Vermont Health Information Exchange (VHIE)

Part 2 Data Governance Meeting

June 15, 2023

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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

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Agenda

- A Shift in Culture *[Kana Enomoto, former SAMHSA Administrator]*

- *Continuation* from 5/30 Meeting -
  - Follow-up items
  - Part 2 Consent and VHIE Consent
  - VHIE Consent (Opt-out) Revocation
  - Example Data Uses – AHS Reporting

- Security/Labels

- Record Retention

- Record Destruction

A Shift in Culture

1. From your perspective, what is happening with this culture shift in how we think about SUD treatment and data sharing to support care?

2. What have been the primary factors driving the alignment of 42 CFR Part 2 with HIPAA?

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Follow-up from 5/30 Meeting

#	Status	Date Created	Origin	Background	Item Description Action	Due Date	Date Closed	Assigned To	Comments
1	Open	5/30/2023	Part 2 DG Meeting	Tim G. - Concern about the current overhead cost from the DA-vendors for providing services - DAs are paying out of pocket currently and would like to understand AHS plan for reimbursing the 'Connectivity' cost.	For the items related to connectivity cost - AHS will bring that back our Finance Team to provide an update on what that timeline looks like.	6/30/2023		Kristin M.	Request under review with AHS-CO
2	Closed	5/30/2023	Part 2 DG Meeting	Jit S. - note about the deadline (6/30) for the plan associated with CCD/DataTransfer costs - DAs may not be able to meet the deadline since the data governance discussions are continuing to occur and not finalized yet, which may inform/impact the plan.	AHS will need to follow-up. We need to make sure all the legal stuff has an appropriate response and then get back to this group.	6/30/2023	6/9/2023	Kristin M.	AHS is amenable to moving the deadline to end of July and would like to reiterate that we will require the cost details from the DAs in order for securing corresponding funding from CMS, and that timeline is dependent on it.
3	Open	5/30/2023	Part 2 DG Meeting	Simone R. - Can AHS pay for the initial connectivity plan and then review/approve the follow-up plan & pay that separately.	Can rolling funding be considered? - AHS will need to follow-up.	6/30/2023		Kristin M.	Request under review with AHS-CO
4	Open	5/30/2023	Part 2 DG Meeting	Simone R. - Can AHS pay for the initial connectivity plan and then review/approve the follow-up plan & pay that separately.	Was there some financial support considered for patient ping? - AHS will need to follow-up.	TBD		Sean S.	Request under review with AHS-CO. Will be addressed via separate forum/communication.
5	Closed	5/30/2023	Part 2 DG Meeting	Ken G./Dave K. - The current consent facilitates billing for Part 2 clients, but that is not necessarily adequate to sharing clinical information.	Dave to send AHS a copy of the consent forms that were updated sometime back for the DAs to address SUD that was not addressed through their general consent.	6/2/2023	5/31/2023	Dave K.	Forms sent/received.

