

2017 HEALTH INFORMATION NEEDS WORKGROUP

Virginia Health Information's

Report to the State Health Commissioner



January 8, 2018

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 of the *Code of Virginia*, 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

During 2017, the mission and vision of the workgroup was leveraged for expansion of reporting from the Virginia All Payer Claims Database, focused reporting for consumers, providers, policymakers and other stakeholders. Details following Sections III-V.

Health Information Needs Workgroup Mission Statement

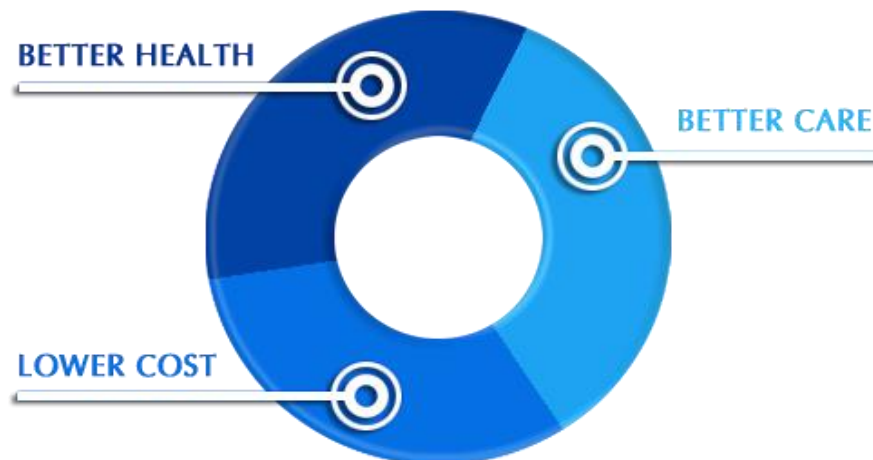
Mission Statement: To ensure that the Commonwealth's health information data collections are designed most efficiently and effectively to assist all stakeholders in achieving the Triple Aim of better health, better care and lower costs for Virginians.

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*.

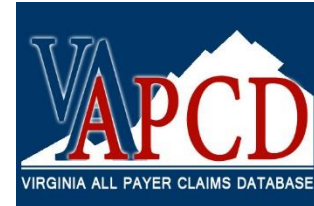
TRIPLE AIM OBJECTIVES



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. 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 \$4.1 million for the second operations cycle 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. 2017 Accomplishments and Current Status

Virginia's APCD provides a 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 2017, the number of registered users rose to over 260. Users include health plans, hospitals, VDH, DMAS and VHI.

In 2016, members of the Workgroup emphasized the importance of expanding the scope of the APCD by adding Medicare Fee-for-Service data to the APCD. This data, which includes paid claims for over 1 million Virginians, was obtained from CMS in 2017. 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). Initial certification was awarded in June 2016. The security review began immediately after initial certification and required elements were submitted. This process culminated in August 2017 following security approval and related contract provisions. VHI then purchased CMS Medicare Fee-for-Service data for calendar years 2015 and 2016. Unfortunately, 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 applied to obtain the data under a separate authorization process known as a State Agency Research application. VHI has also completed the application

process for this effort to allow the VDH to benefit from this information for public health use. As of December 1st, the application had been reviewed by multiple CMS subcontractors and forwarded to CMS for review and approval.

B. Virginia's APCD in Action

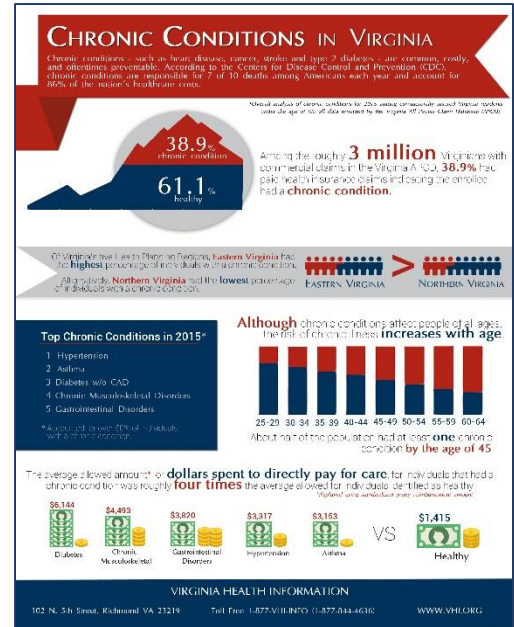
Understanding Virginia's Health

The APCD presents significant opportunity to better understand the health of all Virginians. With APCD data spanning from 2011 through 2016, we now have a much clearer picture of where dollars were spent, the health of the population and the quality of care provided.

