



COMMONWEALTH of VIRGINIA

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October 17, 2025

MEMORANDUM

TO: The Honorable L. Louis Lucas
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee
[Click here to change audience/committee](#)

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

SUBJECT: 2024 Health Information Needs Workgroup Report

This report is submitted in compliance with the Virginia Acts of the Assembly – § 32.1-276.9:1 (B) of the Code of Virginia, which states:

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.

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 V. Kelly, Secretary of Health and Human Resources

2024 HEALTH INFORMATION NEEDS WORKGROUP

REPORT TO THE GOVERNOR AND THE
GENERAL ASSEMBLY

2024



VIRGINIA DEPARTMENT OF HEALTH

PREFACE

In accordance with § 32.1-276.9:1 of the Code of Virginia, the State Health Commissioner is instructed to report on the activities, findings, and recommendations of the Health Information Needs Workgroup on an annual basis. The report is prepared by the nonprofit organization with which the State Health Commissioner contracts to (i) compile, store, analyze, and evaluate health data submitted by Virginia health care providers; (ii) operates the All-Payer Claims Database; and (iii) measures the efficiency and productivity of health care providers that operate in the Commonwealth. The State Health Commissioner is responsible for submitting the report to the Governor and the General Assembly by December 1st each year.

WORKGROUP MEMBER REPRESENTATION

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

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EXECUTIVE SUMMARY

In accordance with § 32.1-276.9:1 of the Code of Virginia, the State Health Commissioner is instructed to report on the activities, findings, and recommendations of the Health Information Needs Workgroup on an annual basis. The report is prepared by the nonprofit organization with which the State Health Commissioner contracts to (i) compile, store, analyze, and evaluate health data submitted by Virginia health care providers; (ii) operates the All-Payer Claims Database; and (iii) measures the efficiency and productivity of health care providers that operate in the Commonwealth. The State Health Commissioner is responsible for submitting the report to the Governor and the General Assembly by December 1st each year.

The nonprofit organization, Virginia Health Information (VHI) deferred meetings of the full Health Information Needs Workgroup in 2024 as the General Assembly passed no new bills which significantly changed the current healthcare data reporting requirements. VHI continued collaborating with relevant stakeholders throughout calendar year 2024 to maintain current requirements as well as discuss potential expansion(s). The findings and recommendations resulting from the stakeholder partnership exchanges are listed below.

RECOMMENDATIONS AND ACTION ITEMS

1. Pursue expansion of Virginia Outpatient Level Data – VHI will continue to work with the VDH to respond to comments received regarding the periodic review of Virginia regulation 12VAC5-218 Rules and Regulations Governing Outpatient Health Data Reporting.
2. Expand the functionality of the Public Health Reporting Pathway (PHRP) – Now that VHI has transitioned its technology vendor for the PHRP, a stronger repository of public health messaging data can be constructed with additional funding to better meet the needs of the VDH and the broad healthcare community.
3. 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 Health Services Plan and Weldon Cooper Population Data Center to an industry workgroup for review.
4. Assess data needs that are currently not addressed through current inventory of Virginia programs: VHI will assess which program enhancements and additions are necessary to meet Virginia healthcare stakeholders' needs over the next year.
5. Increase connectivity in the Smartchart program with the Prescription Monitoring Program (PMP) and Virginia psychiatric hospitals: VHI and the Department of Health Professions (DHP) will continue to collaborate to expand the level of audit-compliant PMP information and access that Virginia providers have through the Smartchart program. VHI continues to work with the Department of Behavioral Health and Developmental Services (DBHDS) to develop an implementation plan for Virginia state psychiatric hospitals to join the Smartchart network consistent with relevant legislative requirements. An implementation plan is being developed for onboarding private psychiatric hospitals as well.

INTRODUCTION

WORKGROUP MANDATE

The Health Information Needs Workgroup and annual reporting requirement to the Governor and General Assembly are required by Chapters 693 and 709 of the 2012 Acts of Assembly (See Appendix A). The State Health Commissioner is responsible for reporting on the workgroup's activities, findings, and recommendations to the Governor and the General Assembly by December 1st each year.

WORKGROUP ACTIVITIES

The nonprofit organization deferred meetings of the full Health Information Needs Workgroup in 2024 as the General Assembly passed no new bills which significantly changed the current healthcare data reporting requirements. The nonprofit continued collaborating with relevant stakeholders throughout calendar year 2024 to maintain current requirements as well as discuss potential expansion(s). The majority of Health Information Needs Workgroup members are represented on the VHI Board of Directors, which meet five times annually and are regularly updated on the seven programs that VHI administers.

