

VHI Annual Report

Kyle Russell, CEO
Virginia Health Information (VHI)



Agenda

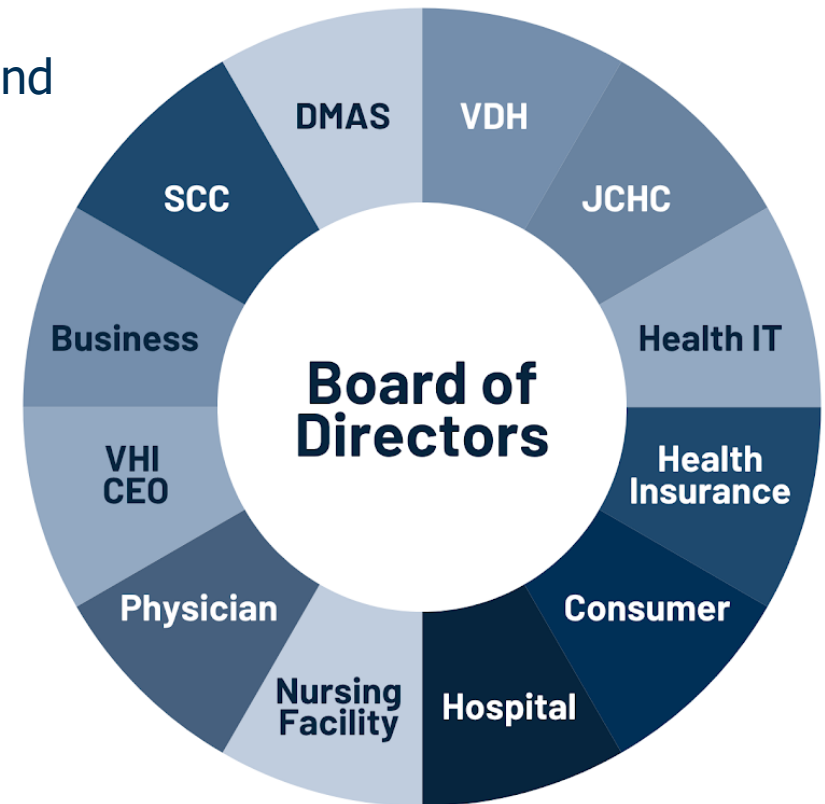
1. Origins of VHI
2. Scope of services
3. Major initiatives over the past year
4. Priorities moving forward

Origins of VHI

Virginia Health Information (VHI)



- Independent 501(c)(3) non-profit established in 1993
- Unbiased public-private partnership focused on transparency and data access
- Administers Virginia healthcare data collection, exchange and reporting requirements



Mission

VHI improves Virginia's healthcare by collecting, connecting and reporting meaningful data.

Vision

VHI leads the nation in ensuring decision makers have meaningful data to enhance the value and delivery of healthcare.

What Does VHI Do?



How VHI has Evolved

Every day, hundreds of organizations interact with the data collected, exchanged and reported by VHI

	1993	Today
Number of programs	1	~10
Number of records exchanged per day	About 2,500	About 6 million
Organizations that share data	Only hospitals	Hospitals, health plans, physician practices, nursing homes, PBMs, RX manufacturers

Major Types of Data Collected

Clinical

- Real-time hospitalizations, vaccinations, case reports and care coordination information

Claims

- The who/what/where/when and how much of a healthcare service, used for payment

Administrative

- Aggregate information on utilization, price changes and organization financials

Societal Benefit

- Local focus means more likely to **drive change faster**
- Serving as public-private intermediary **builds trust** which results in **greater data sharing**
- State partnership model can bring **private innovation without “losing” data rights**
- Contracting efficiency **saves real dollars** that can be reinvested in programs



