



COMMONWEALTH of VIRGINIA

Karen Shelton, MD
State Health Commissioner

Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

January 17, 2025

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

The Honorable L. Louise Lucas
President Pro Tempore, Senate of Virginia

The Honorable Don Scott
Speaker of the House, House of Delegates

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2023 Health Information Needs Workgroup Annual Report

This report is submitted in compliance with the Code of Virginia – § 32.1-276.9:1 which states:

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.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

HEALTH INFORMATION NEEDS WORKGROUP ANNUAL REPORT

REPORT TO THE GOVERNOR AND THE GENERAL
ASSEMBLY
2023



VIRGINIA DEPARTMENT OF HEALTH

PREFACE

The Code of Virginia § 32.1-276.9:1 directs the Virginia Department of Health (VDH) to work with the public health non-profit, Virginia Health Information (VHI) 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 and report their findings activities and recommendations annually by December 1 to the Governor and the General Assembly. This report was created by VHI on behalf of VDH.

2023 HEALTH INFORMATION NEEDS WORKGROUP MEMBERS

Advocate Health Care
Anthem
CGI Consulting
Department of Health Professions
Department of Medical Assistance Services
HCA Capital Division
Mary Washington Healthcare
Mercer
Sentara
State Corporation Commission
State Corporation Commission's Bureau of Insurance
The Sequoia Project
United Healthcare
Virginia Center for Health Innovation
Virginia Department of Health
Virginia Health Information
Virginia Pediatric Group

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EXECUTIVE SUMMARY

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. 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. Through the workgroup, VHI has compiled a list of existing health information programs and plans for future activities, detailed in the report.

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INTRODUCTION

Virginia Health Information (VHI), as directed by the Virginia Health Department (VDH), established a multi-stakeholder Health Information Needs Workgroup (HINW) to study and make recommendations for the ongoing needs for Virginia healthcare information to support healthcare reform. Specific mention is made to the development and operation of the All Payer Claims Database (APCD), the Virginia Health Information and any other health reform initiatives. Through the workgroup, VHI has compiled a list of existing health information programs and plans for future activities, detailed in the report.

CURRENT HEALTH INFORMATION PROGRAM AND REFORM EFFORTS

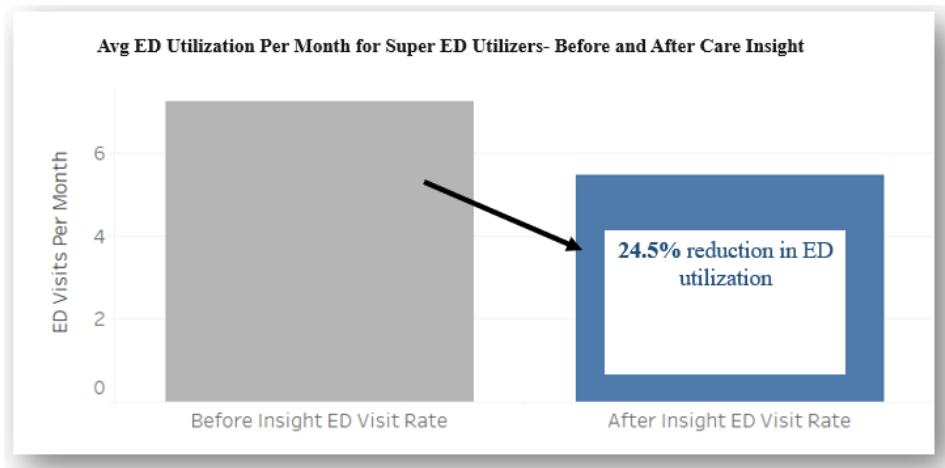
Consistent with its legislative mission, the following is an inventory of health information programs and reform efforts including updates since the 2022 HINW report:

EMERGENCY DEPARTMENT CARE COORDINATION PROGRAM (EDCC)

The name of the EDCC Program is now the Smartchart Network Program effective January 2024, pursuant to Chapter 629 of the 2023 Acts of Assembly. Section 32.1-372 provides a single, statewide technology solution that connects all healthcare providers, insurance carriers and other organizations with a treatment, payment or operations relationship with a patient in the Commonwealth to facilitate real-time communication and collaboration and improve the quality of patient care services. All functions of the existing EDCC program remain intact and unchanged.

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 below graph.

