All Payer Claims Database Data Release Committee
Meeting Minutes

October 8, 2019	1:00 pm – 3:00 pm	Conference Rm. **2A**, 450 Capitol Avenue, Hartford CT 06106 **Webinar option**: Join Zoom Meeting https://zoom.us/j/371131444 Meeting ID: <mark>371 131 444</mark> Dial by your location +1 646 876 9923 US (New York) +1 669 900 6833 US (San Jose)

Committee Members						
Dr. Patricia Checko (Chair)	X	Kristen McClain		Lisa Freeman		
Michael Girlamo	X	Henry Jacobs		Michael Fields		X
Justin Peng		Anthony Dias	X			
Sheryl Turney	X	Kun Chen				
Supporting Leadership						
Allan Hackney	X	Adrian Texidor	X	Tina Kumar		X

	Topic	Responsible Party	Time
1.	**Welcome & Call to Order**	**Patricia Checko**	**1:05 PM**
2.	**Public Comment**	**Attendees**	**1:10 PM**
	There was no public comment.		
3.	**Review and Approval of the August 13, 2019 Minutes**	**Committee Members**	**1:10 PM**
	There was no quorum. Minutes will be reviewed and approved at November 12th meeting.		
4.	**Update on Status of Applications**	**Adrian Texidor, OHS**	**1:15 PM**
	Adrian Texidor shared that an application status update will be provided at every Data Release Committee meeting to review any new developments on existing or new applications which have been submitted to the committee that require DRC approval. As of 10/7/19 there are 15 APCD Data Release Applications, one has been submitted (not approved) refer to: cell 15 on page 2. The highlighted applications that are currently outstanding means the process has not been completed yet. For Yale New Haven Health, they are awaiting the invoice to be processed. Pat commented that this is the first draft of this log, she thinks that adding the PI contact will be helpful to include. Adrian added that the scorecard on www.healthscorect.com is an example of how the APCD data is used thus far.		

	There were no questions following the update.		
5.	**Discussion of Survey**	Dr. Patricia Checko	**1:30 PM**

Pat shared that when the DRC committee worked with the APCD Advisory board reviewing the procedures and privacy and policy statement, it was apparent that there is a lot that really limits not only what we can share, but with whom and how useful it is.

Pat added that there is jeopardy involved in sustaining the APCD. Similar to the HIE, it will be dependent upon people using it to sustain it, and we would all like to see the data being used well.

As discussed at the September meeting, the DRC committee will begin by doing a survey of all people who have utilized data, (including OHS people) to ask questions about the data that we have raised among ourselves.

For example, if we want to look at data rates of admissions, but if the data is going to be "masked" how helpful is it to anyone?

Prior to the next DRC meeting in November, Sheryl Turney, Michael Fields and Dr. Pat Checko will be working to create the survey and will be open to anyone else who wishes to join. The draft survey will be ready to report back next month for a draft for the committee to approve before it is distributed.

Michael Fields suggested that one of the things mentioned last time was to consider those agencies that had initiated an application that didn't go through, and to evaluate the restrictions from the data -this can be included for population of the survey. We will need to speak with Rob Blundo about these.

Pat added to note in the application the number of applicants who requested Medicaid data when it became available.

6.	**Updates**	Dr. Patricia Checko, Allan Hackney, Adrian Texidor	**1:45 PM**

Dr. Patricia Checko shared that she joined Allan Hackney, Demian Fontallea OHS's legal counsel,, and Adrian Texidor for a meeting with people from Medicaid to begin discussions around having them join the DRC. The Commissioner is agreeable to cooperating, but there are a number of issues that have to be addressed at the initial level with OHS itself and restrictions regarding sharing the Medicaid data.

The DRC is interested, from the APCD perspective, in having the Medicaid appointee becoming a member of our committee to make the review process easier for people who are looking for data.

Allan Hackney added that the issues are involved in how to navigate the statutory and fiduciary role.

Allan Hackney introduced Chris Wyvill and Joseph Rus from OHS. Chris will be handling all the IT work structure and security. Joseph Rus is the new IT Analyst (starting Friday 10/11) for the APCD Data Release Committee and will be responsible for the technical work for the committee and DRC date releases. Previously he worked as a contractor for the state in Health Systems Planning.

Pat and the committee members welcomed both Chris Wyvill and Joseph Rus.

Adrian added an updated data extra will be delivered to the APCD, on Nov. 6. The July was delayed as a result of an update to OnPoint's system. Extracts from the contractor are received on a quarterly basis.

