Office of Statewide Health Planning and Development

Healthcare Payments Data Program
Review Committee Meeting

March 21, 2019

Draft Meeting Minutes

Members Attending: Charles Bacchi, California Association of Health Plans (CAHP); Anne Eowan, Association of California Life and Health Insurance Companies (ACLHIC); Terry Hill, California Medical Association (CMA); Amber Ott, California Hospital Association (CHA); Emma Hoo, Pacific Business Group on Health (PBGH); Ken Stuart, California Health Care Coalition; Joan Allen, Service Employees International Union- United Healthcare Workers West (SEIU-UHW); Cheryl Damberg, RAND Corporation.

Attending by Phone: No members attended by phone.

Not Attending: John Kabateck, National Federation of Independent Businesses; Mary June Diaz, Health Access California; William Barcellona, America's Physician Groups.

Presenters: Robert P. David, Director, OSHPD; Scott Christman, Chief Information Officer, OSHPD; Denise Love, Executive Director, National Association of Health Data Organizations; Emily Sullivan, Deputy Director, National Association of Health Data Organizations; Beth Herse, Attorney, OSHPD; Michael Valle, Chief Strategy Office, OSHPD; Jill Yegian, Consultant, OSHPD; Bobbie Wunsch, Consultant; OSHPD.

Others: Anthony Wright, Health Access California.

Public Attendance: 22 members of the public attended.

Agenda Item	Meeting Minutes
Welcome & Oath of Office	The Review Committee Chair, Ken Stuart, brought the meeting to order and introduced Robert P. David, OSHPD Director. Director David welcomed all members to the Review Committee. He provided the background of the enabling legislation as well as providing context regarding the naming of the database, explaining how the work in California will be different than in other states, considering California's high capitation rates. The Director also administered the Oath of Office to the Review Committee members.
Review Committee Member Introductions	Ken Stuart provided opening remarks, reminding the committee of the task ahead of them. He recognized that this task was daunting and large, however critical for California. Ken noted that other states have engaged in this work prior to us and that California has an opportunity to learn from those prior efforts as we move forward with our recommendations. Ken expressed his hopes for the database to be the source of data for public sources who are able to use that information to identify providers that offer high quality care at reasonable costs. He noted the diverse composition of stakeholder representation in the room and that it is critical for all

	representatives on the committee to come together and leave their industries and stakeholder interests at the door, to compromise for the greater good and develop a comprehensive criteria for an All Payer Claims Database that will deliver revolutionary, actionable results. Ken then turned it over to each of the committee members to take a moment to introduce themselves and their organizations.
What is an All Payer Claims Database (APCD)?	Denise Love and Emily Sullivan, National Association of Health Data Organizations (NAHDO), gave a presentation on the role of NAHDO and the APCD Council in the development of APCDs in other states. Their presentation also covered an overview of APCD implementation across states as well as the typical and not so typical data elements that APCDs include. Lastly, they covered a few lessons learned from states as well as the framework for APCD development that is centered around engagement. For the full presentation please see slides 7-18: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf. Review Committee Discussion: *Charles Bacchi, CAHP,* inquired about how "typical" the "typically included data elements," presented by Denise and Emily, are found in other states. Denise and Emily discussed that aligning to the APCD Common Data Layout (CDL)™ gets states pretty close to getting all of those typically included elements, though there is state to state variation. The biggest variation occurs with voluntary submitters that may not be submitting all the data of mandatory submitters. Additionally, they acknowledged that it is incumbent for states to make a plea for what they would use the data for and to try to align required data elements with what payers are able to supply and what the state business need is for the data. This was an example of why mapping to Use Cases is very important in the development of an APCD. *Terry Hill, CMA,* asked about what supplementary data is typically linked to APCDs, specifically data that could help access information about social determinants of health. Denise discussed that matching at the zip-code level for socio-economic status would allow for geocoding around average income, average education, and other social determinants. While this information may not be at the patient level, it can still provide important information for policy and financial investment decisions. *Anthony Wright, Health Access California,* pointed out that rather than just thinking of this database as a cost database that we should really include cost, quality and equity as well. He also asked why demographic information such as race and language are not included in the APCD-CDL™. Denise pointed out that race/ethnicity data are not typically collected, because payers do not always have access to the data and currently it is not reliable. In the short term, linking to facility data will bring to light some of these issues. Anthony followed up reminding the committee that California is different than other states in terms of requirements to collect this data. *Emma Hoo, PBGH,* noted the absence of mental health data in APCDs, and asked about the options to integrate these data given that there is a very strong interest in California around mental health. Denise explained that to the extent that mental health data are included in the claim, it will be included in the APCD. However, if mental health is not included in the claim, the information will not be captured in the APCD. Substance use data is very complicated, and states are coming together to work out with SAMSHA regarding the workarounds for obtaining access to substance use data, while protecting privacy. Emma followed up with a second

