

Healthcare Payments Data Program Advisory Committee

October 22, 2020

Welcome

Groundrules

- Bagley Keene Open Meeting Act will be followed
- Public Comment on each item and at end of meeting
 - All members of the public will be kept on mute throughout the meeting
 - Members of the public will not have access to the video function
 - To comment, use “hand-raise” function during the public comment period and you will be called on and unmuted
- No delegates, substitutes, or proxies for Advisory Committee members
- Meeting minutes prepared after each meeting
- Materials posted on website
- Standard voting process: motion/second/discussion (including public comment)/vote
- Virtual Meeting Hints
 - Stay **ON MUTE** when not speaking
 - Turn **ON your video**
 - Use the hand-raising function to make comments – you will be called on
 - Use chat for technical questions only (all chat messages go only to meeting host)

Administration of the Oath of Office

Advisory Committee Member Introductions

HPD Advisory Committee

Stakeholder Group	Representative Organization	Representative
Healthcare Service Plans	California Association of Health Plans	Charles Bacchi
Insurers	Association of California Life and Health Insurance Companies	Steffanie Watkins
Suppliers	California Medical Association	Jodi Black
Providers	California Hospital Association	Amber Ott
Self-Insured Employers	Pacific Business Group on Health	Emma Hoo
Multiemployer Self-Insured Plans or Trusts	California Health Care Coalition	Ken Stuart
Businesses Purchasing Coverage for Employees	National Federation of Independent Businesses	John Kabateck
Organized Labor	Service Employees International Union - United Healthcare Workers	Joan Allen
Consumers	Health Access California	Anthony Wright
Member At Large	America's Physician Groups (formerly CAPG)	Bill Barcellona
Member At Large	RAND Corporation	Cheryl Damberg
Ex Officio	Department of Health Care Services	Linette Scott
Ex Officio	Covered California	Isaac Menashe
Ex Officio	OSHPD	Michael Valle

Election of Chair

Bagley-Keene Open Meeting Act

Overview

- The Bagley-Keene Open Meeting Act regulates the conduct of state bodies and members of state bodies.
- The Advisory Committee is a state body as defined and is subject to the Act.
- In California, it is public policy that the people of the state have a right to be informed about the conduct of government. Actions of state agencies must be taken openly, and their deliberation conducted openly.

What is a Meeting

- Any congregation of a majority of the members of the Advisory Committee to hear, discuss, or deliberate on any item within their subject matter jurisdiction is a meeting.
 - A meeting of a subcommittee created by the Committee that consists of three or more persons is also subject to the Act.
- A quorum (6 of 11 members) must be present to conduct business.
- Currently all meetings are held remotely:
 - All votes must be taken by roll-call
 - If any attendees have audio-only access, each speaker must be identified by name

Serial Meetings

- “Serial meetings” are strictly prohibited.
- A serial meeting occurs when a majority of the members of a state body engages in a series of communications of any kind (including email or phone calls), directly or through intermediaries, to discuss or deliberate on any item within the subject matter jurisdiction of the body.
- As long as they do not discuss any business of the body, members of a state body are not prohibited from meeting at social events or other meetings or gatherings.

Meeting Notices and Agendas

- Notice of each meeting of the Advisory Committee, and the agenda for the meeting, must be published at least 10 days in advance of a meeting. Agendas will be posted on the OSHPD website.
- The agenda must provide a brief description of all items of business to be transacted or discussed.
 - The description of an agenda item should provide enough information to allow members of the public to understand what issues will be discussed or considered.
 - If an item or issue is not on the published agenda, the Committee is prohibited from discussing it at the meeting.

Conduct of Meetings

- All meetings of the Committee must be open and public.
 - Members of the public have a right to attend any Committee meeting.
 - Members of the public have a right to address the Committee on each agenda item before or during the Committee's discussion or consideration of the item.
- Remote meeting rules must be followed to allow for meaningful public participation.
- The Committee may only discuss issues that were listed on the agenda. If a new issue arises, the Committee may choose to place it on the agenda for the next meeting.

Public Records

- All materials provided to the Committee in connection with a matter subject to discussion or consideration at a public meeting are public records.
- Materials that OSHPD provides to the members in advance of the meetings will be made publicly available on the OSHPD website by the time of the meeting.

