COMMONWEALTH of VIRGINIA

Department of Health

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October 17, 2025

MEMORANDUM

TO: The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Chair, House Health and Human Services Committee

The Honorable Ghazala Hashmi
Chair, Senate Education and Health Committee

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

SUBJECT: 2024 – Emergency Department Care Coordination (EDCC) Program Charity Care, Provided By, Virginia Health Information (VHI)

This report is submitted in compliance with Item 283 B.3 of Chapter 2 of the 2024 Acts of the Assembly, Special Session 1, which states:

The department, in coordination with the ED Council, shall report annually to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees on progress, including, but not limited to: (i) the participation rate of hospitals and health systems, providers and subscribing health plans; (ii) strategies for sustaining the program and methods to continue to improve care coordination; and (iii) the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume Emergency Department utilizers and avoiding duplication of health care services.

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

KS/KB
Enclosure

Pc: The Honorable Janet Kelly, Secretary of Health and Human Resource

EMERGENCY DEPARTMENT CARE COORDINATION (EDCC) PROGRAM ANNUAL REPORT

REPORT TO THE GENERAL ASSEMBLY

2024

VIRGINIA DEPARTMENT OF HEALTH

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PREFACE

The Commissioner shall enter into a contract with Virginia Health Information (VHI) to create, operate, maintain or administer the Emergency Department Care Coordination (EDCC) Program created to provide a single, statewide technology solution that connects all health care 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. The EDCC Advisory Council shall consist of representatives of the:

- Department of Health
- Department of Medical Assistance Services
- Department of Health Professions
- Virginia Hospital and Healthcare Association
- Virginia Association of Health Plans
- Medical Society of Virginia
- Virginia College of Emergency Physicians
- Virginia Chapter of the American Academy of Pediatricians and
- Virginia Academy of Family Physicians

The Advisory Council is directed to advise the Commissioner and VHI regarding the establishment and operation of the Program, changes to the Program and outcome measures for the Program.

The Advisory Council shall continue to ensure that information is shared among emergency departments throughout the Commonwealth and all hospitals operating emergency departments in the Commonwealth, all Medicaid managed care contracted health plans, the state employee health insurance plan, all Medicare plans operating in the Commonwealth and all commercial plans operating in the Commonwealth, excluding ERISA plans, and shall participate in the emergency department information exchange program to continue to improve care coordination in hospital emergency departments and reduce the frequency of visits by high-volume emergency department utilizers.

EXECUTIVE SUMMARY

The 2017 Virginia General Assembly established the Emergency Department Care Coordination (EDCC) program (§ 32.1-372) and in 2023 the General Assembly changed the EDCC program to the Smartchart Network Program effective January 2024. The following annual progress report on the Emergency Department Care Coordination Program (EDCC), includes the participation rate of hospitals and health systems, providers and subscribing health plans; strategies for sustaining the program and methods to continue to improve care coordination; and the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume emergency department utilizers and avoiding duplication of health care services.

INTRODUCTION

ADVISORY COUNCIL MANDATE

Section 32.1-372 C of the Code of Virginia states The Commissioner shall enter into a contract with a third party to create, operate, maintain or administer the Program in accordance with this section, which shall include provisions for the protection of patient privacy and data security pursuant to state and federal law and regulations including the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.). The third-party contractor shall continue and rename the Emergency Department Care Coordination Advisory Council as the Smartchart Network Program Advisory Council (the Advisory Council), which shall consist of representatives of the Department, the Department of Medical Assistance Services, the Department of Health Professions, the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, the Medical Society of Virginia, the Virginia College of Emergency Physicians, the Virginia Chapter of the American Academy of Pediatricians and the Virginia Academy of Family Physicians to advise the Commissioner and VHI regarding the establishment and operation of the Program, changes to the Program and outcome measures for the Program.

