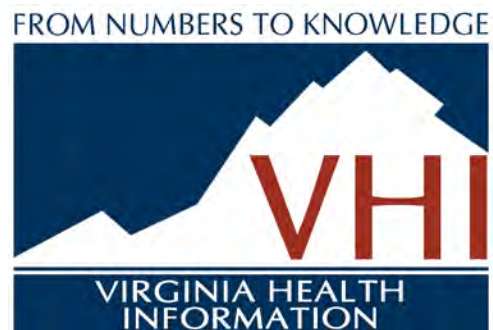


2022 HEALTH INFORMATION NEEDS WORKGROUP

Virginia Health Information's

Report to the State Health Commissioner



December 1, 2022



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, a program of VHI as of July 2019) 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.

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.

II. 2022 Workgroup Members

During 2020, the Health Information Needs Workgroup (HINW) was re-established after a new call for nominations from all stakeholder groups identified in § 32.1-276.9:1. As of summer 2022, the HINW is comprised of the following representatives:

Representative	Organization
Colin M. Greene, MD, MPH	Virginia Department of Health (VDH)
Tim Powell	VDH
Jennifer Palazzolo	Department of Medical Assistance Services (DMAS)
Katie Linkenauger	DMAS
Ashley Carter	Department of Health Professions (DHP)
Yetty Shobo	DHP
Eric Lowe	State Corporation Commission’s Bureau of Insurance (BOI)
Beth Bortz	Virginia Center for Health Innovation
Ibe Mbanu, MD	Advocate Health Care
Jake O’Shea, MD	HCA Capital Division
David Yi	Mary Washington Healthcare
Bernie Inskeep	United Healthcare
Sheryl A. Turney	Anthem
Moss Mendelson, MD	Sentara
Russell Libby, MD	Virginia Pediatric Group
Mason Shea	Mercer
Mike Davis	CGI Consulting
Debbie Condrey	The Sequoia Project
Victoria Savoy	State Corporation Commission (SCC)
Kyle B. Russell	Virginia Health Information (VHI)

III. Inventory of Current Health Information Programs and Reform Efforts

Consistent with its legislative mission, the following is an inventory of health information programs and reform efforts including updates since the 2021 HINW report:

Emergency Department Care Coordination Program

The 2017 General Assembly established the Emergency Department Care Coordination (EDCC) Program within the VDH to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration among physicians, other healthcare providers and other clinical and care management personnel for patients

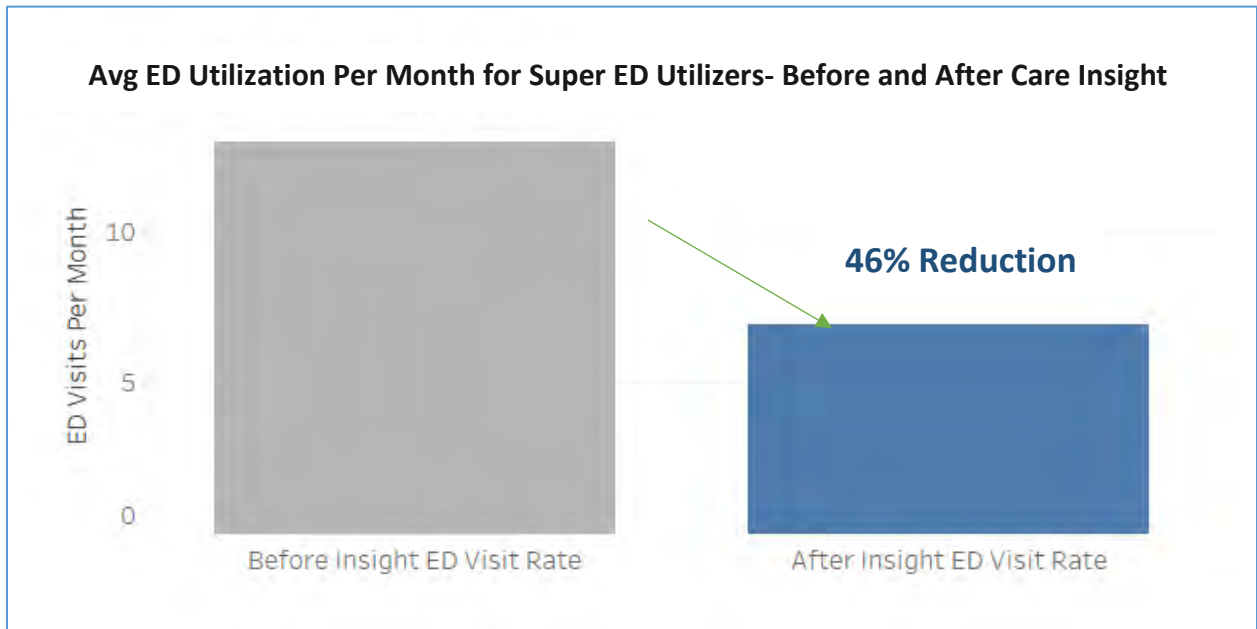
receiving services in hospital emergency departments for the purpose of improving the quality of patient care services (re: § 32.1-372).

