Concepts Translated
    - Codes Mapped to Terminology
    - Number of Codes Inserted in the VHIE Data Warehouse

# VHIE/Medicaid Claims Pilot

# Medicaid Claims Pilot

## *What is the VHIE/Medicaid Claims Pilot?*

- A pilot to test the integration of claims data into the VHIE system.
- The pilot will focus on Medicaid claims data.
- VITL purchased a data management tool (Medicasoft) that has an established track record of integrating clinical and claims data.
- This year, the DVHA/VITL contract calls for the testing of an integrated clinical and claims data set.

## *What's the role of the VHIE/Medicaid Claims Pilot?*

1. To articulate the use cases for integrated clinical and claims data, with a focus on Medicaid claims.
2. To aid VITL, and partners, in designing a technical solution for aggregating claims through the VHIE system.
3. To identify any legal or data governance needs for aggregating claims data through a new system.
4. To evaluate the pilot and aid in planning next steps.

**Timeframe: March – July**



# VHIE/Medicaid Claims Pilot

Name, Organization	Role on Subcommittee
Lisa Schilling, DVHA, AHS	Medicaid Claims and Payer Operations SME
Ena Backus, Health Care Reform, AHS	Health Care Reform SME
Sarah Lindberg, Green Mountain Care Board	Claims Management/All-Payer Claims Database SME; Data Governance SME
MaryKate Mohlman, Health Care Reform, AHS	Health Data Research & Analytics SME; Data Governance SME
Erin Flynn, DVHA, AHS	Medicaid Payment Reform SME
Tim Tremblay, Health Care Reform, AHS	Blueprint for Health SME
Katie Muir, OneCare Vermont	ACO SME
Carolyn Stone, VITL	VHIE Technical Operations & Design SME
Beth Anderson, VITL	VHIE Policy and Governance SME
Emily Richards, Health Care Reform, AHS	Subcommittee Operational Support

# Use Case Gathering Sessions

Interview	Focus of Discussion
<b>Katie Muir, <i>OneCare VT</i></b>	<ul style="list-style-type: none"> <li>• Evaluation &amp; Reporting of the APM</li> <li>• Support of clinical practices and the care model</li> </ul>
<b>Pat Jones, <i>DVHA Payment Reform</i></b> <b>Erin Flynn, <i>DVHA Payment Reform</i></b>	<ul style="list-style-type: none"> <li>• Evaluation &amp; Reporting of the APM</li> <li>• Support of clinical practices and the care model</li> </ul>
<b>Lisa Schilling, <i>Medicaid Operation</i></b> <b>Erin Carmichael, <i>Medicaid Quality</i></b> <b>Shawn Skaflestad, <i>Medicaid Performance Management/Improvement</i></b> <b>Tim Tremblay, <i>Vermont Blueprint for Health</i></b>	<ul style="list-style-type: none"> <li>• Quality Improvement and Reporting for Medicaid and the Blueprint</li> <li>• Overall evaluation of GC1115 waiver</li> </ul>
<b>Sarah Lindberg, <i>Green Mountain Care Board</i></b>	<ul style="list-style-type: none"> <li>• Analytics for -               <ul style="list-style-type: none"> <li>• Evaluating the APM</li> <li>• Evaluating the Boards regulatory activities</li> </ul> </li> </ul>
<b>Emma Harrigan, <i>VAHHS</i></b> <b>Lauri Scharf, <i>BiState Primary Care Assoc.</i></b> <b>Thomasena E Coates, <i>Blueprint QI Facilitator</i></b>	<ul style="list-style-type: none"> <li>• Point of care support</li> </ul>

# USE CASE: Select Category

## Focus Area

### ORGANIZATIONS

Describe your organization and its role in producing and/or using claims data.

### GOAL

Describe goal(s) for use of clinical data extracts and/or unified clinical and claims data.

### TRADING PARTNERS AND SYSTEMS

List systems and organizations (partners) that you rely upon to achieve the stated goal(s)

- Past & Current Prescription Claims Data - Source
- Past & Current Prescription Clinical Data - Source
- VHIE - Aggregate & Exchange Data
- Clinician/me - Destination
- Pharmacy - Source & Destination
- Patient - Destination

### DATA TO EXCHANGE

Describe the information to be exchanged.  
What data do you need?

### DATA GOVERNANCE

To the best of your ability, describe the laws and/or processes that allow this data to be used by your organization and/or exchanged with other organizations. If there are none, describe what is needed to realize your data use goal.

### USER STORY

Describe in story format:  
The actors involved in this use case.  
When, why, how the needed information will be used by the actors and their organizations

### FREQUENCY

How frequently will the VHIE need an extract if that's the method?

### USE CASE TARGET DATE

When do you need the data? Are you getting this Data today? If yes, how?

### MMIS DATA PIPELINE (Source)

<Ask Tech Experts>

### DATA FORMAT (Source to VHIE)

What format will the data be in if it's an extract?

