

Agenda Item VI: Initial Public Reporting Priorities

For Today

- Refresher: HPD Public Reporting Discussions to Date
 - Principles, prioritization criteria
 - Framework, sequencing, anticipated topics (as of October 2021)
- Refresher: HCAI's Public Reporting
- Planned Approach to HPD Initial Public Reporting
 - Visualizations targeted for Q3 and Q4, 2023
 - Request for input

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Public Reporting Principles for HPD

1. Protect Patient and Consumer Privacy
2. Inform Policy and Practice
3. Engage Stakeholders in the Process
4. Adopt Methods that Ensure Credibility
5. Align with Existing Efforts
6. Provide Information to Support User Understanding



Prioritization Criteria for Public Reporting Topics

1. Supports the Legislative Intent of the Program
2. Meets Statutory Requirements
3. Is Feasible to provide with Available Data and Resources
4. Produces Results Relevant to Policy and/or Practice

Public Reporting Topics Anticipated (October 2021)

Sooner: “Simple” Statistics

- Initial Utilization Statistics
- Initial Cost Reporting
- Chronic Condition Prevalence
- Component Utilization and Cost (e.g., ED, Inpatient)
- Trends in Utilization
- COVID-19 Utilization, Cost

Next: Increasing Complexity

- Cost and Utilization Statistics
- Costs for Episodes of Care
- Health Disparities (race/ ethnicity Census overlay)
- Chronic Conditions
- Primary Care, Behavioral Health Utilization

Longer-Term/Supplemental Data

- Prevalence of capitation and alternative payment models
- Total cost of care
- Provider comparisons on cost and quality
- Primary care, behavioral health spending (incl non-claims payments)
- Enhancing race/ethnicity/ language through linkage to other sources

HCAI Public Reporting

Current HCAI Healthcare Data and Reporting

- **HCAI collects data** from approximately 9,500 California licensed health facilities
- **HCAI provides over 150 publicly available** reports, datasets, outcome and performance ratings, and unique special studies such as analyses on severe sepsis hospitalizations, diabetes, and cancer surgery volume
- **Risk-adjusted data** includes hospital outcome ratings for heart surgery, stroke, readmissions, hip fractures, and other procedures. Past reporting has also included surgeon-level outcomes for coronary artery bypass grafts
- **Cost transparency data** includes hospital and long-term care facility financials, hospital Chargemasters, and prescription drug costs
- **Additional publicly released studies** are available on timely health topics such as preventable hospitalizations, strokes, utilization trends, and disparities
- **HCAI fulfills over 250 requests** for record level datafiles and approximately **80 custom analyses** annually

Generational Model of Data Analysis

HCAI'S GOAL TO GROW ANALYTIC CAPABILITIES

To generationally enhance the usefulness of information being made available in response to our stakeholders and customer's requests

ENGAGING STAKEHOLDERS AND CUSTOMERS

To generate business intelligence on the release of products
To identify topics for future analytics

INITIAL ANALYTICS AND PRODUCT RELEASE

Generationally improve the presentations of the information and continue to explore the topic by adding in more data, measures, and visualizations

Stakeholder Demographics



Hospitals

2018 - 2022

Conducted 54 interviews

Interviewed 201 persons



Health Plans

2018 - 2021

Conducted 19 interviews

Interviewed 70 persons



Other Public or Private Entities

2018 - 2022

Conducted 32 interviews

Interviewed 106 persons

Includes industry associations, consumer and patient advocacy groups, purchaser groups, local health jurisdictions, and research institutions.

