



# Report Development & Recommendation Process - CT's All-Payer Claim Database

*March 4, 2015*

# Presentation Overview

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- Approval of February 18, 2015 Minutes
- CEO / ED Updates
- Development of Mission Statement
  - Enabling Legislation
  - Strategic Direction from Legislative Mandate
  - Population Health Model
  - Mission Statement (proposed)
- Proposed Report Inventory, Timeline
- Report Development Process
  - Inputs from Members
  - Report Inventory Request Structure
- Next Steps
- Future Meetings

# CEO / ED Updates

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- This is a special meeting to discuss various web reports planned for CT's APCD
- Access Health Analytics (AHA) published a list of 11 (out of total 20) types of reports for planned web publishing over the next 12 months
- Some members expressed concern about the process of selection of the reports
- AHA also interpreted PA 13-247 for strategic directions for the choice of first 11 reports
- Earlier, AHA created placeholders for 10 reports, for purpose of collecting RFP responses
- AHA has also created a document that defines scope, specs and technical parameters, distributed to all Advisory Group members earlier
- In this meeting we want to discuss recommendation inclusion process of the Advisory Group in the Web Reporting
- We want to make sure that this process is not too complex, time-sensitive, and also recognizes limitations from both contractual and technical aspects

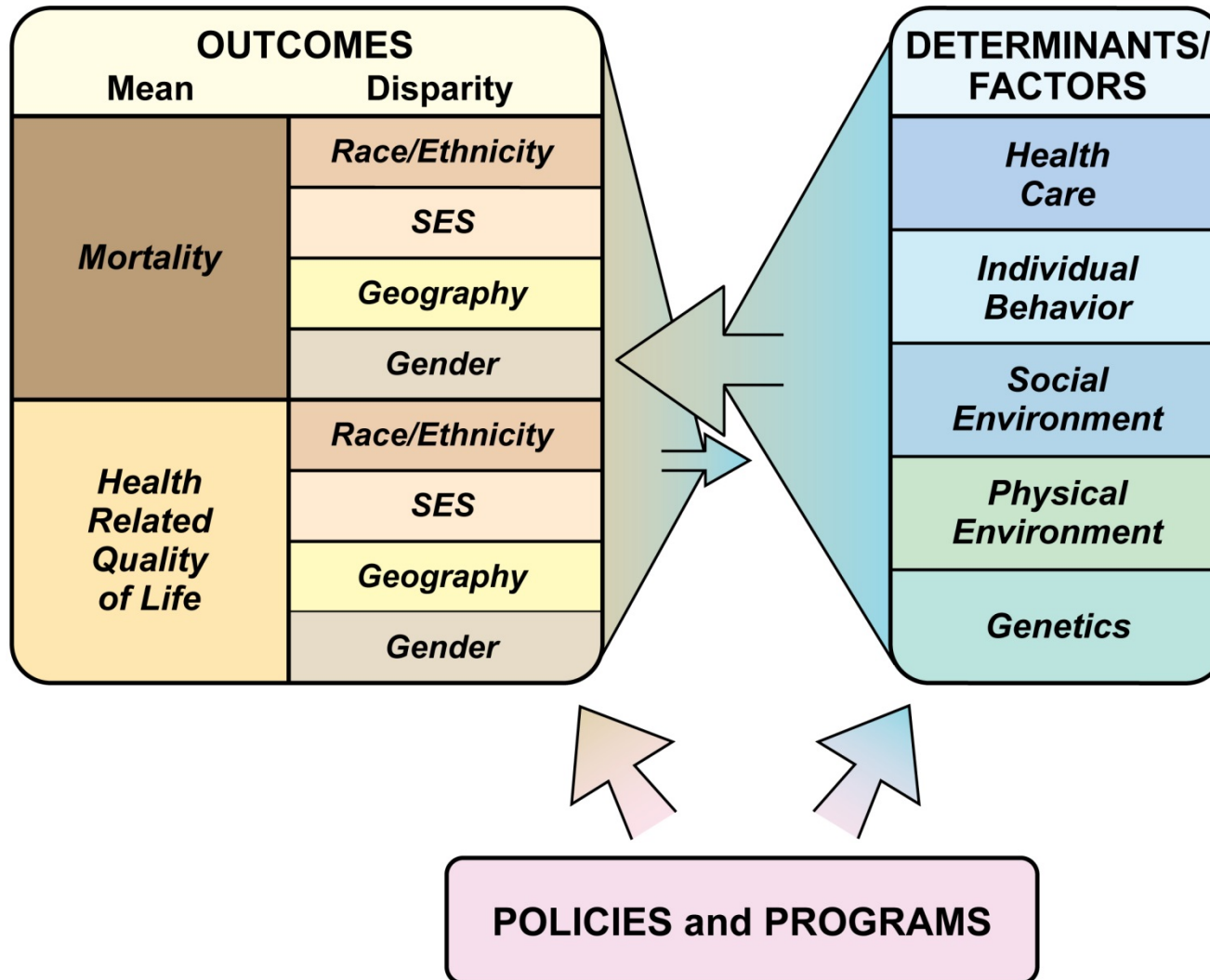
# Development of Mission Statement - Enabling Legislation

