

APCD Advisory Group

May 9, 2019



Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – November 8, 2019	1:10 pm
Update on Transition of APCD to OHS	1:15 pm
Update on ACPD Data Privacy and Security Subcommittee	1:35 pm
Update on APCD Data Release to CDAS	1:50 pm
Update on Medicaid Data Submission	2:05 pm
Overview of APCD Data Requests and Disposition	2:20 pm
Update on Connecticut SIM Public Scorecard	2:40 pm
Wrap-up and Meeting Adjournment	2:55 pm

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

November 8, 2018 Meeting Minutes

Update on Transition of APCD to the Office of Health Strategy

Allan Hackney, OHS

Update on APCD

Data Privacy & Security Subcommittee

Michael Matthews, CedarBridge Group

Committee Members:

- Dr. Robert Scalettar (Chair) – RES Health Strategies / Access Health CT Board Member
- Ted Doolittle – Office of the Healthcare Advocate
- Matthew Katz – Connecticut State Medical Society
- Joshua Wojcik – Office of the State Comptroller
- Pat Checko – Representing the Data Release Committee
- Jean Rexford - Connecticut Center for Patient Safety
- James Iacobellis – Connecticut Hospital Association
- Bernie Inskeep – United Health Group
- Krista Cattanach – Aetna
- Dr. Victor Villagra – University of Connecticut Health, Health Disparities Institute

The Support Team

State of Connecticut

Allan Hackney - Office of Health Strategy
Health Information Technology Officer

Rob Blundo – Access Health CT (*until 6/30/19*)
Director, Technical Operations & Analytics

CedarBridge Group

Carol Robinson
Michael Matthews, MPH
Chris Robinson
Mark Hetz, MBA
Dawn Bonder, JD

APCD Data Privacy & Security Subcommittee

- A review of applicable policies and procedures is required to ensure the incorporation of OHS' APCD requirements and strategy considerations.
- Subcommittee's initial charge is to review and comment on:
 - Existing APCD policies
 - APCD policy practices from other states
 - Current or anticipated concerns from data recipients, OHS staff, etc.
 - Define policy recommendations and next steps
 - Present recommendations to the APCD Council for review and affirmation

Overview of Meeting Schedule / Workplan

Proposed Meeting Goal & Focus	Proposed Meeting Materials
<p>Meeting #1 (April 26, 9am - 10am) - Kick-off and Orientation</p> <ul style="list-style-type: none"> Review and discuss project charter Discuss proposed process/workplan for achieving desired outcomes Orientation on Environmental Scan and current policies and procedures for data privacy / release 	<ul style="list-style-type: none"> Existing data privacy policies and procedures Environmental Scan of other APCD initiatives
<p>Meeting #2 (May 3, 9am - 10am) - Consider Current State of Data Privacy Policies</p> <ul style="list-style-type: none"> Evaluate current APCD data privacy policies Consider new APCD policies to enhance program's effectiveness and efficiency 	<ul style="list-style-type: none"> Draft decision criteria Evaluation matrix
<p>Meeting #3 (May 17, 9am - 10am) - Consider Current Data Release Practices</p> <ul style="list-style-type: none"> Evaluate current data release policies and procedures Consider new policies/procedures to enhance effectiveness and efficiency Examine potential for APCD data to support approved use cases 	<ul style="list-style-type: none"> Existing data release policies and procedures
<p>Meeting #4 (May 31, 9am - 10am) - Discuss Preliminary Recommendations</p>	<ul style="list-style-type: none"> Draft recommendations
<p>Meeting #5 (June 14, 9am - 10am) - Finalize Recommendations</p>	<ul style="list-style-type: none"> Final recommendations

Overview of Environmental Scan

Online research

- Arkansas
- Connecticut ★
- Maine
- Massachusetts
- Minnesota
- New York
- Rhode Island
- Utah
- Vermont
- Virginia

Telephone interview or e-mail response and online research

- Colorado
- Maryland
- New Hampshire
- Oregon
- Washington
- APCD Council
- National Association of Health Data Organizations (NAHDO)

States contacted for further information

- Massachusetts
- New York
- Rhode Island
- Vermont

Characteristics Assessed

- Treatment of Protected Health Information
- Data Release Governance
- Data Release Process
- Transparency of Data Request/Release
- Publication of Security Measures
- Consumer On-line Access to Data
- Treatment of Cost (Pricing) Data

Next Steps

- Detailed privacy policy review
- Detailed data release policy review
- Development of recommendations
- Presentation of findings

