



# APCD Advisory Group Regular Meeting

*February 5, 2015*

# Presentation Overview

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- Approval of November 13, 2014 Minutes
- CEO / ED Updates
- APCD Implementation
  1. Project Management
  2. Data Collection - Carriers On-Boarding
  3. Data Management Infrastructure
  4. Consumer Research & Communication
  5. Web Design
  6. Test Environment build for AHA
  7. Data Analytics & Reporting
- Status of Subcommittees
- Next Steps
- Future Meetings

# CEO / ED Updates

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## APCD Implementation -

- Significant progress has been made in the APCD implementation applying Agile method
- Infrastructure developments have progressed quite smoothly and on schedule
- Carriers have been on-boarded; no significant concerns were raised
- Phase I Consumer research was conducted primarily via live focus groups research and environmental scan
- Web development will be tied to focus groups' preferences and inputs
- Test environment for Access Health Analytics (AHA) is near completion
- AHA is working with Onpoint is determining web reporting specifications; AHA will seek inputs from Advisory Group
- Continue to receive lot of inquiries from external sources for readiness to use APCD data
- Working with Data Privacy & Security subcommittee to craft a set of Policy & Procedure for data release and use agreement
- AHA is also taking the lead for consumer education and decision support tools development

# 1. Project Management

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## Monitoring progress to plan - 164 tasks across 9 service lines

- Integrated Project Planning and review with Onpoint and subs across all service lines
  1. Visibility to the body of work in process, completed and planned
  2. Dependencies both within and across service lines
- Status reporting
  1. Track status on 6 components for each of the 9 service lines: Scope, SOW, Resources, Deliverables, Milestones, Dependency
  2. SDLC delivery phase timeline and percentage complete
  3. Details on: accomplishments, priorities for next week, upcoming milestones, deliverables, dependencies, risks
- Artifact/Document Tracking
  1. What is: due, past due, in review, rejected and approved
  2. Related communication processes with the vendor, i.e., formal rejection / approval / notice of past due of deliverable artifacts

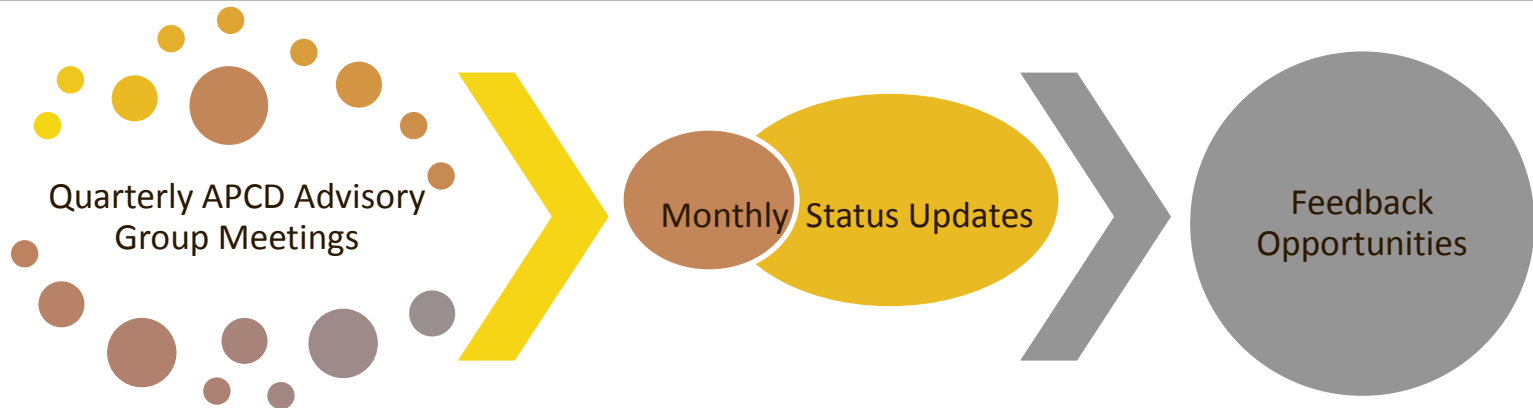
# 1. Project Management (cont.)

