

All-Payer Claims Database (APCD) Advisory Group - Special Meeting Webinar on Proposed APCD Reports

This will be a webinar for the continued presentation and discussion of proposed APCD reports, per member agreement at the February 18th meeting.

NOTICE OF MEETING AND AGENDA

Date: *Wednesday, March 4, 2015*

Time: *9:00 a.m. to 11:00 a.m.*

Webinar Link: Click here to join online meeting:
<http://www.mymeetings.com/nc/join.php?sigKey=mymeetings&i=279332022&p=&t=c>

Conference Line: Phone Number: (866) 732-1486
Participant Code: 777801458#

Location* Hilton Hartford, Connecticut Ballroom, Salon C
315 Trumbull Street, Hartford, CT 06103

Directions: <http://www3.hilton.com/en/hotels/connecticut/hilton-hartford-HFDHHE/maps-directions/index.html>

- I. Call to Order and Introductions
- II. Public Comment
- III. Approval of February 18, 2015 Meeting Minutes
- IV. CEO / ED Updates
- V. Development of Mission Statement
 - a. Enabling Legislation
 - b. Strategic Direction from Legislative Mandate
 - c. Population Health Model
 - d. Mission Statement (proposed)
- VI. Proposed Report Inventory, Timeline
- VII. Report Development Process
 - i. Inputs from Members
 - ii. Report Inventory Request Form Structure

- VIII. Next Steps
 - IX. Future Meetings
 - X. Adjournment
-

Webinar details available on page 3.

A note regarding attendance:

This meeting will be conducted primarily as a webinar. Member attendance by phone and online is agreeable. Roll call to confirm member attendance will be taken at the start of the meeting.

Webinar Participation Details

I. Conferencing into the meeting:

Phone: (866) 732-1486

Code: 777801458#

II. Joining the Online Webinar:

1. Click the following link to join the webinar now:

<http://www.mymeetings.com/nc/join.php?sigKey=mymeetings&i=279332022&p=&t=c>

2. Enter any required fields.
3. Indicate that you have read the Privacy Policy.
4. Click on Proceed. You will be placed into the webinar at that time.

Webinar Meeting Number: 279332022

Public comment of the agenda is limited to two minutes per person and is not to exceed the first 15 minutes of each meeting. A sign-in sheet will be provided.

Access Health CT is pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Christen Orticari at (860) 241-8444. For further information concerning this meeting, please contact Christen Orticari at (860) 241-8444 or Christen.Orticari@ct.gov.

Meeting materials will become available at: www.ct.gov/hix following each meeting.



All Payer Claims Database Advisory Group Meeting
Draft Meeting Minutes

Date: Thursday, February 18, 2015
Time: 9:00 a.m. – 11:00 a.m. EST
Location: Hilton Hartford Hotel, Hilton Grand Ballroom West

Members Present

Tamim Ahmed, Robert Aseltine (phone), Mary Ellen Breault for Thomas Leonardi, Demian Fontanella for Victoria Veltri (phone), David Guttchen for Ben Barnes (phone), Matthew Katz (phone), Dr. Mary Alice Lee, James Iacobellis (phone), Kimberly Martone for Jewel Mullen (phone), Jean Rexford, Dr. Robert Scalettar, Mary Taylor (phone), Robert Tessier, Dr. Victor Villagra, Joshua Wojcik for Kevin Lembo (phone)

Members Absent

James Wadleigh (Acting Chair), Roderick Bremby, James Iacobellis, Dean Myshrall for Mark Raymond, Patricia Rehmer

Other Participants

Diane Aye, Olga Armah (present by phone to Represent the Department of Public Health with designee, Kimberly Martone), Patricia McCooey (present by phone to represent the Department of Social Services), Robert Blundo, Frank Hoefling, Christen Orticari

I. Call to Order and Introductions

Tamim Ahmed called the meeting to order at 9:00 a.m. Members introduced themselves.

II. Public Comment

There was no public comment.

III. Approval of November 13, 2014 Meeting Minutes

Kimberly Martone made a motion to discuss the minutes. Robert Tessier seconded. Matthew Katz asked for an administrative change in Section V.7. on Data Analytics and Reporting in the Overview of APCD Implementation. **Ms. Martone moved to accept the minutes as amended. Dr. Victor Villagra seconded. Motion passed.**

IV. CEO/ ED Updates

Mr. Ahmed stated that the special meeting was convened, per member request at the February 5 APCD Advisory Group meeting, to review and discuss the proposed APCD reports and process.

