Strategic Planning - HIE Steering Committee Meeting

Monday, September 11, 2023

Location: Microsoft Teams Meeting; AHS - WSOC Oak 49 RmA283

Participants

- McClure, Kristin (Meeting Organizer)
- Bensaid, Bechir
- Thopasridharan, Mahesh (Accepted in Outlook)
- rick.dooley (Accepted in Outlook)
- Cara Callanan (Accepted in Outlook)
- Sue Fritz (Accepted in Outlook)
- Rueschemeyer, Simone (Tentative in Outlook)
- Harrigan-EXT, Emma (Accepted in Outlook)
- Pelosi-EXT, Laura
- Mary Kate Mohlman (Accepted in Outlook)
- O'Neill, Kathryn (Accepted in Outlook)
- Beth Anderson (Accepted in Outlook)
- mauroj (Accepted in Outlook)
- srousse (Tentative in Outlook)
- Hammond, Jessie (she\her) (Accepted in Outlook)
- Josiah.Mueller
- Victor Morrison
- Tremblay, Timothy (Accepted in Outlook)
- Wivell, Emily (Tentative in Outlook)
- Eric Schultheis (Accepted in Outlook)
- Helen Labun
- Zink, Kana (they/them)
- Maurine G.
- Kristina C.

HIE Steering Committee Members

Name, *Organization*	Role	Attendance
Kristin McClure, *AHS Office of Health Care Reform*	Chair	Present
Josiah Mueller, *OneCare VT*	ACO Representative	Present
Simone Rueschemeyer, *Vermont Care Partners*	Mental Health & Substance Use Representative	Present
Mary Kate Mohlman, *Bi-State Primary Care Association*	Primary Care Representative	Present
Eric Schultheis, *Vermont Legal Aid*	Health Care Advocate	Present
Jessie Hammond, *Vermont Department of Health*	Public Health Representative	Present
Jimmy Mauro, *Blue Cross Blue Shield*	Payer Representative	Present
Victor Morrison	Consumer Representative	Absent
Emma Harrigan, *VT Hospital Association*	Hospital Care Representative	Present
Sandy Rouse, *Central VT Home Health & Hospice*	Home Health Representative	Absent
Helen Labun, *Vermont Health Care Association*	Long Term Care Representative	Present
Kana Zink, *Vermont Department of Health*	Health Equity Expert	Present
Beth Anderson, *VITL*	HIE Representative	Present
Kathryn O'Neill, *GMCB*	Green Mountain Care Board	Present
Emily Wivell, *Agency of Digital Services*	Technologist/Security	Absent
Rick Dooley, *HealthFirst, Inc.*	Clinical Director	Present
Vacant, *AHS Legal*	Privacy Attorney	N/A
Vacant, *Blueprint for Health Program*	Practice Innovation Lead – Blueprint for Health	N/A

Notes

Strategic Items

1) **Sandy** *(received via email)-*
   a) Meaningful use dollars for EMR enhancements or upgrade to be able to share more information through the HIE.
   b) Ability to share screening data, i.e., depression, falls risk, etc., for our skilled care population (Medicare) with the HIE for other providers to have access to – potentially reduce multiple screenings by same providers.
   c) Data sharing for skilled care populations (Medicare) to support statewide population health efforts. Currently none of our data that drives quality other than hospitalizations (claims data through the ACO) are part of these efforts as far as I know. All information comes from hospitals and primary care, specialty providers, etc.