Highlights From This Year

Supporting Policy



Ensures policy
leaders have
access to data
without
commercial
barriers



Data supports
Certificate of
Public Need
decisions



Informing JCHC
and JLARC
studies

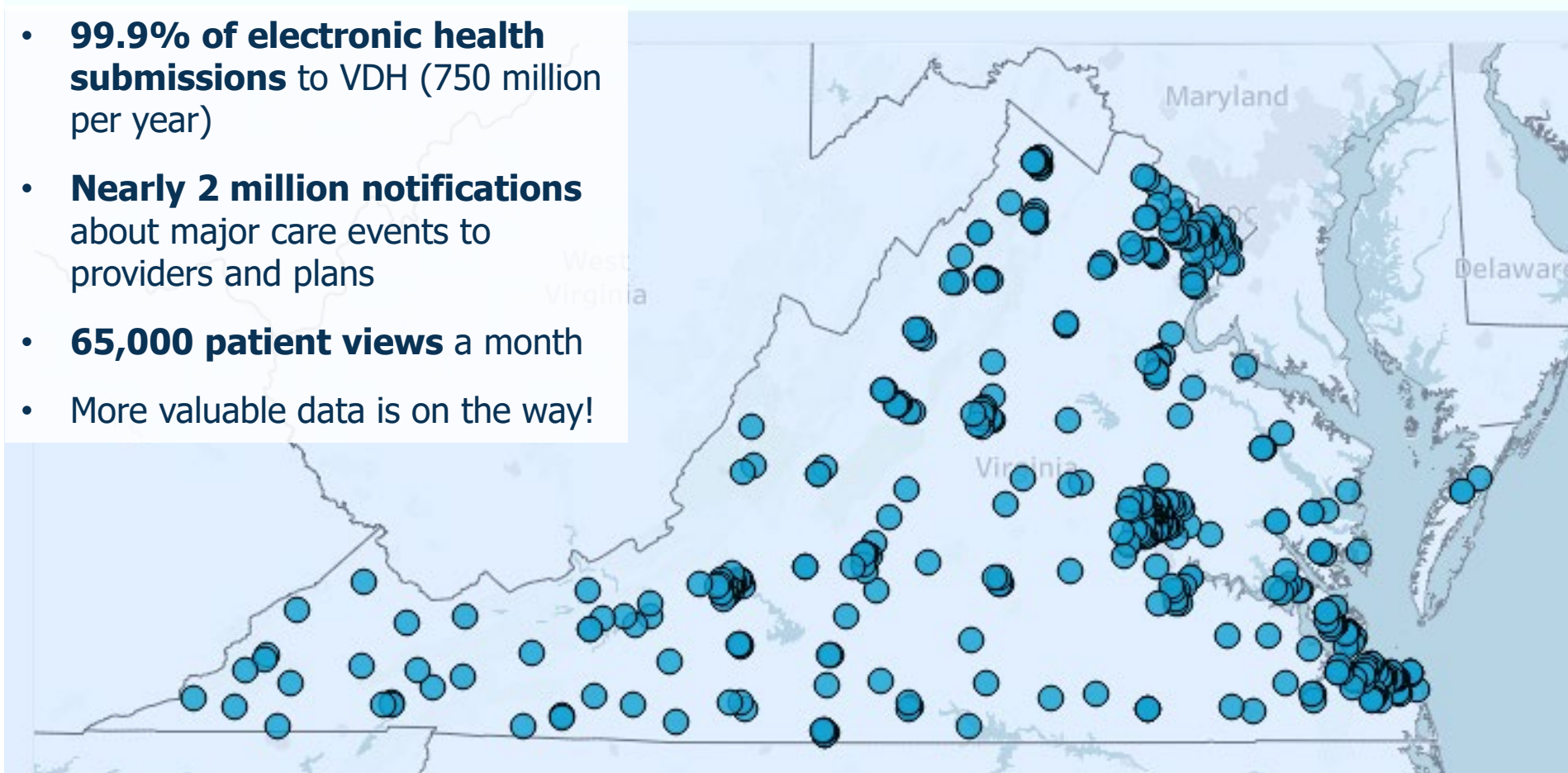


A primary
reference source
for prescription
drug pricing and
provider-plan
billing arbitration



Sharing Data in Real-Time

- **99.9% of electronic health submissions** to VDH (750 million per year)
- **Nearly 2 million notifications** about major care events to providers and plans
- **65,000 patient views** a month
- More valuable data is on the way!



Sharing Data in Real-Time: Impact



Family Insight (self-reported)

- **25%** reduction in ER visits
- **35%** reduction in hospitalizations
- **32%** decrease in inpatient behavioral health use



