DRAFT Meeting Notes
Outpatient Data Work Group
November 7, 2012
11:00 a.m.

Agenda Item	Discussion	Action/Results
Item 1 Opening Remarks and Introduction – Kim Martone	Kimberly reconvened the outpatient data work group and invited new experts to join the table. Introductions were made. The main item on the agenda was moving forward on the recommendations in the group's February 2012 report; who would address them; how we would address them; and then any further discussion on those recommendations. It is undecided how often the group would be meeting. By law, submission of outpatient data by all ambulatory surgery centers begins in 2015 however OHCA would like to have some progress prior to the full submission. Members were reminded to take a look at the February 2012 report posted on the OHCA website. The report identified the barriers, obstacles and issues with submission of the outpatient data to OHCA from the hospital based and freestanding health centers. Lisa Winkler and Jim Iacobellis would give an overview of their progress.	Next meeting will be in January 2013
Item 2 Connecticut Association of Ambulatory Surgical Centers' Progress Report – Lisa Winkler	Lisa Winkler gave a quick summary. They surveyed their members to find out where they are in data gathering since 2011, and are still waiting for more information to come in. 15% reported having a system to gather some data, 15% have no ability to gather patient level data at this time and 13% are exploring new systems to help gather data. 14 different systems have been identified. Source Medical is used by several facilities so they thought it would be a good idea to involve Source Medical in the process. The sophistication by facility does vary and most do not have dedicated IT personnel. Joanne, as part of her CON, needed to gather some data and had difficulties (it was labor intensive and putting them in the format OHCA required was difficult.). There is a lack of understanding of what information we need to get. Some questions were what is patient level data? What are we talking about specifically? The barriers at the federal level include lack of financial incentives for providers. A lot of feedback was on the Health Insurance Portability and Accountability Act (HIPAA) concern; people have some concern on providing that level of data. Internally the organization is putting a work group together on patient level data reporting. The group may consist of hospital affiliates, large, small, single, multi-specialty and stand-alone facilities, as well as industry folks. There are still some facilities that do not have electronic billing. It was suggested to possibly use sub-committee group or internal group to do some pilot studies or run some tests to see what can be gathered. They can possibly do some prospective gathering of data. Identifying some specific data fields to report on in the short term and broadening that out in the long-term could be helpful as well. The all payer claims database (APCD) may have a lot of information so why the need to collect data from facilities as well was asked? It was noted that the APCD may not include all the clinical information and/or, information on the self-pay/uninsured, so data from the facilities will fill the APCD information gaps. The data is needed for cost estimates and ensuring that quality care is being provided along with patient safety. It was mentioned that even with IT support it is sometimes difficult to separate inpatient from outpatient data. There is a need to come up with a reasonable data layout for all the providers. Angie from Source Medical indicated that they have other states that do have to submit patient specific data. HIPAA concerns was an obstacle; some states submit quarterly and have to pass a certain percentage of a threshold (95 % of the facility's records have to be complete and accurate). Some formats used are xml format, claim file format (5010, 837), the flat file format is most common. Timing and format have been obstacles.	Internally work group will meet the following week. Lisa Winkler will come up with some information regarding data layout for the next meeting. Angie from Source Medical will give a total by format of they currently do get in regards to patient specific data.

Item	Discussion	Action
Item 3 CHA Overview of hospital-based surgery center providers – Jim Iacobellis	The usefulness of the data is important, it is labor intensive but it is something we need more and more now. We are supportive of figuring out how to get it and to use it. We recognize the concerns that outpatient data is not as easy to report on as inpatient data is. There are the technical aspects of getting the data in the format, how we get it to OHCA and how is it cleaned. With respect to HIPAA, the Act allows reporting of data to public health authorities such as OHCA. CT Freedom of Information (FOI) law and OHCA data release statutes do not allow the release of patient identifiable data except to qualified researchers vetted by the Department's Human Investigations Committee. Jim will go back and check on this. Generally, the data collection should not result in any additional cost to the system; we may have to identify ways to get the data without additional cost to providing health care.	
Item 4 It Infrastructure and Data Element Issues	Kim noted that the law that was passed that allowed OHCA to collect the data also allows the Comptroller's office access to the data. We are currently working on a Memorandum of Understanding (MOU) with the Comptroller's office that indicates what they are allowed to use the data for and OHCA will share the MOU with the group once it is complete. Potential for data breaches have been a concern and when looking at patient sensitive information it could be a very significant piece of exposure and liability. These data elements are currently being provided by facilities in other states that have collection mandates. All payer databases request one level of information and we will be seeking to obtain information beyond what the all payer database such as additional diagnosis beyond the first one. The HIPAA provision allows health care facilities to report the data to OHCA without individual patient consent. APCD plans to collect and use identifiers because they will need personal identifiers to track a patient over time and to match records appropriately. The vendor will receive the personal identifiers and then the information is stored in a secure place with limited access and another unique identifier would be given which would have no direct relationship with the standard personal identifiers. That identifier would be put on the active APCD database. APCD is currently working on regulations to ensure that the database is secure and have protocols in place to keep the identifiers secure because nobody wants to risk a breach of privacy.	
Item 5 Discussion of Workgroup Recommendations from Outpatient Data Workgroup Report, February 2012	Items covered: Existing billing and reporting systems and required modification; Required data testing and phased-in approach; Outpatient Data Collection experiences in other states; All Payers Claims Database initiative; Data layout and definitions; Data vendor experience. The information will be brought to the boards and discussed with providers because we will have to come to some agreement on it. Some fields were not related to outpatient and would be discussed at the next meeting. Outpatient data reports are currently being provided to 24 different states. Went over the recommendations to see if any of them need to be followed up at the next meeting. Identifying point persons will be established and more information will be given on this at the next meeting. Source Medical will be part of the vendor group. When OHCA gets reports from Source Medical on what goes out to other states they will send it out to group. What facilities can provide what data will be reported on at the next meeting. For the APCD they will be initially getting information that is commonly collected by other states with the idea that over time we will get some of the data which is more difficult to get. Some states do ask for some information that is beyond what is commonly requested and payers are finding difficult to provide. Recommendations were discussed. Currently in the process of forming a subcommittee/working group as part of Ambulatory Surgery Centers. There will be more detail at next meeting and group will include vendors. Hospitals outpatient services done at the hospital can provide data but outpatient services at stand-alone centers may have difficulty providing the data.	Review the February report and come back to the next meeting with any concerns, issues changes or anything else. Olga will send out layout to members. Detail on Work Group being formed Information on what data fields facilities can provide in the short run and long term.

Item 6	Next Meeting Comptroller's Office will provide some examples of intended uses of the data For OHCA the	Next meeting will be in January 2013
Next steps	uses will be for Certificate of Need (CON) and for the State Facility Plan. Having this information will allow OHCA to do analyses on outpatient services like we do on the inpatient data. APCD initial data report will be available the first quarter of 2014 to the exchange. The data to health department and others will have to be addressed in the regulations. Once the regulations have been established the information will be available to others. The exchange is anticipating that there would be about 200,000 people participating. APCD will get data from CT residents getting coverage in and outside of the exchange. The group will continue to meet and receive progress reports.	

Attending in person: **Kimberly Martone, Olga Armah, Jim Iacobellis, Lisa Winkler, Kaila Riggott, Anthony Dias, Bobbi Schmidt, Glenn Elia, Joanne Poole, Diana Ellis, Jacqueline Kozin, Srinivasa Chalikonda, Stephen McConaughy**

Conference call in: **Angelia Hicks and Ken Ferrucci**