Provider Data Sharing to Improve Quality of Care

Commission Briefing
August 17, 2022

Study purpose

- Understand the current landscape of provider data sharing and who is benefiting from it
- Identify barriers to sharing patient data between treating providers
- Identify ways to enhance provider data sharing in Virginia to improve the quality of patient care

SOURCE: JCHC study resolution approved on December 7, 2021.

Findings in brief

- Providers can improve patient care and reduce unnecessary services with access to medical records
- Full medication history is the most helpful information for providers
- Public programs including the PMP and EDCC meet some needs, but can be expanded to maximize benefits
- Private data sharing programs are robust, but they are fragmented and some providers can’t access them

PMP = Prescription Monitoring Program EDCC = Emergency Department Care Coordination Program

Policy options in brief

- Establish a system to collect and make available all prescriptions dispensed in Virginia
- Prioritize and fund access to the EDCC for key, public providers
- Direct VHI to propose a plan for a consolidated platform that brings together existing, fragmented programs
- Provide grant funding to community providers to access patient data through health systems in their area

Agenda

Benefits of data sharing

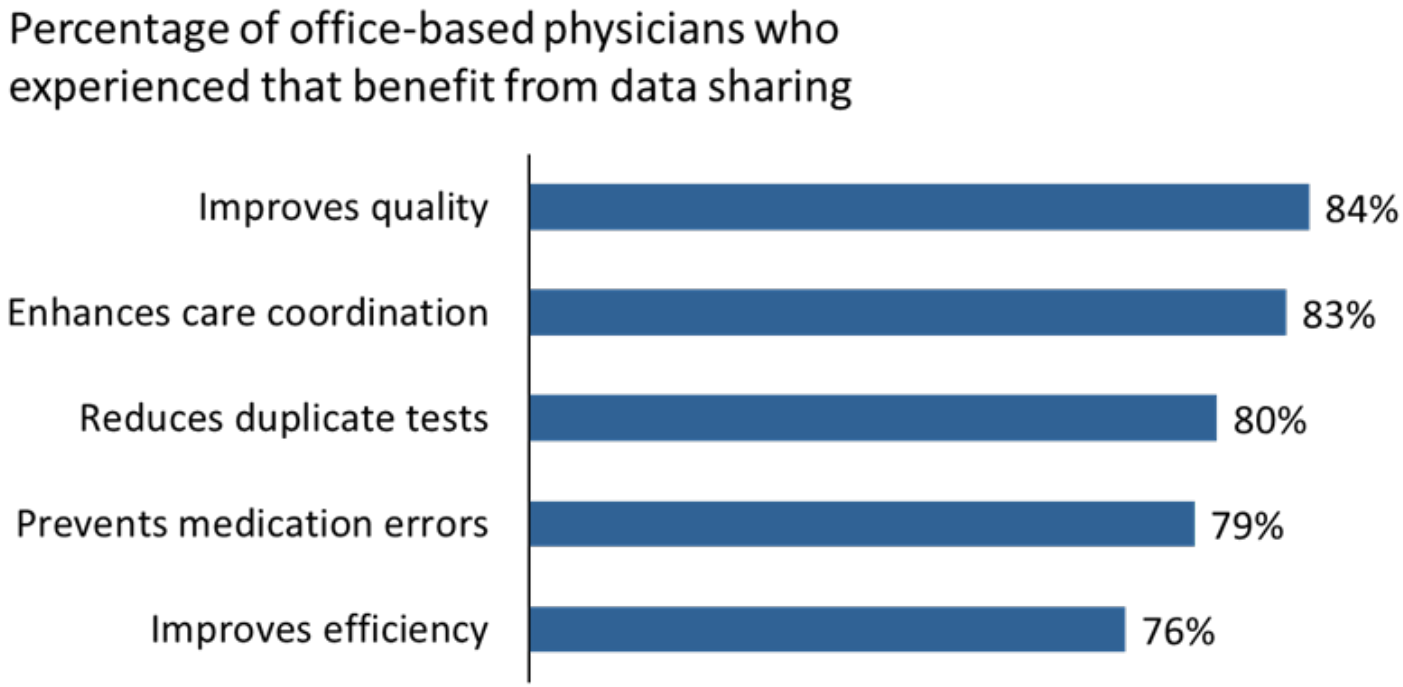
Improving Virginia's public data sharing capabilities

Leveraging Virginia's private data sharing platforms

Study focuses on provider-to-provider health care data sharing

- There are multiple purposes for sharing health care data
  - Provider-to-provider to inform clinical care
  - Care management data to connect patients with services
  - Public health research to inform policy
- Scope of the study resolution focuses on getting information to providers for clinical care

Effective data sharing provides multiple benefits to providers



SOURCE: National Electronic Health Record Survey, 2019. Office of the National Coordinator.

