

Vermont Health Information Exchange (VHIE)

Part 2 Data Governance Meeting

May 30, 2023

Agenda

- Shared Values and Goals
- 42 CFR Part 2 Consent – Current State
- Part 2 Governance Goals [recap]
- Part 2 Consent and VHIE Consent
- VHIE Consent (Opt-out) Revocation
- Example Data Uses – AHS Reporting

Shared Values and Goals

- Ensuring access and minimal barriers to services for all Vermonters
- Clear and shared understanding of governance process
- We will establish data governance prior to any data being sent
- Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data
- Policy makers / payers are able to assess value of programs and adapt to changing needs
- AHS will not share data with law enforcement or anyone else

42 CFR Part 2 Consent – Current State

- AHS currently receives the data for CMS and State Reporting (current method is manual)
- AHS does anticipate DA consent forms will need to change once proposed rule is finalized; and Part 2 data is shared with care team/providers
- AHS wants to support DAs – what would be helpful / what do you need from AHS to support the consent process?

What is Off Limits!

- AHS will **NOT** share data with law enforcement and with any other entity
- AHS will **NOT** share data involved in child custody cases
- AHS will **NOT** share data impacting employment

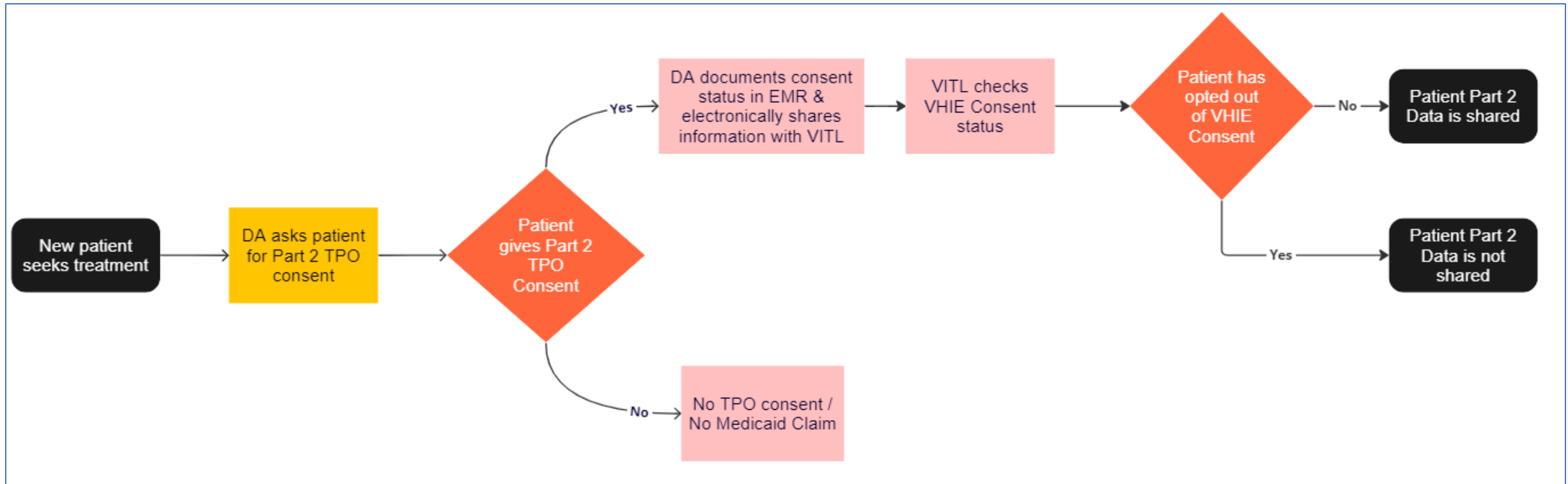
Part 2 Data Governance Goals

- **Short-term goals** include conducting activities consistent with CFR Part 2 § 2.33
 - Quality assessment, improvement initiatives, utilization review
 - Business management activities related to compliance
 - Other payment activities (e.g. determine need for adjustments to payment policies to enhance care)
- **Long-term goals** are currently centered on effective care coordination for individuals with SUD
 - Detailed long-term goals will be dependent upon ongoing rulemaking
 - Moving towards care coordination goals will require the right individual-level data, at the right time, delivered to the right stakeholders that can impact the care and outcomes people with SUD