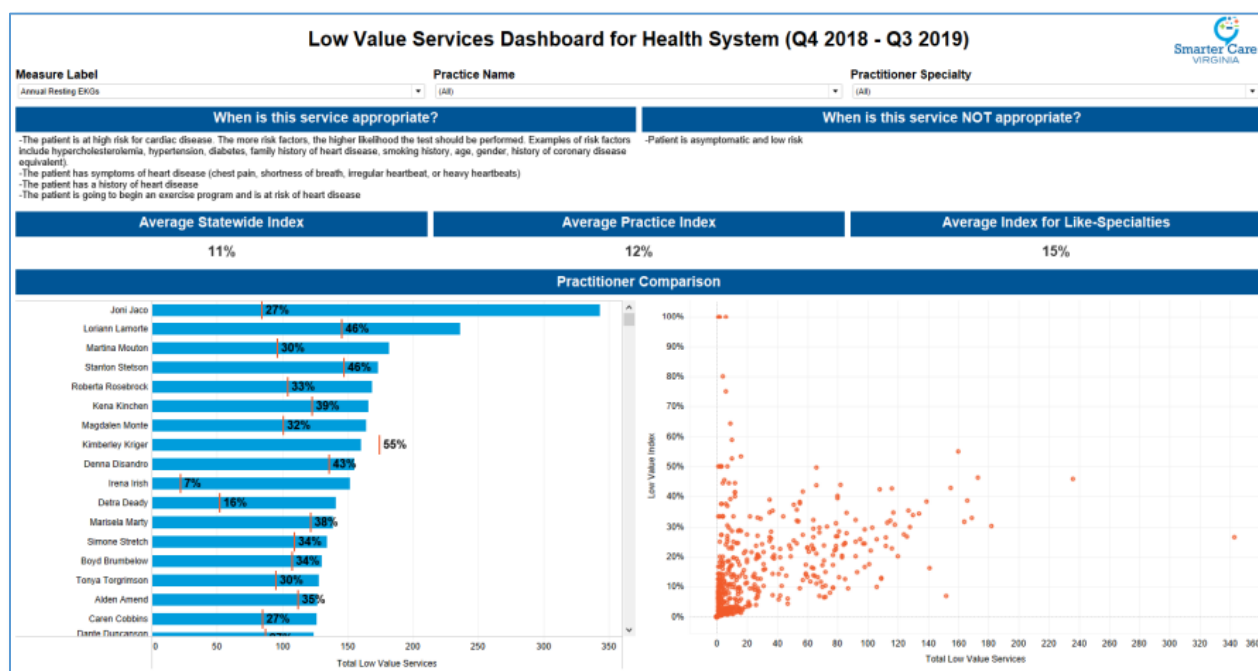
Continued enhancements and expansions to the EDCC Program are focused on regular analysis on the quality, engagement and use of the Program, inclusion of new data sources such as new laboratory results, expanded integration of Virginia's Prescription Monitoring Program (PMP) to join the substance use (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 (APCD)

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. By law, VDH, Department of Medical Assistance Services and the Board of Insurance are all given access to the database. 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 comparative dashboards for Smarter Care Virginia program such as the one shown below.

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



ADVANCE 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 advance care planning documents at no cost so that medical providers, emergency responders, family members and anyone else to whom they grant access will honor their wishes. The Advance Directives Registry (ADR) is a long-standing program of VHI, with a technology platform provided by US Advance Care Plan Registry. Documents and information stored within the Virginia ADR are available to providers within all Virginia emergency departments via the EDCC Program. VHI collaborates with health systems, the Virginia Physician Orders for Life-Sustaining Treatment (POLST) Collaborative and Honoring Choices Virginia to expand knowledge and use of the registry. In addition, VHI employees have been trained and certified as Advanced Care Planning Facilitators. During 2023, VHI began consulting with a national leader to assess and compare the efficacy of Virginia's ADR and identify potential enhancements and/or expansions.

PUBLIC HEALTH REPORTING PATHWAY

The Public Health Reporting Pathway (PHRP) provides the electronic transport of public health reportable data to and/or from the VDH. This service 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 Centers for Medicare and Medicaid Services Promoting Interoperability Program measure managed by VDH. VHI worked with VDH during 2023 to successfully transition the PHRP to a new technology vendor which now provides 24/7 technical support, Health Information Trust Alliance (HITRUST) security certification and greater options for enhanced features in the future. VHI continues to work collaboratively with VDH to identify and assess ongoing potential enhancements and expansions to the PHRP.

PATIENT LEVEL DATA SYSTEM

The Patient Level Data (PLD) system is the cornerstone of Chapter 7.2 Healthcare Data Reporting and 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. Patient Legal Status resulting from a temporary detention order or emergency custody order was added to the PLD effective with discharges on and after April 1, 2022. Data from the PLD system is used by various hospitals, researchers, vendors and state agencies to create a variety of reports on facility quality and performance.

