



HIE/HDU Frequently Asked Questions

What is a Health Information Exchange?

The Health Information Exchange (HIE) is the technology platform that enables the standardized, safe and secure, and electronic exchange of healthcare data across providers, payers, and public agencies for treatment, care coordination, research, and public health use cases.

What are the Benefits of HIE?

Saves Time and Reduces Cost

- **Streamlined Communication:** Less time spent by staff and patients faxing, manually transmitting, searching, and calling to get and share information.
- **EHR Integration:** Seamless connection with electronic health records (EHRs) used by individual health organizations, physicians, and other medical professionals.
- **Immediate Access:** Verified providers gain immediate access to patients' histories and past discharge summaries.
- **Reduced Errors:** Fewer mistakes from translating hard-to-read notes and scripts.

Improves Care

- **Increased Patient Interaction:** Doctors can spend more time with patients and less time searching paper records or waiting for information from other providers.
- **Enhanced Communication:** Improved communication between departments and care providers, resulting in fewer errors.
- **Comprehensive Patient View:** Providing healthcare professionals with a more complete view of their patients, enabling more effective care options and accurate diagnoses.
- **Patient Involvement:** Furthering patient education by involving them more in their own care.
- **Population Health Insights:** Enhanced understanding of patient populations through data analysis and better reporting.
- **Public Health Support:** Boosting public health reporting, aiding in situations that require monitoring and contact tracing.
- **Reduced Treatment Delays:** Fewer delays in treatment, ensuring timely care for patients.

Enhances Patient Privacy and Preservation of Records

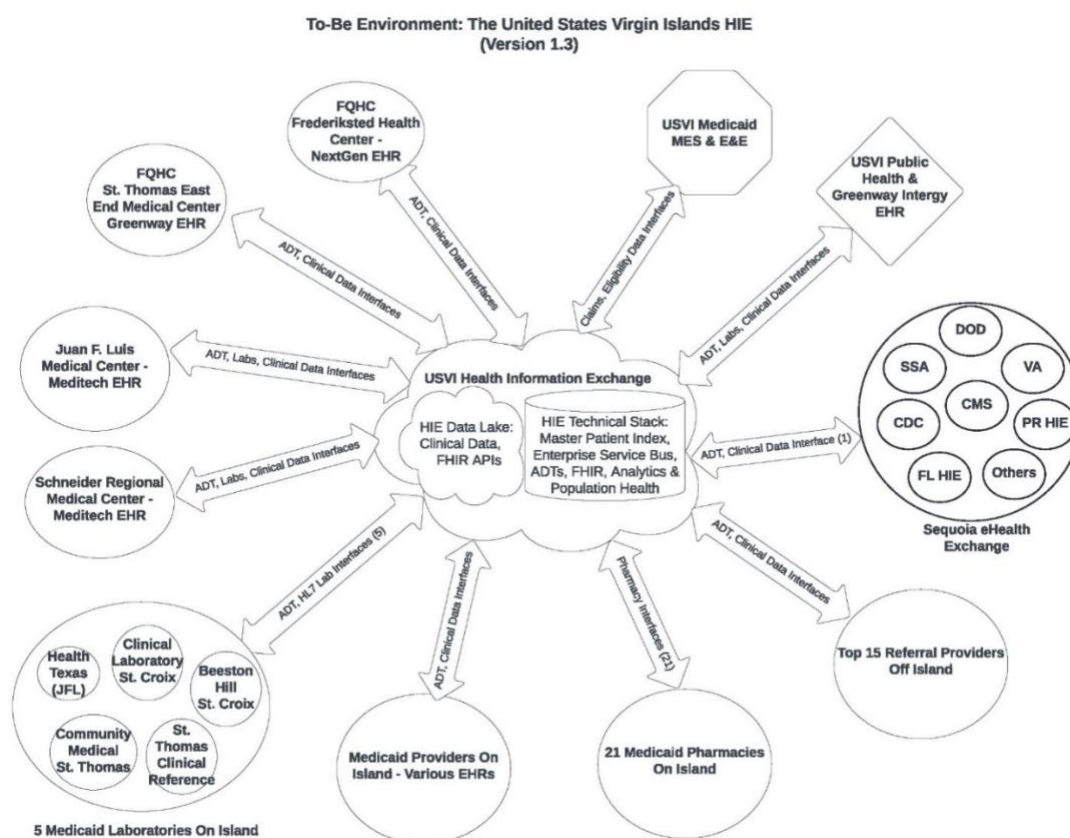
- **Improved Disaster Recovery:** Less reliance on paper records that can be easily and anonymously viewed or destroyed in natural disasters or by other means.
- **Comprehensive Activity Tracking:** All activity in the Health Information Exchange (HIE) is tracked by user, timestamped, and includes the ability to audit the tracker for enhanced security and accountability.



