

Health Information Exchange Steering Committee Meeting

May 24, 2021

Today's Agenda

- Welcome
- Priorities for Remainder of 2021 & Plans Ahead
- Steering Committee Focus Areas
- Discussion Topics:
 - Review of Current Objectives & Tactics
 - Prioritizing Needed Services
- Update on Stakeholder Interviews & Next Steps
- Wrap Up

Health Data Priorities for Remainder of 2021

****Continue to Develop Vermont's Unified Health Data Space****

- Complete Phase II of VHIE Collaborative Services Project – Data Platform
 - Collaborative Services Subcommittee to Support VHIE IT Roadmap Planning – *how can the IT best support its users?*
- Integrate Claims Data onto the VHIE
- Activate Social Determinants of Health (SDoH) Data Effort
- Further Define HIE Financing Model in Shifting Landscape

Health Data Priorities for Remainder of 2021

Integrate Claims Data onto the VHIE

- Develop foundation of capturing claims data in the VHIE by September 2021
 - Map claims to FHIR
 - Develop specifications and implementation guide for payers – based on APCD spec
 - Build capability to ingest claims to spec
 - Ingest Medicaid claims
 - Ingest claims from private payers (payers TBD)
- **CY21 Success:** Ability to provide an extract of claims and clinical data end of year

Assumptions

- Payers willing to share identified claims data with VITL
- Payers can meet the implementation guide specifications with demographics for matching - provide sample files in June
- Must understand consent requirements for claims and if they differ from VHIE consent
- Ongoing M&O support will be available beginning CY22
- Cannot risk transition from HCI or implementation of MedicaSoft
- *Not included*: self-service claims reporting, VITLAccess, new consent

Claims in 2022

- Design and implement the technical foundation to transmit and store data in the Reporting Database
- Explore user requirements for reporting beginning CY21 – ability to deliver in CY22 depends on requirements developed
- Onboard additional private payers
- Convert clinical and claims to FHIR R4
- Maintenance of platform

- ***CY22 Success: Expanded reporting capability***

Health Data Priorities for Remainder of 2021

Activate Social Determinants of Health (SDoH) Data Effort

- Steering Committee (Pop Health Subcommittee) Role in 2021 -
 - Focus: Enabling VITL to capture SDoH data on the VHIE
 - Deliverable: Define data dictionary for SDoH data, with a focus on data originating from the Agency of Human Services
- VITL Role in 2022 -
 - Build capability to capture SDoH data on the platform and allow reporting on the data
- Shared Role -
 - Define appropriate sharing, reporting and access requirements

Population Health Subcommittee

Discussion: Who should be involved in the 2021 work to define SDoH priority data elements for ingestion on the VHIE? (Current list below)

Member	Org./Dept.	HIE Steering Committee	Population Health Subcommittee
Adam Atherly	UVM Health Services		X
Alison Krompf	Department of Mental Health		X
Beth Anderson	VITL	X	X
Carolyn Stone	VITL		X
Emma Harrigan	VAHHS	X	X
Erin Flynn	DVHA		X
Georgia Maheras	Bi-State Primary Care Association	X	X
Jimmy Mauro	Blue Cross Blue Shield	X	X
Katie Muir	OneCare VT	X	X
MaryKate Mohlman	AHS Office of Health Care Reform		X
Sarah DeSilvey (TBD)	Gravity Project Rep. / OneCare VT		X

Steering Committee Focus Areas

- ❖ Understand Mandates and Calls-to-Action
 - ❖ Comply with new federal rules & mandates.
 - ❖ COVID Response needs & opportunities.
- ❖ Continue to Support Collaborative Services Project
 - ❖ Aligns strategies & unifies investments in one central system.
 - ❖ Ensures VHIE infrastructure is built to align with user needs.
 - ❖ Drives toward streamlined health-IT infrastructure.
- ❖ Leverage Available Federal Funding Consistent with State & Plan Goals
- ❖ Support Shifts in Funding Model – Greater Equity in Public/Private Investment

April

- Build Collective Understanding of Public Funding Options

May

- Apply Vision and Understanding of Public Funds to Prioritization Process

June

- Review Plan Gap Analysis
- Continue Assessment of Needs Based on Stakeholder Interviews
- Consent Update

July

- Review Proposed Roadmap and HIE Plan Updates
- Discuss Priority Projects & Next Steps

