Advisory Committee on Data Issues and Advisory Committee of Providers and Carriers joint meeting

Washington State Health Care Authority

Washington State Health Care Authority

Advisory Committee on Data Issues and Advisory Committee of Providers and Carriers
Meeting Materials Book

June 6, 2023
2:00 p.m. – 4:00 p.m.

(Hybrid attendance options)

Agenda and Presentations

Agenda..1
New member of The Advisory Committee on Data Issues....................................2
Public comment...3
Primary Care claims-based measurement reccomendation.................................4
Analytic support initiative presentation...5
Cost growth driver study: Phase 2 6

Tab 1

Washington State Health Care Authority

June 6, 2023
2:00 – 4:00 p.m.
Hybrid Meeting

JOINT MEETING-
Advisory Committee on Data Issues *and*
Advisory Committee of Health Care Providers and Carriers

AGENDA

Advisory Committee on Data Issues Committee Members:					
☐	Christa Able	☐	Jason Brown	☐	Hunter Plumer
☐	Megan Atkinson	☐	Chandra Hicks	☐	Mark Pregler
☐	Amanda Avalos	☐	Leah Hole-Marshall	☐	Russ Shust
☐	Allison Bailey	☐	Lichiou Lee	☐	Mandy Stahre
☐	Jonathan Bennett	☐	David Mancuso	☐	Julie Sylvester
☐	Bruce Brazier	☐	Ana Morales		

Advisory Committee of Health Care Providers and Carriers Committee Members:					
☐	Bob Crittenden	☐	Stacy Kessel	☐	Natalia Martinez-Kohler
☐	Justin Evander	☐	Ross Laursen	☐	Megan McIntyre
☐	Paul Fishman	☐	Todd Lovshin	☐	Mika Sinanan
☐	Jodi Joyce	☐	Vicki Lowe	☐	Dorothy Teeter
☐	Louise Kaplan	☐	Mike Marsh	☐	Wes Waters

Time	Agenda Items	Tab	Lead
2:00 - 2:10 (10 min)	Welcome, agenda, and roll call	1	Mandy Weeks-Green Health Care Authority
2:10 - 2:15 (5 min)	Introduction of Christa Able as new member on the Advisory Committee on Data Issues	2	Mandy Weeks-Green Health Care Authority
2:15 - 2:30 (15 min)	Public Comment	3	Mandy Weeks-Green Health Care Authority
2:30-3:00 (30 min)	Presentation on Primary Care Claims Based Measurement Recommendation • Disussion and Feedback to Board	4	Dr. Judy Zerzan-Thul Chief Medical Officer, Health Care Authority
3:00-3:45 (45 min)	Analytic Support Initiative Presentation	5	Joseph L Dieleman, Associate Professor for Health Metrics and Evaluation | University of Washington
3:45 – 4:00 (15 min)	Cost Growth Driver Study: Phase 2 • Discussion and Feedback to the Board	6	Ross McCool Health Care Authority
4:00	Adjourn		Mandy Weeks-Green Health Care Authority

Unless indicated otherwise, meetings will be hybrid with attendance options either in person at the Health Care Authority or via the Zoom platform.

Tab 2

Washington State
Health Care Authority

Member	Title	Place of Business
Megan Atkinson	Chief Financial Officer	Health Care Authority
Christa Able	Division Director, Payer Strategy and Relationships	Virginia Mason Franciscan Health
Amanda Avalos	Deputy, Enterprise Analytics, Research, and Reporting	Health Care Authority
Allison Bailey	Executive Director, Revenue Strategy and Analysis	MultiCare Health System
Jonathan Bennett	Vice President, Data Analytics, and IT Services	Washington State Hospital Association
Bruce Brazier	Administrative Services Director	Peninsula Community Health Services
Jason Brown	Budget Assistant	Office of Financial Management
Chandra Hicks	Assistant Director of Delivery System Analytics	Cambria Health Solutions
Leah Hole-Marshall	General Counsel and Chief Strategist	Health Benefit Exchange
Lichiou Lee	Chief Actuary	Office of the Insurance Commissioner
David Mancuso	Director, Research and Data Analysis Division	DSHS, Research and Data Analysis
Ana Morales	National Director, APM Program	United Healthcare
Hunter Plumer	Senior Consultant	HealthTrends
Mark Pregler	Director, Data Management and Analytics	Washington Health Alliance
Russ Shust	Senior Director of Medical Economics	OptumCare Washington
Mandy Stahre	Senior Forecast and Research Manager	Office of Financial Management
Julie Sylvester	Senior Consultant, Contracting and Payer Relations	University of Washington Medicine

From:	Christa Able WA-Tacoma
To:	HCA HCCT Board
Cc:	Katherine Mahoney WA-Tacoma
Subject:	Application for position on the Advisory Committee on Data Issues
Date:	Tuesday, October 25, 2022 8:28:47 AM
Attachments:	image004.png CMA Resume October 2022.docx

External Email

Health Care Cost Transparency Board,

I am writing to apply for a position on the Advisory Committee on Data Issues.

I believe that my healthcare and analytic background could be helpful to the committee. For the past 25+ years I have been involved in healthcare reimbursement for hospitals, professionals and other ancillary services. I have worked in various roles and responsibilities at Franciscan Health System, MultiCare Health System and now Virginia Mason Franciscan Health. The healthcare industry and the process to determine cost drivers from existing data resources is complex. Throughout my career my work has been dependent on analytics, both internally generated and reports provided by the payers.

