

# Access Health CT Strategy Sub-Committee Meeting **MEETING MINUTES**

Location: State Capitol Building  
210 Capitol Avenue, Room 310, Hartford, CT  
Date: Thursday, February 21, 2013  
Time: 2:00 p.m.

## **Members Present**

Mary Fox; Bob Scalettar; Vicki Veltri; Anne Melissa Dowling; Bob Tessier

## **Members Absent**

Cee Cee Woods

## **Other Participants**

Health Insurance Exchange Staff: Kevin Counihan; Matt Salner

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### **I. Call to Order and Introductions**

Co-chairperson Bob Scalettar called the meeting to order at 2:12p.m. Co-chairperson Scalettar initiated member and participant introductions.

### **II. Review and Approval of Minutes**

Co-chairperson Scalettar made a motion to approve the January 24<sup>th</sup> 2013 meeting minutes. Bob Tessier seconded the motion. Co-chairperson Mary Fox requested clarification around the section of the minutes regarding wasted expenditures data which totals 31%. Kevin Counihan indicated that he would provide clarification as to whether the percentages provided for unnecessary services (27.5%) and ineffective care delivery (17%) are *of the* 31% total wasted expenditures. The minutes were approved with this clarification.

Co-chairperson Scalettar discussed the committee's desire to establish the meetings as forums for raising topics deserving of open discussion. Co-chairperson Scalettar indicated that the Committee has started to work a speaker schedule going out over a couple of months. Co-chairperson Scalettar announced that the Committee will have presentations by various hospital organizations, carriers, healthcare cabinet members, and other stakeholder groups. Co-chairperson Scalettar announced that today's meeting will include a more in depth discussion of the All-Payer Claims Database (APCD) implementation.

### **III. APCD – Overview and Opportunities for Innovation**

Co-chairperson Scalettar turned the meeting over to Kevin Counihan. Mr. Counihan introduced new Exchange employee, Matt Salner formerly of the Office of Health Reform and Innovation (OHRI). Mr. Counihan stated that the Exchange had been asked to assume the charge of APCD implementation which had previously been housed within OHRI. Mr. Counihan provided a presentation overview of the CT APCD beginning with the presentation objectives. Mr. Counihan indicated that the *preliminary* APCD-use vision is the following:

1. To provide actionable information & reports
2. To improve decision support for consumers

3. To open the window into spending and utilization
4. To promote health plan innovation
5. To be catalyst for reducing delivery system inefficiencies, lowering cost, and improving value

Mr. Counihan described the core functions of the APCD. The APCD will provide a statewide data warehouse for securely compiling de-identified insured and ASO claims data from private insurers, Medicaid, and Medicare. Mr. Counihan stated that with the implementation of the APCD, the State should be able to obtain the claims data of over 90% of residents, which is due in part to the ability to obtain self-insured claims data. The second function is highlighting variations in payments for specific procedures. Mr. Counihan stated that the goal is for CT consumers, policymakers, and other stakeholders, by 2015, to be able to compare risk-adjusted average price and quality metrics for a broad variety of medical procedures. Vicki Veltri asked a question regarding whether consumers will be able to compare the cost of a procedure versus what is charged. Mr. Counihan stated that this is not a core function typically of the APCD. Conversation ensued around where cost data comes from. Mr. Counihan stated that this is not something that would be immediately within the APCD.

Anne Melissa Dowling asked about the enabling authority as it pertains to participation requirements. Mr. Counihan responded that this legislation passed last year. Mr. Salner provided a brief summary of the enabling legislation which requires all of the various payers to submit claims data to a central database or suffer a financial penalty. Mr. Salner then informed the group of the APCD Council in which CT is a part of and which provides sample legislation ([APCD Council](#)). Mr. Salner informed the group of those states which have already implemented APCDs: ME, NH, VT, MA, MD, TN, MN, KS, CO, and UT. Besides CT, other states implementing include RI, NY, VA, WV, OR.

Mr. Counihan announced that the data warehouse is going to include such information as where care is delivered, how it aligns with best practice recommendations, actual amounts paid by insurers and consumers for various services, as well as frequency of utilization of specific services. Mr. Counihan reiterated that because CT's legislation includes self-insured data, the state will be able to cover over 90% of residents, noting that the data will be available on a county-basis as well as facility-basis. Ms. Dowling asked a question regarding the collection of medical services data by physician. Conversation ensued. Mr. Counihan announced that the Exchange is working with Freedman Healthcare which consults with eight other states. Mr. Counihan indicated that the consultant group has reporting recommendations which they could possibly share with members in a later meeting. Co-chairperson Scalettar asked whether information by other states is publicly available. Mr. Salner indicated that NH which has had their APCD for the longest amount of time has a good example of consumer information. Co-Chairperson Fox asked if any states have gotten as far as capturing outcomes or algorithms. Mr. Salner stated he would look into this. Ms. Veltri initiated a discussion around the ability to track population health data via enrollment into the Exchange. Discussion ensued around data capturing and assessment of disparities in healthcare. Mr. Counihan suggested inviting Linda Green of Freedman Healthcare to address the group on this matter.

Mr. Counihan described the benefits of the APCD to the four core customers which include consumers, carriers, employers, clinicians, and policymakers. Mr. Counihan then addressed the governance and organization of the APCD, announcing that the goal is to develop a separate organization for the APCD which will be housed in the same building with the Access Health CT staff. Mr. Counihan announced that an executive director and other staff would be hired and once an executive search firm is secured these openings will be announced on the Exchange website. Mr. Counihan further explained that a \$6.2 million grant was awarded to the State in order to get the APCD up and running. Governance will be through the Access Health CT Board of Directors with oversight implemented by the APCD Advisory Council which is a council of approximately 25 people and several board members. Co-chairperson Fox asked how the

organization will be sustainable once the grant funding is exhausted. Mr. Counihan explained that the funding may run out in 30 months; there are opportunities and ideas for sustainability. Conversation ensued.

Mr. Counihan addressed the implementation plan, highlighting actions and target key dates. Mr. Salner provided a brief update in terms of where the state's APCD is with legislation: regulations have already been drafted, it has gone through public hearing, and the APCD is essentially ready to go. Mr. Tessier asked a question about the legislation timeline. Discussion ensued around this and the Freedman Healthcare RFP contract status. Co-chairperson Scalettar asked about the integration of APCD as pertains to governance— with respect to whether this will be integrated into future board meetings. This developed into a conversation of the current APCD advisory group membership, and the relationship to the APCD Advisory Council. Mr. Counihan will report back to the committee on integration and governance developments. Mr. Counihan also suggested he would send a link to members of the Colorado APCD which provides their standardized reports showing utilization data by county and facility, and credibility of the data.

#### **IV. State Innovation Model Update**

Mr. Counihan announced that the State has been awarded a State Innovation Model (SIM) grant, which is for approximately \$3 million. Mr. Counihan announced that the grant takes effect in April, noting that the the next step is to come up with an action plan which will include participation by a number of stakeholders. Mr. Counihan described the purpose of the grant which is essentially to transform healthcare delivery within the State. It was agreed that Mr. Salner will send the summary of the revised grant submission to the group. Mr. Counihan noted that the next steps will be to provide the group with a timeline, vision, and summary.

#### **V. Public Comment**

Pat Baker provided a public comment.

#### **VI. Adjournment**

Co-chairperson Scalettar adjourned the meeting at 3:08PM. Co-chairperson Scalettar announced that the next meeting will take place at the CT Historical Society from 1-3PM on March 14<sup>th</sup>.

#### **Resources:**

[Agenda](#)

[Presentation](#)

[Transcript](#)