



## **TASK FORCE ON ALL-PAYER CLAIMS DATABASE**

**Friday, August 26, 2016**  
**North Carolina Institute of Medicine, Morrisville**  
**10:00-3:00 pm**

### **Attendees**

*Members:* Joe Cooper (co-chair), Blanton Godfrey (co-chair), Jennifer Alviano, Denyse Bayer, Rob Burns, Tim Carey, Jay Chaudhuri, Sam Clark, Steve Cline, Chris Collins, Tom Friedman (designated by Mona Moon), Anne Hakenwerth, Lin Hollowell, Bernadette Inskeep, Dee Jones, Adam Linker, Stephanie McGarrah, Matt Meyers, Barbara Morales-Burke, Melanie Phelps, Michael Rappa, Dave Richard, Bob Rosenthal, Dev Sangvai, David Smith, Charlotte Sweeney, Garlinda Taylor, Kimberly Williams, Helen Wolstenholme (designated by Dale Armstrong)

*Steering Committee and NCIOM Staff:* Zach Ambrose, Lauren Benbow, Anne Foglia, Sarah Langer Hall, Michelle Reese, Anna Waller, Walker Wilson, Berkeley Yorkery, Adam Zolotor

*Guests:* Richard Edwards, Aaron Fleischauer, Dana Hagele, Mona Kilany, Lina Saintus

### **WELCOME AND INTRODUCTIONS**

*Joseph Cooper*

*Chief Information Officer*

*Information Technology Division*

*North Carolina Department of Health and Human Services*

*Blanton Godfrey, MS, PhD*

*Distinguished University Professor*

*College of Textiles*

*North Carolina State University*

Mr. Cooper and Dr. Godfrey called the meeting to order and welcomed everyone to the first meeting of the APCD Task Force. Everyone in attendance introduced themselves and the floor was turned over to Dr. Zolotor to give some background.

### **CHARGE TO THE TASK FORCE AND APCD OVERVIEW**

*Adam Zolotor, MD, DrPH*

*President & CEO*

*North Carolina Institute of Medicine*

Dr. Zolotor gave the task force an overview of the NCIOM, the task force process, and the charge to the task force. The task force is funded by The Duke Endowment and is charged with making recommendations for improving the use of health care claims data with the triple aim of controlling cost increases and improving quality and patient experience. If the task force decides

an APCD is right for North Carolina, subsequent recommendations will be needed to address issues of governance, financing, user interfaces, and special cases.

Dr. Zolotor's presentation is available here: <http://www.nciom.org/events/?task-force-on-all-payer-claims-database#presentations>.

*Questions and Discussion:*

- Members of the task force briefly discussed how the general assembly will be engaged in the work.
- The task force will need to consider options for collecting shadow claims for the uninsured, which make up 10-15% of the North Carolina population.

**BUILDING A USE CASE: PUBLIC HEALTH SURVEILLANCE**

*Steve Cline, DDS, MPH*

*Vice President for Strategic Partnerships*

*Community care of North Carolina*

*Aaron Fleischauer, PhD, MSPH*

*CAPT, US Public Health Service*

*Career Epidemiology Field Officer, CDC*

*Chief Science Officer, Epidemiology Section*

*North Carolina Division of Public Health*

*Anna Waller, ScD*

*Research Professor, Emergency Medicine*

*Director, Carolina Center for Health Informatics*

*University of North Carolina School of Medicine*

Dr. Cline outlined the potential for an APCD to facilitate improved public health surveillance. An APCD can fill existing gaps in available data to offer a broader, deeper view of population health and health care utilization trends to inform health policy. APCDs also facilitate greater transparency regarding the pricing and quality of health services and can be used to set benchmarks to drive quality improvement.

Dr. Waller presented the task force with several examples of successful public health APCD initiatives in other states including Colorado, New Hampshire, and Minnesota. Colorado has used their APCD to track Hepatitis C prevalence and treatment, and identify trends in incidence and costs of cesarean deliveries, which they found differ greatly between commercially and Medicaid-insured patients. The examples offered by Dr. Waller, highlighted the ability of APCD data to be used not only as a driver for quality improvement, but also to assess the success of existing and future initiatives. Dr. Waller also shared an example of a consumer dashboard for comparing health service prices, safety measures, and patient satisfaction ratings by facility and payer.

Dr. Fleischauer summarized some potential North Carolina specific public health use cases for an APCD including chronic disease, infectious disease, and risk. Dr. Fleischauer emphasized the way in which an APCD could fill a lot of data gaps to enable better research of communities' health needs, more targeted infectious disease interventions, and better informed occupational risk and emergency management and preparedness initiatives.