The work of the cost transparency board is important and the decisions that are made should be based on relevant key drivers. I believe my skills and experience can support this process. Thank you for your consideration.

Please feel free to contact me if you have any questions.

Thank you.

Christa Able

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Christa Able

Division Director Payer Strategy

Payer Strategy & Relationships

Pacific Northwest Division | Virginia Mason Franciscan Health

P: (253) 428-8566

C: (253) 948-6193

1149 Market Street MS 10-09 | Tacoma, WA 98402

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.

Christa Able

Financial Contracting Director with 25+ years of healthcare contracting in an increasingly complex market. Strong contract negotiation skills with value based contracting joined with leadership experience and the ability to motivate team members to accomplish goals. Career objective is to continue to work in a healthcare contracting position that best utilizes my experience and supports growth in reimbursement, negotiation and management skills.

Core Competencies and Area of Experience:

- *Contract Negotiations, hospital and physician*
- *Value Based Contracting*
- *Payor Relationships*
- *Contract Compliance*
- *Strong analytic and strategic analysis skills*
- *Employee performance and motivation*
- *Integrity and high ethical standards*
- *Demonstrated ability to produce results*

EXPERIENCE

Virginia Mason Franciscan Health (Pacific NW Division of CommonSpirit Health) Tacoma, WA

Virginia Mason Franciscan Health is a leading health system in Washington State, formed by the integration of CHI Franciscan and Virginia Mason. Virginia Mason has more than 18,000 team members and staff, nearly 5,000 employed and affiliated providers, ten hospitals with nearly 1,500 hospital beds and close to 300 care sites throughout the Puget Sound region.

Division Director, Payer Strategy & Relationships (July 2013 - Current)

Responsible for managed care policies, goals and objectives related to contract language and reimbursement, negotiation strategy, and payer relationships. Collects and communicates strategic knowledge to/from the PSR National Payer teams and other key departments across the enterprise. Responsible for fee for service and value-based reimbursement contracts and strengthens CommonSpirit Health's relationships with payers.

- Develops relationships and contracts with local and national payers to drive clear and effective negotiation strategy, reimbursement structure, contract renewal planning process, and contract implementation. Budgeted and forecasted performance are integral to these processes.
- Establishes, builds, and maintains positive, strategic interactions and relationships with payers, employers, providers, and leaders across the ministry.
- Develops and executes communication plans related to payer relationships, negotiations, organizational contractual obligations, and developments in the managed care marketplace including Fee For Service.
- Makes independent decisions and/or exercises judgment based upon appropriate information and objectives. Comprehends and maintains highly detailed information. Accepts and carries out responsibility for direction, control, and planning.
- Stays current with emerging payer trends, new reimbursement methodologies, state specific regulatory issues, plan benefits, payer activity, products and delivery channels including health insurance exchanges, market competition, etc.
- Supports the strategic objectives of population health, and care management initiatives through directly engaging local payers and employer customers.
- Participates in and contributes to CommonSpirit Health's PSR knowledge base through sharing best practices, developing contract performance goals, key metrics, new analytical tools, network development, reimbursement and language guidelines, revenue realization, and other applicable work streams.
- Participates in the dispute resolution and denials processes with local payers. Participates in joint operating committees and denial committees for Division.
- Leads and organizes sub-projects necessary to support local and national payer negotiations.

MultiCare Health System   Tacoma, WA

MultiCare is a not-for-profit health care organization with more than 20,000 team members, including employees, providers and volunteers that serve patients primarily from around the Pacific Northwest and Spokane. Multicare includes inpatient care, primary care, virtual care, urgent care, dedicated pediatric care and specialty services including eleven hospitals in Washington State, MultiCare Medical Associates, it's affiliated physicians, and a wide range of community outreach programs.

Director of Payor Contracting **(June 2005 – July 2013)**

Responsible for the oversight and management of all hospital, physician and ancillary contract negotiations and payor strategies including payer relations, payer analytics and contract administration. Cultivates strong partnerships with health plans to advance strategies of value based integrated care models. Assists in the development of operational infrastructure necessary to be successful clinically and financially in these evolving structures. Manages third party payer matters for all MultiCare providers.

- Plans, organizes and directs all contract renewals and rate negotiations with all major payors
- Develops and maintains relationships with key payers
- Assists in development of operational infrastructure necessary to be successful clinically and financially in new evolving value based payment structures.
- Evaluates and reviews market opportunities for value based contract opportunities
- Coordinates the development of a variety of financial analysis to determine profitability and the feasibility of additional opportunities from external payors.
- Coordinates activities and strategies associated with dispute resolution with external payors, including legal action, and data submission requirements.
- Researches trends locally, statewide, and nationally regarding external payor activities
- Follows appropriate legislation and payor trends and appraise as necessary
- Plans and coordinates payor joint operation committee meetings.
- Oversees staff providing direction and guidance, and administering management functions within the provisions of MultiCare policies.
- Contributes to the success of the organization by meeting organizational competency expectations, continuously learning, and by performing other duties as needed or assigned.

Franciscan Health System Tacoma, WA

Reimbursement Manager **(Aug 1997 – June 2005)**

Responsible for payor contracting and all activities involving external payors. Work closely with both clinical and financial managers. Implemented a contractual compliance modeling system and collection process including new software selection and installation. Responsible for all supporting reimbursement functions such as hospital credentialing and reimbursement analysis. Supervised preparation of departmental profitability reports.

Reimbursement Analyst **(Sept 1994-Aug 1997)**

Prepared all financial reports and analysis used to evaluate payor contracts. Prepared departmental financial profitability reports for clinical departments.

