Office of Statewide Health Planning and Development

Healthcare Payments Data Program
Review Committee Meeting

November 21, 2019

Draft Meeting Minutes

Members Attending: Charles Bacchi, California Association of Health Plans (CAHP); Terry Hill, California Medical Association (CMA); Amber Ott, California Hospital Association (CHA); Emma Hoo, Pacific Business Group on Health (PBGH); Anthony Wright, Health Access California; John Kabateck, National Federation of Independent Businesses (NFIB); Joan Allen, Service Employees International Union- United Healthcare Workers West (SEIU-UHW); Cheryl Damberg, RAND Corporation; William Barcellona, America's Physician Groups.

Attending by Phone: No members attended by phone.

Not Attending: Anne Eowan, Association of California Life and Health Insurance Companies (ACLHIC); Ken Stuart, California Health Care Coalition.

Presenters: Scott Christman, Chief Information Officer, OSHPD; Shannon McConville, Senior Research Associate, Public Policy Institute of California (PPIC); Paulette Cha, Research Fellow, PPIC; Conrad Amenta, Director of Policy and Strategic Initiatives, California Academy of Family Physicians; Isaac Menashe, Associate Director, Policy, Evaluation and Research, Covered California; Jill Yegian, Consultant, OSHPD; Marc Elliott, Principal Senior Statistician, RAND; Terry Hill, Chair CMA Administrative Medicine Forum, CMA; Jonah Frohlich, Managing Director, Manatt Health Strategies; George McGregor, General Manager, California Schools Voluntary Employees Benefits Association (VEBA); Ted Calvert, Consultant, OSHPD; Bobbie Wunsch, Consultant, OSHPD.

Others: Alice Chen, Deputy Secretary for Policy and Planning and Chief of Clinical Affairs; California Health and Human Services Agency; Denise Love, National Association of Health Data Organizations (NAHDO); Emily Sullivan, Deputy Director, NAHDO; Jonathan Mathieu, Senior Health Care Data/Policy Consultant, Freedman HealthCare; Norm Thurston, Executive Director, NAHDO.

Public Attendance: 24 members of the public attended.

<u>Welcome and Meeting Minutes</u>

> The Review Committee Vice-Chair, Cheryl Damberg, brought the meeting to order and facilitated introductions. The October 17 Review Committee meeting

minutes were approved. Bobbie Wunsch went over the ground rules for the meeting.

Deputy Director's Report

Scott Christman introduced Alice Chen who is the Deputy Secretary for Policy and Planning and Chief of Clinical Affairs at the California Health and Human Services Agency, to the Review Committee.

Alice Chen introduced herself to the committee and commented on the importance of data at all levels of her work and noted her appreciation for all of the work being done by the committee on this effort.

End Users Panel

Cheryl Damberg provided some context to the committee for the rationale in how the presentations for this meeting were selected. She noted that in collaboration with the OSHPD team the topics that were selected were either recommended multiple times by different committee members, fit into the "end user" theme that the first panel is covering, or were good pre-work to the upcoming governance discussion. It was determined that the topics that were not selected for the November presentation will most likely be covered in governance or at a later meeting or were just not as high of priorities based on committee member requests.

Jill Yegian gave overview of the end user panel, noting for the committee that over the last seven months of meetings, the discussions have been in the weeds of what this database will look like, who will submit, what will be collected, etc. She noted that this panel provides an opportunity to pull back up and hear about what the priorities of stakeholders are. Through the use case presentations, the panelists will present what the actionability of the future HPD would be and how the HPD would add to the existing body of data that is currently available.

The four panelists included Shannon McConville and Paulette Cha from the Public Policy Institute of California (PPIC), Conrad Amenta from the California Association of Family Physicians (CAFP), and Isaac Menashe from Covered California.

After each presentation, the panel paused for questions and answers with the committee.