Providers consistently cite medication history as the most useful patient data

Higher priority

Lower priority

Type of information	Improve clinical decisions	Reduce unnecessary care	Improve care coordination
Medication history	✓	✓	
Test results	✓	✓	
Hospital visits, including ED	✓	✓	✓
Diagnoses	✓		✓
Barriers to care			✓

SOURCE: JCHC staff analysis of interviews and focus groups with providers in multiple settings, including hospitals, private practice, community services boards, free clinics, and correctional facilities.

Data sharing is most beneficial to patients with complex needs

- Individuals with chronic conditions are more likely to:
  - Take multiple medications
  - See multiple providers
  - Need lab work and diagnostic tests
- More than half of US adults have at least one chronic condition
  - More than a quarter of adults have 2 or more chronic conditions, becoming increasingly likely with age

Data sharing can be used for multiple purposes

- Data can be leveraged in a de-identified way to improve public health and policy research
- Systems must be developed to collect data in the right way
- Governance must allow for appropriate access for researchers and analysts

Effective data sharing requires IT integration and privacy protections

- Clinicians must be able to access information within their clinical workflow for it to be useful
  - This is most effective through EMR integration
- Any system must protect patient privacy and safeguard data from unauthorized use
- Goal is for a patient's medical records to "follow them" from one provider to another

EMR = electronic medical record

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Improving Virginia's public data sharing capabilities

Leveraging Virginia's private data sharing platforms

Virginia operates several public data sharing programs

Program name	Description	Goal	Organization responsible
PMP	Collect prescriptions for controlled substances and makes that available to providers	Promote safe prescribing of controlled substances	DHP
EDCC	Provide EDs, outpatient providers, and care coordinators real-time data on patient ED use	Reduce unnecessary ED use	VHI
Public Health Reporting Pathway	Collect patient immunization and disease data from providers	Provide data to VDH for research and surveillance	VDH/VHI
Advance Care Directives Registry	Public repository of legal documents related to patients' medical decisions	Enable clinicians to know if a patient has a medical directive	VHI

PMP = Prescription Monitoring Program
EDCC = Emergency Department Care Coordination
DHP = Department of Health Professions
VDH = Virginia Department of Health
VHI = Virginia Health Information

Finding

Publicly operated data sharing systems meet a limited number of clinical data sharing needs.

Public systems are largely not meeting primary data sharing needs

Type of information	PMP	EDCC	PHRP	ADR
Medication history	◐	○	○	○
Test results	○	○	◐	○
Hospital visits, including ED	○	●	○	○
Diagnoses	○	●	○	○
Barriers to care/SDOH	○	●	○	○

●=included in system ◐=partially included in system ○=not included in system

SOURCE: JCHC staff analysis of system capabilities and interviews with system administrators and users.

Finding

The Prescription Monitoring Program is an extremely useful tool, but its purpose limits it to a small subset of a patient's medication history.

PMP leverages IT integration to provide data to providers

- PMP includes data on all schedule II-V drugs, naloxone, and medical cannabis
- Most pharmacists are able to report prescriptions in an automated way through their IT systems
- Majority of providers review PMP medication histories within their EMR

EMR = electronic medical record

PMP only contains a small percentage of drugs dispensed in Virginia

- PMP contains an estimated 10-15% of all drugs dispensed in Virginia
- This subset accomplishes the PMP goals, but is too narrow to be used as a broad data sharing tool
- The technology provides a proof of concept for collecting all medications and making them available

NOTE: Estimate is based on the experience of Nebraska, which went from a PMP similar to Virginia's to a full medication history system in 2018.