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Monitoring progress to plan - 164 tasks across 9 service lines

- Risk and Issue Tracking
  1. Standard RIAD Log (Risk, Issue, Assumption, Decision) log
  2. Plan mitigation strategies before a risk becomes an issue
- Change Control
  1. Evaluate and track proposed changes to scope or objectives identify, review/assess, approve/reject, amend plans

# 1. Project Management (cont.)



## Quarterly APCD Advisory Group Meetings

- ✓ Presentation contents will comprehensively report on the managed project scope and status, schedule, resources, risk mitigation, and budget

## Monthly Status Updates

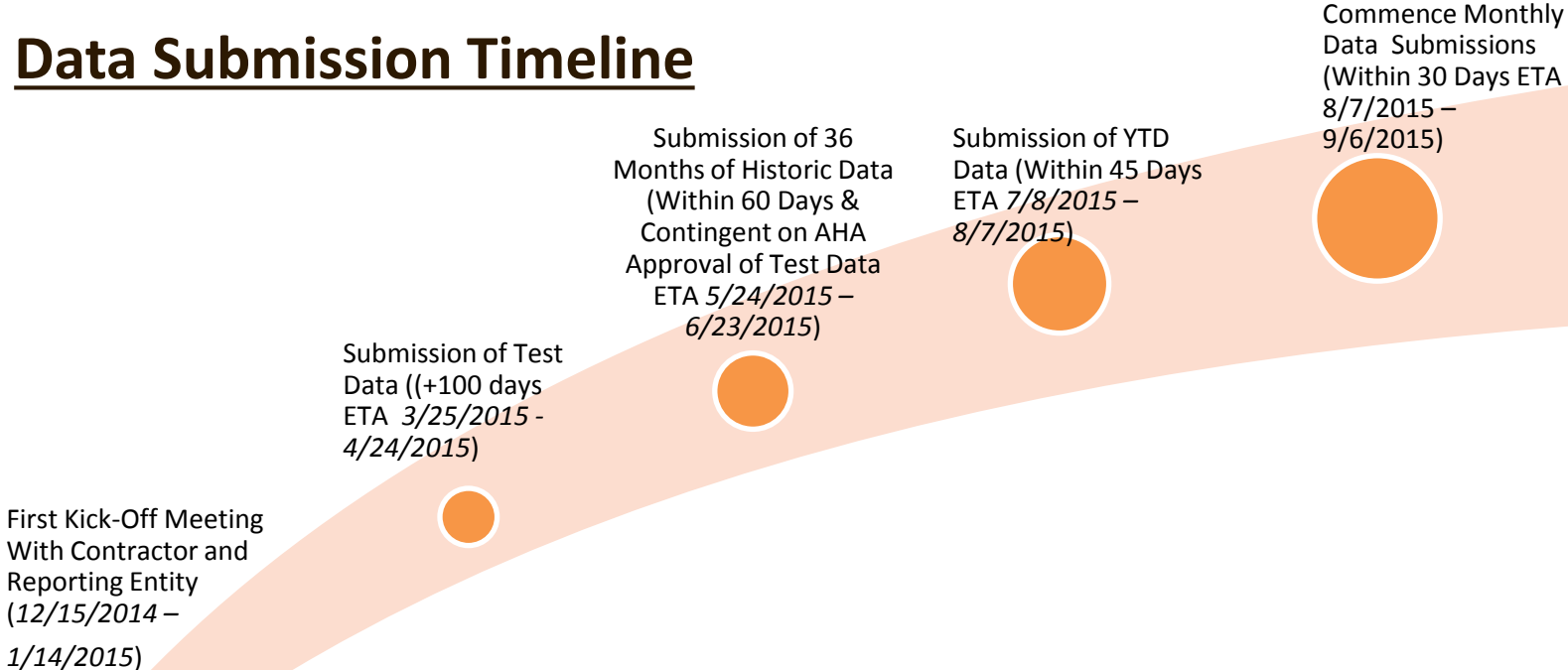
- ✓ Periodic approach to providing key information as it comes into focus. Proposed content sample:
  - System Administration Updates
  - Accomplishments
  - Upcoming Objectives

## Feedback Opportunities

- ✓ Focus Group Report, Web Portal Content, Status Updates...