Dr. Robert Scalettar asked for the link to the APCD Showcase, a web site hosted by the APCD Council, to be added to the APCD meetings page. The webpage provided case studies and report examples from other state all-payer claims databases (APCDs). Christen Orticari synced the APCD webpage with the requested content.

V. Report Development Process

Mr. Ahmed gave members a summary of the 10 proposed reports and explained how they were defined to incorporate stakeholder use cases, and the legislative mandate for reporting. He explained and gave examples of how limited resources, availability of expertise, time and report development complexity were challenges taken into consideration in the report proposal and definition process.

VI. Proposed APCD Reporting

Mr. Blundo provided members the historical, legislative perspective that drove content of the first 10 proposed reports. He explained the 10 proposed reports were intended to scope out contractor reporting capabilities the Connecticut APCD needed to accomplish future reporting goals. He proposed and collected advisory feedback on a mission and vision to serve as the guiding principles for the report development process. Members were in agreement that the mission should support creation of actionable, accurate and attainable reports, given the limitations of administrative claims data. Members recommended various ways to amend the report development mission, and requested that a follow-up meeting be held to confirm changes to the mission statement. Staff planned to schedule a special meeting and send out a revised version of the report development mission for discussion at the next Advisory meeting.

Next, Mr. Blundo gave an overview of the APCD report stakeholders, challenges and opportunities in creating public facing reports. In addition, he outlined a proposed approach AHA planned to take for cataloguing, prioritizing, defining, developing, and testing proposed APCD reports moving forward. The APCD Advisory Group deliberated the need for member feedback in creation of a report catalogue and requested a discussion on the report feedback process be included in the next special meeting.

VII. Next Steps

Mr. Blundo reiterated the following list of meeting takeaways for the next special meeting of the APCD Advisory Group.

- Staff would add the link to the APCD Showcase to the APCD web page.
- Staff would provide more information on public reporting limitations related to antitrust and cell size limitation. Staff to propose revisions to the mission and vision statement for the report development process. Members advised that revisions include select words, such as transparency and consumer.
- Staff to propose how the report catalogue will be shared among the APCD Advisory Group and how the prioritization will be communicated.
- Staff to schedule a one hour meeting to discuss the mission statement, catalogue format and approach for collecting members' comments in between meetings.

VIII. Future Meetings

An off-cycle meeting would be scheduled within the forthcoming two weeks for members to discuss the APCD mission and vision and feedback process reports. The next regular meeting of the APCD Advisory Group was May 14 from 9:00 to 11:00 a.m.

IX. Adjournment

Mr. Ahmed entertained a motion to adjourn the meeting. Mr. Tessier motioned. Mr. Katz seconded the motion. Motion passed unanimously. The meeting was adjourned at 11:00 a.m.



Report Development & Recommendation Process - CT's All-Payer Claim Database

March 4, 2015

Presentation Overview

- Approval of February 18, 2015 Minutes
- CEO / ED Updates
- Development of Mission Statement
 - Enabling Legislation
 - Strategic Direction from Legislative Mandate
 - Population Health Model
 - Mission Statement (proposed)
- Proposed Report Inventory, Timeline
- Report Development Process
 - Inputs from Members
 - Report Inventory Request Structure
- Next Steps
- Future Meetings

CEO / ED Updates

- This is a special meeting to discuss various web reports planned for CT's APCD
- Access Health Analytics (AHA) published a list of 11 (out of total 20) types of reports for planned web publishing over the next 12 months
- Some members expressed concern about the process of selection of the reports
- AHA also interpreted PA 13-247 for strategic directions for the choice of first 11 reports
- Earlier, AHA created placeholders for 10 reports, for purpose of collecting RFP responses
- AHA has also created a document that defines scope, specs and technical parameters, distributed to all Advisory Group members earlier
- In this meeting we want to discuss recommendation inclusion process of the Advisory Group in the Web Reporting
- We want to make sure that this process is not too complex, time-sensitive, and also recognizes limitations from both contractual and technical aspects