Collecting all medications would meet the number one data sharing need

- Virginia could direct the creation of a system to collect and make available all prescriptions dispensed
- One state has a system to do this (NE); two other states passed legislation and working to implement (MD/CO)
- This would provide any provider access to the most wanted piece of clinical data to help inform care

System for full medication history would be different from PMP

	Virginia PMP	Nebraska PDMP
Goals	Promote safe prescribing and dispensing for controlled substances	Reduce opioid abuse Provide full medication history to providers
Governance entity	Department of Health Professions	Health Information Technology Board
Prescriptions reported	Schedule II-V, naloxone, medical cannabis	All prescriptions dispensed in the state or to an address in the state
Patient consent	No patient opt-out	Patient opt-out for Health Information Exchange access; not reporting
Provider access	Providers who are treating or consulting on a patient	Providers who are treating or consulting on a patient

NOTE: Virginia's PMP provides access to data to non-providers under certain circumstances. This access would need to be determined for any new system, and would likely be different.

System for medication history would require significant planning

- Key decisions necessary for a medication history system
  - **Governance:** who operates and oversees the system
  - **Defining prescriptions:** consider mail order, inpatient drugs, prescriptions filled out of state for VA residents
  - **Patient consent:** opt-in versus opt-out
  - **Privacy safeguards:** ensuring only authorized providers access data

Medication history system would require financial investment

- Level of initial and ongoing investment will depend on implementation decisions
- Nebraska funds their system with no general funds or fees on system users

NOTE: Staff is requesting information from Nebraska on the cost to implement and operate the system, but have not been able to obtain that information yet to inform cost estimates in Virginia.

Policy Option 1

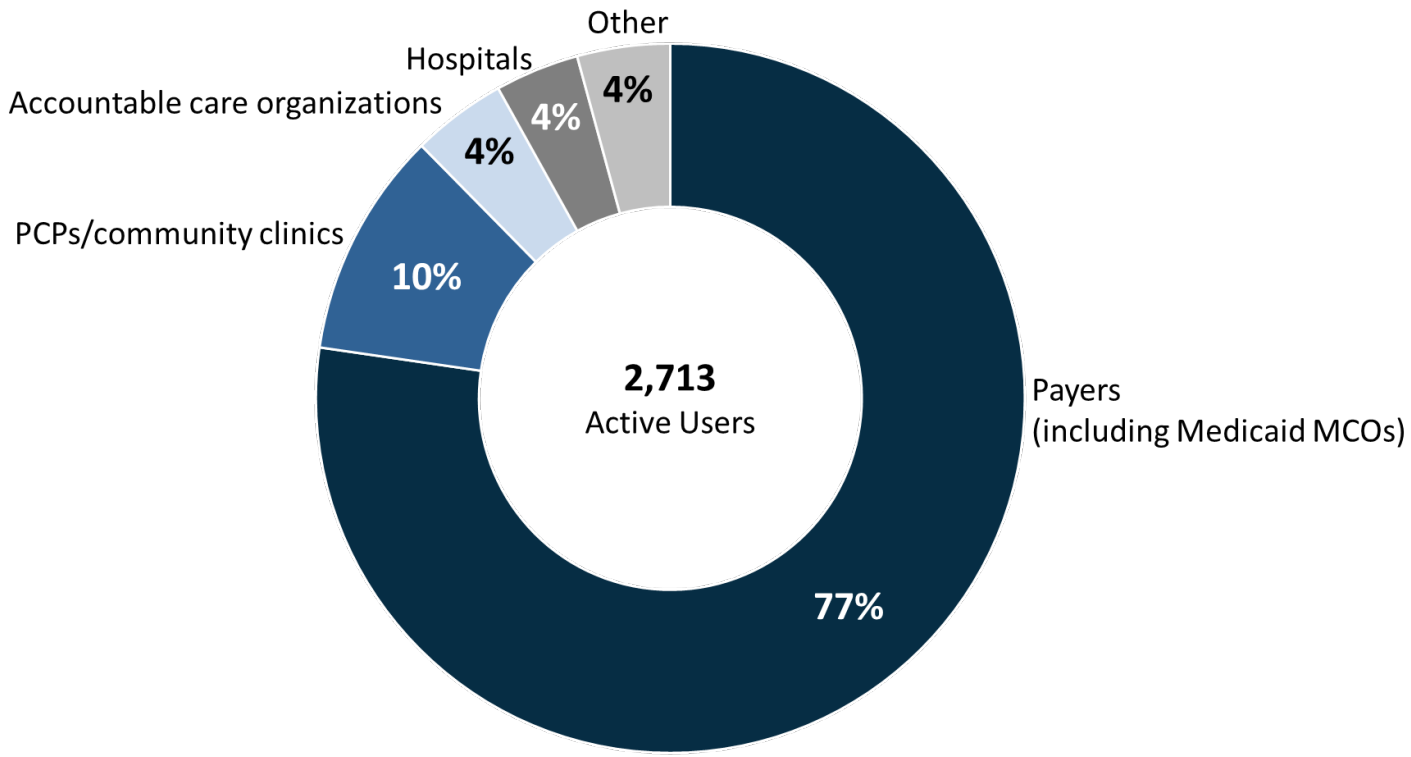
The JCHC could introduce legislation directing the development of a system to collect data on all prescriptions dispensed in Virginia and make that information available to providers.