- (b) (1) There is established an all-payer claims database program. The exchange shall: (A) Oversee the planning, implementation and administration of the all-payer claims database program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care
- (4) The exchange shall: (A) Utilize data in the all-payer claims database to provide health care consumers in the state with information concerning the cost and quality of health care services that allows such consumers to make economically sound and medically appropriate health care decisions

# Strategic Direction from Legislative Mandate

- Price and Quality Transparency -
  - Price and Quality of procedures with total costs paid, out-of-pocket costs for members, and quality of care measures (if available)
  - Consumer’s education tool to support understanding of insurance concepts, in-network versus out-of-network physicians, coverage of insurance for select services, calculation of out-of-pocket costs
  - Developing innovative quality measures to support price transparency
- Population Health - Interpreted cost-effectiveness, access and efficiency as targets for measuring population health
  - Disparity in health – across race/ethnicity, SES, Geography and Gender
  - Health Care Determinants – access, costs, quantity and quality, individual behavior, physical environment, genetic determinants
  - Health care outcomes – Mortality, QALY or other outcomes

# Population Health Model



# Mission Statement (proposed) for APCD Web Reporting

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Advisory Group will

***“Provide strategic guidance to CT’s APCD in identifying web reports that enhances understanding of population health, improves price & quality transparency, addresses disparity of care and health care determinants for consumers, state agencies, insurers, employers, health care providers and researchers from academic and research organizations”.***

# Proposed Report Inventory

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#1 Disease Prevalence Report	Create disease prevalence report by geographical units and by age/sex bands for determining distribution of diseases in CT, by various dropdown categories - diseases, types, payers, county, age/sex bands, and types of plans.	State Agencies (e.g., DPH), Policymakers, Researchers/Academics	Well validated identification protocols from NCQA, CMS or similar respectable entity.	Low	Short
#2 Population Coverage & Characteristics	Characteristics of commercially insured plans - Counts, Deductible and Premium - to provide better understanding of the plan-benefits and socio-demographic features, by various dropdown categories - utilization types, payers, county, age/sex bands, and types of plans.	Exchange, Payers, State Agencies, Policymakers, Researchers/Academics	Applying industry acceptable standards for data validation and measurement approach for financial and non-financial data.	Low	Short
#3 Healthcare Utilization	Risk-adjusted utilization of healthcare services by various dropdown categories - utilization types, payers, county, age/sex bands, and types of plans.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium

8 Note: The numbering of the reports does not reflect priority.



# Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#4 Population Illness Burden	This report will measure the relative health of that group based upon the number and types of healthcare services used.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#5 Total Cost of Care	This report represents the total dollars paid for all health care services received by an individual such as hospital, clinic, physician visits, and prescription costs.	Exchange, Payers, Providers, State Agencies, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#6 Price Transparency for Select Procedures in Facilities.	Provides procedure-specific information on costs and expected out-of-pocket costs for select set of procedures at hospital-based or non-hospital facilities.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Develop a list of elective procedures which can be flexibly performed in both outpatient hospital and non-hospital facilities.	High	Medium

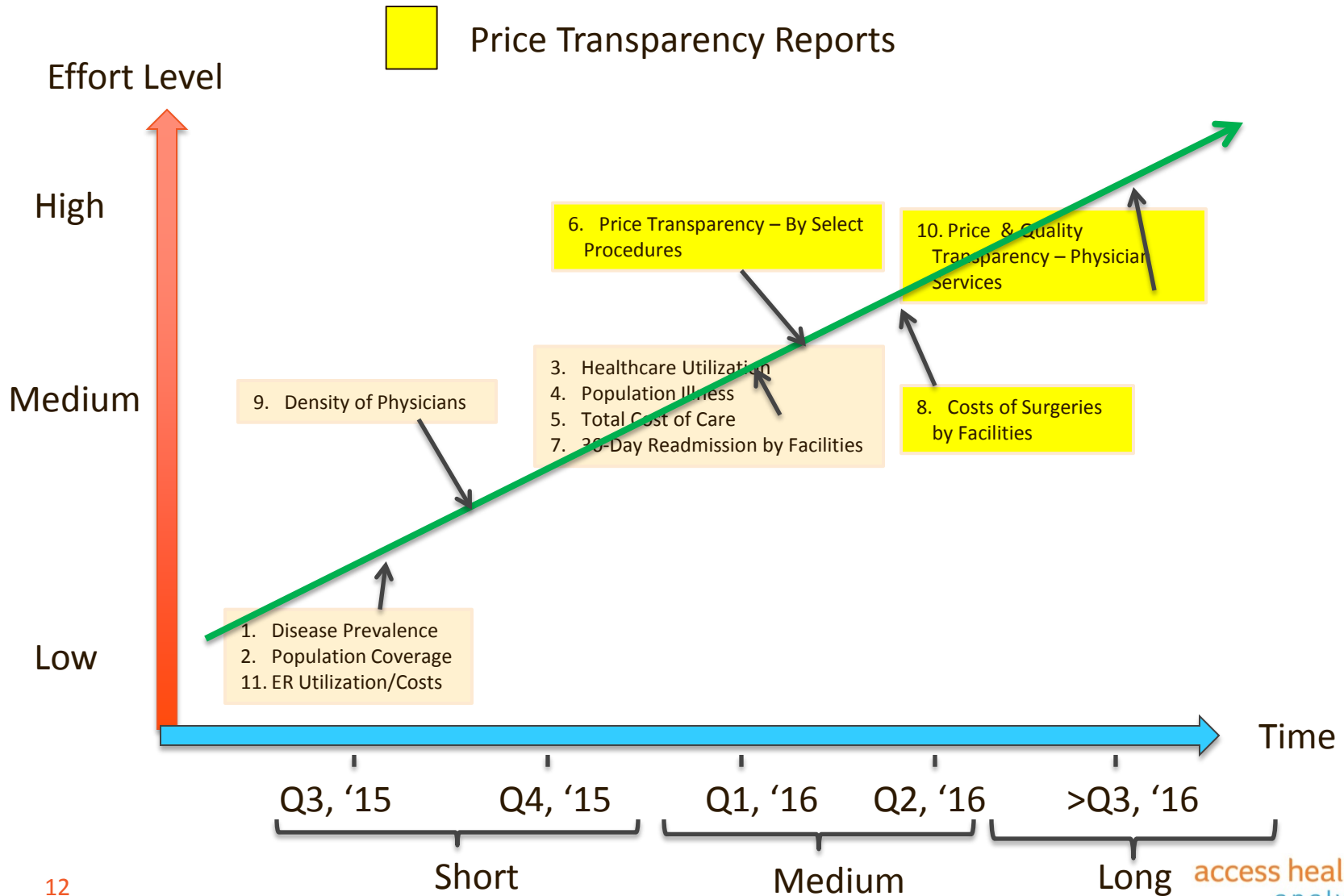
# Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#7 30-Day Readmissions by Facilities	This report will provide 30-day All Cause Readmissions and Preventable Readmissions by facilities.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Medium
#8 Costs of Surgeries	This report will create episode level analysis which will allow us to understand the total cost of surgeries.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Moderate	Long
#9 Density of Physicians	This report provides information on the distribution of physicians by various specialties, by select geographic areas.	Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	Low	Short

