










APCD Advisory Group Meeting

August 11, 2016

Presentation Overview

- Approval of May 12, 2016 Meeting Minutes
- CEO/ED Updates -
 - ✓ APCD Implementation Timeline
 - ✓ Data Submission Status
- Uniform Data Standard - NAHDO/NASHPE/APCD Council
- Mission/Vision Statement Revisited
- Data Review Committee Membership
- Data Fee Schedule - Preliminary
- Report Presentation by Onpoint Health Data
- Proposed Reports for Future
- Next Steps
- Future Meetings
- Adjournment

APCD Implementation Status Update

Milestones	Date	New Date	Status
<p>Data submission delays by commercial carriers –</p> <ol style="list-style-type: none"> 1. Suspension of data submissions from March through June by Aetna and March through present by Anthem; Aetna has restarted submitting data 2. Recent suspension of all employer-group data submissions by ConnectiCare, only submitting non-ERISA data for 2015 onwards 3. Progress of data submissions by carriers – <ul style="list-style-type: none"> • Cigna and ConnectiCare completed through 5/2016 and 12/2015 • UHC is struggling to complete through 2014, one segment (out of three) is farther ahead and complete through 12/2015 • Harvard Pilgrim and HealthyCT is completing through 2014 • Aetna has 5 submitter accounts; only one is completed through 5/2016; others are in various stages of completions between 2013 and 2014, making impressive efforts to catch up 	5/31/2016	10/15/2016	
<p>Deploy APCD website –</p> <ol style="list-style-type: none"> 1. Develop contents and layouts 2. Develop reports on population health using commercial data 	8/15/2016	9/30/2016	
SB 811 reports were already developed by DPH and CID	7/31/2016		
Completed (signed) MOA for Medicaid data with DSS	6/17/2016		
Complete Data Review Committee (DRC) selection	8/11/2016		
Complete Draft Data User Agreement & Data Release Application	7/31/2016		
Complete price transparency reports for facilities	10/15/2016	12/31/2016	



