

TASK FORCE ON ALL-PAYER CLAIMS DATABASE

Thursday, October 13th, 2016

North Carolina Institute of Medicine, Morrisville

10:00-3:00 pm

ATTENDEES

- *Members:* Joe Cooper (co-chair), Blanton Godfrey (co-chair), Angela Diaz, Kim Williams, Franklin Walker, Tom Friedman, Garlinda Taylor, Bernie Inskeep, Matt Meyers, Sam Clark, Chris Mansfield, Stephanie McGarrah, Steve Cline, Bob Rosenthal, Dev Sangvai, Paige Bennett, Chris Collins, Barbara Morales Burke, David Smith (cc), Tim Carey (cc)
- *Steering Committee and NCIOM Staff:* Walker Wilson, Mark Bell, Zach Ambrose, Sarah Langer Hall, Darryl Meeks, Lauren Benbow, Adam Zolotor, Mari Moss, Berkeley Yorkery
- *Guests:* Jason Brinkley, Katie Kingsley, John Freedman

**This task force meeting was plagued by technical difficulties involving the phone system. As a result, some of the points made by Dr. Newman and Dr. Smith are not documented in these notes.

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 third meeting of the APCD Task Force. Everyone in attendance introduced themselves and Mr. Cooper and Dr. Godfrey reviewed the agenda for the Task Force meeting.

NATIONAL ALL PAYER CLAIMS DATABASE: HEALTH CARE COST INSTITUTE

David Newman, PhD, JD

Executive Director, Health Care Cost Institute

Dr. Newman provided an overview of the Health Care Cost Institute (HCCI), an independent national claims data vendor. He began with basic background information about HCCI. HCCI holds administrative claims data on over 50,000,000 individuals and

has 15 billion claim lines. It also holds data from all 50 states and has partnered with state APCDs. By the end of 2016, HCCI will receive 100% of Part A and B Medicare data, as well as additional Medicaid and CHIP data. Additionally, HCCI has academic research partnerships with six institutions.

The transparency goals of HCCI are to create a common consumer experience, provide consumers with additional information, give consumers a credible, accurate data source, and offer a nationwide portal (Guroo.com). Despite the great things transparency can provide, it is also expensive, due to costs of building a website, cost calculation algorithms, quality metrics, and content.

Dr. Newman concluded with a list of things to think about when considering an APCD for NC, most importantly how it will be used. He also highlighted that a national APCD allows North Carolina to compare its data to national averages.

COMBINING CLINICAL AND CLAIMS DATA

Richard Shonk, MD, PhD

Chief Medical Officer, The Health Collaborative

**This presentation was not completed due to technical difficulties.

Dr. Shonk provided an overview of the Health Collaborative. The primary goal of this organization is primary care reform.

FACILITATED DISCUSSION: WHAT ARE THE GOALS OF AN APCD IN NORTH CAROLINA

John Freedman, MD, MBA

President, Freedman Health Care

Dr. Freedman began by explaining that APDCs are powerful tools that require both time and money. Thus, the main question that needs to be considered is why does NC want an APCD? Simply put, it is hard to understand what is going on with healthcare without an APCD because without it there is no comprehensive data feed. For example, state officials have no way of definitively knowing how much money the state is spending on healthcare. An APCD offers holistic access to all data, not just hospital data.

Dr. Freeman continued by explaining some of the main goals that other states have adopted for their APCDs. There are many different ways to use APCD data, and finding out what NC wants to use it for is a critical step.

Questions/Comments/Discussion:

The task force engaged in a discussion about the uses for an APCD in North Carolina and how the APCD would interact with the Health Information Exchange. The task force also discussed patients that cross state lines and how that data is captured in a state APCD.

The group discussed limitations on the availability of the data and the importance of definitions prior to the establishment of an APCD.

Dev Sangvai, MD, MBA
Executive Director, Duke Connected Care

Dr. Sangvai discussed how an APCD could allow health systems a clearer and more comprehensive picture on health care in North Carolina.

Questions/Comments/Discussion:

The task force discussed MACRA, the move towards value based care, and the information that an APCD can provide.

Adam Zolotor, MD, DrPH
President, North Carolina Institute of Medicine

Dr. Zolotor discussed pricing transparency tools in North Carolina. He showed the task force price transparency tools and discussed the price transparency tools that Blue Cross Blue Shield of North Carolina and United have developed. Dr. Zolotor also discussed how an employer might use the data to develop plans, education, incentives, and wellness programs.

Questions/Comments/Discussion:

The task force discussed the merits of allowing an APCD to organically grow and to develop use cases as the data increases, versus the important of defining a use case and the data sets early on. There is a high cost when data and submission requires change.

The task force discussed tag lines for an APCD and how to summarize the value of an APCD: “you can’t manage it if you can’t measure it”. There is a lot of discussion at the state level on the total cost of care, improving outcomes and increasing efficiency. An APCD can help a state develop a comprehensive idea of the total cost of care in the state, and empowers evidence based action.

PULSE CHECK: IS AN APCD RIGHT FOR NORTH CAROLINA?

A survey was handed out to all task force members, steering committee members, and guests.

NEXT STEPS

- The Task Force would like to see draft recommendations to react to and discuss.

THE NOVEMBER 4TH TASK FORCE MEETING IS CANCELLED.

Upcoming Task Force Meetings: December 9th and January 26th.