All Payer Claims Database Advisory Group

DRAFT Meeting Minutes

Meeting Date	Meeting Time	Location
November 8, 2018	9:00 AM – 11:00 AM	Hearing Room 1D, Legislative Office Building 300 Capitol Ave, Hartford CT 06106

Council Members					
Allan Hackney, *Chair*	x	François de Brantes		Robert Tessier	x
Robert Blundo, AHCT	x	Josh Wojcik, OSC		Robert Scalettar, MD	x
Dr. Robert Aseltine		Krista Cattanach	x	Jean Rexford	
Melissa Morton, OPM		Kate McEvoy, DSS	x	Victor Villagra	
Ted Doolittle, OHA	x	Matthew Katz	x	James Iacobellis	x
Victoria Veltri, OHS	x	Bernie Inskeep	x	Easha Canada, DAS BEST	
Supporting Leadership					
Kelsey Lawlor, OHS	x				

Minutes

	Topic	Responsible Party	Time
1.	**Welcome and Call to Order**	**Allan Hackney**	**9:00 AM**
	Allan Hackney welcomed the Advisory Group and opened the meeting.		
2.	**Public Comment**	**Attendees**	**9:05 AM**
	There was no public comment.		
3.	**Review and Approval of Past Meeting Minutes**	**Council Members**	**9:10 AM**
	Once a quorum was established, Allan asked for a motion to approve the minutes from the May 10, 2018 meeting. Bernie Inskeep moved to approve the minutes, and Vicki Veltri seconded the motion. Matthew Katz and Robert Scalettar abstained from the vote. The minutes were approved.		
4.	**APCD Administrative Issues**	**Allan Hackney**	**9:15 AM**
	Allan Hackney presented administrative issues, as they relate to the all payer claims database (APCD). Allan believes the Advisory Group will need to take some actions to try and address some of these issues. Allan began by presenting a reminder on the legislative mandate relating to data releases (19a-755(5)(B)), which states that the HITO will: • Make data in the APCD available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purposes of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services. • If health information is permitted to be disclosed under HIPAA, or regulations adopted thereunder. • Any disclosure made pursuant to this subdivision of information other than health information shall be made in a manner to protect the confidentiality of such other information as required by state and federal law. Allan then explained the Limited Data Set (LDS). There are 18 specific identifiers that need to be removed in order for the LDS to be considered de-identified. There is also the concept of a Covered Entity, which is the health care providers (so long as they transmit health data via a standard), health plans, or a health care clearinghouse. Covered Entities may disclose LDS data if the purpose is research, health care operations, or public health purpose; and LDS redacted 18 specific identifiers; and the recipient enters into a data use		

agreement outlining specific safeguards. Allan then explained the 18 different identifiers that must be removed from the LDS, such as names, addresses, telephone numbers, etc.

Krista Cattanach asked if the Covered Entity requirements were based on the federal rules. Allan explained that they are based on federal rules. Krista Cattanach then explained the difference between a de-identified data set and a limited data set. She believes that these rules are stricter than they are for a typical LDS. Allan confirmed the comment.

Allan then displayed a Data Field Matrix to demonstrate the 200+ data fields contained within an APCD extract. Allan also explained the Safe Harbor Data Fields from the eligibility table, medical table, medical claim header table, pharmacy table, and pharmacy supplemental table. Matthew Katz explained that we have been through this a few years ago and said it would be helpful at some point to look at each one of these tables and their variables so that we have a better idea of what is included here. Allan agreed this was a good idea and said we may address this later in the presentation.

Next, Allan explained the different APCD Data Sets, include the identified data set, the APCD extract, and the Safe Harbor LDS. The identified data set is fully identifiable as submitted by the carriers, it is housed in the HI-TRUST environment as OnPoint Health Data, and the access is limited to OnPoint employees. The APCD extract is identified data provided to AHCT in a simplified file structure in an "enclave," it is housed in a HI-TRUST environment at OnPoint, access is limited to AccessHealth CT (AHCT) employees, and it supports basic data releases. The Safe Harbor LDS is data redacted except that dates are randomly hashed in a manner that hides actual data while maintaining referential integrity, and access is limited to recipients approved by the APCD Data Release Committee.

