



APCD Advisory Group Special Meeting

February 18, 2015

Presentation Overview

- Approval of February 5, 2015 Minutes
- CEO / ED Updates
- Data Analytics & Reporting
- Collaboration Process
- Next Steps
- Future Meetings

CEO / ED Updates

- This is a special meeting to discuss various web reports planned for CT's APCD
- Access Health Analytics (AHA) published a list of 10 (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 collected stakeholders' use cases starting around end of 2013
- AHA also interpreted PA 13-247 for strategic directions for the choice of first 10 reports
- AHA created placeholders for 10 reports, defined lightly, for purposes of collecting RFP response
- AHA has also created a document that defines scope, specs and technical parameters, distributed to all Advisory Group members

CEO / ED Updates

- While the selection of the first 10 reports was done more from contractual obligation, some stakeholder inputs and legislative mandate, there is ample opportunity to incorporate robust Advisory Group's recommendations
- While acknowledging our willingness to work collaboratively, there are some challenges in overcoming the following considerations -
 1. Limited Resources - we have budgeted a fixed number of reports and projected resources in producing each one of those
 2. Limited Timeline - contractual obligation to developing these reports within the next 12 months period; payments structured on completed deliveries
 3. Report Contents - each report must be produced from administrative claims data; recognizing limitation of data source is important
 4. Report Complexity - some reports require a lot more time to develop than others; report priorities must take this factor into account
 5. Report Specifications - technical expertise and availability of industry acceptable specifications is required in developing accurate reports

Proposed Reports

The first 10 proposed reports in order of timeline for deliveries -

1. Disease (TBD) prevalence by cities / counties
2. Percent (%) of Population by coverage type (TBD) by cities / counties
3. Utilization of services - specialists' services, diagnostic services, generic vs. brand name drugs - 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

Report Development Process - Background

Legislative & BOD Language/Charge

- 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; (P.A. 13-247, S. 144.)
- The Exchange will make standard, aggregated reports containing information regarding utilization, cost and quality of services available to health care consumers. (*Policies and Procedures: APCD, as adopted by the Board of Directors on December 5, 2013*)

Statement of Work

- The Contractor successfully completes and delivers an additional 10 written reports to be determined by AHA.
- "The Contractor successfully creates the following reports from previous slide...."

Report Development Process - Landscape

APCD Report Stakeholders

Policy Makers

Consumers

Providers

Health Plans

Stakeholder Report Tools/Options

Public Reports

Data Requests

Reporting Services

- Ad-Hoc Requests
- Reoccurring Requests

Development/
Testing
Effort

Stakeholder
Input

Report Development Process - Challenges/Opportunities

Challenges

- Report Prioritization & Development Timeline Determination
- Ensuring Accurate & Actionable Information
- Collecting and Utilizing Actionable Stakeholder Feedback While Maintaining Momentum
- Ensure Privacy and Competition Remain Intact
- Acknowledge Contractual Limitations

Opportunities

- Create a CT specific platform to drive improvement and transparency
- Utilize input/guidance provided from community stakeholders
- Meet/Exceed legislative goal and intention
- Utilize results as a platform for future improvement

Report Development Process - Mission/Vision

Mission:

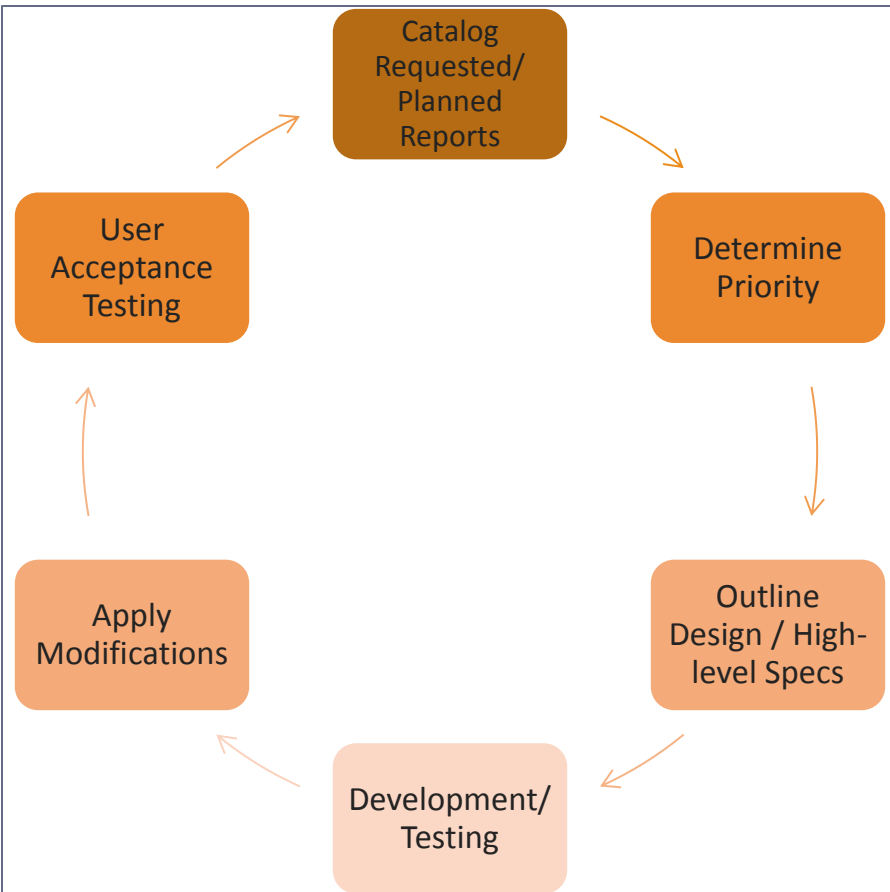
To create public reports which are actionable, accurate, and attainable in order to improve population health, enhance outcomes, and/ or reduce cost of care

Vision:

- Create a development process through which stakeholders' expectations, expertise and feedback is effectively and efficiently included.
- Employ a practical development timeline, which effectively incorporates identified report prioritization and recognizes available resources.
- Ensure resources are utilized efficiently to maximize benefit and efficacy to users.
- Establish protocol through which report specifications can be effectively communicated.

Report Development Process - Outline

Report Development Cycle



1) Catalog Requested Reports:

- Generate a list of requested/planned reports
- Identify at a minimum:
 - Report Purpose/Goal
 - Intended Audience
 - Measurement Strategy
 - Estimated Level of Effort
 - Examples/Citations of existing work

2) Determine Priority:

- Propose Report Development Timeline & Report Inclusion/Exclusion Plan

3) Outline High-level Specs / Design:

- Report Development Strategy
- Benchmarks / Standards / Guidelines to be used
- Q&A

4) Development / Testing:

5) Apply Modifications:

6) User Acceptance Testing

- “No Surprises” stakeholder approach

Report Development Process - Example Outline

1) Catalog Requested Reports:

- Example – Disease Prevalence Report
- Identify at a minimum:
 - Report Purpose/Goal – Create disease prevalence report by geographical units and by age/sex bands for determining distribution of diseases in CT.
 - Intended Audience – Primarily policymakers, researchers & academics, and providers focused on state of public health in CT.
 - Measurement Strategy – Well validated identification protocols from NCQA, CMS or similar respectable entity.
 - Estimated Level of Effort – Low.
 - Examples/Citations of existing work – See Colorado's disease prevalence reports. (<https://www.comedprice.org/#/map>)

Report Development Process - Feedback/Discussion

Place Holder for Advisory Group Discussion & Feedback

Next Steps

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 [^]	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

[^] Special Meeting