	question regarding timeliness of the data. Denise explain that it is important to have enough time to ensure that the data has been appropriately cleaned and evaluated. The more mature an APCD is, the faster the data get released, as processes become more automatic and the quality of the data improves. But, in starting up an APCD, it is critical to manage expectations around timeliness of the data release. *Ken Stuart, California Health Care Coalition,* followed up on the timeliness issue and asked how long it takes for the data to become actionable and something that can be used to make decisions. He noted that when data is too old it can be difficult to act on it, as it is no longer relevant. Denise commented that when starting up an APCD, the actionability will depend on the granularity of the data and that it is important to tier the release of the data depending on how complex the data is. Once an APCD is more mature, the data release can be monthly, though generally it is quarterly. *Joan Allen, SEIU-UHW,* asked about the areas that other states' APCDs vary on. Denise explained that the size of the state and enabling legislation will impact implementation. Some states have legislation that limit issues of proprietary, so negotiated prices are not available, other states do not collect provider-level outcomes data, while some states limit who they release the data to. *Amber Ott, CHA,* had a question about whether providers ever contribute to an APCD or is it always just the payers. Denise says the information would come through the payers; however, there can be a validation process for the providers to see the data. Typically, the payer does the validation, but it may be a good topic for discussion on how California wants to approach this topic. *Anthony Wright, Health Access California,* reminded the group that though a traditional APCD does not typically contain information on the uninsured population, this should not be something to rule out entirely. Scott Christman acknowledged that currently OSHPD does collect data with information regarding the uninsured population and how important defining Use Cases will be to determine which data sources to link to the APCD, depending on which issues are important to stakeholders.
Healthcare Cost Transparency Database (California Health & Safety Code Division 107, Part 2, Section 8).	Scott Christman provided an overview of the requirements of the legislation and the role of the Review Committee. Please see slides 19- 24 for the full presentation: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf. Review Committee Discussion: *Charles Bacchi, CAHP,* had a question regarding Section 127674 of the legislation that states that the database will not be implemented if there is a determination, after consultation with the Review Committee, that the Office is unable to obtain necessary, reliable and relevant data. Scott responded by acknowledging that OSHPD wants to ensure that there is enough data to complete the project, but that OSHPD will consult with its legal team to determine the full implications of that section of the legislation. *Amber Ott, CHA,* also asked a question regarding section 12672(b), which states that providers and payers shall submit data. OSHPD will confer with its legal team.

California Landscape and OSHPD's Unique Role	Scott Christman presented on prior APCD legislation as well as voluntary efforts in developing multi-payer databases in California. He also provided an overview of OSHPD's work in data management and the current data programs the Office administers. Please see slides 25-32 for the full presentation: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf) Review Committee Discussion: *Terry Hill, CMA,* commented that healthcare workforce is one of the areas that OSHPD does work in. He asked if there was any connection between this project and workforce. Director David provided some context on OSHPD workforce programs, noting that the Song Brown program is probably the most well-known OSHPD workforce development program. He also noted that while California has been on the forefront of Affordable Care Act expansion, access to providers is still an important issue. However, the issue of access is somewhat outside the scope of this project. Scott Christman also noted that OSHPD maintains a healthcare workforce clearinghouse and that there could be opportunities to do overlay analyses based on geographic layering. *Emma Hoo, PBGH,* commented on the constraints that come with capturing National Provider Identifier and tax ID, as well as the importance and challenge in identifying the differences between billing and rendering providers. The group agreed that it is critical to manage expectations about what the data can and cannot do. Public Comment: *Adam Francis, California Academy of Family Physicians (CAFP),* commented that CAFP has concerns regarding the accuracy of the data. During the operation of the voluntary, multi-payer California Health Performance Information System (CHPI), physicians found there were more inaccuracies than accuracies with the data. Additionally, requiring validation soleby by providers is problematic.
National Landscape of APCDs	Denise Love and Emily Sullivan, NAHDO, presented on specific examples on how other states are using their APCDs. Their presentation included an overview of ERISA plans and how states are working to still collect data from ERISA, Employee Retirement Income Security Act of 1974, plans. They noted that it was the ERISA federal case that encouraged states to come together to develop a standardized data collection format–which became the APCD-CDL™. Please see slides 33-55 for the full presentation: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf Review Committee Discussion: *Ken Stuart, California Health Care Coalition,* noted that there already exists a process to seek an ok for self-insured plans in California to remit data. He also noted he was very encouraged to see the Department of Labor is working to develop regulations to permit self-funded plans to remit claims data. . Finally, he commented that as an ERISA purchaser, he is confident his board would not hesitate to authorize submission of the data. But, since CHCC pays its own claims, they send that data to the health plans, which also has data on the ASOs. *Terry Hill, CMA,* commented on primary care spending and how currently there is no line of sight into the large share risk payments and performance payments given out by large medical