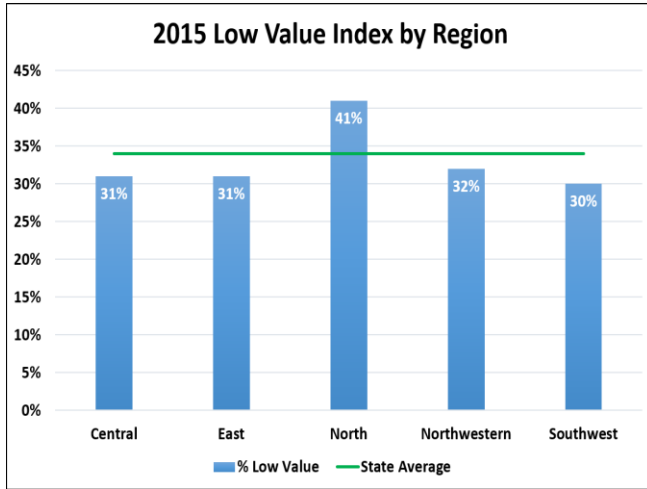
In late 2016, VHI began work on a series of infographics and whitepapers that cover multiple pressing population health topics in Virginia. Topics have included chronic illness (pictured to the right) and potentially avoidable emergency room visits. The reporting is making a significant leap in the capability of Virginia's population health reporting.

VHI is also supporting the Virginia Center for Health Innovation (VCHI) in the development of their Health Value Dashboard initiative. This collaboration includes reporting on statewide and regional metrics from the APCD that seek to measure and improve the value of care provided in the Commonwealth. VHI and VCHI will also be creating similar value dashboards on a smaller scale for several Federally Qualified Health Centers (FQHCs). Finally, VHI will be providing data on nationally endorsed measures of diabetes care management from the Virginia APCD to VCHI for its strategic planning around diabetic improvement initiatives.

Choosing Wisely is an initiative by the American Board of Internal Medicine Foundation to reduce unnecessary healthcare tests. Physicians from dozens of national medical specialties have worked to identify services that can often be avoided and the financial impact of 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 VCHI and Milliman, VHI has identified hundreds

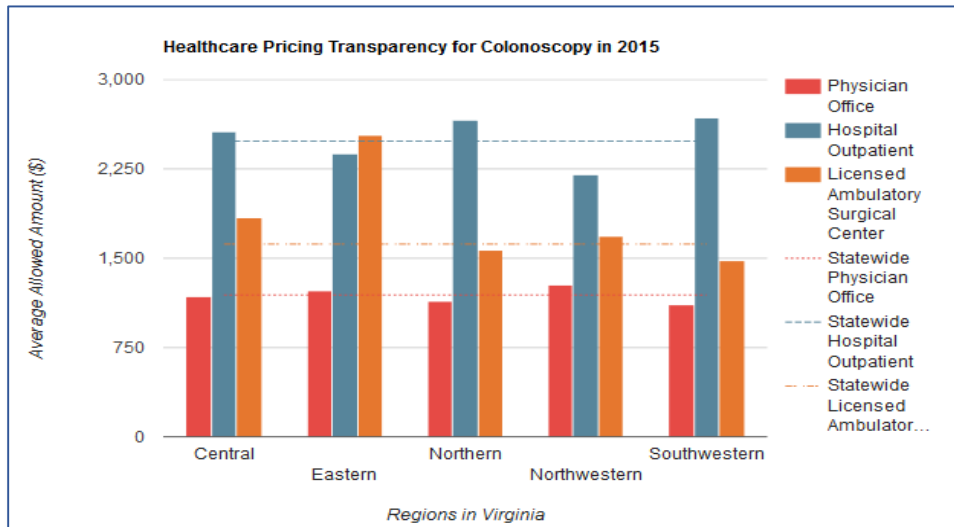


of millions of dollars spent on low value healthcare using Virginia APCD claims data. Reports from the MedInsight Waste Calculator bolster comprehensive care analyses and further enable healthcare managers to confirm whether care appears appropriate, likely low value or almost certainly low value. These metrics are not prescriptive—they provide a launching point for understanding ways to improve patient care and lower costs.

