

# JOINT COMMISSION ON HEALTH CARE

**2021 ANNUAL REPORT**  
TO THE GOVERNOR AND THE  
GENERAL ASSEMBLY OF VIRGINIA



REPORT DOCUMENT #269

COMMONWEALTH OF VIRGINIA  
RICHMOND  
2022



### **Code of Virginia § 30-168.**

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care. For the purposes of this chapter, "health care" shall include behavioral health care.

## **Joint Commission on Health Care**

### **Members**

#### **Chair**

The Honorable Senator George L. Barker

#### **Vice Chair**

The Honorable Delegate Robert D. Orrock, Sr.

#### **Senate of Virginia**

Senator Siobhan S. Dunnavant

Senator John S. Edwards

Senator Barbara A. Favola

Senator Ghazala F. Hashmi

Senator Jen A. Kiggans

Senator Jennifer L. McClellan

Senator David R. Suetterlein

#### **Virginia House of Delegates**

Delegate Dawn M. Adams

Delegate Emily M. Brewer

Delegate C. Matthew Fariss

Delegate Karen S. Greenhalgh\*

Delegate C.E. (Cliff) Hayes, Jr.

Delegate M. Keith Hodges

Delegate Patrick A. Hope

Delegate Sam Rasoul

Delegate Roxann L. Robinson\*

#### **Staff**

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## JOINT COMMISSION ON HEALTH CARE

*Delegate Patrick A. Hope, Chair      Senator George L. Barker, Vice Chair*

June 23, 2022

The Honorable Glenn Youngkin  
Governor of Virginia  
Patrick Henry Building, 3rd Floor  
1111 East Broad Street  
Richmond, Virginia 23219

Members of the Virginia General Assembly  
Pocahontas Building  
Richmond, Virginia 23219

Dear Governor Youngkin and Members of the General Assembly:

Please find enclosed the annual report of the Joint Commission on Health Care. This report, which summarizes the activities of the Commission in 2021 and legislative action taken by the Commission during the 2022 session, fulfills the requirements of § 30-168.5 of the Code of Virginia.

This and all other reports and briefings of the Joint Commission on Health Care can be found at [jchc.virginia.gov](http://jchc.virginia.gov).

Respectfully submitted,

George L. Barker, Chair



# Joint Commission on Health Care 2021 Annual Report

The Joint Commission on Health Care (JCHC), a standing commission of the General Assembly, was established in 1992 to continue the work of the Commission on Health Care for All Virginians. The Code of Virginia, Title 30, Chapter 18, states in part: “The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services.”

The Joint Commission on Health Care is comprised of 18 legislative members. Eight members are Senators appointed by the Senate Committee on Rules, and ten members are Delegates appointed by the Speaker of the House. Delegate Patrick Hope served as the Chair of the JCHC during 2020 and 2021, with Senator George Barker serving as Vice Chair. Senator George Barker was elected Chair in the spring of 2022 and Delegate Robert Orrock was elected Vice Chair.

## JCHC Strategic Priorities

JCHC Members identified four strategic priorities to guide the work of the Commission: Accessibility, Affordability, Quality, and Equity. These strategic priorities come from the JCHC authorizing language in the Code of Virginia, which charges the Commission to work towards implementing “the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care.” The Code of Virginia also charges the Commission with ensuring “the availability of quality, affordable and accessible health services.”

The JCHC is working to make progress toward achieving a health care system in Virginia that meets these goals. The JCHC maintains a [Virginia Health Care Dashboard](#), which measures the current state of these goals using selected metrics. Additionally, each of the studies that Members directed staff to conduct in the coming year (2022), is directly related to improving at least one of the four strategic objectives (see Table 1 on page 7).

## Staff Reports and Legislative Activities

The JCHC works to further the strategic objectives through staff research and analysis, guest presentations from key stakeholders, and developing recommendations for legislative action. Three staff studies were presented to the Members during 2021.

- [Health Insurance Affordability in the Individual Market;](#)
- [Strategies to Support Aging Virginians in their Communities; and](#)
- [Workforce Challenges in Virginia’s Nursing Homes.](#)

# Health Insurance Affordability in the Individual Market

## Report Summary

The purpose of the study was to examine Virginia's individual health insurance marketplace, with a goal of making the marketplace more stable, more affordable for those covered, and more accessible for those who are not covered. A summary of the key findings and legislative action on the policy options is outlined below.