groups. He also noted the issues around lack of transparency with care management payments. Denise shared about the current efforts to capture primary care spend, one of which is an effort with the Milbank Memorial Fund. It is also important to note that the term "primary care" may be defined differently for different populations, such as in Medicaid versus commercial health plans.

Emma Hoo, PBGH, asked to what extent have states worked with alternative payment designs that include bundled payments. Denise noted that this can be an issue and it results in some missing data from parts of the covered population. Supplemental data feeds can help collect this information; however, with bundling, there may be a need to sort out what is comparable and what is not.

Charles Bacchi, CAHP, suggested that the committee review what Oregon has done around bundled payments. Additionally, he noted that the group should be aware of the percentage of claims that are done in the capitated environment versus the non-capitated environment in order to get an understanding of what the universe of data that we have access to includes. Additionally, he commented that the self-insured world in California is something around 6-million lives, and the commercial market is around 10 million, both of which are a large segment to be considered in terms of scope. Finally, he noted that he has received feedback from health plans that there are certain data elements in the APCD-CDL™ that are not collected in California. He inquired whether this was accurate feedback and if the data elements in the CDL were more of a menu to select from depending on what data is available focusing at first on elements that are collected and having some of the other elements be more aspirational. Emily commented that in the APCD-CDL™, data elements can be turned off if they are not collected and if there is not a sufficient business case for including those elements in the state's APCD.

Cheryl Damberg, RAND Corporation, asked which data elements were set aside to arrive at the standardized common data layout. Emily mentioned plan design, education, and demographics–as plans stated that these were not included in their warehouses. Emily said that she will follow up for the group with the complete list of data elements that were removed from the CDL.

Anthony Wright, Health Access California, reminded the committee that California is different from other states, specifically in that California has a significant large group market and significant non-claim payments. Anthony wondered about how standardized products work with the non-claims data. Additionally, he noted that socioeconomic status and demographic data is of highest importance in CA and that the committee will need considerably more information to discuss these critical issues. Emily noted that the APCD-CDL™ allows for unique state applications and that supplemental data files can be added that could include demographic data and other datasets; however, including these data directly in the CDL would cause issues for the standardization.

Anne Eowan, ACLHIC, noted that California is considerably geographically diverse in how the population accesses health care. Some areas only have HMOs, while others are heavily PPO. She wondered if any of this diversity can be captured in an APCD. Denise noted that there are two ways to consider this question: data intake and data reporting. On the data intake side, it is the State's responsibility to ensure compliance by regional payers. On the data reporting side, geographic elements and plan type indicators can be included to present the information that captures this diversity and allows for accurate comparisons.

Review Committee Discussion	Bobbie Wunsch facilitated a discussion on the following two questions:

Question 1: How do you envision this new database supporting the goals of the legislation?

Question 2: What are the challenges that must be addressed in developing and operating such a database?

The committee members' points are summarized in the bullets below:

Question 1: How do you envision this new database supporting the goals of the legislation?