For Today

- HPD Program Background
 - OSHPD's mission and programs
 - Legislative intent
- Implementation Roadmap
 - Timeline to substantial completion
 - High-level review and status update on key topics
- Meeting Planning Approach
- Agenda Setting

HPD Program Background

The OSHPD Mission

OSHPD advances safe, quality healthcare environments through innovative and responsive services and information that:

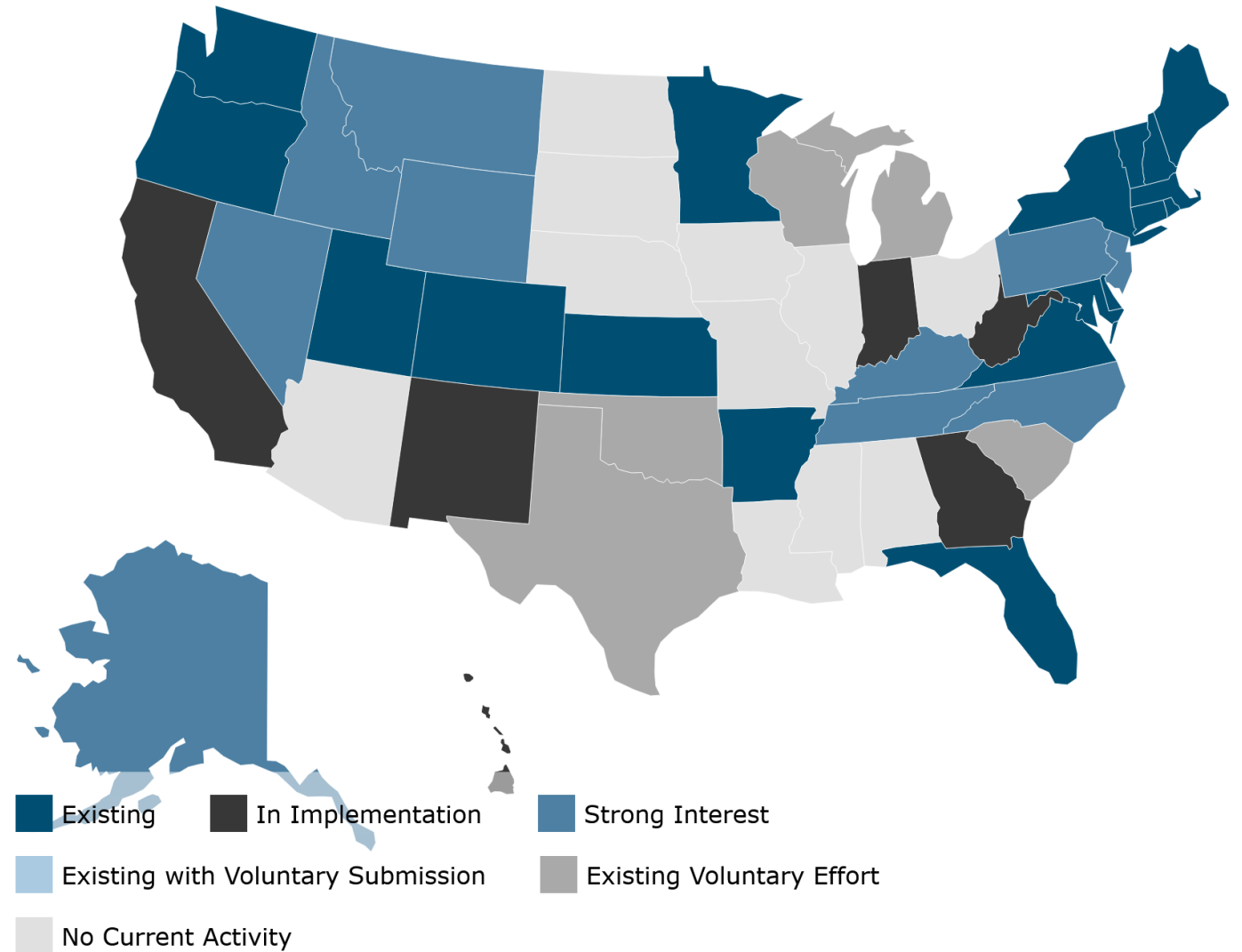
- Ensure safe facilities
- Finance emerging needs
- Cultivate a dynamic workforce
- **Support informed decisions**

OSHPD's Healthcare Data Programs

- Healthcare utilization
 - Patient: Inpatient, emergency department, ambulatory surgery
 - Facility: Hospital, long-term care, clinic, home health and hospice
- Healthcare quality
 - Risk-adjusted outcome studies, safety and prevention indicators, readmission rates
- Cost transparency
 - Financial statements, community benefit plans, Chargemasters, discount payment policies, prescription drug costs
- Healthcare workforce and shortage areas

All Payer Claims Databases, 2020

- In 2005, 3 states had APCDs
- In 2020, 18 states had an existing APCD with 6 states in implementation



