Joint Commission on Health Care
Provider Data Sharing to Improve Quality of Care

Materials for September 21, 2022 Discussion

1. List of policy options in staff report
2. Memo with additional information in response to Member questions
3. Written public comments

Policy Options

Joint Commission on Health Care
Provider Data Sharing to Improve Quality of Care

OPTION 1
The Joint Commission on Health Care could introduce legislation directing a state agency to develop a system to collect data on all prescriptions dispensed in Virginia, and use the system to make a patient's medication history available to a provider with consent of the patient. (Page 10)

OPTION 2
The Joint Commission on Health Care could introduce legislation to amend § 32.1-372 of the Code of Virginia to require the EDCC program to share information with all state, regional, and local correctional facilities in Virginia. (Page 14)

OPTION 3
The Joint Commission on Health Care could introduce legislation to amend § 32.1-372 of the Code of Virginia to require that information on all patients receiving services in state mental health hospitals be collected and shared as part of the EDCC program, and that all CSBs be enrolled in the program. (Page 14)

OPTION 4
The Joint Commission on Health Care could introduce a Chapter 1 bill directing VHI to work with the EDCC IT vendor and appropriate EDCC users to assess the cost to improve the sharing of discharge planning documents, provider contact information, and integration of the EDCC software with MCO case management software. VHI can then work the EDCC IT vendor to make the enhancements if there is agreement among the stakeholders that they are cost-effective. (Page 15)

OPTION 5
The Joint Commission on Health Care could send a letter to Virginia Health Information directing them to include a proposal for a consolidated health information exchange platform as part of the strategic plan being developed under Item 295.M.3 of the 2022 Appropriation Act. (Page 19)

OPTION 6
The Joint Commission on Health Care could introduce legislation creating a grant program to pay for the initial costs of connecting community-based health care providers to the data sharing platforms operated by large health systems. (Page 23)

JOINT COMMISSION ON HEALTH CARE

Senator George L. Barker, Chair *Delegate Robert D. Orrock, Sr., Vice Chair*

TO: JCHC Members
FROM: Jeff Lunardi, Executive Director
DATE: September 21, 2022
RE: Follow-up information on study of provider data sharing

At the August 17, 2022 JCHC meeting, staff presented the results of the study on *Provider Data Sharing to Improve Quality of Care.* Following Member discussion and questions, there were two questions that required additional information. The answers to these questions are below.

Question: What percentage of physicians are currently using an electronic medical record? (Delegate Hope)

The percentage of physicians using an EMR is at least 72 percent. As of the most recently available information from 2019, 72% of office-based physicians were using a certified electronic medical record (EMR). A certified EMR is one that meets a set of functional requirements established by the Office of the National Coordinator within the federal Department of Health and Human Services. Certification is voluntary, so it's likely that additional office-based physicians are using EMRs but they have either not gone through the certification process, or their EMRs do not meet the requirements. For physicians that work in hospitals, 96% of acute care hospitals were using certified EMRs as of 2019.

Question: Is it possible to use the data being exchanged for electronic prior authorization and real time benefit information to provide a full medication history? (Senator Dunnavant)

Senate Bill 428 (Dunnavant) and House Bill 360 (Fowler) require insurance carriers and providers to implement three provisions related to electronic prescribing by July 1, 2025.

- Carriers are required to establish an online process using the national SCRIPTS standard that can receive and approve electronic prior authorization requests for prescriptions from providers.
- Participating providers are required to have an e-prescribing system or EMR that can access the online process established by the insurance carrier.
- Carriers are required to provide real time coverage, prior authorization, and cost information to members and participating providers.

Neither bill becomes effective unless reenacted during the 2023 General Assembly session. The bills also directed a workgroup convened by the Bureau of Insurance and the Secretary of Health and Human Resources to make recommendations to improve the efficiency of electronic prior authorization, minimize delays, and include a single, standardized process as required by the legislation.

