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## HEALTH CARE PAYMENTS DATA (HPD) PROGRAM ADVISORY COMMITTEE

July 22, 2021  
MEETING MINUTES

**Members Attending:** Charles Bacchi, California Association of Health Plans (CAHP); Steffanie Watkins, Association of California Life and Health Insurance Companies (ACLHIC); Jodi Black, California Medical Association (CMA); Emma Hoo, Pacific Business Group on Health (PBGH); Ken Stuart, California Health Care Coalition; John Kabateck, National Federation of Independent Businesses (NFIB); Anthony Wright, Health Access California; Joan Allen, Service Employees International Union- United Healthcare Workers West (SEIU-UHW); Cheryl Damberg, RAND Corporation; William (Bill) Barcellona, America's Physician Groups.

**HPD Advisory Committee Ex-Officio Members Attending:** Dr. Linette Scott, California Department of Health Care Services (DHCS); Isaac Menashe, Covered California; Michael Valle, Department of Health Care Access and Information (HCAI) [previously the Office of Statewide Health Planning and Development (OSHDP)].

**Attending by Phone:** No members attended by phone

**Presenters:** Bobbie Wunsch, Advisory Committee Facilitator; Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Starla Ledbetter, Chief Data Officer, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Jill Yegian, HPD Consultant; and Jonathan Mathieu, Freedman HealthCare.

**Public Attendance:** 48 members of the public

### **Agenda Item # 1: Welcome and Meeting Minutes** *Ken Stuart, Chair*

Ken Stuart, Advisory Committee Chair, welcomed the Committee members and members of the public and called the meeting to order. The Committee also received a brief presentation by Bobbie Wunsch on remote meeting ground rules.

The Committee reviewed the April 22, 2021 meeting minutes. There was one minor spelling correction captured and a minor edit to change Center for Medicaid Services to Center for Medicare and Medicaid Services. The Committee voted and approved the

April 22, 2021, meeting minutes as amended. Charles Bacchi made a motion. The motion was seconded by Anthony Wright and passed by a vote of the committee.

Public Comment: No comments.

**Agenda Item #2: Department Update**

*Elizabeth Landsberg, Director, HCAI*

Director Landsberg welcomed the committee and provided a few brief updates around the Governor's Budget including the announcement of the formal transition of OSHPD to the Department of Health Care Access and Information (HCAI). She noted that the new department retains all OSHPD's existing programs and functions and expands, aligns, and optimizes OSHPD's workforce development programs as well as strengthens its data programs. She noted that the Governor has signed many of the Budget Trailer Bills, though not all of them, and had not yet signed the Health Omnibus Trailer Bill but she anticipated that will be signed shortly. Additionally, the Office of Healthcare Affordability, which was proposed in the Governor's January budget, had not yet been finalized so it was not included in the trailer bills moving forward.

Director Landsberg expressed gratitude to the members who served on the Review Committee and had provided recommendations to inform the development of the public reporting portfolio for the HPD and was looking forward to today's continued discussion on the topic.

Lastly, Director Landsberg thanked the committee for their continued service and expertise. The HPD statute outlined a staggered initial term for committee members with half of the committee members serving an initial one-year term and the other half serving a two-year term. Director Landsberg was pleased to reappoint the following committee members who were serving a one-year term to a subsequent two-year term:

- Stephanie Watkins representing insurers,
- Amber Ott representing providers,
- Ken Stuart representing multi-employer self-insured plans or trust administrators,
- Joan Allen representing organized labor, and
- William (Bill) Barcellona representing physicians' groups.

Questions and Comments from the Committee

The Advisory Committee congratulated the department on the updates and confirmed the correct pronunciation of the new acronym for HCAI.

