

Transparency Advisory Group Meeting March 21, 2017

Attendees:

Brantley Scott, OHCS
 Bri Marshall, HealthInsight
 Charles Hawley, OHCS
 Darryl Barfuss, University of Utah
 Jan Orton, Intermountain
 Jeff Black, HealthInsight
 Jesse Liddell, SelectHealth
 Kailah Davis, UDOH

Mike Friedrichs, UDOH
 Norm Thurston, OHCS
 Sarah Woolsey, HealthInsight
 Sterling Petersen, OHCS
 Tim Johnson, Intermountain
 Wu Xu, OHCS

Please see slides for more detailed information

Follow up on Price Data and Attribution for Quality reports

Question/Comment	Action
<ul style="list-style-type: none"> • Email comment reports shared by Sarah Woolsey • Dr. Norlin made comment that we should be sharing via NPI • Consider doing price data information then 3 -6 mo later do by NPI - give people time to realize what's out there 	
<ul style="list-style-type: none"> • Jan asked are we talking about clinic based only, not hospital based or will this roll into hospitals? <ul style="list-style-type: none"> ○ Charles: We've relied solely on CPT codes - could be professional services in hospitals but not coding for facility charges/procedures. Open to it but don't have same CMS model. These are professional claims - so wherever they were generated. 	
<ul style="list-style-type: none"> • Most transparent example is shown on data.cms.gov - shows facility 	
<ul style="list-style-type: none"> • Jeff pointed out that allowed amounts is what CMS thinks it costs to give service in given area - almost like wholesale price compared to what you would pay if you didn't have insurance 	
<ul style="list-style-type: none"> • This proposal makes data available at zero cost to Utah users, the APCD data expensive for small practices to buy but they want this info to inform utilization costs 	
<ul style="list-style-type: none"> • Attribution discussion comments by email: One to many attribution for chronic care measures. Comments have been supportive of methodology • Dr. Greenwood feels one to many has limitations, takes people off the hook for managing conditions, best to be specific as we assign attribution for better response to the data. 	
<ul style="list-style-type: none"> ○ Norm said there isn't a right or a wrong way to do this, whatever way we pick will have limitations 	

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<ul style="list-style-type: none"> Suggestion from Michael to run the data and see How many is too many for “one to many”, How many had only one or two? Small percentage? 	<ul style="list-style-type: none"> OHCS to run this for the new data set and report back how many patients are attributed to many
<ul style="list-style-type: none"> Anyone can share these slide decks with their organizations 	<ul style="list-style-type: none"> Please take this to people who need to see it & bring your comments to MPS meeting April 6. Contact Charles or Sarah if you’d like them to make presentation at your organization

Goal 4 update- Opioid Utilization measures

Question/Comment	Action
<ul style="list-style-type: none"> Lots of initiatives regarding interventions for opioid abuse 	<ul style="list-style-type: none"> Contact Charles Hawley for a private presentation of the MME data shared, it is not for public sharing as it is preliminary
<ul style="list-style-type: none"> Looking to build upon measures using APCD which has wealth of information regarding controlled substance prescriptions and events leading up to those prescriptions 	
<ul style="list-style-type: none"> Is there any national work being done with APCD Council? <ul style="list-style-type: none"> Not at this time 	
<ul style="list-style-type: none"> Questions about what is defined as “healthy “on the data presented 	
<ul style="list-style-type: none"> Do we have ability to see how many are acute vs chronic? Are we prescribing too much for single event? 	
<ul style="list-style-type: none"> Who are data users? Tell them these are types of data we can provide. Ask if it’s helpful or do we need to refine? How do we get it polished so that it asks questions? 	
<ul style="list-style-type: none"> If we want public transparency report, we do need a user group. If we are just doing state initiatives depends where you go. For CDC grant – has agreement to link data with APCD 	
<ul style="list-style-type: none"> Intermountain has Pain Service team – Bridgette Jeers would be good person to help understand that. 	<ul style="list-style-type: none"> Jan to email Bridgette’s contact info
<ul style="list-style-type: none"> What about cost? In most states people get addicted, start on pills then move to heroin. Would be interesting to see 	
<ul style="list-style-type: none"> Healthy patients by small area would have some explanation in where variation came from. Would be unique use of APCD 	
<ul style="list-style-type: none"> Prescriptions don’t have place of service, could have multiple medical claims. 	



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<ul style="list-style-type: none">•	<ul style="list-style-type: none">• Charles welcomes any feedback. Encourage anyone with additional thoughts to contact and let us know
<ul style="list-style-type: none">•	<ul style="list-style-type: none">• Continue to do a review and think about what we can produce. Goal is to examine by 5/31/17.

Total Cost of Care report update & national benchmark report

Question/Comment	Action
	<ul style="list-style-type: none">• Send copy of report to TAG

Next Meetings:

TAG April Meeting

April 18, 2017

Cannon Health Building

288 North 1460 West, Room 125

Salt Lake City, Utah 84116

Medical Provider Subcommittee (MPS) Meeting

April 6, 2017

HealthInsight

756 East Winchester Street, Suite 200

Salt Lake City, Utah 84107