Finding

The EDCC program is primarily used as a care coordination tool for health plans.

Including additional, non-hospital providers in the program would benefit all users.

Vast majority of active users are with health plans, including MCOs



SOURCE: JCHC staff analysis of VHI data on registered and active users of the EDCC system, December 2021 through May 2022.
NOTE: EDCC is not currently able to accurately track active users within hospitals, so active, hospital users are undercounted in the data.

Users indicate case management functionality is most useful feature

- Care coordinators and case managers for both health plans and hospitals find EDCC useful
  - Hospital alerts
  - Review “care insights” to identify community providers and needed wrap-around services
- Alerts for ED clinicians are of limited value

NOTE: Care insights are notes that EDCC users can enter for a patient. These may include a community treatment plan, history of treatment for a certain condition, or specific treatments that have been attempted and not worked.

Current functionality would be useful to additional provider types

- Correctional facilities
- State mental health hospitals
- Community Services Boards

Correctional facilities need medical history to provide adequate care

- Inmates with a history of BH and SUD need to be identified for treatment
- Inmates with current medications or chronic conditions need continued care
- **Example:** Inmate needing dialysis
  - requires identifying the need and determining dialysis treatment plan
  - EDCC could provide the diagnosis, and potentially contact information for current dialysis clinic

BH = behavioral health
SUD = substance use disorder

EDCC could improve BH care if state hospitals and CSBs participated

- Capturing all state hospital admissions in EDCC could help reduce readmissions
  - Community case managers and providers could be alerted
  - Hospital staff could see state hospital discharge plans if a patient returns to an ED
  - 22% of state hospital patients readmitted at least once (FY21)
- CSBs provide case management for high needs BH patients, the most useful component of EDCC

Cost of EDCC participation will vary by functionality

- Correctional facilities would benefit most from viewing existing EDCC data, which has no cost
  - Real time alerts are of less value because correctional facilities know when an inmate goes to the hospital
- State hospitals and CSBs require full access, which needs funding
  - Estimated $5 million year 1 costs; $1 million annually
  - DMAS proposal would use funding freed up from enhanced federal Medicaid match for costs through 2024

Policy Options 2 and 3

JCHC could introduce legislation requiring the EDCC to share information with all state, regional, and local correctional facilities

JCHC could introduce legislation requiring data on all patients in state hospitals be included in the EDCC, and all CSBs be enrolled in the program.

EDCC enhancements would improve functionality

- Obtaining more discharge plans from hospitals would improve care coordination
- Consistently capturing provider names and contact information would improve care coordination
- Integrating EDCC with existing case management software would make program more efficient

Policy Option 4

JCHC could introduce a Chapter 1 bill directing VHI to assess the cost of enhancements, and implement if cost-effective.