2) **Emma** –
   a) Survey for IT directors/clinical leaders resulted in the following feedback –
      i) Some of the providers didn't know what VITL was or a HIE existed in VT.
      ii) For the folks who were familiar with the VHIE, they want Single Sign-On (SSO), reduce administrative burden.
      iii) More providers that we can bring into the fold will improve data completeness.
      iv) Rolling out bidirectionality to more sites is good.
      v) Prescription drug monitoring is also on their radar.
   b) Opportunities with ADTs from VITL that will help with resource availability? (request from emergency dept. directors)
   c) Opportunities for image storage/simplification at VITL? becoming quite expensive to send it/replicate it.
3) **Jimmy** –
   a) Data completeness and richness of data.
      (1) Are there specific provider entities that BCBS is interested in? – this would require a deeper conversation.
   b) SDoH, Social vulnerability
      i) standardization and then designing what is the focus of multiple different stakeholders.
   c) Race/Ethnicity are important to us.
   d) Data Governance is important.
4) **Josiah** –
   a) Data completeness, data quality assurance for users in the VHIE.
   b) Population health analytics platform – goal is to get the HIE data into that system.
   c) Standard SDoH screening and have that data flow back to providers at the ACO.
5) **Beth** –
   a) Data completeness and availability is important. Regrouping and seeing what is important would be great.
   b) SDoH is important for VITL to do. Developing a shared language would be helpful – education. Agree with standardization.
   c) Integrating with the EHR via SSO. Figuring out how to send data to the EHR; for example, not everyone is going to be able to use FHIR APIs.
   d) Care coordination and referrals; Community healthcare needs; think more holistically.
   e) Keeping an eye on TEFCA and what participation looks like at the national level; getting groups together and educating the provider community - adding some resources for this would be helpful.
6) **Helen** –
   a) User interface and understanding what that data means.
   b) More data to support Medical Directors.
7) **Eric** –
   a) Focus on user interface; consistently heard that there is flood of information but not very usable.
   b) Provider use and Policy intervention should be informed.
8) **Jessie** –
   a) More interfaces needed. Need to be clear on new vs. replacement interfaces.
   b) Data Governance – continue the effort throughout.
   c) ELRs and converting them to all reportable conditions from just COVID reporting.
   d) Implementation for the VHIE-VDH integration strategy.
   e) What is the quality of the data/information? emphasis on how good it is.

i) Measure the accuracy of the data – worth talking about it.

9) **MaryKate** –
   a) Agree with data completeness and high-quality data.
   b) Enhancing data literacy is an important feedback loop; helps understand the gaps/needs in data quality and data access/use.
   c) Data governance – like to see continue to grow and mature, considering there are addition of data sets coming in. We have sensitive data coming in for gender affirming care etc. Continue to create more public trust.
10) **Kate** –
   a) Be clear on the purpose of the VHIE.
   b) Continue to show progress.
   c) Clearly connecting to the statute for HIE requirements.
      Discussion:
      Diversifying the funding for VHIE so that it is less dependent on government sources
      i) Kate will follow-up with Board members once she has something new for this year for them to review related to updates to funding strategy.
      ii) Emma - If we change the model, do we need to think of VITL more of a vendor? How do we make a decision in the best interests of VITL? Need to focus on outcomes. Allow VITL to function as a non-profit.
      iii) Beth - There is a desire (from the VITL board) to diversify; with additional funding there could be a fallback plan/resource.
11) **Rick** (provider perspective) -
   a) Anything that avoids duplication – EHR integration is a top priority.
   b) Completeness of data without data overload; should be usable – individual notes can clog up the Doctor's view very quickly.
   c) Emphasis on complex care coordination – CareNavigator was a disaster (in Chittenden county)
   d) Cost to providers – independent practices are run on very thin margin. Interfaces can get very quickly to be cost prohibitive.
      (Kristin shared details on MDAAP program - wanted to vocalize and would rather have a solution for the providers).
12) Kana
   a) Echo a lot of what Jessie said from VDH said.
   b) Also echo what Rick mentioned; similar feedback from community providers – accessibility would be good.
   c) SDoH would be great to have.
13) Simone
   a) Engaged in a long process of data governance and connectivity for Part 2.
      i) Developmental Services Agencies connections would be great to have.
   b) Data Quality and Data Literacy
   c) Administrative burden reduction.
   d) Data narrative should be placed emphasis on
   e) SDoH
   f) Race/Ethnicity – if we move in this direction, what should be the best practice should be analyzed.
   g) Avoid duplication (CareNavigator was an example to learn from)
14) **Kristin** –
   a) Data accessibility – continue to enhance and evolve to be able to do population health analytics. We owe it to the stakeholders.