All Payer Claims Database Data Release Committee

Meeting Minutes

Meeting Date	Meeting Time	Location
June 11, 2019	1:00-3:00 PM	**Meeting Location:** OPM Conference Rm. 3A, 450 Capitol Avenue Hartford, CT 06106

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

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Welcome & Call to Order**	**Patricia Checko**	**1:04 PM**
2.	**Public Comment**	**Attendees**	**1:10 PM**
	There was no public comment.		
3.	**Review and Approval of the May 14, 2019 Minutes**	**Committee Members**	**1:12 PM**
	Pat Checko asked for a motion to approve the minutes from the DRC meeting on May 14, 2019. Sheryl Turney made the motion to approve, Sheryl Turney seconded the motion. The motion passed unanimously with no additions or abstentions.		
4.	**OHS-APCD Transition Update** **-Role of DRC in APCD Processes** **-Funding** **-Overall Administration by OHS** **-Procedural issues related to the release of information.**	**Allan Hackney, OHS** **Michael Matthews, CedarBridge**	**1:15 PM**

Allan Hackney opened up the dialogue with an overview of the administrative transition of APCD from Access Health to OHS. Additionally, referred to quasi associated policies for controlling APCD data, efforts of the DRC workforce, the DRC's ability to make recommendations, and general challenges of APCD to be aware of. There seems to be an evident disconnect from the APCD advisory group and Pat Checko. The linkage between happenings from the APCD Advisory group and HIT programs may not be as directly connected.

Refer to Allan's presentation can be found here

APCD Statutory Authority:
Sec 17b-59f (e) (1) of the 2012 statute that created the All Payers Claims Database (APCD), established the APCD Advisory Council to implement and oversee the APCD. In 2018, legislation creating the Office of Health Strategy transferred authority for oversight of the Office under the Health Information Technology Office (HITO). The assignment of responsibilities to that organization included: the certificate of need process (and all related cost of market reviews), and financial stability reporting's, functions previously assigned to the Department of Public Health.

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The APCD advisory group's existence was reaffirmed and established it as a standing work group under HIT Advisory Council. The statute reaffirms the mission of APCD - and that they may self-organize standing subcommittees pursuant of statutory mission. This authority was given to the broader HIT advisory council, and now it cascades down. In 2013, APCD established two subcommittees.
The Data Release Committee was established with specific policy which spoke to data release procedures. The DRC oversees all data release activities that pertain to applicants outside of OHS. The Data Privacy Committee is responsible for actions specific to data privacy.
The Data Privacy Committee has met on a regular basis since 2014 and has been active during that time and developed the privacy policies for both APCD data release and theAPCD Privacy Policy and Procedure .

The APCD Advisory Council has assigned the Data Privacy Group, to specifically (1) address the implications of transitions of APCD from Access Health (quasi-public organization) to OHS which is an executive branch state agency; (2) and review privacy policies and consider what has changed in the market place and environment since originally adopted.

Governance Model:

The HIT advisory is chartered with overseeing all HIT IT activities (Allan's office). The two statutory committees developed under the HIT Council are: (1) The APCD Advisory group and, (2) The Medication Reconciliation Polypharmacy Work Group (MRP). The MRP is designed to specifically to study issues to reconcile medication, patient safety associated with people who take multiple medications. Polypharmacy is the study of interactions of one medication against others. Thereby, the Polypharmacy work group is designed to focus on practical aspects of how to come up with a dependable list of medications we believe patient is taking; and how to use the list to increase patient safety and reduce risk in environment.

MRP consists of four standing subcommittees covering: de prescribing, patient safety, policy, and actual reconciliation. Data release plays a vital role among the nine committees.

Each of the committees described have advisory roles in one shape or another depending on the nature of the committee. This is different than the Board of Directors established when nonprofit, non-governmental entities are incorporated to run the Health Information Exchange. There will be a board of directors and our State Government, since they will have fiduciary responsibility for oversight.
There is a distinction in both law and practice of the role for advisory committees vs. the role of a board of directors.

Organization of 4 standing committees:

Program manager will be responsible for working with chair, creating agenda, and finding out what people want to talk about.

In the absence of Sarju Shah, Michael Matthews's lead of Cedar Bridge has tremendously supported the DRC and MRP work groups.

Rob Blundo's (Access Health) departure will have a significant effect on the APCD Advisory group. Rob has worked extensively with the Data Release and Data Privacy & Security work groups.

Tina Kumar: (Stakeholder Engagement) role to engage members, keeping members informed on all subcommittees, making sure all materials, website up to date and can find them, questions around how something is happening, contact with a member. All around general support, Setting up zoom meetings.

OnPoint Health Data:

The APCD is managed by OnPoint Health Data which specializes in All Payer Claims Data Bases, and member related activities.

OnPoint Health Data has contracts with 12 states providing a variety of services, some services similar to what we are doing in CT.

APCD has a five year agreement with OnPoint Health Data signed in 2014, with a five year renewal clause. This contract will end in November 2019.

OnPoint Health Data was hired to build, and then ultimately manage APCD. OnPoint is an inbound process which currently manages over 200 million records of claims since 2012. They established the data submission process, and worked with carriers to input data, including mapping data into format that can fit in to APCD and applying a quality assurance process that will work for miscellaneous errors, omissions, etc.

The outbound process is done by "enclave." The enclave is a work environment, inside the OnPoint overall structure that is assigned explicitly to the Health Insurance Exchange.

Rob Blundo signed on to OnPoint via this enclave. APCD data extractions are provided on a periodic basis. The carrier fees are assessed monthly, and the goal is to maintain a routine of these transactions.