HPD Legislative History

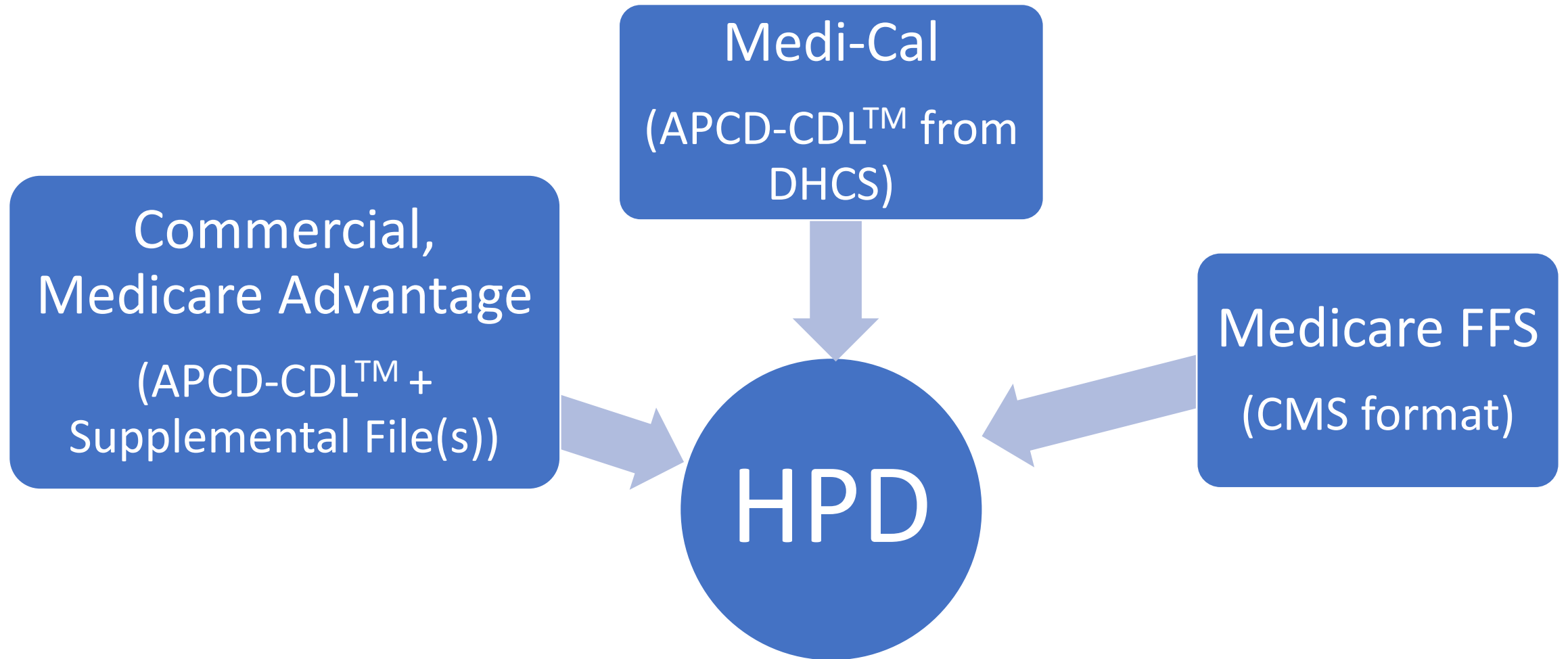
- AB 1810 (2018) charged OSHPD with:
 - Convening a **Review Committee** of stakeholders and experts
 - Submitting a **report to the Legislature** by July 1, 2020
- OSHPD was allocated \$60 million of seed money from the CA General Fund
- AB 80 (2020) formalized the authority for OSHPD to collect data and implement the program

HPD Legislative Intent

- Collect information regarding **health care costs, utilization, quality, and equity** to inform **policy decisions**.
- Provide **public benefit** for Californians and the state while preserving **consumer privacy**.
- Improve data transparency to achieve a **sustainable health care system** with more **equitable access** to affordable and quality health care for all.
- Use data to develop **innovative approaches** to deliver health care that is **cost effective and responsive** to needs of enrollees.

Health and Safety Code [Section 127671](#); AB 80 (Chapter 12, Statutes of 2020)

Data Sources and Formats



Uses of and Access to HPD Data

- Policies and procedures will ensure that privacy, security, and confidentiality of consumers' individually identifiable health information is protected
- OSHPD will produce reports and other data products available for public benefit to support the goals of the program
 - Advisory Committee will provide input on priorities for the public information portfolio
- OSHPD will establish a process for applicants to request access to more detailed, non-public data
 - Advisory Committee and Data Release Committee will advise OSHPD on policies and practices for data access and release
- Data Release Committee will make recommendations to OSHPD about all applications seeking non-public data, considering whether use of the data:
 - Is consistent with the goals of the program
 - Provides greater transparency
 - May be used to inform health care policy decisions

Reports and Recommendations

March 2023

- Report to the Legislature with funding options for HPD

March 2024

- Report to the Legislature with coverage of data reported by mandatory and voluntary submitters

July 2024

- Advisory Committee makes recommendations on how existing state public health data functions may be integrated into the system

OSHPD will produce an annual analysis from the data

What is the value proposition for the HPD System?

