



All Payer Claims Database Advisory Group Meeting Minutes

Meeting Date	Meeting Time	Location
May 9, 2019	1:00 – 3:00 PM	Hearing Rm. 1C Legislative Office Building Hartford, CT 06106

Advisory Group Members					
Allan Hackney, OHS (Chair)	x	François de Brantes		Bernie Inskeep	x
Robert Blundo, AHCT	x	Josh Wojcik, OSC		Mary Ellen Breault	
Dr. Robert Aseltine	x	Michael Giralmo, DMHAS	x	Robert Tessier	
Melissa Morton, OPM		Robert Scalettar, MD	T	Victoria Veltri, OHS	
Ted Doolittle, OHA	x	Matthew Katz		Easha Canada, DAS BEST	
Corinne Seivert, DSS	T	Victor Villagra			
James Iacobellis	T	Krista Cattanach	T		
Supporting Leadership					
Kelsey Lawlor, UConn		Chris Robinson, CedarBridge Group	x	Alan Fontes, UConn AIMS	X

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Allan Hackney	1:00 PM
<p>Allan Hackney welcomed the APCD Advisory Group members to the meeting and provided an overview of the agenda. Allan welcomed Michael Giralmo from the Connecticut Department of Mental Health and Addiction Services (DMHAS) who is the newest member to the Advisory Group.</p> <p>Allan introduced Tina, who will be joining the Office of Health Strategy later this month and will be supporting the APCD Advisory Group, as well as the Data Release Committee and the Data Privacy and Security Subcommittee.</p>			
2.	Public Comment	Attendees	1:05 PM
There was no public comment.			
3.	Review and Approval of the November 8, 2018 Minutes	Members	1:10 AM
As the group did not reach a quorum, the November 8, 2018 meeting minutes will be reviewed and approved at the next APCD Advisory Group meeting on August 8, 2019.			
4.	Update on Transition of APCD to OHS	Allan Hackney	1:15 PM
<p>Allan provided an overview on the transition of the APCD to the Office of Health Strategy (OHS). One of the final steps was recently accomplished, which was the signing of a Memorandum of Agreement between OHS and the insurance exchange in order to transfer complete control of the APCD. OHS is in the process of working through a transition plan with Rob Blundo and the technology vendor, Onpoint Health Data. Allan met with Onpoint in Maine last week and thinks we are in a good place in terms of the transition. Allan continues to be concerned about the funding. Vicki Veltri continue to try to make progress with the Governor’s office on this topic. Allan is not ready to panic, but this is an ongoing risk and he wants to be candid with the group. OHS has identified about \$200,000 in the regular budget of OHS that can be carrier forward and can be used for the APCD in FFY 2020.</p>			



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Allan explained that later in the presentation, the Advisory Group will hear about some data releases that have been made to the Core Data Analytics Solution (CDAS) at UConn Health to ensure we have continued access to data. Allan asked if there were any questions, and there were none.

5.	Update on APCD Data Privacy and Security Subcommittee	Michael Matthews	1:35 PM
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Michael Matthews provided an overview of the work of the APCD Data Privacy and Security Subcommittee. Michael provided an overview of the subcommittee member, include the chair, Dr. Robert Scalettar and Pat Checko, who is the chair of the Data Release Committee. Michael detailed the support team for the subcommittee, including Allan Hackney, Rob Blundo, and CedarBridge Group.

Next, Michael provided a summary of the subcommittee’s charge and process. The subcommittee is conducting a review of applicable policies and procedures, as required to ensure the incorporation of OHS’ APCD requirements and strategy considerations. Michael provided an overview of the subcommittee’s workplan, which includes five meetings between April and June 2019. Final recommendations will be delivered to the APCD Advisory Group at the next quarterly meeting in August 2019.

Michael provided an overview of the environmental scan process that is being conducted to support the subcommittee. The scan includes online research into a number of different states, as well as telephone and email interviews. The environmental scan is analyzing a number of different characteristics, such as the treatment of protected health information, data release governance, data release processes, transparency, publication of security measures, consumer online access to data, and the treatment of cost (pricing) data.

Michael summarized the subcommittees next steps, including a detailed privacy policy review, a detailed data release policy review, the development of recommendations, and the presentation of findings. Dr. Scalettar thanked Michael for his summary and thinks the subcommittee is ready to roll up their sleeves and get to work on the policy recommendations.

6.	Update on APCD Data Release to CDAS	Alan Fontes	1:50 PM
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Allan Hackney introduced the next topic, regarding the APCD data release to CDAS, as well as other groups. Allan introduced Alan Fontes from UConn AIMS to describe this topic in more detail.

