Transparency Advisory Group

Meeting Minutes

January 19, 2016

Attendees:

Dr. Sarah Woolsey, HealthInsight
Norm Thurston, OHCS
Charles Hawley, OHCS
Wu Xu, UDOH
Brantley Scott, OHCS
Sterling Petersen, OHCS
Mike Friedrichs, UDOH
Jeff Black, HealthInsight
Bri Marshall, HealthInsight

Via Adobe Connect / Teleconference:

Alan Ormsby, AARP
Wayne Cannon, Intermountain
Brock Stoner, HealthInsight
Lynette Hansen, Molina
Jim Murray, Select Health
George Myers, Zion's Bank
Rita Hanover, HealthInsight
Jennifer Garvin, U of U

Final Report out on 2015 Goals

2015 Goals:

1. By September 1, 2015, evaluate the 2015 APCD data outputs using prior list of preferred clinical reporting measures* and choose two measures to develop into statutorily mandated public reports.
2. Develop a provider-centric subcommittee to advise on attribution issues provider-clinic and patient-provider by March 2015.
3. One community-based use case (1 actionable project) is fulfilled by APCD data for UPV, Choosing Wisely, or other community collaborative, by October 1, 2015.
4. One data-show and tell event occurs to share uses of DIADS and APCD data to demonstrate community collaboration and drive use of data by December 31, 2015.
5. Fulfill Cycle 3 grant obligations on display preferences and consumer feedback by December 31, 2015.

- We completed Goals #1, #2 and #4.
- Both Goals #3 and #5 had barrier with data, will likely be part of 2016 Goals
- Did we fulfill 3?
  - Yes with the Total Cost of Care project that was funded with HealthInsight
  - We moved it forward but not sure if we fulfilled it. Community collaborative – fueling APCD into that, making remarkable progress. Working really well. Not what we anticipated at beginning of year but it happened and in a pretty big way
- Overall it was a good year

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New Goals for 2016

Edited post discussion goals with dates

1. TAG to approve a process by March 30, 2016 for office based medical provider data review and feedback for anticipated publication of quality data to be published starting Summer 2016.
2. Ensure the dissemination of maternity data by facility to public facing entities that can use the data to inform care decisions by June 30, 2016.
3. Ensure 6 key groups are aware of and actively soliciting use of APCD data; we are seeing more data requests and assessing gaps in the utility to these groups: Payers, Researchers, Employers, Providers, Quality Improvement entities, and Public Health.
4. Advance the breadth of Utah APCD submission data, adding uninsured patient data with FQHC pilot clinics and UHIN as well as successful advancement of Medicare Data in the APCD: evaluate all options for accessing Medicare A & B data and developing a plan to make that information available to users of the APCD by December 31,2016 .
5. TAG to review and develop use cases for dental data for patient information on dental prices for common procedures for insured patients by December 31, 2016
6. TAG to inform the use of APCD data on public health strategies on controlled substance overprescribing and harm by August 30, 2016.

Reviewed list of DRAFT prospective goals for 2016:

1. TAG to approve a process by March 30, 2016 for office based medical provider data review and feedback for anticipated publication of quality data (106.5) to be published by Summer 2016.
2. Ensure the dissemination of maternity data by facility to public facing entities that can use the data to inform care decisions by June 30, 2016. (Cycle 3)
3. Ensure 6 key groups are aware of and actively soliciting use of APCD data; we are seeing more data requests and assessing gaps in the utility to these groups: Payers, Researchers, Employers, Providers, Quality Improvement entities, and Public Health.
4. Advance the breadth of Utah APCD submission data adding uninsured patient data with FQHC pilot clinics and UHIN as well as successful advancement of Medicare Data in the APCD: evaluate all options for accessing Medicare A & B data and developing a plan to make that information available to users of the APCD by December 31, 2016
5. TAG to review and develop use cases for dental data for patient information on dental prices for common procedures for insured patients by December 31, 2016
6. TAG to inform the use of APCD data on public health strategies on controlled substance overprescribing and harm- when will this be a good topic? What time of year?