The Advisory Council established pursuant to this subsection shall continue to ensure that information is shared among emergency departments throughout the Commonwealth and all hospitals operating emergency departments in the Commonwealth, all Medicaid managed care contracted health plans, the state employee health insurance plan, all Medicare plans operating in the Commonwealth and all commercial plans operating in the Commonwealth, excluding ERISA plans, and shall participate in the emergency department information exchange program to continue to improve care coordination in hospital emergency departments and reduce the frequency of visits by high-volume emergency department utilizers.

REPORT OUTLINE

The remainder of this report will review how the program is complying with legislative requirements, updates on program accomplishments and the status of various projects established under program guidance from the Advisory Council.

LEGISLATION REQUIREMENTS AND COMPLIANCE

Specifically, § 32.1-372 defines the EDCC program to have the capabilities which are listed below in **bold**. The *italicized* text that follows is a description of how the Program complies with the legislative requirement during the report period of November 1, 2023, through October 31, 2024.:

- **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.** *As of October 2024, 17 out of 20 health systems in the Commonwealth integrated the EDCC technology solution into their* Electronic Health Record (*EHR) and receive the alerts electronically. The remaining hospitals receive informational alerts via fax or printer. All hospitals share information on their patients to receive alerts, and data quality is regularly reviewed. Optionally, all hospitals can enable access to the Collective Platform portal and integrate additional notifications.*

- **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).** *To participate, every organization signs the ConnectVirginia EXCHANGE Trust Agreement (ETA) to join VHI's existing legal and trust framework. In 2023, VHI began the process of evaluating and updating our legal framework for participation in the EDCC program. The legal review continued through 2024 and a new Master Services Agreement, Business Associate Agreement and EDCC Addenda are planned for release in 2025.*

- **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.** *The EDCC program combines historical patient data with real-time clinical data, including automated feeds and manually created and shared care recommendations, to identify at-risk patients. As the program has been live since June 2018, there are now more than six years of historical Admit, Discharge and Transfer (ADT) feed data submitted by participating hospitals on their previous patients. There is also historical data from facilities in other states and the initial four-million historical ED encounters provided by Virginia hospitals.*

- **Provides a patient's designated managed care organization (MCO), primary care physician (PCP) and support 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.** *All six Medicaid MCOs receive information on their members via the PointClickCare Platform and had an average number of covered lives of about*

2.7 million in 2023. The program has about 5.4 million lives covered by a Virginia health plan or risk bearing entity. If these participants present at the ED, the health plan can opt to receive a real-time update as well as view historical encounter data. The EDCC program continues to encourage PCPs and other downstream providers to onboard, which would allow them to receive information and collaborate with hospitals and health plans on shared patients.

