

All Payer Claims Database Data Release Committee

Meeting Minutes

Meeting Date	Meeting Time	Location
Feb. 23, 2018	1:00 pm – 3:00 pm	Conference Rm. 2A, 450 Capitol Avenue, Hartford CT 06106 <u>Webinar Option</u>

Committee Members					
Patricia Checko, Ph.D., Chair	X	Sheryl Turney, MS	X	Kun Chen, Ph.D.	X
Robert Blundo	X	Kristen McClain, JD/MBA	X	Lisa Freeman	
Miriam Delphin-Rittmon, Ph.D.		Henry Jacobs, MD/JD		Michael Fields	X
Justin Peng, MPH	X	Anthony Dias, MBBS, DPM, MPH	X		
Supporting Leadership					
Kelsey Lawlor, OHS	X				

Agenda			
	Topic	Responsible Party	Time
1.	Welcome & Call to Order	Robert Blundo	1:11 PM
	Robert Blundo called the meeting to order at 1:11 pm.		
2.	Public Comment	Attendees	1:13 PM
	There was no public comment.		
3.	Review and Approval of the January 22, 2018 Minutes	Committee Members	1:10 PM
	Robert Blundo asked for a motion to approve the January 22, 2018 minutes. Committee member Sheryl Turney moved to approve. Committee member Michael Fields seconded the motion. The motion passed unanimously with no additions or abstentions.		
4.	Application Review and Discussion: Southern California University – Atlas of Integrative Health	James Whedon	1:15 PM
	<p>Robert Blundo introduced James Whedon, Director of Health Services Research at Southern California University. Mr. Whedon submitted two applications for review: one to describe the availability, utilization, and cost of integrative healthcare services by provider specialty, and another to evaluate the association between utilization of chiropractic services and likelihood of prescription fill for opioid medication.</p> <p>In regards to the first project, James explained that claims data varies by state, and his team would like to use the discrepancies in this data to explain measures of access across states. His team has experience using state level and Medicare data from across the country.</p> <p>James then said that the second project is more analytical, examining the association between use of chiropractic services and use of prescription opioids. James mentioned that his team has a paper in press currently on this topic utilizing New Hampshire claims data. In their study of New Hampshire’s data, they found a 55% lower likelihood of opioid usage when patients received chiropractic services.</p> <p>Sheryl Turney reiterated her question from the January meeting regarding whether or not Connecticut has any laws or regulations regarding provider engagement in the APCD Data Release review process. Rob Blundo responded that he is fairly sure there are no such laws or regulations, but is in consultation with legal counsel to confirm.</p> <p>Sheryl Turney then asked if the Atlas of Integrated Health program headed by James Whedon is primarily behavioral health focused, and if so, is the CT APCD data of use to them with the restrictions in place by SAMHSA?</p>		

All Payer Claims Database Data Release Committee

Meeting Minutes

Rob Blundo asked James Whedon to clarify definition of integrated care, as it pertained to Sheryl's question. James responded that within the industry, there is little consensus as to what "integrated care" includes, but for the purposes of this research project, they will be focusing on complimentary alternative services, including acupuncture, massage, chiropractic, and naturopathic care.

Rob Blundo stated that these are not likely services that would be covered by SAMHSA. Sheryl Turney agreed. Rob then stated that the review committee should ask this question of the second application as well.

Patricia Checko stated that she had made the assumption that James' team would be looking at more than just the aforementioned complimentary services. She asked James to clarify if he needs the full range of claims data that he had requested. James answered that his group would like to compare services by specialty. Most complimentary alternative services are outpatient, and for comparative purposes, they'd like to include primary care provider data to gauge the level of access of integrated care to primary care services. Patricia Checko responded that, in that case, James may need to request data from primary care, internist, general practitioner, geriatrics, pediatrics specialists to go along with the integrated care disciplines. James confirmed that they do not need the whole database of codes.

Patricia Checko asked if there are integrated care services that are not reimbursed, would they be in the APCD? Rob Blundo answered that if they were denied outright, they would not be in the database. However, if they were partially paid at one point in time, then they would be in the database.

