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## TESTIMONY

**TO:** Joint Fiscal Committee

**FROM:** Sarah Squirrel, Commissioner, Department of Mental Health  
Jenney Samuelson, Deputy Commissioner, Department of Vermont Health  
Access

**DATE:** July 29, 2019

**RE:** Sec. C.100(10)(A) of Act 72 of 2019: One Time Appropriation for Development  
of an Electronic Medical/Health Records System for the State's Designated  
Agency System

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The Agency of Human Services (AHS) supports the need for the development and implementation of an electronic medical/health record (EHR) system for the State's Designated Agencies. EHR implementation can result in improved quality of care and allows organizations to participate in the exchange of information. It is anticipated that an effective exchange of health information between organizations will support an efficient health care system that effectively manages costs while promoting improved health and well-being for recipients.

VCP started the process to upgrade and implement their EHRs in late 2016. While the one-time FY 2020 appropriation is directed to AHS to fund grants to the Designated Agencies, it is not an AHS technology project. For State health information technology projects, we put each project through a robust analysis. This type of analysis and oversight would typically be achieved through business case development and independent review, however, those are not included nor required in the legislation authorizing this project/appropriation.

Sec. C.100(10)(A) of Act 72 of 2019 asked the Agency of Human Services and Vermont Care Partners to present a plan that supports the goals set forth in the Health Information Exchange Plan and support current payment reform initiatives.

The Health Information Exchange Plan (defined in 18 V.S.A. § 9351) outlines the strategic vision for the statewide exchange of health information, as set forth in the goals below:

1. **Create One Health Record for Every Person** - Support optimal care delivery and coordination by ensuring access to complete and accurate health records.

2. **Improve Health Care Operations** - Enrich health care operations through data collection and analysis to support quality improvement and reporting.
3. **Use Data to Enable Investment and Policy Decisions** - Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor and capital, and inform policymaking and program development.

Achieving these goals is important to ensuring the success of the current payment reform initiatives in Vermont. The Agency of Human Services believes that future investments in these systems should be subject to more rigorous review and contingent on meeting these seven steps:

1. Capability to manage consent compliant with 42 CFR Part 2.
2. Ability to demonstrate connectivity to the Health Information Exchange, including working with VITL to test feeds from the selected vendor system to the HIE.
3. Interoperability between the EHR systems proposed by the independent Designated Agencies.
4. Interoperability between the Designated Agencies EHR systems and the other health care providers and related population health tools (EPIC, ACO analytic tools, etc.)
5. Ability to report to payers.
6. Robust governance and implementation plan for each system.
7. Clear budget and ongoing costs sustainability plan.

The Agency of Human Services believes that the adherence to these steps will not only improve the success of the systems but will help continue Vermont's ongoing health care reform efforts. Additional analysis and oversight would be needed to determine the degree to which future investments in the DA EHRs will successfully support the goals laid out in the State's HIE Plan and current health reform initiatives.