

# 2016 HEALTH INFORMATION NEEDS WORKGROUP



Virginia Health Information's  
Report to the State Health Commissioner

Health Information Needs Workgroup 2016 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

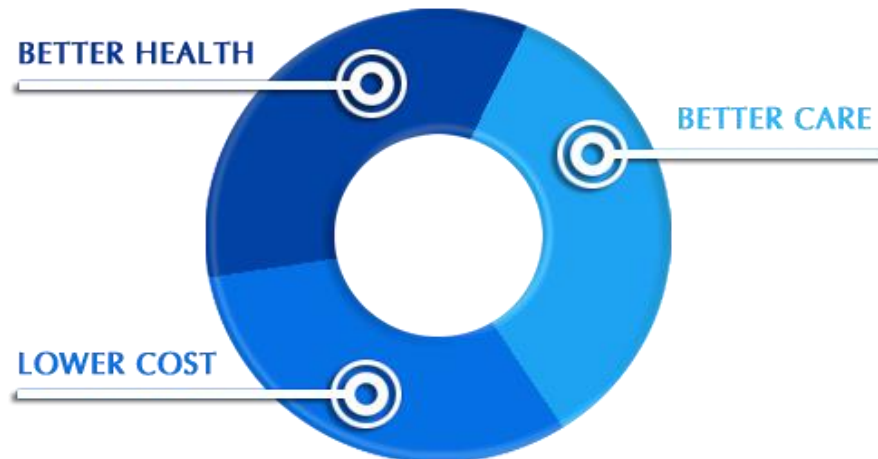
To ensure that the Commonwealth's health information data collections are designed most efficiently and effectively to assist all stakeholders in achieving the Triple Aim of better health, better care and lower costs for Virginians.

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 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

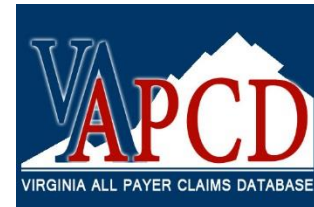
Established in 1993 as a multi-stakeholder organization, VHI recognizes the value of collaboration with individuals and organizations that use, provide and pay for healthcare. Each of these organizations has a history of contributing, supporting and utilizing healthcare information provided by VHI, VDH 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 \$4.2 million for the second operations cycle, which began on July 1, 2015, and will continue through June 30, 2018, included 40% from participating health insurance companies, 40% from the Virginia Hospital and Healthcare Association and 20% from Virginia Health Information.

## A. 2012-2015 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.

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 third 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.

## B. 2016 Accomplishments and Current Status

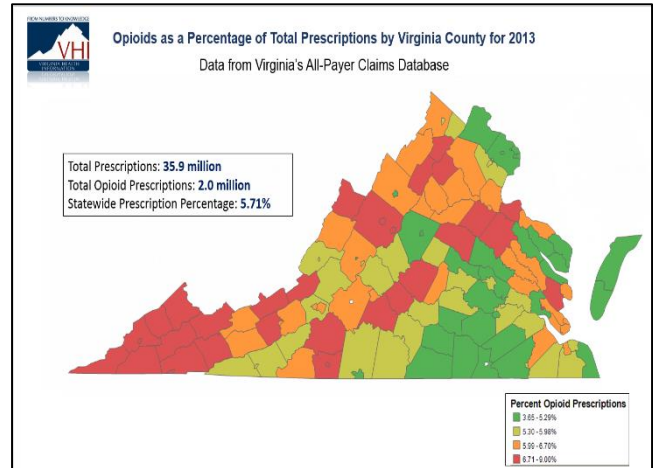
Virginia's APCD provides a very wide view of the healthcare Virginians receive. This *wide view* includes prescription drug use, hospital care, outpatient surgery physician services and imaging. As a result, this information is sought by an ever widening audience. In 2016 the number of registered users doubled to over 260. Users include health plans, hospitals, VDH, DMAS and VHI.