Update on APCD Data Release to CDAS

Alan Fontes, UConn AIMS

APCD Data Release to CDAS

➤ PLACEHOLDER

Update on Medicaid Data Submission

Rob Blundo, Access Health CT

Overview of APCD Data Requests and Disposition

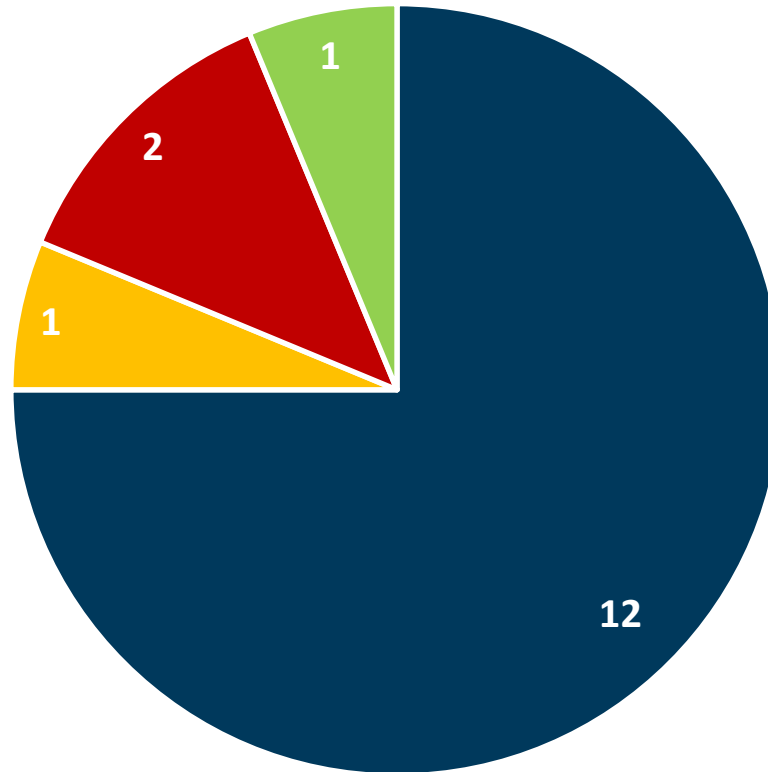
Rob Blundo, Access Health CT

Overview of the Data Release Process



Application Disposition Overview

*15 applications received to date



■ Approved ■ Not Approved ■ Scheduled for DRC Review ■ Submitted to APCD

Data Request Summary

Organization	Project Name	Objectives	Date	Disposition
UConn Health Center	SIM Evaluation	<ol style="list-style-type: none"> 1. How is health care delivery changing under SIM 2. Creation of an online scorecard to display healthcare quality ratings and create quality transparency. 3. Development of a phenotypic algorithm for suicide risk prediction. 	Jul-17	Approved
Altarum Institute	Prometheus Analytics	<ol style="list-style-type: none"> 1. What episodes of care provide best opportunities for improvement in cost and quality 2. How does CT's medical cost and quality compare to other states for similar episodes of care 3. Extent of provider variation in costs and quality 	Dec-17	Approved
UConn Health Center	Health Care Cost and Utilization of Commercially Insured Diabetes Patients in Connecticut	<ol style="list-style-type: none"> 1. Overall healthcare utilization patterns and associated costs for individuals commercially insured in Connecticut and diagnosed with diabetes at any time during 2012-2016 2. Differences in prevalence of diabetes related healthcare utilization and costs for patients based on demographics (e.g. age group, gender, town of residence) 3. Comparison of health care costs and cost trends for patients diagnosed with diabetes who received DSME 	Dec-17	Approved
MMS Analytics, Inc. d/b/a MyMedicalShopper	MyMedicalShopper Connecticut Expansion	<ol style="list-style-type: none"> 1. Use CT APCD data to augment the MyMedicalShopper platform 2. Use CT APCD data to generate an estimate of provider quality, taking into account market share and specialization 	Feb-18	Approved
Southern California University of Health Sciences	Atlas of Integrative Health	<ol style="list-style-type: none"> 1. How patient access to health care services differ by specialty 2. Utilization of chiropractic services associated with reduced use of prescription opioids 	Feb-18	Approved

