

**State of Vermont**  
**Department of Vermont Health Access**  
**Vermont Blueprint for Health**  
NOB 1 South, 280 State Dr.  
Waterbury VT 05671-1010  
[blueprintforhealth.vermont.gov](http://blueprintforhealth.vermont.gov)

*Agency of Human Services*

[Phone] 802-241-0231  
[Fax] 802-241-0269

**Combined Meeting of the  
Blueprint Executive Committee Meeting  
And  
Blueprint Planning and Evaluation Committee  
September 18, 2019  
8:30 – 10:00 am**

**Waterbury State Office Complex  
Ash Conference Room (2nd Floor)  
280 State Drive  
Waterbury, VT**

**Dial In: (802) 552-8456  
Access Code: 4111023**

**AGENDA**

1. Welcome
2. Health Information Exchange Consent Policy Change Project
3. Update on Health Information Exchange Leadership Transition and Strategic Direction
4. Updated Blueprint Manual
5. Introduction of Blueprint Strategic Planning Process

**Blueprint for Health**  
combined  
**Executive Committee**  
**Planning & Evaluation**  
**Committee**

September 18, 2019

## Agenda

- Welcome
- Update on Health Information Exchange Leadership Transition and Strategic Direction
- Health Information Exchange Consent Policy Change Project
- Updated Blueprint Manual
- Introduction of Blueprint Strategic Planning Process

# Health Information Exchange

- Leadership Transition and Strategic Direction
  - Jenney Samuelson, Deputy Commissioner, DVHA

# Vermont's Health Information Exchange



## HIE Progress

- Act 73 of 2017 called for an evaluation of how health information exchange is funded and managed.
- Act 187 of 2018 expanded legislative oversight to ensure recommendations from the Act 73 evaluation were implemented by DVHA and VITL.
- To date, the requirements of Act 187 have been met.
- Annual strategic HIT Plan: In 2018 Vermont published HIE plan and is on target for an update in 2019 including the addition of a technical road map.



# THE STATEWIDE HIE PLAN

## Vermont's Health Information Exchange Strategic Plan

2018-2019

APPROVED BY THE GREEN MOUNTAIN CARE BOARD, NOVEMBER 2018

Prepared by Vermont's 2017-2018 Health Information Exchange Steering Committee  
Submitted by the Department of Vermont Health Access

### **Create One Health Record for Every Person**

Ensure access to complete and accurate health records to support optimal care delivery and coordination.

### **Improve Healthcare Operations**

Enrich healthcare operations through data collection and analysis to support quality improvement and reporting.

### **Use Data to Support Investment and Policy Decisions**

Bolster the health system to learn and improve based on accurate, comprehensive data; guide investment of time, labor, and capital; and inform policies and program development.

## Tactical Plan Update - context

A tactical plan translates strategy into achievable actions that support long-term goals.

Vermont's HIE Tactical Plan will be developed annually and constantly monitored and refined by the HIE Steering Committee.

The HIE Tactical Plan identifies actions related to maturing all core services and furthering the three HIE goals across the dimensions of: Governance, Technology, Policy/Process and Financing.

An accountable party is assigned to each tactic to ensure it is clear who is responsible for which aspects of the work.



## Current 2018-2019 Tactical Plan

The 2018-2019 Tactical Plan focused on enhancing foundational and exchange services. The specific focus for 2018 and 2019 has been:

- Establishing the permanent governance model for the HIE
- Incremental progress in:
  - Consent management
  - Data quality
  - Identity management
- Initiating long-term, sustainable financial planning
- Overseeing the 2018-2019 plan and developing a 2020 plan, including a technical roadmap

