



Health Information Exchange
Social Drivers of Health -
Data Governance Documentation

Version 1.0

11/12/2024

Revision History

Date	Version	Description	Author(s)
5/9/2024	0.1	Initial Draft	Kristin McClure Inna Podgornaya
5/20/2024	0.2	Feedback from SDOH DG Subcommittee + corresponding edits	Kristin McClure Mahesh ThopaSridharan
7/10/2024	0.3	Edits to Scope, Data access, Consent and Security	Will D., Maurine G.
7/18/2024	0.4	Feedback captured during Domain Team Meeting	Mahesh ThopaSridharan
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10/3/2024	0.8	Revisions based on feedback from the Domain Team. Moved appendix to footnotes.	Will Dempsey Mahesh ThopaSridharan
11/12/2024	1.0	Document v1.0. Accepted all edits and resolved comments.	Will Dempsey Alice Stecko

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Purpose

This document is to serve as a reference for all involved parties, including but not limited to the ones listed below, to have a common understanding of the agreed upon approach to Social Drivers of Health (hereafter referred to as SDOH) Data Governance as it pertains to the Vermont Health Information Exchange (VHIE).

1. Vermont Agency of Human Services (AHS)
2. Vermont Information Technology Leaders (VITL)
3. Vermont Rural Health Alliance (VRHA) and Bi-State Primary Care Association
4. Vermont Association of Hospitals and Health Systems (VAHHS)
5. Rutland Regional Medical Center (RRMC)
6. Department of Vermont Health Access (DVHA)
7. Vermont Department of Health (VDH)
8. OneCare Vermont
9. University of Vermont Health Network (UVMHN)
10. Northeastern Vermont Regional Hospital (NVRH)
11. Blueprint for Health (BP)
12. Blue Cross Blue Shield of Vermont (BCBS VT)
13. VT RETAIN (Vermont Department of Labor)
14. Designated Agency (DA)
15. VNAs of Vermont
16. Area Agencies on Aging (AAA)
17. Vermont Medical Society
18. Office of the Health Care Advocate
19. Vermont Program for Quality in Health Care (VPQHC)

