

2014 Health Information Needs Workgroup



Virginia Health Information's
Report to the State Health Commissioner
November 1, 2014



Health Information Needs Workgroup 2014 Report

I. Background and Purpose of Workgroup

At the direction of the State Health Commissioner, Virginia Health Information (VHI) established a multi-stakeholder workgroup to study and make recommendations for the ongoing needs for Virginia healthcare information to support healthcare reform. In § 32.1-276.9:1, specific mention is made to the development and operation of the All Payer Claims Database (APCD), the Virginia Health Information Exchange, (ConnectVirginia), and any other health reform initiatives. As required for this first report, VHI established the workgroup as outlined in the law and began efforts to meet the specific requirements of § 32.1-276.9:1 as outlined below:

§ 32.1-276.9:1. Health information needs related to reform; work group.

A. The Commissioner shall direct the nonprofit organization to establish a work group to study continuing health information needs and to develop recommendations for design, development, and operation of systems and strategies to meet those needs. The work group shall include representatives of the Department of Health, the Department of Medical Assistance Services, the Department of Health Professions, the State Corporation Commission's Bureau of Insurance, the Virginia Health Reform Initiative, the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, the Medical Society of Virginia, healthcare providers, and other stakeholders and shall:

1. Identify various health information needs related to implementation of healthcare reform initiatives, including those associated with development and operation of an all-payer claims database, the Virginia Health Information Exchange, the Virginia Health Benefit Exchange, and any other health reform initiatives. In doing so, the work group shall identify the clinical and paid claims information required and the purposes for which such information will be used; and
2. Identify opportunities for maximizing efficiency and effectiveness of health information systems, reducing duplication of effort related to collection of health information, and minimizing costs and risks associated with collection and use of health information.

B. The Commissioner shall report on activities, findings, and recommendations of the work group annually to the Governor and the General Assembly no later than December 1 of each year, beginning in 2014.

II. Scope of Workgroup Mission Statement

At its first meeting, held on September 26, 2014, workgroup members arrived with a familiarity of the intent and requirements of § 32.1-276.9:1. In order to concisely describe their work and provide a framework to proceed, members developed a Mission Statement outlining the core requirements and goals of the workgroup.

The efforts of the workgroup will be leveraged for change in other Virginia initiatives. For example, the Virginia Center for Health Innovation has applied for a State Innovation Model Planning (SIM) grant from the Center for Medicare and Medicaid Services. If funded, the Virginia Center for Health Innovation will incorporate approaches implemented from the workgroup's efforts into a Virginia Health Information Technology Plan required by the SIM grant.

Health Information Needs Workgroup Mission Statement

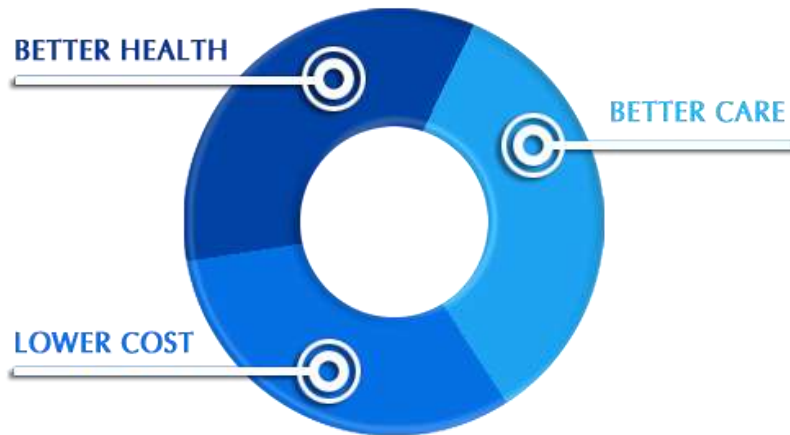
To ensure that the Commonwealth's health information data collections are designed most efficiently and effectively to assist all stakeholders in achieving the Triple Aim of better health, better care and lower costs for Virginians.