Patricia Checko asked what the prevalence is of these services in the CT APCD. Rob Blundo answered that he did not have frequencies of that on hand. He then asked James what their data pool looked like in New Hampshire. James answered that they had enough data in New Hampshire to provide statistically significant results. Given the larger population in Connecticut, he would expect similar or larger sample sizes here.

Patricia Checko asked if James had run into any issues with SAMHSA during previous analyses of this nature. James answered that there had been no issues, as they are not analyzing for those protected behavioral health issues.

Kun Chen stated that some claims don't ever end up in the APCD, and that they might not be able to use this data to accurately assess the availability of integrative health services. He emphasized the importance of being careful and cognizant about the types of conclusions they draw from their analyses. James stated that they are aware of this concern. They are developing methods that are applicable on a national level, but it will take time to get there. However, they do want to compare broadly across states to see what comparisons can be made. His team will also be looking to use publicly available information regarding prevalence of integrative health practice.

Patricia Checko asked what other states are currently involved in this project, and what kind of public/private data his team plans to merge. James answered that thus far they have submitted applications with New Hampshire and Massachusetts, and are also looking to use state professional association and licensing board information.

Patricia Checko asked the Committee if they want to review James Whedon's research proposals as two separate applications. The Committee chose to review them separately. The Committee did not require an executive session for this applicant.

Rob Blundo stated that he recommends that the Committee vote on the approval of these applications with the contingency that James completely clarify which data (i.e. specialties of interest and preferred filters) he is

All Payer Claims Database Data Release Committee

Meeting Minutes

requesting. Rob then asked James if he would be requesting the same data for each project. James answered that he would be asking for slightly different data filters for each. He wants to be able to tie specialty providers to prescription of opioids. The Atlas project can be much more restrictive than the opioid research project.

Patricia Checko that it sounds like two projects are substantively different, and the contingency of more specific data requests would be needed.

Rob Blundo made a motion to approve the application submitted by James Whedon regarding access to integrative health services with the contingency that he will have to work with Rob Blundo to detail more specificity on the types of data he is looking for, so as to stay in compliance with the HIPPA practice of providing the minimum amount of data to applicants. Kristen McClain seconded the motion to approve with contingency. Motion carried unanimously.

Patricia Checko then reopened the floor for questions to James on the opioid use and chiropractic services research project.

Rob Blundo stated that, in regards to the SAMHSA ruling, there is no claims code based standard as to what carriers will redact from claims data, he indicating some carriers were restricting submission of data on drugs used to counteract opioid withdrawal or addiction. Rob asked what impact this restriction would have on James' research. James answered that it would not have an impact because he would want to exclude that information anyways, as those drugs do not treat pain. Even if all those claims aren't identifiable, he feels that the limitation would not obstruct the project.

Patricia Checko asked for clarification on the weighted strategy used to address sample sizing and selection bias. James said they use logistic regression to analyze predisposition of patients to use drugs vs. chiropractic services. Kun Chen stated that this seems to be a reasonable approach in line with statistical analysis standards.

There was no need for executive session. Patricia Checko asked for a motion to approve this request, with the contingency of a good faith effort for James to specify more concretely the data he is looking for. Sheryl Turney made a motion to approve. Kun Chen seconded the motion. The motion carried unanimously.

5.	Application Review and Discussion: My Medical Shopper	Evan Young	1:45 PM
<p>Christopher Matrumalo, Director of Marketing for My Medical Shopper (MMS) gave a brief overview of the organization. They aim to empower patients to know how much their services will cost at different providers, and they do this by working in collaboration with other states and partners to analyze historical claims data to create estimates and a database that is available to consumers for free. MMS brings information to the hands of patients to help them make more affordable choices.</p> <p>Patricia Checko asked the Committee if they have any questions. Patricia asked MMS to clarify the amount of data they are requesting, vs. how much they actually need to do this work. MMS responded that they are working to improve the quality of procedure bundles and information on the total incidence of care. They need more information to develop these inclusive bundles, and New Hampshire, Maine, and Massachusetts have issued that data to them.</p> <p>Patricia Checko asked what level of provider or facility data that would be available on their site. MMS responded that they only show entity-level providers on the CMS NPI tables (non-individual providers).</p>			

All Payer Claims Database Data Release Committee

Meeting Minutes

Rob Blundo asked if the MMS website data would provide consumers with professional services costs, as they are provided by clinicians. MMS responded that their calculations would include professional services costs, but they would not name the provider. It gets rolled into the facility cost. MMS emphasized that they are not provider-centric, but more interested in organization-level costs.