# Consent: Move from “opt-in” to “opt-out”

## Act 53 passed in 2019 moving Vermont to an “opt-out” consent policy for the VHIE

- “opt-in” consent –
  - Patient’s must act if they want their records accessible via the VHIE
  - Out-of-step with the rest of the nation - Of the 40 states researched, only 3 other states use “opt in” models like ours
  - May unduly constrain information sharing in the VHIE, undermining its essential purpose and reducing its value to our health care system
  - The other successful HIEs assessed all worked under an “opt-out” consent policy
- “opt-out” consent model should:
  - Increase the number of Vermonters whose records are accessible in the HIE, making it consistent with other states and a much more valuable and useful resource for providers
  - Reduce the administrative burdens and costs borne by providers to capture and process consent
  - Support patient privacy and autonomy at least as well as the current model

# Consent: Why

## Current Month Statistics

**6,672**  
This Month Total Consent

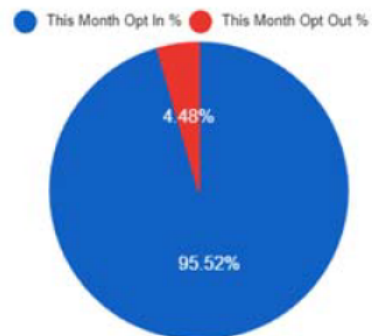
**6,373**  
This Month Opt Ins

**95.52%**  
This Month Opt In %

**299**  
This Month Opt Outs

**4.48%**  
This Month Opt Out %

## Current Month Consent %



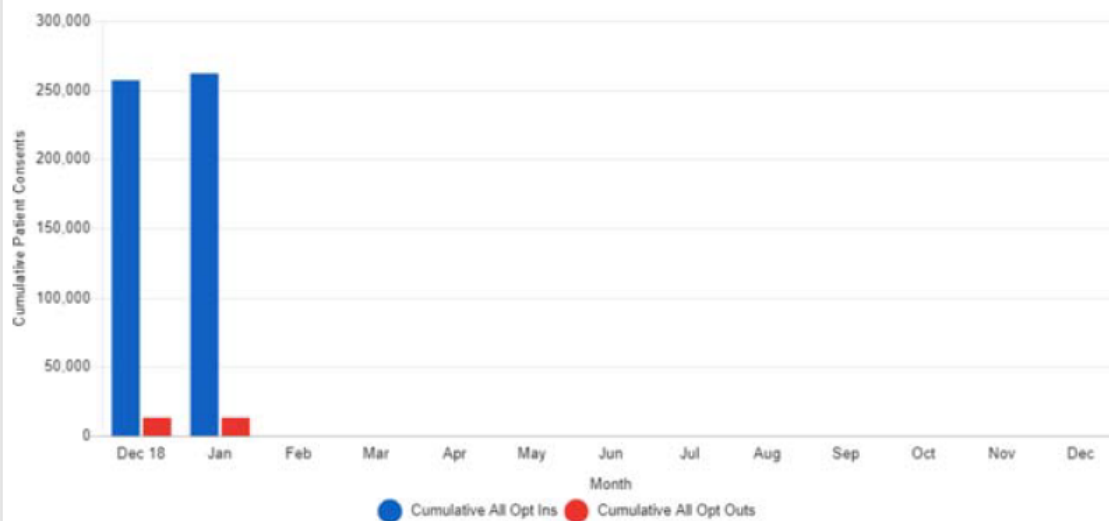
## Cumulative Statistics

**228,699**  
Cumulative Vermont Opt Ins

**10,959**  
Cumulative Vermont Opt Outs

**39.67%**  
Cumulative Vermont Opt In %

## Cumulative Consent By Month



# Collaborative Services Project

## Universal MPI

- Participants:
  - VITL (lead)
  - CHA
  - OCV
- Solution: Verato UMPI
- June: Contract signed
- July: Implementation began

## Terminology Services

- Participants:
  - CHA (lead)
  - VITL
  - OCV
- Solution: Term Atlas
  - Developed by HealthInfoNet (Maine HIE)
- Contracting underway