Next, Allan explained the APCD administration. Public Act 17-2 transferred administration duties to the HITO within the Office of Health Strategy (OHS). The APCD Advisory Group designated a standing subcommittee of the Health IT Advisory Council. AHCT has operational responsibility for all APCD activities via a memorandum of agreement (MoA) with OHS, therefore APCD oversight and policies operate under policies approved by the AHCT board. The MoA expired on June 30, 2019 and the funding ($800K for FY2019) runs out on June 30, 2019. OHS must seek alternative funding for FY2020 and beyond. The MoA creates a "data trap" for OHS' use of APCD data because the data is limited by the existence of AHCT policies. Per the Office of the Attorney General, OHS must issue regulations to supplant AHCT policies.

Allan then addressed a number of action items. The first action item addressed related to funding in FY2020 and beyond. OHS agency funding is unlikely to be sufficient and all agencies have been instructed not to seek funding increases in the upcoming session. There is an opportunity to use HITECH 90/10 match funding, which can be used for capital improvements, such as the construction of systems and services. 90/10 funding could be used to reposition APCD technology to lower the run-rate environment and a separate HITECH 75/25 match program could be utilized for ongoing operations, however it may be a challenge to meet the requirements. There is also the possibility of utilizing SIM funding through an integration with the Core Data Analytics Solution (CDAS). Allan asked the Advisory Group if there are any thoughts on funding the OHS could or should pursue.

Bob Tessier commented that the APCD has never had general funding, which is what differentiates the situation from other agencies or projects that have budgets ending in June of next year, which is a coincidental data in some cases.

Matthew Katz said he thinks looking at the 90/10 federal match is a good option and we could highlight the fact that the APCD is still building by reevaluating some things that we are capturing. When we started, we

were doing progressive and innovative things. Going back and revisiting this could allow us to highlight that we are still building and that we are adapting the APCD to support different use cases. Allan clarified that we would explain that the APCD is enriching its data and building connections to systems such as the statewide HIE.

Next, Matt Katz commented that we should continue to reassess where we are, but if we would make a change in the data requests, it would incur costs with OnPoint. He added that there may be savings eventually, but the costs up front may be an issue. Rob Blundo responded by saying he would look at the recommendation through a slightly different lens – it is not about what additional data or components can be added, it is about better utilizing the data for OHS purposes or for uses within the HIE. Matthew Katz responded by saying if there are things that need to be eliminated, lets eliminate them, but if there are things that can be added to further justify the 90/10 funds, then he thinks this should be investigated. Next, Bernie Inskeep from United Healthcare, added that she thinks the recommendations are in line with what she sees at the national level.

Next, Allan explained the APCD policies and regulation. As a quasi-public entity, AHCT can enact policies by review and adoption by the AHCT Board of Directors, which is a stark contrast to the complex regulatory process that must be followed by OHS. AHCT must operate under these policies on behalf of OHS via MoA. With respect to the policies, OHS must publish new regulations, per the Office of the Attorney General.

Allan then explained the idea of an APCD Regulatory Design Group. Allan proposed establishing a Design Group to advise on regulatory content, which has been a successful approach used by the Health IT Advisory Council. The APCD Design Group would review and comment on the existing AHCT policies, the APCD policy practices from other states, and the current or anticipated concerns from data recipients, OHS staff, etc. The Design Group would develop an outline of a proposed recommendation and present it to the APCD Advisory Group for review and confirmation in February 2019. The Design Group would be a facilitated process with three or four 90-minute sessions. Allan is seeking four to six volunteers from the Advisory Group to participate or designate a committed subject matter expert.

Matthew Katz commented that there are two existing sub groups already that have done the initial policy work. He suggests that we should utilize one of the existing committees, which was focused on privacy and policies, as many of the members are still participating. Allan asked if the creation of the policy group came out of any of the policies discussed today, or if it was created by this body. Rob Blundo responded that the group that provided insight on privacy policies and procedures was created by the Council at the very beginning and would be a good group to address this topic. Vicki Veltri recommended having an attorney on the group and we should look to see if stakeholder organizations can be involved.

Allan re-confirmed the group's discussion that the Advisory Group agrees with the concept of having these discussions, and that one of the existing sub-groups of the Advisory Group or Advisory Council would be the ideal body to have these discussions. Matthew Katz agreed and added that the people on this group have been around since the beginning and understand the context. Bob XXX asked if the committees that are being referenced have narrowed down focuses beyond what we are talking about here, which is all of the existing APCD policies and new policies. Bob thinks it is important that we take a look at the people who have been or who are on these committees to make sure they are appropriately filled out.