# Proposed Report Inventory (cont.)

Report Name	Purpose / Goal	Audience	Measurement Strategy	Estimated Effort Level	Estimated Time of Completion
#10 Price & Quality Transparency of Physician Practices	This report allows consumers select physicians based on primary care and other types of care.	Consumers, Exchange, Payers, Providers, Employers, Policymakers, Researchers/Academics	Apply industry acceptable risk adjustment approach, using 3M's risk adjustment tool; develop finite set of meaningful utilization buckets.	High	Long
#11 ER Reports	ER report will show utilization of ER by facilities for various conditions.	Consumers, Payers, Providers, Employers, Policymakers, Researchers/Academics	Identify all ER events assign costs by linking professional to facility claims, by a list of procedures/conditions and other characteristics	Moderate	Short

# Proposed Reporting Timeline



# Inputs from Members

Report	Member Comments	AHA's Timeline	Your Timeline
Disease Prevalence		1	
Population Coverage		2	
ER Utilization		3	
Physician Density		4	
Healthcare Utilization		5	
Population Illness Burden		6	
Total Cost of Care		7	
30-Day Readmissions		8	
Price Transparency - Procedures		9	

# Inputs from Members (cont.)

Report	Member Comments	AHA's Priority	Your Priority
Costs of Surgeries by Facilities		10	
Price Transparency – Provider Services		11	
Others?			

# Report Inventory Request Form Structure

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## 1) Catalog Requested Reports:

- Identify at a minimum:
  - Report Purpose/Goal –
  - Intended Audience –
  - Measurement Strategy –
  - Estimated Level of Effort –
  - Examples/Citations of existing work –

# Next Steps

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- Advisory Group members are given report inventory, AHA's timeline and priorities
- AHA will include other reports that members would like to propose using Report Inventory Requirement (slide#9) design
- AHA receives inputs from members and their priority, especially some explanations/comments if it differs from AHA's priority, using slide #s 7 and 8
- AHA will post inputs on the shared web page for everyone to see
- Based on collective inputs from Advisory Group members, AHA will adapt reporting strategy
- These comments and other inputs will be discussed in special meeting on March 4th



# Future Meetings

## Access Health Analytics

### All Payer Claims Database - 2015 Meetings Schedule

All meetings are held on the second Thursday of each month from 9:00 - 11:00 a.m. EST.  
(unless otherwise indicated)

\*Session - indicates that the meeting will not be held at the LOB due to Legislative Session.

Date	Venue	Venue
February 5, 2015	9:00 - 11:00 AM	Htfd. Hilton
February 18, 2015 <sup>^</sup>	9:00 - 11:00 AM	Htfd. Hilton
March 4, 2015 <sup>^</sup>	9:00 - 11:00 AM	Htfd. Hilton
May 14, 2015	9:00 - 11:00 AM	Htfd. Hilton
August 13, 2015	9:00 - 11:00 AM	LOB
November 12, 2015	9:00 - 11:00 AM	LOB

<sup>^</sup> Special Meeting