To fulfill this mission the workgroup will:

- Identify various health information needs related to implementation of healthcare reform initiatives, including those associated with development and operation of an all-payer claims database, the ConnectVirginia Health Information Exchange, and any other health reform initiatives.
- Undertake an inventory of the Commonwealth's health information reporting programs and develop recommendations to ensure that these systems all work in concert to support the Triple Aim. We will also identify redundancies or outdated collection systems that can be eliminated, streamlined or otherwise modified to make sure that we are maximizing the efficiency of both the public and private sector.

A key aspect of the Mission Statement is viewing the workgroup's efforts and recommendations through the lens of the nationally adopted *Triple Aim of better health, better care and lower cost*.

TRIPLE AIM OBJECTIVES



The mission further encompasses the tasks required from the workgroup in a straightforward manner as a tool to ensure the requirements of § 32.1-276.9:1 are met.

III. Workgroup Members and Affiliations

Established in 1993 as a multi-stakeholder organization, VHI recognizes the value of collaboration with individuals and organizations who use, provide and pay for healthcare. Each of these organizations has a history of contributing, supporting and utilizing healthcare information provided by VHI, VDH, and others. All organizations are also represented by members on the VHI Board of Directors:

- Virginia Department of Health
- Department of Medical Assistance Services
- Department of Health Professions
- State Corporation Commission's Bureau of Insurance
- Virginia Center for Health Innovation
- Virginia Hospital and Healthcare Association
- Virginia Association of Health Plans
- Medical Society of Virginia
- Virginia Chamber of Commerce

With this broad representation, the members began with a structured and preliminary assessment of the two existing health information initiatives referenced in the legislation, the Virginia All Payer Claims Database and the ConnectVirginia health information exchange. A complete list of workgroup members is found in Exhibit 1.

IV. Initial Review of Virginia's All Payer Claims Database

Virginia's all payer claims database (APCD) is designed to be a resource for actionable information to employers, insurers, providers, public health practitioners, health policymakers and consumers. Information from the APCD is intended to support the Triple Aim of better health, better care and lower costs.



Across the nation and in Virginia, most information about healthcare delivery is limited to a doctor, hospital, or health plan, resulting in a narrow view of healthcare.

In contrast, Virginia's APCD includes paid healthcare claims from commercial health insurance companies, the Department of Medical Assistance Services (DMAS), and other government programs in Virginia. Virginia's APCD is structured to provide the data and analytic tools for a more complete picture of healthcare delivery in Virginia. APCD information is secure and private.

A system-wide view of healthcare will facilitate data driven, evidence-based improvements in access, quality and cost of healthcare, and to promote and improve public health through the understanding of healthcare expenditure patterns and operation and performance of the healthcare system.

The Virginia APCD exists under the authority of the Virginia Department of Health (VDH) through [legislation](#) passed by the Virginia General Assembly in 2012. VDH has contracted with VHI to implement the APCD to be consistent with the law and in collaboration with healthcare stakeholders.

Virginia's APCD is a voluntary program with participation committed by Virginia's major health insurance companies. Funding of \$3.2 million for the first 30 months through June of 2015 includes 40% from participating health insurance companies, 40% from the Virginia Hospital and Healthcare Association, and 20% from Virginia Health Information. In the future, this base funding model will be supplemented with funds from grants, subscription access to de-identified APCD data, and other sources.



A. Implementation and Current Status

Since passage of APCD legislation in 2012 for voluntary submission of APCD data, agreements with major health insurance companies have been developed to define what information is submitted, how it is used and to establish financial support from these companies, Virginia hospitals, and VHI.

To collect, analyze and create information from APCD data, a Request for Proposals was developed and published with input from VHI stakeholders. Stakeholders were further involved in the review of seven vendor responses and the selection process resulting in a contract with Milliman MedInsight.