Alan provide an overview of his presentation on CDAS and using APCD data for cost containment and quality improvement. Alan summarized the process, beginning with APCD data approval, which occurred on April 23, 2019 and included seven years of de-identified data. Next, the data was loaded and profiled. The next step will be to run queries by integrating and organizing the data and applying analytics to explore the information and to answer questions. The final step will be information delivery following the interpretation of the information and data to create dynamic visualizations and dashboards.

Next, Alan provided an overview of the high-level initial milestones. The initial discussion with OHS began in January 2019. In March, the data release request was submitted, and approval was received from the Data Release Committee. In April 2019, the APCD data was received and in May 2019 the data will be loaded and profiles.

Alan explained the data volume, at a high level. The data upload included more than 145 gigabytes of data, including 105 GB of medical data and 36 GB of pharmacy data. Alan explained an overview of the medical data. UConn AIMS created a data analytics brick, which is larger than a data cube. This is a great way to work with big data and it provides an easy way to develop stories and run queries. The medical data included 1.2 million patients with 13 average claims per patient from 2013 and 1.1



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million patients from 2017 with 15 average claims per patient. The goal is to look at prescription drugs first.

Alan provided an overview of sample information requests and some of the reports that UConn will be running in the near future. For example, the top 25 prescribed medications are a request that has been requested by Vicki Veltri and Josh Wojcik. They are interested in assessing the State Comptroller's population; however, this will not be possible at this time without identified data. Alan thinks the APCD holds a wealth of information and potential. Currently, the APCD does not contain the Medicaid or Medicare information, it is just commercial, but it still presents huge opportunities for data analysis and baselining / benchmarking. UConn AIMS will be putting the reports into the Tableau dashboards to allow visualization. None of the data will be identified. Alan said he will work to validate what they are doing with Rob Blundo, Rob Aseltine, and others who have a good understanding of the data.

Allan Hackney thanked Alan Fontes for his presentation and provided some context on the sample information requests. The requests are largely driven by two specific needs that have been identified by OHS. The first is the Healthcare Cabinet's efforts related to cost containment across the state. The Cabinet convened their own small working committee and came up with several information requests that they felt would provide the Cabinet with the resources they need to drive insights on cost containment. The other source of the requests is PA 18-41, which is focused on containing the costs of new prescriptions coming into the marketplace. This act requires the Office of the State Comptroller and OHS to produce a number of specific analyses regarding new pharmaceuticals in the market that fall into the "special drug" categories. Through these mechanisms, they will be able to address these two specific needs while building out analytical capabilities.

Bernie Inskeep asked if the data is de-identified in terms of the HIPAA definition. Alan said yes. Bernie said that in terms of the APCD budget, she has seen other states create heat maps for senators and representatives, so they know what is going on in their districts, and that this can be a valuable tool for gaining support and providing tangible value. Alan said they are geo-coding using the existing data, which includes three-digit zip codes and they will have more information in the future. Alan said that they want to include geographical maps in anything they do, because this can add a lot of value. Allan said that Alan Fontes received what any applicant would receive from the Data Release Committee, which is a de-identified data set. However, with the signing of the MOA, they are not able to take the Limited Data Set, which does include the full zip code. Once we update, we can do the type of work you are describing. Bernie said it is amazing how many APCDs have failed to sell this to the legislatures in their state. You have the ability to provide a lot of really valuable visualizations.

Rob Aseltine said that Bernie's point about the funding is important. Rob said that he is assuming that they are funding this out of the SIM grant. Alan Fontes said that as of May, they are starting to use IAPD funding instead of SIM funding. Rob said that as we are less than nine months from the end of the SIM grant, he is wondering if there is a sustainability plan available. He would like to see this continue. Allan agreed and said there is a subtlety in the funding streams that are used. Allan said that we have built CDAS using the SIM grant funding and the principle objective is to deliver eCQMs that the SIM program can use to determine how they are progressing against their outcome-based programs. That SIM grant is over at the end of January 2020 so there is a rightful concern about what will happen here going forward. Allan said that the IAPD funding is available through CMS through the HITECH Act. Allan said that the subtlety here is that the IAPD funding is being used to establish the HIE, however if we build use cases that use APCD data to drive the meaningful use of EHRs, then we are able to use the funding in support of this. However, we are not able to use this funding to simply build and operate the APCD. We are in an interesting position because we have already built the



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APCD in Connecticut. Allan said we do have the ability to start linking use cases back to the IAPD, which provides a source of sustainability funding. However, the budget issue related to the maintenance and operations of the APCD still exists, and this funding will need to come from the state.

Rob Blundo thanked Alan for his presentation and asked if a report prioritization schedule had been developed. Alan Fontes said that this has been developed and it continues to be refined. Alan is meeting with Vicki and Josh to continue to identify and refine priorities. Alan is hoping that this will be produced in the coming weeks.