Critical

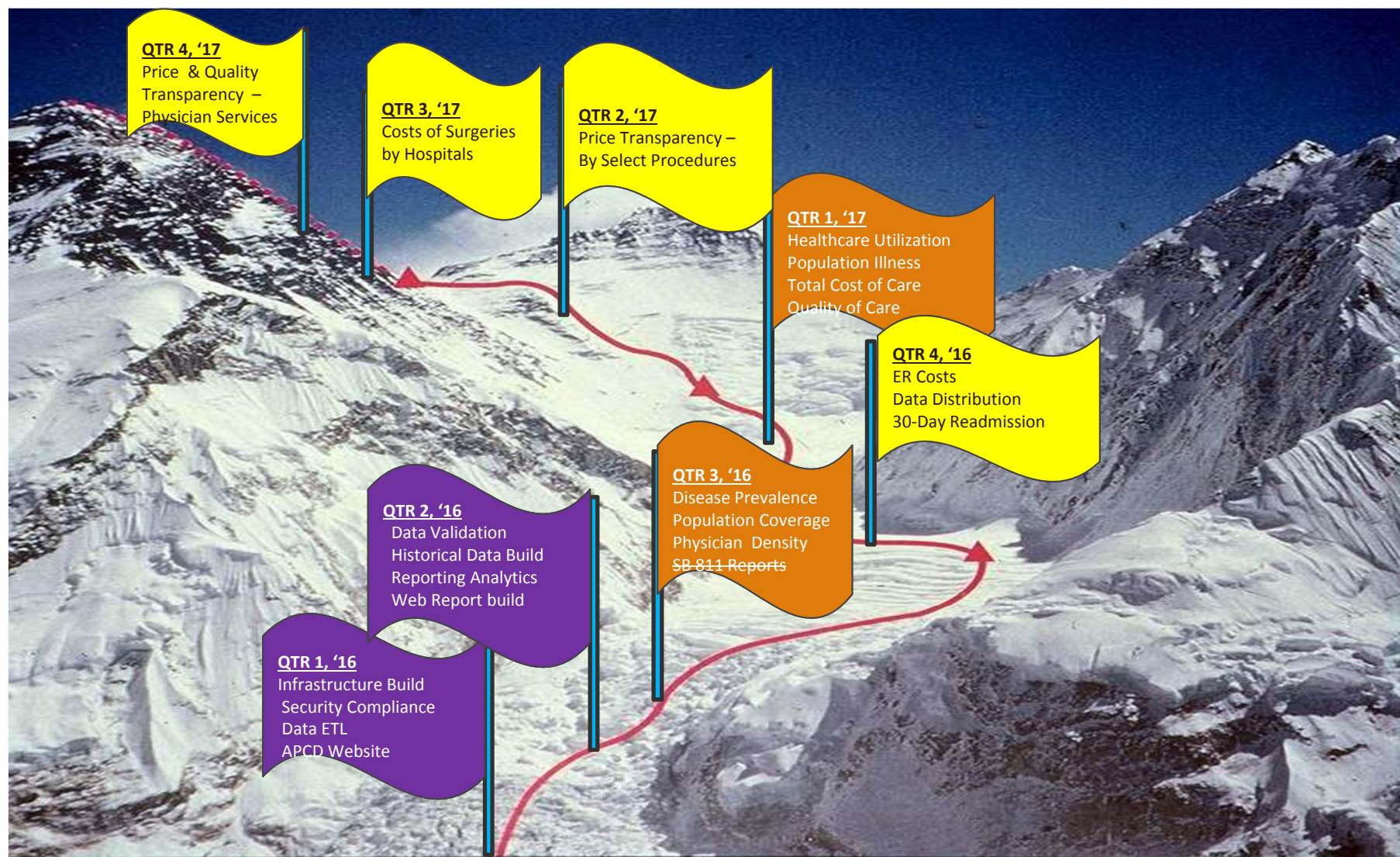


Outside
Schedule



On
Schedule

APCD Implementation Timeline



Uniform Data Standard

- NAHDO and APCD Council have been working with the APCD states (including CT) to develop a uniform data standard since April 2016
- Various revisions were made over the last few months; the standard is at the final stage currently
- The standard has been shared with the carriers for their inputs
- U.S. Department of Labor (DOL) has a comment period through the 1st week of October regarding the *Gobeille* decision; NASHPE wants to propose a uniform data standard to DOL as a means of collecting ERISA data from the carriers and then passing data to the states
- Too early at this stage to predict the timeline of acceptance and/or any decision from DOL
- If accepted, we may revisit adoption of a single uniform standard for all other commercial data
- We have kept our data vendor, Onpoint Health Data, appraised throughout the process

Report Development Process - Mission/Vision

Mission/**Vision**:

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~~/**Strategies**:

- 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.

APCD - Mission/Vision (proposed)

Vision: Improve health of Connecticut's residents by sharing, analyzing, and addressing safety, quality, cost-effectiveness, access, and efficiency for all levels of health care uses.

Mission: Enhance data-driven research for actionable, accurate, and attainable information in order to improve population health, enhance outcomes, reduce disparities, strengthening health equities, and/or reduce cost of care by developing, using, and sharing Connecticut's All Payer Claims Database.

Strategies:

- Complement private sector, academic, and federal/state health reform and population health initiatives with data, information, and analyses.
- Educate Connecticut's consumers on health care price and quality.
- Analyze and address disparities in health care based on race, ethnicity, income, and regions.
- Integrate data across all payers for a comprehensive longitudinal data warehouse for effective research on long-term treatment, outcomes, costs, and utilization trends.

Data Review Committee

- Back in March this year, we adopted APCD's *Policies & Procedures on Data Security and Privacy*. This focused on data uses, disposal, security, and privacy in data distribution. A core component of the P&P is the creation of a working committee called the Data Review Committee (DRC), entrusted to make decisions on APCD data releases.
- We have selected an initial slate of nominees for the Data Review Committee (DRC).
- The candidates for the DRC will be presented to the CEO of AHCT and to the APCD Advisory Group in August.