### *Younger, healthier individuals left Virginia's market as premiums increased*

Adults between 18 and 34 years old accounted for more than half of the reduction in individual market enrollment since 2016 (not including those who were newly eligible for Medicaid expansion). Younger individuals tend to have lower health care costs, so this left a less healthy, higher cost group of Virginians, which further increased premiums. Additionally, more than half of uninsured individuals in this age group indicate they are unaware of individual market coverage options and federal financial assistance that is available to reduce their costs.

### *Improved marketing and navigation could bring more healthy people into the market and assist with plan choice*

Virginia has an opportunity to significantly improve its marketing, outreach, and navigator assistance when it transitions to a state-based exchange in 2023. Federal funding reductions in recent years for marketing and navigators limited Virginia's ability to promote coverage options and help individuals select the best plan based on their circumstances.

### *There are multiple state policy options to improve affordability but impacts are moderate compared to federal subsidies*

State policy options to improve affordability can reduce premiums and out of pocket costs to attract more Virginians into the individual market. However, the impact of these options is estimated to be moderate compared to the federal decision on whether to extend the current enhanced premium subsidies that are scheduled to expire after 2022.

Implementing a state-funded cost sharing reduction program is estimated to reduce the number of uninsured in Virginia the most, if enhanced federal subsidies expire. Prohibiting the use of a tobacco surcharge is estimated to have the second largest reduction in the number of uninsured. Both options would have a smaller impact if enhanced subsidies are extended.



## **Legislative Impact**

The General Assembly took action to bring more Virginians into the individual market by improving the marketing of Virginia's health insurance exchange and the navigation services available for those looking to enroll in a plan through the individual market. HB 312 (Delegate Rasoul) and SB 469 (Senator McClellan) add a requirement for the Virginia Health Benefit Exchange (Virginia's state-based exchange that will be fully operational by the fall of 2023) to develop an annual plan for marketing the exchange and providing navigator services to help Virginians find and select the best plan for their needs. (See Appendix A, Table 2 for a full listing of all policy options and legislative action from this study.)

## **Strategies to Support Aging Virginians in their Communities**

### **Report Summary**

There is a growing need to provide aging supports to older Virginians. Virginia continues to focus on ways to support seniors in their homes and communities, instead of in more costly and restrictive settings such as nursing facilities. This study presented strategies that Virginia could pursue to support aging Virginians in their communities.

*An increasing number of older Virginians need aging services, but non-Medicaid funding for services has decreased in real terms*

An estimated 200,000 individuals in Virginia need aging services, with the number of older Virginians projected to grow by 22% over the next 10 years. Medicaid provides a spectrum of home and community based services for those with the highest functional and financial need, but only 12% of older Virginians in need of aging services are currently Medicaid-eligible for long-term services and supports. Inflation-adjusted, non-Medicaid funding decreased over the last 10 years, limiting Virginia's ability to meet the needs of the vast majority of older Virginians who are not Medicaid-eligible.

*Affordable housing and home care are the greatest needs across the state*

The most significant unmet need for older Virginians is home care, which includes assistance with chores, food preparation, and activities of daily living to remain in their communities. Many seniors also need affordable housing. Many rely on fixed retirement and social security incomes that have not increased at the rate of housing costs. Local staff indicate that nearly half of those seeking home care services, and most individuals seeking housing services wait more than 30 days to receive available services due to insufficient resources, or are unable to receive them at all.

### *Enhancing current programs can help address unmet needs*

Virginia could consider expanding its Medicaid program to provide limited HCBS benefits to individuals with higher incomes and more moderate functional needs. Some existing programs could be supplemented with state funds to serve more individuals, and Virginia could increase support to unpaid caregivers, who already provide the majority of home care services. Increasing the supply of affordable housing will require coordination among state and local stakeholders, but is necessary to address this priority need for older Virginians.