Lower Cost

- **Elimination of Unnecessary Testing:** Reducing or eliminating unnecessary testing.
- **Minimized Data Duplication:** Reduced duplication of data and processes.
- **Resource Efficiency:** Reduced resource demands for collecting and analyzing data manually.
- **Decreased ER Readmissions:** Enhanced coordination of care, leading to a reduction in ER readmissions within 30 days.
- **Streamlined Communication:** Reducing unnecessary paperwork, manual data entry, and speeding up lines of communication.

What is the vision for the USVI HIE Technology Ecosystem?



What is a Health Data Utility?

The Health Data Utility (HDU) is a non-profit organization made up of key stakeholders from the USVI healthcare community. The HDU model follows best practices in the US and is favored by federal health regulatory agencies. The USVI HDU entity is being established as a public-private partnership to create transparency through multi-stakeholder governance to guide how health data in the USVI is shared, exchanged, used, and for what purposes. It also provides guidance on health IT solutions and shared technology service platforms) like the Health Information Exchange that benefits the entire healthcare ecosystem in the USVI.



Which stakeholders are included within the Health Data Utility Governance Board?

The HDU Governance Board consists of a mix of public and private healthcare organizations from the USVI community. Each organization brings a unique and valuable perspective that allows for a collaborative and transparent approach to data governance. The board will consist of director designees from the following governmental organizations, The Office of Health Information Technology, the Department of Human Services, and the Department of Health. They will be joined by the leading medical institutions from the territory including Schneider Regional Medical Center, Gov. Juan F. Luis Hospital, St. Thomas East End Medical Center, and Frederiksted Health Center. Additionally, organizations representing the island's provider community including VI Equicare and VI Board of Medical Examiners will also have board membership. Lastly, the patient community will have a voice on the board through two appointed patient advocates. One patient advocate from St. Thomas and St. Croix will be selected via nomination from the board organizations, then the Governor will officially nominate, and they will be vetted by the legislature before being officially added to the board.

How does voting work on the HDU Governance Board?

12 Members. 12 Votes. Voting will be a simple majority based on the quorum ensuring that each member organization has equal voting power within the governance board. The goal is for most decisions to be unanimous with the board fully discussing topics until all feel comfortable with the direction.

What are Subcommittees and their purpose?

Subcommittees will help to drive the board's direction and create policy. Each subcommittee will be chaired by members of the board. These highly specialized, task-oriented groups delve into projects or issues in detail, such as technical implementations or data quality improvements. The subcommittees will consist of subject matter experts brought in by the board organizations based on their specialized expertise. Initially, the following subcommittees will be established; Clinical, Finance, Payors, and Reporting and Compliance.

How is the Implementation phase funded?

During the Implementation Phase, the Centers for Medicare & Medicaid Services (CMS) will cover 90% of HIE cost as it is related to Medicaid use. This means that CMS will fund 90% of the costs for aspects of the project that impact and benefit the Medicaid program. This requires that the Government of the US Virgin Islands locally contribute 10% of the federal contribution. Additionally, the remaining costs associated with the implementation will not be covered by Medicaid and therefore need to be funded through other sources. The remaining non-Medicaid-related costs, that we will refer to as the "Other" Category, will need to be funded from alternative sources, such as federal grants, participant contributions, or other local funding.

For the fiscal years 2024 and 2025, the Government of the USVI has secured funding to ensure the successful launch of the HIE. The federal portion of the funding has been secured through an approved Implementation Advance Planning Document (IAPD) from CMS, which covers 90% of the implementation costs. Additionally, the USVI Legislature has allocated \$150,000 to the Office of



Health Information Technology (OHIT) to cover the local match funds required. The remaining or “Other” funds required to cover non-Medicaid-related costs will be sourced from grants secured by OHIT.

Participants also may incur charges from their electronic health records vendor, or equivalent HIT services provider for implementation and maintenance of participant-side interfaces. The Office of Health Information Technology may be able to help subsidize these costs for implementation only, but participants should plan/budget to maintain these interfaces independently.

What is cost allocation?

Cost allocation is the rationale and methodology for cost-sharing across public and private sector agencies to financially support the Health Information Exchange. The goal is to create a methodology in which participants pay a fair share for the value the HIE provides for providers, patients, and beneficiaries.

As described above, an initial cost allocation was also developed to use CMS funding only for the Medicaid-related use of the HIE. This methodology uses the percentage of Medicaid-enrolled providers in the territory to account for the percentage of the implementation CMS will fund. This allocation creates two additional categories of funding that the USVI will need to secure including the local match (10% of federal contribution) and the “Other” category which are the remaining funds that can come from other federal grants, programs, etc.

How can the HIE remain financially sustainable in the long term?

In the Maintenance & Operations phase, these same funding allocations will be available, but the CMS funding split changes to 75/25. However, individual elements can be split out across Implementation and M&O depending on whether it’s new or existing functionality. This rationale and methodology must be explainable in the relevant Advanced Planning Documents (APDs) cost allocation plan required for Medicaid funding, and as outlined in the annually updated USVI Health Data Utility Financial Sustainability Plan.