Foundation Accountant **(Sept 1992- Sept 1994)**

General ledger accountant for the Franciscan Foundation. Prepared all journal entries, financial statements, budgets, tax returns and reports.

Databar, Inc   Tacoma, WA

Controller **(Sept 1990-Sept 1992)**

Responsible for all financial accounting including accounts payable, accounts receivable, payroll, and general ledger. Prepared all tax returns and financial reports. Supervised accounting department.

EDUCATION

BA, University of Washington Foster School of Business, Seattle WA Aug, 1990

Certified CPA March, 1992

Associates Degree, Pierce College Steilacoom, WA June, 1985

Interests: Jogging, Culinary, Golfing, Gardening

Computer and Technology Skills

- Proficient in using Microsoft and Office Products - Word, Excel, Power point and Outlook
- Proficient in financial analytics and the ability to drill down and perform root cause analysis and create focused process improvement

Tab 3

Public comment

Tab 4

HCCTB Advisory Committee on Primary Care – Status Update

June 6, 2023

Definition, data, and policy
Committee charges

HCCTB Advisory Committee on Primary Care Charges

- **Primary Care Definition**
  - Recommend a definition of primary care
  - Recommend measurement methodologies to assess claims-based spending
  - Recommend measurement methodologies to assess non-claims-based spending

- **Data To Support Primary Care**
  - Report on barriers to access and use of primary care data and how to overcome them
  - Report annual progress needed for primary care expenditures to reach 12 percent of total health care expenditures
  - Track accountability for annual primary care expenditure targets

- **Policies to Increase and Sustain Primary Care**
  - Recommend methods to incentivize achievement of the 12 percent target
  - Recommend specific practices and methods of reimbursement to achieve and sustain primary care expenditure targets

Primary Care Definition

HCCTB Advisory Committee on Primary Care charges

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What Counts as Primary Care?

WHO

Is the **provider** considered a primary care provider?

WHAT

Is the **service** considered a primary care service?

WHERE

Is the **facility** considered a primary care facility?

Yes Yes Yes = **Primary care that counts toward the 12% target**

General Definition of Primary Care

"Team-based care led by an accountable primary care clinician that serves as a person's source of primary contact with the larger healthcare system. Primary care includes a comprehensive array of equitable, evidence-informed services to support patients in working toward their goals of physical, mental, and social health and the general wellbeing of each person, through illness prevention, and minimizing disease burden, through a continuous relationship over time. This array of services is coordinated by the accountable primary care clinician but may exist in multiple care settings or be delivered in a variety of modes."

Broad vs. Narrow Definition

- Primary care can encompass a broad range of providers services.
- Some analyses conducted to measure primary care expenditures in the past have included both a broad and narrow definition of primary care.
  - The Office of Financial Management used this strategy with prior measurement of primary care expenditure in Washington.
- The Committee has worked to refine both a broad and narrow definition of primary care.
- The two definitions will be evaluated in the future to determine which would be used when measuring progress toward the 12% expenditure target.

Who provides primary care? (broad definition)

- Advanced Practice Midwife
- Registered nurse
- APRN/ARNP
  - Psychiatric mental health
- Physician Assistant
  - Psychiatric mental health
- Counselors
  - Addiction (SUD)
  - Mental health
  - Etc.
- Family Medicine
  - Addiction medicine
  - Bariatric medicine
  - Hospice and palliative care
  - Etc.
- Internal medicine
  - Addiction
  - Obesity
- Marriage and family therapist
- OBGYN
- Psychologist
  - Addiction (SUD)
  - Clinical
  - Adult development and aging
  - Etc.
- Social Worker
  - Clinical
  - School

Who provides primary care? (narrow definition)

- Advanced Practice Midwife
- Family Medicine
  - Adolescent medicine
  - Adult medicine
  - Geriatric medicine
- General practice
- Internal medicine
  - Internal medicine/pediatrics
  - Geriatric
- Naturopath
- Pediatrics
  - Adolescent medicine
- Physician Assistant
- Preventive medicine, preventive/occupational environmental medicine

Where is primary care provided?

- Primary care clinic (including on-site at hospitals)
- Multi-specialty clinic/center
- Rural health clinic (RHC)
- Federally qualified health center (FQHC)
- Ambulatory health clinic/center
- Community health clinic/center
- Critical Access Hospital (CAH) with Method II billing

- Community health clinic/center
- School-based health center
- Indian health service facility
- Long-term care facility
- Urgent care clinic with PCP
- Virtual care

What services are included in primary care?

- The committee has reviewed an extensive list of procedure codes to determine which specific services should be included in the primary care definition.
  - The review included evaluating which codes other states and programs have used in their own primary care measurement efforts to better understand precedence and to align with standard definitions where possible.
- Additional data analysis may be conducted in the future to further refine the primary care code list.

Data to Support Primary Care

CENTER FOR EVIDENCE-BASED POLICY

HCCTB Advisory Committee on Primary Care Charges

- Primary Care Definition
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Data to support and measure primary care

The Committee reviewed general data strategies to support primary care and developed a ranked list of strategies aligned with members' preliminary interests.

Over the remainder of the year, the committee will be directly addressing the statutory charges related to data policy.

