

# VHCURES-VHIE Integration Biweekly Meeting

Meeting Date: 9/12/2023 9:00 AM



**Location:** Microsoft Teams Meeting

**Participants:**

- Anderson, Beth
- Fialkowski, Veronica
- Fulton, Catherine
- Green-EXT, Devon
- Hammond, Jessie
- Harrigan-EXT, Emma
- Judge, Sean
- Mauro, Jimmy

- McClure, Kristin
- McCracken, Russ
- O'Neill, Kathryn
- Scharf, Lauri
- Schultheis, Eric
- TopaSridharan, Mahesh (*Meeting Organizer*)
- Tremblay, Timothy
- Wallace, John

## Subcommittee Members

Name, Organization	Role
<b>Kristin McClure, AHS-CO</b>	Health Data Officer
<b>Veronica Fialkowski, GMCB</b>	Data & Reporting Project Manager
<b>Kate O'Neill, GMCB</b>	Director of Health Systems Data and Analytics
<b>Jimmy Mauro, BCBSVT</b>	Director of Business Intelligence
<b>Lauri Scharf, Bi-State Primary Care</b>	Senior Program Manager
<b>Cathy Fulton, VPQHC</b>	Executive Director
<b>Jessie Hammond, VDH</b>	Division Director
<b>Emma Harrigan, VAHHS</b>	Director of Policy Analysis & Development
<b>Eric Schultheis, Vermont Legal Aid</b>	Health Care Advocate
<b>Sean Judge, ADS</b>	Enterprise Architect

### Summary of identified barriers:

1. Clarification from GMCB's DG council if the patient index be released to the VHIE.
2. Clarification from the Legislature on what 'Public Disclosure' means.
3. Modification of the DUA process by GMCB's DG council.

### Notes

1. The group reviewed the revised 'Shared values and Goals.' [no further updates/feedback]
2. Last time (9/5/2023) Russ M. walked us through GMCB's legal perspective.
3. Today we reviewed the permitted uses of HIE data and what gives those authorities through John W.
4. Eric had two questions -
  - a. What is the definition of VITL uses of deidentified data?
    - i. Beth - We don't have deidentified data now. We don't currently have the capabilities to deidentify. The policy will need to be reviewed and updated.
  - b. Putting in an MPI -- is there risk of reidentification?
    - i. Beth - We will not share the identifier with a deidentified dataset and would expect to use expert assistance here.

- ii. John - if someone has the ability to connect an individual with that ID, then its re-identifiable, and NOT truly deidentified.
- 5. Lauri - Is the National exchange going to have similar limited uses like TPO/public health or broader?
  - a. Beth - we wouldn't do anything other than TPO (tied to item 3 above). Current focus is on treatment and only with limited partners.
- 6. Cathy - how comprehensive is quality defined/thought of?
  - a. John - quality defined broadly by HIPAA; improving health care quality of services.
  - b. Beth - if Cathy's organization needs identified data then VITL has to work with the HCOs to authorize the release/access for that data.
- 7. A discussion ensued about a project in Cathy's organization related to Critical Access Hospitals and the importance of sharing digital health information.
- 8. Follow-up item from last week about 'Public disclosure' -
  - a.  John/Beth - need more digging on 'Public Disclosure.' research to see if this phrase is defined in statute. [Action item]
    - i. Eric suggested a person (Jen Carbee) at the legislature that may be of help with this.
- 9. **'Discussion on Options' (Slide 11)**
  - a. A master patient index and/or other data linkage (GMCB proposed approach)
    - i. Kate -
      1. GMCB interprets the statute to mean that personal IDs do not leave VHCURES. If that has to change there needs to be a change in statute by the legislature - this is an option, but not preferred by GMCB.
      2. MPI approach is what we have experience with, so we are interested from VITL's point of view - limitations around VITL's data and MPI.
      3. In the VHCURES database, until 2/1/2023, there were no personal identifiers (except for Medicare data). We always require DUA. When we made the rule change and the requirements for data submitters for VHCURES changed as a result, the purpose was not for release of personal ids. It was to enable our database manager/vendor to be able to encrypt/decrypt for data integration. If the state wants to pursue a common MPI, then VHCURES could be a part of that. But the data does not leave VHCURES in an identifiable manner.
    - ii. Kristin - if the VHCURES data has the same MPI as VITL, will it have the same link ID?
      1. Kate - fundamental purpose is to link the same person in different data sets; not easy to do. With the use of VHCURES data, the integration of VHCURES data happens in the VHCURES database or with our vendor; we do not release the data out.
    - iii. Cathy - are there resources/experts available for this integration to have a single MPI for each person; or a community person index? so that a truly integrated system becomes useful.
      1. Beth - ~~Master~~ Patient Index - yes, we have it now; we can implement it into new projects and across organizations.
    - iv. Kristin - if there is a common MPI will GMCB be open to sharing VHCURES data with that patient index or without the personal identifiers?

1. Veronica/Kate - we encrypt the data for the use of researchers and authorized data users via DUA. There are no personal identifiers.
  2. There is also the encrypted data that we have classified as 'unavailable.'
  3. There is more to it than to say there is an MPI and we would release it. Some of those data includes personal identifiers among other fields.
  4. With a common data linkage, we have the capacity to do the linkage.
- v. Kristin - is the GMCB is willing to do the data linkage on their side but not willing to release the data to HIE with the person index?
1. Kate - we have the capacity to do it, we don't have a common identifier now, although we do the linkage .
  2. We have not reached a consensus on how the integration is done or where it is done. (integration of claims and clinical data)
  3. Our statute forbids us from releasing personal identifiers from VHCURES. We have limitations on the use of that data. There is no change of decision.
- vi. Kristin - I'm trying to pinpoint what the barriers are and trying to see if we can have the conversation with the right entities so that we can overcome those barriers.
1. Open item - will GMCB consider releasing the person index? If that will not be allowed under the current statute, do we need to have a conversation with the GMCB or with the legislature?
  2. Kate - I do not think it is with the GMCB.
- vii. Kristin - So this team will require clarification from the legislature around public disclosure and what that means?
1. ★ Eric - I think it is partially the **GMCB** too in addition to the **Statutory prohibition (Legislature)**. For every data use there has to be a DUA and it will have to be approved by the **GMCB Data Governance council**. There are three things going on at once. The current DUA process on data release would need to be modified as it currently would be impossible to use.
  2. ★ Kate - there would need to be a change in the rule and operations of the whole data use program/policy (data release) as established. It is by use case the GMCB DG council works through the approval.
- viii. Kristin - **so the GMCB DG council can address these issues?** For GMCB, we need determination from their board on their perspective that patient index be released. And that the board will need to change the policy on the data release.
1. Kate - the 5-member GMCB board have delegated the responsibility/authority of data issues including data linkage to the DG council. (a few members of this subcommittee are also on the GMCB DG council)
  2. Decisions from the DG council can be appealed which then goes to the board.