

Transparency Advisory Group

Meeting Minutes

May 17, 2016

Attendees:

Charles Hawley, OHCS
Bri Marshall, HealthInsight,
Jeff Black, HealthInsight
Marvin Lopez, Intern UDOH

Mike Friedrichs, UDOH
Brantley Scott, OHCS
Sterling Petersen, OHCS
Norm Thurston, OHCS

Via Adobe Connect / Teleconference:

Alan Ormsby, AARP
Jesse Liddell, Select Health

Rita Hanover, HealthInsight
Brock Stoner, HealthInsight

2016 Goals Review

- Goal #3 – Ensure 6 key groups actively using APCD data – trying to push data out to use it, we can only do so much. We really need to continue to work on involving other users to use data sets. Payers have been our target lately. Lynette Hansen at Molina has had some good ideas on how to use the data. Employers another area, have meeting with Salt Lake chamber next week, we need to figure out how to make it happen. They want to know how to get employees to cost them less money – part is keeping them healthy and looking for high value healthcare, discussing this next week. Providers we’ve made a lot of progress there this last year. As we talk about TCoC and others – information available.
- Goal #6 coming up next – Emily working on this with Bureau of Health Promotion – another goal we’re making progress on.
- Generally making progress, continue to move forward.

UtahHealthScape - See slides for more information

Cost and Quality Transparency Site for Maternity Data

- 2 weeks ago had web developers come out and do in depth review with consumers. Had them go through development website, doing usability testing and asked what they understood and where to make changes.
- Summary of changes we’re going to make:
 - o Emphasize video demos on main splash page
 - o Will add home page summary of data used
 - o People want comparison should be open by default
 - o Do a search, generate a list and map will be more visually emphasized
 - o Toggle between average cost and range
 - o Some found it confusing to show state average range – take graph off and say state of Utah average is X... put in bold – so they don’t confuse graph with cost amounts
 - o Add links to definitions of episode content
 - o A lot of this is done already, demo site not ready.

Transparency Advisory Group

Meeting Minutes

April 19, 2016

- 2 main icons you'll see when you drill into hospital or home health. Once you type into Google and go to Nursing Homes you'll see overall rating and health inspection
- Hospital you'll see patient experience 5 star rating. Hospital quality - if that gets bumped again we'll use I quality awards
- Shoppable items, we're still looking for ways to display. Will show maternity cost as shoppable.
- Thinking about combining surgical into composites
- Detailed quality measure sets - are these appropriate? HealthInsight tasked with adding more measures
- Readmissions are important to consumers
- Reporting unadjusted readmissions seemed unfair to stakeholders
- Also other measure sets shown on slides - any opinion?
- Trick with readmissions is you have to have data trigger - person 1 is same as person2. We tried to do readmissions data in past but person identifiers not as strong as APCD. Does have challenges. Breaks down when readmission is at different hospital. If you went to IMC first then to IASIS second time - could use different identifying information. Have tried to find ways around that.
- Any opinions please let Jeff know.

Question for discussion: Do we need a separate session to explain cost calculations to stakeholders?

- This came up once in past. There was discussion about displaying maternity costs. One time said doing it on APDRGS - can present cost calculations if there is interest
- Jeff -how are we going to communicate fact that we're presenting facility fees - need to communicate there's another 50% of total cost.
- Just tack on state average to that.
- Need proposed solution by next month
- OHCS Worked with those before. Developed those categories.
- Not a bad approach, they are line items procedures we could say what average cost is
- Different approach than using APDRGS- tool designed allows us to do apples to apples
- Where with procedures, report average cost of procedures but potential for variation is a lot greater
- We don't have anyone from facilities.
- If professional thing comes up again, may not be prepared
- Cost facility based on APDRGs

Current state of data for uninsured patient pilot

- Cycle III grant is driver of a lot of transparency work in office - including updating UHS. Explore methods of getting data into APCD. Why we've had discussions about dental. One thing we know is a hole in APCD is uninsured patients. OHCS has been working with UHIN and UHIN is working with AUCH - Association for Utah community health. Lead organizer of community health clinics in state. UHIN meeting with them to get uninsured patients into APCD.