- Invest in and support HCA's EHR-as-a-Service initiative which will provide access to certified EHR for BH, small, and rural providers
- Invest in and support HCA's Electronic Consent Management (ECM) initiative to support exchange of health information.
- Maximize utility of One Health Portal through investment and other policy initiatives
- Maximize comprehensiveness/utility of APCD by encouraging self-funded plans to contribute data
- Support Master Patient Index by promoting use of a uniform identifier
- Expand reach of Clinical Data Repository through investment and other policy initiatives

Policies to Increase and Sustain Primary Care

HCCTB Advisory Committee on Primary Care Charges

- Primary Care Definition
  - Recommend a definition of primary care
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- Data Focused to support primary care
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  - Report annual progress needed for primary care expenditures to reach 12 percent of total health care expenditures
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- Policies to Increase and Sustain Primary Care
  - Recommend methods to incentivize achievement of the 12 percent target
  - Recommend specific practices and methods of reimbursement to achieve and sustain primary care expenditure targets

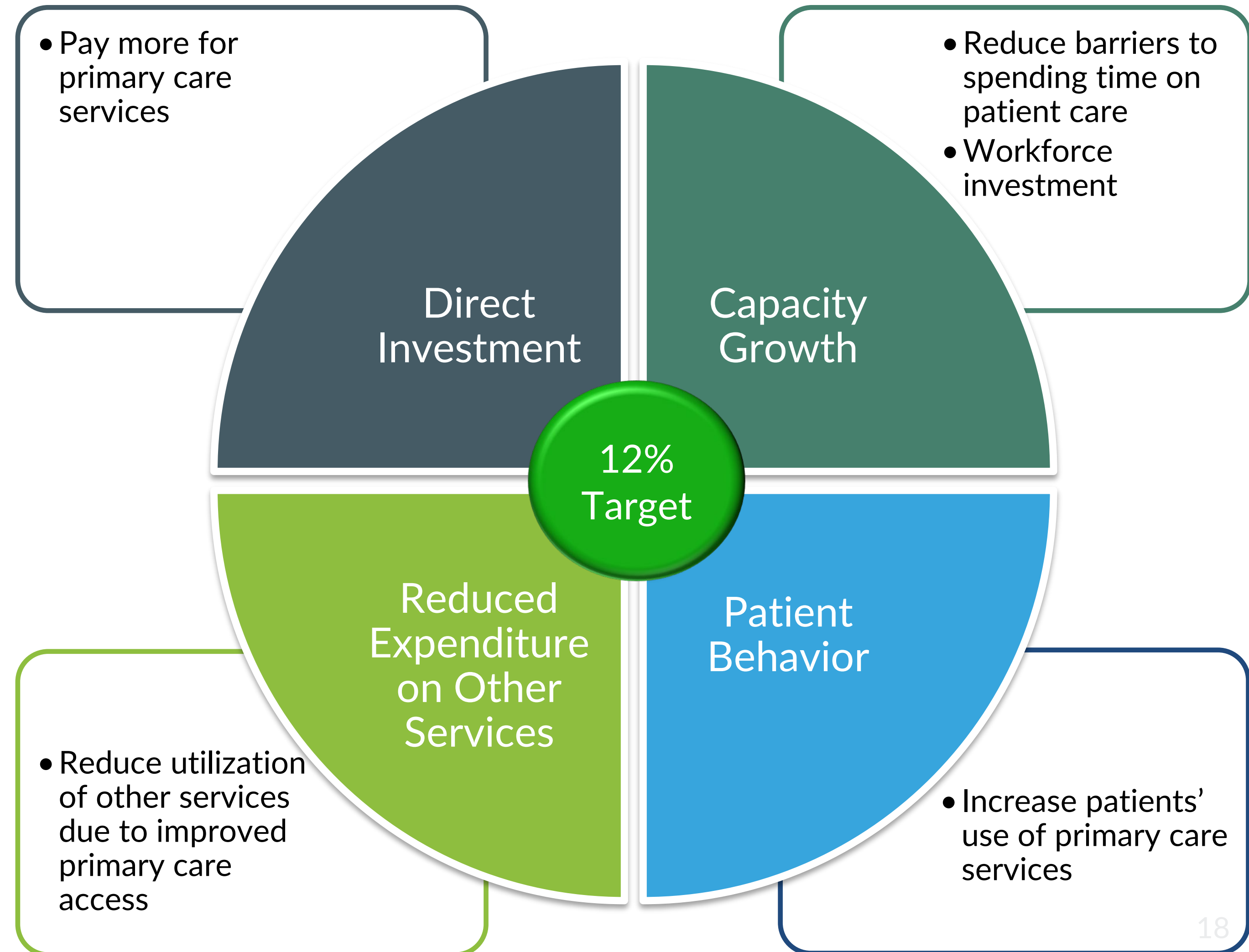
HCCTB Advisory Committee on Primary Care Charges

- To develop recommendations on how to achieve 12% target, have to understand the different drivers that influence the primary care to total spend ratio.
- Ultimate goal is to ensure access to high quality primary care, 12% is a lever to support this goal.
- Important to think through how expenditures support ultimate goal and not just contribute to hitting 12% target.
  - How do you maximize the impact of additional investment in primary care?
- Committee used a four-domain framework to explore different strategies for advancing toward a 12% target in a manner that supports the ultimate goal of access and quality.

Policies to increase and sustain primary care – 12% in context

Four key domains that influence the primary care expenditure statistics:

- Direct investment
- Capacity Growth
- Patient Behavior
- Reduced Expenditure on Other Services



Policies to increase and sustain primary care – 12% in context

The strategies below, ordered by preference, had at least some support from committee members. Members will continue to work through the legislatively mandated bodies of work in future meetings.

