December 7, 2022
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Provider Data Sharing to Improve Quality of Care

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Provider Data Sharing to Improve Quality of Care

POLICY OPTIONS IN BRIEF

Option 1: Establish a system to collect and make available to providers all prescriptions dispensed in Virginia (page 10).

Options 2 & 3: Provide access to the EDCC program to correctional facilities, state hospitals, and CSBs (page 14).

Option 4: Make improvements to the EDCC system to help current and new users more effectively use the information (page 15).

Option 5: Direct a plan to develop a consolidated platform to bring together the currently fragmented system of data sharing programs (page 19).

Option 6: Provide grant funding for community providers to gain access to the medical records within large health systems in their communities (page 23).

FINDINGS IN BRIEF

Providers can improve patient care and reduce unnecessary services with access to patient medical records
When providers are able to access a patient's medical history quickly and efficiently, they are able to make better clinical decisions and reduce unnecessary or duplicative tests. To accomplish this goal, the most important pieces of information are a complete prescription history for the patient, and the results of any recent lab or diagnostic tests.

Public programs that share data are meeting some data sharing needs, but require expansion or improvement to be effective
Two primary data sharing programs overseen by state agencies are the Prescription Monitoring Program (PMP) and the Emergency Department Care Coordination (EDCC) program. The PMP is an effective tool to collect and share with providers some prescription data, but is limited to a narrow subset of drugs that present a risk for addiction or over-prescribing. Creating a similar program that includes all prescriptions would address the number one piece of a patient's medical history that providers need. The EDCC program is a useful case management tool to assist individuals who frequently use hospital emergency rooms, but more non-hospital providers need to be added to maximize its benefits.

Multiple, fragmented programs and systems make it difficult for many providers to efficiently share data
There are a litany of private data sharing programs both within Virginia and nationally. Large health systems are often able to integrate these programs into their electronic medical records, but many smaller providers have to use multiple systems to access disparate pieces of a patient's medical history. This makes the data harder to access, and often discourages providers from using them at all. Bringing more of this data into one platform would enable easier access for providers.

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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)

VHI's Strategic Plan for the Virginia HIE and EDCC

Background, Major Recommendations and Comparison with JCHC Study Recommendations

Why the Strategic Plan was Developed:

A budget amendment was passed during the 2022 Virginia General Assembly Session directing VHI to *"develop a strategic plan to expand the Emergency Department Care Coordination Program (EDCC) to a statewide comprehensive health information exchange making pertinent data available to all verified providers and the state."* Virginia Health Information (VHI) has served as Virginia's designated statewide Health Information Exchange (HIE) since 2019 (through merger with ConnectVirginia) and is the organization enabling the real-time exchange of data outside of health systems and Electronic Medical Records (EMRs). VHI has been the non-profit administrator of several health data collection, exchange and reporting programs for the Commonwealth since 1993, and is a trusted community partner dedicated to optimizing data sharing. A draft of the report has been widely disseminated for stakeholder feedback and a final version will be filed with the Virginia Department of Health (VDH) in the coming weeks.

How the Plan was Developed:

- Feedback was obtained via focus groups of EDCC and HIE users to assess what currently adds the most value and the biggest unmet needs

- A national market scan and several interviews with other states were conducted to identify common themes of success

- Use cases that would add the most value in Virginia were researched and vetted to determine the most effective means of implementation

Major Recommendations:

- **Expand investment in physician practice outreach** with a trusted partner like the Medical Society of Virginia to accelerate and expand connectivity. Physician practices should not be charged a fee for base level connectivity to the Virginia HIE

- Provide a consolidated access point for all users of the Virginia HIE to receive data in real time on their patients and members regardless of where they receive care. Some organizations may want an integrated tab within their EMR, others may prefer a full portal. **Data that is submitted and linked within the EDCC should be expanded beyond Admission-Discharge-Transfer (ADT) notifications** (examples include labs, image notifications and prescription information) to provide a more comprehensive view on patient care

- Ensure new data collection and functionality are use case driven, with many objectives able to be supported by VHI through **participation in a regional shared services HIE collaborative** like CRISP Shared Services, levering the "co-op" to incrementally deploy existing functionality that has proven to be cost-effective and successful

- Build all enhancements to be compatible with Virginia's existing EDCC functionality to leverage the program's strong foundation. **Determining which expanded use cases are prioritized for the EDCC/HIE should fall under the governance of the existing EDCC Advisory Council.** The Council should also be given flexibility to assess new data collection needs as they arise. The name of the overall program should likely be broadened to recognize that the EDCC continues to expand in scope beyond just the Emergency Department

- **Prioritize connectivity of Virginia psychiatric hospitals and Community Service Boards** (CSBs) to the EDCC and broader HIE

Comparison with the Policy Options contained within the "Provider Data Sharing to Improve Quality of Care" Study:

The current strategic plan is **already consistent with Policy Option 5:** "Direct a plan to develop a consolidated platform to bring together the currently fragmented system of data sharing programs". If the recommendations in the VHI strategic plan were to be addressed via legislation and an accompanying budget amendment then the following options from the JCHC report would also be **directly addressed**:

- **Options 2 & 3:** "Provide access to the EDCC program to correctional facilities, state hospitals, and CSBs"- *funding would cover psychiatric and CSB access to the HIE and correctional facilities can also be onboarded*
- **Option 4:** "Make improvements to the EDCC system to help current and new users more effectively use the information"- *expanded data collection and integration assistance are included as part of the proposed strategic plan*

Policy Option 1 to "establish a system to collect and make available to providers all prescriptions dispensed in Virginia" **could potentially be addressed in the future** based on the prioritization of the EDCC Advisory Council and preference of organizations that would submit and receive data. **Policy Option 6** to "provide grant funding for community providers to gain access to the medical records within large health systems in their communities" **would be partially addressed by the proposed plan.** While organizations connected to the expanded HIE would gain access to a wide variety of data exchanged from health system EMRs, the current approach would not provide any direct EMR access.