All Payer Claims Database (APCD) Advisory Committee Meeting
Friday, April 28, 2017
Williams Mullen, 200 S. 10th Street
Richmond, Virginia 23219

Members Present: Charlie Frazier (Chair), John O'Bannon, Al Hinkle, Alex Krist, Sheryl Turney, Debbie Condrey, Jim Young, Barbara Brown, Marissa Levine

Others Present: Michael Lundberg (Virginia Health Information), Kyle Russell (Virginia Health Information), Stephanie Kuhn (Virginia Health Information), Caroline Lewis (Virginia Department of Health), Doug Gray (Virginia Association of Health Plans)

Dr. Frazier called the meeting to order at 10:10 a.m.

Dr. Frazier welcomed the members and guests of the All-Payer Claims Database (APCD) Advisory Committee (hereafter "the Committee").

The agenda item to approve the minutes from the previous meeting of the Committee was postponed until a quorum was established.

Michael Lundberg provided an overview of the APCD Data Review Subcommittee membership, and reported on their recent work. Several reports and data sets have been requested by health care industry organizations. With these requests, there is a 60 day review period before requests are approved, so requestors are aware of the process, answer any questions Virginia Health Information (VHI) may have about the request, and are vetted. Kyle Russell manages this process. There are a variety of organizations requesting and a variety of data organizations are interested in, but the two most popular requests for reports or data pertain to opioids and to the standardized proxy of cost of commonly performed services. The meetings of the Data Review Subcommittee are held by phone and are open to the public.

Barbara Brown noted that the data or reports displaying rates/ranges and where things are occurring in the Commonwealth has been very valuable for addressing population health issues. Debbie Condrey added that at the Virginia Department of Health (VDH) we have about 100 users, and the health districts are increasingly becoming users as well. They get internal training from VDH and some from VHI. VDH is very careful with using the claims data combined with VDH datasets, and that has been very helpful to get a clear picture of a particular issue. VDH also has data sharing agreements in place, and is careful about not sharing that data externally unless approved. Michael added that VHI thinks that with the addition of Medicare data, usage will expand. Dr. O'Bannon was interested in knowing if the Department of Behavioral Health and Developmental Services uses these tools or data.

Kyle reported on the next release of reports – Virginia's Choosing Wisely. Several years ago, the American Board of Internal Medicine (ABIM) got together with specialty groups around the country and determined five services commonly performed that they deemed to provide little or no value to the patient. ABIM put those together toward one consolidated effort. The Virginia Center for Health Innovation (VCHI) participated in the State Innovation Model (SIM) planning grant to do the reporting from this Choosing Wisely effort in Virginia. The APCD was a great source of data to fuel that effort.

The Milliman tool applied against the APCD gave us statewide and regional reports on the number of low value services and the cost burden of those services when they occur. While VHI is providing the background analytics, VCHI is putting this information out in the community (on their website, have presented it at conferences), and other states are interested. Virginia is ahead of the game on this.

Dr. O'Bannon commented that changing practitioner behavior is best done by peers. The Richmond Academy has highlighted this. We should push this out to the health systems so physicians are on board. Sheryl noted that we should try to make data actionable. We need to know what the behaviors are that affect results. Data is most usable when it can be connected to behavior. Dr. O'Bannon recommended that the Virginia College of Emergency Physicians be in the room for these discussions. Al Hinkle noted that keeping in mind the question of 'Why are we doing this?' causes a shift of behavior. Dr. O'Bannon added that people are interested in doing better.

Kyle continued the presentation with population health reporting. VHI has created an infographic of the state of chronic conditions in Virginia, a more easy to digest format, with a more in-depth white paper coming soon. In the Fall of 2016 VHI released the first version of VHI's healthcare pricing transparency report using APCD data. This is a longstanding report that VHI has been publishing for some time. The VHI site provides the average commercial allowed amount for 31 common procedures – it shows things like how it varies by setting of care or by region as well. VHI's report, which not many other states do, dives in further to see the components of what drove that average (how much was paid to facility, how much for prescriptions, etc.). VHI is currently processing the rest of the 2016 APCD data. When it is available, VHI will publish a 2016 version of this report, which will take less time as it will not be developed from scratch. VHI will convene the task force to look at any methods to improve this report, and examine any other services to add to this total of 31 procedures.

Michael noted that the report does not identify individual providers or health plans and keeps the information high-level enough, including making sure no region is dominated by one payer, to prevent reverse engineering of the data. VHI is in the process of looking at the usage of this report and will share that in the future. Dr. O'Bannon asked whether the hospitals and health plans promote this report. Barbara confirmed this and added that the plans promote their own tool for their members to get an idea of prices. Michael noted that in comparison to other states, there are not very many, maybe half a dozen, that have publicly facing tools like this. Some can go through the data by provider/plan, like New Hampshire and Maine, which have a transparency law that allows that. Virginia has rule in law that prohibits that level of detail.

With a quorum established, Dr. Frazier called for the review and approval of the minutes of the May 16, 2016 meeting of this Committee. An edit by Doug Gray was accepted to add his name as an attendee. The Committee voted unanimously to approve these minutes.