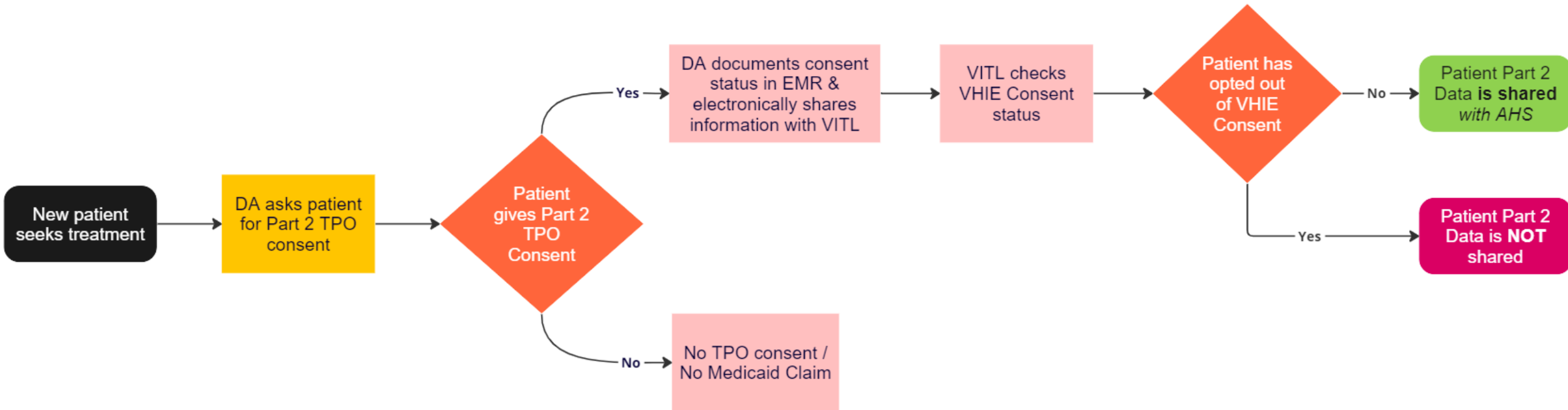VERMONT

Follow-up from 5/30 Meeting (*continued*)

#	Status	Date Created	Origin	Background	Item Description Action	Due Date	Date Closed	Assigned To	Comments
6	Closed	5/30/2023	Part 2 DG Meeting	Ken G./Dave K. - The current consent facilitates billing for Part 2 clients, but that is not necessarily adequate to sharing clinical information.	AHS will review and connect with Dave directly on questions. And then use the outcome of that to inform the Consent discussion.	6/15/2023	6/14/2023	Bart G.	AHS Legal reviewed the content sent by Dave K. and agree with the general direction pursued by the DAs to have the forms updated as necessary.
7	Open	5/30/2023	Part 2 DG Meeting	Ken G. - Will VITL be able to provide some kind of reporting back to the agencies? Beth A. - VITL is open to conversations to what kind of reporting would the DAs require.	DAs/VCP to huddle to identify their top 2-3 items/reports and communicate to VITL/AHS.	TBD		Ken G.	
8	Open	5/30/2023	Part 2 DG Meeting	Simone R. - suggestion about narratives (story behind the curve) being vetted by AHS/VITL/DAs prior to publishing/sharing with other entities. Kristin M. - agree that its foundational - before data roll up occurs for any extracts, we should make sure there is coordination and validation checks with the DAs .	AHS will need to make sure this is part of our governance mechanism.	TBD		Kristin M.	
9	Closed	5/30/2023	Part 2 DG Meeting	Ken G. - consent flow diagram update request - last box in the flow diagram for the consent process "Patient Part 2 data is shared with AHS"	AHS will update the flow diagram.	6/15/2023	6/5/2023	Mahesh T.	Flowchart updated.
10	Closed	5/30/2023	Part 2 DG Meeting	Tim G. - how will consent for existing clients/patients need to be managed? What is the plan to get updated consent for 3K+ active clients?	AHS will need to update the flow diagram to reflect this as well.	6/15/2023	6/5/2023	Mahesh T.	Flowchart updated.

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Part 2 Consent and VHIE Consent