Data Review Committee - Composition

Miriam Delphin-Rittmon, PhD Ex officio Board Member & representative from a State agency	Miriam Delphin-Rittmon, PhD, is the Commissioner of Department of Mental Health and Addiction Services. She has a doctorate in clinical psychology, spent two years as a senior advisor to the federal Substance Abuse and Mental Health Services Administration and was an assistant professor of psychiatry at Yale. She also served as director of health equity and multicultural research and consultation in the Yale psychiatry department's program for recovery and community health.
Tamim Ahmed, PhD/MBA Executive Director, APCD	Tamim Ahmed has a PhD in Economics with a specialty in the area of health services research. He has considerable experience in population health and various other research areas involving claims data.
Justin Peng, MPH Public Health Specialist	Justin Peng is an epidemiologist in the Department of Public Health, responsible for and overseeing all epidemiological activities for programs such as asthma, tobacco, injury prevention, oral health, WIC and nutrition, physical activity, and obesity programs.
Sheryl A. Turney, MS Health Insurance Industry	Sheryl Turney is Anthem's Senior Director of All Payer Claims Database (APCD) Analytics. In this capacity, she is responsible developing specific strategies, in conjunction with the APCD process, that helps set the overall APCD direction for the Enterprise working with Anthem Compliance, HCA, Public Policy, and the Anthem state health plans.
Kristen McClain, JD/MBA Attorney experienced in health care, privacy and research	Kristen McClain is the Senior Director of Compliance and Business Operations at Qualidigm, where she oversees the implementation and maintenance of the corporate compliance program, manages all contracting efforts with clients, partners, and consultants, and directs healthcare-related proposals efforts for federal and state opportunities.
Henry E. Jacobs, MD/JD Healthcare professional, physician, nurse, social worker or psychologist	Dr. Henry Jacobs is a distinguished practicing physician and practicing attorney. His area of specialty is in Endoscopic Minimally Invasive Surgery, Ultrasound Gyn Clinical Applications, Quality of Care, Healthcare Law, and Civil Litigation. He was designated by peers as a 'Top Doc' in Connecticut, <i>Connecticut Magazine</i> 2001, recipient of several AMA Physician's Recognition Awards, and recipient of the Hartford County Medical Association Distinguished Service Award 2013. He was the President of Connecticut State Medical Society in 2013 and 2014.
Anthony Dias, MBBS, DPM, MPH Individual w/experience in hospital administration, analytics or research	Dr. Anthony Dias provides insight and support for CHA advocacy and initiatives in quality and patient safety, regulatory and reimbursement issues, population health, community health and disparities, and use of data to drive clinical performance. He directs CHA's Data Services team, overseeing ChimeData, the most comprehensive hospital database in the state, containing more than 31 million patient encounters dating back to 1980.
Tiffany Donelson, MPH Consumer representative	Tiffany Donelson is the vice president of program for the Connecticut Health Foundation, an organization dedicated to obtaining health equity in the state. As vice president of program, Tiffany sets the foundation's programmatic strategy, which includes grant making, the health leadership fellows program and evaluation. She works to continuously ensure that CT Health's grant making practices are equitable, transparent, and advancing the organization's strategic objectives.
Kun Chen, PhD Health Researcher	Kun Chen, PhD is an Assistant Professor in the Department of Statistics and is a Research Fellow in the Institute of Public Health Research at the University of Connecticut. Dr. Chen's methodological research interests include dimension reduction, variable selection, multivariate analysis, statistical computing and optimization, statistical ecology, environmental statistics, bioinformatics, and public health applications.

Fee Schedule for Data Extracts

Data Requestors - We have identified 4 types of data requestors.

1. **Commercial** - Requestors are for-profit business or organizations that will purchase Connecticut's APCD data for research and applications.
2. **Non-Profit / Educational** - Requestors are non-profit entities exempt from taxation under the United States Internal Revenue Code, Section 501(c), any educational entity including public or private post-secondary institutions, and research foundations dedicated to health services research in the state.
3. **State Agencies** - Requestors are from various Connecticut state agencies, such as the Department of Public Health, Connecticut Insurance Department, and other state initiatives or projects (e.g., State Innovation Model (SIM)).
4. **Assessed Entity** - This type of requestors are health care providers, health insurance carriers, third party administrators, and pharmacy benefit management, defined by Access Health CT as those who have paid assessment to Access Health CT.

