

# Agenda Item VI: Public Reporting Update and Priorities

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# For Today

- New Release! HPD Measures: Health Conditions, Utilization, and Demographics
  - Live tour
- Refresher: HPD Public Reporting Discussions to Date
- Progress Report: Public Reporting Priorities and Results for 2023
- Looking Ahead: Public Reporting Priorities for 2024 (and beyond)
  - Input on 2024 Priorities

# HPD Measures: Health Conditions, Utilization, and Demographics



<https://hcai.ca.gov/visualizations/healthcare-payments-data-hpd-measures-health-conditions-utilization-and-demographics/>

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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**
  - Transparency on cost, utilization, quality, equity
  - Inform policy decisions, provide public benefit while preserving consumer privacy
  - Contribute to sustainable system that provides equitable access to affordable and quality health care
  - Contribute to care delivery that is cost effective and responsive to the needs of enrollees, recognizing diversity and the impact of social determinants of health
- 2. Meets Statutory Requirements**
  - Required annual reports
  - Required one-time reports
  - Receive Advisory Committee input on priorities
- 3. Is Feasible to Produce with Available Data and Resources**
  - Data availability, quality, timeliness, and appropriateness
  - Availability of analytic requirements, including tools and measure definitions
  - Staff availability and experience
- 4. Produces Results Relevant to Policy and/or Practice**
  - Responsive to legislative and administration priorities
  - Responsive to emerging health care and public health needs
  - Responsive to stakeholder feedback

The office shall use the program data to produce publicly available information, including data products, summaries, analyses, studies, and other reports, to support the goals of the program. The office **shall receive input on priorities** for the public information portfolio from the **advisory committee**. (Section 127673.8.(a))

# Reporting Required by Enabling Statute

- Annual report that includes analysis such as, but not limited to (HSC Section 127673.7):
  - Population and regional level data on:
    - prevention, screening, and wellness utilization
    - chronic conditions, management, and outcomes
    - trends in utilization of procedures for treatment of similar conditions to evaluate medical appropriateness
  - Regional variation in payment level for the treatment of identified chronic conditions.
  - Data regarding hospital and nonhospital payments, including inpatient, outpatient, and emergency department payments and nonhospital ambulatory service data.
- Other one-time reports required, e.g. summary report on data submitted; report on data quality and improvement processes

# Public Reporting Topics Anticipated

## Sooner: “Simple” Statistics

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

## 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

# 2023 Public Reporting Priorities

## 1. HPD Snapshot

- High-level views of data available in HPD
- Volume of medical procedures and pharmacy claims by payer type and year
- Visualization and underlying data released June 2023:

<https://hcai.ca.gov/visualizations/healthcare-payments-data-hpd-snapshot/>

## 2. HPD Measures

- Health conditions, demographics, and utilization dashboards
- User-controlled filters for location, payer, and additional demographics, such as age and sex
- Visualization and underlying data released September 2023:

<https://hcai.ca.gov/visualizations/healthcare-payments-data-hpd-measures-health-conditions-utilization-and-demographics/>

## 3. Prescription Drug Costs

- Starting point for reporting on cost
- Planned release in December

# HPD Snapshot

## 1. Data Overview

- Counts of product types, individuals, and total records by payer type, claim type, and reporting year
- Top product types by count of individuals