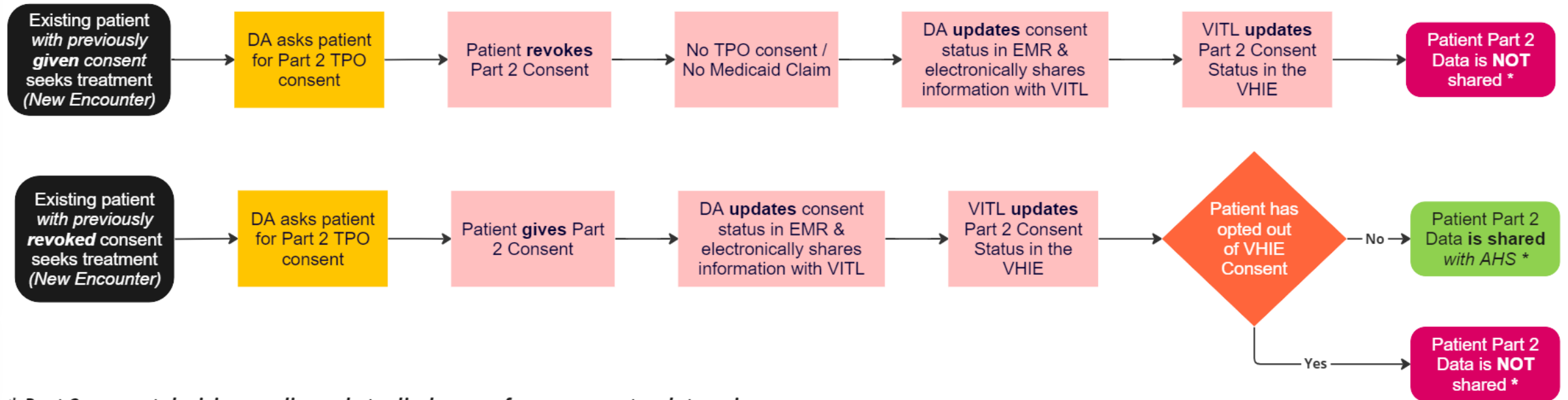|	Part 2 TPO Consent	VHIE Consent (Opt-out)
What does consent enable?	Consent allows a patient to receive treatment as well as disclosure for Treatment, Payment and Operations (TPO)	Consent allows a patient's traditional records in the VHIE to be available to authorized users
How is consent gathered?	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

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Part 2 Patient and VHIE Consent Process
[New Patient]

Part 2 Patient and VHIE Consent Process
[Existing Patient]

Existing patient *with previously given* consent seeks treatment (New Encounter) → DA asks patient for Part 2 TPO consent → Patient **revokes** Part 2 Consent → No TPO consent / No Medicaid Claim → DA **updates** consent status in EMR & electronically shares information with VITL → VITL **updates** Part 2 Consent Status in the VHIE → Patient Part 2 Data is **NOT** shared *

Existing patient *with previously revoked* consent seeks treatment (New Encounter) → DA asks patient for Part 2 TPO consent → Patient **gives** Part 2 Consent → DA **updates** consent status in EMR & electronically shares information with VITL → VITL **updates** Part 2 Consent Status in the VHIE → Patient has opted out of VHIE Consent

- No → Patient Part 2 Data **is shared** *with AHS* *
- Yes → Patient Part 2 Data is **NOT** shared *

* Part 2 consent decision applies only to disclosure of new encounter data going forward and does not apply to any and all previous encounter data sent to the VHIE

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VHIE Consent Revocation (opt-out) Process

Patient calls VITL or fills out online form to opt-out of VHIE consent → VITL Changes Patient Consent in System → Patient records, including part 2 data, are NOT shared

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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	• Departmental Clinical Operations • Replacement/sunsetting of Monthly Service Report (MSR) processes *	• 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

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Security is Part of our Strategic Framework

- **Privacy and Security Commitment**

  - The foundation of our work is the security of patient data and ensuring appropriate access to that data. This includes honoring patients' rights and preferences.

- **In support of this commitment, VITL will:**

  - Continuously review and update our security & recovery practices to ensure they align with best practices and mitigate the ever-changing threat landscape.

  - Ensure transparency about how VHIE data is shared.

  - Monitor and align to regulatory changes.

  - Maintain agreements and controls to ensure appropriate sharing of data.

