

2015 HEALTH INFORMATION NEEDS WORKGROUP



Virginia Health Information's
Report to the State Health Commissioner

Health Information Needs Workgroup 2015 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 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

The efforts of the workgroup will be leveraged for change in other Virginia initiatives. For example, the Virginia Center for Health Innovation applied for and was awarded a State Innovation Model Planning (SIM) grant from the Center for Medicare and Medicaid Services. 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

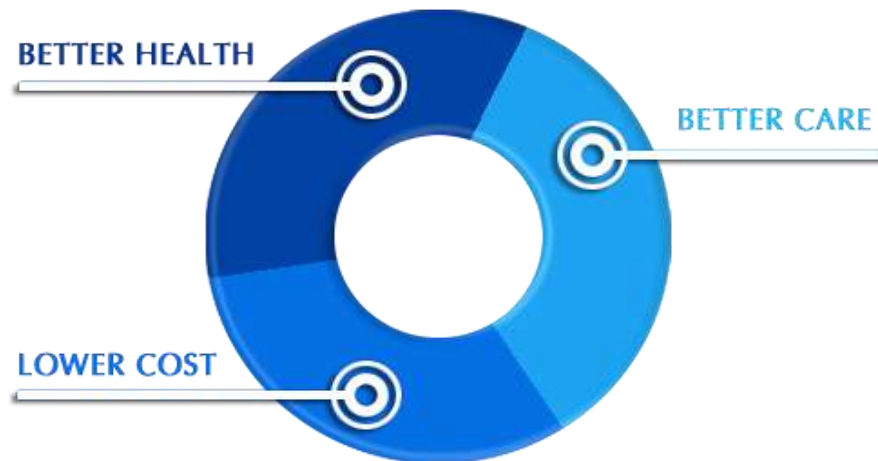
To ensure that the Commonwealth's health information data collections are designed most efficiently and effectively to assist all stakeholders in achieving the Triple Aim of better health, better care and lower costs for Virginians.

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

TRIPLE AIM OBJECTIVES



of the nationally adopted *Triple Aim of better health, better care and lower cost*.

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. Virginia's All Payer Claims Database

Virginia's all payer claims database (APCD) is a resource for actionable information to employers, insurers, providers, public health practitioners, health policymakers and consumers. Information from the APCD is supporting 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 contracts 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 included 40% from participating health insurance companies, 40% from the Virginia Hospital and Healthcare Association and 20% from Virginia Health Information.

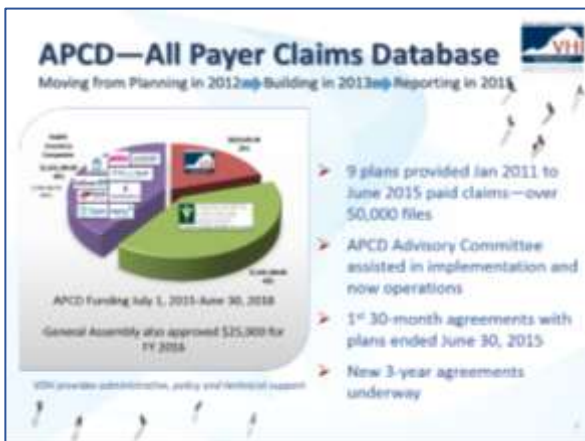
A. 2012-2014 Implementation

Since passage of APCD legislation in 2012 for voluntary submission of APCD data, agreements with major health insurance companies were 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 2013, ten public and private participating data suppliers began submission of test files. By November 1, 2014, all data suppliers provided acceptable test files. Most data submitters completed submission of paid claims data from January 2011 through June 2014.

By November 1, 2014, data underwent 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.



B. 2015 Accomplishments and Current Status

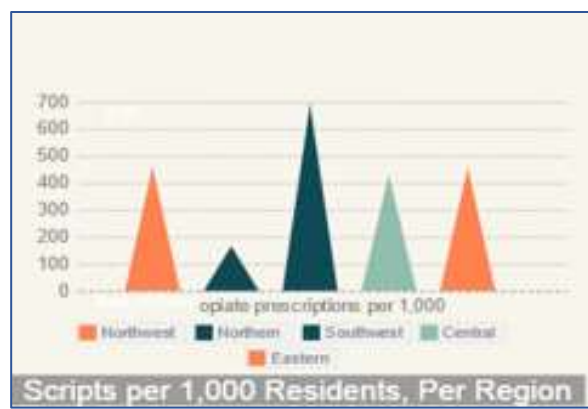
The initial testing by VHI, VDH, Milliman and others began in January 2015 and was released following a 60-day review period by health insurance companies in May 2015. Data from 7 of 9 insurance companies was sufficiently complete to include in the APCD database for access. Additional updates of data were completed expanding the APCD information to include paid claims through the 3rd quarter of 2015 from 9 health insurance companies. The

Virginia APCD now encompasses over 700 million claim lines for over 3.7 million covered lives. In May 2015, VHI began work to renew agreements with participating health insurance companies and hospitals. VHI’s Board of Directors approved their financial commitment of 20% of APCD funding. The Virginia Association of Health Plans and Virginia Hospital and Healthcare also affirmed their commitment to fund the APCD expenses at 40% each. This base funding model will be supplemented with funds from grants, subscription access to de-identified APCD data and other sources.

Virginia’s APCD provides a very wide view of the healthcare Virginians receive. This *wide view* includes prescription drug use, hospital care, outpatient surgery physician services and imaging. There are over 130 registered users of these data including health plans, hospitals, VDH, DMAS and VHI.

