Vermont Health Information Technology Strategic and Operational Plan Profile

Overview

The state of Vermont has an existing statewide health information exchange (HIE) infrastructure, the Vermont HIE (VHIE) network, operated through a 501(c)(3) non-profit organization called the Vermont Information Technology Leaders, Inc. (VITL). The VHIE is a component of the state's larger health reform delivery system initiative, the Vermont Blueprint for Health. The Blueprint for Health is a statewide initiative to transform care delivery to achieve wellness, prevention, chronic disease management, and care coordination goals. This initiative is financially supported by all state payers through a common set of per person/per month payments and shared funding of local community health team staff. The initiative supports EHR adoption, medical home model implementation in primary care, HIE infrastructure, a shared clinical registry, data repository and reporting infrastructure, and community-based disease management and care coordination teams. In 2011, it piloted in three communities and expanded to at least two medical homes in each county. It is expected to be fully implemented statewide by 2013.

Model and Services

In the first phase, VITL will focus on expanding provider access to clinical care summaries and lab results using a push approach. Lab results transmission is a current capability of the HIE. The VHIE receives the results from several hospitals, normalizes the results using Logical Observation Identifiers Names and Codes (LOINC), and transmits them to the provider EHRs where they are stored in a structured way. Providers connected to the VHIE network will also have the ability to push a Continuity of Care Document (CCD) through secure routing and a statewide provider directory.

Through a contract with the Vermont Health Department, the VHIE network is the transport mechanism for data exchange with the state Immunization Registry (other public health registries will be added over time). Similarly, as the state IT systems' capabilities are modernized to enable connectivity to the HIE network, syndromic surveillance and notifiable lab result submissions will migrate to the HIE. Interface development is underway for the delivery of radiology reports from hospitals to physician practices, electronic ordering of both lab and imaging tests, and electronic reporting of immunizations to the Vermont Immunization Registry.
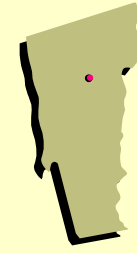
State:
Vermont

HIT Coordinator:
Hunt Blair

State Designated Entity:
Vermont Information Technology Leaders (VITL)

Award Amount:
$5,034,328

Contact:
Hunt Blair
hunt.blair@state.vt.us

Website:
http://www.vitl.net/
http://hcr.vermont.gov

Other Related ONC funding in Vermont:

Health Information Technology Regional Extension Centers (RECs): Vermont Information Technology Leaders, Inc. (VITL): $6,762,080

Highlights

- **Supporting Health Reform Initiatives:** Vermont's Blueprint for Health: Participating medical homes and community health teams have access to a registry, reporting, and clinical data repository tool. This tool can either be populated directly or through feeds from EHRs and other sources (such as labs). These feeds can populate the tool directly or via the VHIE. This is part of Vermont's larger health reform strategy and, with the exception of a portion of the VHIE network, is not funded under the State HIE grant. The Blueprint for Health is financially supported by a state appropriation and a multi-insurer payment model. There is also a central data repository that aggregates data from the multiple sources participating in the Blueprint for Health initiative. Once the data is aggregated, it is transmitted to the Blueprint Registry, which providers can access for data analysis and to generate reports around patient case management and care coordination. Access to other data remains federated, with each health care organization assigned its own local repository. There is also a Master Person Index (MPI), which uses demographic feeds from each participating provider as well as algorithms to accurately match records located in the various repositories to a unique individual.

- **Public Health Reporting:** Through a contract with the Vermont Health Department, the VHIE is the transport mechanism for data exchange with the state Immunization Registry (other public health registries will be added over time). Similarly, as the state IT systems' capabilities are modernized to enable connectivity to the VHIE network, syndromic surveillance and notifiable lab result submissions will migrate to the HIE.

- **Legal and Regulatory Support for Exchange:** The VHIE has clear statutory authority and direction and is referenced in the Blueprint for Health authorizing legislation. 18 V.S.A. chapter 219 § 9351 requires the overall coordination of a statewide HIT plan and 18 V.S.A. chapter 219 § 9352 establishes VITL as the exclusive statewide HIE for Vermont. The law requires that policy direction remain with the state. Act 128 places certain requirements on providers, particularly hospitals, to connect to the VHIE in order to participate in the Blueprint for Health. It should be noted, however, that a provider is not required to participate in the Blueprint for Health in order to connect to the VHIE.