- Prior to diving into topics, it is important to define specific terms, such as the cost of care and transparency
- Opportunity to reduce the cost of care
- Creating an easy-to-use database
- Determining what will be publicly available and what will not
- Ability to capture the split of the burden of costs
- Not only solving problems of the present, but creating a tool to advocate to solve problems of the future
- Focusing on the Triple Aim
  - Improving outcomes
  - Enhancing the patient experience
- Addressing the underlying cost of care
- Helping decision makers make informed decisions
- Helping address transparency, specifically looking at geographic differences
- Opportunity to link cost information and quality information and to also include equity and access to care, to recognize role of disparities and social determinants of health
- Helping inform policy decisions by identifying areas of need and helping to evaluate existing interventions
- Helping inform where dollars are being directed
- Helping to develop and explore new models of care
- Providing actionable information
- Providing more detail around the blend of social and medical services
  - Recognizing that dollars spent on social services are a part of the total cost of health care spending

Question 2: What are the challenges that must be addressed in developing and operating such a database?

- Need to consider other payment models
- Various reporting requirements that already exist will make it critical to leverage existing data collection to reduce burden
- Need to manage our appetite, in terms of aspirations for the database
- Issues around privately-negotiated rates
- Difficulties around setting up database for longitudinal comparison
- Clearly labeling the limitations of the data
- Addressing the tension between access to data and privacy of data
- Consideration of unintended consequences
- Issues over who will have access to the data |

	- Addressing the challenge with obtaining buy-in - Considering what resources will be required - Ability of OSHPD to do the necessary data matching - Addressing false positives and false negatives of diagnosis - Understanding the cost multipliers when calculating total cost of care - Issues around risk-adjustment - Ensuring that enough data is collected to represent all of California and recognizing that ASOs are a large part of the California landscape - Reconciling the fact that California has a bifurcated health care regulation set up with two regulators (CDI and DMHC) that regulate differently. - Challenges around identifying cost drivers - Obtaining a consensus on data element collection - Issues around managing the database and ensuring that those who manage the database understand the data - Long-term financing and governance - Addressing capitation in California - Issues around the quality of data - Issues around privacy of the data
Bagley-Keene Open Meeting Act	Beth Herse, OSHPD Attorney, provided an overview of the Bagley-Keene Open Meeting Act requirements. For full presentation please see slides 58-64: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf.r Review Committee Discussion: *Charles Bacchi, CAHP,* inquired regarding committee members being involved together in other projects outside of the Review Committee, and what the Bagley-Keene rules would be around their communications. Beth responded by saying that the general guideline is to not discuss the business of this committee outside of the committee meeting. Charles followed up by asking if there is an issue he and other committee members are working on together that may be tangentially related to the work of the committee, would they be allowed to discuss it. Beth reminded him that the spirit of the law is to allow the public to be appraised of the decision-making process; therefore, the goal is to not discuss topics that would be topics for the committee outside of committee meetings. *Ken Stuart, California Health Care Coalition,* asked if there were any restrictions with committee members speaking with OSHPD staff or consultants outside of the meeting. Beth again reminded the group of the goals of the Act to keep discussions of the business of the committee at the public committee meetings. *Anthony Wright, Health Access California,* wanted to confirm that the requirements of the Bagley-Keene Act are associated with individuals, and not the organizations. Beth confirmed and noted that since Review Committee members are representing a stakeholder group, the Bagley-Keene Act is not intended to cut communication off from the committee members' representative stakeholder groups.

Proposed Review Committee Topics and Timeline for preparation of Legislative Report	Michael Valle reviewed the proposed a sequence of topics for the Review Committee to cover throughout its meetings. For the full presentation please see slides 65-69: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf. Review Committee Discussion: Bobbie Wunsch started conversation asking if there are any topics that are missing. *Cheryl Damberg, RAND Corporation,* noted that quality assurance and data integrity may be missing from the list. However, the committee agrees that it is in fact included in the August topic on Data Quality. *Anthony Wright, Health Access California,* added two comments. One regarding an evaluation of existing data flows that could be leveraged for the database, suggesting that maybe more specificity could be added to the June Data Collection topic. The second topic he brought up was ensuring that the group recognize the uniqueness of California, which is something the committee discussed should be included across all the topic areas. *Joan Allen, SEIU-UHW,* mentioned that it is important to review examples from other states. The committee discussed that this will be something that cuts across each of the individual topics. *Terry Hill, CMA,* noted that he hopes the committee will have an opportunity to review Use Cases that other states have developed rather than California trying to develop its own. Scott reassured him that the OSHPD program team has begun cataloging Use Cases from other states, but, in addition, also hoped to provide an opportunity for stakeholders to develop their own Use Cases. Terry followed on noting that the legislation included reference that the database address the areas of social determinants of health as well as access and equity. Since traditional claims data does not provide access to the data necessary to do those analyses, it will be important to discuss linkages earlier. *Ken Stuart, California Health Care Coalition,* requested the committee be provided with a briefing on currently available datasets that could be potentially linked to the database. *Cheryl Damberg, RAND Corporation,* added to the discussion on linkages by noting that when linking data, it is helpful to know what the enablers are of the linking datasets; that is, what needs to be present in the data to complete the analysis. She also brought up that it would be important to discuss what is working and also what is not working in other states. This is another topic the committee discussed would be present across the various Review Committee topics and meetings. *Amber Ott, CHA,* asked if the Review Committee would be charged with compliance enforcement. Scott confirmed and mentioned that this will be a topic captured across the different areas through a conversation regarding enabling legislation needed. Bobbie then turned the conversation over to any feedback regarding the sequencing of the topics. *Anne Eowan, ACLHIC,* started the conversation off by noting that discussing funding in October, prior to linkages, may be counterproductive as linking data may lower costs.