1) Direct Investment - Increase primary care reimbursement.
2) Capacity Growth - Payer focus on reducing administrative burden/costs for providers.
3) Forgiveness for non compete clause penalties incurred by primary care clinicians who leave a position to work elsewhere in Washington State.
4) Patient Engagement - encourage employers to support/incentivize/encourage patients in selecting a PCP.
5) Capacity Growth - State funded expansion of loan forgiveness opportunity.
6) Capacity Growth - Work with education system to bolster pipeline of healthcare professionals.
7) Increasing Medicaid reimbursement for primary care services.
8) Capacity Growth - Multipayer collaboration to develop and implement payment models that offer greater financial flexibility and incentives while growing access and improving quality.
9) Provide options for practice teams to have a fully capitated system.
10) Increase FFS for remote patient monitoring services, chronic care management.
11) Increase FFS reimbursement for care team members such as clinical pharmacists, care coordinators / Community Health Workers, registered nurses, etc.

Questions/Discussion

Tab 5

IHME

Measuring what matters

The HCA/IHME Analytical Support Initiative

Joseph Dieleman, PhD
dieleman@uw.edu

Agenda – Introductions and feedback

I. Introductions

   A. Myself and IHME

   B. Analytical Support Initiative

   C. IHME's Disease Expenditure Project

II. Next steps

III. Early feedback and/or considerations

Joseph (Joe) Dieleman

- Associate Professor in Dept of Health Metric Sciences at UW
- Lead Resource Tracking research team at Institute for Health Metrics and Evaluations
- Background is in Economics, while my work has focused almost exclusively on health financing
- dieleman@uw.edu

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IHME

Measuring what matters

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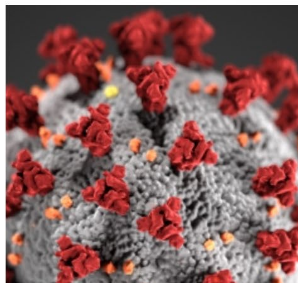
VIEWPOINT

COVID-19 in the US: Hope, Caution, and Planning Are Warranted

To avoid a rough winter, we must start preparing now.

COVID-19 projections



COVID-19 resources

GBD 2019 Resources

We're hiring!

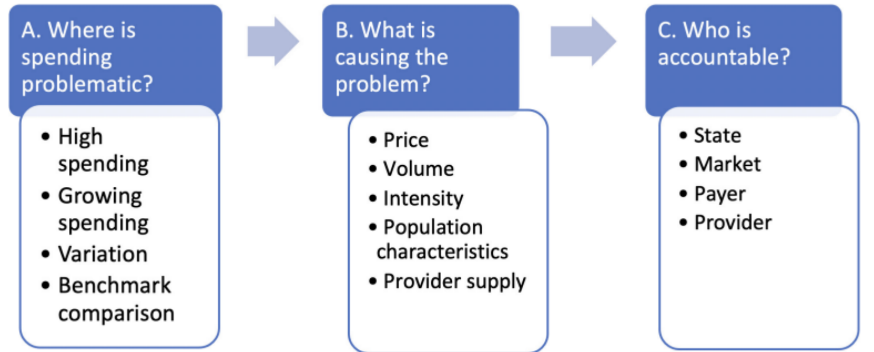
The Institute for Health Metrics and Evaluation

- 16 years
- 450+ full-time professionals
- 30+ full-time faculty
- 30-member Scientific Council
- Multidisciplinary
- 7,000+ international collaborators
- www.healthdata.org

Peterson-Milbank Program for Sustainable Health Care Costs

JUNE 2021

A Data Use Strategy for State Action to Address Health Care Cost Growth



Stage 1: Describing utilization and spending

Measure	Description	Analysis
1	Spend by Market	N/A
2	Trend by Market	Price, volume, intensity
3	Spend by Geography	Price, volume
4	Trend by Geography	Price, volume, intensity
5	Spend by Service Category	Price, volume
6	Trend by Service Category	Price, volume, intensity
7	Spend by Health Condition	Price, volume
8	Trend by Health Condition	Price, volume, intensity
9	Spend by Demographic Variables	Price, volume
10	Trend by Demographic Variables	Price, volume, intensity

Stage 2: Trends analysis

- How does growth compare to other states and counties?
- Which geographic units, health conditions, markets, service category have most growth?
- How do changes in population, changes in disease prevalence, changes in service utilization, and changes in prices contribute to spending growth?