PPIC started off the panel by presenting their research project, where they have been surveying and interviewing researchers across California to assess what they would want to do with the data the future HPD could provide. They also shared two Use Cases regarding

- how increased vertical integration affects costs, quality and patient outcomes and;

- how do housing interventions affect mental health care use and public costs for Californians with mental illness.

Lastly, they closed out with some of the learnings from their surveys and interviews. For the full presentation see slides 5-15 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Amber Ott, CHA, inquired who was the audience of the PPIC survey. Paulette Cha noted that the team generated a list of Health Services Researchers and also asked them to recommend others, creating a snowball effect. The list also included others who were claim experts in other states, as PPIC expects researchers across the country to be interested in the future California APCD.

Bill Barcellona, America's Physician Group, noted that there is research that shows physicians do not have access to total cost of care data, which could be a tremendous use case in California. He also commented that similarly to how the physician registry was developed, creating a model to get physicians on board earlier by showing them value could be helpful. He also noted that the term "integration" is being used too broadly and should have greater specificity.

Joan Allen, SEIU-UHW, inquired if in addition to development of a patient ID are there any other IDs needed. Paulette Cha commented that the ability to identify the same person across different forms of coverage is the primary objective. She noted that while there are other interests, the most common is to track individuals, through a patient ID. Shannon McConville also added that Provider ID was of next importance, while Plan ID was much further down which represents the types of projects researchers are interested in doing.

Terry Hill, CMA, noted that he is interested in hearing more about what is needed to develop these IDs. PPIC noted that the research community does not want identifiable data, but they want the individual person their care and associated providers identified. Therefore, whatever personally identifiable data is required to create these IDs should be collected but does not need to be released in order to meet the research needs.

Cheryl Damberg, RAND, noted that part of the difficulty researchers have is linking across disparate files to answer a research question. She also agreed that researchers will be willing to pay and that the demand for this data will be high.

Alice Chen, CHHS, inquired how other states have developed the unique identifier and if there is an opportunity to link across state APCDs. Denise Love commented that states have different approaches. Some states take in the identifying information and encrypt it internally, while other states send a hashing mechanism to plans and have them hash in the same format. She also noted that states that have not collected good patient identifiers have been limited in terms of developing these unique IDs. Emily Sullivan also added that to link across states could work if a vendor is in multiple states and could do some internal alignment, but it has not yet been done.

Conrad Amenta presented the CAFP use case on the importance of measuring primary care spending. He provided an overview of the importance of measuring primary care spending, what goes into primary care spending measurement and how two other state APCDs – Oregon and Colorado – are currently addressing this use case. He also noted that without the data the HPD could provide there could be voluntary efforts to collect this data, but they have proven challenging. For the full presentation see slides 16-26 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Terry Hill, CMA, commented that in response to both of these presentations it is clear that an APCD is needed, however there are other health care expenses that are not captured in claims, and the process for linking with this data will be critical in order to answer many of these research questions.

Isaac Menashe presented on two of Covered California's use cases:

- Evaluating network value and addressing
    - What are the major cost drivers in different networks?
    - Which providers are "outlier poor performers" on either cost or quality?
    - How does Covered California network value compare to existing networks for large employer plans?
- Coverage transitions and addressing
    - How Covered California can help ensure optimal care continuity for members who transition between sources and systems of coverage?
    - Are certain subgroups in particular need of support?

For the full presentation see slides 27-34 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Anthony Wright, Health Access, noted the committee clearly agrees the HPD would be an important investment, but the most pertinent thing to discuss when demonstrating the HPD's importance to others is that this will add value to what can currently be done. Isaac Menashe noted that the ability to calculate the total cost of care would be a huge value add as this cannot be assessed currently. Shannon McConville noted the importance of having timely and consistent data.

She commented that right now researchers get data that comes in bits and pieces and must be cobbled together. She also commented that as the state invests more public dollars into care, there will need to be data available to evaluate these programs, which is where the HPD could help. Conrad Amenta noted that on the issue of primary care spending, there is currently a series of assumptions not yet validated by data, and the HPD data would provide some assessment of what is going well and what needs to improve. Anthony Wright followed up noting that there should be a dedicated section in the legislative report that calls out why the HPD is important and makes the case for implementation.