Patients with 10 or more ED Visits within 12 months from April 2021 through March 2022

Collective Utilization Category	Visit Count in 12 Months	18,463 people					294,684 total emergency visits				
		Number of Patients	Total ED Visits	Median ED Visits	Total Inpatient Admissions	Median Inpatient Admissions	Average Length of Stay (Days)	Percent with a Behavioral Health Diagnosis	Percent that are Suspected Homeless	Percent with Care Insight	
Rising Risk	10 - 14	12,269	139,783	11	21,246	1	4.2	57.0%	0.4%	4.3%	
	15 - 19	3,178	52,686	16	7,507	1	4.2	67.5%	0.6%	9.8%	
High Utilization	20 - 29	1,877	43,624	23	5,259	1	3.9	74.9%	1.2%	13.6%	
	30 - 49	796	29,559	36	2,884	2	3.8	83.3%	1.1%	22.0%	
Super Utilization	50 - 74	200	11,864	58	773	1	4.2	88.0%	0.0%	26.0%	
	75 - 99	62	5,235	84	258	1	2.9	91.9%	1.6%	51.6%	
Extreme Utilization	100 +	81	11,933	128	387	2	4.1	97.5%	1.2%	37.0%	
Grand Total		18,463	294,684	12	38,314	1	4.1	62.4%	0.5%	7.5%	

The EDCC Program continues to encourage care guidelines to be shared inside of the tool. The number of total actions has increased over time as providers add content. A large portion of total actions include the creation of content in the EDCC Program meaning Virginia healthcare providers are writing and uploading content such as care guidelines, care histories and security and safety events. Care guidelines, or care insights, are designed to aid emergency department physicians caring for a patient in an acute setting. Adding guidelines to a patient’s record view in the EDCC Program will ensure a notification, or Emergency Department Information Exchange (EDie) alert, will be automatically sent to any emergency department in Virginia or on the Collective Network at which the patient presents and can greatly reduce overutilization of the ED as shown in the graph below.

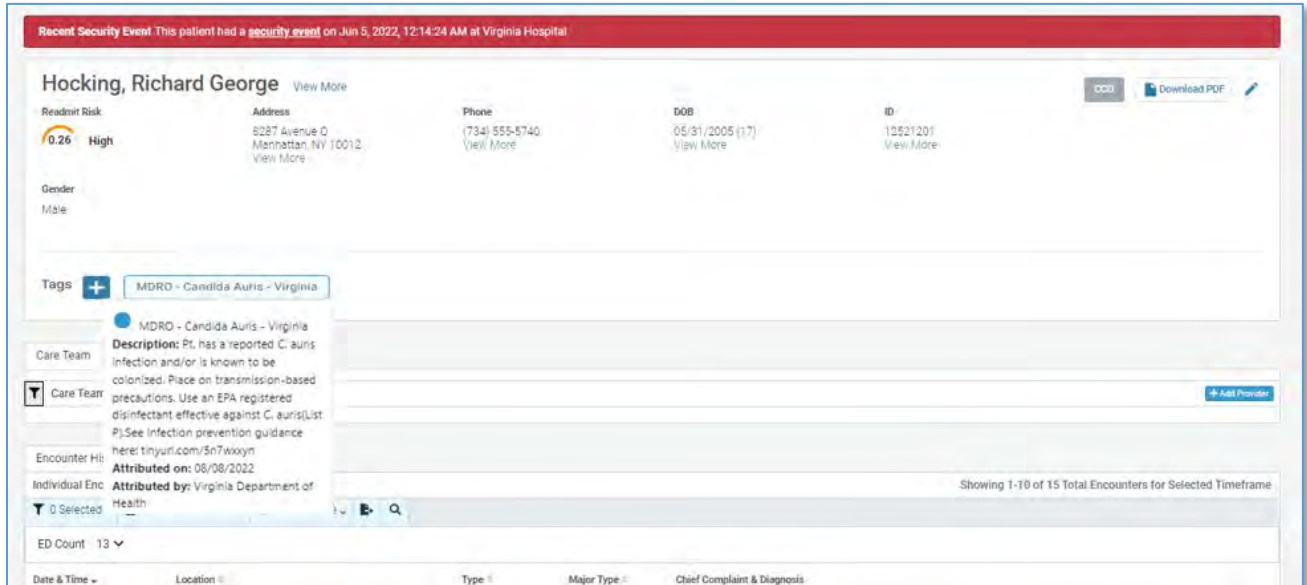
Care Guidelines produced a >40% Reduction of ED Visits in Patients with 100+ ED Visits in VA in 2020 & 2021



