

State Data Agencies Share Methods to Encourage Data Transparency and Promote Value

As the number of states with All-Payer Claims Database (APCD) initiatives increases, there has been a corresponding interest in cross-state sharing of analytic methods and tools and the potential for cross-state collaboration around multi-state measures and reports is closer to being realized. Recognizing these trends, and drawing on lessons learned over three decades of statewide hospital discharge data reporting activities, the National Association of Health Data Organizations devoted an afternoon workshop session, titled *Analytic “Interoperability” to Promote Value in Healthcare Data Sources*, on the first day of the [32nd Annual NAHDO Conference](#). The session, sponsored by the Robert Wood Johnson Foundation, featured real-life examples of how states are using data analytics to demonstrate value in their data collection efforts. A major goal of the session was to provide the audience with methodological overviews of state analytics so that other organizations could replicate efforts using their own data. A secondary goal was to stimulate a discussion about facilitators and barriers to cross-state analytic initiatives and identify strategies and solutions for future collaborative initiatives. (Slides from the workshop session are available at https://www.nahdo.org/annual_conference)

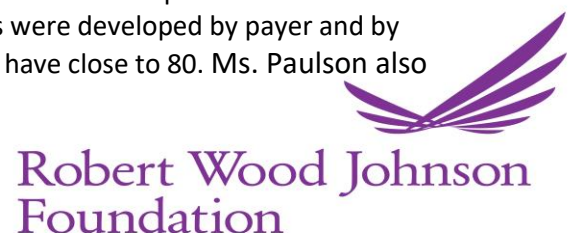
The workshop panel was moderated by [Jo Porter, Director of the Institute for Health Policy and Practice at the University of New Hampshire](#) and Co-Chair of the [All-Payer Claims Database \(APCD\) Council](#). Ms. Porter discussed the history of data transparency related to claims and hospital discharge datasets, the need for continued use of these data, and provided a roadmap for working together to ensure transparency in the future.

Session panelists included Kyle Russell with Virginia Health Information (VHI), Jonathan Mathieu and Kristin Paulson with the Center for Innovation and Value in Health Care (CIVHC); Stefan Gildemeister with the Minnesota Department of Health (MDH); Denise Love, Executive Director of NAHDO and Co-Chair of the APCD Council; and Srinivas Sridhara with the Advisory Board.

Mr. Russell provided an overview of [VHI’s Healthcare Pricing Transparency Reporting](#). The interactive report provides costs (allowed amounts) for 32 procedures at statewide and regional views based on 2015 paid commercial data out of the Virginia APCD. VHI is an independent, non-profit health data organization which administers several data information systems in Virginia including its APCD and HIE. Mr. Russell shared lessons learned in defining episodes and codes for the extraction of the relevant claims which were mapped to service categories. Successive reports include refinements, including additional services and integration of other tools such as the Total Cost of Care and Medicare data.

Mr. Mathieu and Ms. Paulson provided overviews of CIVHC’s [State Innovation Model \(SIM\) Proxy Analyses](#). CIVHC is a not-for-profit organization which administers the Colorado APCD. In their presentation they described the process for creating a robust provider directory in Colorado, beginning with facilities and SIM practices. CIVHC leveraged partnerships with nine sources of provider data: the Department of Public Health and Environment, the Family Medicine Department, Health Care Workforce Database, Department of Regulatory Affairs/licensing, Medicaid provider directory, Medicare files, and the CMS National Plan and Provider Enumeration System (NPES). In addition to the directory, there was a team effort in finalizing a provider attribution method, which was a requirement in order to perform proxy analyses for SIM. Claims-based quality measures were developed by payer and by physician; CIVHC started with 23 proxy measures and currently have close to 80. Ms. Paulson also

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shared how the Colorado APCD was used to evaluate the effectiveness of a home nutritional delivery program for chronically-ill and terminally-ill patients. Seven-hundred individuals from an eligible client population was compared to a cohort population for pre and post intervention Per Member Per Month (PMPM) health costs and utilization for seven chronic conditions to quantify the impact of the program.

Mr. Gildemeister with MDH presented on [Low Value Services](#) and [Pharmaceutical Spending](#). For the low value services analysis, MDH found partners at the Mayo Clinic to assist with the clinical portion of analysis, including selecting measures, interpreting results, and providing clinical context and framing. Approximately 30 claims-based, low-value care measures have been identified to date. Variation in volume of low value service use highlights the issue and lays the groundwork for future discussions to their reduction. This is important because the out-of-pocket costs to consumers is significant. In regards to the pharmaceutical spending analysis, the motivation for the research was around consumer concerns around costs. The goals of the analysis included a determination around how pharmacy claims information is being collected in the MN APCD, to understand pharmacy trends at a more granular level than has been analyzed before, and to build expertise in Minnesota in this area

Denise Love, Executive Director of NAHDO and Co-Leader of the APCD Council, led the next discussion focused on inpatient hospital discharge data systems, a prevalent statewide data set that most states have and one that can be used to provide useful lessons learned.

Of the frequent inquiries received by NAHDO about best approaches to multi-state or national reports, Ms. Love presented on a current request by ProPublica for NAHDO to facilitate state data agency participation in a national report on Cancer Surgery Volume. Modeled after existing methods developed and validated in California, using inpatient data from the Office of Statewide Health Planning and Development (OSHPD), this request seemed reasonable because:

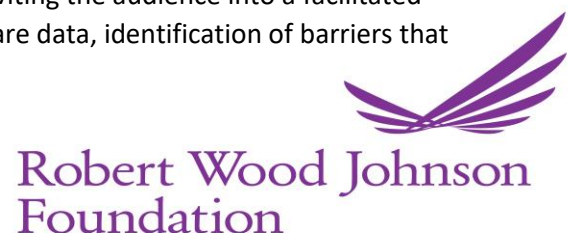
- State inpatient data sets are fairly uniform
- No personal health information or sensitive information is required
- States commonly release public hospital data reports
- SAS code to extract codes of interest would be freely shared with other states

Despite high initial state interest in participating in this consumer-oriented initiative, to date only a handful of states have aggregated and submitted the data to ProPublica (working in tandem with Sloan-Kettering Cancer Center). States have cited resource constraints (limited staff or high vendor costs to extract codes), waiting for updated SAS Code that uses ICD-10 and the need for Memorandum of Understanding (MOU) in some states to be signed by ProPublica.

This inertia is frustrating, but we must continue to address these barriers as interest in consumer transparency, population health, and system performance grows. Based on the data reported so far, there is tremendous variation in the data. ProPublica reported *“I think we’re onto something here. And when you look at the states that have shared their data, what you see is tremendous variation that the public deserves to know about.”*

Ms. Porter and Mr. Sridhara wrapped up the final session by inviting the audience into a facilitated discussion with the panelists to talk about the value of healthcare data, identification of barriers that

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exist in the promotion of that value, and ways to overcome the barriers to ensure these data are used. The barriers and solutions included:

1. Some data have restrictions on redistribution and use. States need to continue to demonstrate that the data increase in value with expanded users and uses.
2. States have limited resources to take on new analysis, without a direct need. NAHDO, through the APCD Council effort and other efforts, can try to coordinate funding applications to bring multiple states together around a shared interest, to get resources for multi-state analysis.
3. Communication about the good work that the states are doing should generate more interest. NAHDO and APCD Council efforts will continue to focus on dissemination.

A multi-state workgroup will continue to focus on these efforts in 2018. Please email Emily Sullivan at esullivan@nahdo.org if you would like to participate in the workgroup.

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