



Vermont Information  
Technology Leaders, Inc.

***Vermont HIE  
Case Study***

**Greg Farnum, VITL President**

# How VITL Came to Be

- Started as a project within the Vermont Association of Hospitals and Health Systems
- Spun off as independent entity in July 2005
- Founded on the principle that improved physician access to patient data will lead to better care and controlled costs
- Shared public investment supporting IT requirements of Vermont's health care reform efforts



# Mission and Vision

**Our Mission:** To facilitate the implementation of electronic health records and health information exchange in Vermont.

**Our Vision:** Our vision is for a healthier Vermont, where shared health information is a critical tool for improving the overall performance of the health care system. The health care community will work together to achieve new efficiencies through the use of information technology in order to deliver better overall value and care to our citizens.



# Issues Trying to Solve

- Relieve information pain points
- Bend the cost curve downward
- Reduce duplication, drive out waste and inefficiencies
- Increase effectiveness and quality of care
- Speed up electronic health records system adoption

# What Is VITL?

- A non-profit public-private partnership
- Structured to accomplish what individual stakeholders cannot do on their own
- Has an 11-member board of directors, with representation from providers, health plans, business community, state government, and consumers.
- Annual budget of \$4.2 million: mix of revenues from state health IT fee, federal grants, and contracts for services.



# VITL's Goals

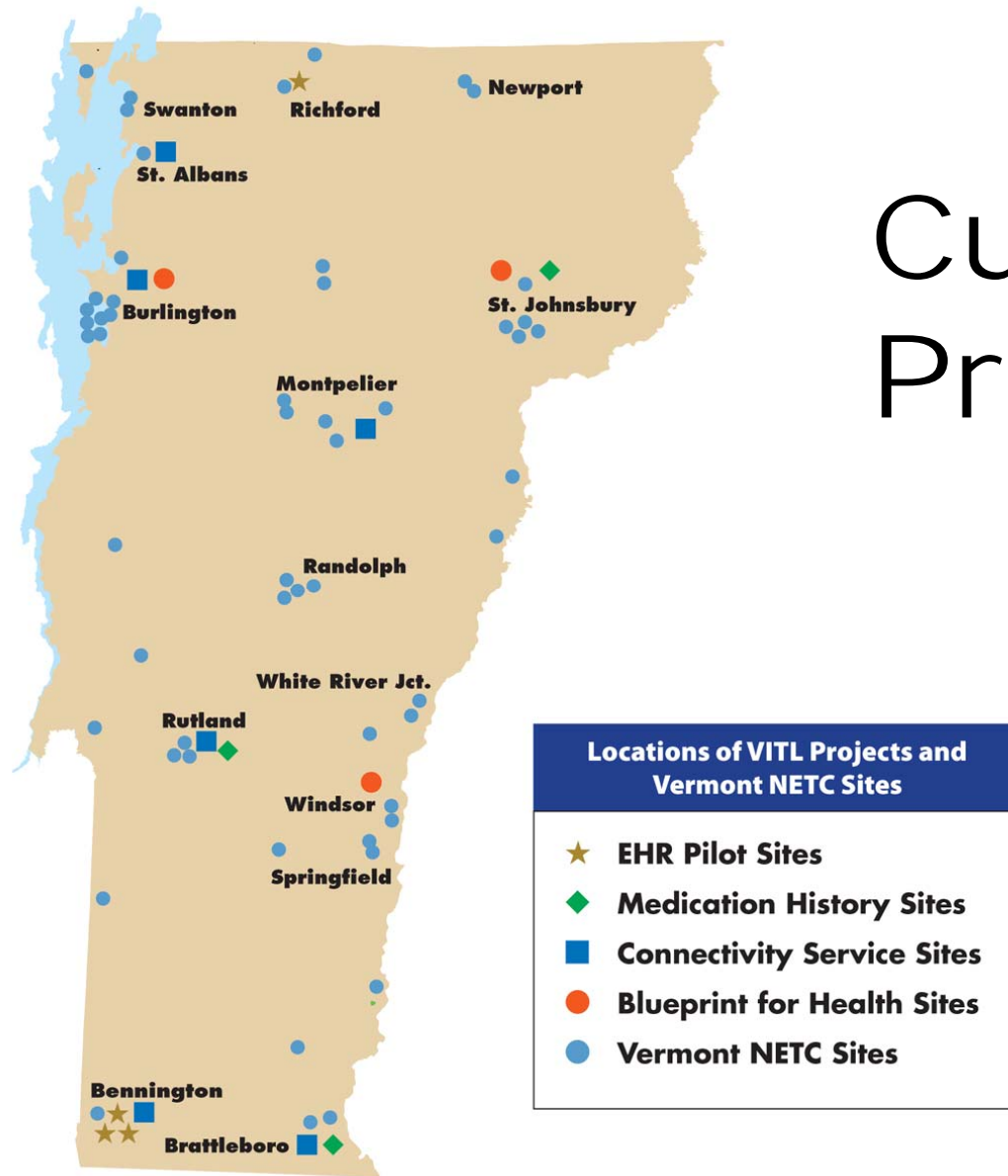
- Increase the amount of electronic health information that exists
- Support physician practices in process improvement and EHR adoption
- All health care providers participating in statewide health information exchange network
- Public health using data for quality improvement and monitoring
- Consumers empowered and engaged