COVID-19 Laboratory Results. In April 2020, the Virginia Department of Health (VDH) began sending daily electronic laboratory data to integrate into the EDCC Program. All laboratories and healthcare systems located in Virginia are required to report COVID-19 electronic laboratory results to VDH, which are sent via the VHI Public Health Reporting Pathway (formerly ConnectVirginia HIE) or captured via manual entry to the Virginia Electronic Disease Surveillance System (VEDSS). COVID-19 laboratory results are also received from national reference laboratories for Virginia patients and included in the EDCC Program through this data exchange. Positive, Pending, Negative and Inconclusive COVID-19 laboratory results will display within the Collective Platform’s Flags feature. Any user viewing the Collective Medical patient portal page will see information for their patients. COVID-19 Flags become automatically inactive after 6 weeks if not updated. VHI is actively working to stand up “Immutrak”, a vaccination tracking tool, which will contain COVID-19 immunization data from VDH’s Virginia Immunization Information System (VIIS) to enhance provider outreach efforts in the Commonwealth. Immutrak has the ability to expand to other immunizations and/or vaccines such as childhood immunizations in the future.

Multidrug-Resistant Organism (MDRO) Flag Functionality. The rise MDROs, coupled with growing healthcare networks and transitions of care, have highlighted a gap in our healthcare system regarding the transfer of information, specifically MDRO status, between facilities. Gaps in communication may lead to unnecessary transmission of MDROs resulting in morbidity and mortality and increased burden on already stretched healthcare resources. VHI is pleased to provide a platform integrated within the EDCC Program that the Virginia Department of Health (VDH) could leverage to improve communication and response to prevent the spread of these MDROs. Beginning in June 2022 technical implementation of new MDRO functionality of the EDCC

Program began and is slated to be completed September 2022. In the figure below an example of the MDRO flag for Candida Auris is provided using no true patient health information:



Conditions of Participation. Through the continued partnership, hospitals participating in Virginia’s Emergency Department Care Coordination (EDCC) Program are able to be equipped with the tools needed to aid in compliance with the admission, discharge and transfer (ADT) notifications Conditions of Participation (CoP) included as part of the [Centers for Medicare and Medicaid Services \(CMS\) Interoperability and Patient Access Rule](#). The new CoP, which took effect May 1, 2021, requires hospitals to send electronic notifications to a new patient’s healthcare provider upon the patient’s admission, discharge or transfer. As of February 2021, five Virginia hospitals or health systems are utilizing the CoP functionality via the EDCC Program.

In addition to integrating COVID-19 laboratory results and facilitating hospital compliance with the CMS Conditions of participation, the program has enjoyed the following successes noted below:

- Enhancements which went “live” on April 1, 2022, include:
 - **Bridging Care for Substance Use Disorder**—surfaces awareness and enables collaboration for patients with substance use disorder across both acute and office based opioid treatment facilities via real-time alerts and referrals
 - **Coordination for Mental Health**—provides more complete whole person information to care teams such as new mental health criteria and notifications to identify at-risk patients in real time, scheduled reports, training and technical support and patient consent management for HIPAA compliance
 - **Maternal Care Coordination**—improves maternal care coordination, especially for high-risk patients, by providing whole person, real-time information across the continuum of care