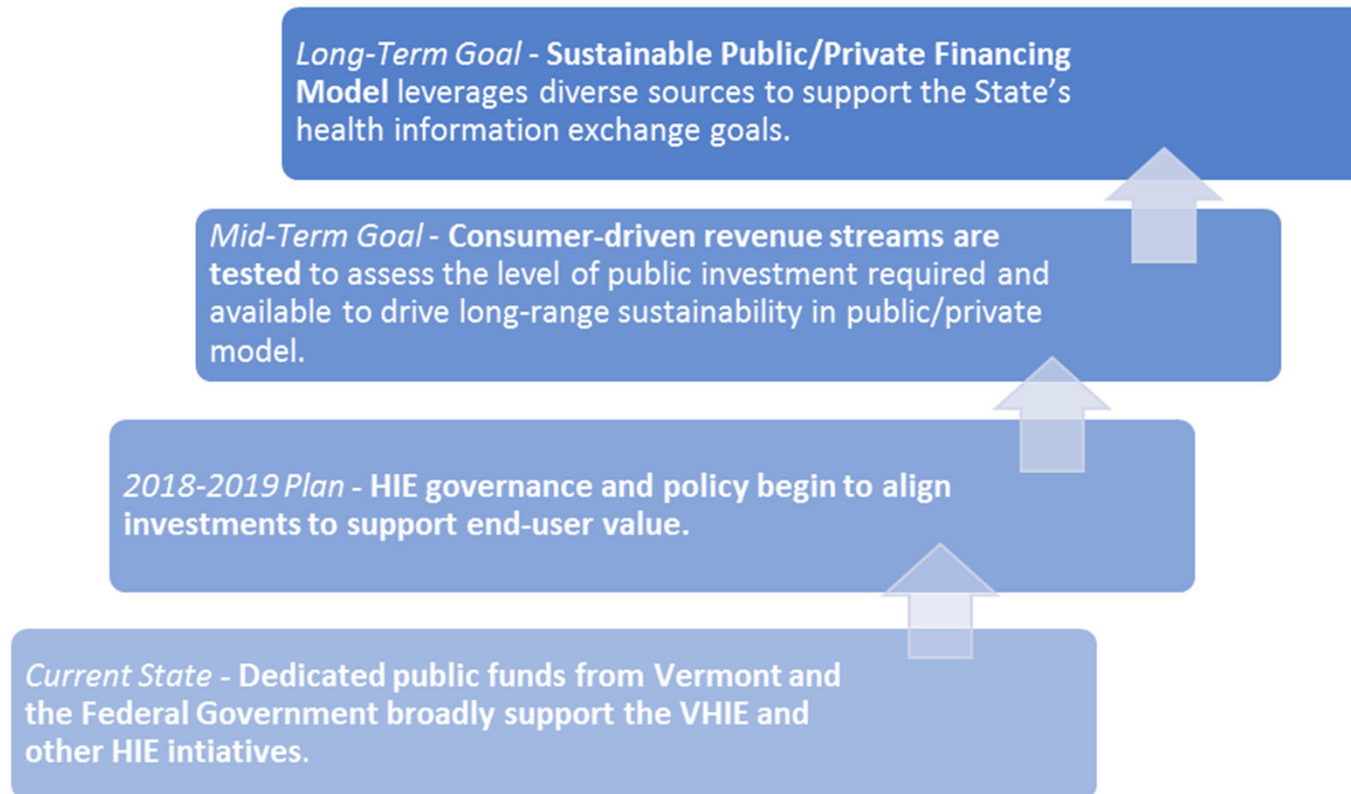
## Interfacing

- Participants:
  - VITL (lead)
  - CHA
- Solution: Rhapsody
  - Provided by HealthInfoNet
- Contracting underway

## Future Platform

- Participants:
  - VITL (lead)
  - CHA
- Shared Healthcare Data Technology
  - VHIE, VCR, OCV and others
- Vendor RFI review underway

# The HIE Ecosystem: A Look at Maturity



# RESOURCE SLIDES

# Clear Roles and Goals are the Key to Vermont's HIE Governance Model

*Where do stakeholders convene to discuss HIE matters, set priorities and propose policy?*

HIE Steering Committee

The HIE Steering Committee develops, executes and evaluates the HIE Plan and monitors HIE performance with operational and administrative support from DVHA's HIE Unit.