REPORT OUTLINE

The remainder of this report will provide a brief background, purpose of the workgroup as well as an updated inventory of current health information programs and reform efforts and how the programs are complying with legislative requirements as well as program accomplishments during the reporting period. Programs include the Smartchart Program (formerly Emergency Department Care Coordination Program), All Payer Claims Database, Advance Health Care Planning Registry, Public Health Reporting Pathway, Patient Level Data System, Virginia Health Benefits Exchange, Prescription Monitoring Program, Efficiency and Productivity Information Collection System, Annual Licensure Survey Data and the Virginia Healthcare Workforce Data Center.

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. Specific mention is made to the development and operation of the All-Payer Claims Database (APCD), the Virginia Health Information Exchange 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:

- A. The Commissioner shall direct the nonprofit organization to establish a workgroup 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. 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](#).

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 2023 HINW report:

EMERGENCY DEPARTMENT CARE COORDINATION / SMARTCHART PROGRAM

1. The 2023 General Assembly changed the Emergency Department Care Coordination (EDCC) Program to the Smartchart Network Program effective January 2024 [§ 32.1-372](#) which 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.
2. The Smartchart 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 Smartchart 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 Smartchart program will ensure that a notification, or Emergency Department Optimization (EDO) alert, is 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 emergency department.
3. Continued enhancements and expansions to the Smartchart 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 (APCD)

1. 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, the Department of Medical Assistance Services (DMAS), and the State Corporation Commission's (SCC) Bureau of Insurance (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 comparative dashboards for Smarter Care Virginia.
2. During 2024, Virginia's APCD supported data projects and research with Boston University School of Medicine, University of New Hampshire, University of Virginia, VCU Medical Center, Virginia Hospital and Healthcare Association, the Virginia Center for Health Innovation, and others.

ADVANCE HEALTH CARE PLANNING REGISTRY (ACPR)

1. This secure registry allows Virginia residents to store their advance healthcare directive, durable do not resuscitate order, healthcare power of attorney, financial power of attorney, and other advance health 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 Health Care Planning Registry (ACPR) 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 ACPR are available to providers within all Virginia emergency departments via the Smartchart 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.
2. During the 2024 General Assembly Session, the program was legislatively expanded from an Advance Care Directives Registry into a broader [Advance Health Care Planning Registry](#). This state legal change expands the document types that can be stored including portable medical orders. In the future, licensed health care providers will also be able to access documents on behalf of patients with whom they have a treatment relationship.

PUBLIC HEALTH REPORTING PATHWAY

1. The Public Health Reporting Pathway (PHRP) provides the electronic transport of public health reportable data to and/or from VDH. This service automates the process for submitting immunizations, reportable electronic lab reporting (ELR), syndromic surveillance data, and cancer case reporting. 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.
2. VHI worked with VDH during 2023 to successfully transition the PHRP into a new technology vendor which now provides 24/7 technical support, 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

1. The Patient Level Data (PLD) system is the cornerstone of [Chapter 7.2 Healthcare Data Reporting](#) of Title 32.1 of the Code of Virginia and is a database of hospital acute discharges for all licensed hospitals in Virginia. 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.
2. Patient Legal Status resulting from a temporary detaining 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 BENEFITS EXCHANGE

1. 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).

2. Beginning November 1, 2023, for the 2024 plan year, [Virginia's Insurance Marketplace](https://www.healthcare.gov) replaced 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, Medicaid or Medicare.
3. Virginia's Insurance Marketplace is where consumers can shop for, compare and purchase quality and affordable health and dental insurance plans. Learn more at [https://scc.virginia.gov/pages/Health-Benefit-Exchange-\(6\)](https://scc.virginia.gov/pages/Health-Benefit-Exchange-(6)).

