APCD Advisory Group Meeting

November 10, 2016

Presentation Overview

- Approval of August 11, 2016 Meeting Minutes
- CEO/ED Updates -
  - ✓ APCD Implementation Timeline
  - ✓ Data Submission Status
- Mission/Vision Statement Revisited
- Data Release Committee Membership
- Data Fee Schedule - Preliminary
- Discussion of potential future release of Limited Data Sets
- APCD Web Site
- Proposed Reports for Future
- Next Steps
- Future Meetings
- Adjournment

APCD Implementation Status Update

Milestones	Date	New Date	Status
1. Completion of historical data submission by all commercial carriers except Anthem	9/30/16		
2. Discussion with Anthem continues on data procurement; revisit ConnectiCare's suppression of fully insured data	9/30/16	11/31/16	
3. Deployment of APCD Website	9/30/16	11/30/16	
4. APCD Web Reports Development – various population health and price transparency reports	9/30/16		
5. Procurement of Medicaid and Medicare data	9/30/16		
6. Data distribution infrastructure	12/31/16		
7. Revise/Redeploy Consumer Decision Support tool for OE4	10/04/16		

Critical

Outside Schedule

On Schedule

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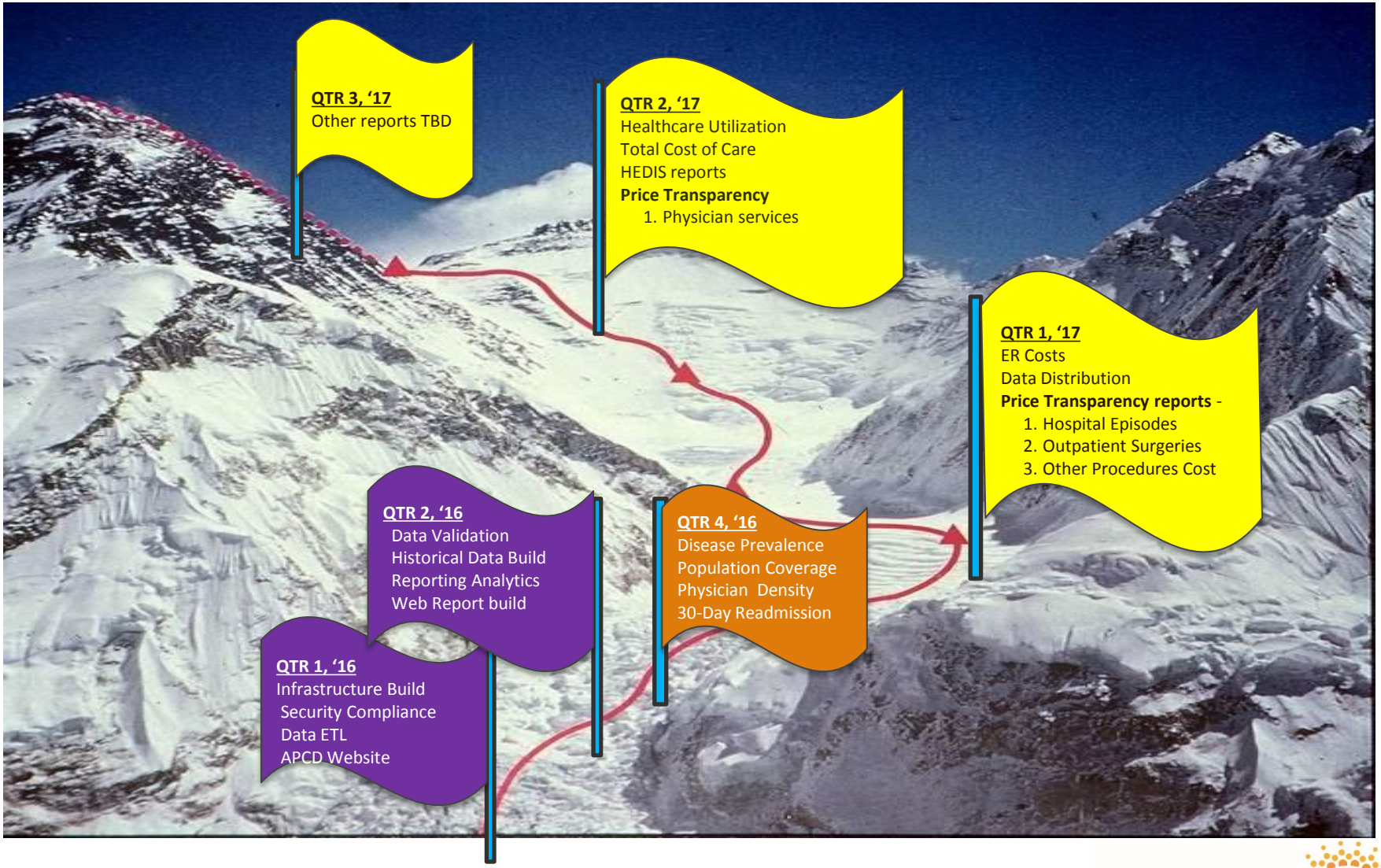
APCD Implementation Timeline



