

# 2019 HEALTH INFORMATION NEEDS WORKGROUP

Virginia Health Information's

Report to the State Health Commissioner



October 1, 2019

## 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

During 2019, the mission and vision of the workgroup was leveraged for expansion of reporting from the Virginia All Payer Claims Database, including focused reporting for consumers, providers, policymakers and other stakeholders. Details following Sections III-V.

## Health Information Needs Workgroup Mission Statement

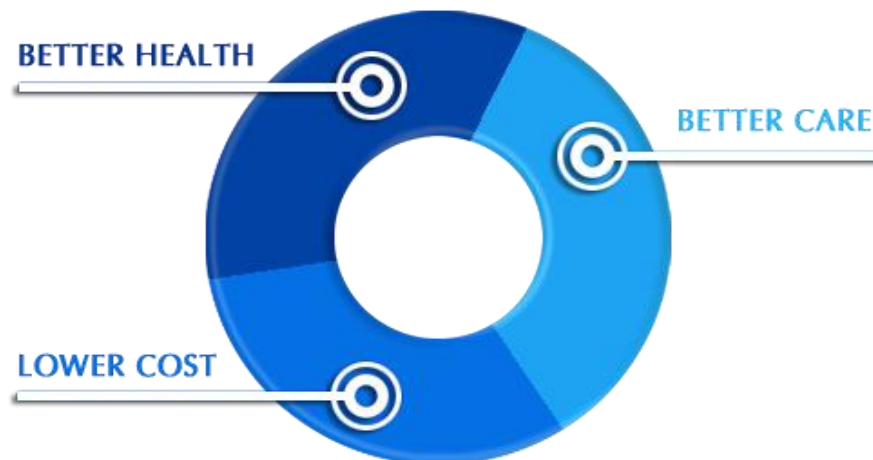
To ensure that the Commonwealth's health information data collections are designed most efficiently and effectively to assist all stakeholders in achieving the Triple Aim of better health, better care and lower costs for Virginians.

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*.

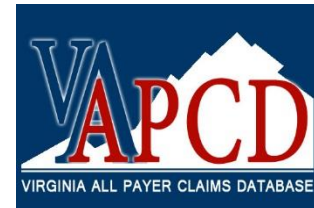
## TRIPLE AIM OBJECTIVES



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. 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.

When forming the APCD, stakeholders were clear that it should be:

- Used to improve public health surveillance and population health
- Available to healthcare purchasers including employers and consumers to compare quality and efficiency of healthcare including comparison of providers statewide between and among regions of the Commonwealth
- Designed to allow the identification and comparison of health plans by public and private healthcare purchasers, providers, employers, consumers and others with regard to their provision of safe, cost-effective and high-quality healthcare services
- Used to create reports that support the design and evaluation of alternative delivery and payment models

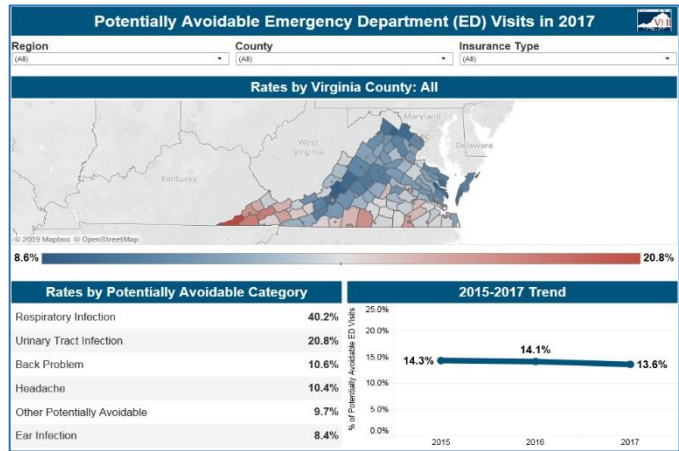
Legislation was passed during the 2019 General Assembly that revised participation in the APCD for health insurance companies and certain Third Party Administrators (TPAs) from voluntary to mandatory. The passage of this bill is expected to expand the populations included in the APCD and was drafted to reflect national best practices in the use, governance and submission of APCD data.

As part of the new mandatory program, VHI will be transitioning over the next year to collect data under the Common Data Layout (CDL). Virginia will be a pioneering state in implementing the CDL, which aims to standardize APCD data collection for states around the country to minimize administrative burden and maximize data quality. With the collaboration and support of other stakeholders, VHI was also successful in obtaining an appropriation of state general funds and federal match dollars to support the mandatory APCD program. These funds will be used to maintain and grow APCD's vast capability to expand population health and healthcare transparency.