Over the past three years, multiple rounds of reports have been created using the MedInsight Health Waste Calculator Tool. These reports have established Virginia as a national leader in low value care reporting and were the basis for the 2017 Health Affairs article “Low-Cost, High-Volume Health Services Contribute The Most To Unnecessary Health Spending”.

Increasing Healthcare Transparency for Consumers

In December 2016, VHI’s most recent Healthcare Pricing report was published. This report includes actual allowed amounts for 32 commonly performed services for the state and by Health Planning Region. Each report has the capability to be segmented by major cost categories such as facility, physician and radiology. Data is currently being reported for 2015 with the 2016 report being finalized in early 2018.



VHI was also awarded grant funding from the Network for Regional Healthcare Improvement (NRHI) & the Robert Wood Johnson Foundation to address barriers to reporting on Total Cost of Care (TCoC) by healthcare provider/group in the Commonwealth of Virginia. Total Cost of Care is a risk-adjusted measure of the total amount of money spent per month to care for a patient. The measure does not disclose reimbursement amounts paid by health plans to providers for specific services. VHI's work has included participating in an extensive educational program on the intricacies of reporting TCoC as well as delivering several presentations to drive stakeholder engagement. VHI hopes to move toward public reporting of regional information in the next one to two years. This would represent a large step forward in healthcare transparency in Virginia.

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 was integrated in the Virginia APCD in late 2017.
- VHI continues to engage with federal officials to explore obtaining paid claims data from the Federal Employee Health Program (FEHP) and TRICARE. These federal programs provide health insurance benefits to over a million Virginians located primarily in Tidewater and Northern Virginia.
- A number of self-insured employers already provide data to the APCD and many more decided to have their data submitted in 2017. VHI worked to expand submission of these data through meetings, publications and conferences. These activities are ongoing.

C. 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 plan was developed and approved by the roundtable.

IV. 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 HIE Status and Business and Technical Strategy through 2017

ConnectVirginia continued its existing business and technical strategy with a few additions and modifications as noted below:

- 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 to 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 and other localities but reside in Virginia. This has been a collaborative effort between ConnectVirginia and the Maryland/DC HIE (CRISP).
- ConnectVirginia completed development efforts to integrate the state immunization registry for bi-directional access for providers and to provide a new and enhanced advance directives registry.

B. ConnectVirginia- Increasing Benefits of Healthcare Exchange to Virginia Consumers, Health Insurance Companies and Providers

The 2017 Virginia General Assembly established the Emergency Department Care Coordination (EDCC) Program in the Virginia Department of Health to provide a single, statewide technology solution that connects all hospital Emergency Departments (EDs) in the Commonwealth. This was done to facilitate real-time communication and collaboration among physicians, other healthcare providers and clinical and care management personnel for patients receiving services in hospital EDs, for the purpose of improving the quality of patient care services. The budget language in support of the legislation requires the EDCC Program to have all hospitals operating EDs in the Commonwealth and all Medicaid Managed Care contracted health plans participating in the Program **by June 30, 2018**. Participation in the EDCC Program will expand to include the State Employee Health Plan and all non-ERISA commercial and Medicare health plans operating in the Commonwealth by June 30, 2019.

The legislation defines the EDCC Program as having the following capabilities:

- Receives real-time patient visit information from, and shares such information with, every hospital ED in the Commonwealth through integrations that enable receiving information from and delivering information into electronic health records systems utilized by such hospital EDs;
- Requires that all participants in the Program have fully executed healthcare data exchange contracts that ensure that the secure and reliable exchange of patient information fully complies with patient privacy and security requirements of applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA);
- Allows hospital EDs in the Commonwealth to receive real-time alerts triggered by analytics to identify patient-specific risks, to create and share care coordination plans and other care recommendations and to access other clinically beneficial information related to patients receiving services in hospital EDs in the Commonwealth;
- Provides a patient's designated primary care physician and supporting clinical and care management personnel with treatment and care coordination information about a patient receiving services in a hospital ED in the Commonwealth, including care plans and hospital admissions, transfers and discharges;
- Provides a patient's designated managed care organization and supporting clinical and care management personnel with care coordination plans, discharge and other treatment and care coordination information about a member receiving services in a hospital ED; and
- Integrates with the Prescription Monitoring Program (PMP) and the ConnectVirginia's Advance Health Care Directive Registry (ADR) to enable automated query and automatic delivery of relevant information from such sources into the existing work flow of healthcare providers in the ED.
- The General Assembly appropriated \$370,000 from General Funds to VDH, to be matched with \$3,300,000 by the HITECH Act funds, for a total budget in fiscal year 2018 of \$3.7 million. Additionally, in July, VDH entered an agreement with CVHIE to manage and oversee the EDCC Program with assistance from Virginia Health Information.

Timeline of Establishing the EDCC Program

The ED Council was established in June 2017 and convened for a kick-off meeting on July 17, 2017. The ED Council is comprised of representation from hospitals and health systems, physicians, other providers, health plans and the Commonwealth.

- In March 2017, work began to develop a Request for Proposal (RFP) and the business requirements for the technology that will enable the EDCC Program.
- Prior to the release of the RFP, a Memorandum of Understanding between VDH and the Department of Medical Assistance Services (DMAS) was developed and signed that provides a mechanism by which Federal Health Information Technology for Economic and Clinical Health (HITECH) Act funds could be used to match funds from the Commonwealth to cover the costs of implementing the EDCC Program. The General Assembly appropriated \$370,000 from

General Funds to VDH, to be matched with \$3,300,000 by the HITECH Act funds for a total budget in fiscal year 2018 of \$3.7 million.

- In July 2017, VDH entered an agreement with CVHIE to manage and oversee the EDCC Program with management assistance from Virginia Health Information.
- On July 14, 2017, CVHIE released the RFP on their website and sent the RFP to vendors. The ED Council formed the proposal Evaluation Team made up of 15 members of the ED Council.
- Proposals were received through August 14. CVHIE reviewed them to determine that mandatory requirements were met, and then provided the responses to the Evaluation Team for review and scoring. The vendors were then invited to present their proposal to the Evaluation Team. The presentations of the proposals were scored, and those scores were used to choose the vendor that moved into the negotiation phase of the project.
- Effective December 1, 2017, the ED Council began contracting with Collective Medical, a company from Salt Lake City, Utah, to provide the software solution, training and reporting required by the RFP.
- As part of their responsibilities to oversee the EDCC Program, the ED Council developed a Sustainability Plan that creates a funding structure to sustain program operations beginning in fiscal year 2019. This plan is outlined in a separate document that was presented to the Virginia General Assembly in December 2017.
- Also in December 2017, meetings and communications with health insurance companies, health systems, the ED Council and other stakeholders were held to provide an overview of the upcoming program and begin the implementation process. Meetings with health systems in groups and individual organizations were scheduled to begin in January 2018.

The EDCC Program is scheduled to be operational within all hospitals operating EDs in the Commonwealth and all Medicaid Managed Care contracted health plans participating in the Program by June 30, 2018. In 2019, the ongoing Program will expand participation in the EDCC Program to include the State Employee Health Plan and all non-ERISA commercial and Medicare health plans operating in the Commonwealth by June 30, 2019.

V. Expanded Health System Financial Information

Since 1996, Virginia Health Information has been collecting financial information on Virginia hospitals. As hospitals have become part of larger systems, the need for more comprehensive reporting on system/parent company operations and financial status has been recognized as a priority. Beginning in 2016, VHI formed a workgroup to address this need. That effort culminated in expansion of information collected to reflect financial information on health system components other than hospitals such as physician provider groups and other growing components of health systems. The first series of reporting will begin with hospitals' 2017 fiscal years.

HB2101, passed by the 2017 Virginia General Assembly, expanded hospital charity care reporting and standardized charity care to be valued at Medicare rates. State, provider and health plan representatives have worked on a process to implement this reporting system for fiscal year 2017 hospital reporting.

VI. 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 Workgroup's mission is focused on:

- Identifying various health information needs related to implementation of healthcare reform, and
- 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.