### TRANSPORT MECHANISM

How does the Data get to the VHIE?  
SFTP for Extracts OR  
API for Real Time

### DATA RECIPIENT FORMAT (VHIE to End User)

TBD

### CONSENT SPECIFICATIONS

Any consent specifications from Patient?

### LEGAL AGREEMENTS

Do you know if a legal agreement is required (or exists) for your organization to use the data?

# HIE Steering Committee Consultative Support

# Requested Support

- Evaluate the current strategic plan and direction set forth by the HIE Steering Committee.
- Apply technical expertise to improve upon annual tactical plans in service of achieving near and long-term goals set forth in the strategic plan.
- Provide national expertise to the HIE Steering Committee on topics such as federal interoperability and price transparency rules, gaining efficiencies in health information technology planning, and leveraging current investments to realize multiple use cases.
- Aid in the development of sustainability strategies that consider shifts in federal funding and the capabilities of existing health information technology infrastructure.
- Work with the HIE Steering Committee to evaluate technical priorities and next steps.
- Conduct research on relevant national trends and initiatives that impact health information exchange activities, technology and funding streams, and recommend related strategies for Vermont.

# Selected Vendor: HealthTech Solutions

- HealthTech Solutions (HealthTech) was formed in 2011 with a vision of supporting federal and state government agencies with Health Information Technology (HIT) consulting and technical services to develop and implement state-of-the-art technology solutions and practices.
- HealthTech has been providing services to state Medicaid agencies, multiple agencies within the U.S. Department for Health and Human Services including: the Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health IT (ONC), the Office of Assistant Secretary for Planning and Evaluation (ASPE), and the Office of Minority Health.
  - HealthTech holds contracts with over 30 states and has been engaged with over 15 HIEs.
- In 2017, HealthTech conducted a statewide evaluation of the health information exchange landscape in Vermont, which resulted in the formation of the HIE Steering Committee and authorization of the Committee to develop the HIE Plan in state law.
  - HealthTech raised issues with Vermont's consent to share health data policy, which eventually enabled a change to that policy making the VHIE significantly more effective.



# Dawn Gallagher

## *Project Lead/Lead Facilitator*

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- Over 30 years of experience with federal and state agencies including executive, academic, and consulting-based roles
- 10 years of experience with Strategic Planning and Quality Management Services at the State Medicaid and HIE Level
- Skilled facilitator: Conducted multiple stakeholder initiatives and surveys including evaluation of Vermont's HIE and efforts to expand HIE in California
- Serves as SME and legal advisor for several key strategic planning projects of states' MU and HIE programs



# JoAnne Hawkins

## *Project Manager*

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- Over 18 years in the Health and Human Services industry with experience in Health Information Technology and training management
- Experienced working with HITECH, Meaningful Use measures, and Electronic Health Records
- Participated in multiple Sustainability projects for several states where HealthTech delivered Sustainability Plans and Roadmaps for SMAs to transition HIE-related projects from HITECH to Medicaid Enterprise funding





# Dan Chavez

## *Senior Consultant*

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- 28 years of experience in the Health and Human Services industry
- Founding Executive Director of the San Diego Regional Health Information Exchange
- Leads client-centered enterprise evolution for healthcare transformation through identifying technical components for infrastructure, defining standards, and analyzing requirements
- Recognized national leader in patient identification, medical records matching and linking, consent management, public health reporting, and emergency management systems reporting



# Swetha Nalakonda

## *Senior Consultant*

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- Over 14 years of experience in IT in Health and Human Services systems working with multiple HIE vendors
- 12 years of experience with designing, evaluating, and developing HIE architecture
- Has worked with state agencies for 12 years as a Technical Architect for major HIT systems
- Experience in Technical Onboarding for Statewide HIT Implementations
- Experience with EMR/EHR vendors including Epic, Cerner, and Allscripts



# Michelle Mills

## *Senior Consultant*

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- Over 15 years of experience with proactive public policy offering excellent communication, leadership skills, and strategic oversight
- Specialized expertise in Medicaid and Medicare programs specifically in managed care, accountable provider models, value-based purchasing, dual eligibility for Medicaid and Medicare, and managed long-term services and support
- Offers generalized knowledge in the healthcare industry about purchasers, providers, consumers, benefits, HIT, and more
- Former Division Director for CMS



# Kelly Devers

## *Principal Policy Consultant*

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- Over 25 years of experience in health services and policy research and is a nationally recognized expert in alternative payment models (APMs), the organization and delivery of care, and their impacts on access, quality, and cost.
- Experienced in HIT including HIE, EHRs, telehealth, and mHealth and their role in payment and delivery reforms.
- Leadership role on the ONC evaluation of all HITECH programs.
- Leadership role on CMS and state evaluations of multi-payer patient-centered medical homes (PCMH) and accountable care organizations (ACOs), including the role of HIT and HIE in their implementation and impacts on outcomes.
- Project Director for PTAC, which makes recommendations to US HHS Secretary and CMS about new APMs and care delivery models, and uses HIT as a major criteria for assessment.
- Consultant on the US HHS SDoH Project that is considering the role of HIEs and APCDs in addressing them.