Priority Topic Analytics - Generational Model of Data (GMoD)

- Topic Areas

- Agency for Healthcare Research and Quality (AHRQ) Utilization Indicators
- Hospital Readmissions*
- AHRQ Prevention Quality Indicators*
- AHRQ Patient Safety Indicators*
- Emerging public health and health care topics, ex. COVID-19
- Statewide initiatives, ex. persons experiencing homelessness

- Data Visualization & “DataPulse” Reports

- Topical, visualized healthcare analyses using HCAI data

- California Health and Human Services Agency

Open Data Portal

*Let’s Get Healthy California Measure

	A	B	C	D	E
	OSHP D ID	Topic Area	Measure	SDOHSO GI (yes/no)	Place of Origin J:JL4D-L D:LC
1	6	Diabetes	Prevention Quality Indicator PQI 14 Uncontrolled Diabetes Admission Rate		GMoD 2020
7	7	Diabetes	Prevention Quality Indicator (PQI) 93 Prevention Quality Diabetes Composite		GMoD 2020
8	8	Cardiovascular (Clinical Data)	Risk-adjusted Mortality Rates for Elective PCIs by Hospital		GMoD 2020
9	9	Cardiovascular (Clinical Data)	Risk-adjusted Post-procedure Stroke Rates for Elective PCIs by Hospital		GMoD 2020
10	10	Cardiovascular (Clinical Data)	Post-procedure Emergency CABG Rates for Elective PCIs by Hospital (no longer risk adjusted)		GMoD 2020
11	11	Cardiovascular (Admin Data)	Prevention Quality Indicator PQI 07 Hypertension Admission Rate		GMoD 2020
12	12	Cardiovascular (Admin Data)	Inpatient Quality Indicator IQI 30 Percutaneous Coronary Intervention (PCI) Mortality Rate		GMoD 2020
13	13	Sepsis	Patient Safety Indicator (PSI) 13 Postoperative Sepsis Rate (data won't be posted on Hospital Compare but will be available on Data.Medicare.Gov)		GMoD 2020
14	14	Orthopedics	Inpatient Quality Indicator IQI 19 Hip Fracture Mortality Rate		GMoD 2020
15					

Open Data Portal

- All public (de-identified, aggregated) data are available on the CHHS Open Data Portal, integrated with the HCAI website
- Over 100 public data are available in open, machine-readable, and API-enabled formats with comprehensive metadata

CHHS Open Data

Home > Departments > Office of Statewide Health ...



Office of Statewide Health Planning and Development

California's Office of Statewide Health Planning and Development (OSHPD) is the leader in collecting data and disseminating information about California's healthcare... read more

Datasets About

Search datasets...

119 datasets found



All-Cause Unplanned 30-Day Hospital Readmission Rate, California (LGHC Indicator)

This dataset contains the statewide number and (unadjusted) rate for all-cause, unplanned, 30-day inpatient readmissions in California hospitals from 2011 to 2019. Modified on August 2, 2019

CSV PDF Chart



Ambulatory Surgery - Characteristics by Facility (Pivot Profile)

This dataset contains annual Excel pivot tables that display summaries of the patients treated in each hospital-based and freestanding Ambulatory Surgery Clinic licensed by the... Modified on August 9, 2019

XLSX

_id	Year	Strata	Strata Name	County	Total Admits (ICD-9)	30-day Readmits (ICD-9)
1	2011	Overall	Overall	State	1948641	272268
2	2011	Age	18 to 44 years	State	326070	36855
3	2011	Age	45 to 64 years	State	659801	90891
4	2011	Age	65 years and above	State	962771	144522
5	2011	Sex	Male	State	901776	132417
6	2011	Sex	Female	State	1046865	139851
7	2011	Race-Ethnicity	White	State	1127791	150492
8	2011	Race-Ethnicity	Hispanic	State	416845	58534
9	2011	Race-Ethnicity	African-American	State	190344	34566

The screenshot shows the 'Data Sets' search interface. It includes a search bar, an 'Order by' dropdown set to 'Relevance', and a 'Filter by' dropdown set to 'Show All Topics'. Below the search bar, it indicates 'Displaying 1-10 of 100 Datasets'. The list of datasets includes:

- Licensed Facility Crosswalk - Modified on February 13, 2018 (Format: CSV)
- Health Professional Shortage Area Dental - Modified on August 24, 2018 (Formats: CSV, ESRI REST, GEOJSON, HTML, KML, ZIP)
- Health Professional Shortage Area Primary Care - Modified on August 24, 2018 (Formats: CSV, ESRI REST, GEOJSON, HTML, KML, ZIP)
- Health Professional Shortage Area Mental Health - Modified on August 24, 2018 (Formats: CSV, ESRI REST, GEOJSON, HTML, KML, ZIP)
- Mssa Detail - Modified on August 24, 2018 (Formats: CSV, ESRI REST, GEOJSON, HTML, KML, ZIP)

Datasets
119

2023 HPD Public Reporting

Overview

- Planned 2023 public reports
- Additional 2023 public reports under consideration
- Parallel 2023 activities
- Discussion Questions
 - Feedback on planned reporting
 - Priorities for additional reporting under consideration
 - Plan to build toward increasingly meaningful cost reporting

Planned Public Reporting

- Metadata reporting (July-September 2023)
 - High-level snapshots of data available in HPD
- Chronic conditions, demographics, and utilization dashboards (July-September 2023)
 - Presentation of key metrics of general interest, with user-controlled filters
- Pharmaceutical cost reporting (October-December 2023)
 - Starting point for reporting cost

Metadata Dashboards

Examples from Washington APCD-Onpoint

Select a Date Range

January 2014

March 2021

34

Total Payers

87

Available Months of Data

1,937,803,059

Total Claims

Top 10 Insurance Plans by Unique Members

Preferred Provider Organization (PPO)	2,350,926 / 28.49%
Point Of Service (POS)	2,265,891 / 27.46%
Medicaid	1,768,769 / 21.43%
Health Maintenance Organization (HMO)	540,633 / 6.55%
Medicare	402,439 / 4.88%
Medicare Advantage	382,831 / 4.64%
Medicare Drug Coverage	282,917 / 3.43%
Exclusive Provider Organization (EPO)	152,986 / 1.85%
Indemnity	85,793 / 1.04%
Student Plan	15,448 / 0.19%

[Data Overview](#)

[Data Availability](#)

[Medical Procedures](#)

[Drug Prescriptions](#)

[Terms & Measures](#)

Select a Metric	Filter by Claim Type		Filter by Payer Type		Filter by Reporting Year			
Total Records	Pharmacy		All		(All)			
Plan	2014	2015	2016	2017	2018	2019	2020	2021
Exclusive Provider Organization (EPO)	125,071	140,969	193,176	246,102	312,408	321,294	353,600	
	107,955	112,905	166,698	197,132	208,028	223,182	152,322	
Health Maintenance Organization (HMO)	4,098,489	4,139,278	4,879,115	4,826,556	6,039,598	5,895,576	5,665,589	
	2,248,873	2,269,998	2,600,121	2,895,088	3,399,085	3,515,630	3,358,795	
Indemnity	1,852	1,781	2,034	2,497	2,846	2,802	982	
	260	134	3,917		190	1,114	1,024	
Medicaid	19,365,860	23,644,881	26,277,829	26,001,959	27,006,560	30,477,683	25,682,799	
	11,155,660	13,083,987	13,283,933	12,887,233	13,026,570	13,016,656	12,539,177	
Medicare		3,332,066	3,900,417					
Medicare Advantage	3,442,604	3,593,757	3,739,412	3,839,899	4,326,098	4,790,741	5,471,299	
	8,199,379	8,288,707	8,524,211	9,585,321	9,655,727	10,053,545	11,490,748	
Medicare Drug Coverage	3,537,817	3,993,525	4,140,136	6,620,601	2,978,199	3,200,566	2,742,248	
	7,332,552	17,952,861	18,167,270	17,436,410	7,194,844	7,396,214	6,196,807	
Point Of Service (POS)	9,707,515	11,323,556	25,796,636	30,090,734	28,497,095	37,624,890	49,664,448	
	7,456,263	9,424,845	63,000,000	63,000,000	63,000,000	63,000,000	63,000,000	
Preferred Provider Organization (PPO)	13,450,813	14,244,119						
	11,422,406	12,247,115						
Student Plan	163,244	154,689						
	35,299	27,210						
Supplemental Policy	68,558	86,419						
Worker's Compensation	252,816	230,488						

