



All-Payer Claims Database Advisory Group Regular Meeting

**Date:** Thursday, November 9, 2017

**Time:** 9:00 a.m. – 11:00 a.m.

**Location:** Legislative Office Building, Room 1D

**Members Present**

Allan Hackney, *Chair*; Dr. Robert Aseltine; David Guttchen (on behalf of OPM Secretary Benjamin Barnes); Theodore Doolittle; Bernie Inskeep; Kimberly Martone; Paul Lombardo (via telephone-on behalf of Mary Ellen Breault); Robert Tessier; Robert Scalettar, MD.; François de Brantes; Josh Wojcik (on behalf of Comptroller Kevin Lembo); Michael Michaud (on behalf of DHMAS Commissioner, Miriam Delphin-Rittmon); James Iacobellis (via telephone-on)

**Members Absent**

Thomas Woodruff; Roderick Bremby; Jean Rexford; Victor Villagra; Matthew Katz; Victoria Veltri;

**AHCT Participants**

AHCT Staff: James Wadleigh; Robert Blundo; Susan Rich-Bye

**I. Call to Order and Introductions**

Allan Hackney, chair, called the meeting to order at 9:00 a.m. Mr. Hackney indicated following the passage of Public Act 17-2, he became the chairperson of this Advisory Group.

**II. Public Comment**

There were no public comments.

**III. Approval of August 10, 2017 Meeting Minutes**

**Allan Hackney asked for a motion to approve the August, 2017 Meeting Minutes.** Robert Tessier made a motion to approve the minutes. Bernie Inskeep seconded the motion. ***The motion was approved unanimously.***

**IV. Updates and Project Status Overview**

Robert Blundo, Director of Technical Operations and Analytics with Access Health CT, provided an update on national developments related to All Payer Claims Databases. Mr. Blundo made mention of efforts by Maryland's Healthcare Commission's new website focused on facility cost and quality transparency, reports on emergency room price variations by VOX, the Healthcare Pricing Project led by a group of researchers from Yale University, and a report from Massachusetts's Special Commission on Provider Price Variation. Robert Scalettar asked if similar updates could be provided in between advisory group meetings

to help inform and elicit insight from the advisory group. Chairman Hackney offered his willingness to facilitate such an initiative.

Mr. Blundo provided a brief overview of the APCD's target initiatives since the last meeting. Mr. Blundo also enumerated recent accomplishments. The Data Release Committee approved a data request by the University of Connecticut Health Center requested by Dr. Robert Aseltine. The data release tool development was completed. The annual registration process for reporting entities had been completed. Mr. Blundo indicated that Fee for Service Medicare data had been received from CMS and was partially loaded. He provided some summary statistics on the population and indicated that efforts to load and validate the data were underway. Dr. Scalettar inquired why the timespan for Medicare pharmacy data was not equivalent to the medical data received. Mr. Blundo stated that he was not aware why the lag existed and indicated it was dictated by the request process. Mr. Doolittle speculated, that there may be differences in the administration of claim payments and audits for Medicare Part D which could lead to differences in data availability. Mr. Blundo continued on by indicating that data collection efforts from the commercial carriers were on track and that Medicaid data submission was still being discussed with the Department of Social Services (DSS). Robert Tessier noted that 2017 had been a rather disruptive year to the APCD and commended the progress being made despite the challenges.

#### **V. Impact Analysis on Implementing Provisions of the Budget**

Mr. Blundo provided a summary of the provisions impacting the APCD from Public Act 17-2. He explained the intent of the Office of Healthcare Strategy (OHS), the transition from the Connecticut Health Insurance Exchange to the Health Information Technology Officer (HITO), and timelines. He also indicated the APCD Advisory Group would become a working group of the Health Information Technology Advisory Council.

Mr. Blundo indicated the definition of Medicaid data was also updated for submission clarity. Dr. Scalettar expressed his hope that since the APCD is moving to OHS, Medicaid data might be more easily accessible. Ms. Rich-Bye stated that AHCT had previously executed a business associate agreement (BAA) with DSS for the release of that data to APCD but that Public Act 17-2 included some clarifying language regarding the submission of Medicaid data. The BAA specifies that for Medicaid data to be released, DSS must give its prior approval.

Mr. Blundo reviewed the APCD reporting requirements imposed by the enabling legislation. He recommended taking an incremental approach to development starting with producing a list with the average costs of these medical procedures to generate conversation and elicit feedback. For illustrative purposes, Mr. Blundo provided examples of the preliminary results of the top five most frequent and the top five most expensive procedures per the legislative specifications. As a reference to the workgroup, Mr. Blundo provided a summary of two publically available, Connecticut specific, healthcare price transparency publications. He showed regional pricing variations for hip replacements in New Haven and colonoscopies in Hartford from the Healthcare Pricing Project from Yale University.

Mr. Blundo also showed analysis from the Altarum Institute on four elective procedures. He asked François de Brantes, from Altarum, to present the analysis to the advisory group. Mr. de Brantes explained the approach and results for measuring variations in price and quality for hip replacements, knee replacements, hysterectomies and vaginal deliveries. Mr. Tessier emphasized the importance of utilizing the knowledge and experience of Mr. de Brantes in the future work of APCD. Additionally, Mr. Tessier stressed the importance continuing the pace and progress of meeting the legislative reporting requirements, and expressed concern about taking an incremental approach at development if it resulted

in prolonging completion. Mr. Blundo explained his rationale for incremental approach toward development and incorporating feedback along the way, however he indicated that a timeline and approach must be discussed and agreed upon by the advisory group. Mr. Hackney supported Mr. Blundo's comments by referencing the statute language and stressed the importance on having flexibility in the specifications and development. Mr. De Brantes recommended taking a two pronged approach in which the creation of transparency results in a simple format was prioritized and segmented from the incorporation of those results into a to be developed of the web site. Mr. Blundo agreed, and indicated that the next priority should be agreeing on a methodology for pricing. Mr. Wadleigh indicated a strategic road map for further developments might be helpful.

#### **VI. Next Steps**

Mr. Blundo reiterated the focus and tasks for the next three months with an aim of a complete integration of Medicare payer data, facilitate APCD's transition to the Office of Healthcare Strategy, support and promote Data release, and craft an implementation plan for future reporting before the next meeting. Mr. Hackney introduced Kelsey Lawlor, who will be working with the Committee members.

#### **VII. Future Meetings**

Mr. Hackney reminded the members that the next Committee meeting of the APCD Advisory Group is on February 9, 2018 at 9:00 a.m. at the location to be determined.

#### **VIII. Adjournment:**

**Allan Hackney asked for motion to adjourn. Robert Scalettar, MD., moved to adjourn. Robert Tessier seconded the motion. Motion passed unanimously. Meeting adjourned at 10:44 a.m.**