Agenda

Benefits of data sharing

Improving Virginia's public data sharing capabilities

Leveraging Virginia's private data sharing platforms

Data sharing through health systems and national programs is robust

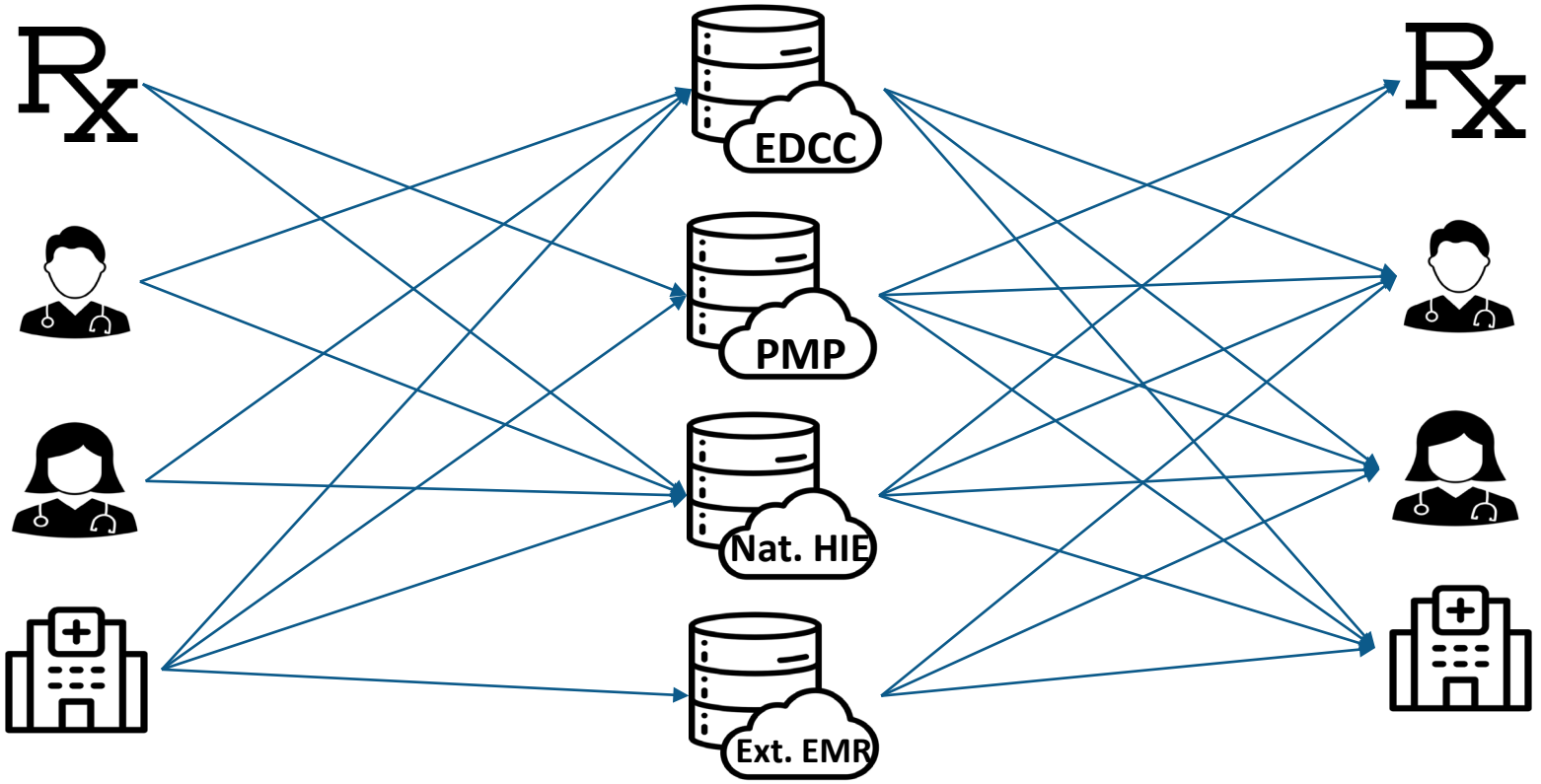
- Major EMR vendors enable data sharing
  - Different providers using the same EMR can share data
  - External providers can obtain read-only access
- National HIEs facilitate exchange of core data that can be integrated within a provider's EMR