The July update included:

Commercial data 1/1/12-12/31/18

Medicaid data 1/1/16-12/31/18

Medicare data Medical 1/1/12-1/1/17 and Pharmacy 1/1/12-2015

	The November drop will add the following fee-for-service dates for commercial Medical and Pharmacy claims up to 6/30/19; Medicaid to 6/30/19 for Medical and Pharmacy; and Medicare to 9/30/18 for Medical and 12/31/15/ for Pharmacy.		
7.	**Demonstration of the CDAS Dashboard**	**Alan Fontes, UConn Aims**	**2:00 PM**

Allan Hackney introduced Alan Fontes from UConn AIMS

Alan Fontes presented a demonstration of the use of APCD data regarding costs of specific hospital procedures (e.g. knee replacement) and the impacts and prescribing patterns of prescription drugs. These analyses are being conducted by OHS pursuant to statutory requirement regarding the top 52 procedures in CT. He has worked with both the deidentified data set that external applicants receive, and more recently, the Limited Data Set. The Cost Estimator feature was launched on the HealthscoreCT website on Tuesday, Oct. 8, 2019 and uses information solely provided from the APCD data.

The HealthscoreCT Cost Estimator pulls its information from the state's All-Payer Claims Database (APCD). The costs reflect the payments made by the insurance companies for a particular "routine and non-emergency" procedures as well as the individuals' out-of-pocket costs. Having this data in one place gives you a chance to compare the cost of medical treatment in health facilities throughout Connecticut

In reviewing the cost estimator, the majority of the data used was most recently from 2017/2018 and focused on APCD data from inpatient procedures. Data will be update and new procedures will be added as they are identified. Included in the data are some of the top procedures performed in Inpatient (IP) Hospital and Outpatient (OP) facilities. It included 263,000 procedures and 243,00 people.

For outpatient services that's where you would go to look for an MRI, CT scans etc. and have the ability to shop around more and compare prices.
One of the challenges in inpatient services is if you look at length of stay, DRG (diagnostic risk group), some of the data have a lot of negative or zero values

The facilities that met the five (5) or greater procedures range also displayed a wide range of costs, so a median was used. The median adjusts for outliers, as the median is the number that falls exactly in the middle, such that half the numbers are higher, and half are lower.

Pat Checko asked if the feature is currently available
Alan shared yes, and the cost estimator feature can be found here:
https://healthscorect.com/cost-estimator

Public Comment:
Hannah asked if people who are shopping for services such as a knee replacement, however that's by procedure, suggested to have a median for all the costs that are included and increase below or above the median. For example, 10% above the median
Alan Fontes answered that we can look at systems and all the facilities will come up.

Alan added that by knowing what these costs are, it will help consumers when they go to a facility or provider, because they can negotiate a break, so they are not paying as much out of pocket. The cost estimator gives you the capability to use as this as a negotiation tool.

Public Comment:

Karyn Backus, (DPH)asked if the process is going to be rolling? What is range going to be for cost estimates? Do you have any sense for what you're going to do for services for that have small numbers?

Alan Fontes said there will be an update on Nov. 6, 2019 to the data, and there will probably be a two-year pool.

Public Comment:
Hanna Nagy (OHS), asked that in looking at the CT Children's Medical Center as an option, are you concerned from including that data because of population repeating those services and would be different for populations like Middlesex, and what is done to mitigate the changes?

Alan Fontes responded that population wasn't observed in these services.

Pat added that she is representing the consumers, how does "joe average" use this tool. Do they go into it and ask which one is cheapest? In thinking about the patient as the north star as our rationale, she doesn't see how the patient uses it.
Alan Fontes agreed that there is an educational piece that needs to be worked through to figure out how to get consumers to use this tool, perhaps a video presentation to explain how to use the tool effectively.

Allan Hackney added that when we moved to OHS, we reconvened the Data Privacy and Subcommittee, and they came back with some recommendations. There is room to package the data that protects the identity and underlying people. Allan added that we should question if the statute itself too restrictive? The statute can/should be adjusted to add more value to the group.

Pat added that's why we want to do the survey, find out people's experiences, look at huge differences of what can be done even with the limited data set (LDS) and then be able to build a case to help folks do what needs to be done down the road.

Alan Fontes also presented data from the Pharmacy Data provided to date.

| 8. | Additional Business | Dr. Patricia Checko | 2:45 PM |

	Adrian Texidor shared an addition to the Healthscorect page, in the ***Researchers*** section: [healthscorect ct.com-researcher](healthscorect). This page provides an overview of OHS APCD Data Release process. Adrian discussed the process from the initial, submission, administrative review, committee review and approval, execute a data use agreement, submit payments, and data request fulfilment. This page includes the application for data requestors to complete to request access to APCD data, as well as a data dictionary.		
9.	**Adjournment**	**Dr. Patricia Checko**	**3:45 PM**
	Dr. Patricia Checko asked for a motion to adjourn the meeting. Anthony Dias made a motion, Michael Fields seconded the motion. All in favor. The meeting was adjourned at 3:45 pm.		