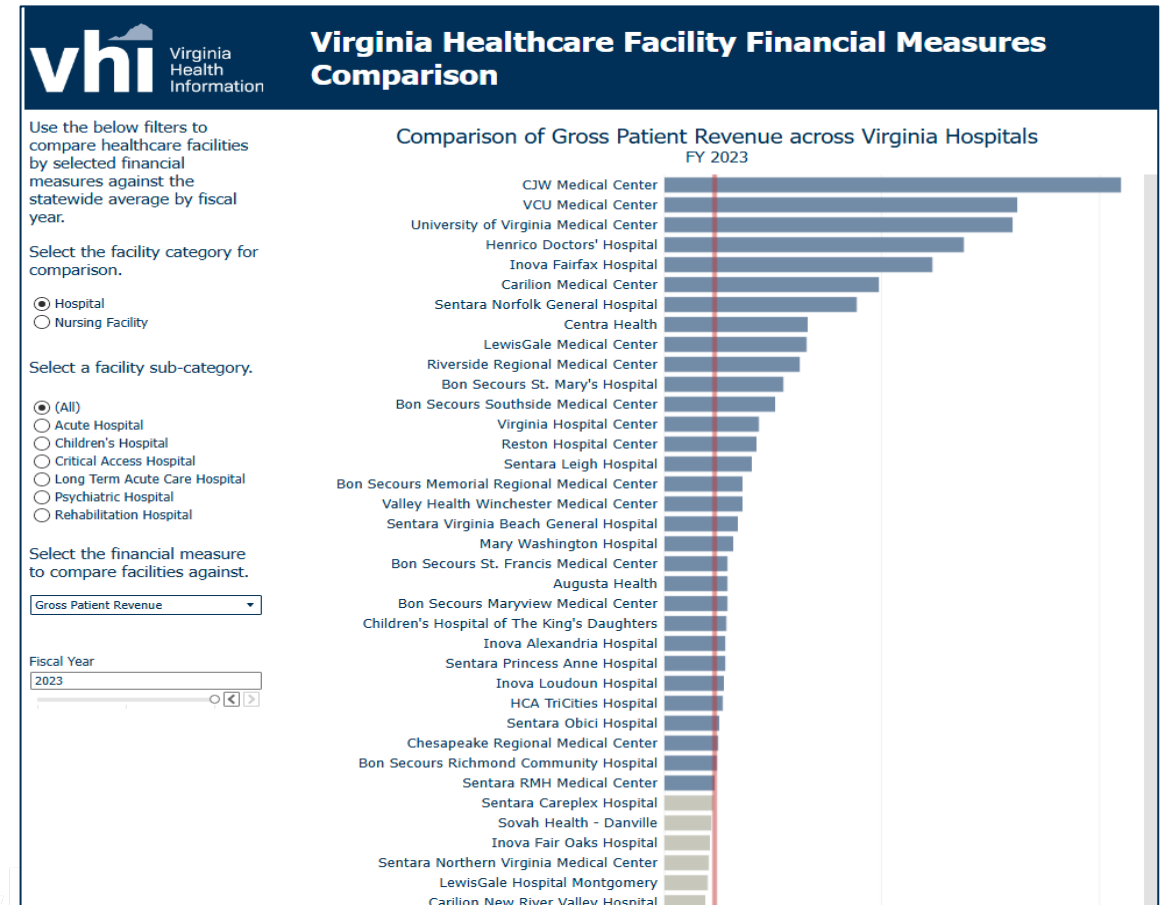
Prince William CSB

"Implementing EDCC in PWCSB has been a 'LIFE SAVER!' EDCC has offered me an increased ability to advocate for clients, coordinate care with providers and help my clients accomplish their medical/health care goals. Information is 'POWER,' and I thank EDCC for keeping me informed!"

Shakeisha Sterling, MSW, QMHP-A
Clinical Behavioral Health Program Therapist II

Supporting Faster Insights

- VHI collects **annual licensure** and **financial data** from hospitals, ASCs and nursing homes annually
- Traditionally, this information is published via a series of web pages, making comparison difficult
- Last month VHI released a **new dashboard tool** that allows all users to easily compare key financial metrics across facilities



Supporting Research

- VHI data is used to support a **wide array of research organizations** each year
- This year we began piloting access to **multi-state claims data** for researchers
- Areas of high interest continue to be **variations in access to care, maternal health** and **GLP-1 cost-benefit analysis**



Priorities For Next Year

Priorities For Next Year



Expand data collection to address unmet needs

Enhance existing program for faster delivery and linkage

Modernize our website and key reports including RX Pricing



Note: The testing tool also provides warning messages that may improve the file content but are not critical structure errors.

1.2 USCDI Standards

The technology vendor requires facilities to share data that meets the latest USCDI standards. The USCDI is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange.

Please refer to <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi> for complete details regarding USCDI standards and latest requirements.

1.3 Clinical Terminology Systems

Standard terminology provides a foundation for interoperability by improving the effectiveness of information exchange. See below for some of the common terminology standards used in health information and technology. See [Appendix](#) for additional information regarding the most common terminology systems.

- SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)
- Current Procedural Terminology (CPT®), as maintained and distributed by the American Medical Association, for physician services and other health care services
- Healthcare Common Procedure Coding System (HCPCS), as maintained and distributed by HHS.
- For technology primarily developed to record dental procedures: Code on Dental Procedures and Nomenclature (CDT), maintained and distributed by the American Dental Association, for dental services.
- Optional: International Classification of Diseases ICD-10-PCS 2021

Acceptable code systems by CCD section.

Name	OID	Procedure \$	Functional status	Mental status	Immunization \$	Result \$	Vital signs	Problem \$	Encounter \$
CPT-4	2.16.840.1.113883.6.1.2	✓	-	-	-	-	-	-	✓
CVX	2.16.840.1.113883.6.5.9	-	-	-	✓	-	-	-	-



Consider VHI When:

- ✓ You or your constituents need access to healthcare information
- ✓ New forms of healthcare data need to be collected or exchanged in the Commonwealth
- ✓ Transparency and reporting are needed around new healthcare topics