Drs. Cline's, Waller's, and Fleischauer's presentation can be found here:

<http://www.nciom.org/wp-content/uploads/2016/07/NCIOM-APCD-Task-Force-PH-Use-Cases-8-26-2016-copy-version.pdf>.

*Questions and Discussion:*

- The task force discussed various benefits and drawbacks of types of data that could be used to fill public health surveillance data gaps including:
  - Data collection should be mandatory and as broad as possible in order to meet public health surveillance needs.
  - Claims data doesn't capture the uninsured population and is aged, whereas provider discharge data doesn't capture what is actually paid and requires a much larger infrastructure to collect from many providers rather than fewer payers.
  - States with mature APCDs are looking at linking claims and HIE data, which is a future opportunity North Carolina can keep in mind. Informatics technology is developing quite rapidly, and the framework should be flexible to accommodate person-to-person links in the future.
  - The task force discussed potential privacy issues and the pros and cons of de-identified data.

**MINNESOTA ALL-PAYER CLAIMS DATABASE**

*Stefan Gildemeister*

*Health Economics Program Director*

*Minnesota Department of Health*

*Leslie Goldsmith*

*Data Manager*

*Minnesota Department of Health*

Mr. Gildemeister gave the task force an overview of the Minnesota APCD, which collects enrollment information, medical and pharmacy claims, and transaction prices from payers covering about 89% of insured Minnesotans. The MN APCD came out of health reform discussions that began in 2007 with the primary goals of improving transparency of pricing and quality for consumers, payers, and providers. The MN APCD is housed within the Department of Health. Mr. Gildemeister argued that the MN APCD offers geographically rich data, and allows the study of health service delivery and pricing over time, across payers, and across providers. Some constraints of the MN APCD include excluded payers (Tricare, VA, Workers

Compensation, Indian Health Services), non-service-specific costs included in claims, and excluded services. The MN APCD has dealt with privacy concerns, and a restrictive data environment which has presented challenges; however, momentum has been gained towards broader use and public use files began became available this year. Finally, Dr. Gildemeister reviewed studies of chronic conditions and potentially preventable health care events.

Mr. Gildemeister's and Ms. Goldsmith's presentation is available here:

[http://www.nciom.org/wp-content/uploads/2016/07/MN-APCD\\_North-Caroline-Task-Force.pdf](http://www.nciom.org/wp-content/uploads/2016/07/MN-APCD_North-Caroline-Task-Force.pdf).

*Questions and Discussion:*

- What issues or controversies came up for debate in the MN legislature?
  - The issue of transparency was key in engaging a bipartisan legislature, and data privacy was a primary concern.
- What kind of push back did the MN APCD face?
  - The focus of the MN APCD has never been on analyzing the performance of individual doctors. Nevertheless anxiety over “report cards” has developed among medical professionals

**MAINE ALL-PAYER CLAIMS DATABASE**

*Karynlee Harrington*

*Acting Executive Director*

*Maine Health Data Organization*

Ms. Harrington gave the task force an overview of the Maine APCD, which has the goal and tagline of Information → Insight → Improvement. The ME APCD is maintained by a state agency overseen by a governor-appointed board, a governing structure which Ms. Harrington recommended in addition to emphasizing the importance of working with data users and stakeholders and maintaining clear communication about the way the data is collected, released and used in order to maximize quality and credibility. Ms. Harrington also highlighted the consumer website, [www.comparemaine.org](http://www.comparemaine.org), as a priority deliverable achieved by the ME APCD as part of the effort to make information more readily accessible.

*Questions and Discussion:*

- What health or policy changes have resulted from the APCD data?
  - There has been an increased commitment to reducing readmissions rates as a result of analysis of cost drivers, and PCMH demonstrations have informed policy decisions.
- How did Maine choose to handle the question of whether to de-identify data?
  - There are a few levels of data, that are made available to providers and health plans with dependent on the existing relationships with the individual, or statewide emergency circumstances (Rule 120).
- The APCD reports and information made available through CompareMaine.org serve as an important starting point to prompt and inform patient-provider conversations about the variations in cost and quality of care available.

- Payers and providers are given opportunities to review information and raise questions or concerns before it is published on the consumer website.

#### **GROUP DISCUSSION**

- The goal for the task force is to make a recommendation as to whether and how to move forward with an APCD in North Carolina for the 2017 legislative long session.
- The task force members expressed an interest in more information and further discussion of several topics:
  - What is the cost of establishing and maintaining an APCD and how other states are financing them
  - Looking beyond the public health use case, what potential does an APCD have to benefit providers, consumers, payers, researchers, and governments?
  - What is the impact of the ERISA Supreme Court case?

#### **NEXT STEPS**

The next meeting will be held Thursday, September 22, 2016.