Data Request Summary

Organization	Project Name	Objectives	Date	Disposition
Yale University	Cervical Cancer Screening Trends in Connecticut and New Haven County	<ol style="list-style-type: none"> 1. Cervical cancer screening rate in Connecticut and New Haven County 2. What cervical cancer screening guidelines look like over time 	Mar-18	Approved
Yale New Haven Health System and Yale School of Medicine	Population Health Total Cost of Care and Care Continuity Enhancement	<ol style="list-style-type: none"> 1. Identify and understand gaps in care for patients we have treated 2. Understand patterns in care that may present opportunities to improve follow up, enhance quality of care, and reduce total cost of care 	Aug-18	Approved
Connecticut Children's Medical Center	Healthcare Utilization Assessment	<ol style="list-style-type: none"> 1. Pediatric care utilization in free-standing urgent care centers and what might be better served by increased primary care or subspecialist access through routine maintenance and prevention 2. With a known behavioral healthcare shortage, where are patients seeking care currently and what is the full course of their healthcare pathway and treatment 3. Where is greatest opportunity for telemedicine to reduce costs and improve access in pediatrics 	Oct-18	Approved
Freedman Healthcare (FHC)	Cost and Market Impact Reports (CMIR) for Hospital Acquisitions, 2018-2019	<ol style="list-style-type: none"> 1. Understand current market share for services provided by the parties and if acquisition will lead to dominant market share for these services 2. Understand current relative prices of the parties and if relative prices will increase because of the acquisition 3. Understand the current health-status adjusted total medical expenses (HSA TME) for parties and if the acquisition will result in HSA TME that is higher than the CT median HSA TME 	Oct-18	Approved
HMS	Digital Health Cooperative Research Center (DHCRC)	<ol style="list-style-type: none"> 1. Develop predictive model for those most likely to abuse opioids and those most likely to become re-abusive after treatment 2. Compare efficacy of current opioid treatments 3. Develop predictive model to identify those most likely to require readmission after initial inpatient hospital stay 	Oct-18	Not Approved

Data Request Summary

Organization	Project Name	Objectives	Date	Disposition
Remedy Partners Inc.	Provider Level Price and Quality Transparency Through the Lens of Episodes of Care in Public and Commercially Insured Populations	<ol style="list-style-type: none"> 1. How does provider cost and quality differ among public and commercially insured populations within Connecticut and nationwide 	Mar-19	Approved
UConn Analytics and Information Management Solutions	Healthcare Analytic Reporting for the Office of Health Strategy	<ol style="list-style-type: none"> 1. Analytics on behalf of the Health Care Cabinet regarding health care utilization and associated costs 2. Analytics on behalf of the OHS and the Office of the State Comptroller regarding prescription drug costs and impacts 3. Analytics on behalf of the OHS regarding healthcare utilization and a facilities, services, and equipment inventory, as well as to aid in the Cost and Market Impact Review. 	Mar-19	Approved
The Miriam Hospital / Brown University	Using Big Data to Determine Pre-exposure Prophylaxis (PrEP) Uptake and Persistence in Southern New England	<ol style="list-style-type: none"> 1. Determine PrEP uptake and persistence using APCDs in Southern New England 2. Conduct a GIS analysis to assess rural-urban disparities in PrEP uptake and persistence across Southern New England 	Apr-19	Scheduled For DRC Review
The State of Connecticut Office of the State Comptroller (OSC) and The Sesal Group	Health Care Option for Small Group	<ol style="list-style-type: none"> 1. Evaluate historical claims data for Connecticut's small-group, fully-insured population to determine experience and trends. 2. Test feasibility of creating a publicly sponsored health care option for the small group population that can provide rate relief for small employer plan sponsors and coverage for their employees 	Apr-19	Scheduled For DRC Review
University of Connecticut School of Medicine	Epidemiology of Chronic Illness among Connecticut Residents	<ol style="list-style-type: none"> 1. Characterize the epidemiology of chronic illness among Connecticut residents from 2012 to 2019. 	Apr-19	Submitted to APCD

Update on Connecticut SIM Public Scorecard

Dr. Robert Aseltine, University of Connecticut

The Players

- UConn Health, OHS, and the SIM Quality Council are working to publish first online health care quality scorecard assessing CT's Advanced Networks and FQHCs
- SIM Quality Council
 - Provides oversight and guidance to scorecard objectives and approach
 - Developed core and reporting measure sets for use in the assessment of primary care, specialty and hospital provider performance and the overall evaluation of the Connecticut healthcare system
 - Is responsible for establishing a plan for consumer education and access to scorecard data