Cheryl Damberg, RAND, also noted that currently there are inefficiencies in how research gets conducted, which is a function of the time it takes to do all the legal / administrative requirements needed to access the data. The APCD will lend efficiencies to researchers in helping to systematize the legal and linkage frameworks and better allow for repeatable studies.

Charles Bacchi, CAHP, inquired how the HPD would interact with the new Assembly Bill (AB) 929 (Chapter 812, Statutes of 2019), which provides Covered California with data from the qualified health plans and from their individual market and small group plans whether offered through the exchange or not. Charles Bacchi inquired what kind of coordination will be needed between OSHPD and Covered CA to reduce administrative burdens. Isaac Menashe noted that currently Covered California has data coming in which is submitted in a format very similar to the APCD-CDL^{TM} layout. In terms of data collection AB 929 would not be a huge change. He also noted that on the question of how the HPD will augment or replace AB 929, Covered California has had some conversations with OSHPD on data coordination, and ultimately, we have to wait and see where the HPD goes and what the governance mechanisms will be in order to fully understand the interplay. Scott Christman agreed and noted that the timing on AB 929 is sooner than the HPD will be up and running and Covered California will need to account for that. He also reminded the committee that the recommendation regarding coordination was left flexible to determine as these elements get finalized. Lastly, he added that he sees Covered California as a part of the CHHS family, and across CHHS there is a lot of work going on in streamlining and improving our data governance, which will be leveraged in this work moving forward. Isaac Menashe closed by recognizing that for the plans, the same team that works on the IHA file will have to work on the HPD file and the Covered California file, and it will be important to reduce administrative burdens as much as possible.

Emma Hoo, PBGH noted that in a prior meeting there has been a great deal of conversation around capturing APM data. She asked how Covered California has dealt with this. Isaac Menashe noted that they have not yet started collecting this data, therefore he does not have an exact answer, but the current plan for Covered California is to have a capitation file in addition to the claims data collection file.

Public Comment:

Denise Chapel, California Department of Public Health, expressed her gratitude to the committee for the robust conversation, and urged the committee to consider the linkages as it will be a really important component particularly in dealing with social determinants of health data.

Presentations on topics of relevance to development of the HPD

The committee next heard four separate presentations on topics that were identified by committee members as being important topics to cover for the development of the HPD.

The first presentation was by Marc Elliot, a principal statistician at RAND, who presented on
why adding race/ethnicity into an APCD was important, how the RAND Bayesian Improved Surname Geocoding (BISG) tool could help address missing race/ethnicity data, and some applications of when the BISG tool has been used. For the full presentation see slides 36-53 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Joan Allen SEIU-UHW, inquired if it has been challenging to explain Bayesian reporting to lay people, such as reporters or policy makers. Marc Elliott commented that explaining that this is a validated approach has been helpful. He commented that there are a lot of test databases where hundreds of thousands of people identified their race, and then had it validated using the BISG tool, and there were very similar results, which lends greater confidence. Marc Elliot also commented that a question that comes up often is what happens if a person has a last name that is atypical of their racial identification. Marc Elliott noted that this is why this tool is not used to make assertions of an individual person’s race, but when using to describe populations in the aggregate, the large numbers help to hide some of these errors. He closed out by noting that when discussing with policy makers, in particular, it tends to go very well. Once they see it in their own data the confidence builds.

