

APCD Advisory Group

November 8, 2018



Agenda

Agenda Item	Time
Welcome and Call to Order	9:00 am
Public Comment	9:05am
Review and Approval of Minutes – May 10, 2018	9:10am
APCD Administrative Issues <ul style="list-style-type: none">• Data Release and Administration Refresher• Discussion of Issues	9:15 am
Consumer Cost Transparency Data	10:00 am
Wrap-up and Meeting Adjournment	10:45am

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

May 10, 2018 Meeting Minutes

APCD Administrative Issues

Reminder – Data Release

Legislative Mandate – 19a-755a(5)(B)

The HITO will...

- Make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose 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, as defined in 45 CFR 160.103, as amended from time to time, is permitted to be disclosed under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, or regulations adopted thereunder, any disclosure thereof made pursuant to this subdivision shall have identifiers removed, as set forth in 45 CFR 164.514, as amended from time to time.
- 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.

Data Release – Limited Data Set

Limited Data Set Identifiers

- ❑ **Limited Data Set (LDS):**
 - 18 specific identifiers removed

- ❑ **Covered Entity:**
 - Health care providers (so long as they transmit health data via a standard)
 - Health plans
 - Health care clearinghouse

- ❑ **Covered Entity may disclose LDS data if:**
 - Purpose is research, health care operations or public health purpose, and...
 - LDS redacted 18 specific identifiers, and...
 - Recipient enters into data use agreement outlining specific safeguards

Data Release – LDS Identifiers

Limited Data Set Identifiers That Must be Removed

1. Names.
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP Code, and their equivalent geographical codes, except for the initial three digits of a ZIP Code if, according to the current publicly available data from the Bureau of the Census:
 - The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
 - The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers.
5. Facsimile numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Medical record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate/license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web universal resource locators (URLs).
15. Internet protocol (IP) address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

Data Release – Data Field Matrix

Data Field Classification Matrix

CT APCD Data Release - Field Classification Matrix

Count of Variables By Table and Classification

Table Name	Field Classifications										Grand Total
	Administrative	Enrollee Coverage Information	Enrollee Demographics	Claim Information	Diagnosis Information	Procedure Coding & Detail	Financial Information	Provider Information	Payer Information	Safe Harbor Variable	
Eligibility	2	11	1				1	1	1	4	21
Eligibility Supplemental	2	13	9				4				28
Medical	2	3		13	2	7	8	4	1	6	46
Medical Claim Header	4			6	3		11		1	6	31
Medical Supplemental	2			14		5	4	1			26
Medical Claim Diagnosis	2				5						7
Medical Claim Icd Procedure	1			3		1					5
Pharmacy	3	3		11		2	9	2	1	3	34
Pharmacy Supplemental	2			8			4			1	15
Provider	3							2	1		6
Grand Total	23	30	10	55	10	15	41	10	5	20	219

Data Release – Safe Harbor Data Fields

Safe Harbor Data Fields

❑ *Eligibility table (4):*

- Member coverage start date
- Member coverage end date
- Member zip code
- Member date of birth

❑ *Medical table (6):*

- First payment date
- Last payment date
- First date of service
- Last date of service
- Admission date
- Discharge date

❑ *Medical claim header table (6):*

- Same fields at Medical table

❑ *Pharmacy table (4):*

- Prescription fill date
- First payment date
- Last payment date

❑ *Pharmacy supplemental table (1):*

- Prescription written date

Data Release – APCD Data Sets

APCD Data Sets

- ❑ **Identified data set:**
 - Fully identifiable as submitted by the carriers
 - Housed in HI-TRUST environment at OnPoint Health Data
 - Access limited to OnPoint employees

- ❑ **APCD Extract:**
 - Identified data provided to AHCT in a simplified file structure in an “enclave”
 - Data enclave is housed in a Hi-TRUST environment at OnPoint
 - Access limited to specific AHCT employees
 - Supports basic data releases

- ❑ **Safe Harbor LDS (CT modified standard):**
 - LDS data redacted, except...
 - Dates are randomly hashed in a manner that hides actual dates while maintaining referential integrity (e.g., all dates incremented by 15 days)
 - Access limited to recipients approved by APCD Data Release Committee

APCD Administration

APCD Administration

- ❑ ***OHS is the APCD administrator:***
 - PA 17-2 transferred administration duties to the HITO in OHS
 - APCD Advisory Group designated a standing subcommittee of the HIT Advisory Council
 - Access Health CT has operational responsibility for all APCD activities via an MoA with OHS
 - APCD oversight and privacy operate under policies approved by the Access Health CT board