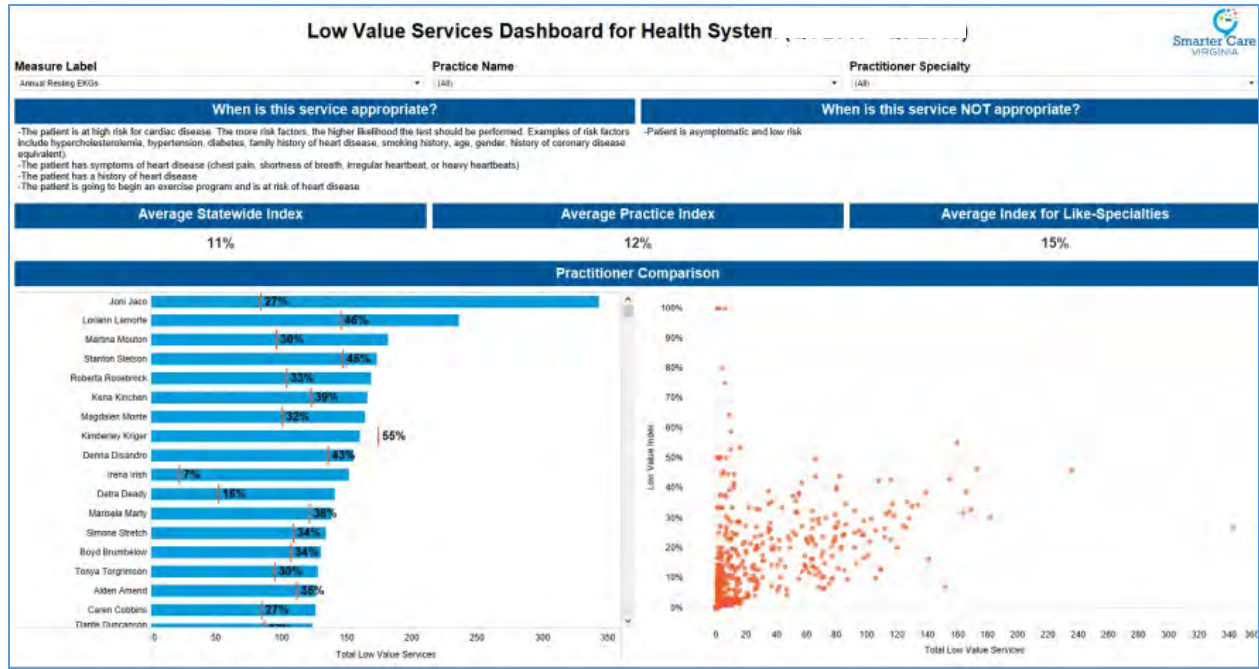
- Executing Exchange Trust Agreements (ETA) and onboarding new participants to the program include managed care entities, skilled nursing facilities, Community Services Boards (CSBs) and downstream providers. As of August 2022, there are a total of 445 facilities onboarded to the EDCC Program.
- Reaching out to add patients of the primary care physician (PCP) and supporting clinical and care management personnel as required in the legislation.
- Supporting statewide and regional collaborative meetings and initiatives such as the all participant EDCC Collaborative monthly meetings and single collaborative meetings with the Managed Care Organizations (MCOs) and CSBs.

Continued enhancements and expansions to the EDCC Program are focused on regular analysis on the quality, engagement and use of the Program, inclusion of new data sources such as new laboratory results, expanded integration of Virginia’s PMP to join the substance use (opioid) health crisis response and ongoing recruitment of downstream healthcare providers. The continued support of the General Assembly, state agencies, healthcare providers, health insurance plans and non-profit organizations help the program advance these goals.

All Payer Claims Database

The Virginia APCD is a collection of paid medical and pharmacy claims from all health plans that cover a minimum of 1,000 Virginia resident lives. Each claim contains information about the care provided, the level of reimbursement, servicing/billing provider details, patient demographics and other factors that are linked together longitudinally over time. Originally created as a voluntary program in 2012, submission to the APCD was later mandated in 2019. VDH, DMAS and the SCC BOI are all given access to the database by law. Researchers, providers and other organizations can request and license data and reports from the APCD as approved by an Advisory Release Committee. The APCD serves as the data source for a variety of programs/publications, including the Healthcare Pricing Transparency report, the Commercially Reasonable Payments Data Set and the Smarter Care Virginia program.

Sample benchmark Dashboard report prepared for over 1,000 Practices participating in Smarter Care Virginia



In 2022, VHI expanded the dissemination of APCD data via Smarter Care by developing new and improved dashboards and integrating a new version of the Milliman Waste Calculator tool to better capture optimal provider events.

As part of the mandatory program, VHI has transitioned to collecting data under the Common Data Layout (CDL). Virginia is a pioneer in implementing the CDL, which standardizes APCD data collection for states around the country to minimize administrative burden and maximize data quality. In 2022 data was provided to analyze healthcare cost growth, localized health disparities and rates of low value care during the COVID-19 pandemic.

Advanced Directives Registry

This secure registry allows Virginia residents to store their advance healthcare directive, durable do not resuscitate, healthcare power of attorney, financial power of attorney and other documents so that medical providers, emergency responders, family members and anyone else to whom they grant access will honor their wishes. The Advanced Directives Registry (ADR) is a long-standing program of VHI, with a technology platform provided by US Living Wills. Documents and data stored within the Virginia ADR are available to providers within the EDCC via the Collective Platform. VHI collaborates with Honoring Choices to expand knowledge and use of the registry. In addition, VHI employees have been trained and certified as Advanced Care Planning Facilitators.