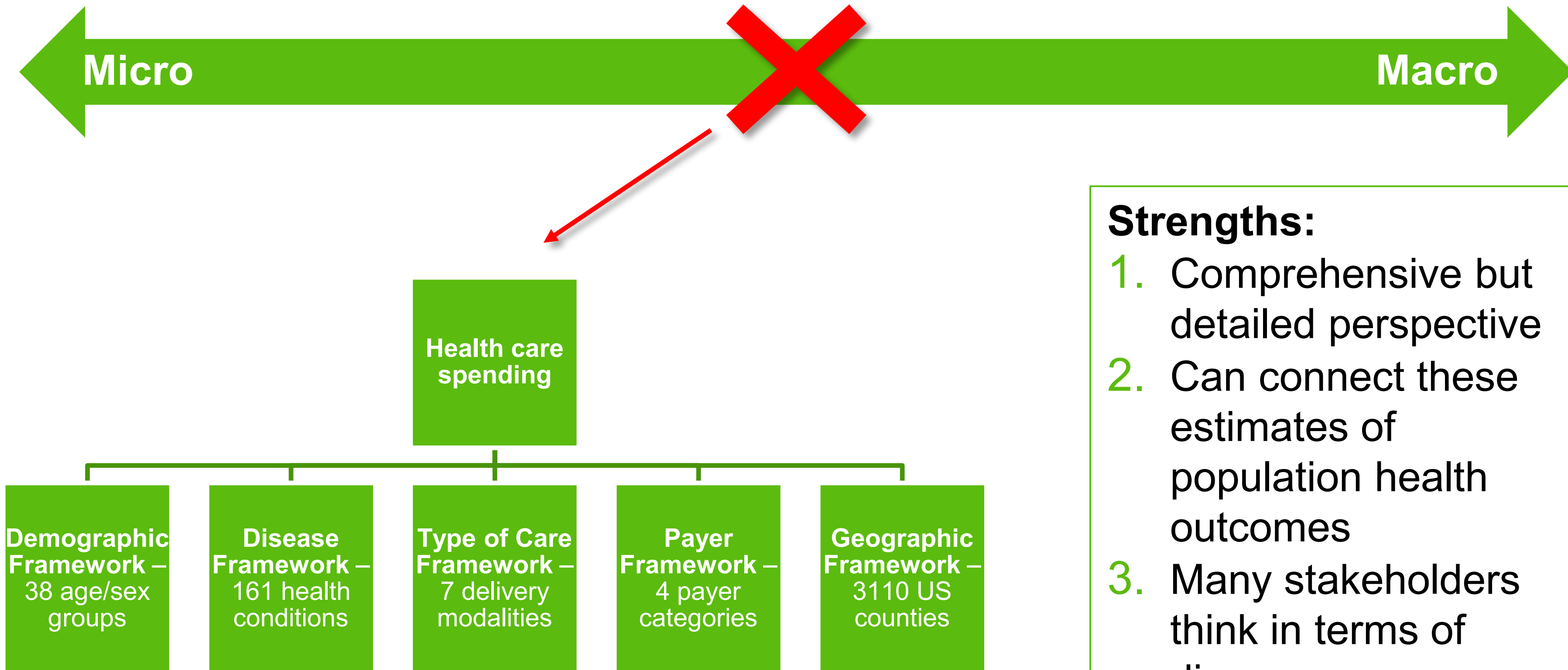
Analytical Support Initiative

- Sole source contract between HCA and IHME
- Externally funded by Peterson Center on Healthcare and Gates Ventures
- June 2023 – July 2025
- Objective: *The goal of the Analytic Support Initiative is to develop Washington specific analyses of cost growth trends that will identify specific areas of focus for discussion, additional analysis, and development of cost mitigation strategies. HCA expects the project to provide information that will result in actionable recommendations on reducing health care cost growth in the state.*

Analytical Support Initiative

- Key deliverables:
  - Analytical Strategy 1.0 (December 2023)
  - Initial cost growth report based on IHME's previous research (March 2024)
  - Preliminary results and observations (October 2024)
  - Initial results, observations, and recommendations for HCCTB – report, charts, tables, graphs, and presentation (December 2024)
  - Analytical Strategy 2.0 (January 2025)
  - Cost drivers report (January 2025)
  - Formal recommendations for HCCTB (May 2025)
- Purposefully dynamic and collaborative

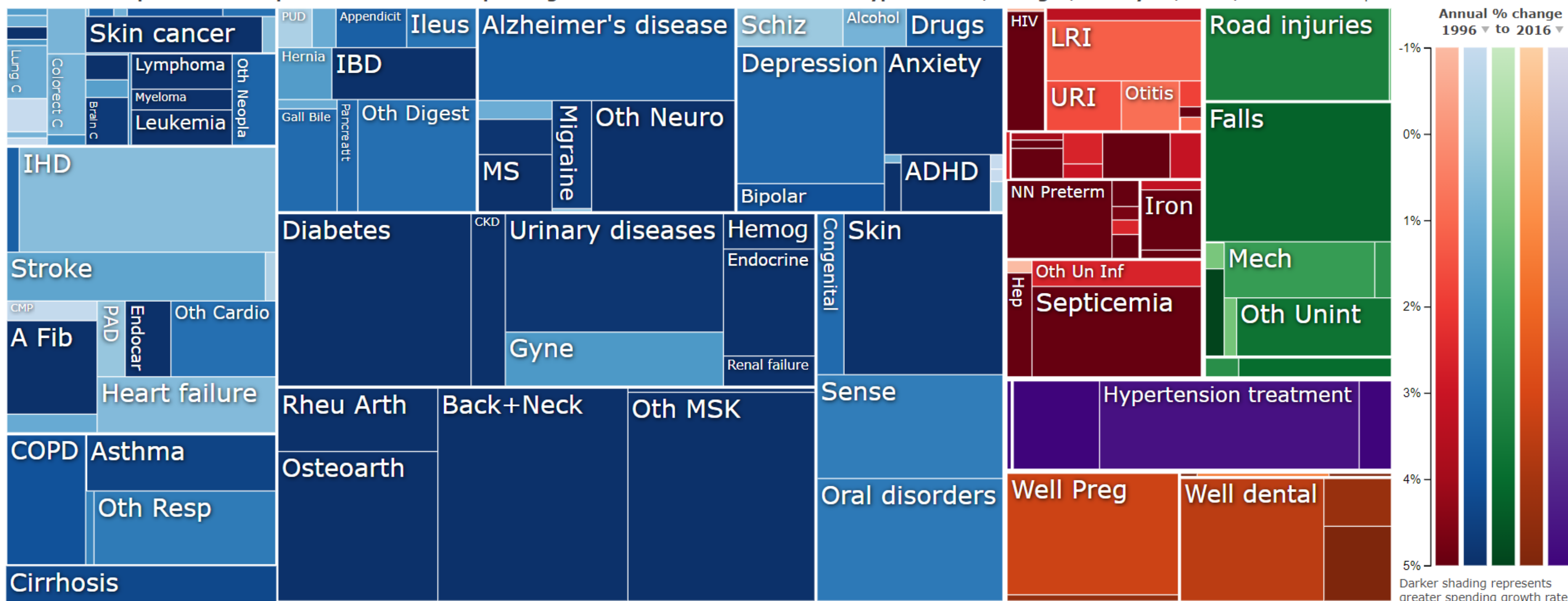
Disease Expenditure (DEX) research project