For Medicare Advantage in 2020:

- 5.5 million monthly pharmacy eligibility records
- 11.5 million pharmacy claims

Examples from Washington APCD-Onpoint

Most Common Drug Prescriptions

Rank Results by ...		Filter by Drug Class	Filter by Reporting Year	Filter by Brand/Generic	
Claim Count		(All)	2019	(All)	
Rank	Drug Name	Drug Class	Claim Count	Total Allowed Amount	Allowed Amount per Claim
1	Atorvastatin Calcium	Cardiovascular agents	3,212,233		
2	Lisinopril	Cardiovascular agents	3,044,555		
3	Amlodipine Besylate	Cardiovascular agents	2,557,166		
4	Gabap		2,455,050		
5	Metfo		2,259,237		
6	Losart		1,960,137		
7	Omep		1,909,643		
8	Sertra		1,905		
9	Metop		1,726		
10	Simvastatin	Cardiovascular agents	1,383,204		

In 2019, the most commonly paid drug claim was for atorvastatin calcium, commonly known by its brand name, Lipitor.

Depending on quality of pharmacy data, columns for Allowed Amount and Allowed Amount per Claim may be added later in 2023.

Chronic Conditions, Demographics, and Utilization Dashboards

Data are fictional, provided by Onpoint

Chronic Conditions

- Anxiety
- Asthma
- Breast Cancer
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Heart Failure
- Hypertension
- Obesity
- Alzheimer's Disease
- Colorectal Cancer

Demographics

- Age
- Risk score
- Commercial, Medi-Cal, and Medicare enrollment

Utilization

- Potentially avoidable ED visits
- Inpatient stays, by category
 - Maternity
 - Medical
 - Surgical

Proposed chronic conditions chosen for:

- Prevalence
 - Balance across the life course
- Conditions affecting different body systems, including behavioral health
 - Feasible to measure with HPD data