### **Legislative Impact**

The General Assembly took action to address some of the highest priority services that Virginians need to age in place in their communities. HB 269 (Delegate Adams) and SB 263 (Senator Hashmi) address the need for affordable housing by focusing on older Virginians as a new priority population in the Housing and Supportive Services Interagency Leadership Team, led by the Department for Housing and Community Development. The Appropriation Act includes funding for the Department of Aging and Rehabilitative Services to conduct a comprehensive analysis of unmet need for other high priority services, such as home care. Home care is the greatest unmet need for older Virginians, and the goal of the analysis is to better understand how much additional investment is needed to meet these needs. (See Appendix A, Table 3 for a full listing of all policy options and legislative action from this study.)

## **Workforce Challenges in Virginia’s Nursing Homes**

### **Report Summary**

Nursing home operators and resident advocates have been concerned about staffing challenges in Virginia’s nursing homes for more than twenty years. The COVID-19 pandemic exacerbated many of these existing issues. This report detailed staffing in Virginia’s nursing homes and its impact on the quality of care residents receive.

*One-fifth of Virginia’s nursing homes are not meeting expected staffing levels, disproportionately impacting low-income residents*

All nursing homes in Virginia struggle to recruit and retain staff, and 21 percent of facilities are not providing enough hours of direct care. A shortage of certified nursing assistants (CNAs), who provide a majority of direct patient care, is the biggest challenge for Virginia’s nursing homes. In general, facilities with fewer staff also have a higher concentration of Medicaid recipients and Black residents.

### *Low staffing increases the risk of low-quality care*

More than 60 percent of facilities with low staffing receive poor health inspection ratings, which include criteria such as medication management and resident quality of life. When staffing falls below a minimum threshold, it becomes increasingly difficult for staff to manage the workload and provide quality care, leading to burnout that exacerbates these challenges. Increasing the number of hours of direct care per resident is shown to improve clinical outcomes and resident satisfaction.

### *Shrinking workforce is a contributing factor to staffing challenges*

There are a decreasing number of (LPNs) and CNAs in Virginia. Recruitment can be difficult as nursing home jobs are considered a less desirable job option, compared to other health care settings. Retention is dependent on wages, benefits, training and advancement opportunities, workplace culture, and leadership. The COVID-19 pandemic significantly exacerbated existing workforce challenges.

### *Residents' behavioral health needs are not adequately accounted for in reimbursement rates*

An increasing number of nursing home residents have behavioral health needs that require additional time and attention from staff. Providing quality care to these residents requires increased staff time, but current Medicaid reimbursement rates do not fully compensate for these needs.

## **Legislative Impact**

The General Assembly took steps to improve the workforce available for Virginia's nursing homes through two budget actions. The first directs the Department of Medical Assistance Services to develop and implement a quality improvement program aimed at improving the working conditions for front line nursing facility staff. The budget amendment provides \$3.5 million annually for the program from the Civil Monetary Penalties Reinvestment Fund (revenue collected from fines on nursing facilities when they do not meet federal standards). Another budget amendment provides \$64,000 annually for nursing scholarships to Certified Nurse Assistants (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) who agree to work in a Virginia nursing facility after graduation. (See Appendix A, Table 4 for a full listing of all policy options and legislative action from this study.)

## **Other Staff Activities**

Executive Director, Jeff Lunardi serves on the Board of Virginia Health Information, the Medicaid Hospital Payment Policy Advisory Council, and the Children's Health Insurance Program Advisory Committee. He also serves as a staff Chair of the National Conference on State Legislatures standing committee on health and human services.

JCHC staff participated in several events on health policy both in Virginia and nationally. These included presenting at the following events: Virginia Association of Health Plans Annual Conference, William & Mary School of Public Policy Behavioral Health Symposium, Department of Rail and Public Transportation Statewide Human Services Transportation Quarterly Meeting, VA Bar Association Annual Health Law Legislative Update, Association of Government Accountants Winter Seminar, and the Commonwealth Council on Aging. Staff also attended the following conferences: 2021 Virtual Virginia Governor's Conference on Aging, The Virtual National Health Equity Summit, and the NCSL Legislative Conference. Two JCHC staff also completed an NCSL Legislative Staff Training Certificate Program.