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VITL's Security Program

- **Policies and Standards are at the core of our program**
  - We are currently migrating our security program from the NIST CSF Framework to the full NIST 800-53 to better align with the State and federal requirements
  - Our security processes and procedures are being aligned with a formal System Security Planning process to ensure alignment with the NIST 800-83 security controls

- **We Monitor, Identify, Assess and Protect our environment**

  - Security and Event Monitoring (SIEM) - critical events and system logs are monitored 24x7 by an external Security Operations Center (SOC)
  - 24x7 end point protection – all assets are monitored and remediated against malware and other suspicious activity
  - Quarterly vulnerability scanning and evolving continuous vulnerability management informs of system vulnerabilities and/or required patches/updates.
  - Annual penetration testing and 3rd party independent assessments

- **Vendors monitored to ensure compliance with standards**
  - MedicaSoft platform is HITRUST certified

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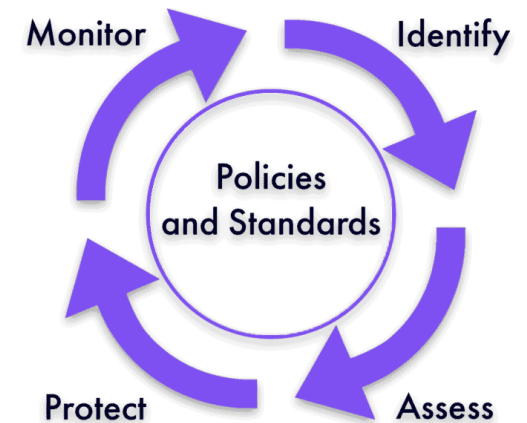
Security Labels

- Security and privacy metadata

- Applied to a FHIR resource*

- Informs how the author/owner of data wants the data to be handled

- Usage
  - Access control
  - Workflow decisions
  - User interface decisions
  - Communicating terms of use or handling instructions

An example XML Patient Resource with a "Restricted" tag associated with it, as represented in an HTTP response:

```
<Patient xmlns="http://hl7.org/fhir">
  <meta>
    <security>
      <system value="http://terminology.hl7.org/CodeSystem/v3-Confidentiality"/>
      <code value="R"/>
      <display value="Restricted"/>
    </security>
  </meta>
... [snip] ...
</Patient>
```

* In FHIR, health care data is broken down into categories such as patients, laboratory results, and insurance claims, among many others. Each of these categories is represented by a FHIR Resource, which defines the component data elements, constraints on data, and data relationships that together make up an exchangeable patient record. The philosophy behind FHIR is to create a set of Resources that, individually or in combination, satisfy most common use cases.

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Assigning and Consuming Security Labels

Producer → Consumer

Apply security labels to convey the data owner's handling requirements

Parse, interpret and make decisions based on the label

Labeling rules or policies are informed by:

- State or federal laws
- Organizational policy
- Business rules
- Clinical knowledge
- Patient consent

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Mutual Trust Framework
(http://build.fhir.org/security-labels.html)

- The security label is intended to convey handling obligations of the data owner (producer) to the data recipient (consumer)

- Mutually understood policy and consent gives the labels meaning

- Because of this, security labels are most effective when all stakeholders work together to answer questions like:

  - Which security labels will be used

  - What to do if a resource has an unrecognized security label on it

  - Authoring obligations around security labels

  - Operational implications of security labels

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Retention and Destruction of Records

- VITL maintains patient records for 6 years (aligns to HIPAA)

- § 2.16 Security for records

  - *(a) Must have in place formal policies and procedures….*

    - *(2) Electronic records, including:*

      - *(ii) Destroying such records, including sanitizing the electronic media on which such records are stored, to render the patient identifying information non-retrievable;*

- § 2.19 Disposition of records by discontinued programs

  - *(a) General. If a part 2 program discontinues operations*

    - *(2) Records, which are electronic, must be:*

      - *(iii) Within one year….must be sanitized to render the patient identifying information non-retrievable in a manner consistent with the discontinued program's or acquiring program's policies and procedures established under § 2.16;*

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

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

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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.

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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.

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