Kyle continued, discussing that VHI continues to see new types of data requests and growing usage of the data. VHI has been working on obtaining Medicare data for a while now. VHI is also currently undergoing the process for becoming a certified Qualified Entity. There are three different stages of review. CMS must vet VHI and its contractor Milliman on several things. There is an organizational review on VHI's experience and qualifications with reporting healthcare data. VHI got through that stage

with no problem. The current stage is an extensive security review for the vendor Milliman for handling the data that would come from Milliman. There are 50 different control families for this review, and Milliman has passed 44 of 50 and submitted information last week for the remaining six. Once VHI becomes a Qualified Entity, VHI will have access to this data and can develop reports for other organizations. Qualified Entities are required by CMS to publish provider-specific healthcare data reporting using Medicare data combined with the rest of the APCD. The process of approval for use of Medicare data should be complete fairly soon. While Virginia will not be the first state to obtain Medicare data, there are very few others. VHI is technically a Qualified Entity from passing the first round of evaluation even though we do not yet have access. There are technically 16 Qualified Entities but some of those, like us, may not have access yet. This process takes years, and most of the evaluation is directed at our vendor Milliman.

The *Gobeille vs. Liberty Mutual Supreme* Court case in Vermont ruled that the state cannot mandate that ERISA self-insured employers submit their claims to the Vermont APCD. The legal analysis is that there is no structural impact to Virginia since our APCD has always been voluntary, but the practical impact is that two health plans withdrew their self-insured data following this case. VHI is working with the plans to again receive this information. One approach has been to partner with the Virginia Hospital and Healthcare Association (VHHA) to reach out to individual large health system employers about the importance of including their data. It is a slow, one-by-one process but there are certainly long term benefits to having the data. One issue raised by the Supreme Court case is that it is an arduous process for plans to submit data to different APCDs, especially submitting to multiple states with different layouts. All APCDs are working on developing a common data layout to eventually have one they can all implement, in the hopes of streamlining some of these hurdles to the process.

Michael discussed the grant for VHI APCD data. Several years ago the Network for Regional Healthcare Improvement (NRHI) began convening states to develop a total cost of care methodology that does not identify how much the doctor received, or the payer paid, but does find differences between utilization/cost of care for certain diseases over an annual basis. This effort requires a significant focus on data integrity using nationally developed edits. Another critical aspect of this is the involvement of stakeholders to get through barriers to making data useful. VHI received the grant for December 2016 through October 2018. The Robert Wood Johnson Foundation funded the pilot for organizations already through the development process and are continuing. The other stages this grant identifies are expansion states (identifying weaknesses and strengths, ability to use data, resolve barriers, etc.) as well as development sites to assess readiness and resolve barriers to initiating something like this. VHI's grant award was as a development site to convene and engage stakeholders to learn about the total cost of care model, determine any barriers to stakeholder support and address them. If successful, another grant may be considered to adopt the TCOC model for implementation in Virginia. The development site grant is for roughly $44K through October 2018.

VHI added that there is great information about this grant program on the NRHI site. Dr. Frazier asked about connecting total cost of care to certain outcomes. There is a nexus there somewhere, to care for people in a cost-saving way but where outcomes are just as good or better – that's the ideal. The goal is to couple TCOC with quality metrics. Physicians would likely welcome knowing more about where they stand compared to their peers – what additional information their peers are getting. Debbie asked about

tracking charity care. Michael noted that there is some from a large provider and we could get some other charity care information for Certificate of Public Need services per the 2017 legislation. Dr. O'Bannon asked about the sustainability of this. Michael said that the development site grant laid the foundation for this work and that there may be other grant funding opportunities in the future. VHI will keep this group updated on this.

Michael discussed that Anthem would like to better understand things like who is using the APCD, what folks are using the APCD for, and how much organizations are using the system. Sheryl Turney of Anthem noted that they would like a line of sight into what people are doing with it. She said that third parties want to know competitive information, discount rates, utilization rates, etc. – not necessarily appropriate requests. This presents trust issues. We want some data known, but not as deep as discounts or detailed enough to present an issue. In Colorado Sheryl noted that there had been requests like this and ended up turning them down after being slated for approval because certain parties wanted to know what everyone's rates were to know how to price their own product. However, APCDs have matured, there is more awareness now about how to use the data. Anthem's concerns are keeping provider-specific rates, or payer- or group- specific rates, de-identified so third parties cannot access that. VHI wanted to bring the idea of reports on specific types of use to the Committee. The Committee discussed different ideas on how to do this, and possible issues. The group decided it will be helpful to know this information because others can see where more data exchange is needed, and where different organizations and users are focusing. This may solve an information gap. It was decided that the best way to do this would be for VHI to do a comprehensive report quarterly with the big buckets of tool usage, user activity, etc. It may also be reasonable to phase this – bigger summary groups first, then get down to more granular level eventually. Kyle noted that VHI is able to summarize what items were included in queries, what conditions were applied, the most common queries, etc.

The APCD Data Review Subcommittee has an opening for membership. Members should let Caroline Lewis know if they are interested in being a part of this Subcommittee. Sheryl Turney and Barbara Brown expressed interest, and it was again noted that anyone may join these call-in meetings to listen.

Dr. Frazier commented that we would like to select a few dates to put on everyone's calendars to hold for meetings of this Committee ahead of time. We will continue with aiming to have one in the spring and one in the fall each year. Standing April and Oct dates will be sent out to the Committee shortly.

Al Hinkle noted that it would be helpful to get status updates on some of the things discussed at each meeting, for example, the APCD usage transparency item discussed today. Regular reports of the Data Review Subcommittee was also noted as a helpful regular topic.

Dr. Levine thanked the group for making this meeting and their continued participation with the APCD.

Dr. Frazier yielded for public comment. With no public comment submitted, Dr. Frazier adjourned the body at 11:41 a.m.