*Where do decision makers go for support?*

Stakeholder Advisory Groups

The HIE Steering Committee actively leverages insights and expertise from existing stakeholder advisory groups and creates ad-hoc committees when needed.

*Who is responsible for oversight?*

Green Mountain Care Board

The GMCB approves the statewide HIE Plan and VITL's budget.

*Who provides HIE services?*

VHIE & Other HIE Service Organizations

The VHIE and other HIE service vendors such as Bi-State Primary Care Association and OneCare Vermont.

*How are service providers held accountable?*

Performance-Based Contracts

The Steering Committee sets strategy to drive investment and works with DVHA and other contract owners to ensure contracts drive performance goals.

# Goal 1: One Health Record for Every Person

To ensure data is available to providers when they need it, the system requires that each person have an electronic health record, often referred to as a Longitudinal Health Record. This record must include a complete, historical view of care that spans transitions of care and insurance carriers and which is secure and confidential yet accessible, under reasonable permissions, to each person and his/her designated care team, including relatives and friends. To support this goal, the State and its partners strive to:

- Define the requirements (what must be included) of a Longitudinal Health Record.
- Create an easy-to-navigate Longitudinal Health Record for all people accessing Vermont's health system. Viewing the health record should not add additional burden to provider operations.
- Empower people to participate in their care by providing them access to their secure and complete health record and a mechanism for managing their data sharing preferences.
- Further real-time exchange of health records to support direct care, care coordination, and efficient transitions of care.
- Remove policy, process and economic barriers to ensure complete health data follows the person and are not "stuck" in a care setting.
- Support adoption and use of electronic health records and other technologies across the full spectrum of care delivery.
- Integrate data sources to seamlessly represent a person's entire health profile for those measuring care systems and providing care and services.



## Goal 2: Improved Efficiency of Health Care Delivery Operations

Healthcare delivery and management in Vermont relies on and requires an array of data sets to support an ever-expanding need for analysis of health system's performance. Today, the needed data acquisition and aggregation are supported unevenly and inconsistently, and the burden often falls more heavily on smaller practices. To fully support health systems in using real data to bolster operations, the State and its partners strive to:

- Define the priority elements (information) required to support health system reporting and analysis.
- Integrate data sources to seamlessly represent a person's entire into a health profile for those measuring care systems and providing care and services.
- Provide designated health care organizations and programs with high quality, reliable data to support measurement and reporting needs of various groups and users.

## Goal 3: Data-Informed Investments

The information required for data-informed delivery and management is produced in a learning cycle where care delivery provides data supporting assessment and analysis that, in turn, produces better decision making and investment in time, resources and capital. To bolster the health system's ability to learn and improve, the State and its partners strive to:

- Integrate systems and coordinate stakeholder efforts in support of shared continuous improvement goals.
- Provide policy makers and health system stakeholders with aggregate data to support evaluation and program decision making.
- Support health care organizations and programs with access to aggregate data to inform investment decisions that maximize use of limited resources and promote positive health outcomes.