- ❑ ***OHS-AHCT MoA expires June 30, 2019:***
 - FY19 \$800K runs out Jun 30
 - OHS must seek alternative funding FY20+

- ❑ ***MoA creates a “data trap” for OHS use of data:***
 - Use of APCD data for OHS purposes is limited by existence of AHCT policies
 - Per Office of the Attorney General, OHS must issue regulations to supplant AHCT policies

Action Items - Funding

FY20+ Funding

- ❑ ***OHS agency funding unlikely to be sufficient:***
 - All agencies explicitly instructed not to seek funding increases in upcoming session
 - OHS has never had APCD funding in its budget lines

- ❑ ***Investigating HITECH Act Federal funding:***
 - Possible 90/10 match funding for repositioning APCD technology to lower run-rate environment
 - Possible 75/25 match funding for on-going operations
 - Must meet seven conditions...may be a challenge

- ❑ ***Investigating SIM funding:***
 - Integration with Core Data and Analytic Solution (CDAS) supporting SIM eCQM project may reduce run-rate

***Advisory Group:
What else could or should OHS pursue?***

APCD Policies and Regulations

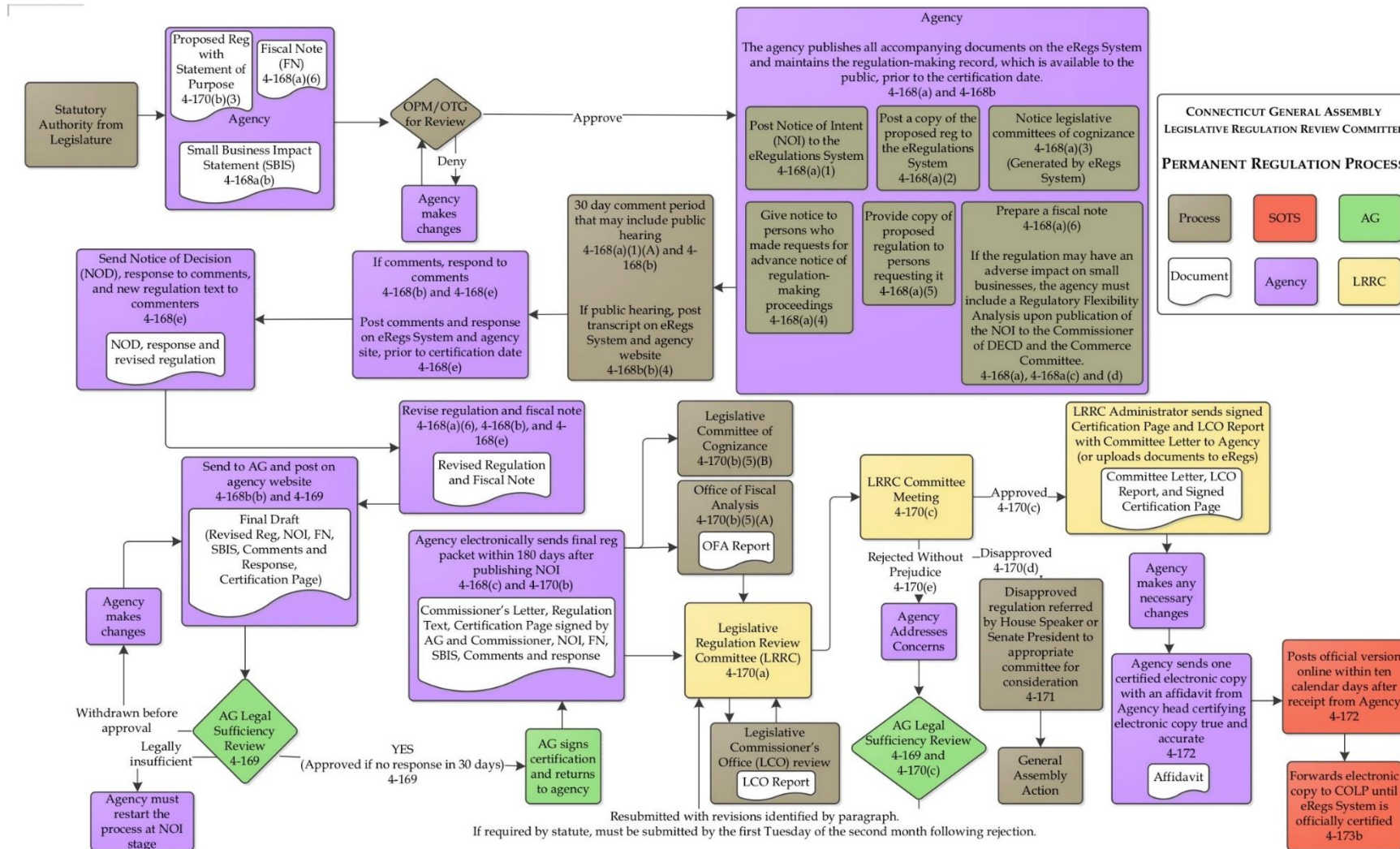
OHS-specific APCD Policies

- ❑ ***As a quasi-public entity, AHCT can enact policies by review and adoption by the AHCT Board of Directors:***
 - AHCT board adopted two policies governing the APCD:
 - General policies and procedures (approved Dec. 5, 2013)
 - Privacy policies, incl. data release (approved Feb. 18, 2016)
 - AHCT operates under these policies on behalf of OHS via MoA

- ❑ ***With respect to general APCD policies, OHS will adapt the current policies to its mission and situation:***
 - It is typical that agencies adopt agency-specific policies governing intent and expectations for work within the scope of mission

- ❑ ***With respect to data release APCD policies, OHS must publish regulations:***
 - Per Office of the Attorney General, OHS must pursue regulations regarding its process and rules for submitting and releasing data

CT Regulatory Process



APCD Regulatory Design Group

APCD Regulatory Design Group

- ❑ ***Proposing establishing a Design Group to advise on regulatory content:***
 - Review and comment on:
 - Existing AHCT policies
 - APCD policy practices from other states
 - Current or anticipated concerns from data recipients, OHS staff, etc.
 - Develop an outline of a proposed regulation
 - Present recommendations to the APCD Advisory Group for review and affirmation (Feb 2019)