Provides a window to California's \$300 billion healthcare spend

- Explore variation in price and out-of-pocket cost by condition, service, or procedures
- Compare payers (e.g. commercial, Medicare, Medi-Cal)
- Identify cost drivers, e.g. prescription drug costs, by setting of care

Allows users to identify and act on opportunities to improve California's healthcare system

- Assess the results of health initiatives, tracking changes in utilization, cost and quality
- Learn from the success of high-performing regions, plans, models of care
- Streamline access to cross-payer health care data across CHHS and other California agencies

Supports healthcare research, including research that directly benefits Californians

- Create one of the largest research databases of its kind, supporting a wide range of projects that align with the HPD's purpose
- Facilitate linkages with other datasets (economic, environmental, social, clinical)
- Example: more robust data for the [California Health Benefits Review Program \(CHBRP\)](#)

Topics for HPD Analysis

Cost and Utilization

- Utilization and Spending
- Price transparency
- Price variation among providers
- Total cost of care
- Benchmarking
- Cost-effectiveness
- Low-value care
- Cost of avoidable complications
- Pharmaceutical cost, utilization
- Oral health cost, utilization
- Behavioral health cost, utilization

Quality

- Preventive screenings, immunizations - variation and comparison
- Continuity of care (transitions in care setting, coverage)
- Readmissions, hospital-acquired infection, preventable hospitalization
- Preventable Emergency Department (ED) visits

Coverage and Access

- Coverage trends over time and geography
- Access to care, including specialty care, dental, and behavioral health
- Patient cost-sharing
- Rate review/ rate-setting
- Insurance coverage
- Network adequacy
- Premiums

Population and Public Health

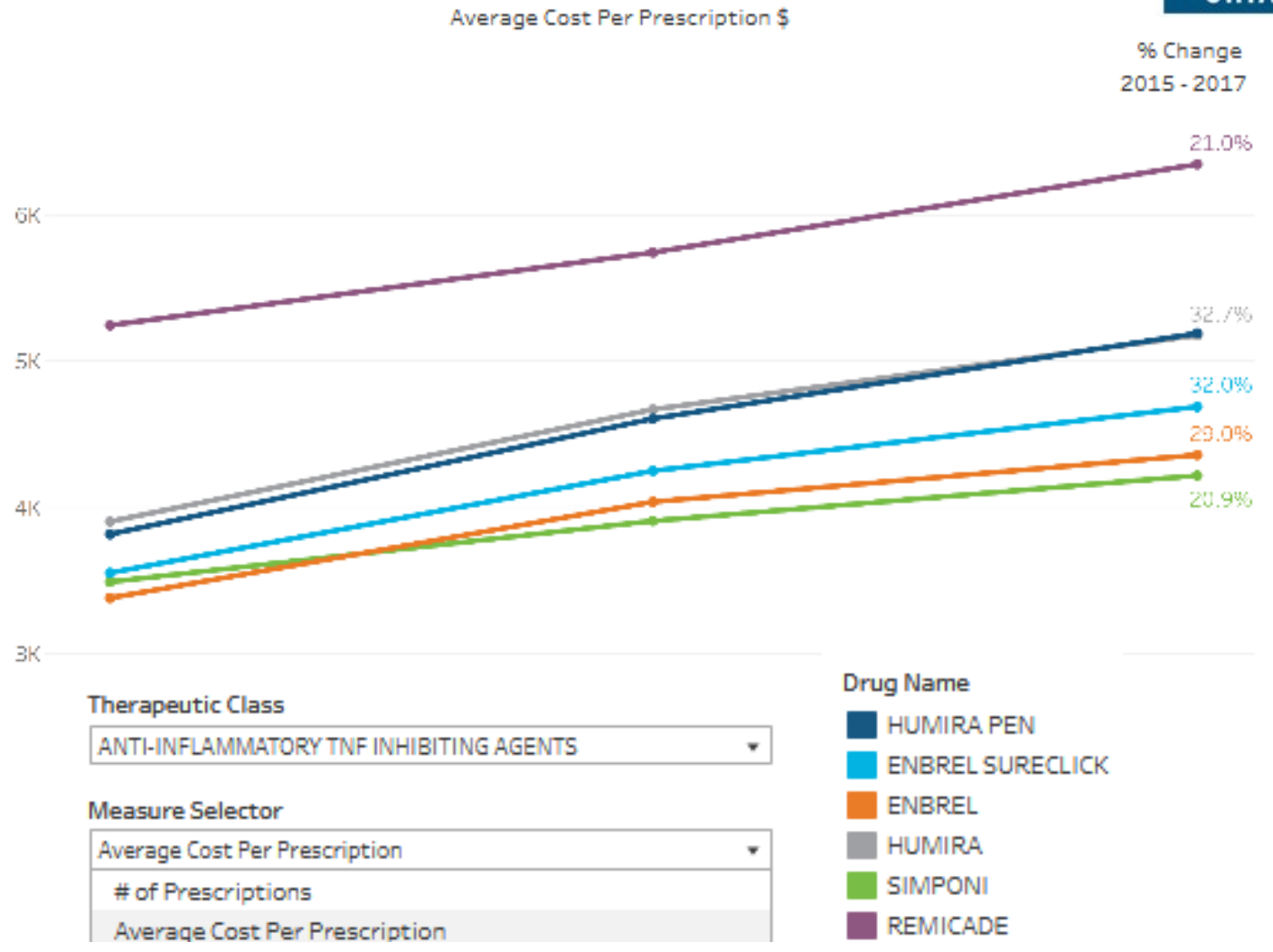
- Chronic conditions (e.g., diabetes, asthma) prevalence, cost, quality
- Opioid prescribing
- Firearm injuries, incidence and cost
- Connection between environment and chronic conditions (e.g., air quality and asthma)
- Epidemiology: trends in cancers, infectious diseases, behavioral health conditions