Fee Schedule for Data Extracts

Types of Files	Commercial		Non-Profit / Educational		State Agencies		Assessed	
	Initial Extract	Additional Extract	Initial Extract	Additional Extract	Initial Extract	Additional Extract	Initial Extract	Additional Extract
Inpatient Facility	\$1,500	\$750	\$500	\$250	\$500	\$250	\$1,000	\$500
ER Facility	\$1,500	\$750	\$500	\$250	\$500	\$250	\$1,000	\$500
Outpatient Facility	\$1,500	\$750	\$500	\$250	\$500	\$250	\$1,000	\$500
Professional Claims	\$5,000	\$2,500	\$1,500	\$750	\$1,500	\$750	\$3,000	\$1,500
All Medical Claims	\$8,000	\$4,000	\$2,500	\$1,250	\$2,500	\$1,250	\$5,000	\$2,500
Pharmacy Claims	\$5,000	\$2,500	\$1,500	\$750	\$1,500	\$750	\$2,000	\$1,000
Member Eligibility	\$5,000	\$2,500	\$1,500	\$750	\$1,500	\$750	\$2,000	\$1,000

APCD Web Report Presentation by Onpoint Health Data

New Proposed Reports

NQF ID	Measure	Measure Specifications	Other Grouping Option
0576	Follow-up after hospitalization for mental illness	NCQA-HEDIS	Mental & Substance
0004	Initiation and Engagement of Alcohol and other Drug Dependence Treatment	NCQA-HEDIS	Mental & Substance
0105	Anti-Depressant Medication Management (age 18 or older)	NCQA-HEDIS	Mental & Substance
0108	Appropriate Follow-up for Children on ADHD Medication (age 6-12)	NCQA-HEDIS	Mental & Substance
0031	Breast Cancer Screening (age 50-74)	NCQA-HEDIS	Preventive Screening
0032	Cervical Cancer Screening (age 21-64)	NCQA-HEDIS	Preventive Screening
0033	Chlamydia Screening (age 16-24)	NCQA-HEDIS	Preventive Screening
0057	Diabetes Care , HbA1c Test (age 18-75)	NCQA-HEDIS	Effective Care-Adults
0062	Diabetes Care, Kidney Disease Test (age 18-75)	NCQA-HEDIS	Effective Care-Adults
0055	Diabetes Care, Eye Exam (age 18-75)	NCQA-HEDIS	Effective Care-Adults
0052	Appropriate Low Back Pain Imaging (age 18-50)	NCQA-HEDIS	Effective Care-Adults
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (age 18-64)	NCQA-HEDIS	Effective Care-Adults
0002	Appropriate Testing for Children With Pharyngitis (age 2-18)	NCQA-HEDIS	Effective Care-Children
0069	Appropriate Testing for Children With Upper Respiratory Infection (age 3 months-18 years)	NCQA-HEDIS	Effective Care-Children
1516	Well-Child Visits (age 3-6)	NCQA-HEDIS	Effective Care-Children
NA	Adolescent Well-Care Visits (age 12-21)	NCQA-HEDIS	Effective Care-Children
NA	Medication Management People with Asthma (age 5-85)	NCQA-HEDIS	Effective Care-Adults and Children

New Proposed Reports

Prevention Quality Indicators

- PQI 01 - Diabetes, short-term complications admission rate
- PQI 02 - Perforated appendix admission rate
- PQI 03 - Diabetes, long-term complications admission rate
- PQI 05 - Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate
- PQI 07 - Hypertension admission rate
- PQI 08 - Heart failure admission rate
- PQI 09 - Low birth weight admission rate
- PQI 10 - Dehydration admission rate
- PQI 11 - Bacterial pneumonia admission rate
- PQI 12 - Urinary tract infections admission rate
- PQI 13 - Angina without procedure admission rate
- PQI 14 - Uncontrolled diabetes admission rate
- PQI 15 - Asthma in younger adults admission rate
- PQI 16 - Lower extremity amputations among patients with diabetes admission rate
- PQI 90 - Prevention Quality Overall Composite
- PQI 91 - Prevention Quality Acute Composite
- PQI 92 - Prevention Quality Chronic Composite

With high-quality, community-based primary care, hospitalization for these illnesses often can be avoided. Although other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community. Because the PQIs are calculated using readily available hospital administrative data, they are an easy-to-use and inexpensive screening tool. They can be used to provide a window into the community — to identify unmet community health care needs, to monitor how well complications from a number of common conditions are being avoided in the outpatient setting, and to compare performance of local health care systems across communities.

Approved Reports

#	Report Name	Purpose / Goal	Audience	Measurement Strategy
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.
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.
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.
4	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.
5	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.