Workgroup members emphasized the importance of expanding the scope of the APCD by adding Medicare Fee for Service data to the APCD. This data, covering over 1 million Virginians, is to be obtained from CMS. Medicare FFS has many restrictions on how it may be used. In order to allow de-identified Medicare data to be used to address the components of the Triple Aim, it was necessary for VHI to become certified as a CMS Qualified Entity (QE). QE certification is a multi-stage process. Initial certification was awarded in June of 2016. The security review began immediately after initial certification and required elements were submitted in September of 2016. Back and forth communications continue and are expected to be resolved in the first quarter of 2017. Following security approval, VHI will be allowed to purchase CMS Medicare Fee for Service data. The QE program has limitations on who may receive information from the analysis of these data. Health Departments are not listed as potential users. As a result, VHI has also applied to obtain the data under separate authorization

as a State Research Application. VHI has also completed the application process for this effort to allow the VDH to benefit from this information. Depending on timing from CMS, VHI plans to receive, process and begin initial reporting of CMS FFS Medicare data in the spring of 2017.

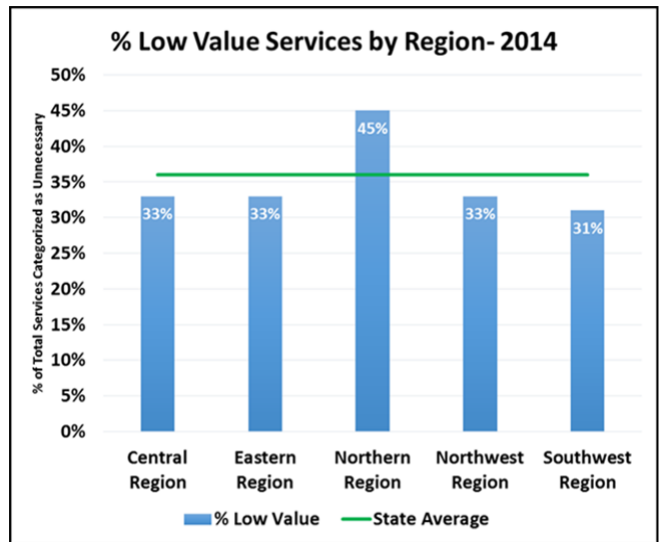
### C. Virginia's APCD in Action

**Opioid addiction** is a growing concern across the Commonwealth including those prescribed to the general population, women following delivery, the young and the old. Using data from the APCD, analysts are discovering that prescription rates vary by city and county as illustrated by the chart to the right. VHI, working collaboratively with a number of organizations, is gaining an understanding of both the use of opioids and how use varies across geographic areas.



**Choosing Wisely** is an initiative by the American Board of Internal Medicine Foundation to reduce unnecessary health care tests. Physicians from dozens of national medical specialties have worked to identify services that can often be avoided and the dollars spent on this unnecessary care.

Using measures designed primarily through the Choosing Wisely effort, Milliman developed the MedInsight Health Waste Calculator as a tool to measure the impact of low value services using claims data. Working in collaboration with the Virginia Center for Health Innovation and Milliman, VHI has identified hundreds of millions of dollars spent on low value healthcare using Virginia APCD claims data. Reports from the MedInsight Waste Calculator bolster comprehensive care analyses and further enable healthcare managers to confirm whether care appears appropriate, likely low value or almost certainly low value. These waste standards are not prescriptive—they provide a launching point for understanding ways to improve patient care and lower costs.



