

HIE Strategic Plan Change Log

Ch	Source	Requested Change (GMCB)	Yes/No Respor	Status	Page Reference
1	Robin Lunge	Materials in slides are not included in the plan itself. Please add the materials in the slides to the Plan, including the timeline and action steps anticipated for the next 5 years.	Yes will update	Done	Appendix G
2	Robin Lunge	The 2022 approved plan had an action plan with a description of each activity and timeline. Please provide an update for these activities from the 2022 Plan, so the Board can understand their status (complete, removed, date changed, etc). This could be included as an appendix to the Plan.	Yes will update	Done	Appendix H
3	Robin Lunge	How does the Plan balance the need of providers to have consistency of information for all patients with the fact that the majority of the funding is through Medicaid, which necessarily necessitates a prioritization of AHS priorities (Medicaid; VDH)? How does the plan ensure that the state's priorities do not outweigh the provider perspective/needs? The Plan should include more information for how the current functionality of the HIE will be maintained and balanced with new projects.	Yes will update	Done	pg 31
4	Robin Lunge	MDAAP looks to be a multi-year plan. Please the phases of the project, the funding allocation and estimates for that program, and the timeline.	Yes will update	Done	starts on pg 29
5	Robin Lunge	In the funding section, there is a reference that describes the need to find funding sources for state match. However, from the discussion in front of the Board, this section should be focused on private funding to the HIE. Please clarify.	Yes will update	Done	pg 20
6	Robin Lunge	Clarify whether the data council would be a public body with public meetings, posted agendas, etc, and if not how will you ensure transparency.	Yes will update	Done	pg 24
7	Robin Lunge	Describe the data integration process that is anticipated for each of the datasets proposed for integration. The Plan should map out what those process components would be to clarify the different steps for each of the data types including security and privacy requirements, who needs to be involved or included for each of the data types. If this cannot be articulated in this plan it may be in next year's plan, but this Plan should describe and acknowledge that.	Yes will update	Done	Appendix I
8	Robin Lunge	Describe how the various datasets identified for integration will be prioritized and the capabilities and operational readiness of VITL in terms of approaching that work.	Yes will update	Done	pg 6
9	Robin Lunge	Describe the vision for the analytical tools in terms of development responsibility and whether it would vary (VITL, Blueprint, ACO, etc.) in order to support the needs of providers and to ensure that redundant systems are not being created, while still ensuring that all the different provider types with their different needs and different availability of information from their EHR's are met.	Yes will update	Done	startsA1:F10 on pg 36

10	Jessica Holmes	Because the Plan contemplates adding more data and more sensitive data, it is important to have more representation from patients/patient privacy advocates (ideally the HCA) and IT privacy experts on both the Steering committee and the Data Governance Council. Also, transparency is important---open meetings.	Yes will update	Done	pg 8 & 22
11	Jessica Holmes	Update the UHDS visual to reflect the consent diamond is on both the left and the right. Clarify that there is no arrow going from the health information exchange back to insurance claims (i.e., insurers will not be able to access medical records for example).	Yes will update	Done	pg 10
12	Jessica Holmes	Articulate more clearly how consent will be handled in the Unified Health Data Space. Specifically, will patients be able to consent on each type of data and/or allow/restrict access to all or parts of their data for certain users.	Yes will update	Done	Appendix A & pg 31
13	Jessica Holmes	Clarify description of “strategic consolidation and integration of existing infrastructure” regarding the plan to integrate claims and clinical data by 2024. What is the current plan for VHCURES—will payers submit directly to UHDS or will there be a separate vendor responsible for VHCURES (as currently stands) with the creation of a MPI in the UHDS that merges separate files.	Yes will update	Done	pg 38
14	Jessica Holmes	Include a risk assessment to evaluate operational, financial, and privacy risks associated with each “strategic consolidation and integration” consideration.	Yes will update	Done	pg 14-15, Appendix I
15	Jessica Holmes	Include in the Plan the plans to measure success, metrics that will be used related to reducing unnecessary and costly care, reductions in total cost of care, and patient usage to monitor their own health. Or describe in the plan how these metrics will be included in the detailed action plans for each year.	Yes will update	Done	Appendix G
16	Jessica Holmes	Describe how the UHDS is being utilized toward reducing of Vermont total cost of care in terms of the data providers can use or will see in this newly envisioned data utility, beyond what they already see. For example, describe, if possible, any achievement that utilizes the Medicaid claims data, social determinants of health data and clinical data in an integrated manner that might help illustrate how integrated data results in changes in the delivery of care to reduce those total cost of care and eliminate unnecessary low value care.	Yes will update	Done	pg 38
17	Jessica Holmes	For follow-up: Are the meetings and the subcommittee meetings of the HIE steering committee right now open to the public and if not why?	Yes will update	Done	pg 24
18	Jessica Holmes	For follow-up: On page 21 of the Plan, “ <i>An example of a data domain in the Unified Health Data Space is providers and their data. Though there may be nuanced differences in the detailed content of each provider’s data, like between a commercial claim and a Medicaid claim, from the perspective of combining data for a unified view, it is helpful to consider the data more generally as provider data.</i> ” This is confusing and perhaps conflating, as we think of provider data as clinical data and commercial claims data as insurer data. Please explain what is meant and if the intent is for providers to access claims data, what is the thought about what they would do with claims data to improve outcomes and healthcare operations.	Yes will update	Done	removed (was on pg 25)