As the next action item, Allan addressed the topic of interim OHS data access. The administrative paper trail will take months to simplify and OHS' use of data will be curtailed during this period. The idea is to pursue a separate "enclave" for OHS, through a separate contract with OHS. OHS and AHCT would amend the MoA to permit loading a copy of the pseudo-LDS when periodically delivered to the AHCT work area and for OHS to

indemnify AHCT for use of data in the OHS-only work area. Allan asked if there are any comments or questions from the group.

Matthew Katz asked if we have an existing contract with OnPoint, through the APCD, aren't we now the predecessor and shouldn't this transfer to us as the owner of the APCD? I thought when we went through the original contract that we addressed this in a provision. Rob Blundo said in a perfect world, this would exist. It was asked if Rob Blundo knows the existing end date for the contract with OnPoint. Rob Blundo said the contract runs for 10 years, but there is a mid-point review of the contract that occurs in August or September of next year, however the MoA expires in June of 2019. The whole relationship needs to be analyzed and addressed.

Jim Iacobellis asked why, in the interim, could OHS not go to the Data Release Committee and ask for what they need. Allan responded that OHS has done this several times so far, including an opportunity for OHS to participate in a national consortium for data analysis of claims data. OHS would have a seat at the board of this consortium for seven years. Just in this small example, we cannot gain access because we need to know name-by-name who has access to the data before it can be released. Allan elaborated that a release to OHS is no different than a release to any other organization. The Data Release Committee has to follow the policies in place. Rob Blundo explained that there are a couple of clarifications, with regard to the release of data for OHS purposes or for the purpose of the consortium, there are two vehicles for releasing the data. The first is the Data Release Committee, which has complex requirements. The second path is through a contracted entity, such as OHS, however OHS does not have ownership of the data. OHS would have to take ownership of the data. Rob said it seems a little crazy that OHS owns the APCD but cannot take ownership of the data and use it for its purposes and the benefit of the state. Vicki Veltri added that OHS is unique in the way it was created.

Matthew Katz suggested that OHS could contract with AHCT as a simple solution. This would address the issue of OHS owning/accessing the data directly. Then AHCT would analyze the data for OHS and would meet the qualifications. Rob Blundo said this is a good recommendation and is kind of what is being done right now. Rob added that we would need to be careful procuring through an external entity on behalf of an agency. Allan said that this was a great discussion on a complicated topic and thanked everyone for through thoughts and guidance.

Next, Allan alerted the Advisory Group that there is a bandwidth for using the data in an effective way through the specialized data releases and analysis. OHS and AHCT lack the bandwidth to support the requests for Safe Harbor releases aggregated using specific filters. Each filtering request requires analysis of data, programming, and testing. OHS proposes establishing a position with analytic skills to address the bandwidth issue, which would replace an existing vacant IT Analyst position with a Data Analyst. The role would combine data analysis needs for both the APCD and the Health Systems Planning Unit that oversees the Certificate of Need process. The security access controls would be normalized across these data domains.

Bob Tessier said that he appreciates the premise of this extended discussion. It seems that we would be remiss if we did not acknowledge in this meeting that there are a lot of people on this Advisory Group with relationships in the General Assembly. We have made progress by establishing OHS and starting these initiatives. We would not be doing our jobs on behalf of this entity if we did not acknowledge and advocate for this in the new budget. If we don't find a way to allocate resources from the state, then we may be short-sighted. Allan appreciated the comment.

Bob Tessier said that the proposal looks good and that Allan is very knowledgeable on these topics. Rob has been the APCD for a long time and my concern is how hard will it be who can do the work that Rob has been

	doing, as this is a unique skill set. Allan agreed that this is a big concern and that Rob has a unique skill set. It will be challenging to find someone with the right skills, but the other side of the equation is that we have all of our eggs in one basket. Rob said that he is committed to making sure whoever is brought on receives effective training and onboarding, and that the skill set is more available today than it ever has been before.		
5.	**Consumer Cost Transparency Data**	**Robert Blundo**	**10:00 AM**

Rob Blundo began the presentation by explaining the background on the consumer cost transparency data. The APCD was charged to utilize health care information collected from Data Submitters to provide health care consumers in Connecticut with information concerning the cost and quality of health care services that allows such consumers to make more informed health care decisions. The APCD is operating under four overarching goals:

- Measure and report service price variation within Connecticut using APCD data
- Present price transparency results in a manner that satisfies both consumers and subject matter experts
- Produce information iteratively while providing opportunity for feedback
- Maximize current and long-term value of information

Next, Rob presented information on the work completed to-date, which included: research on price transparency reporting options and methodologies; feedback collected from stakeholders and classification framework for reportable services finalized; reporting specifications and methodology shared and approved; final version of service price analysis using commercial claims data completed and delivered to OHS by OnPoint Health Data in 2018; and planning and dissemination of findings in progress. The first report was recently received by OnPoint.