August

- Review Draft Report
- Sub-committee Updates

Objectives from Current Plan	Status	Tactics (Services)	
1. Deliver Quality Data at Point of Care Support care management & coordination	Executing	-Master Person Index -FHIR -Telehealth	-EHRs in spectrum of care delivery -Connect to national networks -Evidence-based decision tools
2. Integrate (Connect) Public Health Systems & VHIE	Exploring - Executing	-VHIE support public health data management. -Bi-directional connections with immunization registry	-Connect PDMP with VHIE -Use VHIE Patient Identifiers for matching -Death registry
3. Manage Sensitive Health Information	Planning - Executing	-Develop criteria & connect sensitive data care settings -Develop consent model	-Parse & translate sensitive data -Map to standards -FHIR
4. Integrate HHS Data with HIE	Exploring - Planning	-VHIE aggregates claims & SDoH data	-Develop consent protocols -Connect SDoH sources to VHIE
5. Automate Quality Reporting	Initiating	-Build VHIE data repository -Standardize formats, reliable data pipeline, min. workflow disruption	--Parse & distribute patient data based on user needs
6. Provide Consumer Access	Initiating	-Comply with API rules -HIE full personal health record	-Expand FHIR & query-based capabilities

Potential New Services to Assess for Plan

Category	Service
New Federal Mandates	<ul style="list-style-type: none">-Patient Access (API) to claims & clinical record-Payer/Health Plan: Provider Index & later those accepting new patients-Portable Patient Records: Previous payer must send records to new payer-Cannot block patient information from being shared (Information Blocking)-All hospitals must send ADT alerts to patient care team-Medicaid must have Authorized PDMP registry
New Use-Case Services	<ul style="list-style-type: none">COVID ResponseClaims/Clinical Data Set ServicesSDoH Data Uses

Availability of Federal Funding for Services

Category	Federal Funds: Pay to Build, Implement & Operate Technical Infrastructure *		
	Ongoing Medicaid*	CDC funds	One-time COVID Relief Act (CRA) & American Rescue Plan Act (ARPA) (100%)
Plan Objectives & Tactics (Services)	YES	YES – Public Health	YES – CMS, CDC, FCC (Broadband & Telehealth)
New Federal Mandates	TBD	TBD	YES – CMS, CDC (Maybe)
New Use-Case Services	TBD	TBD	YES – Likely CMS, CDC (Maybe), FCC (Maybe)

* Conditioned on meeting federal requirements, availability of state match & allocation between Medicaid & Non-Medicaid

Discussion: Criteria for Prioritizing Services

➤ Alignment with Strategy

- ❖ Advances State Goals (e.g., Value Based Purchasing, Health Delivery Reform)
- ❖ Promotes Plan Goals (One Person/One Record; Improve Health Care (Data Analytics); Use Data for Investment & Policy Decisions)
- ❖ Aligns with Existing (or planned) Technical Architecture
- ❖ Needed to Maintain Foundational Capabilities

➤ Resources (Financing)

- ❖ Eligible for Ongoing Federal Funding
- ❖ Eligible for One-Time Federal Funding
- ❖ Private Investment Secured and Reliable

➤ Market Assessment

- ❖ Strong Market-Driver for Service
- ❖ Service is not Duplicative
- ❖ Addresses Health Inequities

➤ Governance

- ❖ Federal Laws promote (or prevent) service
- ❖ State Laws promote (or prevent) service
- ❖ Organizational Data Governance Enables Service

Service: Unifying Claims Data with Clinical Data on the VHIE

➤ Assessment with Strategy

- ❖ Advances *State* Goals: _____
- ❖ Promotes *Plan* Goals : _____
- ❖ Aligns with Existing/Planned
Technical architecture: _____
- ❖ Needed for Foundational Capabilities _____

➤ Resources (Financing)

- ❖ Eligible for Ongoing Federal Funding _____
- ❖ Eligible for One-Time Fed. Funding (Timing) _____
- ❖ Private Investment Secured & Reliable _____



Rank: High, Medium, Low

➤ Market Assessment

- ❖ Strong Market-Driver for Service _____
- ❖ Service is not duplicative _____
- ❖ Addresses Health Inequities _____

➤ Governance

- ❖ Federal laws promote
(or prevent) service _____
- ❖ State laws promote (or prevent)
service _____
- ❖ Organizational Data Governance
Enables Service _____

Service: Integrate (Connect) Public Health Systems & VHIE

➤ Assessment with Strategy

- ❖ Advances *State* Goals: _____
- ❖ Promotes *Plan* Goals : _____
- ❖ Aligns with Existing/Planned
Technical architecture: _____
- ❖ Needed for Foundational Capabilities _____

➤ Resources (Financing)

- ❖ Eligible for Ongoing Federal Funding _____
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service _____
- ❖ Organizational Data Governance
Enables Service _____



Rank: High, Medium, Low

HIE Steering Committee & Stakeholder Interviews

- ❖ Purpose: To gain an understanding of 1) The HIE systems stakeholders use, how they use data, & goals & needs; 2) Assess needs (services) that can fill the “gaps” & which align with State & Plan goals & objectives; & 3) Make recommendations for Plan updates.
- ❖ Interview topics:
 - How your organization exchanges & uses health data; & goals & needs
 - Role as Committee Member
 - Your organization’s view of investment in HIT & data exchange systems
 - Impacts of COVID-19 on your organization & population you serve
 - Expand sharing of health information among public data systems & participants
 - Expand types & uses of data in HIE system (claims, social determinants, mental health & substance abuse)
- ❖ Timeline: May/early June (Findings: June Meeting & use as input for Committee discussions & prioritization of services for Plan update)