Sheryl Turney asked who this product/data is sold to. MMS answered that this information is available for free to everyone on their website. There is a for-profit line of the company that sells other types of analytic and administrative streamlining services to employer groups for use on their own populations. Sheryl asked if any of the Connecticut APCD data would be part of or inform the data analytic services that MMS sells to employer groups. MMS responded that all of their software is tied together, but no APCD data goes to products that are for-profit. Sheryl Turney emphasized her concern that the CT APCD data would have to be sufficiently firewalled from the other services and processes undertaken by MMS. Would like to see the security policies associated with MMS. MMS is willing to clarify this aspect of their application.

Rob Blundo reiterated to the group that MMS has been provided with a copy of the non-disclosure agreement (NDA) they would be required to sign prior to receiving any data from the APCD. The NDA specifies that the data cannot be used for anything other than what is explicitly referenced in their application. He also stated that they could add an explicit clause to the MMS application stipulating that they would not use any data or derivatives of that data from the CT APCD for purposes other than the MMS free consumer website or for a private-party product.

Patricia Checko asked if MMS has a plan to measure quality. MMS responded that they do have a proprietary quality metric that takes into account market share and provider specialization in the procedure being searched to estimate a quality score. Patricia asked if the CT data would be used in this way. MMS responded that it would, but only insofar as to see counts of procedure by provider in different ways. Patricia clarified that it is not outcomes-based quality metrics. MMS confirmed.

Kun Chen asked if MMS could describe their analytical approach. When conducting a research project, those findings are verified via peer review. With this website, how do they validate their approach? MMS responded that they publish their methodology and findings on their website. They go through a process of cleaning the data, identifying unique providers, developing procedure bundles by computing how many times items appear together in the same claim, determining the median price, and publishing the data. Anecdotally, after speaking with lots of providers, they have been told that their prices are very accurate. Early on they did a lot of manual price checking via phone calls, etc. At this point, now that they have worked with data from many states, they feel confident in the accuracy of their algorithms. However, they are always open to correcting errors and making their data better – they are constantly communicating with the medical provider community. Feedback has been incorporated over their four years of operation.

Patricia Checko stated that MMS is the first for-profit entity request the Committee has reviewed, and it appears as though they will require data on an ongoing basis. She asked for clarification. MMS confirmed this assumption, stated that they like to phase out data after 12-18 months. They would constantly be looking for more data, based on ongoing approval. Patricia stated that MMS has an ongoing relationship with New Hampshire's APCD and asked if there are any other such relationships. MMS stated that they were approved by Massachusetts and will renew on an annual basis. They have been receiving quarterly reports from New Hampshire for several years thus far. Patricia asked if the Committee would be able to reevaluate access to the data. Rob Blundo responded that the NDA allows for this.

**All Payer Claims Database Data Release Committee
Meeting Minutes**

	Rob Blundo asked MMS how they use consumer information, since account creation is mandatory. MMS responded that they do not use or store activity of account users, and they do not share email addresses.		
	Executive Session, If Applicable	Committee Members	2:00 PM
	The Committee voted to enter executive session.		
6.	Application Review and Discussion: UConn Health	Sara Wakai	2:15 PM
	The Committee did not have time to review this request. The Committee will discuss convening a special session to review this application in advance of the March 23, 2018 regular meeting.		
	Executive Session, If Applicable	Committee Members	2:30 PM
7.	Final Votes	Dr. Patricia Checko	2:45 PM
	The Committee voted to approve the two applications from James Whedon with a contingency to specify more precisely which data sets he is asking for.		
	The Committee voted to table the request from My Medical Shopper until they can get more answers to security-related questions.		
8.	Adjournment	Dr. Patricia Checko	2:55 PM
	The Meeting adjourned at 3:10pm.		

Meeting information is located at: <http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council/Health-IT-Advisory-Council---APCD-Advisory-Group>