HIE = health information exchange

Finding

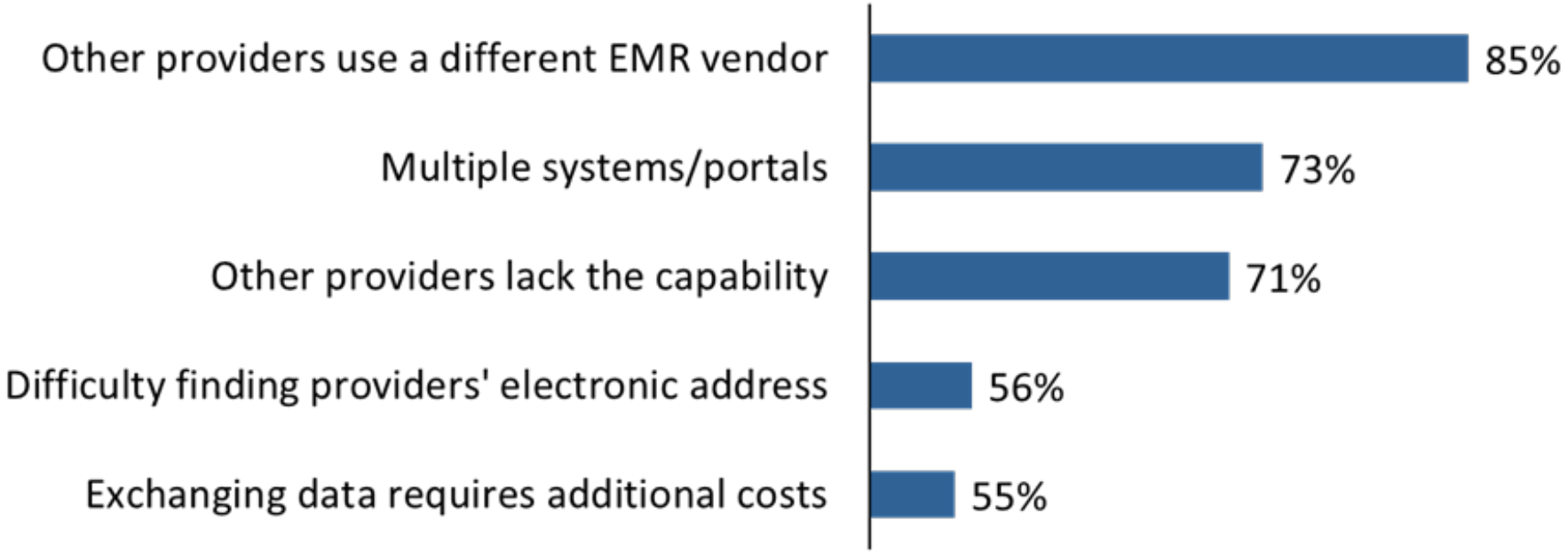
Current programs and systems can be extremely effective but they are fragmented, limiting their usefulness.