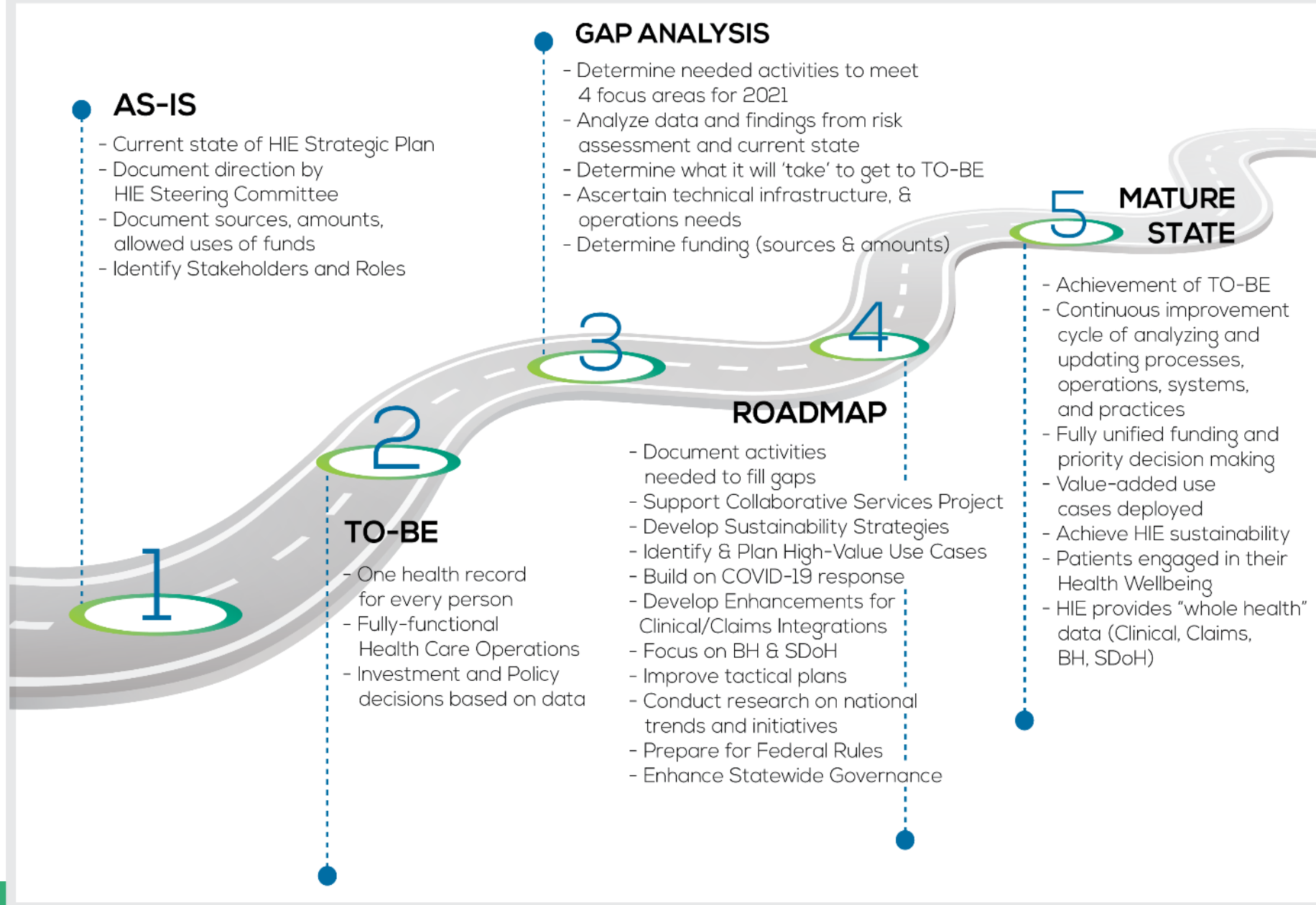


# Kathy Frye

## *Principal Policy Consultant*

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- Nationally recognized expert in HIT with 30+ years of experience in Health and Human Services programs
- Served as the Project Director for the Vermont HIT/HIE Evaluation Project
- Leads a Community of Practice on HIE and provides guidance to states and CMS on HIE initiatives
- Serves as a Senior HIT/HIE Subject Matter Expert for the Oregon Health Authority and the Alaska Department of Health and Human Services
- Senior Project Manager on the ONC EHR Reporting Program project



# Wrap Up

- Comments/edits to Committee Charter?
- Meeting Debrief: *How did we do?*
- Next meeting's agenda will be distributed in advance of the meeting