Jeff Lunardi, Executive Director
Joint Commission on Health Care
P.O. Box 1322/Richmond, VA 23218

The data that will be exchanged to facilitate electronic prior authorization as directed by SB 428 and HB 360 is a potential source of data that can be used to inform a prescription history. This would provide any prescription that was ordered by a prescriber. One limitation of this data sources is that it would not include prescriptions that do not require prior authorization, or those that are not run through an insurance carrier. It would also not indicate whether the individual picked up the prescription. These two gaps could be filled by collecting data from pharmacies and other dispensers, so that any dispensed medication is collected. Using both data sources would provide the most complete picture of a patient's medication history, including prescriptions that were ordered, but not picked up by the patient. As noted in the written report on provider data sharing, determining the source of data, the appropriate use of that data, and the IT infrastructure necessary to facilitate the collection and secure sharing of that data are key decisions if Virginia moves forward with a program to provide full medication history to providers.

Bamboo Health

September 9, 2022

Dear Honorable Members of the Virginia Joint Commission on Health Care:

On behalf of Bamboo Health, thank you for the opportunity to provide public comments on policy options related to provider data sharing to improve quality of care.

Bamboo Health provides trusted technology solutions to federal and state governments, payers, health systems, clinicians, pharmacies, and health information exchanges working to improve public health. In partnership with state governments, including the Commonwealth of Virginia's Department of Health Professions (DHP), Bamboo Health provides the nation's most comprehensive prescription drug monitoring program (PDMP) solutions which enable prescribers and dispensers access to accurate, near real-time, regulation compliant PDMP data.

Since partnering with the Virginia DHP in 2016, Bamboo Health has established an unparalleled ecosystem, which supports over 1,673 Virginia pharmacy data submitters; assisting them to reliably transmit thousands of data records per day and correct errors as they arise. In addition, the Virginia DHP enables seamless access to PDMP data through Electronic Health Record (EHR) and Pharmacy Management System integrations which include access to multi-state PDMP data. As a result, utilization of the Virginia PDMP is experiencing a record high. In 2021, Virginia physicians, pharmacists, and care team members initiated 59,532,323 patient queries, over 60% of the queries occurring from within the EHR and Pharmacy Management System integrated workflow.

Through Bamboo Health's PDMP solution suite, the Virginia Prescription Drug Monitoring Program meets the qualified prescription drug monitoring program (PDMP) requirements as described within Section 5042 of the Support for Patients and Communities Act.

At the August Joint Commission on Health Care meeting, the creation of an all-prescription database tool was presented as a policy option to address deficiencies in provider access to patient medication history. We believe this policy proposal can benefit the residents of the state through a more complete view of the patient's medication history. Were the Commonwealth to consider the creation of an all-prescription database tool, we encourage the Joint Commission to consider building upon the existing network established by the Virginia PDMP program rather than replacing it with new technology to support an all-prescription database.

This approach will:

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Bamboo Health

- Reduce the upfront development and ongoing administrative costs associated with establishing and governing a new all-prescription database.
- Significantly reduce the need for unnecessary technical development for providers, hospital systems, and pharmacies.
- Allow the Commonwealth to achieve the goals of the all-prescription solution in significantly less time.
- Retain valuable core PDMP function to support the ongoing mission of the PDMP which includes complex data submission compliance, support for regulatory agencies, management of oversight of authorized use and compliance with all requirements as defined within the Code of Virginia (§54.1-25.2) and Virginia Administrative Code (18VAC76-20), which contain laws and regulations applicable to the PDMP.

For the reasons described above, Bamboo Health is recommending that the Joint Commission on Health Care consider expanding the current PDMP infrastructure to include all prescriptions, regardless of whether its future administrative home is within state government or at the HIE. Today's existing Virginia PDMP infrastructure, which efficiently collects dispensation data for Schedule II – V drugs, naloxone, and cannabis oil, can accommodate all prescription data with minimal impact to Virginia pharmacies that is consistent with 43 other PDMPs via Bamboo Health's PMP Clearinghouse solution, significantly reducing administrative burdens. The PDMP is highly effective, and its current capabilities can be leveraged without negatively impacting providers, pharmacies, hospitals, and any other entities that require access to dispensation data.

Bamboo Health appreciates the opportunity to submit these comments and shares the Joint Commission on Health Care's goal of ensuring the "most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care".

Should you have any questions or require further information, please do not hesitate to contact Vatsala Kapur, Senior Director of Government Affairs, at vkapur@bamboohealth.com.

