

2024

# Annual Report

VIRGINIA HEALTH INFORMATION





In 2024, Virginia Health Information (VHI) remained dedicated to its mission of improving Virginia's healthcare by collecting, connecting and reporting meaningful data. This year's annual report highlights key projects, initiatives and outcomes for the year that demonstrate VHI's continued connection with its partners and tangible impact across the Commonwealth and beyond.

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# Expanding VHI's Reach: Strengthening Partnerships Through Conference and Event Attendance



VHI expanded its reach in 2024 by attending over 15 conferences and events across the healthcare and data sectors. These events provided opportunities to increase awareness about VHI's data reporting and exchange programs, connect with industry leaders and expand partnerships.

Through **attending networking-focused conferences**, VHI engaged with other health data organizations, exchanging insights and building relationships to support the growth of programs such as the All-Payer Claims Database (APCD).

**Exhibiting at key events** increased VHI's visibility, leading to new partnerships and expanded program participation, particularly within the Emergency Department Care Coordination (EDCC) program.

Additionally, **presenting VHI's impact at public-health focused conferences** highlighted the success of various programs and collaborations with organizations such as the Virginia Department of Health, reinforcing VHI's position as a trusted partner supporting data-driven decision making.

These efforts helped strengthen VHI's presence in the healthcare community, drive program growth and enhance collaboration across the health data industry. Looking ahead, VHI remains dedicated to fostering connections and driving innovation in health data exchange.





# EDCC in Action: Enhancing Care Coordination for Prince William Community Services Board

Community Services Boards (CSBs) play a vital role in Virginia by providing essential mental health, substance use and developmental services to individuals in need. CSBs across the Commonwealth partner with VHI by utilizing the Emergency Department Care Coordination (EDCC) program to streamline their workflows and enhance care coordination for their patients. A powerful success story stemming from this partnership in 2024 comes from Prince William Community Services Board (PWCS), where Geriatric Case Manager, Shakeisha Sterling, shares:

*"Implementing EDCC in PWCS has been a life-saver! One meaningful case [involved] a female client during [our] initial [EDCC] roll-out when several team members and I were selected to start utilizing EDCC, and it could not have come at a better time.*

*[This particular] client began to experience cognitive and physical decline at an alarming rate. Her housing was in jeopardy as [her] rental office had contacted Adult Protective Services (APS) regarding her repeated falls in communal areas, caught on security cameras. Several months prior, she had completed a Uniform Assessment Instrument (UAI) with the Prince William County Health Department but was denied care services. When I reached out about her decline, I was told she had a valid UAI on file, [but additional] documentation would be needed for reassessment.*

*Enter EDCC reports! I was able to log in and document [her] inpatient stays, diagnosis codes and discharge recommendations. Prior to EDCC [this information was only exchangeable via the patient's physical hospital records, which] she would not [typically] keep, often throwing them away or forgetting she had been hospitalized [altogether].*

*With the information from EDCC, I [was able to] work with the PWC Health Department to rescreen the client immediately. [As a result of the rescreening,] she was approved for in-home services and received [continual] care from a local agency until she passed away about a year later at home, as she desired. Her only son, who lived in Arizona, was greatly appreciative of the support that allowed his mother to age in place.*

*EDCC has offered me an increased ability to advocate for [my] clients, coordinate [their] care with providers and help [them] accomplish their medical and health care goals."*



**Shakeisha Sterling**  
Prince William Community Services Board  
Geriatric Case Manager/ Therapist II



# Advancing Health Data Exchange Through **TEFCA**



During a panel discussion at The Sequoia Project's 2024 Annual Meeting on "Advancing Public Health Use Cases," VHI consultant Tim Powell spoke about how TEFCA has the potential to be a "game-changer" for the advancement of public health in Virginia and beyond.

The Trusted Exchange Framework and Common Agreement (TEFCA) is a national initiative aimed at improving health data interoperability. In 2024, VHI supported TEFCA implementation for Fairfax County Health Department to enhance secure, real-time data sharing for public health purposes such as case investigation and electronic case and laboratory reporting.