In November of 2013 ten public and private participating data suppliers began submission of test files. As of November 1, 2014 all data suppliers have provided acceptable test files. Most data submitters have completed submission of paid claims data from January of 2011 through June of 2014.

As of November 1st the data is undergoing further value added processing to allow for segmentation of data by health planning region, medical condition, acute and chronic episodes of care and quality measures as developed and endorsed by the National Quality Forum and other organizations.

The initial testing by VHI, VDH, Milliman and others is slated for late 2014. After any revisions, corrections and updates are completed and an appropriate review period, APCD data, as approved by the APCD Advisory Committee will be made available to VDH, VHI, data submitters and subscribing providers. While stakeholders look forward to using information from the APCD, they recognize the complexity of combining, editing, and verification of APCD information prior to reporting.

B. Potential Actions to Strengthen the Value of the APCD

Members of the workgroup independently conducted a preliminary review of the APCD to identify actions that would strengthen the value of the APCD, identify any impediments to those actions and strategies to address them. Examples include:

- **Expanding the APCD** to include Medicare, TRICARE, Federal employees' information, and expanding participation by self-insured employers. For each of these data sources, the data has significant restrictions on its use (Medicare fee for service), or has not been available.
- **Linkage of APCD data** to clinical data including that from ConnectVirginia Health Information Exchange. This effort will require agreements from data suppliers, a well-defined use case and
 - Core funding for development and analysis of linked data for potential applications including quality improvement, population health evaluation and consumer public reporting.
- **Inclusion of additional demographic and socioeconomic status data.** This data is not part of paid claims but can significantly enhance the utility of population health measurement, evaluation and improvement. Potential sources will be considered for use in conjunction with the APCD.
- **Expanded communication strategies** for stakeholder groups to foster productive relations, promote responsible use, and expand funding sources beyond current participants.
- **Ensuring that the workgroup prioritizes potential enhancements** and coordinate efforts with VHI, VDH, the Virginia Center for Health Innovation and the APCD Advisory Committee.

Items initially identified will be further evaluated and prioritized for their relevance to the Triple Aim goals of better health, better care and lower costs.

V. ConnectVirginia Health Information Exchange



The ConnectVirginia health information exchange (HIE) is another Virginia effort for which recommendations to strengthen and add value are mentioned specifically in § 32.1-276.9:1.

ConnectVirginia HIE serves as the Statewide Health Information Exchange (HIE) for the Commonwealth of Virginia. It provides a safe, confidential, electronic system to support the exchange of patient medical records among healthcare providers, both here in Virginia and beyond. ConnectVirginia utilizes secure, electronic, internet-based technology to allow medical information to be exchanged by participating healthcare providers.

In October 2011, the Virginia Department of Health (VDH) awarded a contract to Community Health Alliance (CHA) to build and operate a statewide health information exchange (HIE), to be later named “ConnectVirginia” (see website www.connectvirginia.org). The contract with CHA was pursuant to the Cooperative Agreement between the Office of the National Coordinator for Health Information Technology (ONC) and VDH, and was designed to build an HIE infrastructure in line with the Strategic and Operations Plans developed by the Health IT Advisory Commission.

A. ConnectVirginia Accomplishments

In the twenty-eight month contract period ConnectVirginia HIE reported a number of accomplishments:

- Established an independent Governing Body, chaired by Secretary of Health and Human Resources, William A. Hazel, Jr., MD;
- Created a trust framework built upon comprehensive policies and procedures, as well as trust agreements with participating providers and health systems;
- Implemented ConnectVirginia DIRECT, a secure clinical messaging system that enables HIPAA-compliant data exchange between authorized providers;
- Established the ConnectVirginia EXCHANGE infrastructure, to support query/retrieve transactions for clinicians to access critical information for enhanced clinical decision-making;
- On-boarded the first “node” to ConnectVirginia EXCHANGE (INOVA Health System), followed closely by Virginia Hospital Center; and
- On-boarded to the nationwide health information network (eHealth Exchange).