Feedback on Draft Prospective Goals:
Goal #1: Most the way there – easy goal, could be done in next few months
Goal #2: Continuation of NRHI. Total Cost of Care. Should this group get involved with that?
Goal #3: We want to increase number and type of uses with APCD. We have finally received request from a payer to use APCD.
Goal #4: Maternity data by facility – do clinic comparisons. TAG could help with that
Goal #5: How to get AUCH data into APCD
Goal #6: Think we can get done by Fall 2016- TAG could help
Goal #7: Have joint project working on with DOPL – not sure how TAG could help
Goal #8: Ongoing discussion of Dental data timeline. Dental plans just now starting to give production data – won't have full year of data until summer of 2017. 18 months from now would be soonest. Could put off until next year, could be dialogue for late part of the year

Any other goals we should be focusing on?

- George – on dental data, from clients perspective, wouldn't describe it as a low priority, it's just not a right now goal, its delayed priority. What we're doing now is doing pre-work for using that work as opposed to doing it.
- DOPL – fairly broad-based. Goal is to reduce prescribing of opioids. We want to first understand what's happening then develop program – collect data then create new program. Right now we're evaluating data to see if we could develop intervention that would work. Is self-reported thru DOPL better or with APCD? DOPL is on timelier basis. Idea is APCD can supplement knowledge of patient. If we compare DOPL with APCD data can understand they were in car accident or have cancer, etc. Sometimes have heavy opioids user for lower back pain.
- Wayne - Working with state to develop reports on providers – variation between prescribing – don't know what peers are doing – using APCD data would be helpful.
- Question for TAG today is this TAG priority or do we want to be involved?
- Sarah thinks TAG has interest in this because we're connected with provider community. Consumer could potentially interested. Are payers or others interested in this as well?
- Jim – Select Health would have interest in that
- George – we have interest in it but still at more of technical level than most employers would understand. For larger employers they might have someone to work on data but smaller ones wouldn't
- Lynette – suggests perhaps if employers have interest, they might be encouraged to work thru insurance company they work with; payers could give better understanding of that information.
- Rita: With regards of Medicare data – TAG could be helpful in selecting measures going forward. We're going to try, in process of getting Medicare data for reporting late 2016. Going forward would be nice to have larger group talking about measures we select.
- What is OHCS plan?
    - OHCS: Exploring –Qualified Entity (QE) and Agency – 2 options out there. QE: HealthInsight wants to pursue that, we're fine with that but doesn't solve all our needs,

looking at other route. Agency route – states in front of us are – strategy has been to let other states blaze the trail. QE is HealthInsight. Agency route another we're pursuing-still pushing forward on 3rd route – might involve other options.
  - Do any of those routes allow OHCS to fully incorporate Medicare data into APCD?
  - Agency route would maybe allow that but shipping Medicare data out to researcher. Biggest value we have is making collective data available to others. Same issue with QE – can do comparative stuff but limited on who can do this.
  - This ought to be something TAG helps with – gives feedback on if route works, worth doing, should we be doing.
  - Charles – this is specific to parts A & B. To understand Medicare population – insurance submissions on eligibility – if we can get labeled correctly all the time, make so we know when Medicare supplemental data available – we have fairly large number of people over 65. Some payers letting us know.
- What percentage of Medicare is advantage?
  - Norm's recollection was between 30-40% ballpark – to Norm we could learn a lot about that population – even if we haven't figured out A&B could go after C, D or E.
  - Jim – thinks might be approaching 50%. If you think thru this A is hospital B is physician. D is pharmacy piece. If we only get A&B – would be nice to close that loop. Have supplemental piece – less important than others
  - Norm – initial plan – is we should get serious about collecting as much of Medicare data of A & C then figure B & D on separate track
  - Sarah: We attempt to have reporting coming out to include Medicare data – begin to demonstrate how much more we're adding to measures.
- Sarah would also put plug in for Medical Provider data review –don't have clear process to give clinicians – should shepherd that thru this group, have process they can abide by. Then start taking complaints. Wants #1 to be a goal.
- Leadership will put these into timeline – would help us craft agendas for next 5 meetings or so.
- Stated goal is to have plan for collecting data before end of grant. We have couple sites that signed up to participate but even in next 9 months – plan is to identifying what can be done, working with those clinics to see what's needed to generate those files, and then would do testing to see.
- They would go into their system, take all encounters that didn't get sent as bills, would bill all the non-entity – take those bills – would then go to payer… total bill amount is this, patient responsibility is this… not that hard just question of getting it done.
- Goals that are High priority are #1, #4 and #3
- Us vs World comparison – should be able to approve easily
  - Want to know every payer, that's different. Us vs. everyone else.
  - So far the law is research or public use.
- Jeff – if Granger came to ask list of patient of everyone they've seen – yes. Could say here are patients and all claims they generated
- Went through & picked patients, where losing patients too. The same should be done with APCD our job is they're using it, if not we need to know why & how to help facilitate