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APCD - Mission/Vision (proposed)

Vision: Improve the health of Connecticut's residents through the collection and analysis of data and the promotion of research addressing safety, quality, transparency, access, and efficiency at all levels of health care delivery.

***Mission*:** Enhance consumer choice through healthcare price and quality transparency, improve population health, enhance outcomes, reduce disparities, improve health equity, and reduce cost of care by developing, using, and sharing Connecticut's All Payer Claims Database. Facilitate data-driven research for the development of comprehensive, actionable and accurate information to inform policy.

APCD - Strategies (proposed)

Strategies:

- Provide transparency for Connecticut's consumers and providers about the cost and quality of healthcare services, with an emphasis on consumer access to care and decision making
- Support private sector, academic, and federal/state health reform and population health initiatives with available data, information, and analyses
- Analyze and address disparities in healthcare based on race, ethnicity, income, geography, and other population characteristics and state demographics
- Integrate data across all payers for a comprehensive longitudinal data warehouse for effective research on long-term treatment, quality, outcomes, costs, and utilization trends.

Data Release Committee

- AHCT Board of Directors adopted APCD's *Privacy Policy & Procedure in February 2016*. 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 Release Committee (DRC), tasked to review APCD data release applications.
- We have selected a revised slate of nominees for the Data Release Committee (DRC) to meet the requirements in the P&P.
- The candidates for the DRC will be presented to the CEO of AHCT and to the APCD Advisory Group in the November meeting.

Data Release 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 physisian 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, *Connecticut Magazine* 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 Stae Medical Society in 2013 and 2014.

Data Release Committee - Composition

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.
Patricia J. Checko, MPH, Dr. P.H. Consumer Representative	Pat Checko is a retired public health official, currently in health policy and patient advocacy. She is currently serving as the Consumer Representative of SIM HIT Council as well as the Consumer Representative of CT State Health IT Advisory Council. Pat is also serving as the Co-Chairman of Consumer Advisory Board for Connecticut's SIM.
Lisa Freeman Consumer Representative	Lisa Freeman is the Executive Director of the Connecticut Center for Patient Safety. Lisa is on the faculty of the Academy of Emerging Leaders in Patient Safety, the Telluride Experience and is active in a number of other organizations ranging from Partnership for Patients to holding a public seat on the Connecticut Board of Examiners for Nursing. She sits on several PFAC's, belongs to a number of state and national patient advocacy organizations, is and has been a member addressing advanced illness care and health IT issues at National Quality Forum and elsewhere, and is currently a member on PCORI's Improving Healthcare Systems Advisory Panel.

Fee Schedule for Data Extracts

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

1. **Commercial** – Requestors are for-profit businesses or organizations that will purchase Connecticut's APCD data for research and applications.
2. **Non-Profit / Educational** – Requestors are non-profit entities that are tax-exempt: educational entities 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 insurance carriers – individual and small group health, and dental, defined by Access Health CT as those who have paid assessment to Access Health CT.

Fee Schedule for Data Extracts – Commercial Data

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	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
ER Facility	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Outpatient Facility	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Professional Claims	$6,000	$3,000	$2,000	$1,000	$1,500	$750	$5,000	$2,500
All Medical Claims	$12,000	$6,000	$4,000	$2,000	$3,000	$1,500	$10,000	$5,000
Pharmacy Claims	$3,000	$1,500	$1,000	$500	$750	$375	$2,500	$1,250
Member Eligibility	$5,000	$2,500	$1,650	$825	$1,250	$625	$4,170	$2,085

APCD Enabling Legislation and APCD Privacy Policy and Procedure

- CGS § 38a-1091 and § 38a-1090 allow for the disclosure of de-identified data by the APCD to state agencies, insurers, employers, health care providers, consumers of health care service, or researchers for the review of such data as it relates to health care utilization, costs or quality of health care services pursuant to 45 CFR 164.514

- APCD Privacy Policy and Procedure approved by Board of Directors on 2/18/2016 sets forth the policy and procedure for the release of data by the APCD
  - Data may only be released when release is consistent with APCD legislation and the Policy, and for legal and public purposes

De-identified Data vs. Limited Data Set

De-identified data refers to healthcare information from which all 18 identifiers listed in 45 CFR 164.514(b)(2) have been removed.