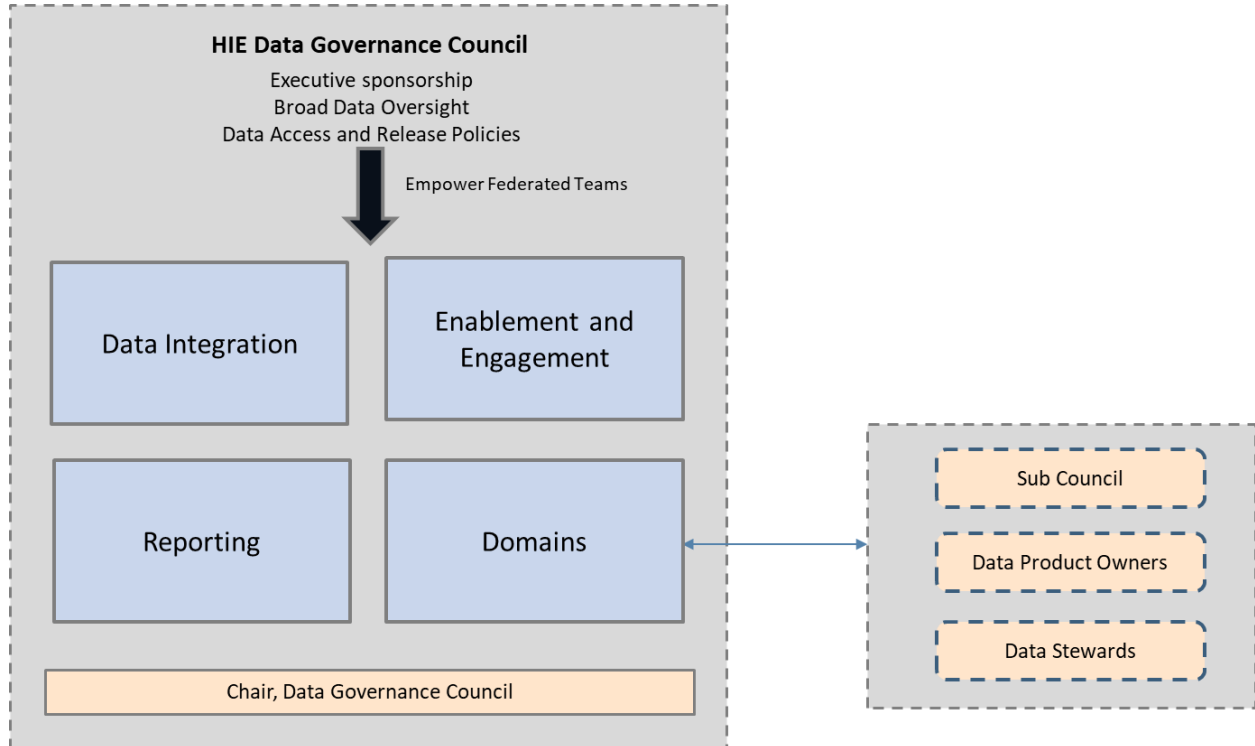
Shared Vision for SDOH Data Sharing

1. Establish clear, transparent, and shared understanding of governance processes for how SDOH data is collected, used, and shared.
2. Demonstrate the tangible benefits of SDOH data collection and utilization to improve individual and community health outcomes. Access to comprehensive SDOH data enables more effective patient care, public health interventions, tailored services, and policy decisions that enhance the well-being of all Vermonters.
3. Use SDOH data to identify and address health disparities, ensuring resources are allocated to the communities most in need. Promoting health equity through targeted interventions helps address the root causes of health disparities, fostering a healthier community. This approach ensures that all Vermonters, regardless of their background, have equal opportunities to achieve optimal health.
4. Implement data governance practices that reduce redundant data collection and enhance the coordination and collaboration of services across the health system.
Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data.

Data Governance Structure

The HIE Data Governance Framework takes a domain focused approach, acknowledging that different types of data require different considerations to ensure compliance with regulations and best practices. This approach creates different domains that are each accountable to the overarching Data Governance Council¹. Social Drivers of Health (SDOH) data is an example of a domain of data.

All domain teams, including SDOH Data Governance Subcommittee, will share their decisions/recommendations with the HIE Data Governance Council for its approval. Once the HIE Data Governance Council approves, it will be finalized and adopted as part of data governance.



SDOH Data Governance Subcommittee Decision Making

The SDOH Governance Subcommittee is responsible for establishing data governance practices and processes for managing SDOH data. The subcommittee is also responsible for providing their recommendations to the HIE Data Governance Council. The subcommittee is responsible for data governance of the data in compliance with Federal and State laws, rules, regulations, HIPAA, and other applicable statutes.

To ensure collaboration, it will be important that all stakeholders have equal input into key decision making. Discussions and any decisions must consider all perspectives so that final decisions are well-informed. As such, each organization represented in the Data Governance Subcommittee is a voting member.

Please note: If multiple people are representing an organization, the organization will still carry only one vote.

¹ [HIE Data Governance Council CHARTER](#)

Decisions will be made by a majority vote. For achieving a quorum, a minimum of two thirds of this Data Governance Subcommittee members are required to vote. The subcommittee will determine if any additional parties are needed to be included to inform data governance decision making. Alternate members will be identified by each organization for any subcommittee meetings, voting, and approvals as necessary. Decisions will be logged by the scribe for that meeting. The subcommittee will produce a decision document that describes the decisions. These notes will be made public on the healthdata.vermont.gov website within three business days of the meeting.

Change management – any changes to the data governance of SDOH Data will require it be brought forward to the SDOH Governance subcommittee for a discussion and vote if necessary.

SDOH Data Governance Subcommittee Membership

#	Name	Organization	Role	Voting (Yes/No)
1.	Andrea Wicher	VT Retain - Vermont Department of Labor	Program Director	Yes
2.	Beth Anderson	Vermont Information Technology Leaders (VITL)	President and CEO	No
3.	Candace Houghton	Northeastern Vermont Regional Hospital (NVRH)	Manager of Care Management	Yes
4.	Carrie Wulfman	OneCare Vermont	Chief Medical Officer	Yes
5.	Emma Harrigan	Vermont Association of Hospitals and Health Systems (VAHHS)	Vice President of Policy	Yes
6.	Eric Schultheis	Office of the Health Care Advocate Vermont Legal Aid	Staff Attorney	Yes
7.	Heather Skeels	Vermont Rural Health Alliance (VRHA)	Director, Health Data Operations	Yes
8.	Jessa Barnard	Vermont Medical Society	Executive Director	Yes
9.	Jessie Hammond	Vermont Department of Public Health (VDH-AHS)	Division Director	Yes
10.	Jimmy Mauro	Blue Cross Blue Shield (BCBS)	Chief Data Officer	Yes
11.	John Saroyan	Blueprint for Health	Executive Director	Yes
12.	Julie Zack	BlueCross BlueShield (BCBS)	Director of Integrated Health	No
13.	Karen Huyck	VT Retain - Vermont Department of Labor	Medical Director	No
14.	Keith Robinson	University of Vermont Health Network (UVMHN)	Vice Chair of QI and Population Health	Yes
15.	Kelsey Stavseth	Northeast Kingdom Human Services (NKHS)	Executive Director	Yes
16.	Laura Nelson	Northeast Kingdom Human Services (NKHS)	Chief of Organizational Development	No
17.	Maurine Gilbert	Vermont Information Technology Leaders (VITL)	Director of Client Engagement	Yes