PRESCRIPTION MONITORING PROGRAM (PMP)

1. Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed controlled substances included in Schedule II, III, IV, and 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.
2. The PMP promotes the appropriate use of controlled substances for legitimate medical purposes and helps to monitor compliance with a treatment plan. The PMP deters the misuse, abuse, and diversion of controlled substances and helps law enforcement identify multiple prescriber use, drug diversion, and illegal prescribing and dispensing. Analysis of PMP data helps to identify trends with specific drugs, geographic regions, and patient and health care provider demographics. Such analyses are also useful to health profession licensing boards when conducting investigations into misuse, diversion, or the illegal prescribing and dispensing of prescription medication in the Commonwealth.
3. The PMP is used by every licensed prescriber in Virginia, all of whom have access by virtue of their license. Delegates of prescribers and pharmacists, investigators for licensing boards, authorized law enforcement agents, approved parole and probation officers, and the VDH Office of the Chief Medical Examiner also have access to the PMP. Veterinarians who dispense opioids or other covered substances for greater than 7 days may also access the PMP. Pet owners who dispensed a covered substance have a record of such dispensing in the PMP.

EFFICIENCY AND PRODUCTIVITY INFORMATION COLLECTION SYSTEM AND ANNUAL LICENSURE SURVEY DATA

1. 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.
2. 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 FYE2020 data to enable users to drill down for additional details and releases an update each year.

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

Bon Secours Mercy Health Richmond

General Info | **Financial** | Subsidiaries

Financial Information
For Fiscal Year 1/1/2022 - 12/31/2022
Why is this important?

Revenue		Expense		Balance Sheet	
Net patient service revenue	\$2,126,384,630	Labor	\$1,089,636,183	Current assets	\$1,599,380,094
Other operating revenue	\$49,125,268	Non-labor	\$800,567,479	Net fixed assets	\$708,754,566
Net assets released from restriction	\$0	Capital	\$61,509,036	Other assets	\$691,780,234
Total operating revenue	\$2,175,509,898	Taxes	\$110,027,315	Total assets	\$2,999,914,894
		Total operating expense	\$2,061,740,013	Current liabilities	\$266,704,219
		Operating income	\$113,769,885	Long term liabilities	\$615,733,354
		Net non-operating gains (loss)	(\$31,317,099)	Total liabilities	\$882,437,573
		Revenue and gains in excess of expenses and losses	\$82,452,786	Total net assets	\$2,117,477,321

Click here for more information on operating and total margins.

Updated on: 04/30/2024

Fig. 1, an example of parent financial data available in the EPICS. Parent financial data was collected between January 1, 2022, and December 31, 2022.

VIRGINIA HEALTHCARE WORKFORCE DATA CENTER

- In 2009, § 54.1-2506.1 of the Code of Virginia was updated to provide 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 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 table below and other data may be accessed at::
<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/VirginiaCareForceSnapshots/>

