Advisory Committee on Data Issues meeting minutes

November 1, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
9 a.m. -11 a.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the board is available on the [Health Care Cost Transparency Board webpage](#).

Members present

Allison Bailey
Amanda Avalos
Bruce Brazier
Chandra Hicks
David Mancuso
Hunter Plumer
Jerome Dugan
Jonathan Bennett
Julie Sylvester
Leah Hole-Marshall
Lichiou Lee
Mandy Stahre
Mark Pregler
Megan Atkinson
Russ Shust

Members absent

Jason Brown
Josh Liao
Ana Morales

Agenda items

Welcome, Roll call, Agenda Review
AnnaLisa Gellermann, committee facilitator, called the meeting to order at 9:02 a.m.

Recap of September Discussion
AnnaLisa Gellermann, HCA
In September, the data committee heard presentations regarding comparative hospital cost data in

Washington. The next step is to determine what method(s) of risk adjustment should be applied. To do this, a small workgroup will partner with the Washington State Hospital Associate (WSHA). The method(s) should be transparent and well-accepted methods of risk adjustment. The method(s) selected will be presented to the data committee. Data committee members interested in participating in the workgroup may submit their interest to cost board's email at hcahcctboard@hca.wa.gov.

Approval of Minutes
The committee approved the September minutes.

Topics for Today
Specifications of the cost driver analysis.

Washington State All-Payer Health Care Claims Database (APCD) study of cost-growth drivers – specifications for year 1 analysis
Amy Kinner
OnPoint Health Data

OnPoint shared specifications for the year 1 cost driver analysis. The analysis will be continuously refined in future years, as analyses will generate additional questions and areas for further investigation. Per statute, the board's cost driver analysis will use APCD claims data to identify costs trends and drivers of cost in the health care system to inform the board's future directions to curb spending growth. APCD claims data will be accompanied by data collected directly from payers for benchmarking work. APCD encounter and claims data can show additional drivers of cost growth, including detailed categories of care, disparities, and high-cost pharmaceuticals. There are several key topics for the baseline analysis, including how spending has changed, if different markets are experiencing different rates of growth, and if there are spending differences by category.

The APCD has some limitations, including gaps and/or lack of data for self-insured commercial plans, Medicaid long-term care, alternative payments, and the uninsured. The analysis will use five years of data (2017-2021) which aligns with the board's cost-benchmarking period. The following payer types will be included in the analysis: commercial, Medicaid, Medicare Advantage, Medicare fee-for-service (available through 2019), Public Employees Benefits Board (PEBB), WA Health Benefit Exchange (HBE), and dual-eligibles (individuals eligible for both Medicare and Medicaid). The categories of care used in the analysis are closely aligned with the benchmarking initiative, including hospital inpatient and hospital outpatient, professional, and retail pharmacy. The analysis will include Washington residents only, and the cost of care will be broken out by region and age group. The board selected several measures from the WA Common Measure Set that represent a broad spread of conditions to help identify unintended consequences for areas of low spending for access and quality. For instance, though primary care and behavioral health are areas of low investment, spending in these areas should *not* be reduced in the board's efforts to curb total health care costs and spending. Capturing annual spend for both primary care and behavioral health is challenging because of the lack of a common definition. To capture primary care spend, the analysis will use Washington's narrow definition of primary care, and taxonomy and procedure codes. Behavioral health spend will include substance use disorder and mental health claims and will be captured using ICD diagnosis codes, CPT/HCPCS procedure codes, rendering taxonomy codes, and National Drug Codes. Not all behavioral health records are contained in the APCD due to federal law. Per a request by David Mancuso, OnPoint will share the detailed logic proposed for non-pharmacy behavioral health service classification. In the next year, OnPoint will develop an interactive tool for the board and HCA staff to track cost drivers.

The floor was opened for committee discussion on the cost driver considerations for 2023. Leah Hole-Marshall asked if there was a plan to share OnPoint's methodologies used in the analysis. OnPoint will disclose as much of their methodology as possible in a publicly available "methods document." Michael Baillit suggested benchmarking Washington's performance against other states, noting that other states are taking different approaches for tracking cost drivers. Amanda Avalos suggested that rather than merely identifying clinical waste or over treatment, the cost driver data could be used to identify opportunities to drive and pay for the right services/high-value care. The committee will inform the board on ways to identify high-value care opportunities identified from the cost driver analysis. Julie Sylvester asked if it's possible to determine the cost to hospitals of patients categorized as "difficult to discharge" and the guardianship program. Jonathan Bennet agreed that these are important areas and that cost drivers should be looked at holistically. WSHA will share the information they have on this topic, but this is too specific for this year's cost driver analysis. Jonathan asked what considerations have been taken for taxonomies. OnPoint clarified that the taxonomies submitters provide to the APCD (via the provider table and medical records) would be deferred to first. When there are no taxonomies available, they'll rely on the National Plan & Provider Enumeration System (NPPES). Michael suggested that the cost driver analysis distinguish the role of payment per service unit versus the role of utilization to better understand what's driving spending growth. OnPoint clarified that they plan to look at both of those components.

The next step is for the committee to see the reports from the board's first cost driver analysis.

Adjournment
Meeting adjourned at 9:53 a.m.

Next meeting
February 7, 2023
Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.