## **Commission Meetings**

The full Commission met five times in 2021:

- May 18<sup>th</sup>
- September 21<sup>st</sup>
- October 5<sup>th</sup>
- November 16<sup>th</sup>
- December 7<sup>th</sup>

The Executive Subcommittee met twice:

- April 19<sup>th</sup>
- October 5<sup>th</sup>

There were also three workgroups created, one for each staff study. The purpose of the workgroups was to discuss the findings and policy options, hear feedback from stakeholders, and develop consensus on JCHC recommendations.

### **Aging in Place Workgroup**

- May 18<sup>th</sup>
- October 22<sup>nd</sup>

### **Nursing Facility Workforce Workgroup**

- May 18<sup>th</sup>
- October 18<sup>th</sup>
- November 9<sup>th</sup>

### **Health Insurance Affordability Workgroup**

- May 18<sup>th</sup>
- August 18<sup>th</sup>
- November 29<sup>th</sup>

## JCHC Direction for 2022 Staff Studies

JCHC Members identified four priority topics for staff to study during 2022. These four topics align with the JCHC strategic objectives and address pressing issues facing Virginia (Table 1). Study resolutions for each of the studies can be found in Appendix B.

**TABLE 1: 2022 JCHC Study Priorities**

Study Topic	Strategic Objectives Addressed			
	Accessibility	Affordability	Quality	Equity
Affordability and accessibility of assisted living facilities	✓	✓		✓
Reducing unnecessary ED utilization	✓	✓		
Structure and financing of local health departments	✓		✓	
Provider data sharing to improve quality			✓	

NOTE: All four study resolutions were approved unanimously at the December 7, 2021 JCHC meeting.

## Appendix A: JCHC Policy Options and Legislative Action

The following tables show all of the policy options presented in JCHC reports, the action taken by the JCHC Members on those policy options, and the legislative action by the full General Assembly.

**TABLE 2: Legislative action on policy options to improve affordability in the individual market**

<b>Policy option</b>	<b>JCHC action</b>	<b>General Assembly action</b>
1. Develop a marketing and navigator plan; provide funding to initiate the plan	JCHC recommended (11-1-1 vote)	<a href="#">HB312/SB469</a> enacted
2. Eliminate tobacco surcharge	JCHC recommended (12-1 vote)	<a href="#">HB675/SB422</a> passed GA; vetoed by Governor
3. Establish individual state mandate for coverage	No action taken	
4. Enhance existing federal CSRs	Requested further information	
5. Create flexible spending account with debit card	No action taken	
6. Establish a public option with rates at Medicaid +15%	No action taken	
7. Establish a public option with rates at Medicaid +25%	No action taken	

NOTE: General Assembly actions occurred during the 2022 legislative session.

**TABLE 3: Legislative action on policy options for strategies to support aging Virginians in the communities**

<b>Policy option</b>	<b>JCHC action</b>	<b>General Assembly action</b>
1. Create a Medicaid state plan amendment for HCBS with broader eligibility criteria	JCHC recommended (12-1 vote)	Not included in final budget
2. Support DMAS rate study for the high needs supports waiver, that includes supportive housing services	No action taken	
3. Increase state funding for home care and home modifications	JCHC recommended (14-1 vote)	<a href="#">Budget Item 331 L</a>
4. Provide state funding for family caregivers	No action taken	
5. Provide family caregiver tax credit	JCHC recommended (14-1 vote)	<a href="#">HB291</a> left in Appropriations
6. Support community organizations that provide caregiver-like services	Motion to adopt as a JCHC recommendation failed	
7. Target older Virginians in current DHCD housing efforts	JCHC recommended (14-1 vote)	<a href="#">HB239/SB263</a> enacted

NOTE: General Assembly actions occurred during the 2022 legislative session.