Alice Chen inquired if there has been a comparison done if this tool is more robust than what is ostensibly self-reported. Marc Elliott noted that it varies a lot depending on the administrative data. For example, the original Medicare sources was self-reported by the member, but it had race/ethnicity choices that were not reflective of the greater population (i.e. Black, White, Other), so though it was self-reported data the quality was low. However, other administrative data sets might have an online portal where members select their race/ethnicity from a robust and reflective set of options resulting in higher quality self-report data. Marc noted that the BISG tool is not designed to make this an either/or situation. If there is good administrative data use that. If there is not good administrative data, use the tool to supplement. Marc Elliott also noted that there has been a shift in society, going from an era where we avoided capturing race/ethnicity due to discrimination, to now wanting to capture race/ethnicity to address disparities. He noted that there are some health plans that are collecting this data so some of the administrative databases are improving.

Amber Ott, CHA, inquired when the tool uses surname, is it the maiden name or married name that is captured. Marc Elliott noted that the tool uses whatever people are submitting. There could be hyphenated, or two-part last names, and the tool has methods for dealing with those nuances. He did note that the question comes up a lot if the method is more accurate for men than women, and it is a little more accurate for men, but less than expected. He did also note that for black respondents it is actually more accurate for women then for men. Lastly, he commented that currently there is some other work RAND is doing to bring in first name which can be helpful in some ways.

Anthony Wright, Health Access, noted that collecting race/ethnicity data is incredibly important for a population data. He inquired if the data set in California would be different than nationally, given that there is a greater rate of mixed race, and intermarriage, as well as geographic uniqueness. Marc Elliott commented that anything that has been done nationally has been done at the state level. He noted that sometimes it can be harder in California where the surnames and address may be less informative for the tool. However, it can also be easier in California because there is large prevalence of various groups, which can make this easier.

Emma Hoo, PBGH, inquired if there have been any assessments of geographic differences within California depending on racial make ups based on recent immigrants versus later generation. Marc Elliott noted that the difference depends on what elements exist in the data set. If a data set only contains name and address, it would be hard to assess the generational difference, but by including age it would allow these patterns to vary by age. He noted that there is in fact evidence that the association by name and address varies by age.

Terry Hill, CMA, inquired what this will this mean for the database, if OSHPD would pre-analyze the data or how could this tool be used. Marc Elliott noted that one possibility is that OSHPD can take whatever inputs are collected to create some racial and ethnic probabilities using sensitive information and then wipe the personal information from the data for distribution. He noted that RAND distributes the software freely with the goal to increase use. RAND works with organizations to provide technical assistance.

Alice Chen inquire if there has been any ability to desegregate the data for Asian

Pacific Islander groups, for example. Marc Elliott noted that there was work being done to use certain new census products to develop this, however that work has been put on hold currently. RAND is working to see if they can improve this element without those census products. He noted that in principle it can be done but needs more work to be developed.

Bill Barcellona, America's Physician Group, also commented that this could be helpful data at the physician level for population management, and that this could be an additional use case to add for making the HPD beneficial to physicians.

The second presenter was Terry Hill the Review Committee representative from CMA who presented current health services research on the limitations of claims data for distinguishing physician performance. For the full presentation please see slides 56-67 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

John Kabateck, NFIB, inquired why it is so challenging to track the quality of end of life planning. Terry Hill noted that end of life planning is a conversation and it can be documented, however the quality of that conversation is challenging to capture. He noted that physicians are very good at doing claims, and the claim data will show that a physician billed for advanced care planning, but there is no way to capture the quality of that conversation.

Charles Bacchi, CAHP, inquired if the difficulty in assessing individual provider performance is based on poor data (i.e. insufficient claims data etc.) or is the argument that we will never get there. Terry Hill noted that there are some that would argue to not ever go down this path. However, he noted that he would argue that we shouldn't put all of our resources only towards measuring physician performance. Charles Bacchi followed up inquiring how far up the chain would it be appropriate to aggregate quality measures at. Terry Hill noted that it depends on what the question is that is trying to be answered. He commented that IHA does a great job at assessing medical groups, but they still sometimes have small numbers for certain measures.

Cheryl Damberg, RAND, noted that validity is paramount, and OSHPD can create documents that assess some of these limitations of the data to set realistic expectations for what can be accomplished with the data.