- **Interstate Exchange:** Vermont is active in the New England States Consortium Systems Organization (NESCSO) to further interstate activities. It was one of the first states to sign the Memorandum of Understanding (MOU) between NESCSO members to begin work on a regional provider index. The regional master provider index is envisioned as an internet-based query system utilizing NwHIN Direct global addressing, if available, that providers can access to locate routing and other key information for any provider in the region. This is critically important for care coordination as many patients cross into neighboring states for care. In 2008, 21% of discharges for VT residents occurred in New Hampshire, New York, or Massachusetts; 14% of discharges in Vermont were for out of state residents. The New England states and New York are actively working together to establish the specifications and timeline of the project. NESCSO is pursuing financial support through an RFP response for Specialized Consulting Services to the Massachusetts Technology Collaborative.

- **Direct Interstate Exchange:** Vermont worked with New Hampshire to connect Dartmouth Hitchcock Memorial Hospital to the VHIE in 2011.

Meaningful Use

	Landscape	Strategy
E-Prescribing	Allscripts/Surescripts report that 93% of Vermont pharmacies are accepting electronic prescriptions and refill requests. 12% of prescriptions are submitted electronically.	VITL is working with pharmacies as part of a Health Resources and Services Administration (HRSA) funded project, which provides incentives and education to help community pharmacies enable e-prescribing. VITL also operates the ePrescribe Vermont Program, a statewide initiative to help Vermont providers use e-prescribing technology. This program offers providers incentives to either upgrade their systems to enable e-prescribing, or access a free, web-based e-prescribing application. In addition, VITL has partnered with Allscripts and MedMetrics, the pharmacy benefit manager for the Medicaid program. MedMetrics is building a formulary that will be loaded into the Allscripts e-prescribing system.
Structured Lab Results	The vast majority of lab tests are performed by Vermont hospitals and two major commercial labs: Quest and LabCorp. Currently, 50% of Vermont hospitals are delivering lab results using the HIE. HIE connectivity to LabCorp is being finalized and VITL is in the process of negotiating with Quest. The rest of the state's CLIA-certified labs serve the internal needs of providers. These lab results will be captured by the HIE through provider connectivity.	Lab results transmission is a current capability of the HIE. The VHIE receives results from several hospitals, normalizes the results using LOINC, and transmits them to the provider EHR where they are stored in a structured way. By the end of 2011, the VHIE is expected to be connected to most hospital labs and LabCorp.
Patient Care Summary	Clinical summaries are currently being transmitted from practices participating in the Blueprint for Health to the Blueprint Registry. The summary is either transmitted as a C32 CCD or an HL7 Medical Document Management (MDM), which is transformed into a CCD by the HIE. Currently, none of the available releases of EHRs can consume the contents of the CCD, though most can read the information as a document.	Vermont has several implementation phases to reach to complete bi-directional CCD exchange across the state. In the already completed first phase, providers use the CCD to send clinical information to the Blueprint Registry. Next, providers connected to the HIE will have the ability to push and consume a CCD through secure routing and a statewide provider directory. The state anticipates using the NwHIN Direct specifications to guide clinical summary exchange. The statewide provider directory is planned for completion in 2011. In the final phase, the exchange will enable a provider to pull summaries from disparate sources and create a holistic view of the patient's status and care. This will require opt-in consent. The state is delaying this final implementation phase until 2012 to incorporate emerging State and Federal policy, and to remediate current vendor limitations.

HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	X
Nationwide Health Information Network CONNECT		Quality Reporting	X
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X		
Public Health		**Lab Strategy**	
Electronic lab reporting of notifiable conditions	X	Translation services	X
Syndromic surveillance	X	EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	X
Patient Engagement		Order Compendium	X
Patient Access/PHR		Bi-Directional	X
Blue Button	X	Alignment with CLIA	
Patient Outreach	X	**E-Prescribing**	
Privacy and Security		Medication History	X
Privacy and Security Framework based on FIPS	X	Incentive or grants to independents	X
Individual choice (Opt In/Opt Out/hybrid)	**Opt In**	Plan for controlled substance	
Authentication Services	X	Set goal for 100% participation	X
Audit Log	X	Controlled substance strategy	
Administrative Simplification			
Electronic eligibility verification		**Care Summaries**	
Electronic claims transactions		Translation services	X
Vendor		CCD/CCR Repository	X
Planning		**Directories**	
Core Services	**Medicity**	Provider Directory	X
Plan Model		Master Patient Index	X
Identified model(s)	**Public Utility**	Record Locator Services	X
		Health Plan Directory	
		Directory of licensed clinical laboratories	X

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at:
http://statehieresources.org/