**TABLE 4: Legislative action on policy options for workforce challenges in Virginia’s nursing homes**

<b>Policy option</b>	<b>JCHC action</b>	<b>General Assembly action</b>
1. DMAS plan to increase reimbursement for disproportionate share facilities	JCHC recommended (13-1 vote)	Not included in final budget
2. Implement an across-the-board staffing standard	No action taken	
3. Implement an acuity-based staffing standard	JCHC recommended (10-2-1 vote)	<a href="#">HB330/SB406</a> failed to report
4. DMAS plan for a nursing home provider assessment	No action taken	
5. Fund scholarships for students who commit to nursing facility work	JCHC recommended (13-1 vote)	<a href="#">Budget Item 287 E.2</a>
6. Design quality improvement program for nursing home staff support	JCHC recommended (13-1 vote)	<a href="#">Budget Item 308 Q.4</a>
7. Fund a formal evaluation of Value-Based Purchasing	JCHC recommended (13-1 vote)	Not included in final budget
8. DMAS plan to increase reimbursement for behavioral health needs	JCHC recommended (13-1 vote)	Not included in final budget
9. Endorse VCCS request for nursing education fund	JCHC recommended (13-1 vote)	Not included in final budget

NOTE: General Assembly actions occurred during the 2022 legislative session. Policy Option 9 was not included in the JCHC staff report, but was raised by a JCHC Member and adopted as a JCHC recommendation.



# Appendix B: Study resolutions



## Study Resolution

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### Affordability of Assisted Living Facilities

Authorized by the Joint Commission on Healthcare on December 7, 2021

WHEREAS, Virginia's goal is to provide a robust continuum of aging services including community-based alternatives to nursing facility care that are available to all Virginians regardless of where they live or their socioeconomic status; and

WHEREAS, individuals may be more appropriately served in a non-medical residential setting such as an assisted living community or other supportive housing setting; and

WHEREAS, funding for Auxiliary Grants, which are income supplements for individuals who receive Supplemental Security Income and certain other aged, blind, or disabled individuals who reside in a licensed assisted living facility, approved adult foster care home, or other certified supportive housing setting, is limited and the number of auxiliary grant beds available in such facilities has steadily declined in the last decade; and

WHEREAS, Medicaid waivers are successfully being utilized in other states to pay some of the costs of assisted living other than room and board; and

WHEREAS, reports from the Joint Legislative Audit and Review Commission and the Joint Commission on Health Care highlighted existing challenges for low-income adults to access assisted living facilities, now therefore be it

RESOLVED, by the Joint Commission on Health Care that staff be directed to study the accessibility and affordability of Virginia's assisted living facilities. The study shall (i) identify challenges assisted living facilities face in offering the auxiliary grant program and assess key factors contributing to auxiliary grant bed availability, (ii) assess whether residents may potentially be more appropriately served in other supportive housing or congregate care settings, (iii) understand the different ways that other states structure and finance their assisted living programs and the feasibility of implementing

those models in Virginia, and (iv) recommend changes to Virginia's current structure, financing, and regulation of assisted living facilities to further the state's goals.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the Code of Virginia, all agencies of the Commonwealth, including the Virginia Department of Aging and Rehabilitative Services, Virginia Department of Social Services, Virginia Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services shall provide assistance, information, and data to the JCHC for this study upon request.



## Study Resolution

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### **Reducing unnecessary emergency department utilization**

Authorized by the Joint Commission on Healthcare on December 7, 2021

WHEREAS, literature reviews and cost-of-care comparative analyses continually show that the emergency department (ED) is the most expensive location of care in the United States healthcare system; and

WHEREAS, national data indicate that ED visits are more than six times more expensive than primary care visits for the same conditions; and

WHEREAS, a national analysis of claims found 30 percent of ED visits could have been treated in a lower cost primary care or other ambulatory setting; and

WHEREAS, studies indicate that unnecessary ED use is often due to either a lack of access to, or patient awareness of more appropriate settings; and

WHEREAS, there continues to be an increase in the construction of hospital based free standing EDs in Virginia; and

WHEREAS, unnecessary ED utilization and the associated costs of those visits may be contributing to increasing healthcare costs in Virginia; and

WHEREAS, multiple legislatively directed studies and policy actions by the General Assembly continue to examine unnecessary ED use in Virginia, including allowing the state to reduce Medicaid payments for ED services later deemed unnecessary, now, therefore be it

RESOLVED, by the Joint Commission on Health Care that staff be directed to study unnecessary ED utilization in Virginia.

