

Sustainability Plan for the Emergency Department Care Coordination Program at the Virginia Department of Health

BACKGROUND

The 2017 General Assembly established the Emergency Department Care Coordination (EDCC) Program in the Virginia Department of Health (VDH) to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration between physicians, other health care providers and other clinical and care management personnel for patients receiving services in hospital emergency departments. The EDCC Program was created for the purpose of improving the quality of patient care services and lowering costs (re: § [32.1-372](#)).

The EDCC Program must successfully meet the following requirements:

- Receive and share real-time patient visit information with every hospital emergency department in the Commonwealth, enabling integration with hospitals' electronic health records systems.
- Require standard health care data exchange contracts with program participants to ensure compliance with applicable privacy and security requirements, including the Health Insurance Portability and Accountability Act (HIPAA).
- Enable real-time alerts triggered by analytics to identify patient-specific risks, creating and sharing of care coordination plans, and access to other beneficial information.
- Provide the patient's primary care physician, designated managed care organization, and supporting care management personnel with particular information including treatment and care coordination information when a patient receives services in a hospital emergency department in the Commonwealth, including care plans and hospital admissions, transfers and discharges.
- Integrate with the Prescription Monitoring Program and the Advance Health Care Directive Registry.

HB2209 requires VDH to contract with a third party to administer the program. Effective July 1, 2017, VDH contracted with ConnectVirginia HIE, Inc. (CVHIE), the statewide Health Information Exchange (HIE) for the Commonwealth of Virginia. CVHIE is a not-for-profit entity that also provides the following core services:

- Public Health Reporting, including newborn screening to the Virginia Department of General Services and bi-directional immunization data with VDH
- Basic Encounter Alerts (Admissions, Transfers and Discharges)
- Secure Exchange of Patient Health Information (EXCHANGE)
- Provider Portal
- Advance Health Care Directive Registry hosting for VDH

The vendor chosen by the EDCC Advisory Council to provide the technology solution for this program will utilize the existing governance, legal and trust framework of CVHIE in order to fulfill the requirements of legislation and to expedite the implementation of the program.

Since the passage of the EDCC Program legislation, VDH and CVHIE have worked to: develop and publish the Request for Proposals for the technology solution for the Program; establish the EDCC Advisory Council with wide stakeholder representation; and select the technology vendor to begin implementation of the solution.

Phase 1 of the EDCC Program begins June 30, 2018, and participation will include all hospitals operating emergency departments in the Commonwealth as well as Medicaid Managed Care contracted health plans. Phase 2 of the EDCC Program will begin June 30, 2019, and additional program participation will then include the State Employee Health Plan, all Medicare plans operating in the Commonwealth, and all commercial plans operating in the Commonwealth, excluding Employee Retirement Income Security Act (ERISA) plans.

The EDCC Program has been designed from the start to allow for eventual expansion to include additional key health care providers in the Commonwealth, ensuring that every provider involved in a person's care can participate in the program. A top priority of the program is that downstream providers, including primary care providers, specialists, case managers, nursing homes, Community Service Boards, private behavioral health providers, and Federally Qualified Health Centers, have the ability to use the technology solution to receive alerts and contribute to patients' care guidelines. The goal is that the use of the technology solution is to be provided at no cost to these additional providers, and the vendor that will be providing the technology solution will be required to develop a process for engaging and supporting this expansion to downstream providers. The EDCC Program's functional and business requirements have been designed to account for this participation expansion.