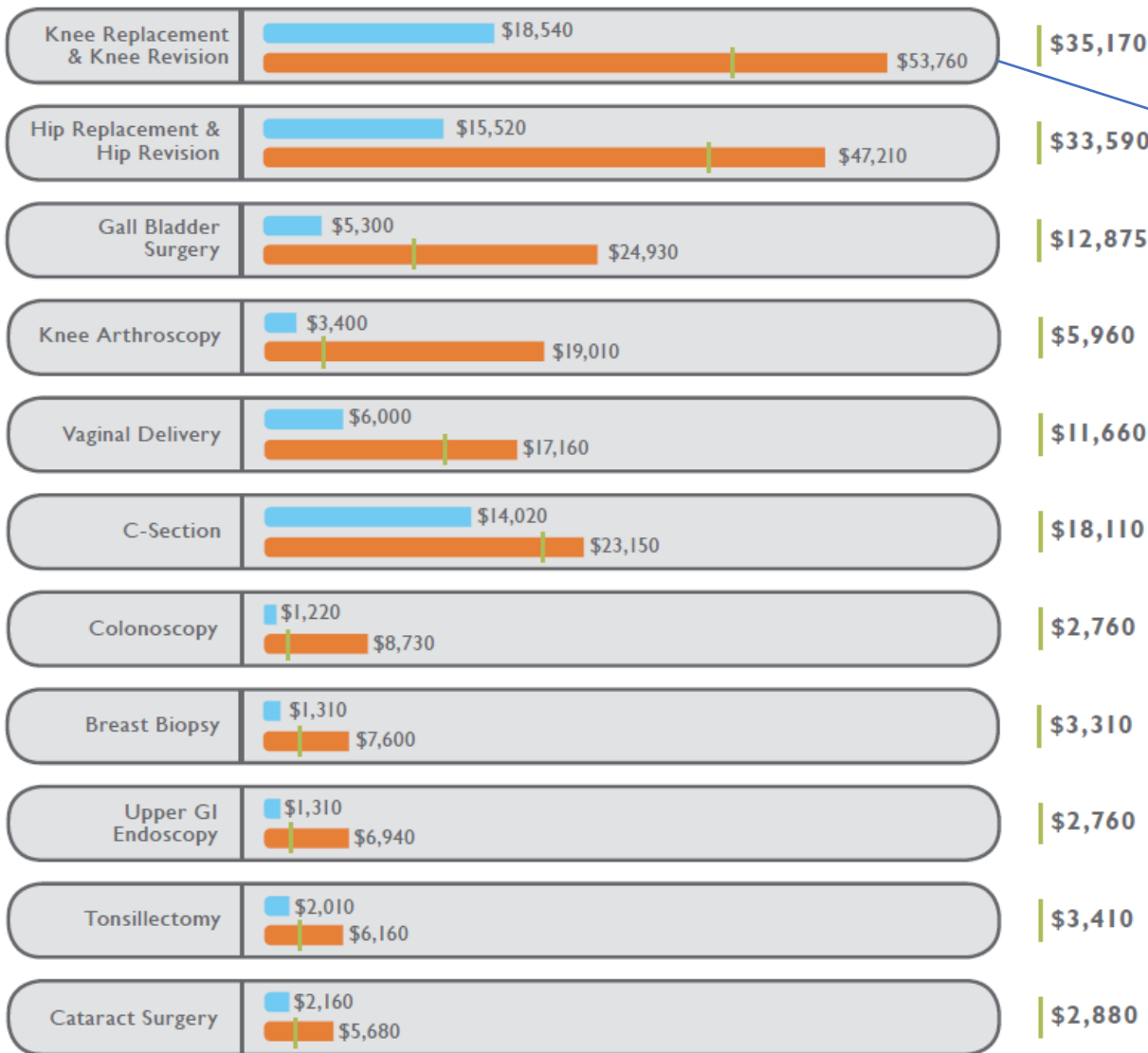
Health System Performance

- Effects of delivery system consolidation on cost, quality, access, equity
- Evaluation of new models of care and payment
- Integration of physical and behavioral health care
- Care coordination for special populations, e.g. dual eligibles
- Prevalence/ trends in alternative payment models