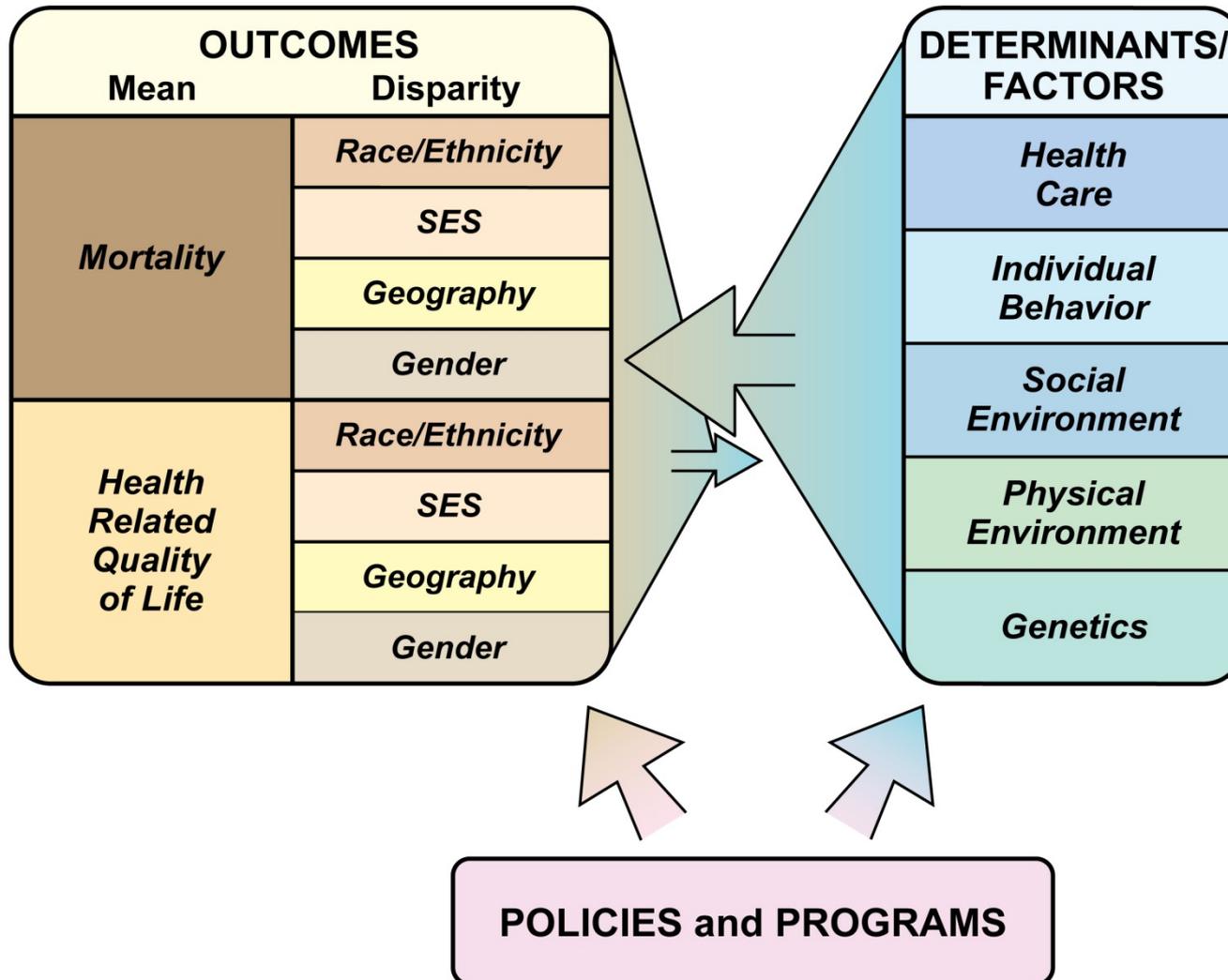
Development of Mission Statement - Enabling Legislation

- (b) (1) There is established an all-payer claims database program. The exchange shall: (A) Oversee the planning, implementation and administration of the all-payer claims database program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care
- (4) The exchange shall: (A) Utilize data in the all-payer claims database to provide health care consumers in the state with information concerning the cost and quality of health care services that allows such consumers to make economically sound and medically appropriate health care decisions

Strategic Direction from Legislative Mandate

- Price and Quality Transparency -
 - Price and Quality of procedures with total costs paid, out-of-pocket costs for members, and quality of care measures (if available)
 - Consumer’s education tool to support understanding of insurance concepts, in-network versus out-of-network physicians, coverage of insurance for select services, calculation of out-of-pocket costs
 - Developing innovative quality measures to support price transparency
- Population Health - Interpreted cost-effectiveness, access and efficiency as targets for measuring population health
 - Disparity in health – across race/ethnicity, SES, Geography and Gender
 - Health Care Determinants – access, costs, quantity and quality, individual behavior, physical environment, genetic determinants
 - Health care outcomes – Mortality, QALY or other outcomes

Population Health Model



Mission Statement (proposed) for APCD Web Reporting

Advisory Group will

“Provide strategic guidance to CT’s APCD in identifying web reports that enhances understanding of population health, improves price & quality transparency, addresses disparity of care and health care determinants for consumers, state agencies, insurers, employers, health care providers and researchers from academic and research organizations”.