- ❑ ***Design Group process:***
 - Proposing three to four 90-minute sessions across three months, starting late Nov 2018
 - Process to be facilitated similarly to HIT Advisory Council Design Groups

- ❑ ***Seeking four to six APCD Advisory Group members to participate:***
 - Alternatively, an advisory can designate a committed subject matter expert

***Advisory Group:
Any volunteers?***

Action Items – Interim OHS Data Access

Interim OHS Use of APCD Data

- ❑ **Administrative “paper trail” will necessarily take many months to simplify:**
 - OHS use of data will be severely curtailed during this period

- ❑ **Pursuing separate “enclave” for OHS:**
 - OHS to contract separately with OnPoint for separate OHS-only work area
 - OHS and AHCT amend the MoA:
 - Permit loading a copy of the Pseudo-LDS when periodically delivered the to AHCT work area
 - OHS to indemnify AHCT for use of data in the OHS-only work area

Advisory Group:
Any comments or questions with this approach?

Action Items – Specialized Data Releases

Specialized Data Releases and Analysis

- ❑ ***OHS and AHCT lack bandwidth to support filtered data releases and analysis:***
 - A program for basic data release works well; however...
 - Requesters are increasingly asking for Safe Harbor releases aggregated using specific filters (e.g., XYZ zip codes, XYZ procedure codes, etc.)
 - Each filtering request requires analysis of data, programming and testing

- ❑ ***OHS proposes establishing a position with analytic skills to address bandwidth issue:***
 - Proposal is to replace an existing and vacant IT Analyst position with a Data Analyst
 - Role would combine data analysis needs for both the APCD and the Health Systems Planning unit that oversees the Certificate of Need (CoN) process
 - Role would have access to identifiable data (i.e., claims and hospital discharges)
 - Security access controls would be normalized across these data domains

***Advisory Group:
Any comments or questions with this approach?***

Consumer Cost Transparency Data

Background

Legislative Charge: Public Act 13-247 charged APCD to utilize healthcare information collected from Data Submitters to provide healthcare consumers in Connecticut with information concerning the cost and quality of healthcare services that allows such consumers to make more informed healthcare decisions;

Goals:

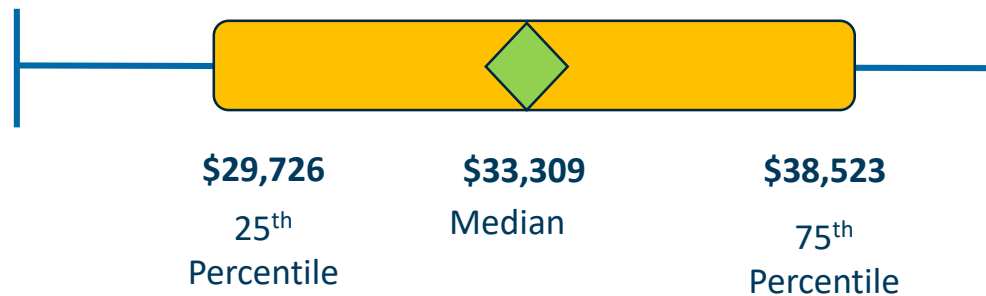
1. Measure and report service price variation within Connecticut using APCD data
2. Present price transparency results in a manner that satisfies both consumers and subject matter experts
3. Produce information iteratively while providing opportunity for feedback
4. Maximize current and long-term value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

Work Completed To Date

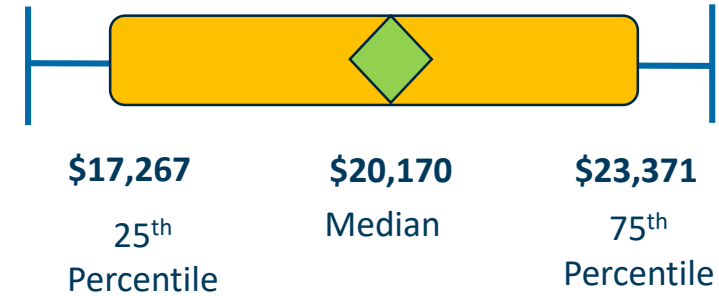
- Research on price transparency reporting options and methodologies completed
- Feedback collected from stakeholders and classification framework for reportable services finalized
 - Services include 8 inpatient care, 21 outpatient procedures, and 22 outpatient diagnostic test pricing measures
- Reporting 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
- Planning on dissemination of findings in progress

Inpatient Care Sample

Total Hip Replacement



Cesarean Section

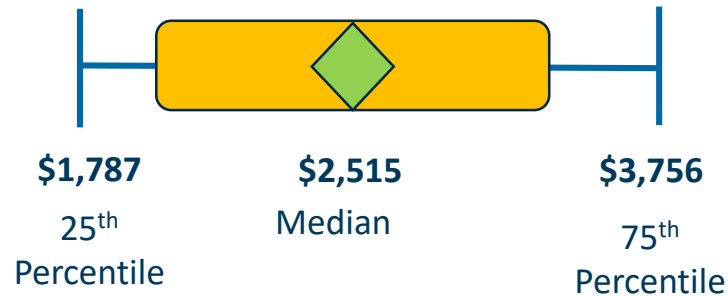


Methodology

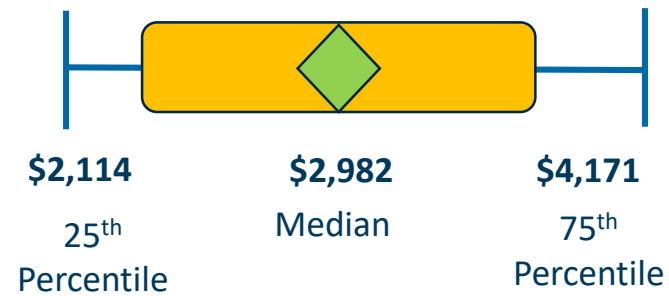
- *The cost on all medical claims including and between the admission and discharge dates for the hospitalization are included.*
- *The median represents the midpoint of the service's allowed amount for that provider.*
- *To show the degree of variation in cost for patients for a specific service at a provider, the lower 25th and upper 75th percentile allowed amounts are reported.*
- *To control for possible differences in patient health status or needs, inpatient procedures were selected to include specific procedure codes and/or to exclude high-severity patient types (see Exhibit B).*

Outpatient Surgery Sample

Diagnostic Colonoscopy



Upper Endoscopy of Esophagus, Stomach & Duodenum (EGD)