Rated Organizations

Federally Qualified Health Centers (FQHC)	Advanced Networks (ANs)
Charter Oak Health Center, Inc.	Community Medical Group
Community Health & Wellness Cntr Greater Torrington	Day Kimball Healthcare
Community Health Center, Inc.	Eastern CT Health Network
Community Health Services, Inc.	Griffin Health
Connecticut Institute For Communities, Inc.	Hartford HealthCare
Cornell Scott Hill Health Corporation	Middlesex Hospital
Fair Haven Community Health Clinic, Inc.	Pediatric HA
Family Centers, Inc.	ProHealth Physicians
First Choice Health Centers, Inc.	St. Francis Hospital and Medical Center
Generations Family Health Center, Inc.	St. Mary's Hospital
Intercommunity, Inc.	Soundview Medical Associates
Norwalk Community Health Center, Inc.	Stamford Health
Optimus Health Care, Inc.	Starling Physicians
Southwest Community Health Center	St. Vincent's Medical Center
Staywell Health Care, Inc.	Waterbury Health
United Community and Family Services, Inc.	Western CT Health Network
Wheeler Clinic, Inc.	Westmed Medical Group
	Yale Medicine
	Yale New Haven Health

Purpose and Aims

- Display healthcare quality indicators on a publicly accessible web based platform
 - Targets healthcare organizations prominent in SIM test grant
 - Inform consumers
 - Promote transparency and drive quality improvement
- Expected users include:
 - Consumers
 - Employers
 - Clinicians and healthcare administrators
 - Policymakers

Clinical Care Measures

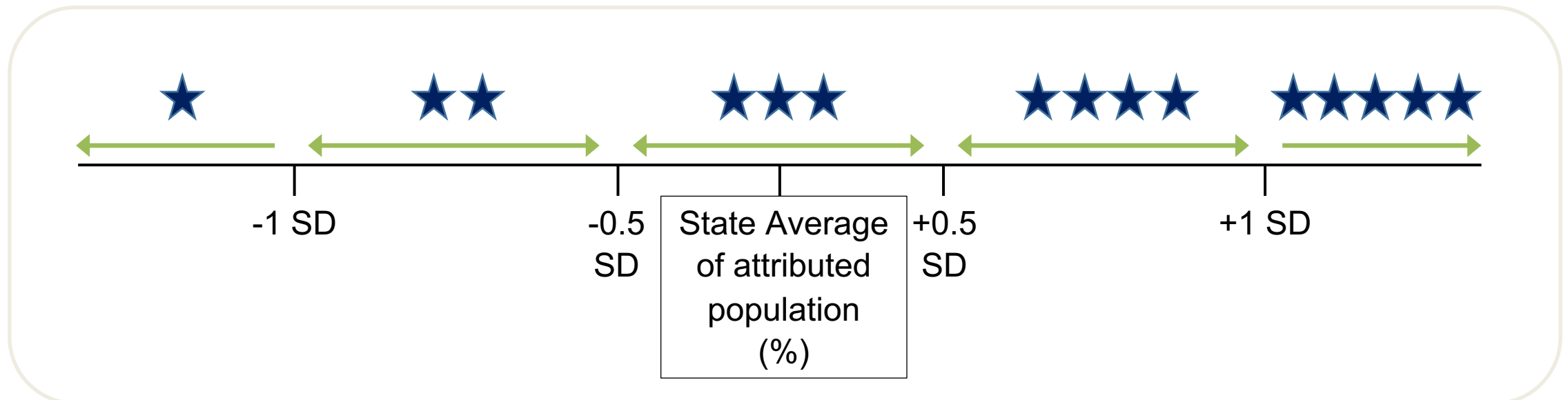
Clinical Care Measures	NQF Number	Payer Category		
		Commercial	Medicaid	Medicare
Breast cancer screening	2372	●	●	●
DM: HbA1c Testing	0057	●	●	●
Cervical cancer screening	0032	●	●	
Anti-Depressant Medication Management	0105	●	●	●
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	●	●	●
Medication management for people w/ asthma	1799	●	●	
Avoidance of antibiotic treatment in adults with acute bronchitis	0058	●	●	
Follow up after hospitalization for mental illness, 7 & 30 days	0576	●	●	●
Immunizations for Adolescents	1407	●	●	
Follow-up care for children prescribed ADHD medication	0108	●	●	
Non-recommended Cervical Cancer Screening in Adolescent Female	0443	●	●	
DM: medical attention for nephropathy	0055	●	●	●
DM: Eye exam	0062	●	●	●
Plan all-cause readmission	1768	●	●	●
Chlamydia screening in women	0033	●	●	
Adolescent well-care visits	NCQA AWC	●	●	
Annual monitoring for persistent medications (roll-up)	2371	●	●	●
Use of imaging studies for low back pain	0052	●	●	
Adult major depressive disorder: Coord. of care of patients with specific co-morbid conditions	PQRS 325	●	●	●
Long acting reversible contraceptive	2904	●	●	
Behavioral Health Screening (Pediatric)	Custom Medicaid			
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Custom Medicaid			
Well-child visits in the third, fourth, fifth and sixth years of life	1516			
Oral Evaluation, Dental Services	2517			