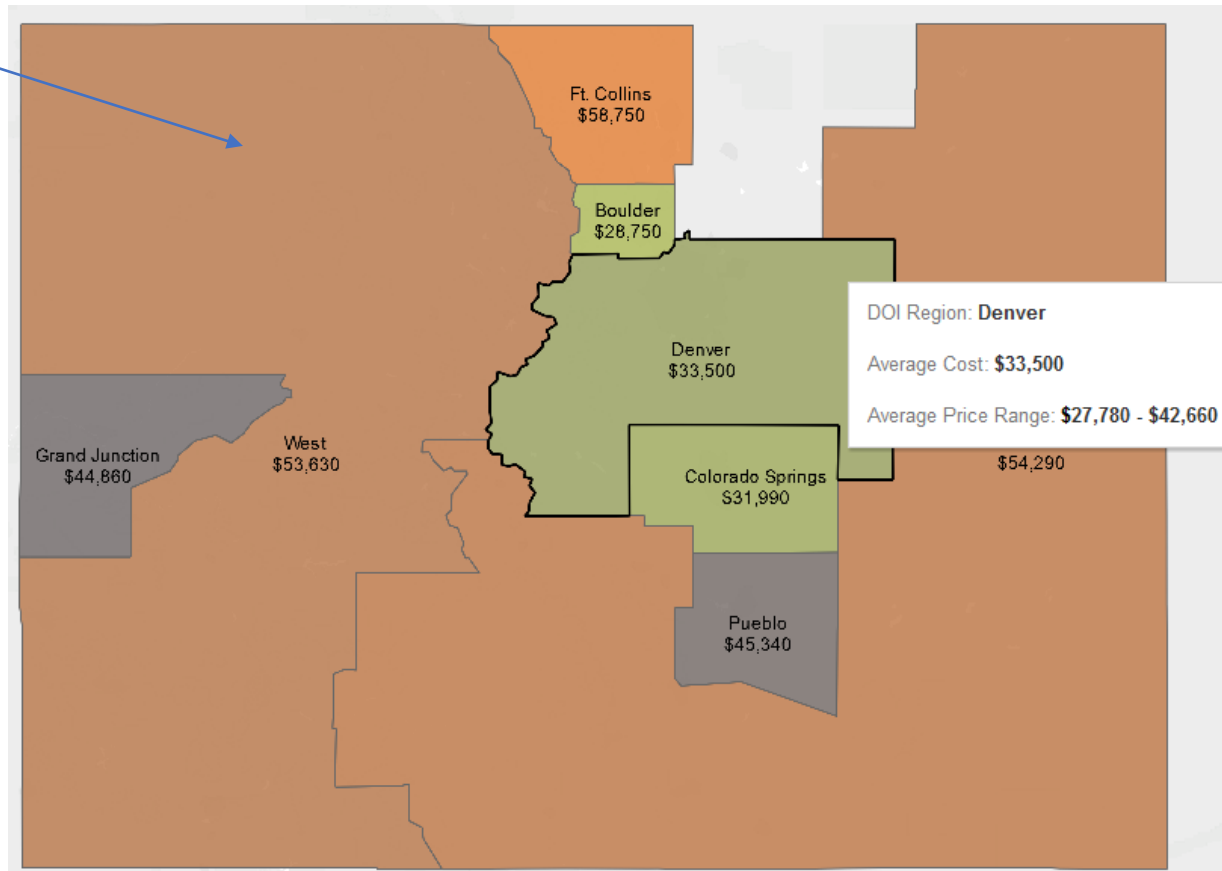
Massachusetts Commercial Prescription Drug Use and Spending, 2015-2017

2017		
Top 10 Therapeutic Classes vs All Other	Expenditures PMPM	% of Total Expenditures
ANTI-INFLAMMATORY TNF INHIBITING AGENTS	\$12.00	13.27%
ANTIVIRALS	\$8.55	9.46%
CNS DRUGS	\$8.13	9.00%
ANTIHYPERGLYCEMICS	\$7.51	8.31%
PSYCHOTHERAPEUTIC DRUGS	\$5.63	6.22%
ANTINEOPLASTICS	\$5.46	6.04%
UNCLASSIFIED DRUG PRODUCTS	\$5.26	5.81%
HORMONES	\$5.07	5.61%
ANTIASTHMATICS	\$4.83	5.35%
CARDIOVASCULAR	\$2.74	3.04%
Top 10 Therapeutic Classes	\$65.17	72.10%
All Other Classes Combined	\$25.21	27.90%
All Therapeutic Classes	\$90.39	100.00%
Payer Paid	\$79.28	87.71%
Patient Out of Pocket	\$11.11	12.29%





Procedure-Specific Cost Variation in Colorado



Data is based on 2017 claims submitted by commercial health insurance payers to the Colorado All Payer Claims Database. Dollar amounts reflect median "episodes of care" payments which is how much typically gets paid, in total, between patients and their commercial health insurance plans, for all bills associated with this service, pre, during, and post care.



Source: [CIVHC](#)

Telehealth Services Analysis

Key Insights :

- From January 2018 to February 2020, telehealth utilization per 1,000 members increased:
 - 33% for commercial (from 57 to 75.9)
 - 91% for Medicaid (28.9 to 55.1)
 - 13% for Medicare Advantage (125.7 to 142)
- Primary care providers have historically provided most telehealth services, followed by behavioral health providers.
- From January 2018 to February 2020, commercially insured patients increased their use of telehealth to access behavioral health providers by 83%.