By participating in TEFCA, Fairfax County Health Department can reduce the number of systems utilized to access public health data, seamlessly query patient records and reduce the administrative burden of phone calls and sending information via fax.

Connecting to the Health Information Exchange (HIE) and TEFCA network allows for more robust public health surveillance using the Master Patient Index and condition trigger codes. These tools enable greater access to data for targeted public health prevention strategies to be developed.

As the administrators of the Virginia HIE, VHI serves as a key partner to Fairfax County and other public health authorities in their public health data modernization efforts by leveraging the shared technical infrastructures and well-developed technical standards to support TEFCA-based interoperability.

As TEFCA implementation continues expanding across the Commonwealth, VHI remains committed to advancing interoperability, ensuring public health authorities and healthcare providers have the data they need to improve patient care.

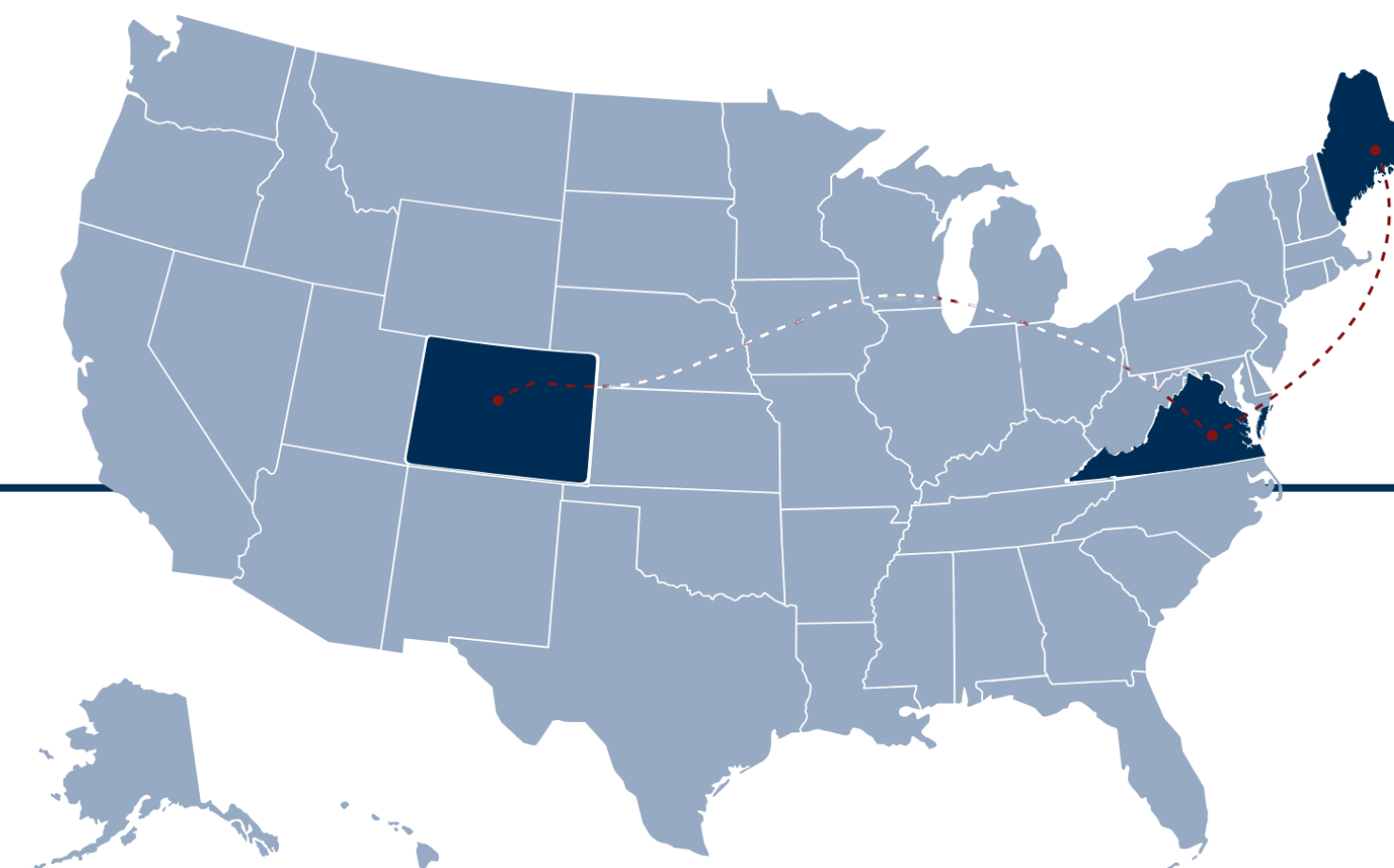


# Strengthening Healthcare Insights: **Multi-State APCD Data Initiative**

Virginia, Maine and Colorado have partnered to develop a comprehensive, multi-state repository of de-identified claims data, providing researchers with a structured and accessible dataset for analyzing healthcare utilization, costs and outcomes. Designed to streamline multi-state research, this initiative enhances data consistency and usability. The Alpha phase, completed in early 2024, allowed researchers to assess data quality, identify integration challenges and recommend improvements in standardization, linkage methods and metadata clarity to strengthen future iterations.

With these insights, the Beta phase, launching in May 2025, introduces a refreshed claims dataset with expanded demographic indicators and improved claim-to-member linkage. Researchers who participated in Alpha will have exclusive access for one year under a structured governance framework, with refined data use agreements, improved documentation and enhanced metadata to support more precise analysis.

As the steward of Virginia's APCD, VHI plays a critical role in ensuring data integrity and seamless collaboration across states. This initiative marks a significant step toward a scalable model for cross-state healthcare data sharing, equipping researchers with a robust resource to drive policy development, cost analysis and healthcare innovation.



# VHI Board of Directors

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Kyle Russell

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# Strategic Plan Overview