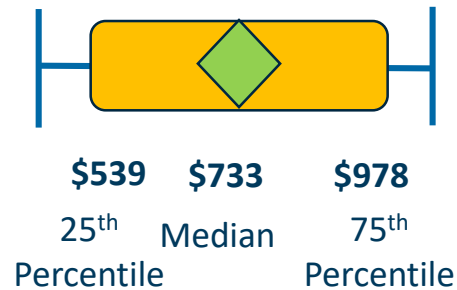


Methodology

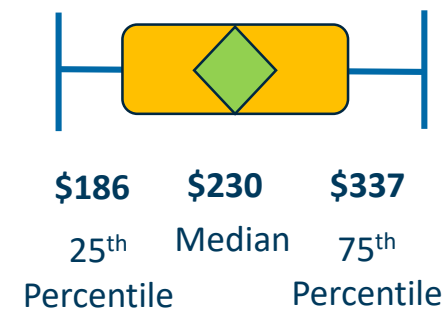
- *The cost for all medical (both facility and professional providers) services in the procedure are included.*
- *Claim costs for services prior to or after the date of the procedure are not included.*
- *The median represents the midpoint of the service's allowed amount for that provider.*
- *To show the degree of variation in cost for patients for a specific service at a provider, the lower 25th and upper 75th percentile allowed amounts are reported.*

Outpatient Diagnostic Sample

MRI of Lower Joints (Legs)



Screening Digital Mammogram



Methodology

- The cost on all medical claims for the specific CPT procedure code identifying the service are included. This includes both the facility and professional components of the cost.
- Claim costs for services prior to or after the date of the procedure are not included.
- The median represents the midpoint of the service's allowed amount for that provider.
- To show the degree of variation in cost for patients for a specific service at a provider, the lower 25th and upper 75th percentile allowed amounts are reported.

Proposed Plan

Report 1

- *Introduction, methodology and exclusions published*
- *Approximately 15 services reported at statewide level including median, 25/75th percentile, and range*
- *Dedicated section to showcase results with health literacy in mind*

Report 2

- *Everything in Report 1 plus:*
- *All 51 services reported*
- *Prices published for each facility, but names remain anonymous*
- *Additional content added to promote literacy*

Report 3

- *Everything in Report 2 plus:*
- *Facility names published*

Appendix – Procedures Included In Reporting

Inpatient Care Services

1. Cesarean Section
2. Coronary Bypass
3. Gastric Bypass
4. Spinal Fusion
5. Total Hip Replacement
6. Total Hysterectomy
7. Total Knee Replacement
8. Vaginal Delivery

Outpatient Surgery Procedures

1. Breast Biopsy Including Ultrasound Guidance
2. Carpal Tunnel Surgery
3. Cataract Removal with Implant of Lens
4. Colonoscopy and Biopsy
5. Colonoscopy with Lesion Removal
6. Coronary Angioplasty: Outpatient
7. Diagnostic Colonoscopy
8. Discectomy
9. Gall Bladder Surgery (Laparoscopic)
10. Knee Arthroscopy

11. Laminectomy
12. Mastectomy with Breast Reconstruction: Outpatient
13. Partial Mastectomy
14. Prostatectomy (TURP)
15. Repair Inguinal Hernia
16. Repair Inguinal Hernia (Laparoscopic)
17. Rotator Cuff Repair
18. Shoulder Arthroscopy
19. Simple Mastectomy: Outpatient
20. Total Hysterectomy: Laparoscopic
21. Upper Endoscopy of Esophagus, Stomach & Duodenum (EGD)

Outpatient Diagnostic Procedures

1. Bone Mineral Density Scan
2. CT-Scan of Abdomen & Pelvis with Contrast
3. CT-Scan of Abdomen & Pelvis without Contrast
4. CT-Scan of Chest with Contrast
5. CT-Scan of Head or Brain without Contrast

1. Diagnostic Digital Mammogram: Unilateral
2. MRI of Brain without Contrast
3. MRI of Brain without Contrast (Followed by Contrast & Additional Sequences)
4. MRI of Lower Joints (Leg)
5. MRI of the Spine
6. MRI of the Upper Spinal Canal without Contrast
7. MRI of Upper Joints (Arm)
8. MRI Scan of Both Breasts with Contrast
9. Obstetrical Ultrasound of Fetus
10. PET-Scan from Base of Skull to Mid-Thigh
11. Screening Digital Mammogram
12. Transvaginal Ultrasound: Non-obstetric
13. Ultrasound Abdominal (Complete)
14. Ultrasound Breast
15. X-ray of Chest: 2 views
16. X-ray of Hip: 2+ Views
17. X-ray of Knee: 3+ Views

Contacts

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Health IT Office Website:

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