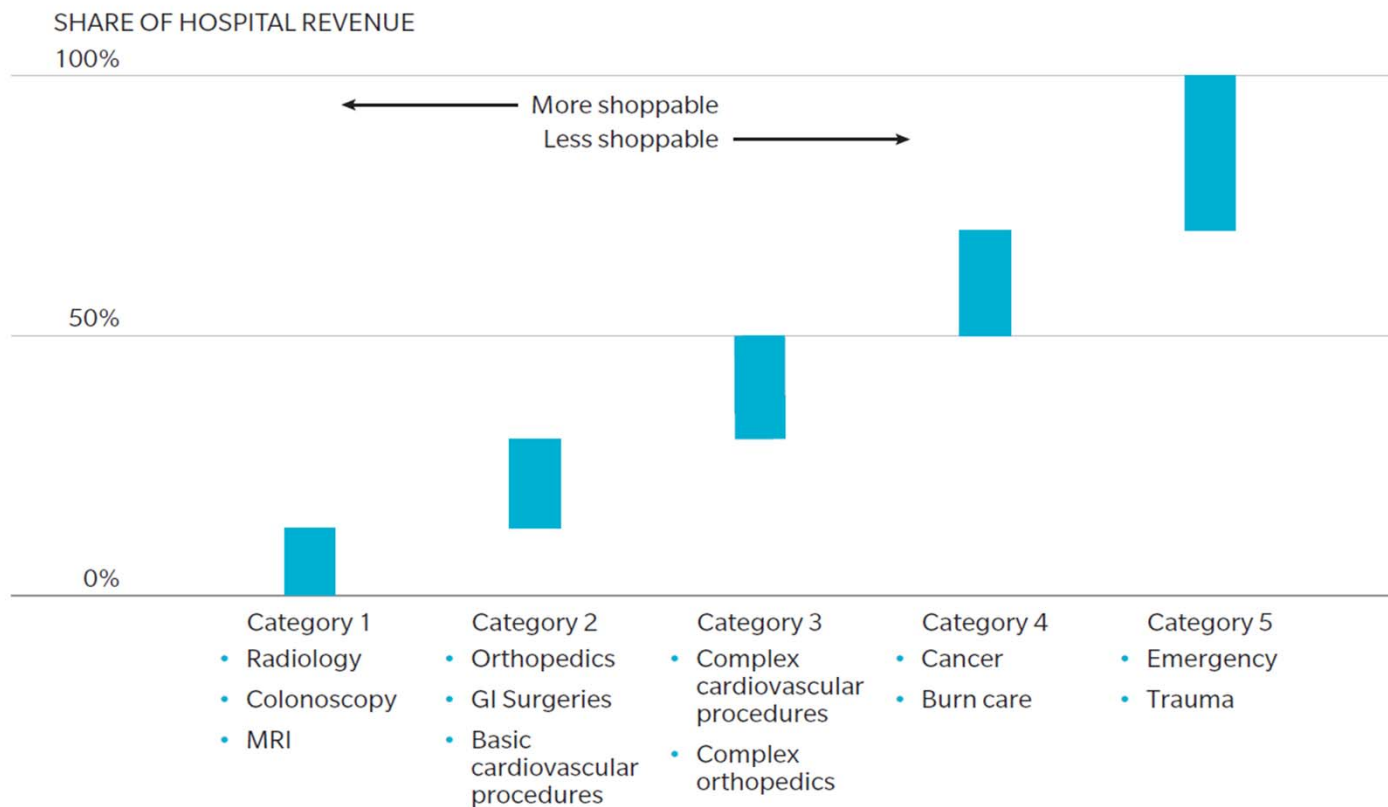
Approved Reports

#	Report Name	Purpose / Goal	Audience	Measurement Strategy
6	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.
7	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.
8	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.
9	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.
10	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