Part 2 Consent and VHIE Consent

	Part 2 TPO Consent	VHIE Consent (Opt-out)
What does consent enable?	Consent allows a patient to receive treatment as well as disclosure for Treatment, Payment and Operations (TPO)	Consent allows a patient's traditional records in the VHIE to be available to authorized users
How is consent gathered?	Patient must sign consent form	VHIE Consent is opt-out, so consent exists until a patient revokes it
Who is responsible for collection and management?	DAs collect & manage patient consent	VITL collects and manages Opt-out
Can consent be revoked?	Yes	Yes, by calling or completing a form online with VITL

Part 2 Patient and VHIE Consent Process



VHIE Consent Revocation (opt out) Process



Example Data Uses – AHS Reporting

42 CFR Part 2 Provision	Use Case	Example (not an exhaustive list)
2.33 (b); #2, #10, #11, #12	CMS Compliance Reporting	# of unique individuals receiving treatment for SUD; engagement rate; follow up with in 7 days and 30 days, Value-Based Payment measures
2.33 (b); #2, #10, #11	State Operations Reporting	# / % screening for depression and follow up plan; screening for SDOH; follow up after hospitalization for SUD/Mental Health; follow up after ED visit for SUD; rate of growth of ED visits for SUD/Mental Health
2.33 (b); #1, #2, #4ii, #4iii, #5, #6, #7, #9, #10, #11, #12, #14, #15, #16, #17, #18, #19	<ul style="list-style-type: none"> Departmental Clinical Operations Replacement/sunsetting of Monthly Service Report (MSR) processes * 	<ul style="list-style-type: none"> Performance Measures listed in Provider Agreement contracts Clinical Operations conducted by Departmental Care Management Teams (Children/Adults)
2.33 (b); #1, #2, #4ii, #4iii, #5, #6, #7, #9, #10, #11, #12, #14, #16, #17	SAMHSA Grant Funding Requirement (SATIS – Substance Abuse Treatment Information System)*	SAMHSA - Admission, and Discharge data DSU/AHS Reporting - Services data
2.33 (b); #2, #10, #11, #12	CMS Compliance Reporting (Future Requirement)*	Quality measures which include (subset): Reassessment or care Plan Update after Patient Discharge; Admission to facility from the Community; Plan All-Cause Readmission

* Long Term: Intended to reduce significant administrative burden for the DAs

A network diagram background consisting of various sized blue circles (nodes) connected by thin white lines (edges). Some lines are solid, while others are dashed. The nodes are scattered across the blue background, creating a complex web-like structure.

Vermont Health Information Exchange Patient Consent Policy, Options, and Education

May 2023



Vermont Health Information Exchange Consent Policy

- Since 2020, VITL and the Vermont Health Information Exchange have operated according to an opt-out consent policy
 - This means a patient's data contributed to VITL by participating health care organizations is accessible unless they actively request to opt-out
 - Vermont law 18 V.S.A. § 9351(a)(3)(B) requires that: *The [Health Information Exchange Strategic Plan] shall provide for each patient's electronic health information that is contained in the Vermont Health Information Exchange to be accessible to health care facilities, health care professionals, and public and private payers to the extent permitted under federal law unless the patient has affirmatively elected not to have the patient's electronic health information shared in that manner.*
- Currently 98.8% of Vermonters' records in VITL are viewable, 1.2% have chosen to opt-out

What it means to be opted-out

- An opted-out patient's record flows from data contributors into the Vermont Health Information Exchange, but is not viewable in VITL services or partner services, such as VITLAccess or event notification
- Exceptions include
 - VITL delivers results of laboratory tests, radiology reports, and transcribed reports to the providers who ordered the tests or procedures for all patients, including opted-out patients
 - VITL delivers records of immunizations given at participating organizations to the Vermont Department of Health for all patients, including for opted-out patients
 - Authorized VITLAccess users may access the record of an opted-out individual in a medical emergency. This one-time access is reported to the patient after the emergency.

Education & Options

- VITL is committed to providing education about the benefits of health information exchange and every person's options, and to making opting-out easy.
- Organizations that contribute data to and access data on the Vermont Health Information Exchange are asked to participate in educating their patients and members. Brochures, digital and printable fliers in many languages, social posts, and more are available to support these efforts. An [education toolkit](#) is available.
- Individuals can learn more on the [VITL website](#) and ask the VITL Support Team questions at 802-861-1800.
- Individuals can opt-out by [online form](#), printed and mailed paper [form](#), or by phone. More information about options is available [here](#).
- Individuals can also request an audit of who has accessed their record or request a copy of their record from VITL. Directions are available [here](#).