Despite these successes, the technical and business strategy had to be significantly re-structured due to the conclusion of the contract with VDH on February 7, 2014.

The ConnectVirginia Governing Body, working closely with management and legal counsel, implemented a transition plan that resulted in the creation of a new not-for-profit, Virginia-based corporation called ConnectVirginia HIE, Inc. (“CVHIE”). This organization was incorporated in January 2014 and became the “corporate home” for all CVHIE activities, effective February 8, 2014. The CVHIE Board quickly assumed the responsibility for guiding the ConnectVirginia HIE forward from a technical standpoint, as well as the responsibility for establishing a viable and sustainable business model.

B. Current ConnectVirginia HIE Status and Business and Technical Strategy

ConnectVirginia has overhauled its technical and business strategy. Key attributes and benefits of this business and technical strategy include:



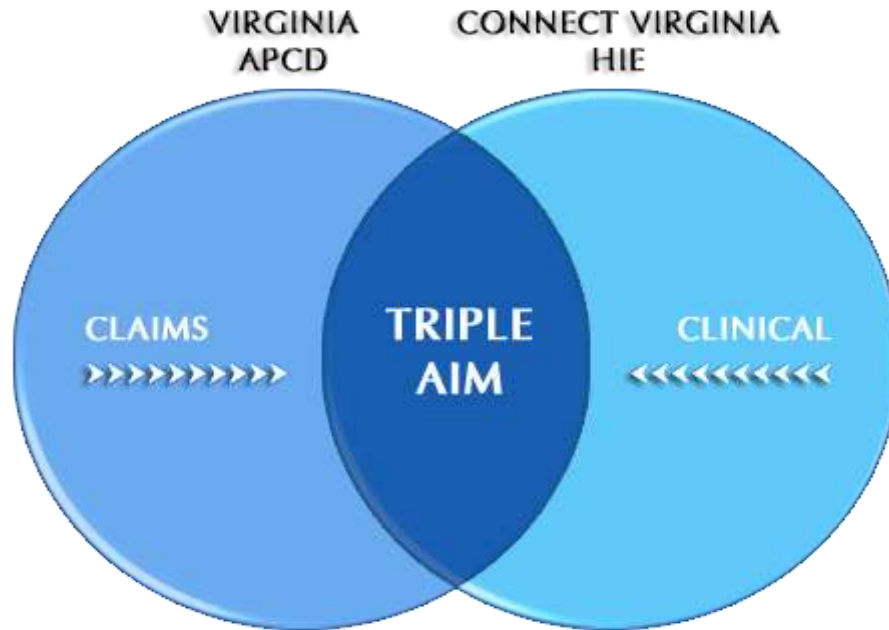
- Public Health Reporting services are maintained without interruption.
 - Encounter Alerts, will be launched in 4Q14 in northern Virginia and quickly rolled out across the state. This service will be offered at *no* cost to partner physician practices.
- ConnectVirginia Exchange will continue, but with a new and lighter weight approach to interoperability:
 - ConnectVirginia will maintain a strong and responsible policy framework, including state-level trust agreements;
 - ConnectVirginia will maintain the eHealth Exchange DURSA on behalf of ConnectVirginia Exchange participants;
 - Rather than incurring the cost of maintaining state-level Exchange infrastructure, ConnectVirginia Exchange will leverage the eHealth Exchange by providing technical assistance for Virginia providers to onboard directly to eHealth Exchange in a streamlined and expedited process; and
 - By connecting to eHealth Exchange through ConnectVirginia, fees for eHealth Exchange will be much lower than if health systems on boarded directly with eHealth Exchange.
- The Provider Portal offers Virginia providers one-stop access to all state-based eHealth Exchange Participants, plus the VA and DoD, at no cost to the provider.
- The Prescription Monitoring Program (PMP) database will be integrated into the Provider Portal, providing access to clinical data highly valued in other statewide HIEs.
- This platform provides a cost-effective approach for launching future high-value services, including the potential integration of the statewide immunization registry and the advanced directives registry.
- All of these services are provided at a funding level (from health systems) approximately half of what is being charged for comparable services in other states.