## Expand data collection scope, linkage and delivery method crossover

VHI should leverage and maximize its position of having multiple data systems under a single organizational umbrella. Expectations will consistently increase on the insights that can be obtained from health data and VHI must continue to evolve to meet those needs.

## Refresh VHI's brand profile with a clearer value statement

VHI is a very visible organization within the Commonwealth and is looked to as a source for a wide variety of data and reports. The organization should maintain a modern image and assess ways to more effectively convey its mission and value to stakeholders.

## Convene and engage the VHI data user community

VHI is required in its mission to ensure that data is meaningful and usable. These designations should be based on the feedback of the broader data user community and VHI should look for ways to grow and engage these groups.

## Expand VHI's proportion of revenue outside of base program administration

Base administration fees, primarily driven by General Funds, will continue to be important to VHI's overall sustainability plan but the organization should continue to look for ways to expand its resources from other sources. Private funding serves as both a means of diversification for VHI as well as a market signal that the organization's programs are providing significant value to participants.

## Achieve operational excellence and selective vertical integration

VHI should continue to scale its operational processes and staff team as its programs and services grow. VHI should look for areas where more ownership and control over drivers of program cost and quality are possible.

## Increase reporting innovation

VHI is consistently tasked with reporting on key topics important to Virginia healthcare stakeholders. These reports should remain a major focus of VHI and updated regularly to maintain their relevance and impact.





# Summary of Key Financials

## FYE June 30, 2024

**Statements of Financial Position:**

Total Assets:	\$18,613,107
Total Liabilities:	\$2,132,720
<b>Net Assets:</b>	<b>\$16,480,387</b>

**Revenues:**

Contract Fees:	\$7,910,991
Sales and Programming:	\$3,762,533
Investment Income, Net:	\$332,450
Other Revenue:	\$73,699
<b>Total Revenue:</b>	<b>\$12,079,673</b>

**Expenses:**

Program Expenses:	\$10,257,961
Patient Level Data System:	\$338,493
Efficiency & Productivity:	\$301,303
All-Payer Claims Database:	\$1,265,910
Health Information Exchange:	\$8,352,255
Management and General Expenses:	\$708,887
<b>Total Expenses:</b>	<b>\$10,966,848</b>

[Click here](#) to view the full 2024 audit report.