# 2. Data Collection

## Data Submission Timeline



## 2. Data Collection (cont.)

### Submission Preparation Accomplishments (~50 Days)

#### Communication

- ✓ Conducted Kick-Off Meeting With Each Submitter
- ✓ Created/Delivered Weekly Submitter Specific Status Report
- ✓ Resolved Open Questions
- ✓ Circulated Community Q&A

#### Administration

- ✓ Completed Vendor DSG Review and Issued Clarifications
- ✓ Issued DSG Companion Guide
- ✓ Created/Circulated CDM Accounts and Credentials
- ✓ Issued Submitter Codes
- ✓ Shared Data Variance Standards and Waiver Request Process
- ✓ Established Secured Delivery Protocol
- ✓ Prepared CDM to Consume CT Standard Data

### Incoming Data Submitters

1.	Aetna
2.	Anthem
3.	Cigna
4.	Connecticare
5.	Harvard Pilgrim
6.	United Health Care
7.	Well Care
8.	CVS Caremark
9.	Express Scripts



## 2. Data Collection (cont.)

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### Submission Preparation Upcoming Objectives (~Next 50 Days)

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#### Communication

- Issue Submitter Guidance Bulletins
- Conduct Reoccurring Submission Work Group Meetings
- Communicate Data Quality Testing Plan
- Continue Weekly Status Update and QA Circulation

#### Administration

- Begin Secure Delivery Functionality and Performance Testing
- Resume Annual Registration
- Collect Threshold Waivers
- Continue CDM Calibration and Performance Testing

## 2. Data Collection (cont.)

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### **Future Data Collection Objectives (Post 4/24)**

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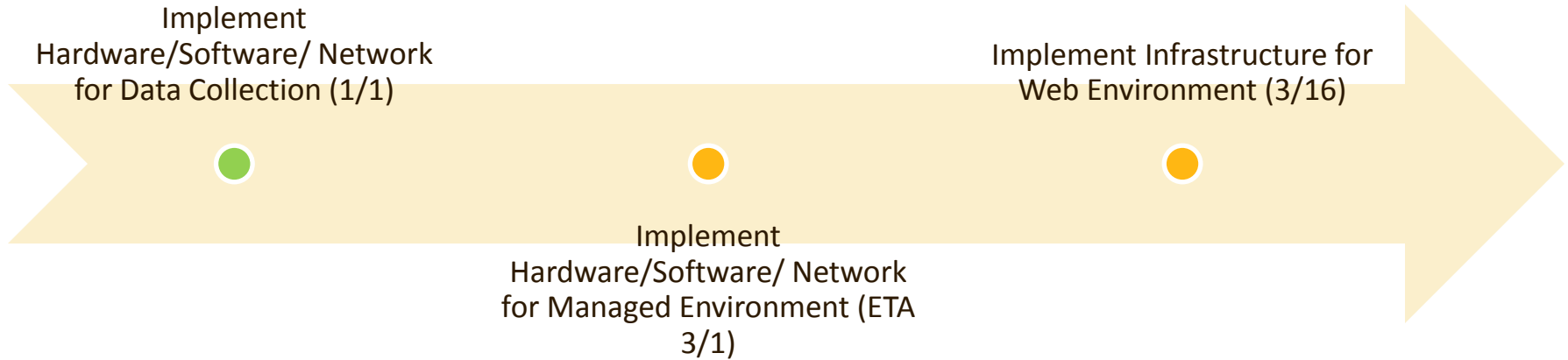
#### **Communication**

- Continue Community Based Q&A, bulletins, status report updates, & Work Group Meetings.
- Issue Test Data Issue Resolution and Communication Plan
- Create Test Data Approval Protocol
- Conduct Submitter Feedback Survey

#### **Administration**

- CDM Maintenance & Operation
- Provide Submission Reports to Submitters
- Execute Data Integration Plan
- Generate/Analyze Data Quality Assurance Reporting
- Evaluate Process and Performance After Each Collection Milestone

# 3. Data Management / APCD Infrastructure



## Major Accomplishments

- System Architecture Designs Drafted
- Software Procurement Complete
- Hardware Procurement Complete
- CT Specific Servers Delivered & Installed in Data Center

## Upcoming Activities:

- Software Installation & Configuration
- User Acceptance Testing
- Production Roll-Out

# 4. Consumer Research & Communications

Communicate Health (CH), co-vendor for Onpoint, conducted two focus group sessions in the Hartford region.