Charles Bacchi, CAHP, inquired if the Maternal Quality Care Collaborative example was an endorsement that at the state level there should be a push to improve on certain measures, rather than punishing individual providers. Terry Hill noted that he finds the maternal quality care project so inspirational, noting that it was an example of a public/private partnership that made changes at the population health level. He noted that he thinks more initiatives like this one would be possible with the HPD.

Cheryl Damberg, RAND, noted that the limitation of claims data can be clinically enriched with Electronic Health Record (EHR) data. She inquired if there is any potential where the HPD could extract this data. Terry Hill noted that if there was a nationalization of the Epic^{TM} EHR then that would help achieve that, however, pulling information from different EHRs is challenging. He also noted that data linkage is a helpful alternative to enriching the data.

Anthony Wright, Health Access, inquired what steps can be taken to help improve measures to better show high versus low performance. Terry Hill noted that performance varies across different measures and very few physicians will score in the top decile across every measure. However, he noted that many of the issues that result in low performance are a function of the system rather than individual physician performance.

Cheryl Damberg, RAND, noted that RAND has looked at the physician performance at the health system and medical group level, and there is a lot of variation. She noted that trying reduce the variation is helpful, but the notion of identifying the ‘true high performers’ is a function of the criteria used to identify high performers. She noted that for example IHA sets high performer percentiles at 50%.

The third presentation was from Jonah Frohlich, managing director for Manatt Health Strategies, who presented on the Health Net Encounter Data Improvement Project. Jonah provided an update on the key findings from the current landscape assessment, the plan for the work to improve encounter data quality, and a discussion on how this effort could support the HPD. For the full presentation see slides 68-76 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Amber Ott, CHA, noted that hospitals are motivated to improve past data because of the related payments. She inquired if there is a similar effort with physicians to improve past efforts or is this only future looking. Jonah Frohlich noted that there has been some work, and plans have had some individual efforts, but there has been a lack of coming together as an industry. He noted that one of the goals is to cross pollinate and to share more information across the industry, and to invest in the efforts that are working and then scale them.

Cheryl Damberg, RAND, inquired if there is a way to apply this work more broadly in California so that the data coming into the HPD would become standardized. Jonah Frohlich noted that incentives help but they do not do everything. He noted that when it comes to data standardization for encounters, it has taken many years and it ultimately happened because of updates to federal laws. The industry moved quickly as this new policy was driving payments.

Charles Bacchi, CAHP, inquired who is involved in this project. Jonah Frohlich noted that the different workgroups have different focuses, and different representation. He noted that for governance, it mostly includes associations over a broad set of stakeholders. The standardization workgroup consists of organizations that are involved with submitting the data and it is predominantly Medi- Cal. For the technology and technical assistance workgroup there are public and private hospitals, DHCS, Medi-Cal managed care plans, an EHR vendor and a clearinghouse.

The final presentation was from George McGregor, the general manager of Southern California Schools Voluntary Employees Benefits Association (VEBA), a joint labor-management trust. George McGregor presented on how data can be used to make purchasing and administrative decisions. For the full presentation see slides 77-84 (https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Healthcare-Payments-Data-Program-Review-Committee-Master-PowerPoint-11.21.19_ADA.pdf)

Joan Allen, SEIU, expressed her gratitude as the labor representative on the committee, to George McGregor for keeping his members in mind as people and she was grateful that in the context of population health she is seeing that level of care and concern.

Anthony Wright, Health Access, commented that George McGregor has assembled impressive data, and inquired if he saw any additional benefit from the data that would come in from the HPD. George McGregor commented that the data from the HPD could be used as a way to normalized results for his members and set a standard for quality on encounter data.

Public Comment

There was no public comment at this time.

Agenda for Upcoming Review Committee Meeting & Adjournment

Cheryl Damberg thanked the committee and OSHPD Staff. She commented that the upcoming meeting in December will be focused on governance.