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Source: [Telehealth Services Analysis](#), CIVHC August 2020)

Telehealth in Colorado

Choose Time Period: January 2018 February 2020 Choose Payer Type*: (All) Choose a Telehealth Service Category: (All) Choose Cost or Utilization: Utilization

Total Services:	390,000	Total Payments:	\$31,199,000
Utilization Rate:	58 services per 1,000 members	Cost:	\$0.39 per member per month (PMPM)

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	64%	0-17	9%
		18-44	35%
Male	36%	45-64	29%
		65+	27%

Why are patients accessing telehealth?

Top Diagnosis Categories	
Mental Health Conditions	33%
Respiratory Conditions	12%
Counseling	7%
Other	6%

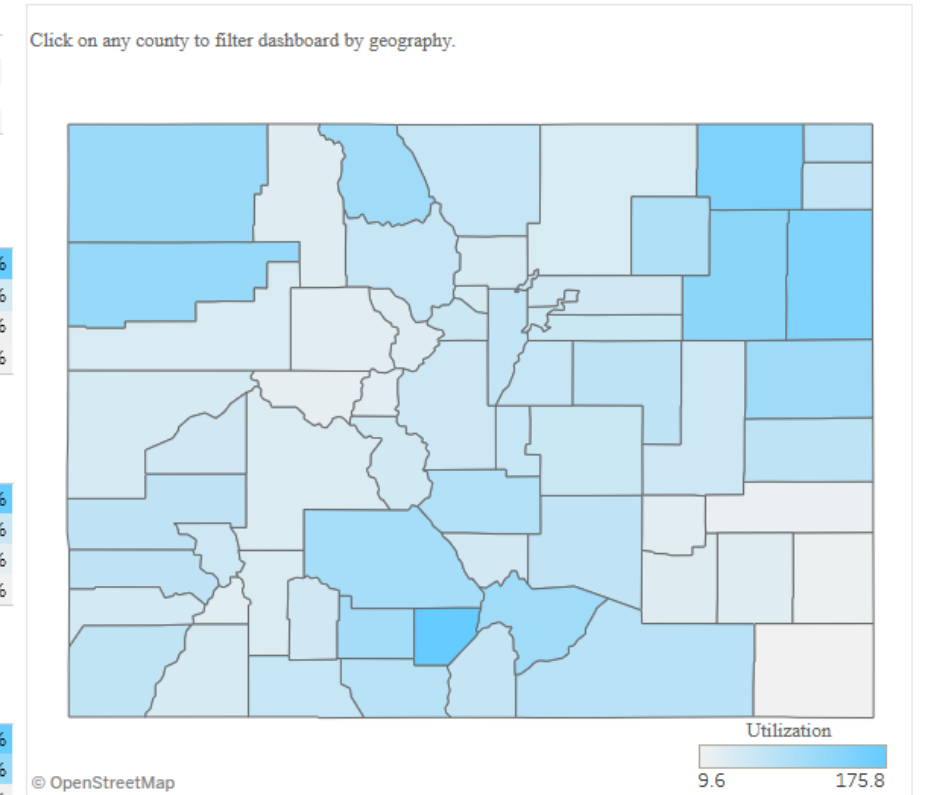
What services are being provided?

Top Telehealth Procedure Categories	
Telephone Services	42%
Office or Other Outpatient E&M Services - Establis..	19%
Transitional Care E&M Services	12%
Psychiatry Services and Procedures	10%

Who is providing telehealth?

Top Service Provider Types	
Primary Care	42%
Behavioral Health	30%
Remote Weight Loss Service	5%
Internal Medicine Subspecialty	5%

Where do patients receiving telehealth services live?



© OpenStreetMap

Source: Colorado All Payer Claims Database (CO APCD), 2020
* "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2018

BREAK

Advisory Committee Perspective

- How would you define success for the Healthcare Payments Database?
- What challenges do you anticipate during the implementation and launch phase?

Implementation Roadmap

HPD Timeline



Convened Review Committee

2019 - 2020

Submitted Legislative Report (March 2020)

Additional enabling legislation passed (June 2020)