C. Virginia’s APCD in Action

Opioid addiction is a growing concern across the Commonwealth including those prescribed to the general population, for women following delivery,

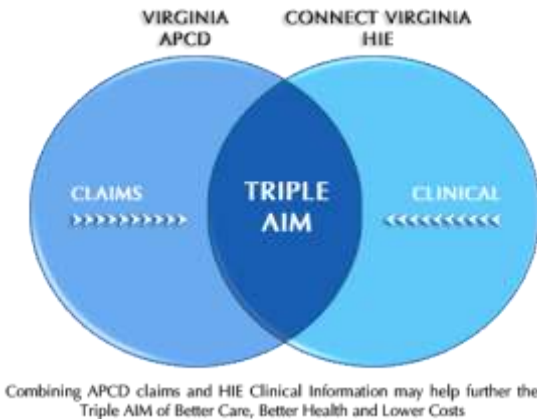


be used for this project.

D. Potential Actions to Improve the Value of the APCD

In 2014, workgroup members supported the expansion of the APCD to include de-identified claims data from federal programs and self-insured employers. In 2015, progress was made:

- Under the SIMS grant awarded to the Virginia Center for Health Innovation, Medicare data for 2011-2014 was requested and received. Medicare claims will support VDH population health initiatives, quality improvement, cost savings and consumer transparency initiatives. VHI supported changes to federal law to provide improved access to Medicare data in the future once regulations are completed—potentially in 2016. If CMS regulations do expand our potential use of Medicare data, VHI will independently obtain Medicare data for further use in Virginia’s APCD.
- VHI also began preliminary contacts with federal officials to explore obtaining paid claims data from the Federal Employee Health Program (FEHP). The FEHP provides health insurance benefits to over 500,000 Virginians located primarily in Tidewater and Northern Virginia.
- A number of self-insured employers do provide data to the APCD. VHI began outreach efforts to expand submission of these data through meetings, publications and conferences. These activities will continue in 2016. On a short term basis, VHI worked with health insurance companies to add a data field that identifies self-insured beneficiaries. This allows VHI to assess current and future levels of self-insured employer participation.



Linkage of APCD data to clinical data for quality improvement and related efforts was another area the workgroup identified for consideration. During 2015 the State Innovation Model Health Innovation Technology Plan recognized the importance of clinical data aggregation with population health information. During 2016, this effort is also being considered as Virginia aligns HIT Plan to meet the health IT requirements of the DSRIP Waiver.

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.

In January 2014, prior to the termination of the contract between VDH and CHA, ConnectVirginia HIE, Inc. was established and remains the statewide HIE entity today.

A. ConnectVirginia Accomplishments

ConnectVirginia accomplishments for the calendar year 2015 include:

- Successful facilitation for testing and on-boarding to the national eHealth Exchange of ConnectVirginia Participants Inova, Valley Health, University of Virginia Health System, Virginia Hospital System and Carilion. Sentara and MedVirginia (Bon Secours) are also on-boarded but did so working directly with eHealth Exchange. This provides these organizations with standardized connectivity allowing for the electronic exchange of a patient’s clinical information with each other and with any other eHealth Exchange Participant including the Veterans Health Administration, Department of Defense, and Social Security Administration
- Continued growth in utilization of the Public Health Reporting Pathway to include 32 health systems, and over 3500 physicians. This includes electronic reporting to VDH of electronic labs results, syndromic surveillance, immunizations, and cancer registry data
- *STREAMLINE*, the one-stop provider portal, was released and made available for physician practices allowing for the query and retrieval of patient clinical information from ConnectVirginia/eHealth Exchange organizations as well as providing a link to the existing Prescription Monitoring Program (PMP) database
- The Encounter Alerts service was successfully piloted in northern Virginia with Inova and the Health Connect IPA. Inova supplied ADT (Admission-Discharge-Transfer) electronic data to ConnectVirginia in real-time and that data was compared daily to the patient rosters of Health Connect IPA practices for matches. This alerted those practices to inpatient and emergency department admissions/discharges for post-discharge follow-up and coordination of care; and
- All services are made available to providers at no additional cost to them through a funding level (from health systems and VDH) approximately half of what is being charged for comparable services in other states

B. Current ConnectVirginia HIE Status and Business and Technical Strategy

ConnectVirginia continues with its existing business and technical strategy with a few additions and modifications with include:

- ConnectVirginia coordinates and hosts the Virginia VLER (Veterans Lifetime Electronic Record) regional meetings. These meetings bring together the participating health systems, Veteran’s Health Administration personnel and Department of Defense personnel to further the expansion of the sharing of health records for veterans in the Commonwealth of Virginia.
- The ConnectVirginia Products and Services Committee was established as the vehicle steer the roadmap for the addition of value-added services. The Products and Services Committee is responsible for providing guidance and recommendations for new ConnectVirginia products and services that reflect



the common needs of stakeholders, enhancing the overall value of statewide health information exchange for participating organizations.

- Expansion of the Encounter Alerts Service to include Maryland and DC alerts for patients with admission/discharges at facilities in these other localities but with residences in Virginia. This has been a collaborative effort between ConnectVirginia and the Maryland/DC HIE (CRISP).
- Additional service offerings are in development to integrate the state immunization registry for bi-directional access for providers and to provide a new and enhanced advance directives registry.

In addition to the above noted enhancements, ConnectVirginia has actively participated with SIM grant activities and with the development of the state HIT plan. ConnectVirginia and the Virginia Department of Health continue to work closely in identification of new opportunities.

VI. Next Steps: 2016 Workgroup Efforts

Over the next year, efforts will continue to implement recommendations to strengthen the value of the All Payer Claims Database, the ConnectVirginia HIE and other programs identified.

A task initially conducted in 2014 that will be maintained is described in § 32.1-276.9:1. This task involves development of 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.

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 2015

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
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