- Group characteristics were – (a) consumers w/limited (<\$50k) household income and education, (b) consumers with mixed household income and education
- Moderator probed individuals about their options for healthcare services
- Moderator questioned why they chose particular option based on various attributes – quality, costs, logistics, and referral
- Participants were asked if they would consider costs as a decision point for choosing provider or facility
- Participants were asked about their knowledge of quality and how does it factor in their decision process
- Participants were asked to rank 3 items when price shopping for healthcare services, and rank three items when considering quality of health care services
- Participants were shown a lot of reports design from existing APCDs and other private sector costs transparency web sites – to understand how well they connect and understand the information
- Participants want easy information presented; for example, technical concepts like patient severity or standard deviations and too many symbols, were not of interest

# 5. Web Design

The Atom Group (TAG), co-vendor for Onpoint, will work with Communicate Health (CH), to develop web design.

- Focus group research will be important aspect for designing web page and navigational characteristics
- Web contents will be based on consumers' preference for easy to visualize and reading materials
- Each particular report and view will be subsequently modified based on further interactions via additional focus group to determine user interface (UI) acceptability
- Arrangement of information of the new APCD web site has to be dynamic, conforms to the latest developments in the web technology, and be able to present materials in a way that focuses on consumer's navigation easiness
- Materials must be presented in a way that avoids clutter (i.e., information overload)
- Expect to see the first set of wireframes, concept design, by March
- Simultaneously, TAG/CH will work with Onpoint/AHA to design reports
- While much of the focus groups' research was targeted on costs transparency, we also intend to host various population analytics reports

## 6. Managed (Test) Environment Build for AHA

- CT's APCD has an additional environment - test platform - to perform the following:
  - Develop new reports for consumers
  - Allow in-depth health services research for internal and external researchers
  - Create 'enclave model' to ensure data security and control
- Test environments will have access to recent copy of APCD data
- Test environment will be accessible via secured portals for various stakeholders based on a pre-approved fee-schedule; this eliminates the need to transfer data
- Test environment can be used for integration of multi-payer data
- Test environment will have Role Based Access Control (RBAC) features which only allows access to data and fields pre-approved for each researcher/analyst
- Besides claims/eligibility data, there will be various value-added tables including 3M's clinical risk and episode groupers, reference tables for Dx/Px codes, admission/ER tables, pharmacy tables, etc.
- Test environment will provide connectivity between AHCT enrollments and APCD claims data for analyses

# 7. Data Analytics & Reporting

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- This component in the implementation plan creates various reports on the web. As part of the contract, we have defined 20 types of reports
- We have first 10 reports at a high level; another 10 reports will be defined later
- We are working with Onpoint in defining specifications of the report; specifications include choice of outcomes, identification or selection logic, pivot variables, population characteristics, choice and attribute of a geographical entity (e.g., county versus city, etc.)
- AHA will seek inputs from Advisory Group on various specifications, e.g., diseases, methodology, class variables, payer type, etc.
- Very complex and/or focused reports can be created on our test environment, bypassing Onpoint's production environment
- As we get test data, we'll understand limitations of the data; this will provide additional guidance regarding feasibility of some reports
- We are also focusing on commercial population; we therefore want to choose and select attributes in clinical, utilization, demographic and financial realms more consistent with such a payer