VIRGINIA HEALTH DATA NETWORK EXCHANGE (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) 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 State Corporation Commission (SCC). Beginning November 1, 2023, for the 2024 plan year, Virginia's Insurance Marketplace will replace www.healthcare.gov in Virginia to connect eligible Virginians with affordable health insurance options who are not insured by their employer, do not have affordable coverage, and do not have Medicaid or Medicare. Virginia's Insurance Marketplace is where consumers can shop for, compare and purchase quality and affordable health insurance plans. Learn more at the SCC [website](#).

PRESCRIPTION MONITORING PROGRAM

Virginia's 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, 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 and
- allows analysis of data that may help identify trends with specific drugs, geographic regions, patient demographics and provider demographics.

The PMP 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 and

- 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, freestanding physician offices and emergency departments 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.

General Info

Financial

Subsidiaries

Sentara Health System

Financial Information

For Fiscal Year 1/1/2021 - 12/31/2021

Why is this important?

Revenue

Net patient service revenue

\$4,227,639,892

Other operating revenue

\$5,689,939,019

Net assets released from restriction

\$98,237,920

Total operating revenue

\$10,015,816,831

Expense

Labor

\$2,618,397,248

Non-labor

\$6,077,526,858

Capital

\$362,104,293

Taxes

\$206,273,653

Total operating expense

\$9,264,302,052

Operating income

\$751,514,779

Net non-operating gains (loss)

\$967,854,615

Revenue and gains in excess of expenses and losses

\$1,719,369,394

Balance Sheet

Current assets

\$3,254,852,267

Net fixed assets

\$2,080,040,388

Other assets

\$6,961,470,157

Total assets

\$12,296,362,812

Current liabilities

\$1,942,545,891

Long term liabilities

\$1,863,276,078

Total liabilities

\$3,805,821,969

Total net assets

\$8,490,540,843

Click here for more information on operating and total margins.

Updated on: 05/18/2023

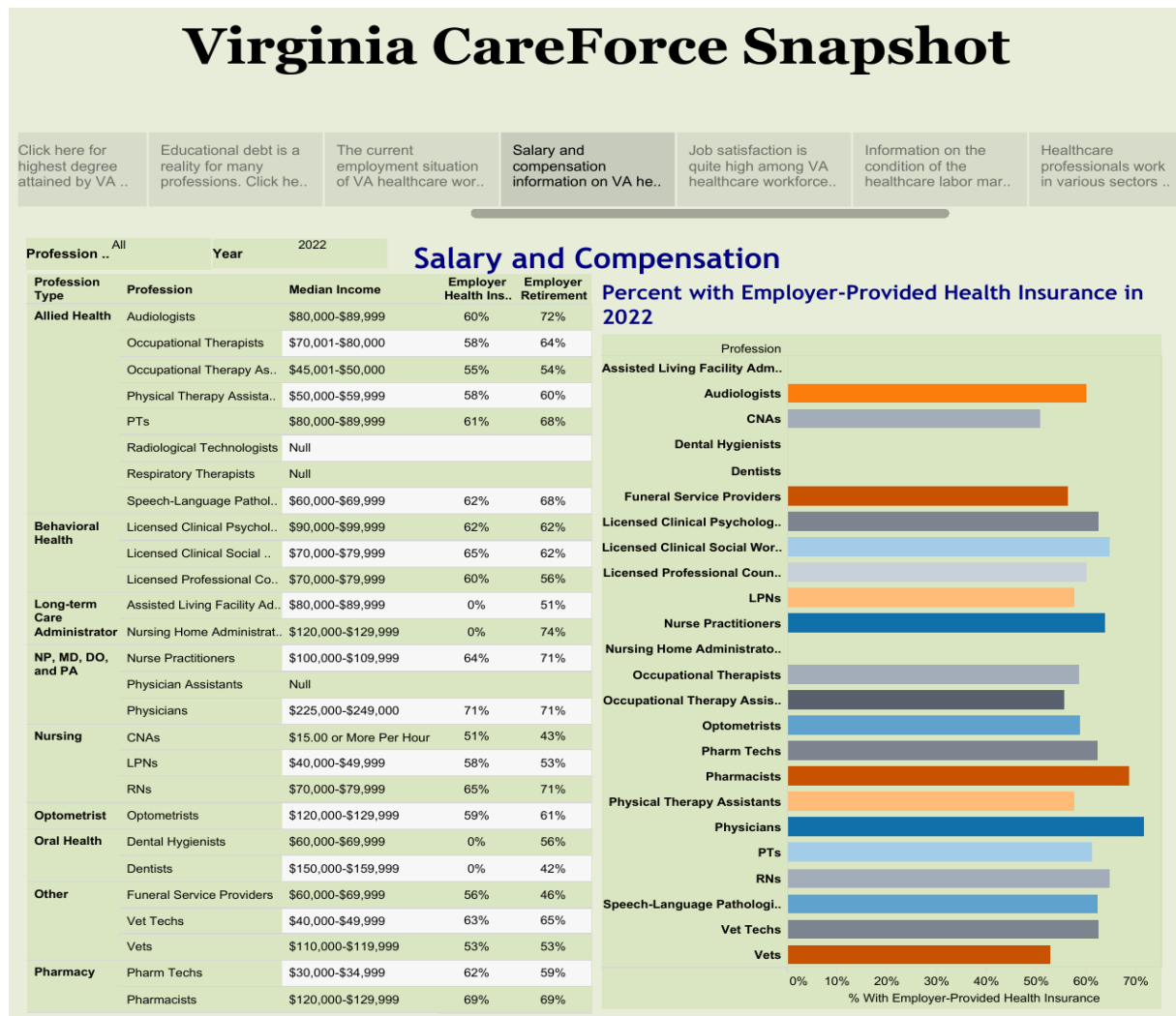
Parent and Subsidiary General and Financial Data available on [VHI's website](#)