Rob continued by providing inpatient care examples, including the costs of total hip replacements and cesarean sections. There are 51 services that have been analyzed. The categories have been separated because they have different methodologies.

Bob Scalettar asked about the graphic that was being presented and if Rob is trying to demonstrate how this information will be presented on the website. If the answer is yes, then it sounds like there is a lot of helpful information that is not going to be displayed, based on the discussion. Rob said that this question will be addressed in a later slide.

Next, Rob provided outpatient surgery examples, including diagnostic colonoscopy and upper endoscopy of esophagus, stomach, and duodenum (EGD). These are being measured differently than the inpatient care examples. The total cost incurred will be analyzed. Rob will present a list of the total list of services that are included within each category. For outpatient diagnostic examples, Rob presented costs related to MRI of lower joints and a digital mammogram.

Jim Iacobellis asked how we can make this information more consumer friendly. Rob said this is a good question. The challenge they have is that when you make the information too generic, you lose the accuracy and value. Rob said it is a priority to make these reports useful for the general public. It was emphasized that this needs to be framed as a tool for guidance to people, rather than an exact predictor for what the cost is going to be.

Matthew Katz commented that there was a previous discussion about finding the facility and the variability in which facility was being used for outpatient services. These locations would have dramatic impacts on the allowable charges, and thus the cost of the services. Rob Blundo said that these were good points. The cost for outpatient surgery would capture the cost for the entire day. From a facility perspective, you will see that the name of the facility may indicate whether or not it is acute care. Rob added that they engaged an

	organization a few years ago about putting complex items into a digestible format and present them effectively on the website. We want to produce a report that is of value to the people of Connecticut. Next, Rob presented the proposed plan, which was developed with Allan and OHS. The first report will be similar to what was just shown, with a published introduction, methodology, and exclusions, 15 services reported at the statewide level, and a dedicated section to showcase results with health literacy in mind. The second report will contain everything from the first report, as well as all 51 services, prices published for each facility (with names remaining anonymous), and additional content added to promote literacy. The third report would have everything in report 2, plus the names of facilities would be published. Matthew Katz said he agreed with the approach but wanted to make sure that we make sure we get things right with reports 1 and 2 before names are published. Allan responded that they talked to a number of different states who confirmed that you should not publish everything at once, and the iterative approach is best. Bob Scalettar asked if report 1 corresponds to year 1, report 2 corresponds to year 2, etc. Rob responded that the reports do not align with years, and that AHCT currently has all of the necessary data. Bob responded that they do not have a problem with the phased process, conceptually, however they are concerned that AHCT has had the data for years. Bob thinks that we should be aggressive and that the current plan is incredibly cautious because we are worried about being criticized. Allan agreed with Bob 100%. Allan added that the issue is with capacity to deal with the fallout of releasing data. Rob's recommendation is to include the methodology in report one. We know the facilities that appear in their reports and make it known who is going to be included in future reports. Then you can show them the variations. The time frame between report 2 and report 3 will be fairly short because at this point you will have received the bulk of the feedback on the methodology. Matthew Katz said that he would like the Advisory Group to be able to see the information before it is published to the public so that internal criticisms can be addressed. The Advisory Group does not need to be blessed by the Advisory Group, but the Group can provide feedback and guidance. Allan said this was a good suggestion. Jim Iacobellis said that when we talked about re-energizing the privacy group, he suggested that the dates should be distributed as soon as possible so people can get those blocked on their calendars. Allan said this was a good suggestion.		
6.	**Wrap up and Meeting Adjournment**	**Allan Hackney**	**10:45 AM**
	The next meeting date has not yet been set. It will be in February 2019. Allan Hackney asked for a motion to adjourn the meeting. Bob Tessier moved to adjourn, and Matt Katz seconded the motion. The motion passed unanimously and the meeting adjourned.		

Upcoming Meeting Schedule: 2019 Dates – TBD
Meeting information is located at: https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group