# 7. Data Analytics & Reporting (cont.)

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The first 10 reports are -

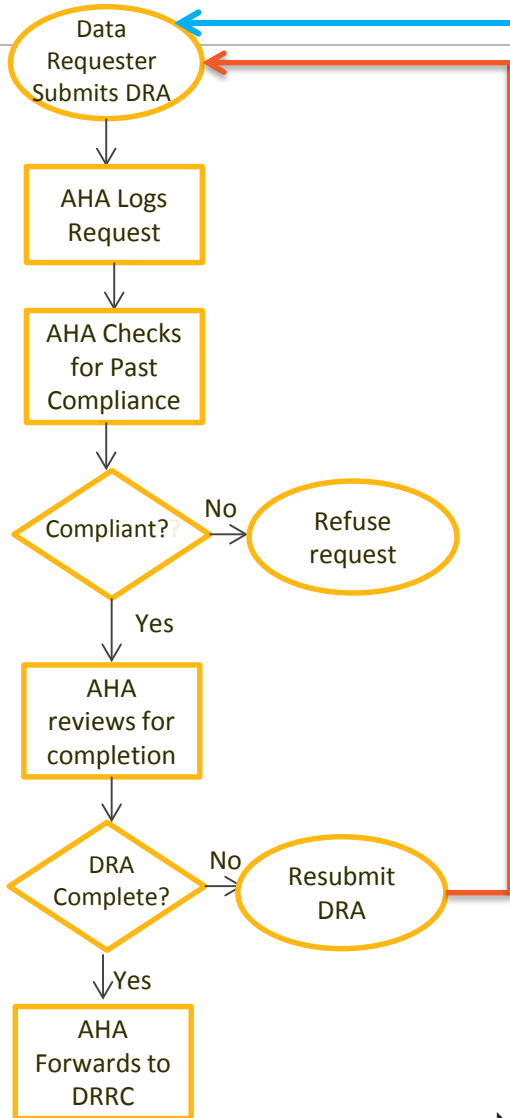
1. Disease (TBD) prevalence by cities / counties
2. Utilization of services - specialists' services, diagnostic services, generic vs. brand name drugs - by cities / counties
3. Percent (%) of Population by coverage type (TBD) by cities / counties
4. Various population-level reports (TBD) by cities / counties
5. Total Costs of Care profile by cities / counties
6. Costs Transparency for select procedures (TBD) by facilities (inpatient, outpatient and/or stand-alone)
7. 30-day admissions and readmissions by Facilities and/or by conditions (TBD), Preventable 30-day readmissions by Facilities and/or by conditions (TBD)
8. Episode of care for select conditions (TBD) by facilities
9. Density of physicians by specialties (TBD) by cities / counties
10. Costs transparency by provider for various services - office visits, specialists services, treatments



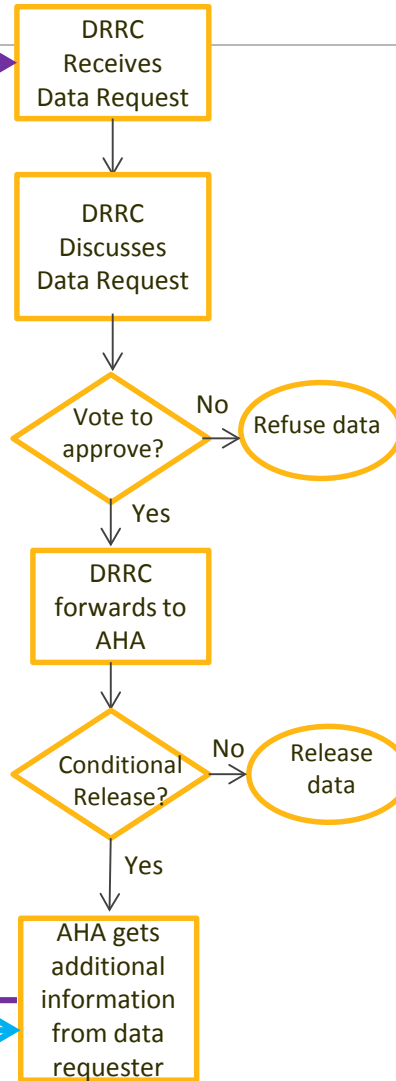
# Data Privacy & Security Subcommittee (cont.)

