



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Statewide Multi-Payer Data Initiative Work Group

Friday, October 21, 2011
Meeting Minutes

Members: *Jeannette DeJesús; Bobbi Schmidt; Laurie Graham; Mark Schaefer; Tom Woodroff; Vicki Veltri; Bob Tessier; Lisa Davis; Deb Heinrich; Mary Ellen Breault*

Public attendees: *Susan Halpin; Christine Cappiello; Janice Perkins; Brian Cournoyer; Keith Stover, John Below, Tom Eyer,*

Special Advisor to the Governor on Health Reform, Jeannette DeJesús, opened the meeting by giving an overview of the goals of the group and how it fits within the structure of the Office of Health Reform & Innovation. She directed participants to the Office of Health Reform & Innovation website www.healthreform.ct.gov for additional information.

Ms. DeJesús presented additional information on the charge of the workgroup and information on multi-payer data bases using a power-point presentation which included information about the enabling legislation, contents of the workgroup charge, and a discussion of how to approach this project in coordination with multiple significant projects throughout the state.

Review of MDPI Goals:

- In accordance with Public Act No. 11-58, Section 11, the MPDI workgroup is charged with developing a plan to implement a state-wide multi-payer data initiative.
- The goal of the MPDI work group is to develop a robust multi-payer healthcare data base that will help improve health outcomes for the citizens of CT, increase efficiency and improve the understanding of health care expenditures in the public and private sectors.

Description of MPDI Project Details:

- The multi-payer database will be dedicated to improving healthcare through the collection, analysis, dissemination, public availability and use of health data, and it will be used to answer research and policy questions.
- The multi-payer database will include eligibility and claim data from public and private payers, including insurance carriers, health plans, TPAs, PBMs, Medicaid and Medicare. This includes claim data elements from the UB-40 and CMS 1500.
- The multi-payer database will help to improve performance of the state's healthcare delivery system, achieve better clinical and financial outcomes for Connecticut's citizens, promote

evidence-based policy decision-making, and add transparency to the commercial insurance system.

Discussion of elements required to accomplish MPDI goals:

- **Collaboration:** Ms. DeJesús stressed the need for collaborative efforts across multiple payers, providers and other stakeholders. A close partnership between the public and private sectors is crucial, and we are working with leaders in other states to benefit from their experience and expertise to facilitate the development of a robust data base that will serve the needs of CT and its citizens now and in the future.
- **Informed Decision-Making:** The All-Payer Claims Database Council is a terrific resource for information on other states' models of MPDI development. NH and Maine have both been leaders in this area, and we will attempt to take full advantage of their experience in developing a data base to create one for Connecticut. Many Connecticut insurers are already participating in other states' data bases. By using other state programs as models we should be able to greatly facilitate the development of a data base in Connecticut. There was a discussion regarding the extent of state collaboration and data sharing. Bobbi Schmidt reported that there are ongoing efforts to develop uniform reporting standards that will facilitate information sharing by states, with the appropriate governance. However, to date, there has only been limited data sharing between states.
- **Workplan:** With the help and guidance of the workgroup, we will start developing an implementation plan that follows an aggressive timeline and has specific deliverables. The MPDI will complement the development of CT Exchange by 2014, as well as programs at HITE, DSS, and DEMIS. To take advantage of the enormous opportunities that exist for augmenting our understanding of and improving the health delivery system, we will need to consider potential inter-operability with other data bases as we design the MPDI. The right questions will need to be addressed early on to ensure the right data is collected to make it as usable and beneficial as possible. There was a discussion of possibly using the CHIN data base, or at least aspects of it as a foundation for the MPDI. There was also discussion of whether the state would build and manage the data base itself or would use a vendor. Many states do use vendors, this is something we'll have to look at. We will also need to consider the possible use of the data by outside parties, and the conditions under which such access might be allowed.

Discussion of Model State Site-Visits:

- Bob Tessier suggested that the MPDI Workgroup invite representatives from other states who have successfully implemented multiple-payer data bases to meet with us.

Next Steps:

- Invite individuals from other states to our next meeting. Bobbi Schmidt will work with Dr. Woodruff and Dr. Schaefer to develop a draft set of questions for use in that session, and will circulate to the rest of the workgroup.
- After the next meeting we will decide on the schedule for subsequent meetings.
- Discuss possible need for expansion of work group membership, as well as best ways to involve others to provide technical guidance and other input on the project. Want to ensure we obtain and are guided by input of a broad range of stakeholders. We will agree on a structure that will best support the project, including possible formation of sub-groups to work on specific issues.

- Begin to develop a workplan for implementation that is aggressive and comprehensive in its approach, and that always keeps in mind Connecticut's citizens and the ultimate goals of health reform.

Ms. DeJesús mentioned how pleased she is with the engagement and enthusiasm of work group members and by the cooperative and collaborative manner in which the payer community is responding to this initiative.

With no further questions or public comment, Ms. DeJesús adjourned the meeting until next month (at 4:05pm).