Public Health Reporting Pathway

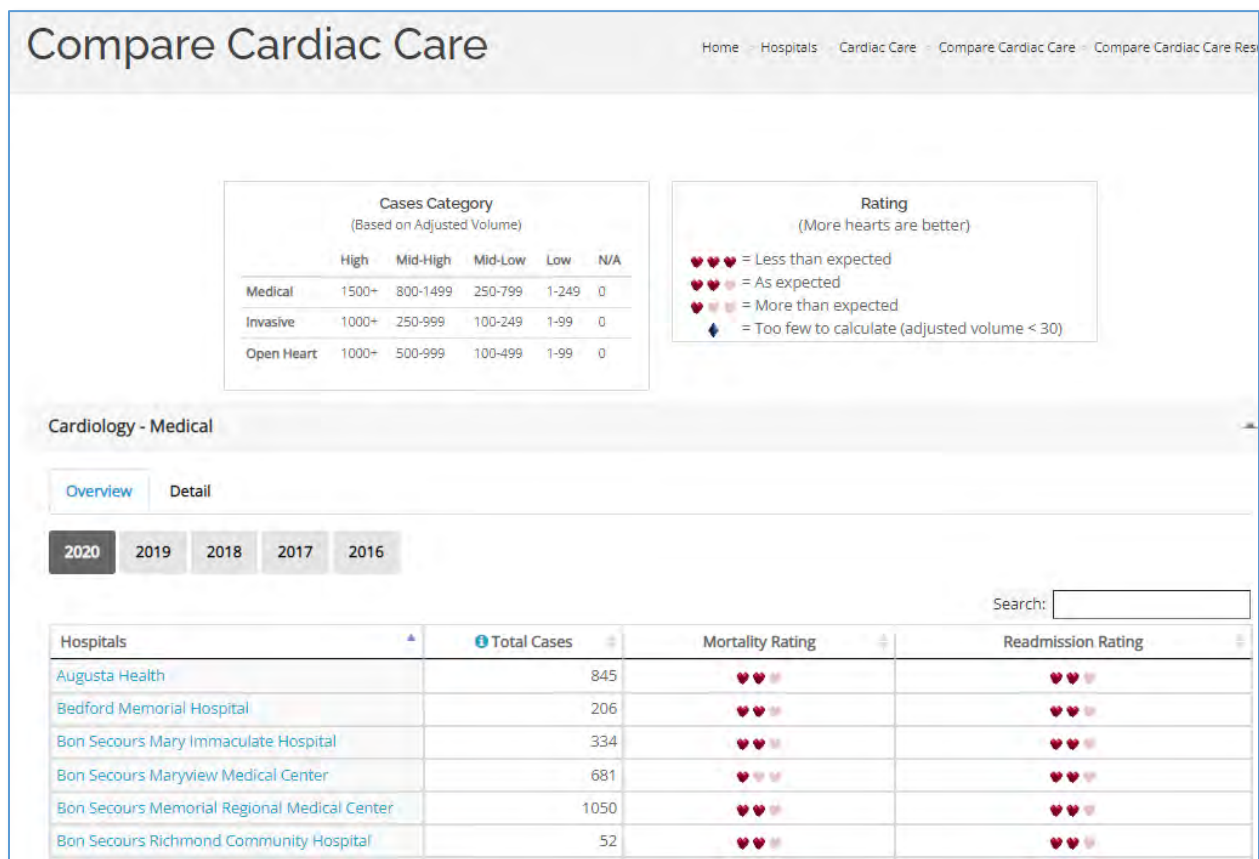
The Public Health Reporting Pathway (PHRP) provides the transport mechanisms for electronic public health reportable data to the VDH. This framework automates the process for submitting immunizations, reportable electronic lab reporting (ELR), syndromic surveillance data and cancer case

reporting. The PHRP also allows public health reportable data to be sent from a certified electronic health record (EHR) through VHI, enabling providers and hospitals to improve workflows and data accuracy while also meeting the Meaningful Use measure. It was this PHRP contractual relationship between VHI and VDH that enabled swift implementation of the COVID-19 integration of testing data within the EDCC Program. This COVID-19 testing and results data enabled ED personnel to better treat their patients while protecting emergency personnel from potential risk of infection. Upcoming changes to the PHRP technology vendor will begin transition of data collection program in FY2023 to provide 24/7 service, HITRUST security certification and greater options for enhanced features in the future.

Patient Level Data System

The Patient Level Data (PLD) system is a database of hospital acute discharges for all Virginia licensed hospitals. Information in the PLD system includes diagnoses, surgical procedures, charges, the number of days in the hospital and other information routinely collected as part of hospital bills. Similar information is also collected on several commonly performed outpatient surgical procedures.

The VHI Cardiac Care Report breaks risks of mortality and readmission ratings by facility based on comprehensive cardiac related admission data



Health Information Exchange

EXCHANGE provides a secure method to query and retrieve patient data by facilitating the process of onboarding participants directly to eHealth Exchange, a nationwide health information exchange (HIE).



EXCHANGE participants must meet legal, technical and financial requirements to onboard (integrate with) to EXCHANGE. Virginia Health Information is the recognized statewide HIE for the Commonwealth of Virginia. VHI provides a safe, confidential, electronic system to support the exchange of patient medical information among healthcare providers both here in Virginia and beyond. VHI utilizes secure, electronic, internet-based technology to allow medical information to be exchanged by participating healthcare providers.