	Joan Allen, SEIU-UHW, agreed with Anne and also noted that discussing funding prior to governance also does not make as much sense. She added that there may be topics that will need to be revisited and iterated on based on decisions that are made subsequently. For example, data use and dissemination may need to be revisited. *Anthony Wright, Health Access California,* noted that non-claims data should be moved to the April topic, as it is a critical piece to discuss in the California setting. *Emma Hoo, PBGH,* reaffirmed that privacy is a big topic and there is other work currently being done in this area and that it may be helpful to give the committee more time to prepare prior to jumping into privacy. *Ken Stuart, California Health Care Coalition,* asked about the timing of the OSHPD Legislative Report. Scott responded that it is the intention of the OSHPD program team to draft the report throughout the year, with the target for a penultimate draft to be done by January 2020 in order to go through the review process prior to submission to the Legislature. *Charles Bacchi, CAHP,* followed up on that question by asking what the role of the Review Committee was in the editing of the report. Scott noted that he will clarify with the OSHPD legal team regarding the statutory requirements of the Review Committee in terms of reviewing and approving the Legislative Report.
Top Healthcare Data Questions	Michael Valle and Jill Yegian introduced the concept of Use Cases to the Review Committee, providing an overview of what a use case is as well as a walk through of a specific potential APCD Use Case. The Review Committee and the public were presented with a template to submit their own Use Cases. All Use Case submissions are due by April 4, in order to be discussed at the upcoming April meeting. For the full presentation, please see slides 70-77: https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Public-Meetings/Documents/HPD/Review-Committee-Master-PowerPoint-3.21.2019-Final.pdf. Review Committee Discussion: *Cheryl Damberg, RAND Corporation,* asked a question regarding where in the template would use case submitters show what kind of data is needed to power the specific analysis. Jill responded by saying that the more information you know, and you are able to provide, the better, and please do not be discouraged if you do not know what exact data would be required. Cheryl also had a follow up question regarding curated versus non-curated products, as there will be some organizations that want to do their own analysis with raw data. Jill noted that the intention of the "output" box in the template is to identify specifically what will make the use case useable. Cheryl and Jill had a conversation regarding the fact that Use Cases can generate hundreds of specific questions and that there is benefit in both having specific questions for a Use Case as well as having a general product, such as a utilization dashboard, that can answer a variety of questions. Jill suggested that we may want to include the type of specific questions that could be answered with each Use Case. Cheryl provided feedback that the term "key metrics" used on the Use Case template could be a bit confusing and Jill agreed.
Housekeeping	Bobbie Wunsch presented a few housekeeping items, including: • Proposed dates for future meetings, with each monthly meeting being held the third Thursday of the month

	- A process for the development of future agendas - Reminders on travel reimbursements, Bagley-Keene communications protocols and Form 700s. The committee agreed with the process for developing future committee meeting agendas. There was discussion regarding the proposed dates. OSHPD will follow up with a Doodle Poll to identify the best date that works for committee members. There was also some discussion regarding the start time of the meetings potentially being pushed to 10:00 a.m. Once the dates are finalized the meeting time will be set.
Public Comment	There was no public comment during this time.
Closing & Agenda for Upcoming Review Committee Meeting	Ken Stuart adjourned the meeting and thanked the committee members and OSHPD staff.