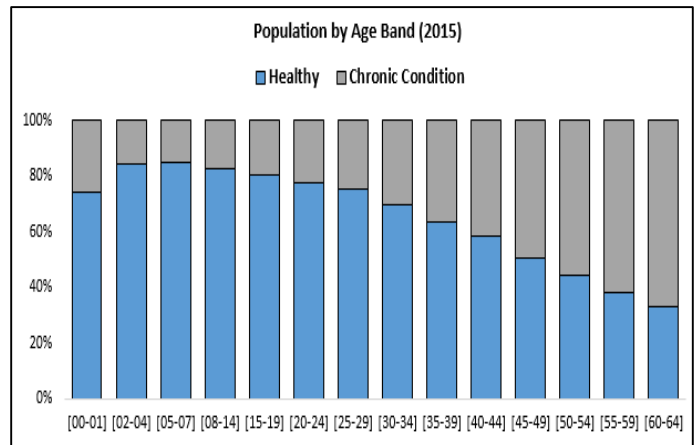
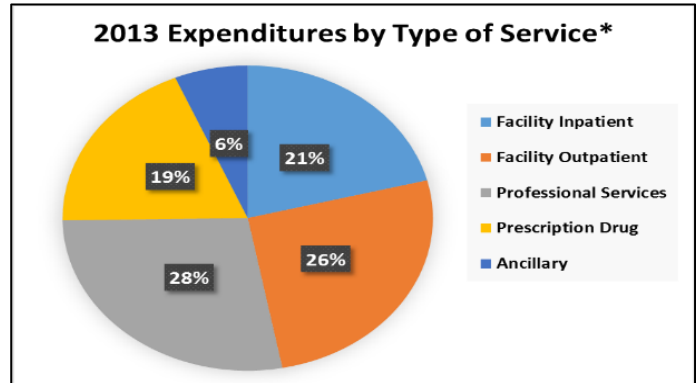
Applied initially to Commercial and Medicaid Data, the initial set of reports looked at 29 types of services in 2013. The next set of reports was released in January 2016 also be applied to Medicare Fee for Service data and included 15 new services spanning paid claims from 2013 to 2014.

### Understanding Virginia's health

Where are our healthcare dollars going? What about the quality of care? How healthy are Virginians?

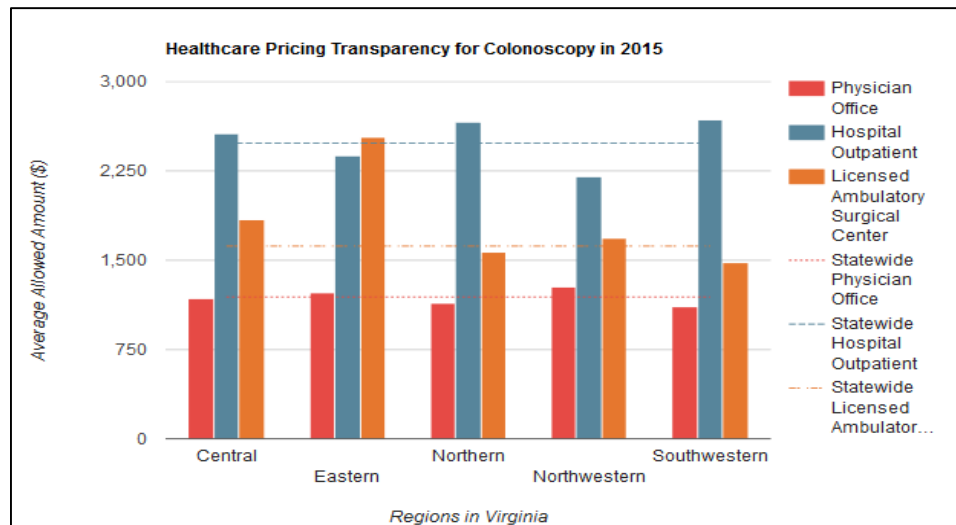
These are all questions we hear frequently and often ask ourselves. With APCD data spanning from 2011 through 2015, we now have a much clearer picture of where dollars were spent, the health of the population and the quality of care provided.

This capacity to answer long standing questions is especially true when it comes to analyzing chronic illness. In late 2016, VHI began work on a series of infographics and a whitepaper that will overview the state of chronic care in Virginia. The reporting will mark a significant leap in the capability of Virginia's population health reporting.



### Increasing Healthcare Transparency for Consumers

In December of 2016 VHI's Health Care Pricing report was published. This report includes actual allowed amounts for 32 commonly performed services for the state and region and segmented by major cost categories such as facility, physician and radiology. Data will be reported for 2015. This represents the first year in which APCD data will be used for this project.



## D. Potential Actions to Improve the Value of the APCD

Workgroup members supported the expansion of the APCD to include de-identified claims data from federal programs and self-insured employers. Progress has been made to do so:

- Medicare fee for service data will be added once all CMS-required security measures are approved. This lengthy progress continues with VHI staff and subcontractors working with federal authorities for authorization.
- VHI continues engagement 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 is working to expand submission of these data through meetings, publications and conferences. These activities are ongoing.