# Act 53 / VHIE Consent Policy Implementation

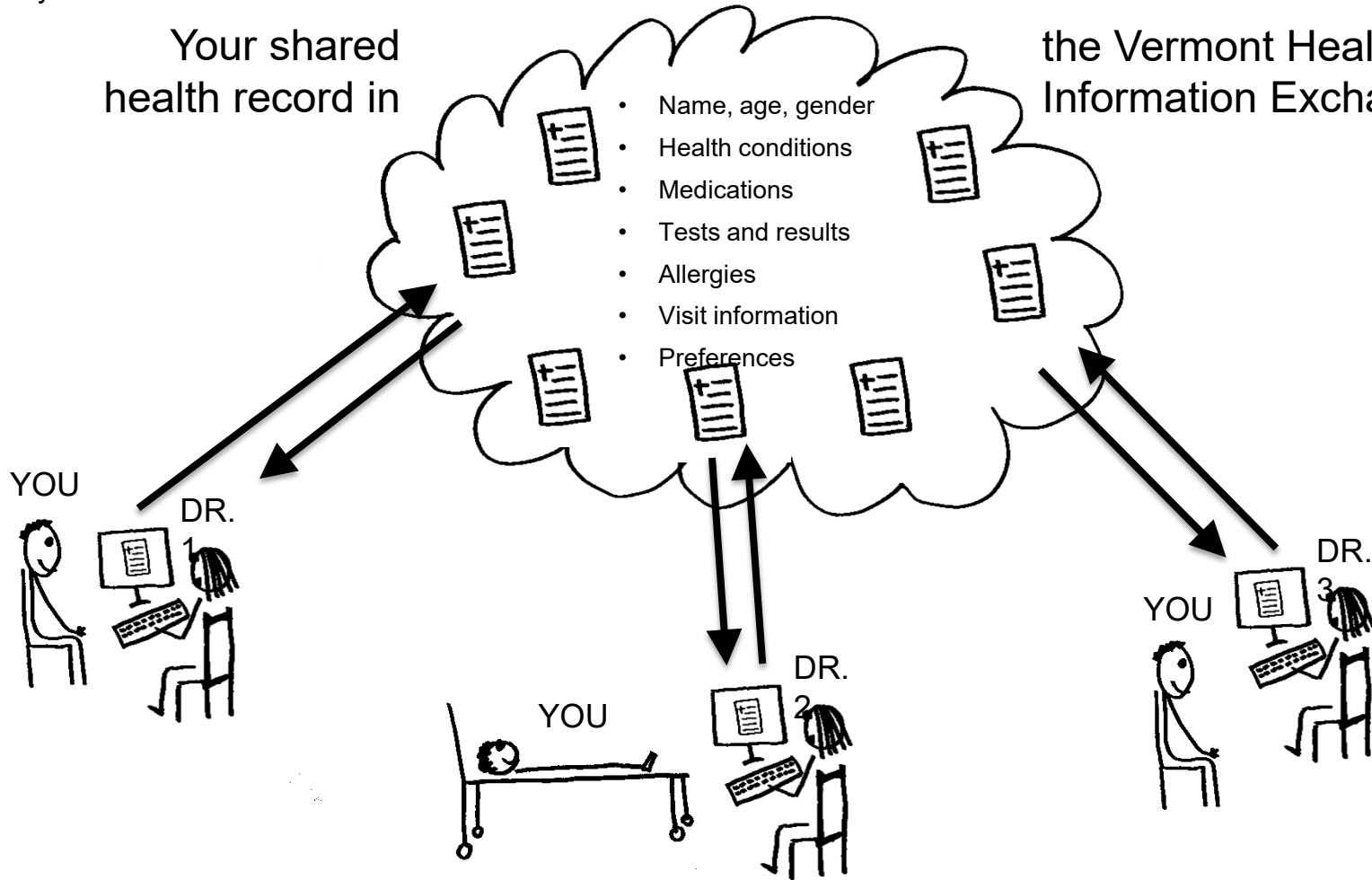
Maurine Gilbert

# Opt-Out Consent Policy Implementation - Summary

- Stakeholders are engaged in helping to define the messages, how and where people will receive information about consent
- VITL is developing mechanisms for managing consent
- Evaluation plan is under development
- Aligns with the HIE Plan

