

Virginia All-Payer Claims Database (APCD) Advisory Committee
Data Review Subcommittee Meeting Minutes
May 3, 2017
Meeting held via teleconference

Members present: Charlie Frazier (Chair), Jim Harrison, Al Hinkle, Jon DeShazo, Marcia Yescoo, Dave Neuwirth

Others present: Sheryl Turney, Thelma Baker, Kyle Russell, Stephanie Kuhn

Call to order at 2:02 p.m.

Charlie Frazier welcomed the members and guests of the All-Payer Claims Database (APCD) Advisory Committee Data Review Subcommittee (hereafter "the Subcommittee"). He asked Kyle Russell to summarize all 4 requests and then take comments.

Kyle stated that VHI had received APCD data requests from the Virginia Tech Carillion School of Medicine, Associated Press, Joint Commission on Healthcare, and Virginia Department of Human Resource Management. All four requests were for aggregated reports that would not contain any cell size less than 11, no payer or provider identifiers and would contain proxy pricing.

The Virginia Tech Carillion School of Medicine report would look at relative rates of chronic opiate use by individuals, attributed back to individual surgeries that were performed one year prior. They had technical specifications that defined a chronic opiate user.

The Associated Press report would examine overall relative rates of opiate prescriptions by either zip code or county, across the entire state of Virginia. Opiates were defined by using a standardized tool in the APCD that classifies drugs.

Charlie Frazer asked what the criteria was for when VHI charges for the reports. Kyle stated that it is at VHI's discretion and has to do with what is involved with preparing the report and how much data comes out of it.

The Joint Commission on Health Care would like an analysis on different prescriptions for ADHD and controlled substance medications. This report would include similar metrics to the other reports. It would identify individual drug names. Per the APCD guidelines, drug names and manufacturers are not protected classes and can be identified within reports without review. This report would be a general overview of what the trends in prescriptions were for these types of substances. Information from this report would likely be made public within the coming year.

The last request is from The Virginia Department of Human Resource Management (DHRM). DHRM had previously submitted a request approved by the Review Committee for an analysis on low value services, specifically for their claims, using a tool that is available through our vendor. They are requesting that same type of analysis for a more recent period of time. The previous report was for 2014 and this report would be for 2015. They would also like some aggregate reports on major topical areas from their claims data that they are interested in. The topics we are aware of are emergency

room usage, opiate prescription rates and possibly screening tests. This is a broader request in that we are requesting approval to be able to do a variety of reports for DHRM using their own data from the APCD.

Charlie clarified that for all of these requests, there would be no patient identifiable information. Kyle agreed that was correct.

Jim Harrison asked if the requirement for HIPPA was no less than 20 for cell size. Kyle stated that our assumptions on the guidelines from HIPPA have always been 11, but he could look into it.

Jim stated that the only request that could be an issue, would be the Virginia Tech request because they are looking at surgery diagnosis with an association of opiate abuse. The surgical procedure could possibly be known outside of a protected environment and you would potentially be able to link up a low incidence surgical procedure in an area with opiate abuse, but as long as the cell size is suppressed under a certain amount, it should not be a problem. Kyle agreed.

Sheryl Turney had a question about the DHRM request. She asked that even though payers were not identified, doesn't the bulk of the data come from one payer. Kyle stated that there were 2 payers included and though it is technically not payer specific, VHI would be reaching out to Anthem for a review as a good faith effort.

Dave Neuwirth asked if there were any additional information given around the topics DHRM were looking for, like emergency room care. Kyle replied they would like to look at top diagnosis codes and the number of ER visits in which a diagnosis code was provided of a potentially avoidable emergency room visit using a methodology developed by the California Department of Health.

Kyle stated again that all components of the reports will not contain any cell sizes less than 11.

Charlie asked if there were any other questions. There were none.

Charlie asked if there were any of these requests anyone would like to extract out and consider separately. There were none.

Marcia Yescoo made a motion to approve the applications. Jim Harrison seconded the motion.

The subcommittee voted unanimously to approve the applications.

With no public comment received, the body adjourned at 2:18 p.m.