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Statewide Multi-Payer Data Initiative

Thursday, January 12, 2012

Meeting Minutes

Members: Robert Aseltine, Mary Ellen Breault, Roderick Bremby, Tia Cintron, Kim Martone (for Lisa Davis), Jeannette DeJesús, Sue Hoben, Bobbi Schmidt, Bob Tessier

Absent Members: Ben Barnes, Deb Heinrich, Kevin Lembo, Tom Leonardi, Jewel Mullen, Mark Schaefer, Vicki Veltri, Tom Woodruff

Welcome and Introductions

The following new members were introduced by Ms. DeJesús:

- Sue Hoben, who is a retired IBM consultant with expertise in large scale project management. We have been very fortunate to be able to engage Sue on a volunteer basis to help develop and manage the work plan that will be discussed at today's meeting.
- Tia Cintron is the acting CEO of the Health Insurance Exchange and is critical to our effort in building a robust data base in the state which will be used by the Exchange as its first user.
- Robert Aseltine is Professor of Behavior Sciences and Community Health at the School of Dental Medicine at UCONN and Director of CHIN. Dr. Aseltine has been talking with us about the possibility of having CHIN serve as the platform for the MPDB. We are pleased he agreed to become a member of the workgroup.

Update: Activities since Last Meeting

Since the last meeting we have been focused on the development of the draft Work Plan and have also been pursuing the possible engagement of a consultant with experience in implementing MPDBs.

Discussion of Draft Work Plan

Ms. Schmidt and Ms. Hoben walked through the Draft Work Plan – its uses, data collection and analytics, stakeholder support and planning assumptions/implementation. Discussion began with a review of potential uses for the MPDB.

Discussion turned to the two main components of the MPDB. First data must be collected. We'll have to delineate submission criteria, and will need the legal authority to require data submission. Once data is

collected we'll need to be able to store the data and ensure that data quality is high. We'll need a robust governance structure to ensure privacy and security are appropriately addressed.

The second component is data analytics. We will provide the capability for a variety of stakeholders to analyze the data, which is where value is achieved. A strong governance structure is also critical for this component. Successful implementation will require the cooperation and support of a variety of stakeholders. We will rely on the work group members to bring us their perspectives and also play an outreach role with those they represent.

Ms. Schmidt then reviewed the various planning assumptions that underlie the plan and support an aggressive timeline for implementation. One of the key assumptions is that the MPDB will conform to national data standards. Other state's legislation will be used as input to CT's legislation, and other states' data collection and release rules will be used as input to CT's rules. This will help us develop our solutions more quickly and will allow us to leverage what others have done to create the best possible solution for CT. Other assumptions are that MPDB will be implemented using an experienced vendor, and it will be implemented in phases

Ms. Hoben then discussed the initial tasks under the Draft Work Plan that are expected to be completed in the next 6-9 months. These include project definition, which is well underway; the insurance market inventory which documents the number of carriers and enrollment; drafting legislation, which is also underway; documentation of use cases; development of governance frameworks (collection governance will be done first); evaluation of vendors; and review of economic impact. A slide was presented showing subsequent implementation activities and estimated timeframes.

Ms. Schmidt then introduced Laurie Graham who will be joining the Office staff shortly and will mainly be focusing on MPDB. She also mentioned that as we move forward we will identify needs and opportunities for the creation of subcommittees to work on various efforts and will seek volunteers to participate in those groups.

Ms. DeJesús mentioned that representatives from various carriers are also working closely with us on this initiative and they will have an active part as we move forward.

Commissioner Bremby asked about configuration—including where management of the data base would be placed and potential for integration with other data bases. He mentioned a past experience with a data base that was costly to maintain, and it took a long time to get to the point that there was functionality that allowed for sampling from multiple reports. Those are just a couple of questions he had, realizes there are many detailed questions that will need to be addressed.

