
HEALTH INFORMATION EXCHANGE CONNECTIVITY TARGET PROPOSAL

December 20, 2016

Project Background

- Intent: *From 2016 HDI Workplan* – Discuss connectivity targets for 2016-2019 and make a recommendation to the Steering Committee and Core Team.
 - During review, this was expanded to a 10 year outlook.
- *Connectivity* is defined in this project as an information connection between Vermont Health Care Organizations (HCOs) and the Vermont Health Information Exchange (VHIE).
 - Many types of information can be passed over a connection including: demographics, clinical, lab orders, lab results, immunizations, transcriptions, etc.
- *Connectivity Targets* are intended to provide stakeholders with a reasonable framework on progress towards connecting all HCOs to the VHIE over the next 10 years.

HDI Work Group Presentation

- The Connectivity Targets were presented to the HDI Work Group on 10/28/16. The Connectivity Targets were approved unanimously “as a starting point that will be revisited in six months” as “this is a point in time but provides a framework for moving forward.”
- The proposed targets were based off of the “Health Care Organization Connectivity Report”, submitted by Vermont Information Technology Leaders (VITL) to the State on July 13, 2016 and revised in September 2016.
 - This report provided a comprehensive overview of VITL’s progress to date in connecting Health Care Organizations to the VHIE.

HDI Work Group Presentation (Cont'd)

- The presentation to the HDI Work Group included:
 - Assumptions needed to be considered while developing the targets.
 - The Methodology utilized to develop the Connectivity targets.
 - Ten year connection projections for 7 categories of Health Care Organizations that make up Vermont's health care environment:
 - Designated Agencies
 - FQHCs
 - Home Health Agencies
 - Hospitals
 - Long Term Care
 - Primary Care
 - Specialty Care

Assumptions

- Proposed criteria are based on the following premises:
 - Certain provider sites will only require certain types of connections
 - For estimating purposes, each provider site requiring a type of connection will have only a maximum of one connection per type calculated.
 - The level of effort involved in developing a connection will vary depending on the HCO type, vendor, or connection type.
- All estimates are contingent on willing HCO participation, HCO capabilities, resource, vendor capability, and funding.
- Replacement connections for HCOs that either change or upgrade their EHR system account for a significant amount of effort and are difficult to estimate. To account for this, the estimates for *new connections* are deliberately set at a lower rate to allow for the fluctuation of replacement connection rates. Replacement connections are not included as part of this proposal.

Methodology

- The Connectivity Targets were developed by analyzing the previous five years of VITL connection development and using that progress to estimate a reasonable connection trend over the next 10 years, assuming funding and resources remain constant.
- As the targets were developed, certain considerations must be made:
 - Type and capability of the Health Care Organization
 - Technical and financial resource
 - Some types of HCOs may never have a need to connect (For instance, a retiring practice)
 - Vendor capability
 - Privacy & Security Regulations (42 CFR Part 2, FERPA)

Proposal Emphasis

The HDI Work Group requested an emphasis on:

- Clinical information (CCD) connections in general since they provide the most robust and comprehensive data.
- Admission/Discharge/Transfer (ADT) connections for LTSS providers as they provide crucial information regarding transition of care and patient demographics.
- Clinical information connections for Specialty Care and Nursing Homes.

Results

The Connectivity Target exercise provided a roadmap for Vermont's connection trends over the next 10 years. Using this roadmap, Vermont can reasonably expect:

- **DA/SSAs:** Connections to be completed by 2020.
- **Home Health Agencies:** Every HHA will have a Clinical and Admission/Discharge/Transfer connection by 2023.
- **Hospitals:** Every Vermont area hospital will be completely connected (all necessary connections) by 2022.

Results (Cont'd)

- **Long Term Care:** Connections for Long Term Care facilities will increase from 7 today to 176 by 2026 with all current LTC facilities having a Admission/ Discharge/Transfer connection by 2025.
- **FQHCs:** FQHCs will be completely connected (all necessary connections) by 2026.
- **Primary Care:** Primary Care facilities will have the majority of their connections (including Clinical & all Admission/Discharge/Transfer) by 2026.
- **Specialty Care:** Specialty Care will greatly accelerate, increasing from 81 connections today to 648 by 2026.

Overall, connections will increase from 902 to 2866 in 2026.