THE EDCC ADVISORY COUNCIL

The budget language associated with the EDCC Program legislation prescribed the makeup of the EDCC Advisory Council (ED Council). Additionally, the ED Council membership was expanded to include representation from the American Congress of Obstetricians and Gynecologists and the Virginia Nursing Association, as nominated by the State Health Commissioner, and Magellan Health, nominated by Cindi Jones, the Director of the Department of Medical Assistance Services. The ED Council was established in June and convened for a kick-off meeting on July 17, 2017. The composition of the ED Council is outlined below:

- The Secretary of Health and Human Resources nominated three representatives for the Commonwealth:
 - Debbie Condrey, Chief Information Officer, Virginia Department of Health
 - Dr. Kate Neuhausen, Chief Medical Officer, Department of Medical Assistance Services
 - Ralph Orr, Prescription Monitoring Program Director, Department of Health Professions
- The Virginia Hospital and Healthcare Association nominated three representatives of the hospitals and health systems:

- Dr. Jake O’Shea, Chief Medical Officer, CJW Medical Center – Johnston-Willis Hospital
- Rick Skinner, Chief Information and Technology Officer, University of Virginia Health System
- Chris Bailey, Executive Vice President, Virginia Hospital and Healthcare Association
- The Medical Society of Virginia nominated six representatives of physicians:
 - Aimee Perron Seibert, Lobbyist for the Virginia College of Emergency Physicians
 - Hunter Jamerson, Lobbyist for the Virginia Academy of Family Physicians
 - Ralston King, Senior Director of Government Affairs, Medical Society of Virginia
 - Dr. Leon Adelman, Virginia College of Emergency Physicians Board of Directors
 - Dr. Sandy Chung, Virginia Chapter of the American Academy of Pediatrics
 - Dr. Charles Frazier, Secretary, Virginia Academy of Family Physicians
- The Virginia Association of Health Plans nominated three representatives of health plans:
 - Roger Gunter, Chief Executive Officer, Aetna Better Health
 - Dr. Paul Gibney, Medical Director, Anthem HealthKeepers
 - Charles Wayland, Director, UnitedHealthCare
- The Virginia Department of Medical Assistance Services nominated a Medicaid Managed Care plan:
 - Bill Phipps, Chief Operating Officer, Magellan Health
- The State Health Commissioner nominated one representative from the American Congress of Obstetricians and Gynecologists as well as one representative of the Virginia Nursing Association
 - Dr. Chris Chisolm, Chair, American Congress of Obstetricians and Gynecologists, Virginia Section
 - Dr. Kathy Baker, representing the Virginia Nursing Association

SUSTAINABILITY PLAN DEVELOPMENT

The 2017 Budget appropriated \$370,000 in General Funds to be matched with federal Health Information Technology for Economic and Clinical Health (HITECH) Act funds at a 90 percent match rate, and VDH was directed to work with the Department of Medical Assistance Services (DMAS) to seek those funds. The implementation of this program was contingent on the receipt of federal HITECH Act funds. VDH and DMAS also worked with the Department of Health Professions (DHP) to include in this HITECH Act funding request \$25,000 designated in the 2017 Budget to be used by DHP to design a demonstration program “*to enhance the use of the PMP by prescribers through the use of real time access to the program via interoperability with electronic health records systems.*” These funds were to be matched with federal HITECH Act funds as well, and because the EDCC Program will fully integrate with the

PMP with downstream provider participation, the EDCC Program will satisfy the requirements and intent of this budget language.

In April, DMAS submitted the request and documentation to the Centers for Medicare & Medicaid Services (CMS) for the HITECH funding for the EDCC Program. The request used the VDH-appropriated General Funds and the PMP funds from DHP for a total of \$395,000 to be matched with \$3,555,000 by the HITECH Act funds, for a total budget for the program in fiscal year 2018 of \$3,950,000. Approval from CMS for these funds was received in July.

The ED Council was tasked with developing a Sustainability Plan that outlines the funding structure for program operations in fiscal year 2019. The ED Council met several times between July and October to develop the plan.

The ED Council considered the following when discussing options for sustaining the EDCC Program:

- In order to achieve a sustainable business model for the program going forward, HITECH Act funding should be leveraged as a one-time investment to establish the program.
- Funding sources from participants may include a combination of one-time integration fees, recurring subscription fees, or administrative/membership fees.
- Properly developed subscription fee models and program costs should be tiered/scalable to accommodate financing participants of all sizes and types.

Council members were provided information to guide discussion and help reach a decision, including several different sustainability models used in other states for similar programs. In particular, the ED Council considered the funding models for Oregon's Emergency Department Information Exchange and Arizona's Health Information Exchange to inform the sustainability decision for Virginia's EDCC Program. The models for Oregon's and Arizona's similar programs are outlined below.