Begin rulemaking process

2020 - 2021

Begin technology contracting for database infrastructure

Convene Advisory Committee and Data Submitters Group



Finalize database infrastructure

2022 - 2023

Begin data collection

Convene Data Release Committee

Begin producing analytic reports



Use and maintenance of the system

2024+

Data Collection

Data Submitters
Group quarterly
meetings begin
Dec 2020

Initial data
collection 2021

- CDPH Vital Statistics
- CMS Fee-for-service
- DHCS Medi-Cal
- DCA Licensure

Additional data
feeds TBD

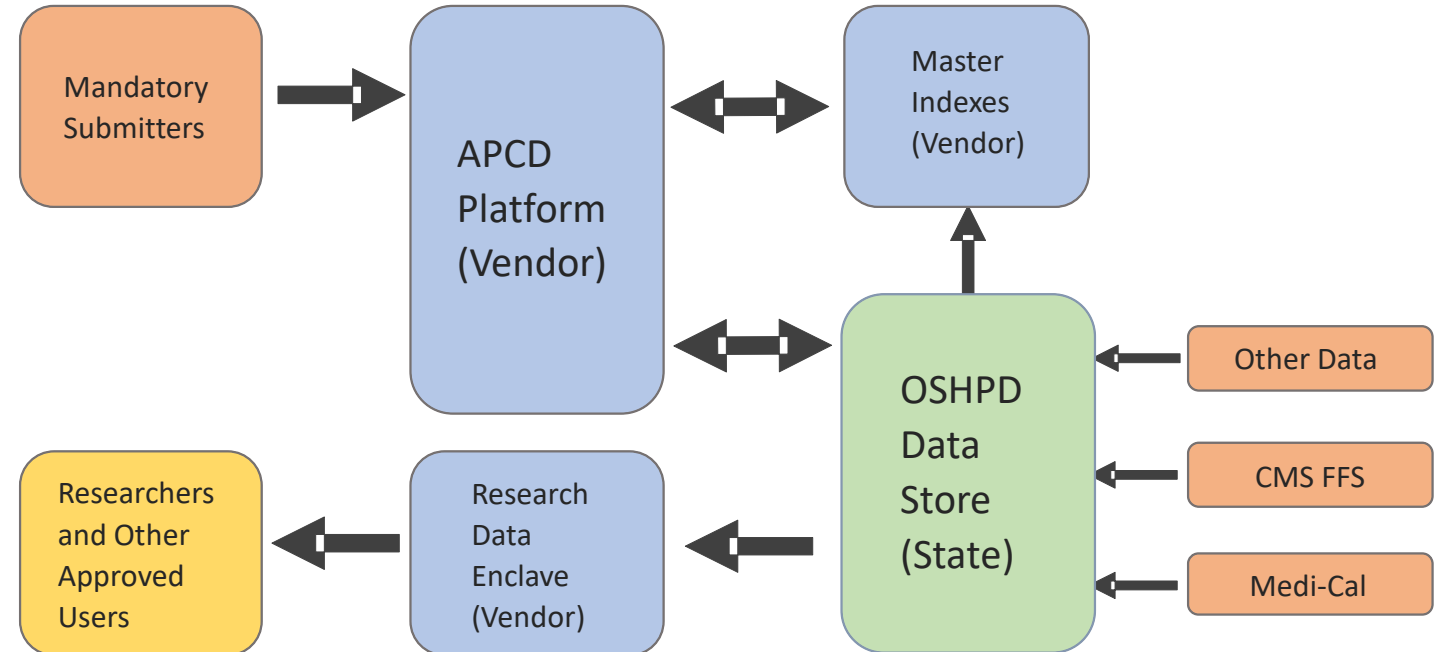
- Capitation
- APM data

APCD CDL™
released Jan
2021

Initial data
collection
(mandatory
submitters) 2022

HPD System Module Contracts

- Master Indexes
Starting May 2021
- APCD Platform
Starting July 2021
- Research Data Enclave
Starting Jan 2023



Project Approval Life Cycle (PAL Process)

- Working with the California Department of Technology (CDT) and the California Health and Human Services Agency (CHHS) Office of the Agency Information Officer (OAIO)
- PAL is divided into four stages:
 - Stage 1 - Business Analysis
 - Stage 2 - Alternatives Analysis
 - Stage 3 - Solution Development
 - Stage 4 - Project Readiness and Approval
- HPD passed through Stage 1 in June 2019 and Stage 2 in June 2020
- Currently working on Stages 3 & 4, which are scheduled to finish June 2021

Status of Funding from CMS

- Federal financial participation requires completion of several steps:
 - CMS approval of an Advance Planning Document (APD)
 - CMS approval of procurement solicitations and contract documents
 - Interagency agreement and reimbursement authority to apply federal funds to the HPD appropriation
- OSHPD working with DHCS to obtain federal funding for HPD System implementation
- Federal funding for ongoing operations is contingent on the HPD System completing CMS' certification process

Meeting Planning Approach

Proposed Future Committee Dates

- Quarterly meetings (9 am-noon)
- Virtual meetings until further notice
- Fourth Thursday of the month
- Dates in 2021:
 - January 28, 2021
 - April 22, 2021
 - July 22, 2021
 - October 28, 2021

Next Steps

- Communications outside of Advisory Committee
 - Bagley-Keene serial meeting rules apply
 - Any communications shared will also need to be shared with the public
 - Bianca Openiano is the point of contact for all Advisory Committee communications
- Conflict of Interest Form 700s
 - Will be contacted by OSHPD Filer to submit forms.
 - Form 700s will be due back to OSHPD by November 23, 2020

Agenda Setting

Public Comment

Adjournment