Your shared  
health record in

the Vermont Health  
Information Exchange

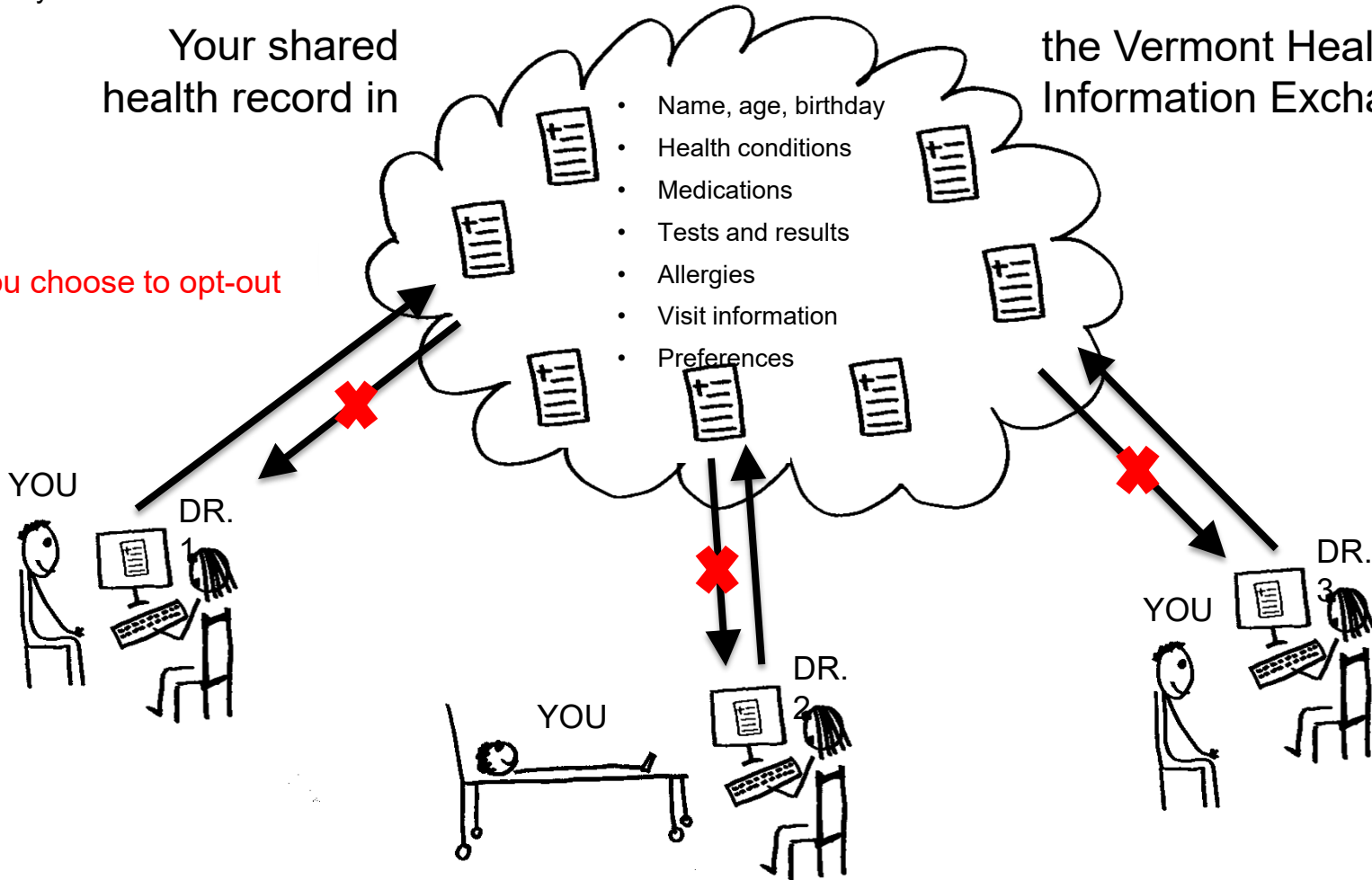


Your shared  
health record in

the Vermont Health  
Information Exchange

- Name, age, birthday
- Health conditions
- Medications
- Tests and results
- Allergies
- Visit information
- Preferences

