

### **What is VCHIP?**

The Vermont Child Health Improvement Program (VCHIP) is a population-based child and family health services research and quality improvement program at the University of Vermont. Since 1999, VCHIP has been empowering professionals to improve health care by providing systemic expertise, tools and practical support, collaboration, and quantitative evaluation. We use our expertise to undertake quality improvement with our clinical partners, support state policy leaders in making informed decisions, and contribute to national organizations seeking system-wide transformation. At the core of our work are collaboration, measurement, and use of best practices in pursuit of a children's health care system that is accessible, equitable, family-centered, comprehensive, and coordinated.

[http://www.med.uvm.edu/vchip/about\\_us/about\\_vchip](http://www.med.uvm.edu/vchip/about_us/about_vchip)

### **What is VITL?**

VITL is an independent non-profit organization, designated by the VT legislature to operate the Vermont Health Information Exchange. VITL collects health data from hospitals, health centers, primary care and specialty medical practices, pharmacies, laboratories, and more across Vermont to create one health record for each Vermonter. VITL protect patient data through robust security practices and makes that data it available to inform patient care, quality improvement work, healthcare reform, public health activities, population health initiatives and case management.

<https://vitl.net/>

### **What is the Vermont Health Information Exchange?**

The Vermont Health Information Exchange is the health data sharing network that VITL operates. 98.9% of Vermonters are sharing their health record through the Vermont Health Information exchange (1.1% have chosen not to share their record). These records are made up of information about their health and the health care they have received from different doctors and other providers at practices, hospitals, and other care settings across Vermont. Doctors and other health care providers can view information about the patients in their care who are sharing data through the Vermont Health Information Exchange, which includes 98.9% of Vermonters. This shared health record can help put providers on the same page.

<https://vitl.net/for-vermonters/faqs/>

### **What is the VCHIP-VITL Shared Plans of Care Pilot?**

This pilot project aims to make Shared Plans of Care more accessible across health care organizations, so no matter where a provider works, they have equitable access to care plans for individuals whose care team they are a part of. The pilot project supports pilot users in developing care plans (defined as a Shared Plan of Care, Asthma Action Plan, Seizure Action Plan or other identified care plan), with patients and families, within their current Electronic Health Record. Participants will upload PDF copies of the care plan to VITLAccess and other VITLAccess users will then be able to access that information.

### **How will pilot users participate in this project?**

There will be a couple distinct roles for pilot users and their teams. There will be pilot users that "upload and label" Shared Plan of Care documents in VITLAccess and pilot team users who "view and access" the uploaded Shared Plan of Care within VITLAccess. For example, imagine a medical home care coordinator or physician and several of their care team partners (pediatric specialists, community health partners, etc.) become pilot users. The medical home provider/care coordinator will likely be the pilot user who will upload and label Shared Plan of Care documents in VITLAccess and



## VCHIP-VITL Shared Plan of Care Pilot Frequently Asked Questions (FAQs)

prompt the other care team partners to access the Shared Plan of Care in VITLAccess. These care team members will then log into VITLAccess to view and access the updated Shared Plan of Care. For our pilot, we'll need care teams/pods that are currently working together, have established partnerships and communication methods, and VITLAccess authorizations in place (or are willing to establish them).

Regarding the two roles, there will be some organizations that don't have the option to upload because of the current data protections in place. An example is Designated Agencies, which fall under "Part 2" federal regulations that serve to protect patient records created by federally assisted programs for the treatment of substance use disorders. Individuals at these organizations could still participate in "view and access" roles.

### **Will this process duplicate work for care teams?**

This pilot workflow [logging into VITLAccess and uploading a care plan] will create more work in this initial testing phase, but the work is valuable because it will enable broader access to essential information to support patients and families. What we learn from pilot users will guide future work towards true interoperability of care plan data and efficiencies with health information exchange.

### **Who are the pilot users?**

For phase one of this pilot, ideal pilot users will be HIPAA covered entities/care teams that are:

- already VITL data contributors and/or data users or are willing to engage with the VITL team to complete the necessary agreements and training; and
- already working with several care team partners at more than one organization in developing and sharing Shared Plans of Care (or other care plans such as Asthma Action Plans, Seizure Action Plans, etc.).

### **How many organizations contribute data to VITLAccess?**

VITL collects and shares health data from hospitals, health centers, primary care and specialty medical practices, pharmacies, labs, and other care settings across Vermont to create one health record for each Vermonter. A full list of data contributors and data users is available here: [VITL Network Participants](#)

### **How can I obtain access to VITLAccess?**

To get prepared for participating in the Shared Plans of Care pilot, it will be helpful to get access to VITLAccess and familiarize yourself with the portal and the data already available

- Your organization may already be using VITLAccess,
- If not, authorization, user set-up, and training is a straightforward process that can be completed in a week.
- To find out if your organization has an account, to request access, or to learn more, please reach out to [support@vitl.net](mailto:support@vitl.net).

### **How is data and health information protected in VITL?**

VITL is the steward of the data, governed by partner agreements, VITL policies, state and federal law, including HIPPA. VITL, and data that is available, has grown in the past few years. The data is permitted to be used for treatment, payment and healthcare operations, consistent with HIPPA and Vermont law.



**Can schools or school nurses participate in this pilot?**

School nurses are important care team members, particularly for school aged children with complex health needs. We recognize the current workflows to exchange health information between school nurses and medical care providers is outdated and inefficient. School nurse access to the VITLAccess platform is complicated by the intersection of two federal laws that protect student health information (FERPA) and patient health information (HIPPA). We continue to work with our legal partners in an effort to determine whether and how school nurses will be permitted to access VITLAccess and participate in this pilot. Please reach out if you are interested or have questions.

**Will patients and families need to consent to participating in this pilot?**

Health data is shared through the Vermont Health Information Exchange according to an opt-out consent policy. That means individuals' data is shared unless they reach out to VITL to ask VITL to hide their data from view. Currently, 98.9% of Vermonters are sharing their health data and 1.1% have opted out of data shared. VITL provides education and support to help individuals make the data sharing choice that is right for them.

**Can patients and families view their care plans in VITLAccess?**

Patient and family access to health information through VITL is not in “real time” as it would be for clinicians and care teams. Patients and families will need to formally submit a records request through VITL, however the process requires a notary signature to ensure only the right people have access to the information, and processing can take up to 30 days (though is usually much quicker).

We recommend care teams create workflows where patients and families can access their care plans through the patient portal of the electronic health record where the plan was generated. We also recommend the clinicians creating the plan(s) share them immediately with patients and families as it is created together.

**How does finding a care plan in VITLAccess work?**

Pilot users will have access to training to support efficient, confident use of the portal to upload, find, and view care plans. There will be opportunity for feedback from the pilot users, to help us assess the effectiveness of the tool for this purpose and explore how it could be optimized for future users.

**Who can I contact if I have additional questions or if I am interested in being a pilot user?**

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