Providers have to report and review data in multiple platforms



Fragmentation and integration are the biggest challenges

Barriers to effective data exchange for
office-based physicians

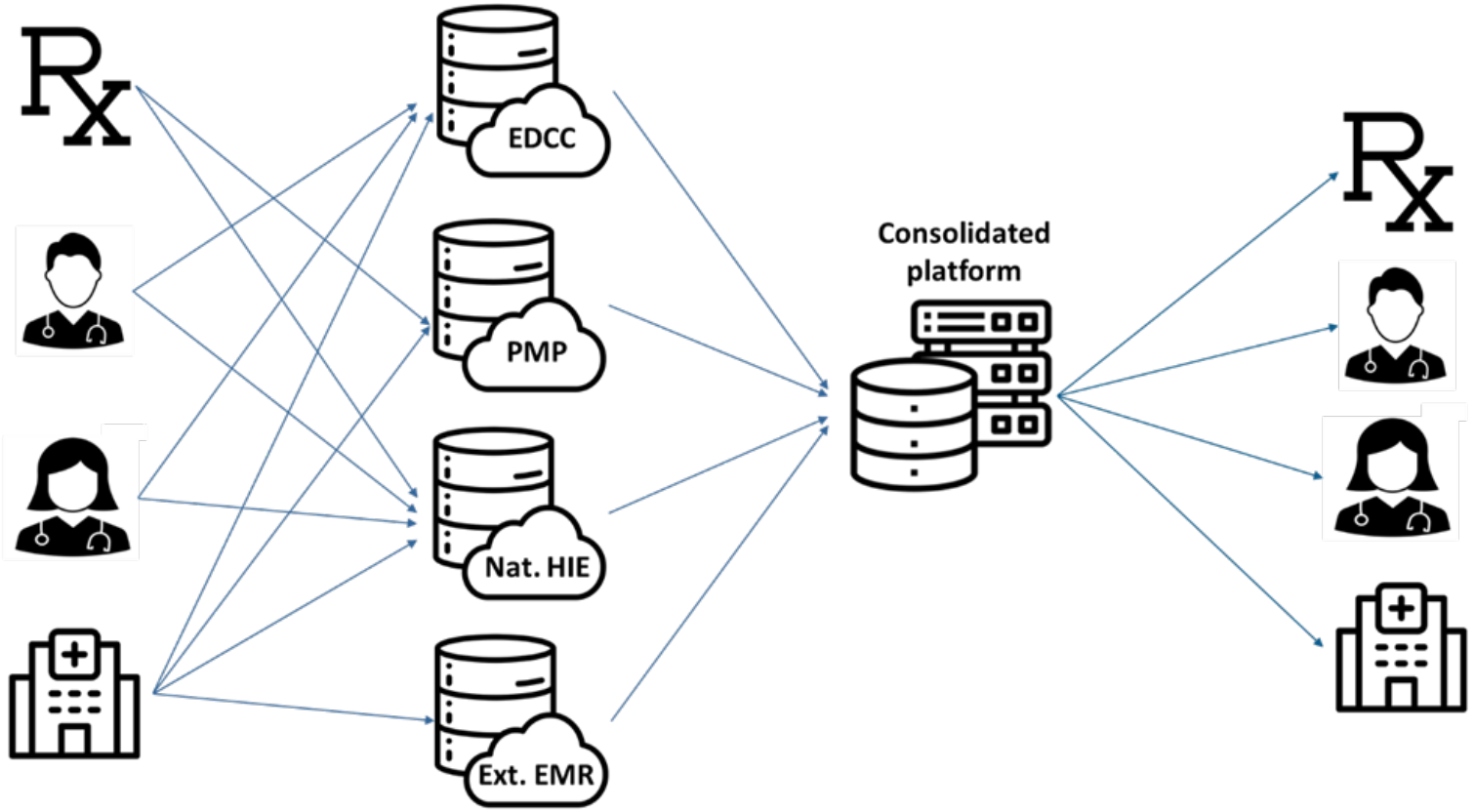


SOURCE: National Electronic Health Record Survey, 2019. Office of the National Coordinator.

Consolidating access to existing systems under one platform simplifies use

- Several other states connect existing systems or data streams under one platform for providers to access
  - Providers still choose which systems they want to use
- Provides one web-based portal to access everything
- Makes integration easier for those that pursue it

Primary benefit of consolidation is streamlining access



Developing a consolidated platform requires thoughtful planning

- Key decisions need to be made with stakeholder input
  - Governance
  - Essential functionality
  - Data usage and access controls
  - Plan for EMR integration
  - Communication and outreach
  - Funding

Policy Option 5

JCHC could send a letter to VHI asking them to include a proposal for a consolidated exchange platform as part of their strategic plan for the General Assembly.