## E. Other Actions

Working through the Lt. Governor's Roundtable on Quality, Payment Reform, and Health Information Technology, a series of quality measures were identified, vetted and approved by the workgroup for use in measuring and improving the health and wellbeing of Virginians. The measures, as approved may be found at <http://www.vahealthinnovation.org/wp-content/uploads/2016/01/Proposed-Clinical-Quality-Measures-01.05.16.pdf>. Similarly, a Virginia Health IT was developed and approved by the roundtable.

## V. ConnectVirginia Health Information Exchange



**ConnectVirginia**  
Advancing Virginia's Health Care

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 HIE for the Commonwealth of Virginia. Funding of \$11.5 million provided by the American Recovery and Reinvestment Act (ARRA) resulted in the establishment of ConnectVirginia which is a health information exchange designed to encourage the exchange of patient information for better patient outcomes. 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.

ConnectVirginia HIE provides the following services:

1. **Exchange governance and legal framework** – ConnectVirginia brings providers into the health information exchange using its governance and legal framework. This framework is built on the federal DURSA (data use and reciprocal support agreement) trust framework. Once a provider meets the legal requirements for data sharing through these agreements and governance, is approved by the ConnectVirginia Board, and undergoes the testing and onboarding process of eHealth Exchange, the



provider uses health information exchange capabilities to share information with other Participants on eHealth Exchange, including the Veterans Administration and Department of Defense healthcare facilities.

2. **Public Health Reporting Pathway** – a portal through which all mandated public health reporting is sent to the Virginia Department of Health from providers and hospital systems. This includes syndromic surveillance, cancer information, immunizations and labs. Many providers use this portal to attest to Meaningful Use stages 1 and 2. In October 2016, more than 2.7 million records were provided to VDH via this pathway. VDH is currently working with ConnectVirginia to enable bi-directional exchange through this portal so information can be queried and retrieved by providers as well.
3. **Advance Health Care Directives Registry** – partnering with US Living Wills, ConnectVirginia provides access to this registry which affords Virginians a secure location to store end of life and advance planning documents.
4. **Encounter Alerts** – a service that provides information through an alerting platform on patient admissions, discharges and transfers. This service is currently in production at INOVA, Valley Health and Sentara Health Systems. Virginia is also sending and receiving alerts across state boundaries through the CRISP (Chesapeake Regional Information System for Patients) system, connecting with dozens of hospitals in Maryland and Washington, DC. ConnectVirginia is on track to implement the encounter alerts service at the majority of health systems in Virginia by the end of 2017.
5. **Provider Portal** – a free, secure portal available to all authorized providers allowing a one to one search for patient information.

### Challenges with the Current HIE in Virginia

- Soon after formation of the HIE, changes in federal requirements redirected resources from the original plan to the creation of a direct messaging function, which has not been useful. Funding for the ConnectVirginia HIE has come from hospital systems and from VDH to support mandatory electronic reporting of public health conditions.
- Most providers' access to HIE-based information is not integrated with the EHR workflow. This crucial functionality must be implemented going forward for the HIE to remain sustainable and productive in support of overarching goals like incentive realignment and continuous quality and outcomes improvement.
- Sustainable funding models continue to be a challenge for the current health information exchange (ConnectVirginia) and for most HIEs across the country. Other limitations include lack of perceived value, poor marketing for existing services and lack of stakeholder engagement.

To address these limitations, the ConnectVirginia Governing Board recently hired a third party consultant to help create a business plan for the HIE that will include value and ensure the HIE is providing services to Virginia's health care providers that are viewed as accurate, timely and reliable. Limitations in HIE and interoperability in Virginia are commonplace across the country. There are a number of promising initiatives occurring nationally and in certain states such as Oklahoma, Michigan and Maryland that may well impact the options available for providers and other stakeholders in Virginia. These systems allow clinical and financial data to be combined to enable better and more efficient patient care management to occur in real time. Virginia is very well represented in these national discussions and the recommendations contained herein will be refined as needed based on progress and opportunities more broadly.

## VI. Next Steps: 2017 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.

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