On a quarterly basis, OnPoint prepares a Limited Data Set (LDS) of identified claims with 18 specific identifiers removed or masked to create an environment where identities of patients cannot be identified. Rob Blundo would receive the limited data set quarterly, and would drop it into enclave and respond to requests that the DRC approves to create a further de- identified set to be given out to applicants.

APCD Administration:

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Since the transfer of the APCD to OHS, Access Health continued to have operational responsibility. A Memorandum of Agreement was created to effectively subcontract to the Insurance Exchange for uses of APCD and Rob Blundo's services.

However, since it is still housed in Insurance Exchange, existing policies still apply. This does not impact any changes for the DRC.

Current situation: with the MOA to expire on June 30th.
APCD costs $800,000 a year to run in its current configurations.

Despite Vicki Veltri's great efforts, the 2019 Legislative Budget passed this session contained no funding for APCD. Will continue to look for likely sources of funding.

Because of the transfer in administration at OHS, we were able to take advantage of people who were funded. Two new hires will be added to Allan's team to cover what Rob was doing, and expand the existing MOA with UConn Aims who will provide additional analytical work.

Pat and Allan both highly praised Rob Blundo's efforts with the APCD. We are grateful to have been able to work with, and learn from Rob. Rob did a lot of behind the scenes work. Rob was strategic in screening applications prior to review of the DRC committee, which consisted of helping applicants understand what the process was and making sure they contained all the required components before they were sent to the committee for review.

APCD Policies and Regulations

Access Health CT is a quasi-public entity which is able to enact policies simply by creating policies that board of directors could comprehend and adopt. From the start, Access Health CT has been involved in the privacy policies.

Because OHS is an executive branch organization, we cannot adopt policies. We are required to translate policies into regulation.

APCD Data Privacy Committee:

The Data Privacy Committee was charged to examine the existing policy and looking for practices in other states. Their recommendations will go to the advisory group for their review and affirmation.

The Data Privacy Committee is comprised of some members of the original data privacy board, Reps from United Health Care, and Aetna , DRC representation, Dr. Pat Checko, and a consumer Dr. Susan Israel.
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Questions following Allan's presentation:

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Fees that we can consider:

Michael Fields asked a question in regard to the environmental scan. Is thereconsideration of establishing sustainability within the office? Allan answered we have been looking at all of them eluded to –IAPD, the mechanism that Medicaid agencies can use to tap into funding HIE through general contact act, or to tap into Medicaid Management Information Services (MMIS)funds–managed by CMS to support improvements to Medicaid systems and infrastructure. Using this extensively to create HIE, we've explored using this funding, but Medicaid is using this for their own purpose and upgrade.

Allan also had the conversation with Office of National Coordinators, and their answer was "no" we may not use funding to build or operate APCD. ONC responded that funding may be used to build use cases on top of APCD that would serve with HIE, or advancing the interest of inter-operability across the state.

Allan has also made efforts of reaching out to OPM with the ability to attract bond funding to help manage, They responded unless you are "enhancing APCD by adding new feature or functions, the funding cannot be used to operate APCD."

Additionally, we are exploring SIM funding, and if there is ability to move some of the SIM funding to support APCD because it specifically ties to the objectives of SIM. This would be helpful, except that their grant in CT ends in Jan. 2020.

Consideration for applying fees for application process should also be explored.

-APCD resides in Medicaid or resides in two service organizations that include Medicaid. Consequently, if APCD is used by Medicaid for its analytical purposes-then the MMIS funding applies. This could change if we can have this conversation with the new Commissioner (starting June 21) on Medicaid agreeing to allow APCD to do their claim analytics.

Pat asked a question in regards to the May presentation to the APCD Advisory group on Medicaid issues. Will we need to change our law to be able to actually release some of the data people want? If we can clearly establish that our needs have changed would we have to go to the legislature because they put specific language in the law, to be able to access for research purposes. Allan answered that in talking about identifiers, he is unaware of any law in CT that goes further than what the HIPPA law states and that we should have one of the attorneys look into this.

Pat mentioned the application by UConn AIMs on behalf of the OHS and how it is working, if the structure is different, and if they are they going to be able to use it? Allan answered that the DRC (thankfully) approved UConn to populate CDAS, and it has been released and now is a fully de- identified set. There was a memorandum of agreement affecting the final transition at the end of June 30 from Insurance Exchange over to OHS. Based on the limited data set, there are specific questions around pharmacy costs.

In terms of membership, Pat pointed out that no one from the DRC group sits on the APCD advisory group.l Michael Girlamo was recently appointed to represent DMHAS, representing the Commissioner Miriam Delphin-Rittmon. It is critical that the DRC has a seat at the table.

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	Separate from the DRC group, Allan noted a different statue that says that a release of data from APCD that includes Medicaid data needs to be approved by Medicaid, and how that would be accomplished, because it would be unnecessary and duplicative to have a separate process. There could be a variety of reasons that started that conversation, and we are waiting for an outcome of data privacy work, then can pick up team to understand Medicaid issues to bring us to appropriate and hopefully integrated process. Pat commented that if you look at really old documents shared through the APCD privacy committee process, "Community health assessment" is used in some of the original language for use of APCD Data. She believes that we can argue that there can be appropriate use for more population based data analytics as we don't see much of it in the actual polices or procedures. Focusing on "patient outcome" suggests there was an intent to see if people we are serving are better or worse for care we are providing them. Hoping advisory group is not precluding the fact that just as an HIE should be used, the APCD should also be used. We have been talking more about procedures.		
5.	**Wrap up and Meeting Adjournment**	**Patricia Checko**	**2:00 PM**
	Pat Checko requested a motion to adjourn the meeting. Michael Fields made the motion, Anthony Dias seconded. The motion passed unanimously, and the meeting was adjourned at 2:00 PM.		

Meeting information is located at: https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Data-Release-Committee/Meeting-Materials