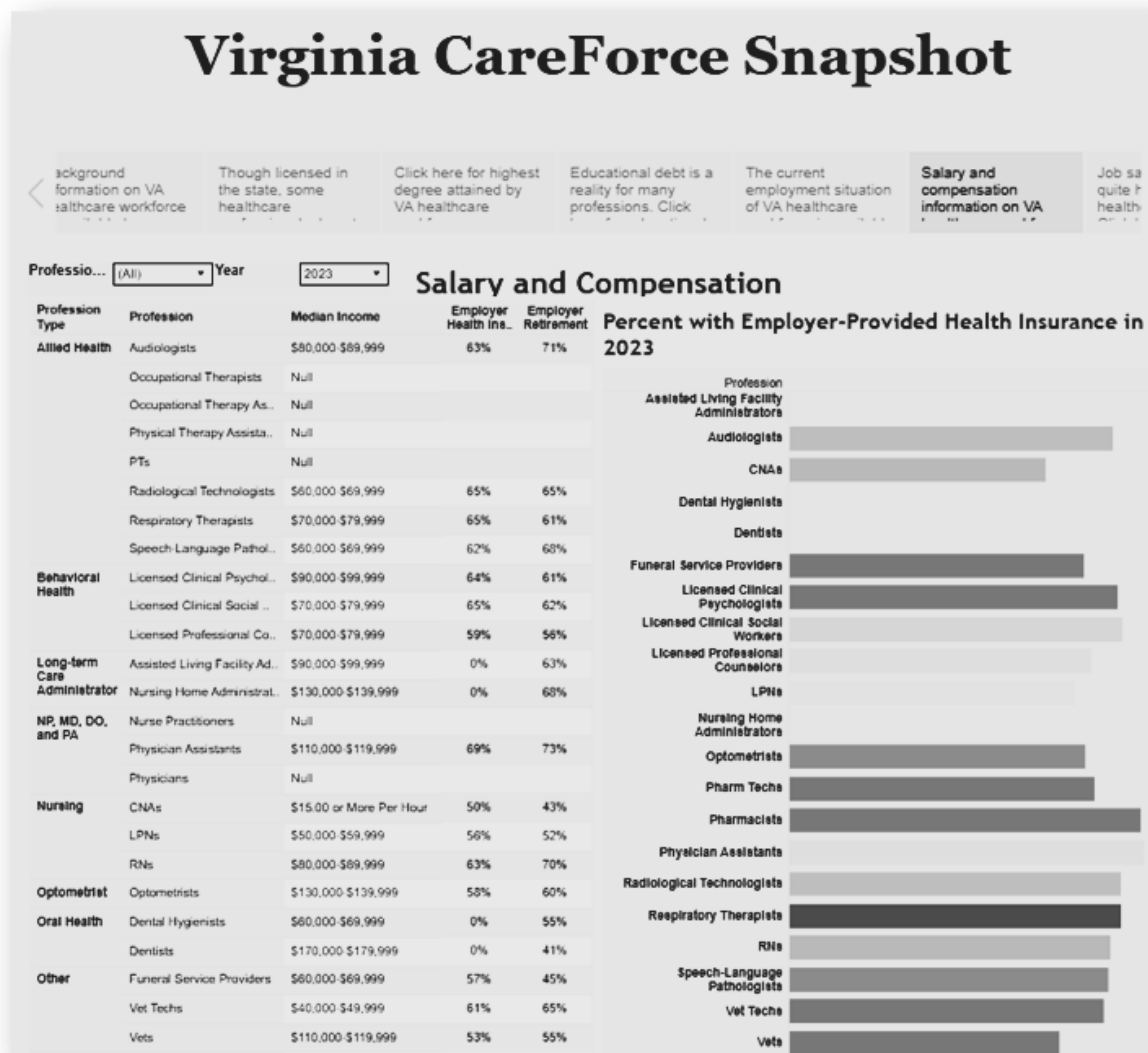


Fig. 2, example of data available through the Virginia Healthcare Workforce Data Center.

- 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>.

ACTION ITEMS AND NEXT STEPS

- 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 12VAC5-218 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, with additional funding, a stronger repository of public health messaging data can be constructed to better meet the needs of the VDH and the broad healthcare community.

3. 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.
4. Assess data needs that are currently not addressed through current inventory of Virginia programs: VHI will assess which program enhancements and additions are necessary to meet Virginia healthcare stakeholders' needs over the next year.
5. Increase connectivity in the Smartchart program with the PMP and Virginia psychiatric hospitals: VHI and the DHP will continue to collaborate to expand the level of audit compliant PMP information and access that Virginia providers have through the Smartchart program. VHI continues to work with DBHDS to develop an implementation plan for Virginia state psychiatric hospitals to join the Smartchart network consistent with relevant legislative requirements. An implementation plan is being developed for onboarding private psychiatric hospitals as well.

CLOSING REMARKS

1. [§ 32.1-276.9:1](#) was developed 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.
2. 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.
3. 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 – CHAPTERS 693 AND 709 OF THE 2012 ACTS OF ASSEMBLY

The requirements related to the establishment of the Health Information Needs Workgroup and the State Health Commissioner’s annual report to the Governor and General Assembly were enacted under Chapters 693 and 709 of the 2012 Acts of Assembly. Current statutory language is provided below:

[§ 32.1-276.9:1](#) of the Code of Virginia: Health information needs related to reform; work group

A. The Commissioner shall direct the nonprofit organization to establish a workgroup 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.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

ACPD – All Payer Claims Database

ACPR – Advance Health Care Planning Registry

ALSD - Annual Licensure Survey Data

BOI – Bureau of Insurance

COPN – Certificate of Public Need

DHBDS – Department of Behavioral and Developmental Services

EPICS – Efficiency and Productivity Information Collection System

EDCC – Emergency Department Care Coordination

EDO – Emergency Department Optimization

DHP – Department of Health Professions

HIE – Health Information Exchange

HWCD – [Virginia] Health Care Workforce Data Center

PLD – Patient Level Data System

PHRP – Public Health Reporting Pathway

PMP – Prescription Monitoring Program

POLST - Physician Orders for Life-Sustaining Treatment

SCC – State Corporation Commission

VDH – Virginia Department of Health

VHBE - Virginia Health Benefits Exchange

VHI – Virginia Health Information