Limited Data Sets exclude 16 of the listed identifiers but may include city, state, ZIP code, elements of date or other numbers, characteristics or codes not listed as direct identifiers. The two rows highlighted in yellow illustrate the difference.

#	Deidentified Data	Limited Data Set
1	Names	Names
2	State only, allowed 3-digit Zip if >20,000 eligibles	Postal Address information, other than town or city, State, and Zip code
3	No dates, just Year	Actual dates of events
4	Telephone #	Telephone #
5	Fax #	Fax #
6	Electronic Mail Address	Electronic Mail Address
7	Social Security Number	Social Security Number
8	Medical Record #	Medical Record #
9	Health Plan Beneficiary #	Health Plan Beneficiary #
10	Account #	Account #
11	Certificate/License #	Certificate/License #
12	Vehicle Identifiers, serial number, inc. license plate	Vehicle Identifiers, serial number, inc. license plate
13	Device identifiers and serial #	Device identifiers and serial #
14	Web Universal Resource Locators (URLs)	Web Universal Resource Locators (URLs)
15	Internet Protocol (IP) address #	Internet Protocol (IP) address #
16	Biometric identifiers, inc. finger or voice prints	Biometric identifiers, inc. finger or voice prints
17	Full face photographic images and any comparable images	Full face photographic images and any comparable images
18	Any other unique identifying number, characteristic, or code	Any other unique identifying number, characteristic, or code

Source: HIPAA's Safe Harbor - http://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/

Various Data Set Samples

Fully Identifiable Data

Person ID	Name	Gender	DOB	Address	Town	Zip Code	Service Date	Procedure	Diagnosis	Place of Service	Allowed Amount	Paid Amount	Copay
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	1/7/2016	Office Vis.	Diabetes	Office	$ 190	$ 170	$ 20
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	1/29/2016	Office Vis.	Pneumonia	Office	$ 250	$ 220	$ 30
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	2/15/2016	CT Scan	Diabetes	Outpatient	$ 750	$ 500	$ 250
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	3/18/2016	EKG	Chest Pain	ER	$ 950	$ 750	$ 200
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	7/18/2016	Hospital	Stent	Hospital	$ 9,500	$ 9,000	$ 500
999-99-1234	Roger Smith	Male	1/1/1960	355 Main Street	Windsor	06095	7/29/2016	Hospital	Infection	Hospital	$ 7,500	$ 7,000	$ 500

Limited Data Set

Person ID	Name	Gender	DOB	Address	Town	Zip Code	Service Date	Procedure	Diagnosis	Place of Service	Allowed Amount	Paid Amount	Copay
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	1/7/2016	Office Vis.	Diabetes	Office	$ 190	$ 170	$ 20
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	1/29/2016	Office Vis.	Pneumonia	Office	$ 250	$ 220	$ 30
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	2/15/2016	CT Scan	Diabetes	Outpatient	$ 750	$ 500	$ 250
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	3/18/2016	EKG	Chest Pain	ER	$ 950	$ 750	$ 200
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	7/18/2016	Hospital	Stent	Hospital	$ 9,500	$ 9,000	$ 500
xqyrt2styiz3		Male	1/1/1960		Windsor	06095	7/29/2016	Hospital	Infection	Hospital	$ 7,500	$ 7,000	$ 500

Deidentified Data Set

Person ID	Name	Gender	DOB	Address	Town	Zip Code	Service Date	Procedure	Diagnosis	Place of Service	Allowed Amount	Paid Amount	Copay
xqyrt2styiz3		Male	1960			060	2016	Office Vis.	Diabetes	Office	$ 190	$ 170	$ 20
xqyrt2styiz3		Male	1960			060	2016	Office Vis.	Pneumonia	Office	$ 250	$ 220	$ 30
xqyrt2styiz3		Male	1960			060	2016	CT Scan	Diabetes	Outpatient	$ 750	$ 500	$ 250
xqyrt2styiz3		Male	1960			060	2016	EKG	Chest Pain	ER	$ 950	$ 750	$ 200
xqyrt2styiz3		Male	1960			060	2016	Hospital	Stent	Hospital	$ 9,500	$ 9,000	$ 500
xqyrt2styiz3		Male	1960			060	2016	Hospital	Infection	Hospital	$ 7,500	$ 7,000	$ 500