# HIE Architecture

- Hybrid model, with some data stored centrally (XDS Repository and other documents distributed and accessed via locator services (XDS Registry)).
- Alignment on HITSP constructs & IHE profiles
- Interoperability standards listed in Vermont Health Information Technology Plan
  - Compliance by HIE users to be mandatory in next plan update, published later this year.

# Current Projects



# Medication History Service

- VITL's first pilot project, relieves #1 pain point
- Bringing prescription medication lists to clinicians in hospital emergency departments
- Two hospitals in pilot, third since added
- **85,000 histories delivered since April 2007**
- More than 95% of patients opt-in
- Data delivered on 75% of patients opting in



# Blueprint for Health

- Statewide initiative for chronic disease management and medical home, supported by VITL's HIE
- Data for consenting patients is transmitted from physician EHRs to VITL data center, then to DocSite registry
- Enables clinicians to track care, identify areas for improvement, manage patient panel

# Current Blueprint Status

- Interfaces with hospitals and practices in three hospital service areas are live
- **795,000 transactions to date**
- **309,000 patients registered**
- Three additional communities slated to go-live later this year

# Immunization Registry

- Vermont Dept. of Health maintains immunization registry with data on more than 100,000 children
- VITL is developing interfaces to collect data from EHRs and transmit directly to the state immunization registry
- Second phase to enable clinicians to query registry from their EHRs

# Results Messaging Service

- Lab tests and other results transmitted in real-time from hospitals to physician EHRs
- Local lab codes normalized to LOINC standard
- Physicians receive results the same day a test was ordered



# Results Messaging Service Current Status

- 2 hospitals sending results to VITL
- 3 practices receiving results from VITL
- **53,000 results delivered so far**
- 3 more hospitals scheduled to go live later this year



# HIE Readiness

- All components are in place for full HIE
- VITL demonstrated advanced HIE capabilities in Sept. 2008 at annual conference
- Advanced HIE pilot to begin in mid-2009, after privacy and security policies adopted

# HITSP Standards Used

- VITL went live with HITSP specifications in Dec. 2007
- TP22 and T23 (IHE PIX and PDQ) for integration with master patient index
- TP13 (IHE XDS) for document sharing
- T14 for exchange of lab results
- C32 (CDA-CCD) for exchange of health summary information
- C37 (IHE XD\*-Lab) for exchange of lab data



# Additional Standards

- As presently configured, VITL's system supports TP15 and TP17 (IHE-ATNA) for secure communication and auditing
- Planned to support TP30 (IHE-BPPC), for consents

# Systems Connected

- Allscripts
- PracticePartner
- GE Centricity EMR
- Meditech
- Penchart, Orion

# Summing Up

- 795,000 Blueprint transactions
- 309,000 patients registered
- 85,000 medication histories delivered
- 53,000 lab test results delivered
- VITL is continuing to expand the network and its use of HITSP components



Thank you  
for your time.

Questions?

[gfarnum@vitl.net](mailto:gfarnum@vitl.net)

802-793-2618

[www.vitl.net](http://www.vitl.net)