Designing Costs Transparency Report

Exhibit 1: Shoppability of services and share of hospital revenue



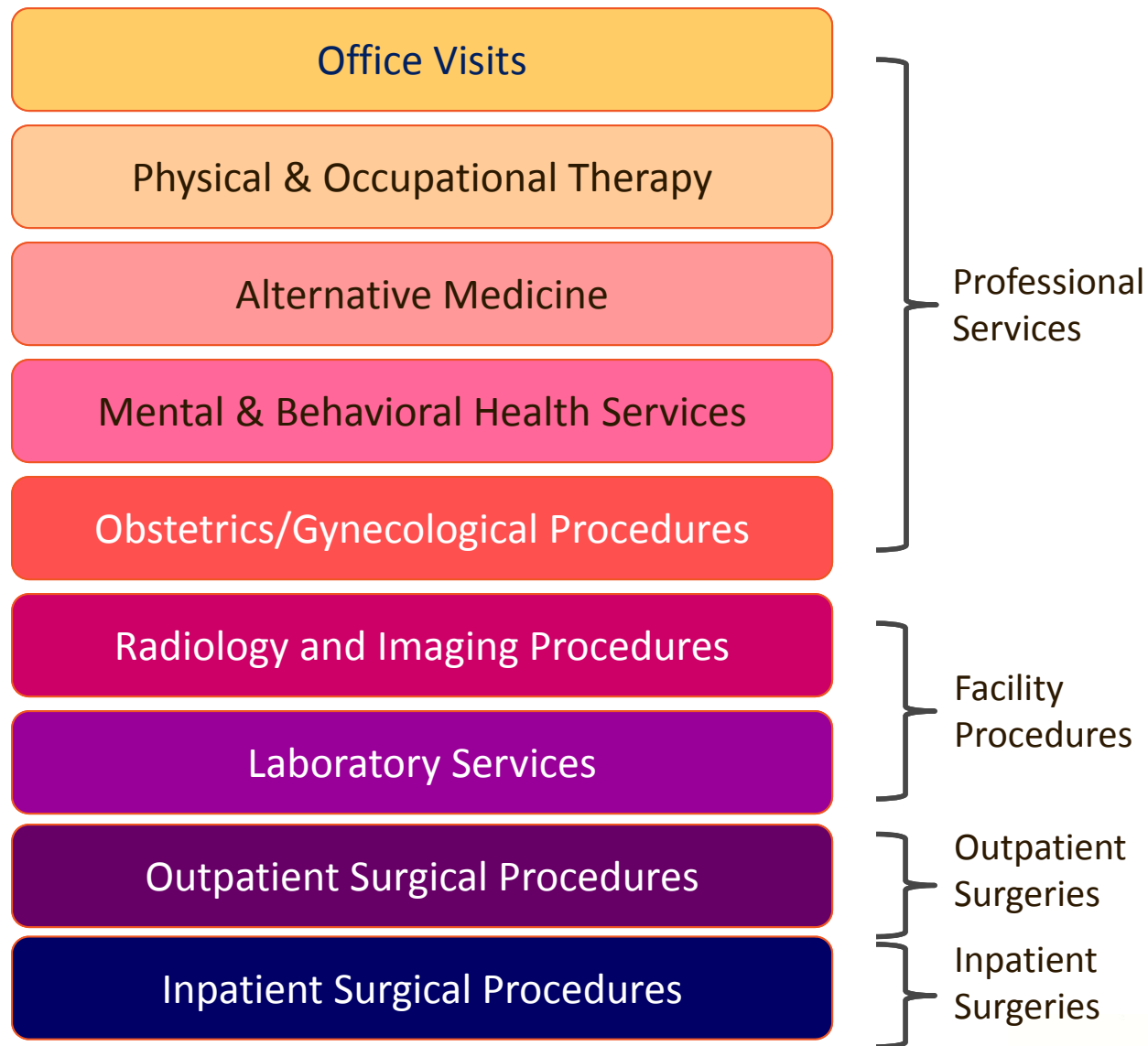
Source: <http://www.oliverwyman.de/content/dam/oliver-wyman/global/en/files/insights/health-life-sciences/2014/Nov/NYC-MKT08001-046-transparency.pdf>

Designing Costs Transparency Report

Basic Components

1. Web-based delivery
2. Web design simplicity
3. Choices of Services - Elective vs Nonelective, Shoppable vs Non-shoppable
4. Bundling of Services
5. Selection controls
 - a. Distance (in miles)
 - b. Products (POS, PPO, HMO)
 - c. Carriers (health insurance companies)
 - d. Comparisons (between facilities and/or providers)
6. Description of the service(s) in plain language
7. Outcomes - costs and quality by facility and/or provider group
8. Outlier suppressions, median values, removal of incomplete encounters