Public Comment: No Comments

**Agenda Item # 3: Deputy Director Report**

*Michael Valle, Chief Information Officer & Deputy Director, HCAI*

Michael Valle set the stage for the morning's discussion by expressing his gratitude to the committee for engaging in today's discussion and providing advice and guidance

early on public reporting principles and priorities, as HCAI proceeds into the beginning phases of formulating the policies and procedures that will govern the use of HPD data after it is received and the database is complete in 2023. Michael emphasized the importance of making the data in HPD accessible, usable, and actionable. He noted that it is not sufficient to make a significant investment in building a database without making use of the data. He also noted that it is critical that this is done in a way that is effective to support informed decision making and is efficient for state operations and sustainable for the program over time. He noted that stakeholder feedback was extremely valued by the department. As the HPD program evolves, and as the department's capacities grow, HCAI hopes that this committee can continue to advise the department on public reporting priorities across the department's data portfolio.

Additionally, Michael Valle provided a brief update on the federal policies HCAI continues to track, including the No Surprises Act, which included several components related to APCDs. HCAI is still tracking the grant program as a potential source of funding for HPD, though there was nothing new to share on that program at this time. He also mentioned the State All Payers Claims Databases Advisory Committee (SAPDAC), which is the effort to establish standards and guidance for the voluntary submission of data to APCDs by ERISA self-insured employers and other purchasers. Michael turned it over to Cheryl Damberg and Emma Hoo, members of the SAPDAC, to provide any updates to the committee.

Cheryl Damberg and Emma Hoo provided a brief summary of the current discussions happening with the SAPDAC, and the next steps which include finalizing a report with recommendations by the end of July. Michael Valle thanked Cheryl and Emma for their work and for representing California on the committee.

Michael Valle provided an update on the Advisory Committee long term roadmap. He proposed continuing the quarterly meeting cadence into 2022 and said that at the October meeting HCAI would provide a more detailed plan for the specific agenda topics for discussion at each quarterly meeting in 2022.

The last update Michael Valle provided was that the Advisory Committee will continue to meet in a virtual setting until there are further orders released regarding public meeting protocols.

#### Questions and Comments from the Committee

The Advisory Committee shared that HCAI may want to consider extending the time of the committee meetings moving forward to better accommodate all of the content to be covered.

Public Comment: No Comments

**Agenda Item #4: Health Care Payments Data Program Update**  
*Starla Ledbetter, Chief Data Officer, HCAI*

Starla Ledbetter, Chief Data Officer at HCAI provided a brief program update on the HPD Program including:

- Hiring HPD Program staff
- Expanding and optimizing HCAI IT environment
- APCD Platform procurement progress
- Master Index development
- 2018 and 2019 Vital Statistics data acquired from CDPH
- 2018 and 2019 Medicare FFS Data acquired from CMS
- Receiving federal reimbursements for HPD System costs

Starla also provided a brief update on HPD's outreach to mandatory submitters.

#### Questions and Comments from the Committee

The Advisory Committee had some clarifying questions on how CalPERS data would be included in the database as well as inquiring if HCAI could share information about the vendors that are being considered for the platform. Lastly the committee inquired if HCAI has continued to work with Integrated Healthcare Association to leverage the work that they have undertaken to enhance some of the quality reporting capabilities downstream.

Public Comment: No Comments

#### **Agenda Item #5: Public Reporting Principles and Priorities at OSHPD**

*Chris Krawczyk, Chief Analytics Officer, HCAI*

Chris Krawczyk provided a presentation on HCAI's current practice and experience to date with development of data products for public use.

#### Questions and Comments from the Committee

The Advisory Committee provided feedback that HCAI should consider expanding its stakeholder audience to also include media, academics, and other consumer advocacy groups. There was a recognition that here is a division between individual consumers and consumer advocates, the latter of which includes consumer advocacy organizations and also academics or researchers. The committee noted that making HCAI data relevant for the average individual consumer is an incredible challenge and that most of this data is not necessarily representative of an average person's interest. However, the committee felt that there are ways to make this data more useful for researchers, advocates, and the media. The committee also discussed how engaging these different stakeholders might lead to the development of different kinds of visualizations that stakeholders find particularly helpful. The committee suggested that HCAI could make datasets that are able to better link across one another and the importance of having a user-friendly process that provides greater flexibility for data users on how they engage with the data.