- Data Request Process - create a data request application process for making decisions prior to releasing data to academic, private and public (e.g., state agencies) entities
- Data Release Entity - a committee, Data Review & Release Committee (DRRC), will be created which receives, evaluates and approves data requests
- AHA is currently working with its legal consultants in developing data use agreement (DUA) such that it can enter into enforceable DUA with approved data requestors
- AHCT will charge a cost for developing data extracts and/or performing research on requestors behalf; costs are in the process of being developed
- Releasable Data -
  - Only deidentified data, i.e., 18 safe-harbor identifiers suppressed
  - Claims from facilities (inpatient & outpatient), professionals, pharmacy, provider
  - Includes diagnoses, procedures, drug codes, financials, types and places of services

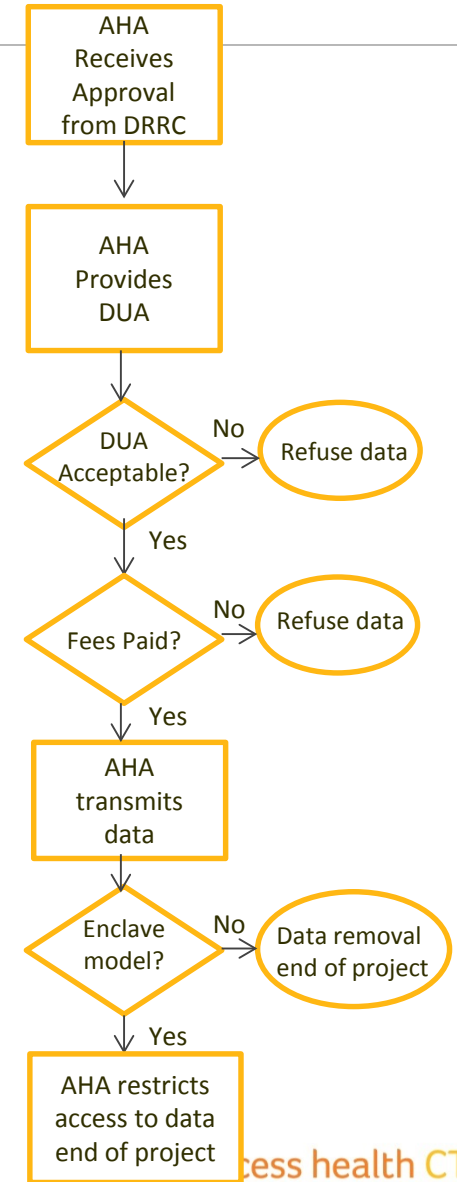
## Data Request Application (DRA) Process



## Data Review & Release Committee (DRRC) Approval Process



## Data Use Agreement (DUA) & Data Release Process



# Data Privacy & Security Subcommittee (cont.)

## Next Steps:

1. Inputs from Data Security and Subcommittee members have been collected and passed on to the legal counsel
2. AHA is working with legal to formulate a set of Policies and Procedures amendments
3. The potential amendments will be presented to the Data Privacy and Security subcommittee on March 18, 2015
4. Pending approval and/or modifications, the amended Policies and Procedures will be presented to the APCD Advisory Group on May 14, 2015
5. Pending approval by the APCD Advisory Group, the amendments will be presented to AHCT Board for approval, and then posted on the Law Journal and seek public comments
6. Inclusive of public comments, the amendments will need APCD Advisory Group's approval again before being recommended to the AHCT's Board of Directors
7. AHCT Board's approval will be needed before finalizing the new additional Policies and Procedures on data disclosure components. Target 4<sup>th</sup> Quarter, 2015

# Data Privacy & Security Subcommittee (cont.)

## Safe Harbor De-identification Variables

Var #	Field Descriptions
1	Names
2	State, or 3-digit zip code if population > 20k
3	Year only, no dates
4	Telephone no.
5	Fax no.
6	Electronic Mail Address
7	Social Security Number
8	Medical Record no.
9	Health Plan Beneficiary no.
10	Account no.
11	Certificate/License no.
12	Vehicle identifiers, serial no., license plate no.
13	Device identifiers and serial no.
14	Web universal resource locators (URLs)
15	Internet protocol (IP) address
16	Biometric identifiers, including finger or voice prints
17	Full face photographic images and any comparable images
18	Any other unique identifying number, characteristic or code

# Next Steps

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# 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	*Session
May 14, 2015	9:00 - 11:00 AM	*Session
August 13, 2015	9:00 - 11:00 AM	LOB
November 12, 2015	9:00 - 11:00 AM	LOB