Sincerely,

Rob Cohen

CEO

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Community Health Solutions

September 9, 2022

Stephen Horan
Community Health Solutions
4200 Innslake Drive Suite 103
Glen Allen, VA 23060

Jeff Lunardi
Executive Director
Virginia Joint Commission on Health Care
PO Box 1322 Richmond, VA 23218

Dear Mr. Lunardi,

Thank you for the opportunity to comment on the Joint Commission on Health Care report titled Provider Data Sharing to Improve Quality of Care. My comments represent my perspective as CEO of Community Health Solutions, a Virginia firm with a mission to support community innovation for health improvement. In this capacity, over the past 24 years I have had the opportunity to support hundreds of health and human service organizations across Virginia in their vital work of improving community health and health care.

As outlined in the study resolution, Virginia has developed an array of health data platforms, but these platforms are also limited by shortfalls in access, coordination, and integration. Consequently, Virginia service providers and health plans may be missing opportunities to leverage the full power of these data assets to assure and improve quality of care for Virginia residents. In this context we appreciate and affirm the three summary findings of the study:

- Providers can improve patient care and reduce unnecessary services with access to patient medical records.
- Public programs that share data are meeting some data sharing needs, but require expansion or improvement to be effective.
- Multiple, fragmented programs and systems make it difficult for many providers to efficiently share data.

Focusing on the six summary options as outlined in the study brief, we support the common thread of improving accessibility and coordination of existing systems, while recognizing there are myriad technical and governance challenges to be resolved. We believe the work will be justified by the results, as Virginia needs next-level solutions that can enable service providers and health plans to utilize data in ways that drive quality and optimize outcomes.

As Virginia moves forward with this vital work, we also recommend widening the scope of health data exchange to include data on health-related social supports provided by community-based organizations (CBOs).

- Research and experience show that many health care patients struggle with health-related social needs related to gaps in food, housing, transportation, social connections, health literacy, medication management, and other skills for managing their conditions in the home and community setting.

- These gaps in health-related social supports can occur for patients in Medicare, Medicaid, Veterans health programs, employer-based coverage programs, and commercial plans, as well as patients with minimal or no health coverage.

- If left unaddressed, these gaps can make it difficult for patients to follow their care plans, and increase the risk of adverse health events that may lead to serious illness, frailty, and costly hospitalizations.

In response to these challenges, across Virginia there are health care providers, health plans, and community-based organizations exploring new ways of working together to assure that individuals in need are able to receive both health care and health-related social supports.

- Some of these relationships are evolving into '**community integrated health networks**' that coordinate health care and health-related social supports for defined populations.
- One key to success for these networks is the **ability to share health care data and social care data across providers** so that everyone involved can optimize services to assure quality.
- It is in this context that we recommend expanding the vision for health data exchange to include data on health-related social supports provided by community-based organizations in coordination with health care providers and payers.

Thank you once again for the opportunity to comment on this comprehensive and instructive report. I am at your service to discuss any of our comments in more detail as you proceed with next steps.

Sincerely,

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September 8, 2022

The Honorable Senator George Barker
Via Electronic Mail

Re: Comment Concerning Draft JCHC Report on Provider Data Sharing

Dear Senator Barker,

The Medical Society of Virginia (MSV) is grateful to have participated as a stakeholder in the process as the Joint Commission on Health Care staff were researching provider data sharing in Virginia. The scope of the MSV's concerns center on patient safety, patient autonomy, and the potential difficulties with the interoperability of Electronic Health Records (EHR) systems across the healthcare landscape. Accordingly, we feel it necessary to draw attention to some important issues that should be considered around Option #1 in the subsequent report.

Option #1 considers the establishment of a system to collect and make available to providers all prescriptions dispensed in Virginia. The report suggests creating a new system modeled after Virginia's current Prescription Monitoring Program (PMP), managed by the Department of Health Professions, or possibly building new IT infrastructure on top of the existing PMP.

First and foremost, creating such a system could present a significant patient safety issue. Specifically, the centralization of sensitive patient health information in a database within a state agency presents significant information security risks. The state of Nebraska, which is the only state to currently implement a system like that considered in Option #1, allows providers as well as delegated staff to access patient data. This access provides myriad opportunities for patient data to be compromised if it is not well-controlled. Tracking conducted by the U.S Department of Health and Human Services of data breaches within individual health systems should serve as ample evidence of this reality.