The committee was interested in hearing more about the common themes that arose from HCAI's current stakeholder outreach. Some of the themes that were shared with

the committee included timeliness of data release and reporting in order for it to be actionable, interest in standardizing across different datasets and facilitating access to data for researchers to either analyze themselves or for HCAI analyze on their behalf.

The committee discussed how the addition of HPD data would help to support further changes in stakeholder behavior and will also require a robust communication strategy to support the release of these more comprehensive and complex datasets.

Lastly, the committee discussed HCAI's long history of working with this data and the various iterations taken to get to this level of data analytic maturity.

Public Comment:

There were two public comments provided.

The first reiterated the committee member recommendation to broaden the HCAI stakeholder outreach and also commented that HCAI should pursue any future opportunities to align with the Agency for Healthcare Research and Quality prevention quality indicators and work happening at other state entities.

The second commenter discussed the potential for future partnerships between HCAI and other research entities to share data visualizations as well as best practices for developing those data visualizations.

**Agenda Item #6: Establishment of General Principles and Priorities for HPD Public Reporting**

*Jill Yegian, HPD Consultant & Jonathan Mathieu, Freedman HealthCare*

Jill Yegian and Jonathan Mathieu provided an overview of best practices and lessons learned from other state All Payer Claims Databases (APCD) in establishing principles and priorities for the development of their publicly available data products, including a discussion on establishing general principles for development of HPD data products for public use.

*Questions and Comments from the Committee*

The committee had a robust discussion on the topics of lessons learned from other state APCDs as well as on the principles for public reporting.

Regarding the lessons learned from other state APCDs, the committee discussed the varied costs of developing public reports across different APCDs and that consideration should be given to the impact of operational expenditures to the financial sustainability of the database. They also discussed the nuances between public reporting and the different audiences that might be considered "public" and the implication for the development of data visualizations. Additionally, there was a discussion around the impacts of the new federal transparency laws on displaying of cost data considered

proprietary or sensitive. Lastly the committee noted the importance of ensuring that HCAI public reports are actionable and provide meaningful data.

Regarding feedback on the public reporting principles to committee made the following suggestions:

- On principal #2 the committee noted that the concept of validity is different than reliability as a measurement, and should be clarified in the principle.
- On principle #3 committee members expressed concern about being limited to using national standards. There was a discussion that California has the opportunity be a leader, in particular around some more nascent measures around race/ethnicity, and should not be limited only to national measures.
- There was feedback provided regarding the ordering of the principles and that Protecting Patient Privacy and Inform Policy and Practice would need to be at the top if these were ordered by priority order.
- The committee noted the diversity of audiences with user needs varying by audience and emphasized the importance of a design process.

The committee also discussed that this will not be the only opportunity the committee has to provide feedback on public reporting.

The committee did not have time during the meeting to discuss the prioritization criteria and will pick up the remainder of the discussion at the October 28, 2021 meeting. The committee was invited to send further comments to HCAI prior to the October meeting.

### **Agenda Item #7 Public Comment**

There were two public comments provided.

The first comment was regarding the need for public reporting of HPD data to ensure accuracy, validity, and reliability of the data. It was noted that individual physician quality should not be publicly reported until such time that accuracy of the data can be ensured. Reporting inaccurate data or flawed data can mislead patients, damage physician livelihood and clinical integrity, cause considerable administrative burden for physicians to review and correct, and jeopardize public trust in the data.

The second public comment agreed with the committee feedback of not limiting the reporting to just national metrics, as California is a diverse state, and can go much further, particularly on race/ethnicity and Sexual Orientation and Gender Identity (SOGI) data collection and reporting. The commenter also noted that as measures of equity evolve it will be important for this database to reflect that. Lastly, the commenter discussed that there needs to be easy access to the data, as COVID-19 demonstrated the challenges and impacts when state and local government data is not shared or accessible.

### **Agenda Item #8 Adjournment**

Ken Stuart thanked everyone for their attendance and participation. For the next meeting on October 28, the committee is expected to focus on access to nonpublic data and voluntary submission.