18.	Randall Messier	Vermont Program for Quality in Health Care (VPQHC)	Quality Improvement Specialist	Yes
19.	Renee Weeks	Agency of Human Services	Director of Complex Care & Field Services	Yes
20.	Rick Dooley	Thomas Chittenden Health Center HealthFirst, Inc.	Family Practice PA Clinical Director	Yes
21.	Rick Hildebrant	Rutland Regional Medical Center (RRMC)	Chief Medical Information Officer	Yes
22.	Sarah E. Probst	VT Retain - Vermont Department of Labor	Project Manager	No
23.	Scott Louiselle	Community Care Network, Rutland Mental Health Services (RMHS)	CCBHC Project Evaluator/Process Improvement Manager	Yes
24.	Stephanie Winters	Vermont Medical Society	Deputy Director	No
25.	Will Dempsey	Agency of Human Services – Central Office (AHS-CO)	Director of Data Analytics and HIE Data Governance Council Chair	Yes

Through this collaborative decision-making process among all involved stakeholders the subcommittee has reached consensus on the following key topics:

Scope of SDOH Data Governance Subcommittee

The SDOH Data Governance Subcommittee, part of the HIE Data Governance Council, is responsible for:

1. Making recommendations regarding data governance practices and processes related to SDOH data.
2. Providing their recommendations to the HIE Data Governance Council for review and approval.
3. Data governance of SDOH data sent in compliance with Federal and State laws, rules, and regulations as required by the Data Governance Council (HIE Data Governance Charter¹).

SDOH Data Governance Outcomes

1. Short-term:

- a. Make recommendations to the Data Governance Council on practices and processes for the collection of the first 15 questions of the Health-Related Social Needs (HRSN)² Screening tool from HIPAA covered entities.
 - i. The SDOH Data Governance Subcommittee recognizes that some of the questions in the first 15 HRSN questions are highly sensitive.
- b. Make recommendations to the Data Governance Council on practices and processes for the use of New to Medicaid (NTM) and General Assessment (GA) screening data collected by the

² [HRSN Screening Tool](#)

Vermont Chronic Care Initiative (VCCI) for VCCI eligible Medicaid Members under Medicaid Operations for population health reporting.

- c. Complete a crosswalk for existing standardized tools at the domain level with a set review cycle to monitor for changes in existing tools and new tools that are developed.
- 2. Medium-term:**
- a. Make recommendations to the Data Governance Council on data governance practices and processes for the collection, ingestion, and use of patient generated SDOH data.
 - b. Make recommendations to the Data Governance Council on the inclusion of additional standardized SDOH screening tools, including the remaining HRSN questions, as well as tools such as the Protocol for Responding to and Assessing Patient’s Assets, Risk and Experiences (PRAPARE)³ patient risk assessment tool.
 - c. Complete a landscape review of entities within Vermont who collect SDOH data but do not use a standardized screening tool or format.
- 3. Long-term:**
- a. Make recommendations to the Data Governance Council on the collection of standardized SDOH screening data from entities who are not covered by HIPAA.
 - b. Make recommendations to the Data Governance Council on how the SDOH Data Governance Subcommittee can support entities who collect non-standardized SDOH data to move towards collecting SDOH data in a standardized format. This would include both HIPAA covered entities and entities who are not covered by HIPAA.
 - c. Throughout the SDOH Data Governance Subcommittees work it will do recurring evaluations to ensure alignment between the work being completed and the vision and outcomes the group agreed upon.

Data Access

Data that is a standard part of a patient’s record in the Vermont Health Information Exchange is available through several data access approaches. We assume that there is a need for SDOH data to be available via the first two access methods listed below:

1. The VITLAccess clinical portal, and
2. Custom reporting.

Additionally, routes for SDOH data to be delivered directly into provider EHRs can be built to push data to providers at the point of care. VITL already delivers several data types, including laboratory results, radiology reports, and transcribed reports directly into providers EHRs at certain organizations. VITL also delivers immunization histories and forecasts from the Vermont Immunization Registry in the EHRs of providers who have built an integration to support this.

³ [What is PRAPARE?](#)

Looking ahead to how SDOH data will be accessed, we will assess and make recommendations on data governance practices and processes related to:

- The SDOH screening/questionnaire data contributed by Health Care Organizations.
 - This refers to specific screenings or questionnaires that are a part of this scope, VITL may already be receiving similar data from some organizations via notes or Continuity of Care Documents (CCDs), which would already be incorporated into patient records.
- What, if any, data in this data set that should not be displayed or shared through any of the data access mechanisms.
- Who will need access to this data, how they can access the data, and the purposes it will be used for.

Consent Process

The Subcommittee will assess how consent will be handled for SDOH data given the specific scope of the data in question in collaboration with various subject matter experts. Consent for standardized SDOH screening data from HIPAA covered entities will fall under existing consent mechanisms.

Data Security

SDOH data collected through this work from HIPAA covered entities will be protected by VITL's existing Security Model.

Record Retention and Destruction

SDOH data sets will be reviewed against VITL's standard records retention and destruction policy to ensure conformance.