## 2. Data Availability

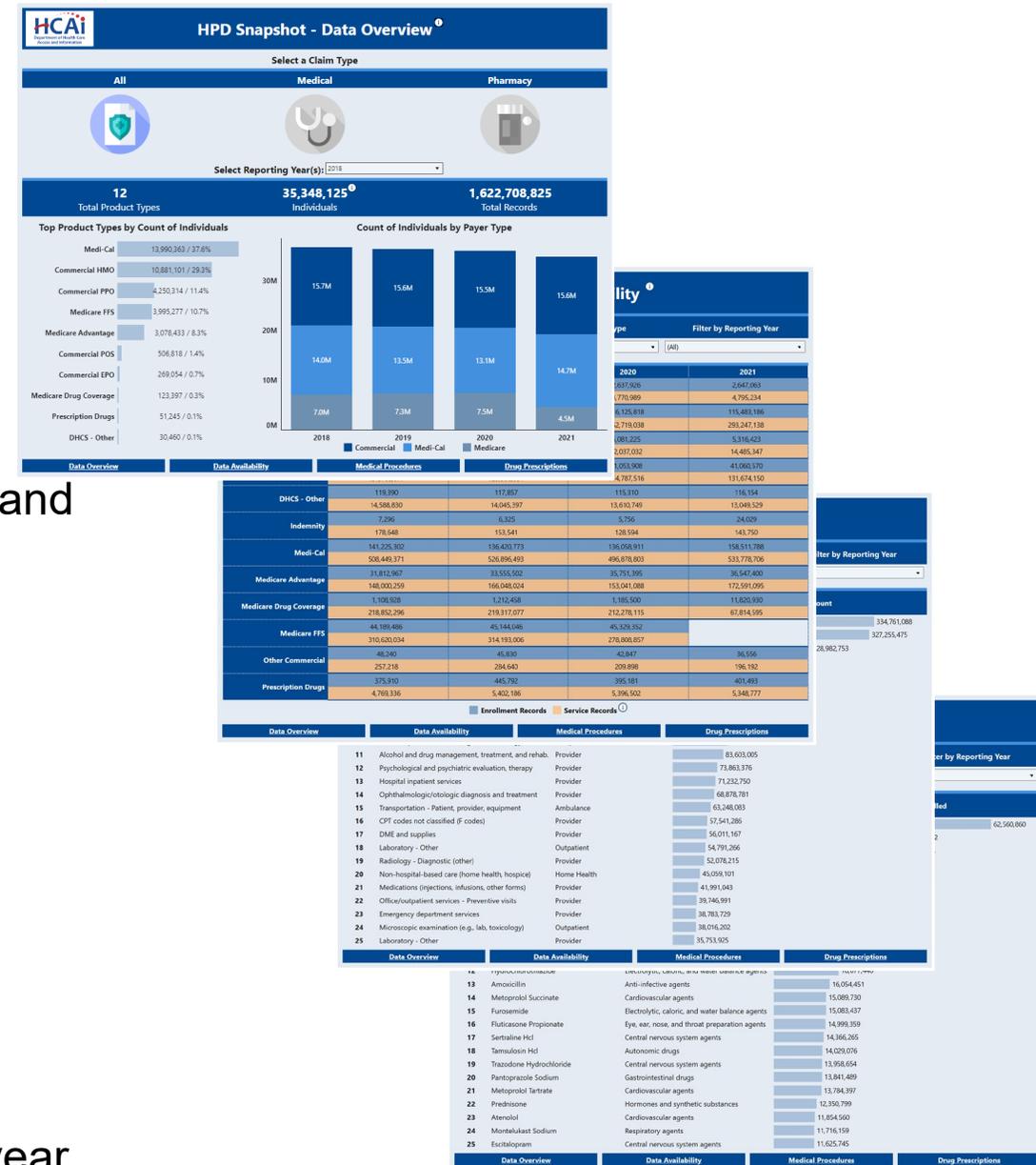
- Count of enrollment and service records, member months, and unique individuals by product type
- Filters for claim type, payer type, and reporting year

## 3. Medical Procedures

- Top 25 medical procedures by record count, procedure category, and type of setting
- Filters for type of setting, payer type, and reporting year

## 4. Drug Prescriptions

- Top 25 prescriptions filled by record count, drug name, and drug class
- Filters for drug class, drug type, payer type, and reporting year



Explore the Snapshot: <https://hcai.ca.gov/visualizations/healthcare-payments-data-hpd-snapshot/>

# HPD Measures

- Standardized health conditions, demographics, and utilization measure categories
- Filters for up to 23 measure categories
- And additional filters for up to two simultaneous grouping dimensions, including age band, county, sex, payer type, and reporting year
- Feature to compare to statewide averages
- With four distinct views:
  1. Measure Map
  2. Measure Trending
  3. Statewide Comparison
  4. Measure Table



# Prescription Drug Costs

- Three views:
  - 25 costliest drugs (total annual state-wide spending)
  - 25 most frequently prescribed drugs
  - 25 drugs with the largest monthly median out-of-pocket cost
- Data for 2021
- Retail pharmacy (not medical)
- Filter by payer type and drug source type (brand vs. generic)

# Proposed 2024 Public Reporting Priorities

## Specific Topics under Consideration for 2024

1. Health Equity
2. Enhancement of Prescription Drug Costs report
3. Reporting on Hospital Costs

## Broader Categories Under Consideration for 2024 (and beyond)

- A. Focused Utilization and Payment Analysis
- B. Specific Populations, Geographies
- C. Coverage/Enrollment

### Related Activity: Data Completeness Tool

Work is underway on an interactive tool to enable users to assess completion of HPD data at the level of the data element, by submitter and payer type.