Transparency Advisory Group

Meeting Minutes

April 19, 2016

- This is part of a TAG goal too – Goal #4 – talks about adding uninsured patients.
- Simple enough to say this is blind spot in APCD. Looking at quality measures for a lot of clinics. One clinic is Mid Town which is community clinic. We heard a lot from AUCH that we weren't capturing their population. Had conversations with them, presented to AUCH's board and in preparation for doing some of that work. Went and looked at case mix. Community health clinics see the least number of uninsured patients still seeing 60% or more.
- Having all that data together makes those comparisons more valid.
- That's why we want to do it. Then there's the how. UHIN has established connections with Midtown and family health care. They are successfully submitting test files to UHIN as a test. Still more technical issues – collect eligibility files from insurance plan but not normal for these clinics. The test files haven't been submitted to 3M. Eligibility file will be completed next month. Current timeline designed to bring them online and get them ready for test submissions
- UHIN Meeting with AUCH monthly. At end of Cycle III should at least have everything established and ready to submit to 3M
- All of them keep track of cash pay clients as other ones – have to package cash claim encounters then fake submit fake claim, UHIN intercepts it, fake adjudicates it. Most problems were technical problems in getting them grouped and piped over to UHIN
- Eligibility is other trick but rest should be fairly easy
- Eligibility doesn't make sense, everyone is eligible. IN process of figuring out how to cross walk
- How many clinics? Working with 2.
- During review process with clinics, reached out to a lot of people Courtney from AUCH sent out some communications to their folks, look for anything from DOH, HI and UMA has done in last couple months. Courtney is working with clinics that are not working with UHIN already.

Status update on Provider Comparison Data Report Process

- We've been continually reaching out as planned. Still list of clinics – Marvin our intern has reached out to all of clinics got emails, got callbacks – Charles had good conversations. We have almost all the emails. We'll be sending out their reports today, some went out last week.
- Timeline is very short for them to provide feedback if they want detailed data. People reviewing NPI, will tell us if providers look right or not.
- Things are going well, taking longer to get in touch with everyone than initially anticipated
- No big changes to report other than taking longer to get in touch but methods remain untouched for most part.
- Would be cool if people reached out – ask them to run diabetes quality report – have collected 15 or 20 quality based ----or AAB – antibiotic measure. Would be great to find a few more so we have data to do scatter plot.
- Similar to testing we were doing before
- Run quality report – put date range in and run it
- If Charles hears back he will present idea and see what they say

Transparency Advisory Group

Meeting Minutes

April 19, 2016

Medicare Data Update

- Have 3 pending partnerships for us to get access. Not just us, users of APCD could get access to Medicare data. For moment putting on pause dream of having Medicare data in APCD – wishes it would happen but doesn't think it will.
- Have 3 partners committed to making that happen – would be seamless. Medicare people don't like idea of combining their data into another data set.
- HealthInsight has been approved for pilot project. Rita working on this.
- Rita – we'll have ability lot of constraints we haven't worked thru yet or are finalized yet but potential possibility
- Jenn Associates – approved for access to APCD. Working on their end what data to get. Have qualified entity status. Norm thrilled anyone thinks they can do this. Uphill climb to be QE and work. They are private sector – improve providers
- Milliman- they think they could help us figure something out too. Coming to present their solution to us in June.
- Would be nice if there was a monopoly – if there are 3 different ways to do it with 3 levels of expertise.
- At end we hope there is one public health can partner with – when we need Medicare data we can do that – would be great.
- Milliman has different approach and has worked with other states. Milliman's wheelhouse has been more of payer focused analytics, come from actuary world where Jenn focused more on provider – essentially some provider reporting or benchmarking.
- Have you talked to health care institute? Just announced they have 200 care bundles priced on guru site but only have couple payers in Utah.
- Their maternity data matched closely with OHCS maternity cost data.
- Feeds into Supreme Court stuff –why should this be governed but not happening in Utah. In Utah what our genesis was – our private sector got together and said they want government to do it. Want honest 3rd party – NHCI is heavily controlled by United Health Group. Utah people choosing not to play. Initial discussion- no change of anyone so put in government so
- If legislature came back and said to move to civic model or move to private group
- Think we're doing good
- NHCI does geographic area based reporting. Won't do hospital based reporting.
- Can type in Provo, St. George, Ogden, etc. Trouble is you almost never get those because they have to resort to state average.
- For patient centric data – release by CVSA – working with CVSA could easily create comparisons
- Methodology publically exposed? They use some other source, would have to go to 3rd party to ask if they would share

Transparency Advisory Group

Meeting Minutes

April 19, 2016

Wrap Up and Next Steps

- Cost Comparison meeting – June 7th 10-11am – will get invite sent around ASAP.

Next meeting:

TAG

June 21st, 2016

9:00 – 10:00am MT

@ Cannon Health Building

288 North 1460 West, Room 125

Salt Lake City, UT 84116