Findings

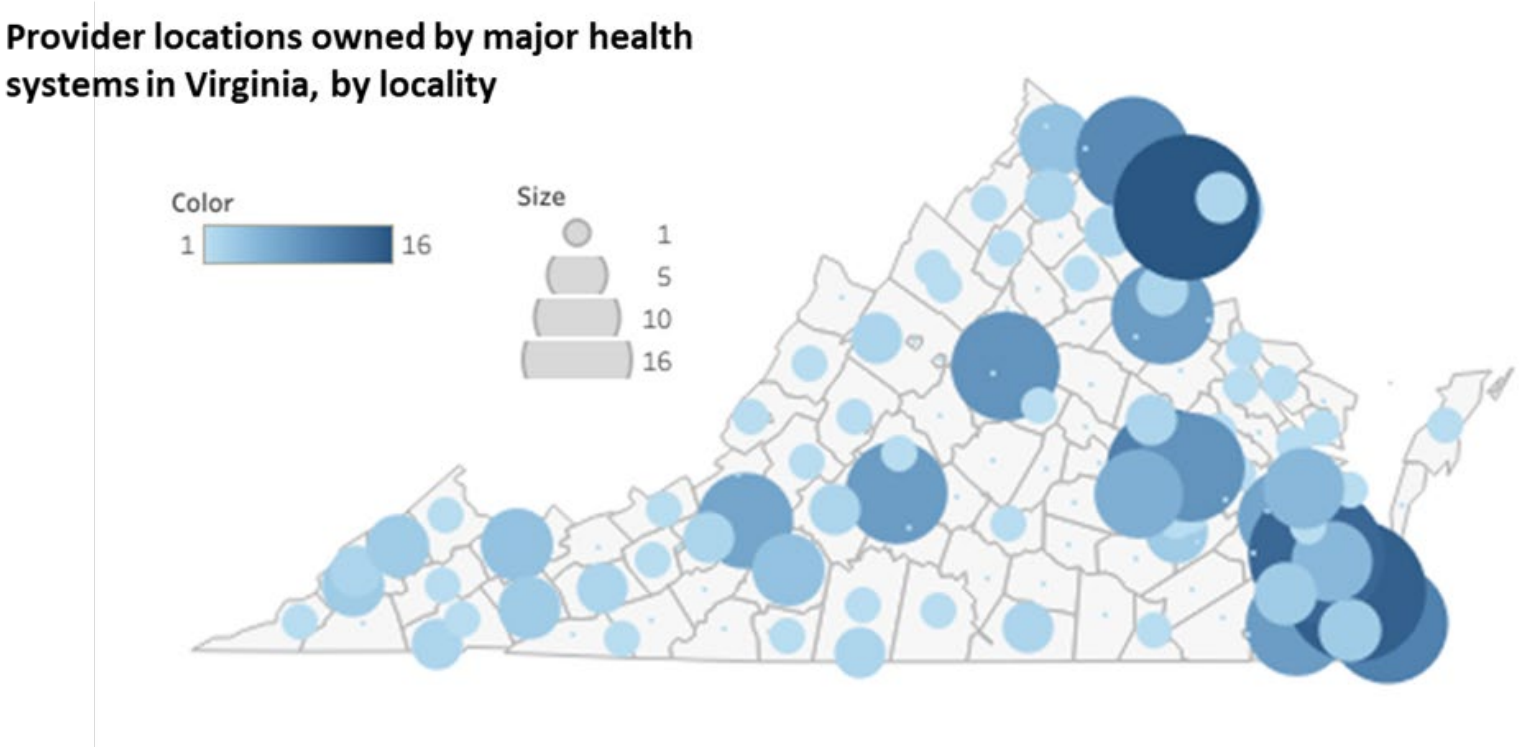
Large health systems have strongest data sharing capabilities, and these could be leveraged by community providers.

Cost and IT integration are the primary barriers to leveraging these existing systems.

Major EMR vendors used by health systems enable external sharing

- EMRs have optional packages where external providers can view patient data within a health system's EMR
- Typically provided through web-based portal, but can be integrated with the community provider's EMR

Significant amount of care provided by health systems in populated areas



SOURCE: JCHC staff analysis of VHI data on health system subsidiaries and participant data from two major, national HIEs, eHealth Exchange and Care Quality.

Cost and IT integration are the primary barriers to accessing health system data

- Community providers indicate cost is the number one barrier to getting access to health systems' EMRs
  - One free clinic indicated it was between $10,000 – $15,000
- Some providers know they won't use it if they can't integrate it with their own EMR
- Health systems need a method to verify that only appropriate users are accessing data

Policy Option 6

JCHC could introduce legislation creating a grant program to pay for the initial costs of connecting community-based health care providers to data sharing platforms of large health systems.

Federal funding is often available for data sharing projects

- Federal investment in health care data sharing is significant
- ONC currently has an open grant solicitation under which they may award additional grants through 2027
- Federal grant funding could support a variety of Virginia policies to improve data sharing

ONC = Office of the National Coordinator
NOTE: Current ONC grant is making initial awards right now, but the notice is open for additional awards for five years, pending additional funding.

Next Steps

- Written public comments accepted through Friday, September 9th
- Member review of public comments and discussion of policy options at September JCHC meeting (9/21)
- Member vote on policy options at December JCHC meeting (12/7)

Opportunity for public comment

- Submit written public comments by close of business on Friday, September 9th

  Email: jchcpubliccomments@jchc.Virginia.gov

  Mail: PO Box 1322
  Richmond, VA 23218

NOTE: All public comments are subject to FOIA and must be released upon request.

Joint Commission on Health Care

Street Address
600 E. Main Street, Suite 301
Richmond, VA 23219

Mailing Address
PO Box 1322
Richmond, VA 23218

Phone: 804-786-5445
Fax: 804-786-5538
http://jchc.virginia.gov