Ms. DeJesús: Before Bobbi responds, I want to emphasize that this Multi Payer work group is the decision-making body for this initiative. What we have put before you what is a result of a tremendous amount of work, and we will continue to play a coordination and integration role. But there are many questions that we will have to answer together based on the needs of agencies, the public and private entities that will be using the database, including the Exchange.

Ms. Schmidt: Asked Commissioner Bremby if the focus of his question was the interoperability with other data bases, and he said it was. Ms. Schmidt confirmed that the MPDB would be populated with insurance claims data, and not other health care data. Therefore, it will be very important, as the MPDB is designed, to focus on the potential for interoperability with other health care data bases like the Health Information Exchange. For example, as we build the MPDB, we will need to focus on interoperability as we make decisions about patient and provider identifiers.

Commissioner Bremby commented that there may be issues when it comes to of the sharing of Medicaid data.

Ms.Schmidt: Yes, we understand there have been challenges with the integration of Medicaid data into these data bases. We will need to understand this issue better and possible ways to address.

As to where the data based will be house and managed, there are different models. Some states have put their MPDBs in state agencies, others have put them in non-profits. We will bring that issue back to the workgroup with our recommendations, so we can decide what makes the most sense for our state. Very important to look carefully at governance and how we will sustain the MDPB over time.

Commissioner Bremby was asked what models he's had experience with in terms of sustainability.

Commissioner Bremby responded that his most recent experience was with a program that had \$1.2 million annual cost – which was state and federally funded primarily. Before that, the data base was funded by the insurance industry. He believes that data went back as far as early 80's. And it was only recently that the Medicaid data and state employees' database claims were analyzed against each other using that analytic interface. The purchase of the interface was 90% federally funded, and the operation maintenance was 75% federally funded.

There was further discussion about the data base Commissioner Bremby had mentioned, including the accessibility by outside parties and whether fees were charged for the purchase of data. Then there was discussion of the need for careful build-out of analytic capabilities in CT's data base.

Kim Martone commented that we're heading in the right direction if we're leveraging from other states. We can learn by mistakes others have made.

Bob Tessier asked about anticipated timeframe for developing and getting enabling legislation passed, noting that we're only a few weeks away from the session

Ms. DeJesús said that we are moving very quickly to hire a consultant who is familiar with legislation across the country and can help guide our efforts. In the meantime, we have also begun reviewing the laws of other states and having discussions internally regarding a proposed approach for Connecticut. Our goal is to move something through this legislative session. We propose to prepare a draft of the legislation and bring it back to this group for its input. We will send the working group members an e-mail and provide a draft for their review prior to our next meeting.

New Business:

Ms. Schmidt: We are actively soliciting to get members from the provider community and the AG's office. We hope to have those people on board soon.

Next steps:

We are proceeding with the initial aspect of the work plan. As Jeannette mentioned, we are trying to tie down our ability to retain a consultant and will be preparing draft legislation ASAP.

There was then a discussion about the process that would be used to document use cases and what that will involve. Sue Hoben mentioned that we are planning to do interviews with representatives of various stakeholder groups. We'll be including members of the work group in that process. If members of the working group have ideas they'd like to contribute ahead of time, we're happy to receive written input from you. We want to know what are the questions people want answered and what decisions they need to make that this database will help them with.

Commissioner Bremby noted that, as we move along, there will be various difficult issues we'll have to get through and resolve and even struggle with. What we need to keep in mind is that this is a very valuable and

useful effort if we can make this possible. So let's not lose sight of the opportunity that it's going to take a lot of give and take to make this work.

Ms. DeJesús agreed that there will undoubtedly be challenges in this initiative and more generally in how we transform health care as we move forward.

Ms. Schmidt: We will proceed to build out and proceed with the initial aspects of the plan we discussed, and get out an e-mail to you regarding the legislation in advance of our February 2nd meeting.

Public Comment: None

The meeting adjourned at 1:52 p.m.