Virginia Health Benefits Exchange

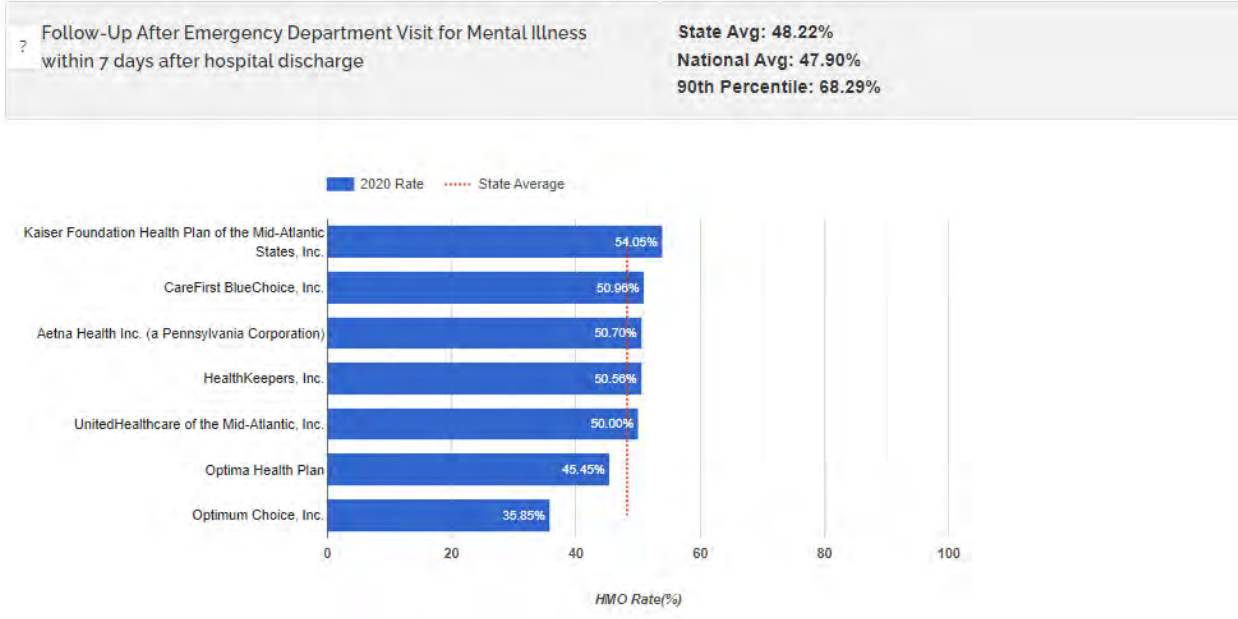
The Virginia Health Benefits Exchange was created by the 2020 Virginia General Assembly to be operated as a new division within the SCC. Virginia is establishing a state-based exchange on the Federal Platform for plan year 2021 before transitioning to a full state-based exchange by plan year 2023. The Virginia Health Benefits Exchange will be an online marketplace where qualified individuals can shop for, compare and enroll in health insurance coverage. Additionally, the Virginia Health Benefits Exchange will create a small employer program where eligible employees of qualified small employers will be able to enroll in coverage. Learn more at [https://scc.virginia.gov/pages/Health-Benefit-Exchange-\(6\)](https://scc.virginia.gov/pages/Health-Benefit-Exchange-(6)).

Health Maintenance Organization Comparison Report

This mandated report provides the public with cost and quality data on Virginia Health Maintenance Organization (HMO) health plans. Available via the VHI website, current and prospective insurance purchasers can compare HMOs on nationally endorsed performance measures and official state filed financial metrics. The report includes health plan financial and cost data obtained from filings with the SCC and quality data obtained from the National Committee for Quality Assurance. Consumers can use the tool to become more informed in their health insurance decision-making and more engaged in their care priorities.

Follow-Up After Emergency Department Visit for Mental Illness (Behavioral Health)

Click a HMO's bar graph for more information



Prescription Monitoring Program

Virginia’s Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed controlled substances included in Schedule II, III and IV, those in Schedule V for which a prescription is required, naloxone and all drugs of concern and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion and inappropriate prescribing and dispensing. The PMP:

- promotes the appropriate use of controlled substances for legitimate medical purposes
- helps to monitor compliance with a treatment plan
- deters the misuse, abuse and diversion of controlled substances
- helps law enforcement to identify multiple prescriber use, drug diversion and illegal prescribing and dispensing
- supports health profession licensing boards in investigations
- allows analysis of data that may help identify trends with specific drugs, geographic regions, patient demographics and provider demographics

and is used by:

- every licensed prescriber in Virginia, all of whom have access by virtue of the license

- delegates of prescribers and pharmacists
- investigators for licensing boards
- office of the Medical Examiner
- authorized law enforcement agents
- approved parole and probation officers
- every veterinarian who dispenses an opioid or other covered substance > 7 days
- every person (or pet) who is dispensed a covered substance has a record of that dispensing in the PMP

Efficiency and Productivity Information Collection System and Annual Licensure Survey Data

The Efficiency and Productivity Information Collection System (EPICS) encompasses financial and operational information collected on all licensed ambulatory surgical centers, hospitals and nursing facilities in Virginia. Annual Licensure Survey Data (ALSD) includes utilization and ancillary data collected from Virginia hospitals, nursing facilities, ambulatory surgical centers and freestanding physician offices subject to Certificate of Public Need (COPN) reviewable services. The two collections encompass ten topic areas with over 600 data elements. Data from both programs are used for COPN applications to ensure that services provided are needed within the community. Increased transparency incentivizes providers to deliver care as efficiently as possible.

Since 1996, VHI has been collecting financial information on Virginia hospitals. As hospitals have evolved into larger 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 as well as to renew all collected data elements. That effort culminated in an expansion of the 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 parent/subsidiary reporting began with data reflective of the fiscal year ending in 2017. VHI released its first public report of fiscal year aggregate revenue, expense and balance sheet information in November 2021. VHI plans to make a spreadsheet available for purchase in FYE2023 to enable users to drill down for additional details.



Parent and Subsidiary General and Financial Data available at <https://vhi.org/Parent/default.asp>

HCA Healthcare Capital Division

General Info
Financial
Subsidiaries

Financial Information

For Fiscal Year 1/1/2020 - 12/31/2020
Why is this important?

Revenue	Expense	Balance Sheet
<ul style="list-style-type: none"> 1 Net patient service revenue \$2,855,085,802 1 Other operating revenue \$80,037,535 1 Net assets released from restriction \$0 1 Total operating revenue <u>\$2,935,123,337</u> 	<ul style="list-style-type: none"> 1 Labor \$1,063,586,838 1 Non-labor \$1,070,211,888 1 Capital \$125,972,047 1 Taxes \$201,287,964 1 Total operating expense <u>\$2,461,058,737</u> 1 Operating income \$474,064,600 1 Net non-operating gains (loss) \$45,524 1 Revenue and gains in excess of expenses and losses \$474,110,124 	<ul style="list-style-type: none"> 1 Current assets \$561,361,740 1 Net fixed assets \$993,619,376 1 Other assets \$3,281,042,402 1 Total assets <u>\$4,836,023,518</u> 1 Current liabilities \$907,027,165 1 Long term liabilities \$382,297,899 1 Total liabilities <u>\$1,289,325,064</u> 1 Total net assets \$3,546,698,454