Additionally, there are issues regarding patient autonomy in this process. More specifically, the question as to whether patients will have the ability to opt-out of this new data tracking. Nebraska mandates participation in prescription monitoring to protect the integrity of the data; however, this does not provide patients with autonomy over the decision as to whether the prescriptions that they fill are tracked by the state.

Lastly, the PMP as it exists in current statute is significantly different than the system considered by Option #1 within the draft report. The difference in the volume of data is

obvious, but less obvious is the lack of integration of PMP data into external systems. Stakeholders have tried unsuccessfully to integrate PMP information into the Emergency Department Information Exchange (EDIE). The lack of integration between two state-operated systems does not provide assurance that the proposed system could integrate successfully across all the necessary health information systems across Virginia.

Virginia's healthcare providers are already overwhelmed with paperwork, software obligations, and administrative tasks. Any new system that adds to that burden may do more harm than good.

These are just some preliminary concerns that the MSV would like to offer for the consideration of the Commission. We appreciate the ability to participate as an active stakeholder in these considerations. If you have any questions, please contact Clark Barrineau at cbarrineau@msv.org or 704.609.4948.

Sincerely,

M. Clark Barrineau
Assistant Vice President of Government Affairs and Policy
The Medical Society of Virginia

CC:
Scott Johnson, Esquire/Hancock, Daniel & Johnson, General Counsel/MSV
Scott Castro, Director of Policy/MSV
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VACDS | VIRGINIA ASSOCIATION OF CHAIN DRUG STORES

Dear JCHC Members,

On behalf of the Virginia Association of Chain Drug Stores (VACDS) members, I am submitting comments in response to the recent Provider Data Sharing Brief, specifically regarding Policy Option 1 that would create a new system to collect and make available all dispensed prescriptions, replacing the existing PMP infrastructure.

We appreciate the work and time dedicated to this important issue centered around providers sharing medication history data to coordinate patient care. VACDS agrees this is a worthy goal. However, we respectfully ask that JCHC keep in mind that if this project moves forward and reporting the data of all dispensed prescriptions, lies solely with pharmacies, we need to be involved in all stages of this project.

For pharmacies to contribute in meaningful way, the database would have to comply with current pharmacy technology platforms to avoid any workflow disruption that would negatively impact our ability provide timely patient care. It is also important to note that pharmacies do not have the same access to HIEs, that physicians and health systems do, and the data we currently report to the state PMP is fully automated. If there is a requirement to connect directly to the HIE, there are also additional checks to take into consideration from vendor management, security, privacy, and legal perspectives.

Because VACDS' member companies operate across the nation, they have learned from experience that the models that implement a seamless migration of medication data from PMP work best. Those that attempt to require a separate platform with duplicative reporting requirements have more challenges. The following bullets raise issues VACDS would appreciate the Commission considering and working with us on if this project moves ahead:

- The concept of having a centralized healthcare portal to share prescription information has merit; however, there may be unintended consequences with any across the board consolidation or multi-system integration. As JCHC notes in their power point, fragmentation and integration of the data are the biggest challenges.
- The model to support any expanded data can be problematic for pharmacies, e.g., whether pharmacies are expected to send a separate feed to a new entity or would include more records in their current data feed to the PMP.
- A new data extract and process for reporting prescriptions would require extensive IT involvement leading to considerable financial costs and technology capacity concerns.

A prudent way to approach the project would be to establish a joint commission to assess its feasibility and cost. The commission should include representatives of all source systems, as well as pharmacy stakeholders.

In closing, the VA PMP is functioning well and serves its purpose to both prescribers and pharmacists. Should the Commission and the Legislature choose to move forward with an expanded database, we respectfully request that you involve our members as key stakeholders in the process.

Jodi Roth
Director of Government Affairs
Virginia Association of Chain Drug Stores
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Virginia Association Of Community Services Boards, Inc.
Making a Difference Together

Premier Behavioral Health and Developmental Disability Services in Virginia's Communities

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Commenter: Jennifer Faison
Affiliation: Executive Director, Virginia Association of Community Services Boards (VACSB)
Subject: JCHC Policy Options for Study on Provider Data Sharing to Improve Quality of Care
Date of Submission: September 9, 2022

The VACSB appreciates the opportunity to comment on the Joint Commission on Health Care's proposed policy options developed based on findings from its study on provider data sharing. Below please find comments on options 3, 4, 5 and 6.