- If putting together report – talks about we cannot release those – when we've had discussions with provider attribution – we identified this patient – primarily at Granger but went to others for care and attributing to Granger – in that case focused on pts at granger clinic and where going – requires it, provider has opportunity to make that accurate.
- Jeff – reason HealthInsight doing audit – not sending data to clinic – can't legally give list of patients if you don't really know they belong to clinic
- Mike Friedrichs – sounds like we're guessing a lot of why they aren't using it. Could we do qualitative interviews – are you aware of this, are you using it? Doing some of that but TAG could do more – calling it market research – calling & asking why – if we had couple entities willing to work with us. Sheer size of data – one thing hesitant to do because we don't have expertise. Could sample this data to make it smaller if we had idea of use case. Could create sample of one.
- Sarah – if our theory is making this of use to these groups – will then get out to user groups and avenues and getting it out, selling it
- Wayne: You know who groups are; if they're our friends, we should contact them, let us know who they are. Let's throw out who's using it – see if right players are on these lists.
- Group collectively agreed to focus on the first Top 4 Goals but will include other 4 as well. TAG Leadership will prioritize.

Data Report Updates:

- Have some health status update going out soon. This is high level information. This is health status update. We'll send this out this week. Some high level info about cost of health care claims in Utah by claim type. Data in here – summary statistics. First health status update we've done with new data – will continue pursuing 2nd one that focuses on financial risk groups. Interesting, at high level, demonstrating we do have data.
  - Problem with validating this – first of its kind – asked people if it looked right… ultimately description of what's in APCD – may not reflect what's going on in Utah. Eliminated everything that's crazy. Hopefully people won't read this & think its nuts.
  - Lynette forwarded this to her CFO – he did comparative table – she can share with OHCS.
  - Jeff – got maternity report from other state – looks a lot like our data – some data quality issues – Brantley working on them but big stuff we crossed off list
- Have got quality measures – selecting quality measures 3M would produce. Since we did all that work – exists on geographic level. One thing people might be interested in – there is description – link to notes, etc. Not just raw data out there with no context. Been big push to utilize Open Data portal.
  - Will start putting other things up there as well.
- If you go to this, you can visualize data yourself – to create visualizations. Have ability to create & share visualizations with public. UHS will point at CMS link – we hope to incorporate those

- Link to Open Data Tables shown: https://opendata.utah.gov/Health/All-Payer-Claims-Database-APCD-Quality-Measures/u8tb-sa6w

Next meetings:

TAG
February 16, 2016
March 15, 2016
9:00 – 10:00am MT
@ Cannon Health Building
288 North 1460 West, Room 125
Salt Lake City, UT 84116

Medical Provider Subcommittee
February 4th, 2016
March 3rd, 2016
4:00-5:00pm MT
@HealthInsight and via Adobe Connect
756 East Winchester Street, Suite 200
Salt Lake City, UT 84107