LDS vs. De-identified Data – Pros and Cons

PROS

A. Date (in LDS) enables understanding of utilization pattern quarterly or seasonally

B. Patient safety - complications or unanticipated effects due to treatments

C. Hospital readmission - has a person who was released from hospital readmitted within 30 days?

D. Have patients developed severe complications after the administration of certain drugs?

E. Have patients recovered from certain treatments? 'Pre-post' effect

F. Develop episodic view of costs and utilization applying clinical groupers – DRG, APDRG, ETG, CRG, etc.

G. Develop HEDIS metrics for analyzing population health

H. Dates enable Medication adherence studies

I. Evaluation studies for population (or patient) intervention studies can be performed using LDS

LDS vs. De-identified Data – Pros and Cons

CONS

A. Dates may enable patient re-identification, particularly those with rare diseases or surgeries

B. If a ZIP code area has smaller population, risk of identification is higher for those with rare disease and/or surgeries

C. Date of Birth (DOB) may add increased possibility for patient re-identification

D. Requestors with limited data infrastructure and limited experience handling sensitive data may pose risk of data breach and re-identification

E. Inadequate Data Use Application and Data Use Agreement may pose risk of data breach and re-identification

Measures needed for securing LDS data release

Releasing Actual Dates –

1. **Date of Birth (DOB)**
    a. Restrict release of actual DOB based on research requirements, necessity and/or alternative approach (e.g., age or year)
    b. Government Agencies and/or Research/Educational Institutions may be eligible if (a) is met
    c. Any requestor seeking DOB will have to demonstrate data security infrastructure, policies and procedures of the institution/agency regarding healthcare data (PHI) and personally identifiable information (PII) handling & confidentiality, and past experience working with limited data sets or PII data sets
    d. Executive Director will make ultimate determination on release
    e. Considered as Very High Risk variable

Measures needed for securing LDS data release

Releasing Actual Dates

2. Date of Service (DOS)

a. Restrict release of actual DOS based on research requirements, necessity and/or alternative approach (e.g., year, month-year, quarter-year, etc.)

b. Government Agencies and/or Research/Educational Institutions may be eligible if (a) is met

c. Any requestor will have to demonstrate data security infrastructure, policies and procedures of the institution/agency regarding healthcare data (PHI) and PII handling & confidentiality, and past experience working with limited data sets or PII data sets

d. Executive Director will assess risk and communicate it to the DRC members

e. Considered as High Risk variable

Measures needed for securing LDS data release

3. **Releasing ZIP Code**
   a. Restrict release of 5-digit ZIP code based on research requirements, necessity and/or alternative approach (e.g., county, 3-digit ZIP code, etc.)
   b. Government Agencies and/or Research/Educational Institutions may be eligible if (a) is met
   c. Any requestor will have to demonstrate data security infrastructure, policies and procedures of the institution/agency regarding healthcare data (PHI) and PII handling & confidentiality, and past experience working with limited data sets or PII data sets
   d. Executive Director will assess risk and communicate it to the DRC members
   e. Considered as High Risk variable

APCD Website Launch - Demo

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Proposed Reports for Future

1. Disease Prevalence
2. Population Coverage
3. Physician Density
4. 30-Day Hospital Readmission
5. ER Costs by Hospital ER and Urgent Care Centers
6. Healthcare Utilization
7. Total Cost of Care
8. Price Transparency
    a. Hospital surgery episodes
    b. Outpatient surgery episodes
    c. Outpatient procedures
    d. Inpatient vs. Outpatient
    e. Physician encounters
9. HEDIS reports
10. Other Reports

Proposed Reports for Future

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

Future Meetings

Access Health Analytics

All Payer Claims Database Advisory Group – 2017 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	Location
February 9, 2017	9:00 am – 11:00 am	TBD
May 11, 2017	9:00 am – 11:00 am	TBD
August 10, 2017	9:00 am – 11:00 am	TBD
November 9. 2017	9:00 am – 11:00 am	TBD