**Reminder: claim and encounter data (no non-claims), data “as submitted”**

# Health Equity

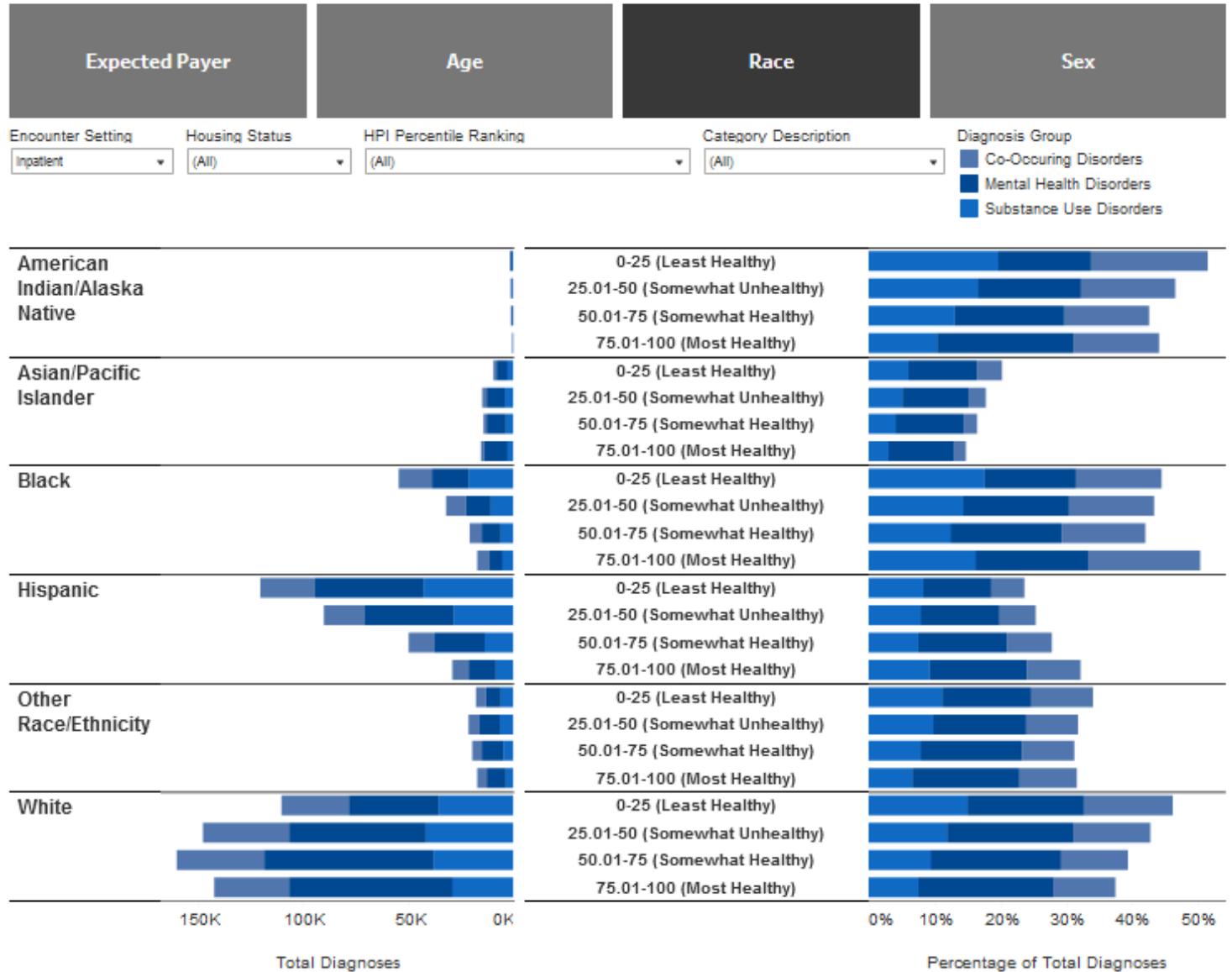
- Build on existing products, such as:

*Mental and Behavioral Health Diagnoses in Emergency Department and Inpatient Discharges by Healthy Places Index Ranking*

Associate health care measures (and costs) with social drivers of health (SDoH).