Designing Costs Transparency Report



Designing Costs Transparency Report - Facility Procedures

PROCEDURES	DESCRIPTION
Eye Procedures (2)	CATARACT REMOVAL INSERTION OF LENS, POST LASER SURGERY
Skin Procedures (2)	DESTRUCTION BENIGN & PREMALIGNANT LESIONS
Colonoscopy (4)	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD, BIOPSY, POLYP RMVL
Upper GI Endoscopy (4)	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE, DIAGNOSTIC, DILATION ESOPHAGUS
Ultrasound Diagnostic (9)	VARIOUS TYPES
Mammograms (4)	ANALOG DIAGNOSTIC, SCREENING, SINGLE, BILATERAL, MAMMOGRAM
CT Scans (11)	COMPUTERIZED AXIAL TOMOGRAPHY- HEAD OR BRAIN-- WITHOUT CONTRAST MATERIAL, AND OTHERS
MRI (7)	MAGNETIC RESONANCE (EG- PROTON) IMAGING- BRAIN (INCLUDING BRAIN STEM)-- WITHOUT CONTRAST MATERIAL, AND OTHERS
Standard X-Ray(16)	RADIOLOGIC EXAMINATION- CHEST- TWO VIEWS- FRONTAL AND LATERAL-- OTHERS
Bone Density Imaging (3)	BONE DENSITY TEST OF SPINE OR HIPS USING DEDICATED X-RAY MACHINE

Designing Costs Transparency Report - Outpatient Surgeries

OUTPATIENT SURGERIES	DESCRIPTIONS
Level I Arthroscopy	ARTHROSCOPY- KNEE- SURGICAL-- WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)
Level I Arthroscopy	ARTHROSCOPY- SHOULDER- SURGICAL-- DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY- WITH OR WITHOUT CORACOACROMIAL RELEASE
Level II Arthroscopy	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR
Level I Hernia Repair	REPAIR INITIAL INGUINAL HERNIA- AGE 5 YEARS OR OVER-- REDUCIBLE
Level II Laparoscopy	LAPAROSCOPY SURG CHOLECYSTECTOMY
Level II Laparoscopy	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA
Level I Nerve Procedures	NEUROPLASTY AND/OR TRANSPOSITION-- MEDIAN NERVE AT CARPAL TUNNEL
Tonsil and Adenoid Procedures	TONSILLECTOMY AND ADENOIDECTOMY-- UNDER AGE 12
Laminotomy and Laminectomy	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR
Laminotomy and Laminectomy	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR
Level III Laparoscopy	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY

Designing Costs Transparency Report - Inpatient Surgeries

INPATIENT SURGERIES
VAGINAL DELIVERY
CESAREAN DELIVERY
KNEE REPLACEMENT
HIP REPLACEMENT
LAPAROSCOPIC PROCEDURES FOR OBESITY
LAPAROSCOPIC CHOLECYSTECTOMY
CORONARY BYPASS
UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA
OPEN HYSTERECTOMY PROCEDURES FOR NON-MALIGNANT
PROSTATECTOMY FOR PROSTATE MALIGNANCY
PTCA WITH OR WITHOUT STENT WITHOUT AMI
MASTECTOMY FOR MALIGNANCY
DORSAL & LUMBAR FUSION EXEC FOR CURVATURE OF BACK
TOTAL AND PARTIAL SHOULDER REPLACEMENT

Designing Costs Transparency Report – Professional Services

PROFESSIONAL SERVICES	DESCRIPTION
Office Visit New Patient (5)	OFFICE OUTPATIENT NEW X MINUTES
Office Visit Established Patient (5)	OFFICE OUTPATIENT VISIT X MINUTES
Preventive Visit – New Patient (7)	INITIAL PREVENTIVE MEDICINE NEW PATIENT <X YEAR
Preventive Visit – Established Pt (7)	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <X YEAR
Specialist Consultation (5)	OFFICE CONSULTATION NEW/ESTAB PATIENT X MIN
Mental & Behavioral Services (10)	PSYCHIATRIC DIAGNOSTIC EVALUATION, OTHERS
Osteopathic Manipulation (5)	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT)-- X TO Y BODY REGIONS INVOLVED
Physical Therapy (18)	PHYSICAL THERAPY EVALUATION, OTHERS
Acupuncture (4)	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN, OTHERS

Future Meetings

Access Health Analytics

All Payer Claims Database – 2016 Meetings Schedule

All meetings are held on the second Thursday of every third month from 9:00 – 11:00 a.m. ET (unless otherwise indicated)

Date	Time	Venue
November 10, 2016	9:00 – 11:00 AM	LOB Room 1D