OPTION 3: The Joint Commission on Health Care could introduce legislation to amend § 32.1-372 of the Code of Virginia to require that information on all patients receiving services in state mental health hospitals be collected and shared as part of the EDCC program, and that all CSBs be enrolled in the program.

The VACSB believes that funding to support CSB participation in the EDCC on a voluntary basis would be beneficial but if the JCHC decides to make participation mandatory, it does so with the understanding that CSBs would define which of their populations are most appropriate to include as opposed to requiring CSBs to upload, track and receive alerts on all of the individuals receiving services in a CSB. The latter would be overly burdensome and would not target those individuals for whom a higher level of care or intervention is most appropriate, such as individuals who are high utilizers of emergency department care. For reference, CSBs served 216,271 individuals (unduplicated count) in FY21.

OPTION 4: The Joint Commission on Health Care could introduce a Chapter 1 bill directing VHI to work with the EDCC IT vendor and appropriate EDCC users to assess the cost to improve the sharing of discharge planning documents, provider contact information, and integration of the EDCC software with MCO case management software. VHI can then work the EDCC IT vendor to make the enhancements if there is agreement among the stakeholders that they are cost-effective.

VACSB supports this option provided that the process involves current and future intended utilizers of the system.

OPTION 5: The Joint Commission on Health Care could send a letter to VHI directing them to include a proposal for a consolidated health information exchange platform as part of the strategic plan being developed under Item 295.M.3 of the 2022 Appropriation Act.

VACSB supports this option provided that the process involves current and future intended utilizers of the system.

OPTION 6: The Joint Commission on Health Care could introduce legislation creating a grant program to pay for the initial costs of connecting community-based health care providers to the data sharing platforms operated by large health systems.

The VACSB supports this option as it allows for providers to explore the utility of the system and make decisions on participation according to the needs of their organizations and the individuals they serve.

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September 9, 2022

Jeff Lunardi
Executive Director
Joint Commission on Health Care
600 East Main Street, Suite 301
Richmond, Virginia 23219

Dear Mr. Lunardi:

Thank you for the opportunity to comment on the policy options presented to the Joint Commission on Health Care members regarding provider data sharing to improve quality of care. The study of the current data sharing capabilities in the Commonwealth and potential options for improvements is critical to improving patient safety and quality of care. If done properly, it can also improve provider and payor efficiencies and streamline information flow for many health care system stakeholders.

We support the objectives of Options 2-4, which seek to expand participants in the Emergency Department Care Coordination (EDCC) program to include state hospitals, community services boards, and correctional facilities. These changes will improve care for individuals within these settings and assist health care providers and care coordinators in understanding patient histories in these settings. We also fully support exploration of the costs to add these participants (Option 4), if the Commonwealth determines these parties require financial support to participate, state general funds should be provided to establish these partnerships. State general funds will support stable, year over year funding and consistent oversight of these partnerships.

Option 1 recommends legislation directing development of a system to collect data on all prescriptions dispensed in Virginia and making that information available to providers. Option 5 suggests consideration of a consolidated health information exchange (HIE) platform as part of VHI's strategic plan. These options would be significant undertakings for Virginia and as a result, VAHP and its members recommend the following principles be considered as part of any future efforts:

1. *Patient Privacy Protections.* As noted in your presentation to the Commission on August 17, patient privacy protections and preferences should be carefully considered as part of any effort with clear and easy to access to methods to understand what and how data is being used. Protecting patient privacy is paramount in any future statewide prescription drug data of HIE efforts.

2. *Appropriate Use.* VAHP supports data sharing efforts that ensure secure access to clinical information at the point of care for patients and providers. We also support secure access to data for essential public health response and surveillance. In principle, this requires careful consideration of how health plan data, which is a critical asset for managing patient safety and health care costs, is used and by which organizations. For example, without proper data integrity and security parameters, collecting data on all prescriptions dispensed in Virginia could easily be leveraged by third parties for profit.