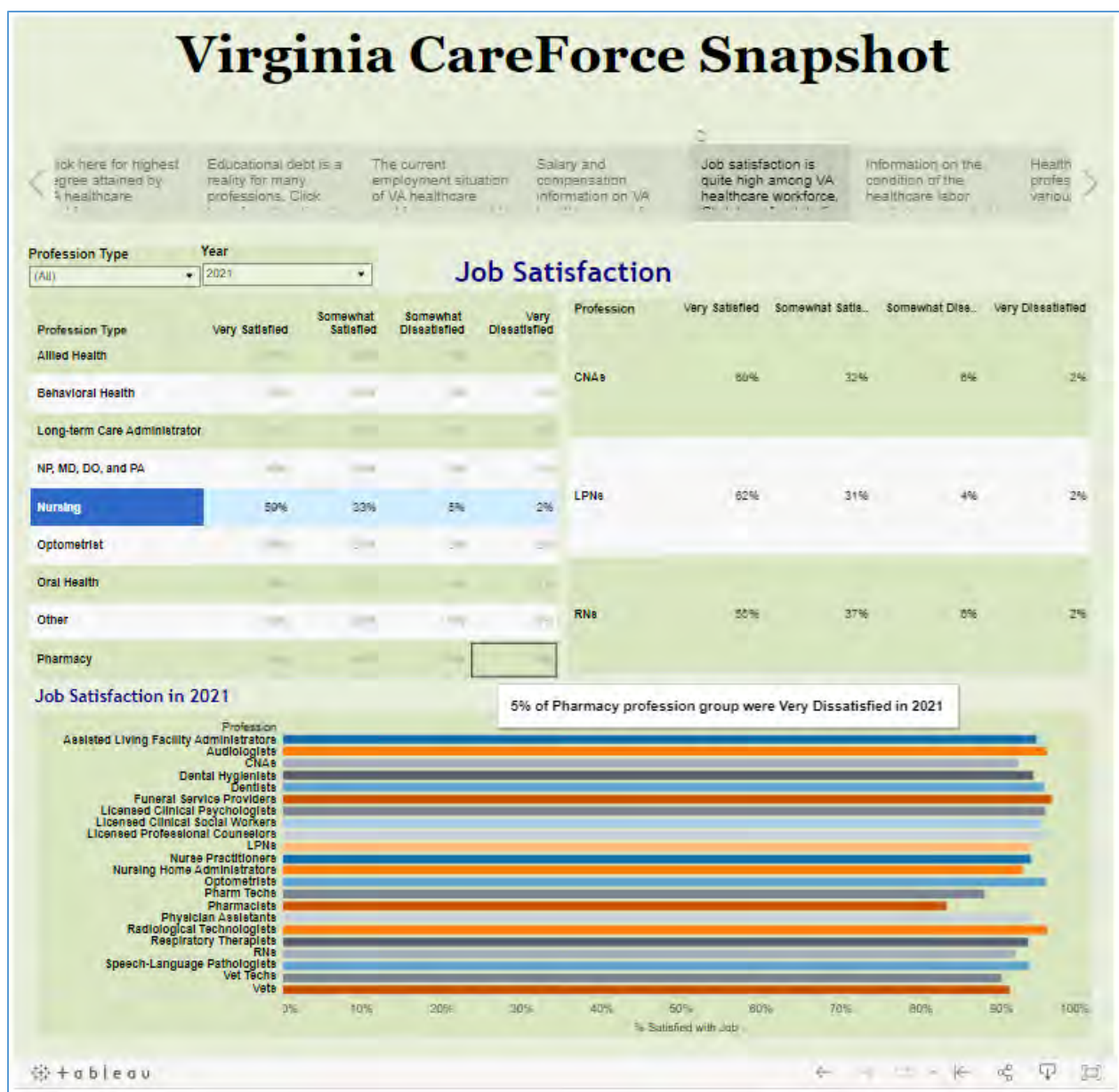
[Click here](#) for more information on operating and total margins.

Updated on: 06/28/2022

Virginia Healthcare Workforce Data Center

Section § 54.1-2506.1 of the Code of Virginia in 2009 provides for DHP's collection and maintenance of the Healthcare Workforce Data Center (HWDC)'s data for workforce and health planning purposes. The DHP HWDC works to improve the data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues among the more than 62 professions and over 380,000 practitioners licensed in Virginia by DHP. The DHP HWDC is provided online to ensure accessibility of the findings among healthcare decision makers, hospital systems, academic institutions and constituents statewide.

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/VirginiaCareForceSnapshots/>



The data center includes the Virginia Practitioner Profile, which houses data on Virginia physicians' demographic, education, specialty, awards, payment types received, disciplinary actions taken by the board of medicine, felonies, etc. accessible at <https://www.vahealthprovider.com>.

IV. Action Items and Next Steps

1. Pursue expansion of Virginia Outpatient Patient Level Data

VHI will continue to work with VDH to respond to comments received regarding the periodic review of Virginia regulation 12-VAC5-218 Rules and Regulations Governing Outpatient Health Data Reporting.

2. Upgrade security and functionality of the PHRP

VHI will transition its technology vendor for the PHRP to enhance HIPAA security infrastructure and provide 24/7 support to data supplying entities. Once this transition is complete a stronger repository of public health messaging data can be constructed to better meet the needs of VDH and the broad healthcare community.

3. Explore feasibility of making the ADR available to healthcare providers outside of the emergency department via their EHR systems

VHI will follow up with the technology vendor for the ADR to determine the technical feasibility and reach out to select health systems to assess EHR integration feasibility.

4. Pursue reporting on Total Cost of Care within the APCD

VHI will work through the APCD Advisory Committee to identify the optimal methodology for reporting Total Cost of Care in Virginia.

5. Pursue adding standardized ratios used within Certificate of Public Need (COPN) applications to existing Annual Licensure Survey Data (ALSD) Publications

VHI will outline and present potential metrics derived from State Medical Facilities Plan and Weldon Cooper Population Data Center to industry workgroup for review.

6. Pursue broader vision of Health Data Utility

VHI is required to develop a strategic plan for developing the EDCC and existing HIE functionality into a broader, more comprehensive Health Data Utility (HDU). Over the next year VHI will continue to map out its vision for the HDU based on the needs and feedback of Virginia healthcare stakeholders.

V. Closing Remarks

§ 32.1-276.9:1 was developed in order to ensure that as changes in the healthcare system are planned and implemented, the Commonwealth of Virginia is positioned to understand how changes will affect its residents and help ensure that the 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 programs work in concert to support the goals and identify redundancies or outdated collection systems that can be eliminated, streamlined or otherwise modified.

VHI 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.