

Minutes

Delaware Health Care Claims Database (HCCD)

HCCD Committee Kick-Off Meeting

Monday, March 11th, 2019

DHIN Office: 107 Wolf Creek Blvd., Suite 2, Dover, DE 19901

3:00 p.m. to 5:00 p.m.

Join the call: 302-404-6169 PIN: 93783

<https://www.uberconference.com/terrylynnpalmer>

Pier Straws, Linda Green, Stephen King-Remedy, Steve Lawless, Meredith Tweedy, Jan Lee, Bernie Inskeep, Scott Perkins, Tanya Bernstein, Terri Lynn Palmer, Randy Farmer, Karen Kane, Spielman, Aetna, Wendy, Peter Hayward, Remedy, Jeff Reger, Jill Hutt

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Meeting Objectives:

- Vote on HCCD Data Request #LD1
- Update on Interagency Agreement between DHIN and Collaborating State Agencies

Agenda Item	Lead Presenter and Meeting Notes
1. Call to Order and Welcome <ol style="list-style-type: none">IntroductionsQuorum was achieved (6 Committee members were present)	Meredith Stewart-Tweedie called the meeting to order ta 3:05pm. <ol style="list-style-type: none">Remedy Partners Guest were introduced, via phone:<ol style="list-style-type: none">Jeff Dunn (Manager, Performance Analytics)Peter Hayward (VP, Performance Analytics)Samantha Szewczyk (Analyst, Performance Analytics)
2. Approval of January 2019 Minutes <ol style="list-style-type: none">Meeting minutes were reviewed	Meredith Stewart-Tweedie January 2019 minutes approved.
3. Review Application #LD1	Tanya Bernstein <ol style="list-style-type: none">Committee reviewed the following:<ol style="list-style-type: none">Summary of Remedy Partners Request and full Application with supporting documentsOutline of 7 considerations for approval and denial.Rubric as tool for deliberationSlides for applicable state and federal lawsComments received from all reporting entities whose data is being requestedConflict of interest policy; there were no recusals. <p>Remedy Partners was on the phone to answer questions.</p> <p>Committee deliberated on whether the application aligned with the goals of the HCCD. Specifically, whether this application seeks to improve or further the goals for the HCCD and make value-based decisions?</p> <p>Questions were asked on intended use of the data and Statutory purpose of the database. Some of the conversation follows.</p>

	<p>Lawless: How will the outputs of this data request help Residents of Delaware?</p> <p>Remedy Response: The results of this research will allow DE residents to see providers (performance and cost) compared to each other.</p> <p>Committee question: How will the results be made available?</p> <p>Remedy Response: Would not publish but would provide to HCCD as pdf graphs and tables– aggregate at the provider level.</p> <p>Committee question: Will this help Remedy build out their episode of care software? Does Remedy have a clinical support decision system? Will the HCCD data become part of any Remedy Partners database? Why would a for-profit company provide analysis to HCCD at no cost? How will Remedy Partners benefit from this data?</p> <p>Remedy response: The purpose of this request is to test out the hypothesis that Episodes of Care are the right way to evaluate quality and cost. None of Remedy Partners’ clients have commissioned this work; this request emanates entirely from Remedy’s own desire to test out its Episodes of Care logic. Remedy is not a software shop and HCCD data will not be injected into any software or resold in any way. That is not the intent of this work. Rather, this work will inform internal knowledge about the effectiveness of Episodes of Care, which would then be shared with the HCCD as appropriate. HCCD data will be kept entirely separate from any other data held by Remedy Partners and will not be co-mingled or linked to internal data. Remedy has never worked with APCD data before but is currently applying to all APCD’s. They have already received approval from Minnesota and are currently finalizing Colorado.</p> <p>Committee question: The methodology for defining an Episode of care should be transparent as there is not a readily accepted episode of care.</p> <p>Remedy Partners: In terms of episodes of care BPCI, procedural episodes are easier to assess than chronic episodes. Working on cancer episodes.</p> <p>The Committee next reviewed the comments received from Reporting Entities whose data is being requested. Several data submitters had some objections:</p> <ul style="list-style-type: none">a. Address – Remedy Partners confirmed that the provider’s address is needed, not the members addressb. Payer name – Remedy Partners confirmed that the market category/line of business would be sufficient.c. Paid amount and allowed – Remedy confirmed that all
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	<p>financial variables (including patient pay amounts) would be required. Several data submitters expressed concern that this could lead to anti-competitive behaviors.</p> <ul style="list-style-type: none"> d. The committee felt that all claims for all diagnoses may be excessive, since not all diagnoses are needed for certain episodes of care e. The Committee felt that the requested data elements were not all absolutely necessary to conduct the research. f. Provider Tax ID – the Committee pointed out that Tax ID can often be an individual providers’ SSN. Remedy Partners confirmed that if NPI was well populated, Tax ID would not be necessary. <p>Remedy can revise Application for future review to include minimum necessary data elements and clarify others.</p> <p>The Committee next reviewed privacy and security considerations. The Committee discussed the following discrepancies in the application:</p> <ul style="list-style-type: none"> • There is no mention of a data destruction protocol: • Three referenced privacy and security policies, were not provided as part of the application: • There is no clear data storage plan for authorized users. <p>The Committee next discussed the professional qualifications of the project team. The Committee had no concerns. Remedy Partners confirmed that they would not be employing any subcontractors and that Ms. Szewczyk is an employee of Remedy Partenrs.</p> <p>The Committee then voted on how to adjudicate the application. The Committee determined that Remedy Partners’ application was denied as-is, but could be resubmitted to address the concerns about minimum necessary data elements, clarify how the output of the analyses would benefit the residents of Delaware, and provide more information on the privacy and security protocol.</p> <p>Motion: to Deny All in favor of the motion: Meredith Stewart-Tweedie, Karen Kane, Bernie Inskeep, Liz Staber, Jonathan Kaufman, Stephen Lawless.</p> <p>DHIN team will be in touch with Remedy partners to share the details of this meeting related to their application.</p>
4. Public Comment	No public comments made.
5. HCCD Interagency Agreement Update	<p>Scott Perkins, DHIN Legal Counsel It is not a Multi-state agency agreement, but rather, individual agreements will be drafted with each agency. Currently, SEBC has signed and are waiting on final contract execution.</p> <p>Named state agencies have access to all the data. A payer has access to their own data.</p>

6. Next Steps and Adjourn	<p>Meredith Stewart-Tweedie The next HCCD meeting is currently scheduled for April 1, 2019 3-5pm If no pending business such as applications, will cancel meeting.</p> <p>Meredith Stewart-Tweedie adjourned the meeting.</p>
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Attendance March 11, 2019:

<i>Committee Member</i>	<i>Present</i>	<i>Conference line</i>	<i>Absent</i>
Jill Hutt			X
Bernadette Inskeep	X		
Karen Kane	X		
Jonathan Kaufmann	X		
Stephen Lawless	X		
Jan Lee	X		
Kathleen Matt			X
Faith Rentz			X
James Spellman		X	
Liz Staber	X		
Meredith Stewart-Tweedie (Chairperson)	X		

<i>DHIN Staff</i>	<i>Present</i>	<i>Conference line</i>	<i>Absent</i>
TerriLynn Palmer		X	
Scott Perkins	X		
Stacey Schiller	X		
Michael Sims	X		
Pier Straws		X	

<i>Guests</i>	<i>Present</i>	<i>Conference line</i>	<i>Absent</i>
Tanya Bernstein	X		