The Commonwealth should, prior to implementing either effort, ensure that: (a) organizations accessing data are using data appropriately for authorized uses through business associate and other agreements, (b) ensure it is clear exactly how any prescription drug or HIE data will be used through identified data use cases, and (c) if data use cases allow third parties to access key data, it should be an expectation that they pay for this critical resource that is constructed and owned by health plans and/or providers.

3. *Financial Sustainability.* There should be a clear financial model for any statewide data efforts as envisioned in Options 1 and 5. A clear financially sustainable model should rely on state or federal funding and not require the entities providing the key resource, patient level data, to pay for a statewide database. Using state or federal funding will also ensure sufficient oversight of the organization collecting and providing this data.

We look forward to working with you and your team as well as members of the Joint Commission to study these options further.

Best regards,

Doug Gray
Executive Director

September 13, 2022

Joint Commission on Health Care
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Re: Public Comment Regarding Provider Data Sharing to Improve Quality of Care
The Virginia Community Healthcare Association

On behalf of the Virginia Community Healthcare Association (VCHA), I am pleased to provide comments on the topic of provider data sharing. VCHA applauds the Joint Commission on Health Care's efforts to improve patient care and reduce unnecessary services with access to patient medical records.

VCHA is a non-profit 501 (c) 3 corporation, representing 30 member organizations that operate over 150 primary care, dental, and behavioral health centers, throughout Virginia. In 2021, our federally qualified health centers served over 387,192 patients, and of those patients, approximately 25 percent were uninsured, 90 percent had incomes at or below 200 percent of the federal poverty level, and 56 percent had incomes at or below 100 percent of the federal poverty level. VCHA is an integral part of Virginia's Health Safety Net, and we work to support our health centers in their mission to provide access to health care regardless of geographic location or ability to pay.

Additionally, VCHA has established a data warehouse program which acts to capture and store multiple organizations' (FQHC, LAL, HER, PMS) medical data. Our data warehouse is also used as a population management platform which has allowed us to better serve patients within our system by being able to access their medical history more efficiently. Though our program has proved to be helpful, VCHA agrees that further expansion and interoperability would only benefit the patient as well as assist the provider. From our perspective, it would be invaluable to be able to connect to hospitals, insurance payors, and other referring providers across the Commonwealth.

I am writing today to request that Virginia's federally qualified health centers be included in the conversations regarding data sharing and connecting providers to patient medical history.

VCHA commends the Commission for its work and time spent studying this important topic.

Sincerely,

Tracy Douglas
Chief Executive Officer
Virginia Community Healthcare Association
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Dear Mr. Lunardi:

On behalf of Virginia Health Information ("VHI"), I want to commend the Joint Commission on Health Care for studying the incredibly pertinent topic of provider data sharing. VHI became the Commonwealth of Virginia's designated Health Information Exchange ("HIE") following its merger with ConnectVirginia in 2019. Since 2019, VHI has focused its efforts on expanding and enrichening provider data connectivity and has made great strides over the past few years. There is likely no better example than the Emergency Department Care Coordination ("EDCC") Program, which was referenced frequently within your report. The EDCC illustrates the efficiencies in care coordination achieved on a statewide scale through broadly shared, real-time data exchange.

VHI is well positioned to address several of the remaining health data exchange needs referenced in the study by expanding on our existing agreement framework, governance structure and connectivity established by the EDCC and HIE. At the same time, VHI recognizes that some healthcare organizations may need a higher level of support encompassing data connectivity and a software platform for access, while others simply need expanded connectivity fitting their existing workflow in a complementary fashion. Any future expansions of the HIE into a health data utility model will continue the "no one size fits all" approach. It will have a primary focus on common connectivity while staying grounded in use cases prioritized by the healthcare stakeholder community.

Details on the specific approaches recommended to address the needs highlighted in this study as well as the requirements of the Virginia Health Information Strategic Plan budget amendment passed during this previous General Assembly Session are being developed and will be submitted by VHI to the Department of Health later this fall. This report will continue to be shaped based on further assessments of unaddressed data needs and ultimately finalized with VHI's Board of Directors after its strategic retreat in October. As always, we remain ready to serve on behalf of the Commonwealth to further transparency and data access in collaboration with our state and healthcare community partners.

Sincerely,

Kyle Russell

Kyle Russell
Chief Executive Officer
Virginia Health Information