Proposed Report Inventory

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#1 Disease Prevalence Report	Create disease prevalence report by geographical units and by age/sex bands for determining distribution of diseases in CT, by various dropdown categories - diseases, types, payers, county, age/sex bands, and types of plans.	State Agencies (e.g., DPH), Policymakers, Researchers/Academics	Well validated identification protocols from NCQA, CMS or similar respectable entity.	Low	Short
#2 Population Coverage & Characteristics	Characteristics of commercially insured plans - Counts, Deductible and Premium - to provide better understanding of the plan-benefits and socio-demographic features, by various dropdown categories - utilization types, payers, county, age/sex bands, and types of plans.	Exchange, Payers, State Agencies, Policymakers, Researchers/Academics	Applying industry acceptable standards for data validation and measurement approach for financial and non-financial data.	Low	Short
#3 Healthcare Utilization	Risk-adjusted utilization of healthcare services by various dropdown categories - utilization types, payers, county, age/sex bands, and types of plans.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium

8 Note: The numbering of the reports does not reflect priority.

Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#4 Population Illness Burden	This report will measure the relative health of that group based upon the number and types of healthcare services used.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#5 Total Cost of Care	This report represents the total dollars paid for all health care services received by an individual such as hospital, clinic, physician visits, and prescription costs.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#6 Price Transparency for Select Procedures in Facilities.	Provides procedure-specific information on costs and expected out-of-pocket costs for select set of procedures at hospital-based or non-hospital facilities.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Develop a list of elective procedures which can be flexibly performed in both outpatient hospital and non-hospital facilities.	High	Medium

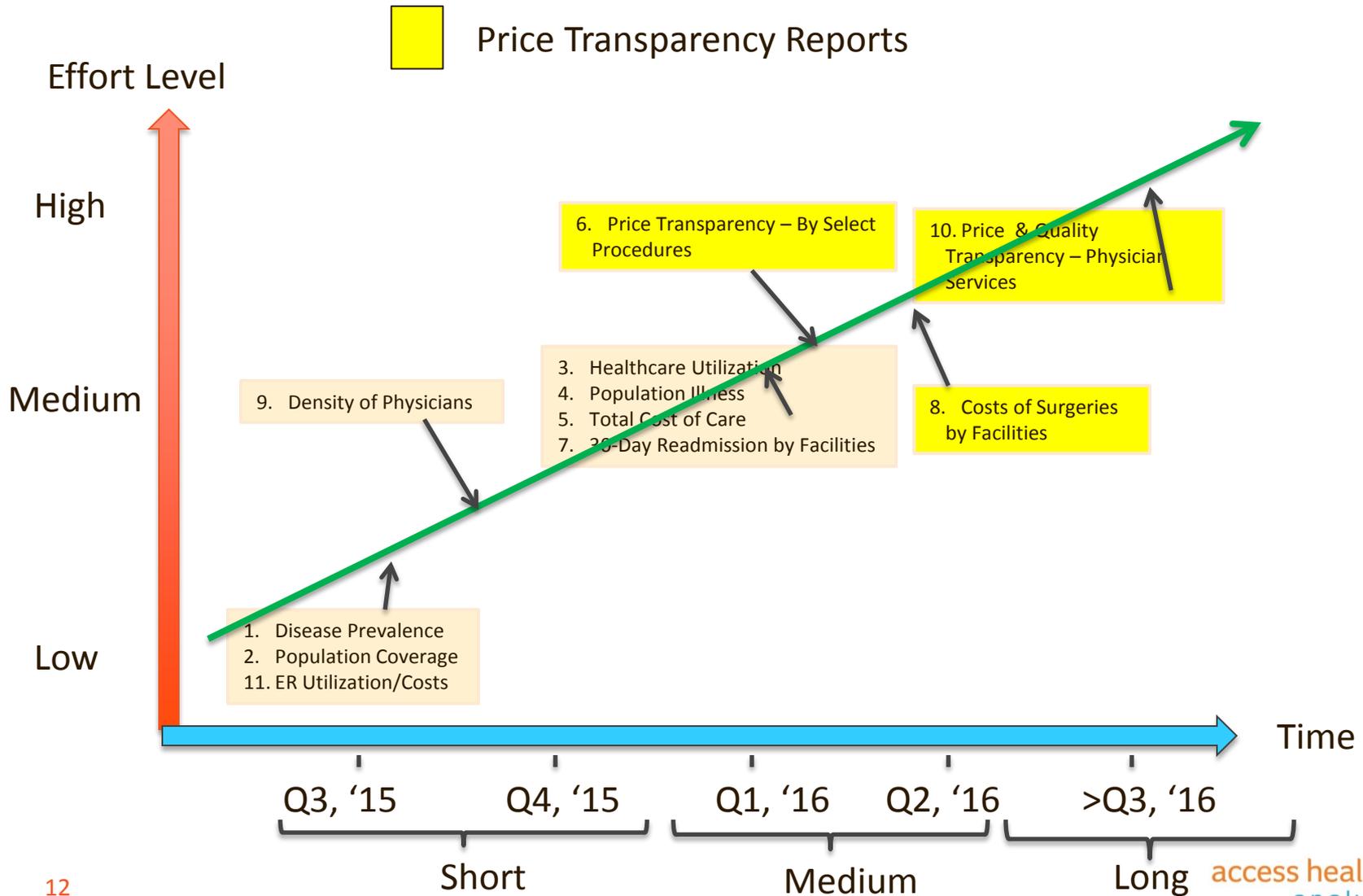
Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#7 30-Day Readmissions by Facilities	This report will provide 30-day All Cause Readmissions and Preventable Readmissions by facilities.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#8 Costs of Surgeries	This report will create episode level analysis which will allow us to understand the total cost of surgeries.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Long
#9 Density of Physicians	This report provides information on the distribution of physicians by various specialties, by select geographic areas.	Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Low	Short

Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#10 Price & Quality Transparency of Physician Practices	This report allows consumers select physicians based on primary care and other types of care.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	High	Long
#11 ER Reports	ER report will show utilization of ER by facilities for various conditions.	Consumers, Payers, Providers, Employers, Policymakers, Researchers/Academics	Identify all ER events assign costs by linking professional to facility claims, by a list of procedures/conditions and other characteristics	Moderate	Short

Proposed Reporting Timeline



Inputs from Members

Report	Member Comments	AHA's Timeline	Your Timeline
Disease Prevalence		1	
Population Coverage		2	
ER Utilization		3	
Physician Density		4	
Healthcare Utilization		5	
Population Illness Burden		6	
Total Cost of Care		7	
30-Day Readmissions		8	
Price Transparency - Procedures		9	

Inputs from Members (cont.)

Report	Member Comments	AHA's Priority	Your Priority
Costs of Surgeries by Facilities		10	
Price Transparency – Provider Services		11	
Others?			

Report Inventory Request Form Structure

1) Catalog Requested Reports:

- Identify at a minimum:
 - Report Purpose/Goal –
 - Intended Audience –
 - Measurement Strategy –
 - Estimated Level of Effort –
 - Examples/Citations of existing work –

Next Steps

- Advisory Group members are given report inventory, AHA's timeline and priorities
- AHA will include other reports that members would like to propose using Report Inventory Requirement (slide#9) design
- AHA receives inputs from members and their priority, especially some explanations/comments if it differs from AHA's priority, using slide #s 7 and 8
- AHA will post inputs on the shared web page for everyone to see
- Based on collective inputs from Advisory Group members, AHA will adapt reporting strategy
- These comments and other inputs will be discussed in special meeting on March 4th

Future Meetings

Access Health Analytics

All Payer Claims Database - 2015 Meetings Schedule

All meetings are held on the second Thursday of each month from 9:00 - 11:00 a.m. EST.
(unless otherwise indicated)

*Session - indicates that the meeting will not be held at the LOB due to Legislative Session.

Date	Venue	Venue
February 5, 2015	9:00 - 11:00 AM	Htfd. Hilton
February 18, 2015 [^]	9:00 - 11:00 AM	Htfd. Hilton
March 4, 2015 [^]	9:00 - 11:00 AM	Htfd. Hilton
May 14, 2015	9:00 - 11:00 AM	Htfd. Hilton
August 13, 2015	9:00 - 11:00 AM	LOB
November 12, 2015	9:00 - 11:00 AM	LOB

[^] Special Meeting