Ted Doolittle thanked Alan for his presentation. Ted asked what information is available on the insurance carrier. Alan said he will go back and take a look because he is not quite sure. Ted asked if there is any information about the patient’s insurance status at the time of the claim, with regard to deductible and out-of-pocket maximums. Alan does not think that this information is included. Rob Blundo said that in a perfect world we could get down to the plan identification number and connect it to the explanation of benefits, but the data is not specific enough to make this connection currently. Rob said they do have carrier information and some health plan information, but he is not sure exactly what is included. Rob Aseltine said that some states do have this information available, but he does not think it is organized enough to be utilized.

Ted Doolittle asked if a patient moves from one health plan to another during the year, if the APCD could track this across both health plans. Rob Blundo said that when they normalize and de-identify the data, it does not compromise the identity of the transitioning individual across health plans. Ted said that this information would be very valuable for his office and it would be great to be able to assign real numbers to these situations. Alan agreed. Rob said that if this analysis is performed, we need to consider that the MPI is never perfect. There will be situations where there are duplicates, or different people who appear to be the same person. Rob said there are some data quality activities that are conducted by the vendor.

7.	Update on Medicaid Data Submission	Rob Blundo	2:05 PM
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Rob Blundo introduced the next agenda item and explained that the APCD has been receiving questions from the Advisory Group in terms of the status of the Medicaid data submission. Rob provided some background on the current situation. A conversation started with DSS early last year regarding the submission of data where the APCD decided not to re-invent the wheel and they agreed to accept the data in the same format that DSS uses to submit information to CMS. This expedited the process and saved a lot of time. The data was received by the APCD in middle-to-late fall of 2018 and Onpoint (the APCD vendor) has been working with DSS to load and normalize this data. Onpoint are conducting quality analysis on this data currently to make sure the data is reflecting reality and they are finding about a 15% discrepancy. From a programmatic perspective, they want to make sure the logic they are using to identify programs is correct. The first step will be to work with DSS to align enrollment counts within programs. The next steps will be to focus on field-level content and financials. Rob is not sure when this will be completed, but he is confident that the issue will be resolved soon. Once the quality assurance process is completed, OHS and DSS will need to determine the process for DSS’ ability to review and approve the ways in which the data can be released and utilized. Allan said that this morning, he went back and forth with Kate McEvoy to get something on the calendar to work out this process.

8.	Overview of APCD Data Requests and Disposition	Rob Blundo	2:20 PM
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Rob Blundo introduced the next agenda item and explained that the APCD has made a lot of progress over the past few years in regard to the data release process. The APCD wanted to focus on data



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release, because they knew there would also be staffing issues within the APCD and they wanted the data to be available for other organizations to utilize appropriately. Rob provided a high-level overview of the data release process and explained that a Data Release Committee was created, as well as privacy policies and procedures, which are currently under-review. On average, they determine that the data would not be valuable for one out of every four applicants. Requests are reviewed by the committee, and they will take a vote on each application. The committee makes sure that the data request is in alignment with the APCD objectives. They also make sure that the data cannot be re-identified or that the data is not used in a way that jeopardizes security or privacy. They want to make sure that the applicant's data privacy and security infrastructure is validated, as the data is still sensitive. They wanted to provide the committee with enough leeway to allow for consideration of each request. The last thing, they want to make sure the research that is being proposed is of sound nature.

Rob explained that over the past two years, they have had 15 applications reviewed by the committee. The most common request is from health systems, the second most common is from universities, and the third most common is from state entities. Rob presented an overview of the actual organizations and proposed projects that have submitted data release applications. Rob said that is a common misconception that if you make the data available in an aggregate format, it will serve the majority of the needs of the requesters. However, the data in its current format often needs to be in a more detailed format to meet the needs of the request. Rob said that out of the 15 data requests, there has only been one that was not approved, and there are two additional requests that are scheduled for review in the near future.

Rob said as we look back on the past few years, he would make a few observations and recommendations. First, they have received comments that the release process is burdensome and other comments that the process is not rigorous enough. Rob said that if you loosen the process, it will lose a lot of its power. Even de-identified data is sensitive, but they also did not want to discourage any applicants because the process was too cumbersome. At this point in time, it would be worthwhile to review the data release application. In addition, they have received comments that a lot of the applications have multiple project purposes. Rob thinks that if you look outward, you need to make sure the process is sustainable, and we need to analyze how we manage multiple project purposes from an application perspective. The length and use of contracts need to be considered as well. Rob also thinks there needs to be continuing education on the data as well. It is important to have a committed and engaged group of individuals together who will scrutinize applications.