**A. 2019 Accomplishments and Current Status**

**Uncovering Potentially Avoidable ED Visits**

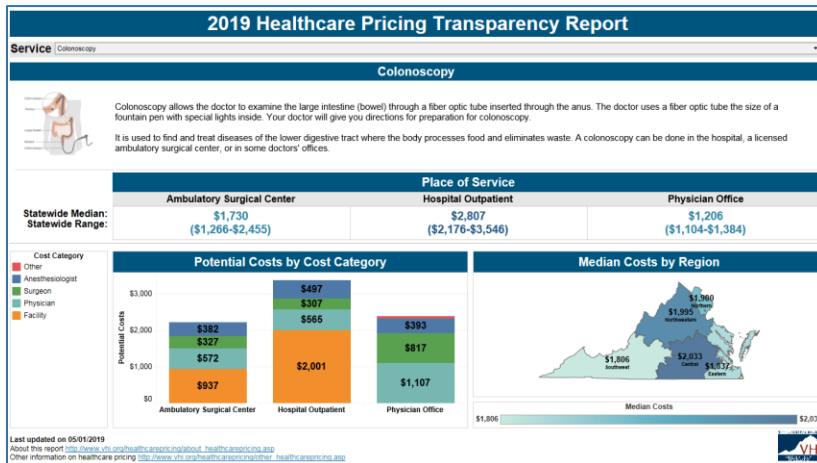
As part of its certification with CMS as a Qualified Entity, VHI recently published an interactive dashboard that analyzes rates and types of potentially avoidable Emergency Department (ED) visits. Data displayed within the dashboard can be compared by Virginia county, Health Planning Region and insurance type over multiple years.



**Leveraging Data to Drive “Smarter Care”**



Over the next three years, VHI will work in collaboration with the Virginia Center for Health Innovation (VCHI) to analyze and reduce rates of low value care as part of a 2.2 million dollar grant VCHI received from the Arnold Foundation. VHI will utilize the APCD to generate benchmark reports for health systems as a foundational piece of the project.



**Making Healthcare Cost Comparisons Easier than Ever**

VHI’s Healthcare Pricing Transparency Report has been transformed into a new, easy-to-use dashboard format. The updated annual report now includes prices for new services, such as physical therapy and ambulance rides, and new features, such as a geographical heat map and a potential cost range for each service.

**Advancing Healthcare Research with VCU**

VHI has partnered with the Virginia Commonwealth University (VCU) Department of Family Medicine and Population Health to finalize a wide scale agreement for their use of the Virginia APCD to improve health outcomes in the Commonwealth. VCU is currently using the data on initiatives such as studying the impact of telehealth and an AHRQ funded program to help practitioners better screen and counsel for unhealthy alcohol use.

*“The All Payer Claims Database has really helped our research team. In fact, we just got a highly competitive grant to help 125 primary care practices throughout Virginia do a better job of screening and counseling for unhealthy alcohol use. This study could help up to 1.25 million Virginians. We are using the APCD as a counseling and tracking tool for practices. The grant reviewers specifically commented on the value of having this data and I think it was instrumental in our eventually getting this grant.”*

**Alex Krist MD MPH**

**Professor Family Medicine and Population Health  
Virginia Commonwealth University**

## Studying the Opioid Crisis

Over the past several years, VHI has partnered with the University of Virginia (UVA) to analyze prescription opioid medication utilization for patients with cancer in rural Southwest Virginia. The work culminated in a study published in the Journal of Clinical Oncology.

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

While the Virginia APCD already provides significant value to all Virginia healthcare stakeholders, VHI continues to explore ways to enhance the program including:

- Finalize implementation of the CDL to maximize potential collaborations between state APCDs
- Continuing to engage with self-insured employers through meetings, publications and conferences to encourage submission of their claims data to the Virginia APCD.
- Achieving a quarterly update cycle frequency to minimize the latency of the APCD

## IV. ConnectVirginia Health Information Exchange



**ConnectVirginia**  
Advancing Virginia's Health Care

The ConnectVirginia health information exchange (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 information 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 was originally established in 2011 with a State Health Information Exchange Cooperative Agreement Program award from the Office of the National Coordinator (ONC). As of 2019, ConnectVirginia is a program of Virginia Health Information (VHI), and remains the statewide HIE entity today.

### A. ConnectVirginia HIE Status and Business and Technical Strategy through 2019

ConnectVirginia continued implementing its existing business and technical strategy, which includes:

- Operating the Public Health Reporting Pathway, a secure, electronic means to transport public health data such as immunizations, syndromic surveillance, electronic lab reporting, and cancer. Bi-directional immunizations functionality is also available.
- Maintaining the Virginia Advance Health Care Directives Registry where Virginia residents can store important healthcare documents to protect their legal rights and ensure medical wishes are honored in the event they cannot manage their own care.
- Facilitating secure exchange of laboratory orders and results for Virginia’s Newborn Screening program.
- Providing the trust and legal framework for participants to onboard to eHealth Exchange—the nationwide health information exchange.
- Replacing the Encounter Alerts service with the Emergency Department Care Coordination (EDCC) Program, which is a more robust and real-time alerting service.

