STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Criteria for Creating or Maintaining Connectivity   )
        to the Vermont Health Information Exchange (VHIE)   )
_____   )

Under 18 V.S.A. § 9352(i)(2), Vermont Information Technology Leaders (VITL) must "establish criteria for creating or maintaining connectivity to the State's health information exchange network" and provide those criteria to the Green Mountain Care Board (the "Board") by March 1 each year. On February 6, 2014, VITL provided connectivity criteria to the Board, which voted to accept the criteria.[1] The criteria are attached to this document as Appendix A.

In developing the criteria, VITL consulted with a broad cross-section of Vermont providers. The criteria established by VITL comprise four incremental stages designed to achieve interoperability among providers via the Vermont Health Information Exchange (VHIE):

> Stage 1 (Pre-condition): Basic interaction with the VHIE;
> Stage 2 (Baseline): Minimal connectivity, sufficient to support identity matching
> Stage 3 (Transitional): Information exchange with inbound and outbound interfaces,
>   contributing and receiving clinical data
> Stage 4 (Interoperable): Full integration of providers with the VHIE

The connectivity criteria are, therefore, a critical tool in achieving Vermont's health care reform goals. According to the U.S. Department of Health and Human Services, "all patients, their families, and providers should expect to have consistent and timely access to standardized health information that can be securely shared" across the full spectrum of providers and others involved in health care delivery and decision-making. Principles and Strategy for Accelerating Health Information Exchange, Office of the National Coordinator for Health Information Technology, HHS, at 8 (Aug. 7, 2013) ["Principles & Strategy"], *available at* http://www.healthit.gov/sites/default/files/acceleratinghieprinciples_strategy.pdf. "Critical to the success of these programs and the ultimate goal of a transformed health care system is real-time interoperable[2] HIE [health information exchange] among a variety of health care stakeholders (clinicians, laboratories, hospital, pharmacy, health plans, payers and patients) regardless of the application or application vendor." *Id.* at 1.

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[1] *See* VITL Criteria Project, Presentation to the Board (Feb. 6, 2014), *available at* http://www.gmcboard.vermont.gov/sites/gmcboard/files/VITL_Criteria020614.pdf.

[2] Interoperability is generally accepted to mean the ability of two or more systems or components to exchange information and use the information that has been exchanged. *See* IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries (New York, NY: 1990). Interoperability therefore requires both the ability to exchange information and the ability to use the information that has been exchanged.

Interoperability is reflected in the core values embodied in Vermont's HIT Plan, which recognizes that "[s]hared health care data that provides a direct value to the patient, provider or payer is a key component of an improved health care system. Data interoperability is vital to successful sharing of data." Vermont Health Information Technology Plan, at 7 http://hcr.vermont.gov/sites/hcr/files/Vermont_HIT_Plan_4_6__10-26-10__0.pdf. However, Vermont providers currently use more than 70 different electronic health record systems (EHRs), and our provider community will continue to acquire EHRs and update or replace existing ones. In light of the above, the Board believes that provider support and compliance with the connectivity criteria in the selection and implementation of EHRs is critical to achieving interoperability, as it will accelerate connectivity to the VHIE and reduce the cost and complexity to develop interfaces for the many EHRs in use in Vermont.

In conclusion, we thank VITL for its work on developing the criteria and its ongoing efforts to use the criteria as it supports providers in implementing EHRs and connecting to the VHIE. We also thank the provider community for its high EHR uptake and its continuing efforts to move towards interoperability. Going forward, we expect Vermont providers to use the connectivity criteria in that work and we look forward to considering the criteria to evaluate certificate of need applications and hospital budgets.

Issued: February 27, 2015
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Appendix A
Interoperability: Criteria for Connectivity, Data and Security (Approved by GMCB on 2/6/14)

Connectivity Criteria

Stage	Objective	Characteristics	Criteria
One	Basic interaction with VHIE	Pre-condition to participation in VHIE	• VHIE Services Agreement • 1 VITLAccess or VITLDirect user ID or live interface
Two	Minimal connectivity	Established interface to the VHIE sufficient to support identity matching	• One live ADT or PIX Identity Feed; (see data criteria) • HL7 v2.5.1; C-CDA; or newer
Three	Information exchange	Inbound and outbound interfaces: contributing and receiving clinical data	• At least one inbound data interface to the healthcare organization; see data criteria) AND • At least one outbound interface from the healthcare organization to the VHIE in addition to ADT see data criteria)
Four	Full integration	Full integration of providers with the health information network	• XCPD/XCA, XDS.b Query

Data Criteria

Stage	Objective	Characteristics	Criteria
One	Basic interaction with VHIE	Pre-condition	• NA

Two	Initial data requirements	Provides data sufficient to support identity matching	• Information supporting patient matching
			• Utilize one of the following message types (ADT, C-CDA, CDA or PIX/PDQ) which would need to include patient demographic data:
			  o First Name
			  o Middle Name
			  o Last Name
			  o DOB
			  o Gender
			  o Street Address 1
			  o City
			  o State
			  o Zip
			  o Phone (Home or Cell)
			  o Patient Id (MRN)

Three	Information exchange	Initial, high-priority, clinical information available	• Lab results contain LOINC– • Patient summaries conforms with CCDA • Immunizations conform with MVX and CVX • Clinical notes representing <25% of patient chart (may be semi-structured, unstructured data in HL7 format)
Four	Full integration	Contributing data for ACOs, PCMH or other quality measures or programs	• Meet full VITL data set by provider organization type: for non-hospitals ADT, VXU and CCDA and for hospitals ADT, lab results, radiology reports, transcribed reports, VXU and CCDA • Supports all state mandated medical quality measures • Clinical notes representing <80% of patient chart (may be semi-structured, unstructured data in HL7 format)

Security Criteria

Stage	Objective	Characteristics	Criteria
One	Base Security	Have security policies and a risk assessment	• Attest to HIPAA Compliance
Two	Secure Customer	Have a comprehensive security program	• Can provide policies and procedures • Have completed security training or VITL Training
Three	Assessed Compliance	Technical security assessment	• Organization appropriate security assessment performed
Four	Certified compliance	Certified security compliance program	• Develop and implement audit remediation plan