Strengths:

1. Comprehensive but detailed perspective
2. Can connect these estimates of population health outcomes
3. Many stakeholders think in terms of diseases

Results: https://vizhub.healthdata.org/dex/



Measuring *changes* in health care spending

Measure effect of 5 drivers:

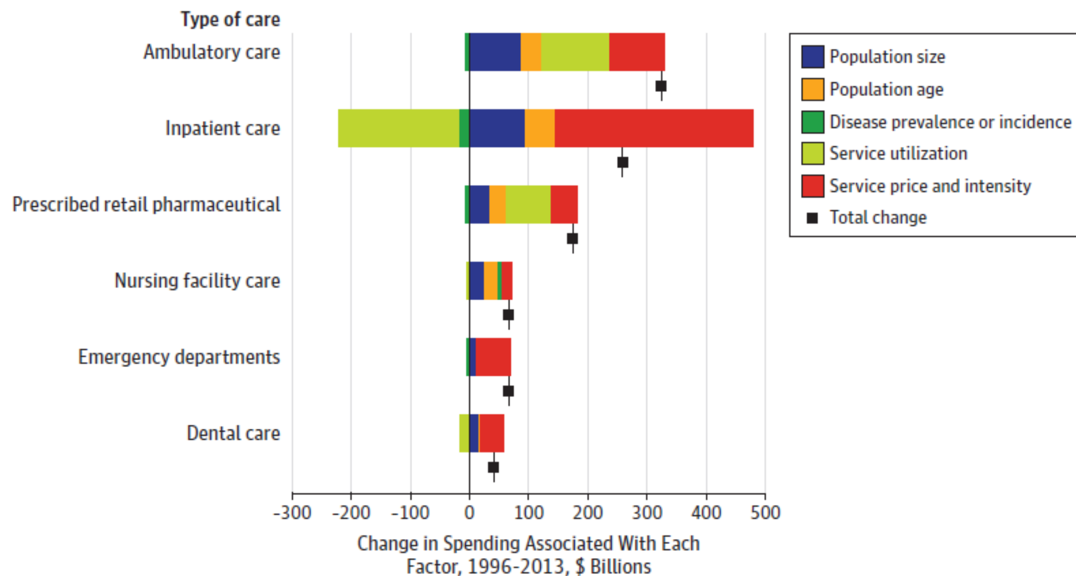
i. population size

