DRAFT Meeting Notes

Outpatient Data Work Group

January 25, 2012

9:00 a.m.

Agenda Item	Discussion	Action/Results
Item 1 Opening Remarks	Opening remarks were given by Kimberly Martone. It was noted that the group needed to stick to the agenda because of the tight timeframe. Work needs to be done on the report, which will be about 4 pages and will cover barriers and recommendations, which is what the statute requested.	
Item 2 Approval of Minutes	There were no comments regarding the minutes from December 21, 2011	Minutes were approved.
Item 3 Results of Polling members: Connecticut Hospital Association and Association of Surgery Centers	Lisa handed out the Ambulatory Surgery Center data report summary, which was requested at the last meeting. The listing is only a quick summary; not all of the responses have been received. Several facilities (about 20% to 30%) have some sort of software and some identified systems were listed (Source Medical, Medisoft, etc.). Currently several obstacles prevent facilities from gathering patient level data; some of the existing barrier were listed in the hand-out (Inability to gather and transmit the data points identified based on current systems, etc.) The draft list of data elements proposed are more geared to a hospital setting than the outpatient surgical facility (ASC) experience. ASCs do not collect the requested data. Lisa Winkler will come back with a more comprehensive report indicating the data points that are problematic for ASCs. OHCA presented a list of facilities that previously submitted encounter data. In the past, OHCA had one set of data elements for institutions and another for free standing clinics; the two were combined to produce the draft list in order to keep all data in one database. This list can be separated back into two separate lists. 2015 is the federal deadline for full implementation of electronic billing. The state data filing law matches this federal law. There are currently no incentives to begin filing prior to 2015, which is when penalties will begin. It was discussed that as sort of a test pilot, facilities may be willing to implement prior to the 2015 deadline in order to smooth the filing process and avoid penalties if they are not up and running by then. Goal might be to get those that can report to begin reporting as a pilot and incorporate some of the other outpatient surgery departments so that OHCA could have a small subset for testing. Discussion should continue to see how to get facilities to begin prior to 2015. Financial and propriety information are be two big issues. Expense in order to upgrade systems or get a system in order to generate the requested data was discussed. Data points will need to be agreed upon in order to make sure data that is received is useful data. Race and ethnicity data will be the hardest to get (will be looked at further into the future). According to OHCA, charge data is an important element to have however some ASCs noted in response to polling that it was a difficult and arduous process and felt strongly that it should not be part of the process. It was noted that it would be helpful to see how other states have handled this. The collection of patient data is no longer part of the CON process by OHCA. C.G.S. Sec 19a-634 was put forward by the Comptroller's office, hence the MOU.	Update will be placed into the recommendations of the report. OHCA will give list of data points which were requested by OHCA one point. The form that OHCA required facilities to report on will be sent out to the Group in two separate sets (institutions and outpatient facilities).

Item 4 Memorandum of Understanding data elements: Comptroller's Office	The MOU between the Comptroller's Office and OHCA was discussed. Comptroller's Office acknowledged that there are a lot of issues to be explicated in terms of the feasibility of gathering the information. Under the purpose of the MOU it appears that both the patient center medical home (PCMH) and the health enhancement program (HEP) that are mentioned are for state employees. The MOU allows the Comptroller's Office access to OHCA data. Because the State is self- insured there would be a lot of identifiable data that would allow them to extract data for state employees. This section in the law originated by the Speaker not Comptroller's Office and it is thought that they were interested in hospitalization and re-hospitalization and incidence of procedures and repeat procedures in efforts to maximize preventative care. The Office would also like to look at a broader portrait of utilization beyond state employees in Connecticut for comparative analyses. The review would be not for medical but just for incidence and would be done by health policy division headed by Dr. Tom Woodruff. How does this fit in with the Sustinet Cabinet and Health Exchange on the collection of data conversation? Comptroller's office did not have an answer to the question at this time. Concern is that there are a lot of areas that want to collect data and the goal would be to coordinate the collection of data without adding additional cost to the system. It was suggested that it might be helpful to have Bobbi Schmidt from the Office of Health Care Reform and Innovation be included in the work group discussion. It was suggested that generally, it will be very helpful to have patient data collection planned and implemented in a coordinated way, a data repository and a standard set of rules for its use and dissemination to protect patient privacy. It makes sense to have OHCA be the repository of all the information. How would edits be done on the information received? It was noted that it still might be difficult to pull out the data identifiers. It might be a good idea to get some of the information from claims data. As the fiduciary keepers representing the hospitals with people's health data it is important to get this data right before the individuals who monitor medical privacy get involved. Comptroller's office would find it useful to have the overall utilization experience in CT to compare self-insured data against the general population and could do that in a manner that could be provider-specific. Start to look at providers in the market place, lower rate of readmission, are there centers of excellence (way down the line but ultimately where the inquiry would be headed). Comptroller's Office is still working through to understand what OHCA would be capable of giving them. The legislation just gives the right to enter into an MOU for the data it does not specify the way in which it would used. It was further discussed if the Comptroller's office would use the claims data as well as the data OHCA receives. It was felt that both the claims data and hospitalization data would work together and present a better overall picture. Connecticut is between 90 and 92 percent insured. Aggregate data versus patient identified data was discussed. What's the best control group and is the State as a whole the best control group?	
Item 5 Next Steps Drafting report to General Assembly	Report will be sent to Comptroller's Office and they would be asked to please take a look at the recommendations in terms of including what was discussed. Will get back to the Comptroller's Office after discussing with the Commissioner and Public Hearing Office on the specifics on what OHCA can release now. No plans to meet again. Progress report will be required within 6 months and then annually.	Report will be drafted and sent out for review with a general turn around within possibly 24 hours. The report is due to the General Assembly by February 1, 2012. More polling information was requested regarding the hospitals that operate outpatient surgery departments and their ability to report was requested by OHCA.

Attending in person: Kimberly Martone, Olga Armah, Jim Iacobellis, Lisa Winkler, Mary Lyon, Kaila Riggott
Absent: Jane Deane Clark, Ken Ferucci, By conference call-in: Kate McEvoy