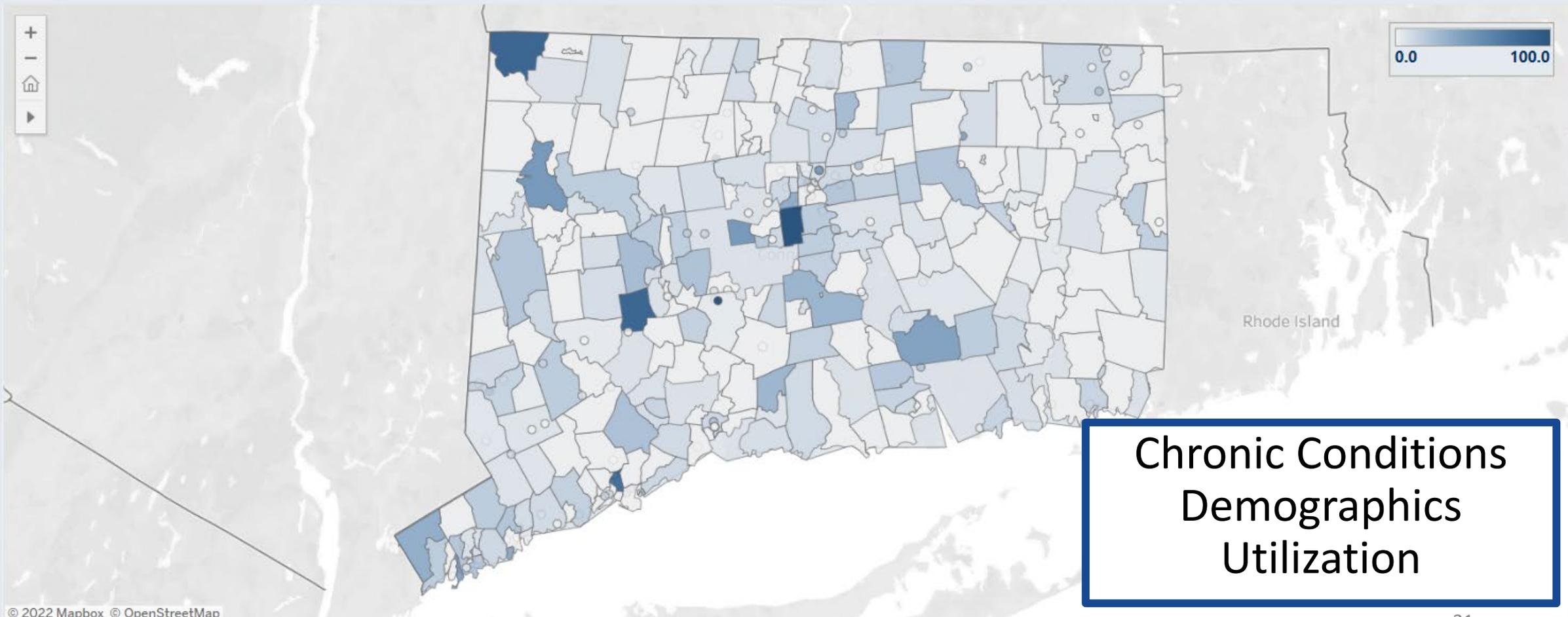
Measure Map

This dashboard is intended for demonstration purposes only. All data displayed have been simulated.



Choose a Measure to Display	Choose a Geographic Dimension	Filter by Reporting Year	Filter by Age Band	Filter by Gender	Filter by Product Type
Demographics: Medicaid Enrollment	ZIP Code	(All)	(All)	Female	(All)

The following map shows the value of **Medicaid Enrollment** plotted by **ZIP Code**. Use the above menu to select from additional measures, change the geographic grouping dimension, or filter the eligible population.