If you choose to opt-out



# Communications Objectives

- The legislation requires we communicate to each Vermonter
  - The purpose of the VHIE
  - The way in which health information is currently collected
  - How and with whom health information may be shared using the VHIE
  - The purpose for which health information may be shared using the VHIE
  - How to opt-out of having health information shared using the VHIE
  - How patients can change their participation status in the future
  - (and more detail outlined in the legislation)
- The Stakeholder Engagement process is built to help us understand how and where to communicate the above clearly to all, plus
  - Build awareness
  - Get commitment from organizations to act as messengers

# Communications Planning

June - Nov	Stakeholder engagement
Sept – Nov	Build communications strategy, identify channels and tactics Message and materials development Production planning
Nov – Dec	Finalize messages and materials design Begin production
Dec – Jan	Roll-out to messengers – toolkit and training
Dec/Jan	Public communications begin via state and messengers
Feb	Intensify messaging in weeks immediately prior to March launch



# Stakeholder Engagement Process

July	Interview advocates for the rights of all Vermonters	Complete
July	Identify special populations	Complete
July – Aug	Engage special population advocates to <ul style="list-style-type: none"> <li>- Build awareness</li> <li>- Help gather interview/focus group participants</li> <li>- Ask them to be messengers</li> </ul>	Complete
July – Sept	Round 1 of interviews/focus groups with special populations and general public to understand <ul style="list-style-type: none"> <li>- Communications needs – what they need to know to make an informed decision</li> <li>- Communications channels</li> </ul>	In-progress
Oct – Nov	Round 2 of interviews/focus groups with special populations and general public to <ul style="list-style-type: none"> <li>- Test messages</li> <li>- Test opt-out mechanisms / design future opt-out mechanisms</li> </ul>	
Post March	Ongoing learning and optimization to improve clarity and reach of messages, ease of mechanism	

# Who? Stakeholders Engaged

Population Identified	Advocates Engaged	Member Interviews / Focus Groups
People with developmental disabilities	✓	✓
Family members of people with developmental disabilities	✓	✓
Refugees and New Americans	✓	✓
People accessing sexual and reproductive health services	✓	
LGBTQ people	✓	
People living with HIV / AIDS	✓	✓
Teenagers / young adults	Contacted	
Older Vermonters	✓	
People receiving mental health services	✓	
People with substance use disorder	✓	
General public (“Vermonters”)	✓	✓

# Consent Management & Opting Out

On March 1, 2020

All people with no consent decision recorded are opted-in

Previous consent decisions are maintained

VITL will manage consent (previously providers only)

How to opt-out?

Objectives – easy for Vermonters + reduced burden for providers where possible

Expanded – at providers, supported by advocacy orgs, by phone, by form

# Evaluation Methodology

- Legislation requires evaluation of the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful
  - 3 core evaluation questions
    - Have we reached people?
    - Is the message clear / understood?
    - Is it easy to opt-out?
  - Methods identified to date include DVHA-Blueprint patient experience survey
  - Ad-hoc eval committee including stakeholders will propose and vet methodology

# Blueprint Manual Updates

- No significant changes to the manual.
- Women's Health Initiative payment information has been updated.
- Contact Mara Krause Donohue with any suggestions or changes:
  - [Mara.Donohue@Vermont.gov](mailto:Mara.Donohue@Vermont.gov)

# Blueprint Strategic Planning

## State of Play

All Payer Model Demonstration and ACO reforms are advancing  
Maturation of the Blueprint PCMH program, development of Hub & Spoke and  
Women's Health Initiative

## Next Steps

Re-envision the Blueprint Program

- Transition to OneCare?
- Identify other service delivery reforms?

## Stakeholder Engagement

- Develop options for policy makers