Source: [Mental and Behavioral Health Diagnoses in Emergency Department and Inpatient Discharges by Healthy Places Index Ranking](#)

## Mental Health and Substance Use Disorder Diagnoses by



# Health Equity

- What is feasible to publicly report, given limitations of existing HPD data?
  - For example, as shared at the July meeting, race/ethnicity data is incomplete; a substantial share of responses are not useful for health equity analysis (e.g., “unknown”)
- What input do you have on pursuing health equity analysis by linking HPD to demographics and social drivers of health (SDoH) from other sources, such as Healthy Places Index or census data?

What are your thoughts on health equity reporting?

# Enhancement of Drug Costs Report

- Prescription drugs account for a growing share of health care spending
  - Interest in greater transparency is strong in both policy and industry sectors.
- Under consideration as enhancements to the year-end release of initial report:
  - Multiple years, 25 highest year-over-year increase
  - Relationship between wholesale (WAC) and final cost
  - Variation by region or payer type in drug costs
  - Add medical prescription drug spending (e.g., physician-administered drugs) to retail prescription drug spending (i.e., pharmacies and mail order).
  - Add focus on biologics, biosimilars, and other specialty drugs in addition to brand and generic
  - Add focus on opioids, tracking utilization trends over time
- Caveat: rebates are non-claims payments, data not yet available

What are your thoughts on additional prescription drug reporting?

# Reporting on Hospital Costs

- Prescription drug cost reporting was an important first step
- Absence of non-claims payment data poses significant challenges for reporting on medical costs
- Institutional costs more likely to be paid on a FFS basis than professional costs
- Hospital-based services (both inpatient and outpatient) comprise a large share of health care spending
- Strong interest in both policy and industry sectors
- Approaches to reporting on hospital costs under consideration:
  - Utilization and Costs for Inpatient Hospital Services
  - Hospital-Based Episodes of Care

What are your thoughts on public reporting on hospital costs?

# Broader Categories: Focused Utilization and/or Payment Analysis (1 of 2)

## 1. Telehealth Services Utilization

- Growing role in delivery, especially in behavioral health
- Could include diagnoses categories, services provided, and providers; variation by geography, payer type, and demographic factors

## 2. Primary Care Utilization

- Primary care associated with better outcomes, access, equity, lower costs
- Coordinate/align with OHCA, which will create definitions and benchmark

## 3. Behavioral Health Utilization

- Area of major need; historic under-investment and fragmentation
- Coordinate/align with OHCA, which will create definitions and benchmark

What input do you have for HCAI in considering these analyses?

# Broader Categories: Focused Utilization and/or Payment Analysis (2 of 2)

## 4. Low Value Care

- Identify and quantify opportunities to reduce overuse, increase affordability
- Option to explore open source tools for analyzing claims data

## 5. Out of Pocket Costs

- Growing concern about consumer affordability, medical debt
- Could include trends over time, and variation by payer type, product type, geography, and demographic factors

What input do you have for HCAI in considering these analyses?



# Broader Categories: Coverage, Enrollment

1. Coverage and enrollment trends by geographic region (e.g., ZIP)
  - Enrollment trends by payer type (e.g., commercial, Medi-Cal) and payer/plan (e.g., Kaiser)
  - Prevalence of Managed Care and FFS; variations in out-of-pocket costs
  - In commercial market, enrollment by coverage type (e.g., PPO vs. HMO) and individual/family vs. group
2. Churn in enrollment
  - Movement among coverage types, in and out of coverage

What input do you have for HCAI in considering these analyses?

# Feedback for Consideration

## A. Utilization, Payment

1. Telehealth Services Utilization
2. Primary Care Utilization
3. Behavioral Health Utilization
4. Low Value Care
5. Out of Pocket Costs

## B. Populations, Geographies

1. Los Angeles County: Add Service Planning Areas
2. Dual eligibles

## C. Coverage, Enrollment

1. Coverage and enrollment trends
2. Churn in enrollment

How would you prioritize among these topics?

# Public Comment