#### 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 to improve the quality of patient care services. VDH chose ConnectVirginia HIE to manage and oversee the EDCC Program. Collective Medical was chosen as the technology vendor. The EDCC Program is supported by a wide array of stakeholders, including multiple government entities.

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

- Receive real-time patient visit information from, and share 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
- Require 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)
- Allow 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
- Provide 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

- Provide 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
- Integrate with the Prescription Monitoring Program (PMP) and 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.

### Timeline of Establishing the EDCC Program and Related Projects

The EDCC Program emphasizes high-utilizers or patients that often present to the ED with chronic health concerns that have gone untreated or unmanaged.

As per the budget language, in support of the legislation:

- The EDCC Program successfully received HITECH Act funds to implement the program in fiscal year 2018.
- As of June 30, 2019, all hospitals operating EDs, all Medicaid managed care organizations (MCO)s, all Medicare health plans, and all commercial plans, excluding ERISA plans, in the Commonwealth are participating in the EDCC Program.

Engagement with hospitals and health plans operating in the Commonwealth will continue on an ongoing basis. ConnectVirginia is also working to include other providers, e.g. primary care providers and accountable care organizations, which would allow them to receive information and collaborate with hospitals and health plans on shared patients.

In order to ensure the program continues to meet common priorities, such as interoperability and collaboration amongst all key stakeholders, the EDCC Advisory Council, VDH, DMAS, and ConnectVirginia developed the Clinical Consensus Group (CCG). The CCG consists of advocates who meet quarterly, to assess the challenges and results of the use of the EDCC technology solution, called the *Collective Platform*. The CCG identifies opportunities for improvement of the program and the technology solution, establishes community standards for complex patient care management and care planning and inculcates those best practices recommendations across the community.

The EDCC Program will be continuously monitored and evaluated to ensure the objectives are being met. All emergency departments and non-ERISA health plans in the Commonwealth are receiving real-time patient health information and have the ability to communicate and collaborate within their workflow. The "EDie" alerts that the EDCC Program technology provides to each hospital ED are triggered by analytics. Whenever a high-utilizer (currently defined as 5 ED visits within 12 months) arrives in an ED, an alert is triggered. There are also currently six other patient-specific risks that trigger alerts that will be continually evaluated. A recent CDC National Center for Injury Prevention and Control grant awarded to the VDH enabled the two newest triggers:

1. High-Utilizers (5 ED encounters within 12 months)
2. Traveling Patients (3 Different EDs within 90 days)
3. Patients with ED Care Insights (Manually entered into the network)



4. History of Security & Safety Events (Manually entered into the network)
5. Advance Directives (from the Virginia Advanced Health Care Directive Registry)
6. NEW: Prescription Monitoring Program Information indicating a risk event (sedative, stimulant, narcotic)
7. NEW: Previous opioid overdose related diagnosis (12 months) Health plans, primary care providers and other managed care entities can send and receive real-time information in the Collective Platform portal, specific to their workflow. There is also an optional notification integration to integrate by fax, email, or text. As more providers join the EDCC program, they gain the ability to communicate and collaborate in real-time. ConnectVirginia will continue to recruit additional healthcare providers across the Commonwealth to expand and enhance the EDCC Program's reach and value to patients and care providers.

## V. Expanded Health System Financial Information

Since 1996 Virginia Health Information has been collecting financial information on Virginia Hospitals. As hospitals have evolved into larger health systems, the need for more comprehensive reporting on parent/subsidiary 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 an expansion of information collected to reflect financial information on health system components other than hospitals such as physician provider groups and others. The first series of parent/subsidiary reporting began with fiscal year data ending in 2017.

HB2101 of 2017 expanded hospital charity care reporting and standardized the reporting to be valued at Medicare rates. State, provider and health plan representatives collaborated on a process to implement this system for charity care written off between July and December 2017 and detailed the outcomes in a 2018 report to the General Assembly.

VHI has expanded its charity care collection efforts with VDH to now include collection and reporting of outpatient charity care. The report on all charity care written off during fiscal year ending in 2018 will be submitted to the General Assembly on November 1, 2019.

## VI. Summary

§ 32.1-276.9:1 was enacted 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.



Virginia Health Information looks forward to this ongoing effort and the opportunity to be of assistance in identifying and collaborating with stakeholders to support the health information needs of the Commonwealth of Virginia.