- **Oregon's Emergency Department Information Exchange** is a web-based communication technology that enables intra- and inter-emergency department communication, identifying high utilizers of the emergency department and providing real-time alerts to hospitals regarding these patients. The funding model for this program was based on a tiered structure of financing partners with 50 percent funded by the hospitals, tiered based on revenues, and 50 percent funded by the health plans and Coordinated Care Organizations, tiered based on membership size.
- The financial sustainability plan for **Arizona's Health Information Exchange (HIE)** technical and governance services uses a subscription model that evenly divides HIE costs between health plans, proportioned based on premium revenue, and hospitals, proportioned to the number of licensed beds at a facility. In addition to the subscription fee, each participant pays an administration fee, a one-time set-up charge, as well as a quarterly subscription usage fee for the service.

SUSTAINABILITY RECOMMENDATIONS

Funding Split Between the Hospitals and the Health Plans

After much discussion of the different options for sustaining the EDCC Program in fiscal year 2019, the stakeholders decided that 50 percent of the costs of the program will be funded by the participating hospitals and health systems across the Commonwealth, and 50 percent will be funded by the health plans in the Commonwealth. VDH and CVHIE have begun working with the Virginia Hospital and Healthcare Association and the Virginia Association of Health Plans to gather feedback from their respective stakeholder groups on the Sustainability Plan. This will help these stakeholder groups to determine the details of how they will account for their portion of the program costs, including the payment tiers' amounts and on what data point those tiers will be based. These stakeholder groups have several different factors that could be used to determine their payment tiers, including membership size, number of emergency department admissions, or revenues. One option the ED Council has discussed is a Per Member Per Month fee for the health plans, and a fee based on emergency department visits for the hospitals.

Reevaluation of Funding Model Based on Value Gained

The ED Council determined that this funding structure would be reevaluated after the program has been in place for one to three years. Metrics will be developed and analyzed to measure the program's success and determine the value gained from the program by the hospitals and health systems and by the health plans. The ED Council will use that information to reassess the funding structure for the program and possibly recalibrate the 50 percent/50 percent split. Additionally, CVHIE along with the ED Council will examine the value gained from the EDCC Program by risk-bearing downstream providers to consider bringing those entities into the funding and sustainability of the program, in order to properly apportion participants' costs based on value received. A Pricing Subcommittee has been formed from the ED Council to oversee and advise on the metrics being developed to measure the program's outcomes and success, the funding split as program participation changes, and any other decisions that may arise with regard to the sustainability and costs of the EDCC Program. The ED Council will be working toward a more defined cost structure and potentially requesting additional General Funds or federal HITECH Act funds to support these efforts.

NEXT STEPS

A contract with the chosen vendor to provide the technology solution for the EDCC Program is currently being executed, and the vendor will then begin implementation to meet the "go-live" deadline of June 30, 2018. The first phase of participation will include all hospitals operating emergency departments in the Commonwealth and Medicaid Managed Care contracted health plans, and will achieve integration with the PMP and the Advance Health Care Directives Registry. Phase 2, beginning June 30, 2019, will then include the State Employee Health Plan, all Medicare plans operating in the Commonwealth, and all commercial plans operating in the Commonwealth, excluding ERISA plans. Additionally, program participation will eventually be expanded to include other downstream providers, as previously mentioned. In anticipation of the technology solution going live, VDH and CVHIE will convene a Clinical Consensus Group with wide stakeholder involvement, particularly representation from clinical providers and physicians, in order to examine what consolidated patient information providers need at the point of care to effectively treat the individual. This will inform how the technology uses care coordination plans, and what key elements those plans should contain. To prepare for these next steps and ensure Virginia has an EDCC Program that brings value to all stakeholders involved, VDH and CVHIE

will continue work with the ED Council members to develop metrics to determine program success and outcomes, ensure a successful implementation of the technology solution for the program, and implement this Sustainability Plan effectively.