19	Dave Murman	Include description about including on the data governance council or on the HIE steering committee membership with significant diversity equity experience, particularly due to sensitivity of specific data proposed to be integrated in the UHDS.	Yes will update	Done	pg 8
20	Owen Foster	Articulate in more detail what is contemplated with regard to private funding particularly around commercial entities	Yes will update	Done	pg 21
21	Owen Foster	Include better assurances that the governance will protect against private funding resulting in changing authorities or uses over the data.	Yes will update	Done	pg 21
22	Owen Foster	While current access protocols specifically note that data in the VHIE cannot be used for commercial purposes, and HIPAA regulations prohibit commercial use without opt in, the Plan should articulate this including protections against commercial entities using the data even for non-commercial intentions.	Yes will update	Done	pg 21
23	Owen Foster	The data governance council should have a privacy advocate and perhaps even a privacy attorney.	Yes will update	Done	pg 22
24	Owen Foster	Describe whether or not there's an ability to audit other people's uses of the data and not maintaining the information that user would access.	Yes will update	Done	Appendix A & pg 14, 38
25	Owen Foster	Recognizing this is a conceptual planning document, the Plan needs to better articulate that there are dependencies the build out of certain aspects described in the Plan and needs to identify associate risk (such as cost, security issues, etc.) Describe the agile framework and plans for incremental progress.	Yes will update	Done	Pg 15
26	Owen Foster	Related to the vagueness of the strategic consolidation and integration description, there needs to be clarity of purpose around how that is envisioned, such as whether the intent is to pursue master patient index or one massive patient record with claims and clinical data. If more detail cannot be provided at this time, describe the plans for providing this information.	Yes will update	Done	Pg 38
27	Owen Foster	For follow-up: There was agreement that there would be opportunities for the Board to review some of these decision points along the way. Details around this will need to be ironed out.	No will not update	Done	N/A

28	Thom Walsh	Incorporating the following requests into the 2022 HIE Plan may not be possible to completely describe in time for the re-submission in December 2022. In that event, please describe and acknowledge that in this year's Plan, provide a status update during summer 2023, and incorporate these requests into the 2023 HIE Plan submission.	No will not update	Done	N/A
29	Thom Walsh	Outline a process for conducting a needs assessment to understand what key stakeholders need and want from a routine report using health information exchange data. Key stakeholders should include at least: Patients, Providers, health systems, policymakers and regulators.	Yes will update	Done	pg 36
30	Thom Walsh	Create a flow diagram for data requests and fulfillment for routine and customized reports.	Yes will update	Done	pg 36
31	Thom Walsh	Provide dummy tables and figures detailing the routine output each of the stakeholders listed above will receive.	Yes will update	Done	pg 36
32	Thom Walsh	Establish methods for collaboratively developing routine key performance indicators for each stakeholder.	Yes will update	Done	pg 36
33	Thom Walsh	Develop a detailed plan for training stakeholders in interpreting data, process improvement, and change management. The plan should recognize the different training needs each unique stakeholder group (patients, providers, health systems, policymakers, and regulators).	Yes will update	Done	pg 36

Data Sheet

Yes/No Response	Count	Percentage
Yes will update	31	94%
No will not update	2	6%
TBD	0	0%
SUM	33	100%

Status	Count	Percentage
Done	33	100%
In progress	0	0%
To do	0	0%
SUM	33	100%