Chronic Conditions
Demographics
Utilization

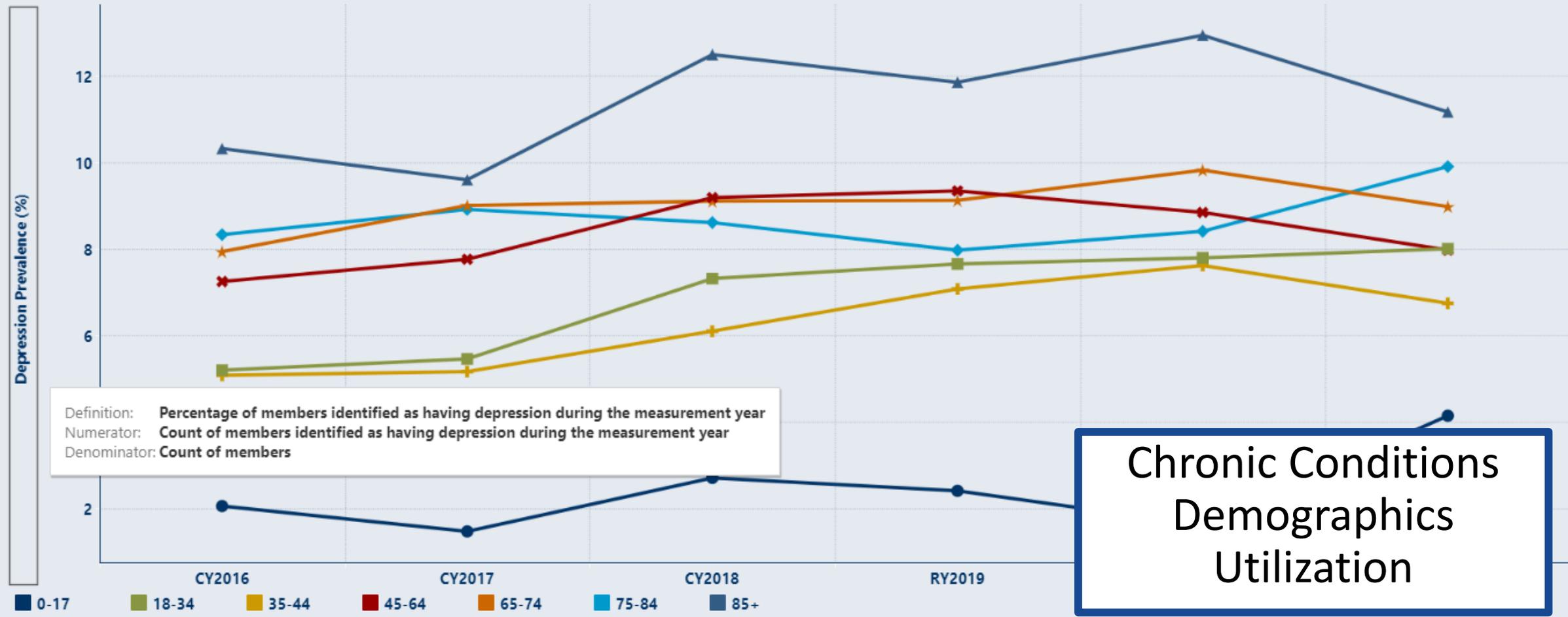
Measure Trending

This dashboard is intended for demonstration purposes only. All data displayed have been simulated.



Choose a Measure to Display: Chronic Conditions: Depression Preva...
Choose a Grouping Dimension: Age Band
Filter by Reporting Year: (All)
Filter by Age Band: (All)
Filter by Gender: (All)
Filter by Product Type: (All)

The following graph shows the yearly trend of **Depression Prevalence** grouped by **Age Band**. Use the menu above to select from additional measures, change the grouping dimension, or filter the eligible population.



Definition: Percentage of members identified as having depression during the measurement year
Numerator: Count of members identified as having depression during the measurement year
Denominator: Count of members

Chronic Conditions Demographics Utilization

Data are fictional, provided by Onpoint

Statewide Comparison

This dashboard is intended for demonstration purposes only. All data displayed have been simulated.



Choose a Measure to Display: Utilization: ED Visits
Choose a Grouping Dimension: Age Band
Filter by Reporting Year: (All)
Filter by Age Band: (All)
Filter by Gender: (All)
Filter by Product Type: (All)
Filter by Attributed Provider: 1,2,3,4,5

The following graph shows **ED Visits PMPY** grouped by **Age Band** compared to the statewide average. Use the menu above to select from additional measures, change the grouping dimension, or filter the eligible population.



Chronic Conditions
Demographics
Utilization

Data are fictional, provided by Onpoint

Initial Cost Reporting

Pharmaceutical Cost (Oct.-Dec. 2023)

- Depending on initial data quality, may include:
 - Out-of-pocket spending
 - Price paid by payers (disregarding rebates)
 - Comparison of price of drugs within therapeutic class or drug family
 - Comparison of prices paid by payers and other prices along the supply chain