Rob Aseltine said that from a different perspective, he agrees that there are a lot of details that need to be sorted out. He is one of the multi-pronged projects and he thinks there could be a case for a different fee structure. Rob said that we need funding to continue. The data is not being used to its full potential. Rob said we need to charge appropriate fees but should not let fees become a barrier to demonstrating the services potential and value. Rob encourages the group to keep this balance in mind.

9.	Update on Connecticut SIM Public Scorecard	Dr. Robert Aseltine	2:40 PM
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Dr. Robert Aseltine introduced the next agenda item, regarding the SIM Public Quality Scorecard, which was specified as an objective within SIM. This is a collaboration within UConn Health, the SIM Quality Council, and OHS. The is a diverse group that represents stakeholders across the healthcare sector. The goal of their work is to operationalize the SIM Quality Council's vision for establishing a set of quality measures that can be used to provide ratings for the state's Advanced Networks. Rob explained that the Quality Council has established roughly 25 measures that could be used for the assessment of various types of care provided by Advanced Networks. Their work utilizes commercial



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claims data from the APCD, and they hope to expand to Medicare and Medicaid in the near future. The Quality Council are also responsible, with OHS, to establish a plan for consumer education and have access to the scorecard.

Rob provided an overview of the rated organizations. This is an eclectic group of healthcare organizations and FQHCs will be included when Medicaid data is available.

Next, Rob provided an overview of the purpose and aims of the project. The display of healthcare quality indicators on a publicly accessible web-based platform is a primary purpose of the project in order to inform consumers, promote transparency, and drive quality improvement. The expected users include consumers, employers, clinicians and healthcare administrators, and policymakers.

Next, Rob provided an overview of the clinical care measures. These measures are all endorsed by a major body, primarily NQF. The measures cluster around three or four different categories – prevention, screening, children’s health and wellbeing, women’s health, and chronic disease management. Rob provided an overview of the data limitation of the APCD, which have been prominent in their work. Some measures are not feasible or modified because of data restrictions and limitations. Limitations include the masking of dates of services, masking data of birth, and long run out period for data masking. Also, the use of only claims based measures and components is a limitation. The other issue is the question of zip code, as this is also masked. APCD data cannot be used for heat maps or identifying areas of resource deficits. This information would add additional value to the APCD data.

Next, Rob explained the process for assigning star ratings. This is a familiar way of evaluating services and products. This was a lengthy discussion that they had with the Data Release Committee. They are using five different categories for star ratings, based on statistical differences using the standard deviation for each measure. Advanced Networks are placed in a rating category based on how statistically different they are from the state average for the attributed population. Rob provided an overview of the initial organizational ratings, which are blinded as this is not yet finalized. The preliminary takeaways include the Advanced Networks and non-Advanced Networks rates are very similar; and Advanced Networks tend to outperform non-Advanced Networks on screening measures. In addition, screening rates are very low for patients that are not engaged with PCPs.

Dr. Scalettar thanked Rob for his presentation. Dr. Scalettar said that Rob was discussing some of the downsides of the data and asked Rob what percentage of the commercial payers are included, and what are the missing data elements. Dr. Aseltine explained that there is a covered lives threshold for submission. The biggest gap is the self-insured population, following the Supreme Court decision to exempt ERISA plans from APCD reporting requirements. Dr. Aseltine predicted that this may include 40% of the commercial claims. Rob Blundo agreed with this assessment and said that you can get a general sense of the total numbers from the numerators and denominators. They agreed that the addition of ERISA plans would be beneficial, and it should be a goal of this Advisory Group to get self-insured plans to report to the APCD.

Dr. Scalettar asked if the underlying methodology for the measures is available in the public domain. Dr. Aseltine said that the answer is yes and no. One can look at some of the older measure specifications that are posted online, but they would need to purchase the 2018 measure specifications to make sure they are staying updated.

Dr. Scalettar said he appreciates the process of engaging the organizations that are being rated and asked if Rob has a sense if the organizations are committed to this work and if they have signed off on the next steps. Dr. Aseltine said that they have made it very clear to everyone that this is going to move forward, regardless of participation. He said they have been very successful and have gotten



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good feedback. There were some groups who were surprised and disappointed by the ratings, but they appreciated the process. They have seen good participation; however, it has not been 100%.

10.	Wrap-Up and Meeting Adjournment	Allan Hackney	2:55 PM
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Allan Hackney said that the November 2018 meeting minutes will be approved next time. Allan also explained that Jean Rexford has resigned from the Advisory Group. Allan would like to note in the public record that Jean has been dedicated to this process since the beginning and has brought her advocacy of consumer and patient safety to the forefront of the conversations and we wish her the best.

The meeting was adjourned.

Upcoming Meeting Schedule: August 8, 2019; November 14, 2019

Meeting information located at: <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>