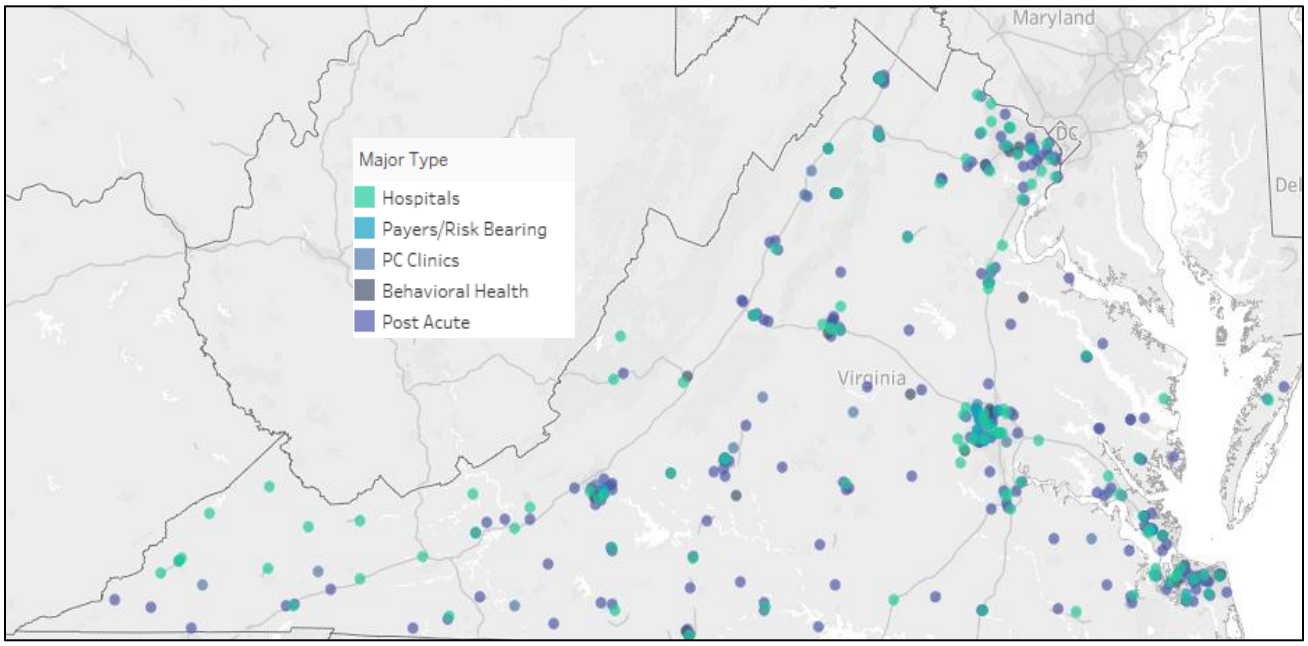
- **Integrates with the Prescription Monitoring Program (PMP) and the Virginia Advance Health Care Directive Registry (ADR) to enable automated query and automatic delivery of relevant information from such sources into the existing workflow of healthcare providers in the ED.** *The EDCC Advisory Council and the Department of Health Professions (DHP) continue to collaborate on mechanisms to integrate data from the PMP as required by the mandate. The NarxScore, an indicator from the PMP of a patient's narcotics utilization, is available for the majority of organizations and complements the PMP access available with these systems' integrated EHRs. The Substitutable Medical Apps, Reusable Technologies on Fast Healthcare Interoperability Resources (SMART on FHIR) app was reviewed and meets DHP user auditing requirements to allow further access to the full PMP.*

  When an advance care planning document is available in the ADR and a patient visits an ED, an ED Notification—a single page informational document including historical encounters and care recommendations that an ED provider can review within 60-90 seconds—is sent including a link to the advance directive document(s) as required by the mandate. As of July 2024, there were over 11,891 individual active registrants with documents in the ADR.

PROGRAM ACCOMPLISHMENTS

- **Interoperability and collaboration among all key stakeholders.** The Advisory Council is established in code and is comprised of members nominated by stakeholder organizations as noted in the Preface. The Advisory Council advises the Commissioner and VHI regarding the establishment and operation of the Program, changes to the Program and outcome measures for the Program. The Advisory Council met quarterly during the report period to discuss major initiatives including program branding, technology access options for participants and new custom alerts for participants. The EDCC Collaborative, comprised of program users and others directly involved in patient care, met several times during the report period to support initiatives of the EDCC Advisory Council. The EDCC team also facilitated four collaborative meetings in the Tidewater region and three in the Central Virginia region. As part of this workgroup, care managers, social workers and other representatives are encouraged to collaborate and write short, actionable insights, or guidelines, about shared, high-utilizing patients. The EDCC Collaborative meetings facilitate discussions among clinicians and care teams across the Commonwealth.

FIGURE 1 - PARTICIPATING FACILITIES IN THE EDCC PROGRAM AS OF AUGUST 2024



- **Expanded participation throughout the Commonwealth among a variety of care providers.** The above Figure 1 maps the location of all hospital emergency departments, health plans, and over 1,000 primary care clinics, behavioral health providers and post-acute care facilities participating in the Program as of August 2024. Within the Program participants, the total number of users have grown from 4,386 users in September 2023 to 6,481 users in August 2024 with a total of 2,758 active users.