What are some of the Core HIE Infrastructure Components?

- **Master Patient Index:** All data flows through the Master Patient Index (MPI) to link identities accurately and consistently across multiple sources. The MPI is core to all the services and functions in support of our participants, enabling patient searches, matching patient data across disparate datasets, longitudinal views of patient data, bi-directional exchange of data for the right patient, integration of data into EHRs, and reporting & analytic use cases.
- **CRISP Encounter Notification Service (CEND):** Infrastructure supported for proactive notifications leveraging ADT and other data (such as labs and continuity of care documents [CCDs]) from any connected participant (such as emergency departments, hospital inpatient, ambulatory, long-term care). Using HL7 messages/ADTs, participants of the HIE will receive automated push notifications providing important health-related information specific to a providers’ patient roster.
- **Provider Portal:** Web-based user access to the clinical portal that houses all patient healthcare data accessible through panel-based relationship documentation and



registered patient consent. This is the other way the end user/HIE participant is able to access the provider portal/patient data. It includes state-specific portal branding, relationship management, a user matrix tool, and user audit logging, and it is in alignment with service levels consistent across industry standards.

What health data are participants able to exchange within the HIE?

- Admit, Discharge, Transfer Event Notifications (ADT)
- Clinical Summary Documentation (CCD)
- Lab Results (ORU)
- Immunization History (VXU)

How does consent work?

For the USVI Health Information Exchange, consent is based on the opt-out model. This means that unless a patient otherwise requests that their data NOT be shared, health data can securely flow across the HIE to authorized users for permitted purposes.

What is a Use Case?

A Use Case outlines a permitted way to share data to solve specified problems. Use cases are often developed to illustrate the practical applications and benefits of technology in solving complex challenges or improving processes within healthcare delivery, such as improving care coordination, enhancing patient outcomes, or optimizing resource utilization. A use case has many elements - the template provided helps to address those specific elements and considerations (opt-out applicability, access controls, etc.).

What is a “Permitted Use” and how does that relate to Use Cases?

Permitted Use is a federally allowable grouping of use cases. Each use case should be attributable to an umbrella Permitted Use category. An example would be a use case for Encounter Notifications (ADTs) to be sent to a primary care provider. The Permitted Use category would be for “Treatment Purposes” and/or “Care Coordination.” The full list of Permitted Uses can be found [here](#).

What are some Sample Services or Uses Cases made possible through the HIE?

1. Point of Care: Clinical Query Portal & In-context Information

- Functionality includes:
 - Search for your patients’ prior hospital records (e.g. labs, radiology reports, etc.)
 - Monitor the prescribing and dispensing of PDMP drugs
 - Determine other members of your patient’s care team
 - Be alerted to important conditions or treatment information

2. Transition of Care/Care Coordination: Encounter Notification Service (ENS):

- Be notified when your patient is hospitalized in any regional hospital
- Receive special notification about ED visits that are potential readmissions
- Know when your MCO member is in the ED
- Send referrals, share clinical summaries, progress notes and transition of care documents



- Share medical records between healthcare organizations with different EHR systems so they can integrate this information into a client diagnosis
 - Send behavioral health information to a primary care physician
- 3. Closed Loop Referrals**
- Send and receive referrals and discharge summaries
 - Share Clinical Summaries, Progress Notes, and Transition of Care documents with ease
 - Seamless communication between organizations that use different EHR systems
 - Improved care coordination, better-quality patient outcomes, and faster referrals
- 4. Lab Exchange:**
- Exchange of lab orders and lab results amongst relevant provider agencies and Public Health Lab
 - Seamless exchange lab orders and results
 - Facilitate timely access to accurate test results for patient care
 - Improved efficiency of testing and results
 - Superior patient safety and data security
 - Reduced costs associated with results management
- 5. Public Health Reporting**
- Objectives
 - Send and receive referrals and discharge summaries
 - Share Clinical Summaries, Progress Notes, and Transition of Care documents with ease
 - Seamless communication between organizations that use different EHR systems
 - Improved care coordination, better-quality patient outcomes, and faster referrals
- 6. Off-Island Care Notification**
- Objectives
 - Improve communication between healthcare providers and DHS regarding Medicaid Encounters
 - Create aggregate data reports on Medicaid Patient encounters
 - Outcomes
 - Reduce costs associated with Off-Island specialty care for Medicaid members
 - Improved continuity and care coordination, better-quality patient outcomes
 - Notification of Local Providers regarding Off-Island Care
- 7. Social Determinants of Health**
- Objectives
 - Improve social determinants such as housing instability, food insecurity, and lack of access to transportation significantly influence individuals' health outcomes and healthcare utilization
 - Share data on patients' social needs and face challenges in connecting patients with appropriate community resources to address these needs
 - Outcomes
 - Seamless communication of Social Determinants of Health (SDOH) data between organizations.