In conducting its study, staff shall (i) review recent trends in emergency department utilization in Virginia, including the types and severity of conditions commonly treated in emergency departments; (ii) assess how health insurance coverage and access to primary care impact emergency department utilization; (iii) assess the impact of the location of free standing emergency departments on utilization, cost and access to care; and (iv) identify options the General Assembly can pursue, including community-based programs and regulatory changes, to ensure Virginians can be treated in lower cost,

primary care, and other preventive settings when appropriate to reduce unnecessary use of emergency departments.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the Code of Virginia, all agencies of the Commonwealth, including the Virginia Department of Health, Virginia Health Information (VHI) and the Virginia Department of Medical Assistance Services shall provide assistance, information, and data to the JCHC for this study upon request.



## Study Resolution

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### **Effectiveness of Local Health Department Structure and Financing**

Authorized by the Joint Commission on Healthcare on December 7, 2021

WHEREAS, Virginia's goal is to protect the health and promote the well-being of all people in Virginia; and

WHEREAS, the Virginia Department of Health and local health departments are part of the primary care safety net for all Virginians providing immunization, testing, public health surveillance and interventions to improve health care outcomes; and

WHEREAS, the local health departments play other critical, public health roles such as ensuring water quality, conducting restaurant health and safety inspections, and helping determine eligibility for Medicaid-funded long-term care services; and

WHEREAS, standards for other health entities such as hospitals, clinics, and nursing homes are reviewed periodically to ensure they are meeting minimum requirements to ensure standardization across agencies; and

WHEREAS, health departments across the country have pursued accreditation to help them improve quality, accountability, transparency, and capacity to provide high quality programs and services; and

WHEREAS, the COVID-19 pandemic has highlighted challenges in Virginia's public health infrastructure and financing for local health departments, now, therefore be it

**RESOLVED**, by the Joint Commission on Health Care that staff be directed to study the effectiveness of local health department infrastructure. The study shall (i) catalog and compare public health services provided by local health districts across the state, (ii) identify standards used to evaluate the quality of local health departments and identify if local health departments across Virginia are meeting these standards, (iii) compare Virginia's public health infrastructure and financing to other states to identify advantages and disadvantages, and (iv) recommend any necessary changes to Virginia's current public health structure and financing to further the state's public health goals.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the Code of Virginia, all agencies of the Commonwealth, including the Virginia Department of Health, Virginia Department of Social Services, and the Virginia Department of Behavioral Health and Developmental Services shall provide assistance, information, and data to the JCHC for this study upon request.



## Study Resolution

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### **Provider Data Sharing to Improve Quality of Care**

Authorized by the Joint Commission on Healthcare on December 7, 2021

WHEREAS, Virginia Health Information (VHI) is the state designated health information exchange that houses and manages all of Virginia's statewide and national health information exchange efforts; and

WHEREAS, Virginia collects patient information from hospital emergency departments, federally qualified health centers, community service boards, skilled nursing facilities, clinics, accountable care organizations/managed care entities, and all health plans; and

WHEREAS, organizations and health plans may participate in the All Payer Claims Database (APCD), Emergency Department Care Coordination (EDCC) Program, the Public Health Reporting Pathway, EXCHANGE, and the Advance Health Care Directives Registry; and

WHEREAS, many smaller organizations that would benefit from participation in VHI's programs lack the legal or technological resources to join; and

WHEREAS, patient information that is shared through the various programs are not all integrated, and data are not available to all participants, now, therefore be it

RESOLVED, by the Joint Commission on Health Care that staff be directed to study the strengths and challenges across Virginia's data sharing programs.

In conducting its study, staff shall (i) assess the barriers that prevent additional data integration across state data sharing programs; (ii) understand why providers may not be participating in data sharing programs and what might incentivize increased participation; (iii) identify which populations are currently benefitting from state data sharing programs and whether any groups are disproportionately impacted; and (iv) how the information being collected and shared may be used to better understand and improve care quality across the state.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the Code of Virginia, all agencies of the Commonwealth, including the Virginia Department of Health, the Virginia Department of Medical Assistance Services, and Virginia Department of Social Services shall provide assistance, information, and data to the JCHC for this study upon request. Assistance is also requested from Virginia Health Information.







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