- **Balanced and broad array of stakeholders and significant stakeholder involvement in ongoing planning, defining and updating objectives, implementation, etc.** Recent objectives voiced in the EDCC program leadership groups included how the program should collect images and labs results mentioned in the Smartchart legislation and how to share social determinants of health (SDoH) information across users.

- **Technology and functionality that adapts and works for all stakeholders with emphasis on enabling integration with hospitals' EHR systems.** Several health systems and health plans use single sign on (SSO) to gain access to the web-based portal. Health systems on Epic or Cerner can use SMART on FHIR technology that seamlessly integrates with the EDCC platform to give their users access within their own EHR. As of September 2024, three health systems have implemented SMART on FHIR technology with two more in active implementation.

- **Creating and sharing care coordination plans and other information.** Care insights are an abbreviated care plan and/or guideline that can be authored and shared within the EDCC Program. In 2024 the EDCC program began promoting the use of collaborative care insights, which is a care insight that more than one user can edit. As of September

2024, these make up around 61% of the over 9,000 care insights active in the EDCC program. During the same period there were a total of 602 safety and security events authored, which indicate a previous history of a patient's disruptive behavior which alerts the patient care staffing to ensure proper resources are allocated when interacting during treatment.

- **Focus on identified patients with patterns of high utilization**. As highlighted in Figure 2, between July 2023 and June 2024 the EDCC program found 34,812 patients that visited an ED more than 10 times. These patients equated to 564,675 ED visits and 79,974 inpatient admissions. Of those patients 60.3% had a behavioral health diagnosis but only 6.4% had a care insight. The EDCC team works with providers to encourage the use of care insights and other strategies to reduce overutilization of the emergency for non-acute services.

FIGURE 2 - PATIENTS WITH 10 OR MORE ED VISITS WITHIN 12 MONTHS FROM JULY 2023 THROUGH JUNE 2024

34,812 people — **564,675** total emergency visits

Collective Utilization Category	Visit Count in 12 Months	Number of Patients	ED Visits	Median ED Visits	Inpatient Admits	Median Inpatient Admits	Inpatient LOS (Days)	% w/ Behavioral Health Diagnosis	% Suspected Homeless	% w/ Care Insight
Rising Risk	10 - 14	22,807	260,542	11	42,059	1	4.0	53.9%	0.3%	4.2%
	15 - 19	6,142	101,749	16	15,551	1	3.8	65.4%	0.5%	7.7%
High Utilization	20 - 29	3,579	83,214	23	11,663	2	3.7	75.4%	0.7%	10.2%
	30 - 49	1,530	56,176	36	6,387	2	3.2	84.1%	0.9%	16.1%
Super Utilization	50 - 74	451	26,928	59	2,470	2	3.1	88.9%	1.6%	23.9%
	75 - 99	143	11,984	83	762	2	2.8	95.8%	2.1%	30.8%
Extreme Utilization	100 +	160	24,082	128	1,082	3	3.1	91.9%	1.3%	34.4%
Grand Total		34,812	564,675	13	79,974	1	3.9	60.3%	0.4%	6.4%

PROJECT STATUS UPDATES

The legislation requires the following project status updates:

1. **The participation rate of hospitals and health systems, physicians and subscribing health plans operating in the Commonwealth:**

   - In 2024 there were 18 health systems and 111 facilities sending ADT feeds to the program, which encompasses all but one emergency department in Virginia. There was one recently reopened ED identified in 2023 going through implementation.

   - There are 11 health plans with 23 lines of business participating in the EDCC program. In 2024, there were over 5.4 million commercial, Medicare and other non-Medicaid covered lives submitted to the EDCC program by participating in health plans, accountable care organizations (ACOs) and risk bearing entities.

   - In addition, there were an estimated 23,110 Virginia physicians with a current, active license who are affiliated with at least one Virginia hospital which enables access to the EDCC Program.