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. A 2016 workgroup to address parent/subsidiary data as well as to review all collected data elements 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 first released a spreadsheet available for purchase containing FY2020 data to enable users to drill down for additional details and releases an update each year.

VIRGINIA HEALTHCARE WORKFORCE DATA CENTER

Section 54.1-2506.1 of the Code of Virginia provides for the Department of Health Professions' (DHP) collection and maintenance of the Healthcare Workforce Data Center (HWDC)'s data for workforce and health planning purposes. This is accomplished through regular assessment of workforce supply and demand issues among the 80 professions and 350,000 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. 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 80 professions and 350,000 practitioners licensed in Virginia by DHP. The table below and other data may be accessed on the DHP HWDC [website](#).



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 [online](#).

FUTURE ACTIVITIES

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.

EXPAND THE FUNCTIONALITY OF THE PHRP

Now that VHI has transitioned its technology vendor for the PHRP, a stronger repository of public health messaging data can be constructed to better meet the needs of VDH and the broad healthcare community.

EXPLORE FEASIBILITY OF MAKING THE ADR AVAILABLE TO HEALTHCARE PROVIDERS OUTSIDE OF THE EMERGENCY DEPARTMENT VIA THEIR EHR SYSTEMS

VHI has submitted comments to VDH as part of the regulatory review process to potentially expand access, followed up with the technology vendor for the ADR to determine the technical feasibility and reached out to select health systems to assess EHR integration feasibility in addition to engaging a national HIE expert to identify other areas of improvement.

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 the State Medical Facilities Plan and Weldon Cooper Population Data Center to an industry workgroup for review.

ASSESS DATA NEEDS THAT ARE CURRENTLY NOT ADDRESSED THROUGH CURRENT INVENTORY OF VIRGINIA PROGRAMS

VHI will be assessing which program enhancements and additions are necessary to meet Virginia healthcare stakeholders' needs over the next year.

CLOSING REMARKS

The workgroup was established 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 health information needs related to implementation of healthcare reform and developing recommendations to ensure existing health information programs support the goals and identify redundancies or outdated systems that can be eliminated, streamlined or 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.

APPENDIX A – CODE OF VIRGINIA § 32.1-276.9:1

§ 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, health care providers, and other stakeholders and shall:

1. Identify various health information needs related to implementation of health care 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.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

The following is a list of abbreviations and acronyms used in this report:

ADR – Advance Directives Registry
ALSD – Annual Licensure Survey Data
APCD – All Payer Claims Database
COPN – Certificate of Public Need
DHP – Department of Health Professions
ED – Emergency Department
EDCC – Emergency Department Care Coordination
Edie – Emergency Department Information Exchange
EHR – Electronic Health Record
ELR – Electronic Lab Reporting
EXCHANGE – Health Data Network Exchange
HIE – Health Information Exchange
HINW – Health Information Needs Workgroup
HITRUST - Health Information Trust Alliance
HWDC – Healthcare Workforce Data Center
PHRP – Public Health Reporting Pathway
PLD – Patient Level Data
POLST – Physician Orders for Life-Sustaining Treatment
PMP – Prescription Monitoring Program
VDH – Virginia Department of Health
VHI –Virginia Health Information