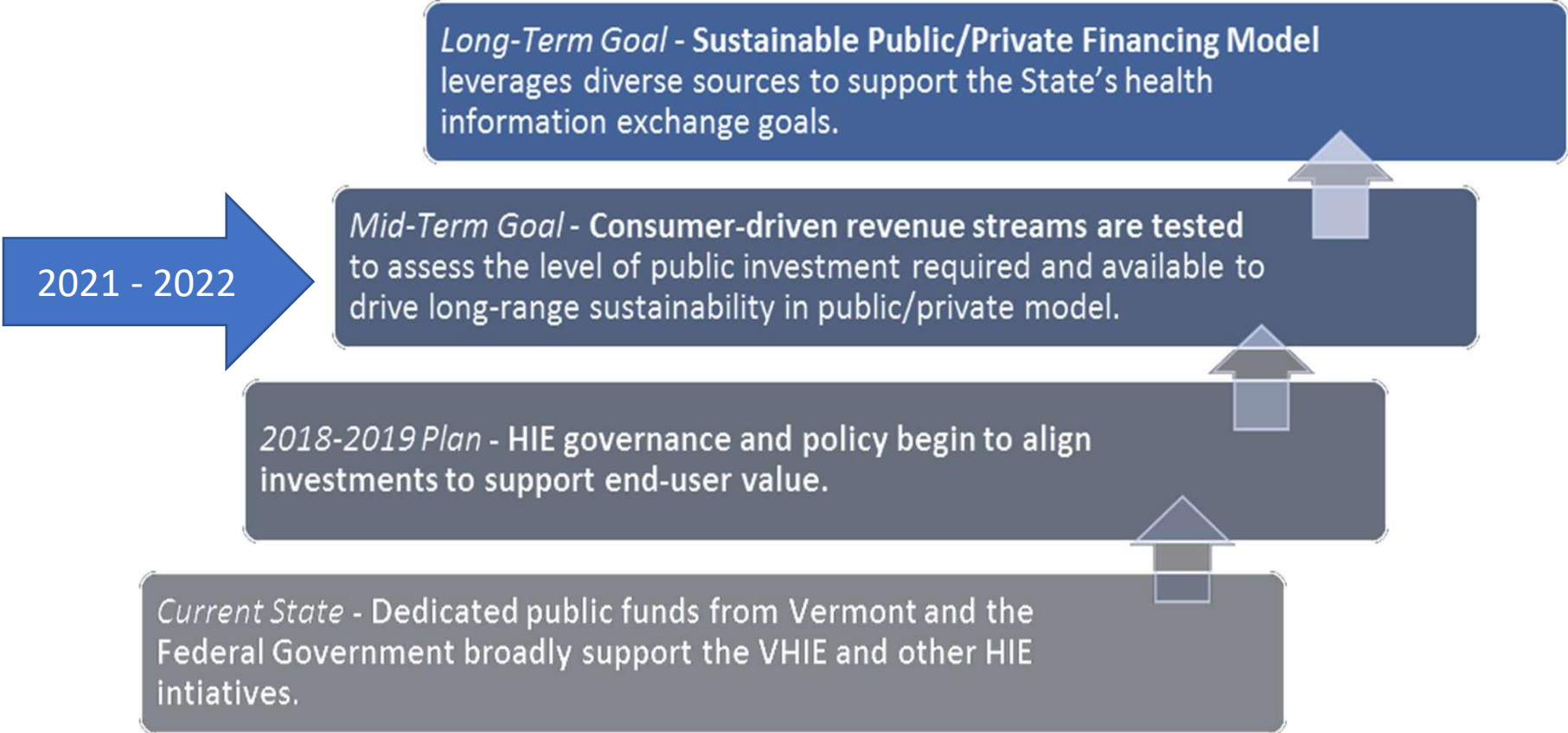
Wrap Up

- Meeting Debrief: *How did we do?*
- Next Meeting, Monday, June 28 – 10:30am – 12:00pm
- Committee Materials Posted Here:
<https://healthdata.vermont.gov/HISteeringCommittee>

Review: Sources of Federal Funds

- **HITECH Promoting Interoperability ends 9/30/21 (Except 5-Year 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)
 - ❖ Medicaid program Administration (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 Promoting Interoperability)
- **Center for Disease Control & Prevention (CDC) (Public Health)**
- **One-Time Federal Funding (100%)**
 - ❖ COVID Relief Act (2021 Budget Bill)
 - ❖ American Rescue Plan Act of 2021
 - ☐ Public Health & COVID
 - ☐ Broadband & Telehealth

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