2. **Strategies for sustaining the program and methods to continue to improve care coordination:**

   - EDCC Advisory Council representatives and VHI staff worked with stakeholders to secure General Appropriation match dollars that allow Department of Medical Assistance Services (DMAS) to obtain Medicaid Enterprise Systems (MES) funds from the Centers for Medicare & Medicaid Services (CMS) to sustain the technology costs of the ED visits and Medicaid MCO of the EDCC program. These funds also allow for continued improvements to care coordination by expanding DMAS direct access to the portal and/or reports as well as expanding coverage not only for Medicaid MCO lives, but also for fee-for-service covered lives. The funds also sustain the following enhancements to continue to improve care coordination:

     - Collaboration and Coordination of Mental/Behavioral Health (MH/BH)—criteria were developed to surface patients who have a MH/BH related diagnosis, self-harm and suicidal ideation related diagnosis and a new mental health collaborative care insight was developed with the ability to attach a crisis plan.

     - Management of Substance Use Disorders (SUD)—criteria were developed to surface patients with a current visit pertaining to SUD, history of SUD over a 12 month look back, and expanded ontology to include Opioid Use Disorder, opioid overdose and Alcohol Use Disorder; new Medication Assisted Treatment (MAT) automated warm handoff.

     - Maternal Health—criteria were developed to surface substance exposed infants/neonatal abstinence syndrome (SEI/NAS) as well as pregnant women at

risk for complications with a history of SUD, including alcohol and nicotine, sepsis or other complex conditions.

- Whereas no new monies were appropriated to support the legislative expansion of data collection for the EDCC program, VHI continues to work with the Virginia Department of Health (VDH), DMAS and the General Assembly to allow the general appropriations dollars to be used as a match for additional CMS funding.

- Costs for commercial and Medicare lives are not paid with General Appropriations or CMS MES funds, but are paid by the participating insurers, ACOs and other risk bearing entities.

3. **The impact on healthcare utilization and quality goals such as reducing the frequency of visits by high-volume ED utilizers and avoiding duplication of prescriptions, imaging, testing or other healthcare services.**

    - Potential indicators that the frequency of visits by patients with high-volume ED utilization is reducing include:

        - **Anecdotal success stories.** UVA Medicine's HOME program collaborated with the EDCC program to reduce hospitalizations and readmissions. "We're always trying to break down barriers to care and information silos especially in treating our most vulnerable patients. We use the tools from the EDCC program to support a highly informed and highly coordinated approach that improves care and reduces costs for patients with complex diseases." noted Dr. Amber Inofuentes, Medical Director, UVA Medicine HOME Program. The pilot dramatically reduced hospital utilization: 30-day readmission rates fell by more than 65% and hospital bed-days decreased by 40%. The program's success led to its expansion to other patient populations with complex chronic medical conditions including diabetes, substance use disorders and end-stage renal disease. Read the full UVA Case Study here.

    - Potential indicators of avoiding duplication of prescriptions include **multiple provider episodes for opioids** defined as more than five prescribers and more than five pharmacies in a six-month period. As reported by the Virginia PMP in their 2024 second quarterly report, this can be an indicator of doctor shopping and/or inadequate care coordination. Between 2018 q1 and 2024 q2, multiple provider episodes dropped from 10.6 to 2.0 per 100,000.

CONCLUSION

Since the 2023 annual report, the EDCC program has continued success as noted below:

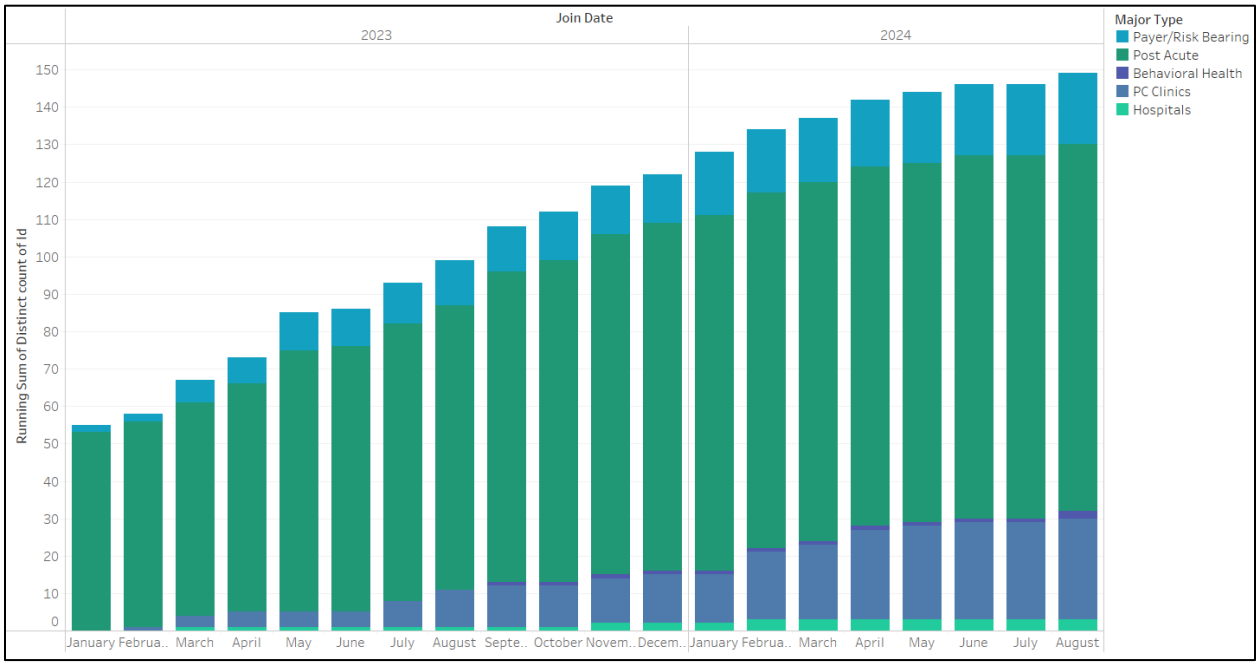
- Cohosted webinar with DMAS Addiction and Recovery Treatment Services (ARTS) team, which led to onboarding several new downstream providers and the first Bridge to MAT partnership. VHI partnered with VDH and the Virginia Hospital and Healthcare

Association (VHHA) to host an infectious disease webinar that led to 30 hospitals setting up specific alerting using the MDRO flag. The EDCC program launched new features including the skilled nursing facility (SNF) summary to include additional information in ED reports to assist in transitions of care and added patient insurance information to the patient overview page to support coordination for benefits for all EDCC program users.

- Executed ETAs and onboarded downstream providers including many with multiple locations. Figure 3 illustrates the growth of added facilities participating in the EDCC program.

- Supported statewide and regional collaborative meetings and initiatives as described in **Interoperability and collaboration among all key stakeholders** on page 3.

FIGURE 3 – RUNNING TOTAL OF ONBOARDED FACILITES



Continued enhancements and expansions to the EDCC program are influenced by the EDCC Advisory Council and current users of the program. With the recent legislative changes to the program, the team continues to rely on engaged stakeholders and partnerships to shape and further refine the program. The continued support of the General Assembly, state agencies, healthcare providers, health insurance plans and nonprofit organizations help the program advance these shared goals.

Any questions or suggestions about this report may be directed to Virginia Health Information at EDCCPsupport@vhi.org or by telephone at 804-612-8187.

APPENDIX A – SMARTCHART NETWORK PROGRAM

§ 32.1-372. Smartchart Network Program established, purpose.

A. The Smartchart Network Program (the Program) is hereby created to provide a single, statewide technology solution that connects all health care 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.

