Comments Received by HPD Advisory Committee Members, 3/30/2022-4/14/2022

Following the January 2022 Advisory Committee meeting, due to limited time at the meeting to complete the discussion of the data release framework topic, HCAI sent Advisory Committee members a request on 2/3/2022 for additional input, specifically on the content and use of standard datasets.

Comments were received by HCAI between 3/30/22 and 4/14/22 on a variety of topics, including the content and use of standard datasets, but also others; a brief summary by topic is provided below.

Standard dataset topics and use cases:

- Cost and quality
- Monitoring payment and delivery reform initiatives (e.g., movement to alternative payment models)
- Network adequacy
- Population risk factors by geography
- Distribution of chronic conditions and associated utilization
- Telehealth including utilization trends and gaps in access
- Prescription drug costs
- Consolidation trends
- Payer market share by geography

Level of transparency/disclosure of payment data and payer/provider identifiers: member perspectives on the appropriate degree of disclosure varied.

- Consider ways to mitigate the risk of anticompetitive behavior when releasing contracted rate information given the amount of amount of consolidation that has occurred over the past few years.
- Important to understand the limitations on distinguishing performance among providers at the micro level (e.g., individual clinicians)
- Payment information and entity identifiers (other than individual providers) should be assumed to be disclosable in any data set that otherwise meets the standards for public release.
- Public disclosure of payment data should align with federal rules requiring hospitals and insurers to disclose negotiated rates (payer-specific, provider-specific).
- Public disclosure of payment data and entity identifiers should align with and support the Office of Health Care Affordability.

Publicly available aggregated data:

- Aggregated data should be available at levels of analysis and with data elements that are meaningful to stakeholders. Greater disaggregation will make each data set more flexible and provide more opportunity for policymakers and stakeholders to take into account California's diversity.

- While some states have limited publicly released data to the county level, that is inappropriate for California given the size and diversity of California's counties. California counties are too big to be the standard unit for comparison.
- Publicly released data sets that are disaggregated by race/ethnicity, sex/gender, payer type, etc. will be important tools for policymakers and other stakeholders focused on advancing health equity.

Non-public data:

- Patient-identifiable datasets should not be used for commercial purposes or other purposes that are not in accordance with the intent of the authorizing statute or other state law.
- Applications for patient-identifiable datasets should be assessed for their benefit to Californians.
- Supporting the data enclave should not be a goal of user fees.
- Features to maximize the usefulness and value of the data enclave include technical assistance, analytic tools such as SQL and GIS software, a standardized code library, personal code libraries, uploading approved datasets to link to HPD data, and the ability to work directly with the data (rather than through a graphic user interface).

Data release process, including the Data Release Committee:

- Thoroughly review the purpose of the request for data and restrict access to the stated purpose
- Thoroughly review conflicts of interest from data requestors and prevent inappropriate access to the data.
- Require vetted/approved entities to agree in writing to not re-share the data.
- Publish a list of entities approved to access the data and whether the access includes patient- or provider- specific data.

Adhere to "minimum necessary" standards; only release data elements necessary to fulfill the purpose.