In addition to the above noted enhancements developed by Connect Virginia HIE, members of the workgroup independently conducted a preliminary review of the ConnectVirginia HIE to identify actions that would strengthen the value of the HIE, identify any impediments to those actions and strategies to address them. Some of the suggested actions mirror those that are currently planned by ConnectVirginia HIE. Items initially identified will be further evaluated and prioritized for their relevance to the Triple Aim goals of better health, better care and lower cost.

VI. Next Steps: 2014/2015 Workgroup Efforts

Over the next year, the workgroup will work towards development of recommendations to strengthen the value of the All Payer Claims Database, the ConnectVirginia HIE, and other programs identified.

Another task as required in § 32.1-276.9:1 will involve developing an inventory of Virginia's data collection programs. This inventory will build upon work already completed by the Virginia Center for Health Innovation and Virginia Hospital and Healthcare Association. Through this process the workgroup will strive to identify any new or emerging needs for information and identify ways to reduce duplication of efforts or improve value.



Combining APCD claims and HIE Clinical Information may help further the Triple AIM of Better Care, Better Health and Lower Costs

VII. Summary

§ 32.1-276.9:1 was developed in order to ensure that as changes in the healthcare system are planned and implemented, the Commonwealth is positioned to understand how changes will affect its residents and help ensure that the Triple Aim goals of better health, better care and lower cost are met.

Toward that end, the workgroups mission is focused on:

- Identifying various health information needs related to implementation of healthcare reform
- Developing recommendations to ensure existing health information work in concert to support the Triple Aim and identify redundancies or outdated collection systems that can be eliminated, streamlined or otherwise modified.

Workgroup members look forward to this ongoing effort and the opportunity afforded to them to be of assistance to the Commonwealth of Virginia on such an important topic.



Exhibit 1 - Members of the Health Workforce Needs Workgroup October 31, 2014

Representative	Title	Organization
Marissa Levine, MD, MPH	Commissioner	Virginia Department of Health
Debbie Condrey	Chief Information Officer	Virginia Department of Health
Bhaskar Mukherjee	Director, Office of Data Analytics	Virginia Department of Medical Assistance Services
Steven Pacyna	Programmer Analyst	Virginia Department of Medical Assistance Services
Jaime H. Hoyle, Esq.	Chief Deputy Director	Virginia Department of Health Professions
James Young	Manager Special Projects, Life & Health Div.	Virginia State Corporation Commission, Bureau of Insurance
Beth Bortz	President and CEO	Virginia Center for Health Innovation
Chris Bailey	Senior Vice President	Virginia Hospital and Healthcare Association
Deborah Roberson	Director of Clinical Effectiveness, Sentara Healthcare	Virginia Hospital and Healthcare Association
Doug Gray	Executive Director	Virginia Association of Health Plans
Laura Lee Viergever	Director of Policy	Virginia Association of Health Plans
Michael Jurgensen	Sr. VP, Health Policy & Planning	Medical Society of Virginia
Kirsten A. Roberts	Program Manager	Medical Society of Virginia
Keith Martin	Vice President of Public Policy & General Counsel	Virginia Chamber of Commerce
Michael Matthews	Chief Executive Officer	MedVirginia
Sheryl A. Turney	Staff VP All Payer Claims Databases	HealthCore, Inc. (A WellPoint Company)
Bernie Inskeep	APCD Program Director	UnitedHealthcare
Joe Consolino	Director, AR&L Reporting and Improvement Quality Resource Mgmt. Dept.	Kaiser Permanente
Michael T. Lundberg	Executive Director	Virginia Health Information