B. The Commissioner shall ensure that the Program:
1. Receives real-time patient visit information from, and shares such information with, every hospital in the Commonwealth through integrations that enable receiving information from and delivering information into electronic health records systems utilized by such hospitals; and

2. Requires that all participants in the Program share patient information and have fully executed health care data exchange contracts to ensure the secure and reliable exchange of patient information in compliance with the patient privacy and security requirements of applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.); and

3. Enables health care providers, health care entities, and insurance carriers to access information necessary to evaluate and monitor the care and treatment of a patient in accordance with the patient privacy and security requirements of applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.); and

4. Allows health care providers 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 health care services in the Commonwealth, including strategies and methods to continue to improve care coordination in hospital emergency departments and reduce the frequency of visits by high-volume emergency department utilizers; and

5. 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 health care services in the Commonwealth, including care plans, lab results, images, and hospital admissions, transfers, and discharges; and

6. Provides a patient's designated managed care organization and supporting clinical and care management personnel with care coordination plans, lab results, images, and discharge and other treatment and care coordination information about a member receiving health care services in the Commonwealth; and

7. Is integrated with the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 and the Advance Health Care Planning Registry established pursuant to Article 9 (§ 54.1-2994 et seq.) of Chapter 29 of Title 54.1 to enable automated query and automatic delivery of relevant information from such sources into the existing work flow of health care providers.

C. The Commissioner shall enter into a contract with a third party to create, operate, maintain or administer the Program in accordance with this section, which shall include provisions for the protection of patient privacy and data security pursuant to state and federal law and regulations, including the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.).The third-party contractor shall continue and rename the Emergency Department Care Coordination Advisory Council established by Chapter 836 of the Acts of Assembly of 2017 as the Smartchart Network Program Advisory Council (the Advisory Council), which shall consist of representatives of the Department, the Department of Medical Assistance Services, the Department of Health Professions, the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, the Medical Society of Virginia, the Virginia College of Emergency Physicians, the Virginia Chapter of the American Academy of Pediatricians, and the Virginia Academy of Family Physicians, to advise the Commissioner and the third-party contractor regarding the establishment and operation of the Program, changes to the Program, and outcome measures for the Program.

The Advisory Council established pursuant to this subsection shall continue to ensure that information is shared among emergency departments throughout the Commonwealth and all hospitals operating emergency departments in the Commonwealth, all Medicaid managed care contracted health plans, the state employee health insurance plan, all Medicare plans operating in the Commonwealth, and all commercial plans operating in the Commonwealth, excluding ERISA plans, and shall participate in the emergency department information exchange program to continue to improve care coordination in hospital emergency departments and reduce the frequency of visits by high-volume emergency department utilizers.

D. Information submitted to the Program shall be confidential and shall be exempt from disclosure under the Virginia Freedom of Information Act (§ 2.2-3700 et seq.).

APPENDIX B – ACRONYMS AND ABBREVIATIONS

ACO - Accountable Care Organization

ADR - Advance Health Care Directive Registry

ADT - Admission, Discharge, Transfer feed

ARTS - Addiction and Recovery Treatment Services

DHP - Department of Health Professions

DMAS - Department of Medical Assistance Services

ED - Emergency Department

EDCC - Emergency Department Care Coordination

EHR - Electronic Health Record

ENS - Event Notification System

ETA - Exchange Trust Agreement

HIPAA - Health Insurance Portability and Accountability Act

MAT – Medication Assisted Treatment

MCO - Managed Care Organization

MDRO - Multidrug Resistant Organism

MES - Medicaid Enterprise Systems

PCC - PointClickCare

PCP - Primary Care Physician

PMP - Prescription Monitoring Program

SDoH - Social Determinants of Health

SMART on FHIR - Substitutable Medical Apps, Reusable Technologies on Fast Healthcare Interoperability Resources

SNF – Skilled Nursing Facility

SSO - Single Sign-On

VDH – Virginia Department of Health

VHHA – Virginia Hospital and Healthcare Association

VHI - Virginia Health Information