Data Limitations

- CT APCD
 - Some measures not feasible or modified because of data restrictions/limitations
 - Only claims based measures and components
 - Dates of service masked
 - Date of birth masked (age in years only)
 - Long run out period for date masking
 - First scorecard will use FY 2017 as measurement year (10/1/16-9/30/17)

How to Assign Star Ratings?

- **Decision:** Rate based on statistical differences using the standard deviation for each measure
 - ANs are placed in a rating category based on how statistically different they are from the state average for the attributed population
 - QC emphasized virtue of letting the data make rating decisions



Overall Results

	Optimal diabetes care	Cervical cancer screening	Breast cancer screening	Antibiotic avoidance with acute bronchitis	Engagement of alcohol/drug treatment	Initiation of alcohol/drug treatment	Medication management for asthma I	Medication management for asthma II	Non-recommended cervical cancer screening (adol)	Anti-depressant med mgmt 12-week	Anti-depressant med mgmt 6-month
AN Average Rate	89.4	80.8	83.3	30.8	11.9	36.0	72.8	49.6	0.85	74.4	54.7
Non AN Average Rate	85.4	79.6	78.4	31.9	13.8	38.1	72.0	49.6	1.48	70.5	52.1
Overall Attributed to PCP	88.0	80.3	81.6	31.2	12.7	36.9	72.5	49.6	1.09	72.9	53.7
Unattributed	12.9	17.7	11.0	30.7	17.8	38.5	70.6	43.7	0.06	64.3	41.9
Overall State	73.1	66.0	64.2	31.1	13.4	37.1	72.0	47.9	0.89	72.3	52.9
HEDIS Data	89.8	73.2	70.2	29.7	14.1	38.4	79.5	52.6	1.5	68.1	52.9

Preliminary takeaways:

- AN and non AN rates very similar
 - ANs tend to outperform non ANs on screening measures – HbA1c, breast and cervical cancer
- Screening rates very low for patients not engaged with PCPs

Organizational Ratings

Org	Optimal diabetes care	Cervical cancer screening	Breast cancer screening	Antibiotic avoidance with acute bronchitis	Engagement of alcohol/drug treatment	Initiation of alcohol/drug treatment	Medication management for asthma I	Medication management for asthma II	Non-recommended cervical cancer screening (adol)	Anti-depressant med mgmt 12-week	Anti-depressant med mgmt 6-month	CAHPS overall	CAHPS timely	CAHPS communication	CAHPS courteous
A	3	3	1	2	2	2	1	2	3	2	3	5	5	4	3
B	3	1	5	2			5	5	3	4	3				
C	4	3	3	4	2	4	5	5	3	4	4	3	3	3	3
D	5	3	3	3	4	3	3	3	1	3	4	1	1	1	1
E	3	3	3	3	3	3	3	3	3	3	3	1	3	1	3
F	4	4	5	5	1	1	3	4	3	5	5				
G	5	3	5	3	3	2	3	3	3	5	4	3	1	3	4
H	5	3	4	3	3	4	5	4	3	3	3	3	5	1	3
I	3	3	5	5	5	5	5	5	3	3	3	5	1	4	1
J	5	5	3	5			3	1		1	1				
K	2	5	5	3	3	3	1	1	3	1	2	3	3	4	3
L	4	5	5	3	3	3	4	3	3	4	3	4	3	3	1
M	5	3	4	4	1	1	1	3	3	2	1	1	1	5	5
N	2	3	3	5	2	4	5	5	3	3	3				
O	3	3	3	2	3	3	2	1	3	3	3	4	1	1	3
P	1	5	2	1			4	3	4						
Q	2	3	1	1	3	5	3	4	4	2	2				
R	3	3	4	3	3	3	3	3	2	3	3	4	3	4	5

Wrap up and Adjournment

Contacts

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Health IT Office Website:

<https://portal.ct.gov/OHS/Services/Health-Information-Technology>