Additional Reports Under Consideration

2019
Statewide Encounters per
1,000 Members per Year

372.5

▲ 13.2% since last year

Utilization by Category

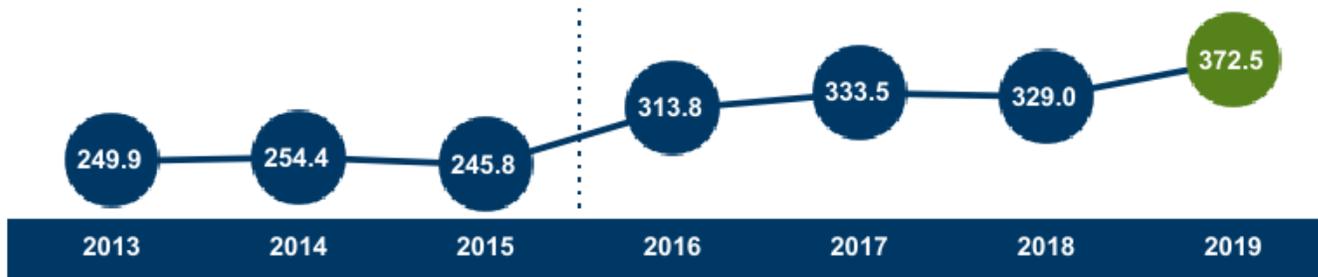
Example from Minnesota APCD - Onpoint

2019
Statewide
Average Members

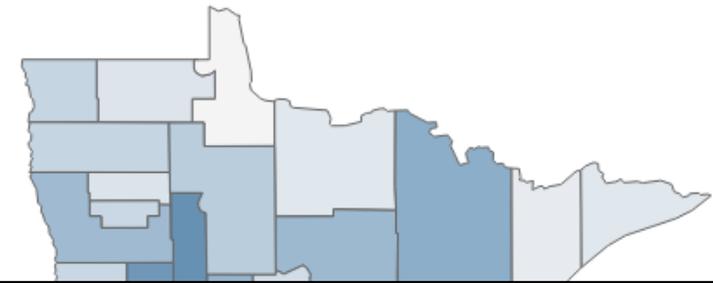
3.2M

▼ 2.1% since last year

Home Health Total Encounters per 1,000 Members per Year by Year

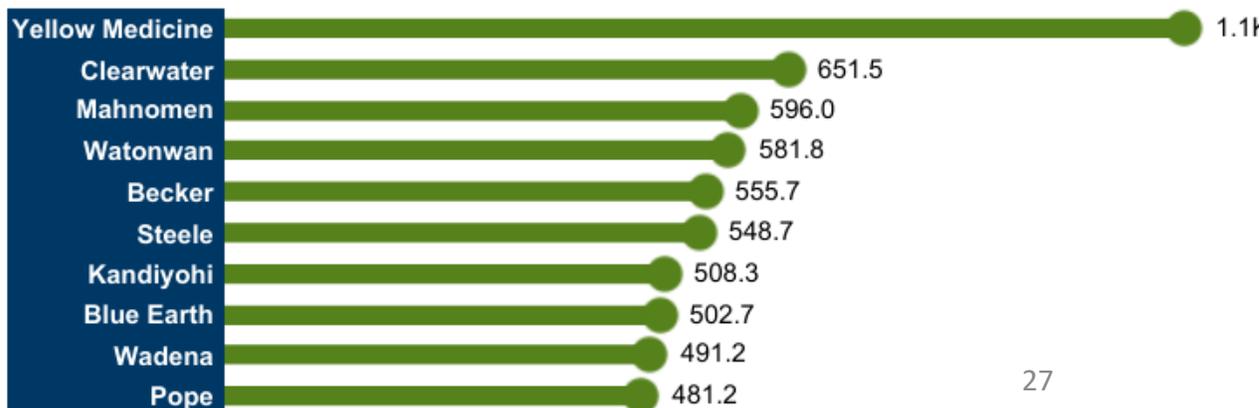


2019 Home Health Total Encounters per 1,000 Members per Year by County of Residence



Note that some commercial data reported for calendar years 2015 and prior may not be comparable to 2016 and after due to a significant loss of self-insured data reported to the MN APCD following the U.S. Supreme Court's *Gobeille vs. Liberty Mutual Insurance Company* decision in March 2016.

2019 Top Counties by Home Health Total Encounters per 1,000 Members per Year



Similar format could be used to display different types of information. For example, to display information about beneficiaries – risk score, demographics, etc.



Other Topics As Permitted by Capacity and Data Quality

- Readmissions
- Primary care
- Preventive screening
- Behavioral health
- Churn
- Dual eligibles
- Regional variation
- Low-value care
- Primary care spending
- Health disparities

Parallel 2023 Activities

Plan to Build Toward Cost Reporting

- Produce pharmaceutical cost dashboard in late 2023
- Analyze managed care penetration by sector, region, beneficiary demographics
- Harmonize HPD payment data with data from other sources
- Explore addition of FFS/managed care filter to public reports
- Identify additional health care sectors where FFS payment predominates

Other 2023 Public Reporting Activities

- Assess data quality and completeness
- Build capacity to analyze HPD data
- Develop 2024 analytic plan, including October 2023 presentation to Advisory Committee

Discussion

- Feedback on planned 2023 public reporting
- What are the highest priorities for additional 2023 reporting?
- How can HPD build toward increasingly meaningful cost reporting before APM data are available?