ii. population age structure

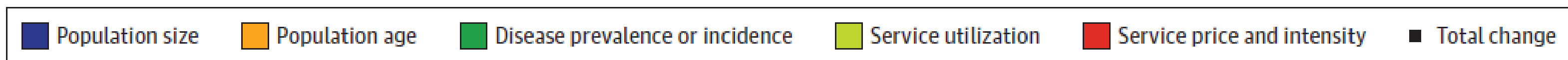
iii. disease prevalence

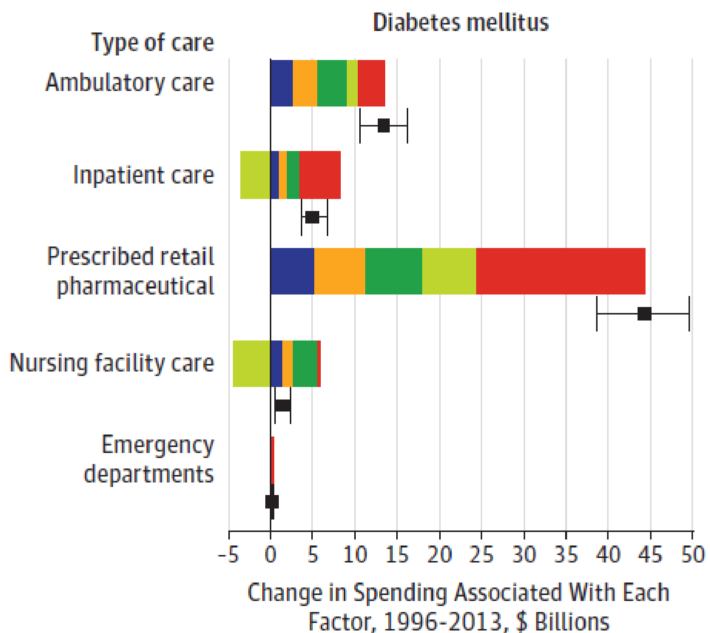
iv. service utilization

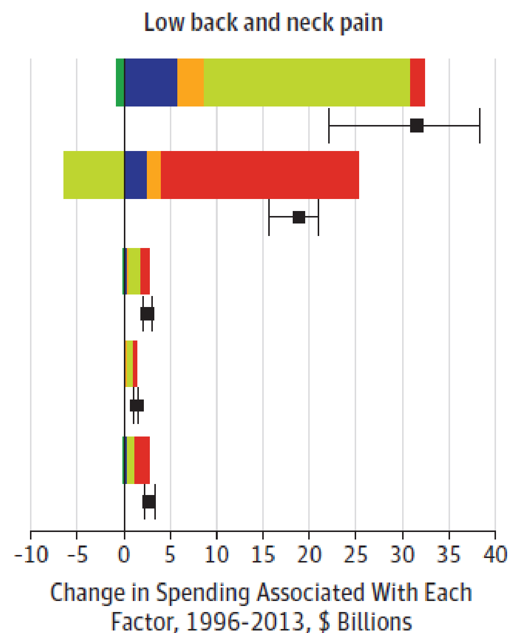
v. service price and intensity

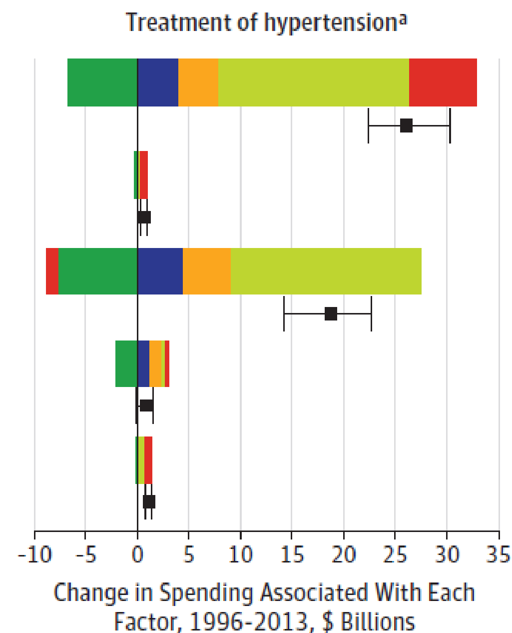


Explaining factors driving increases in spending

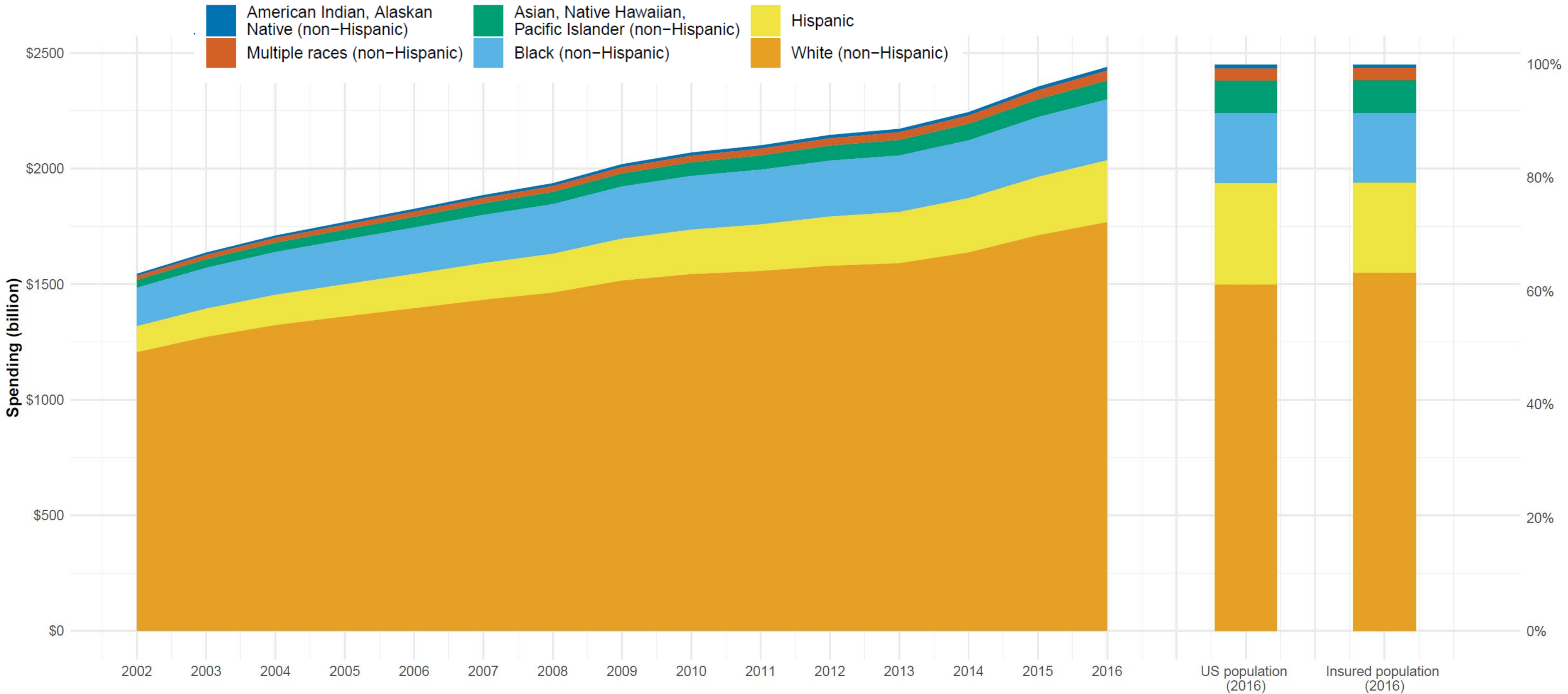




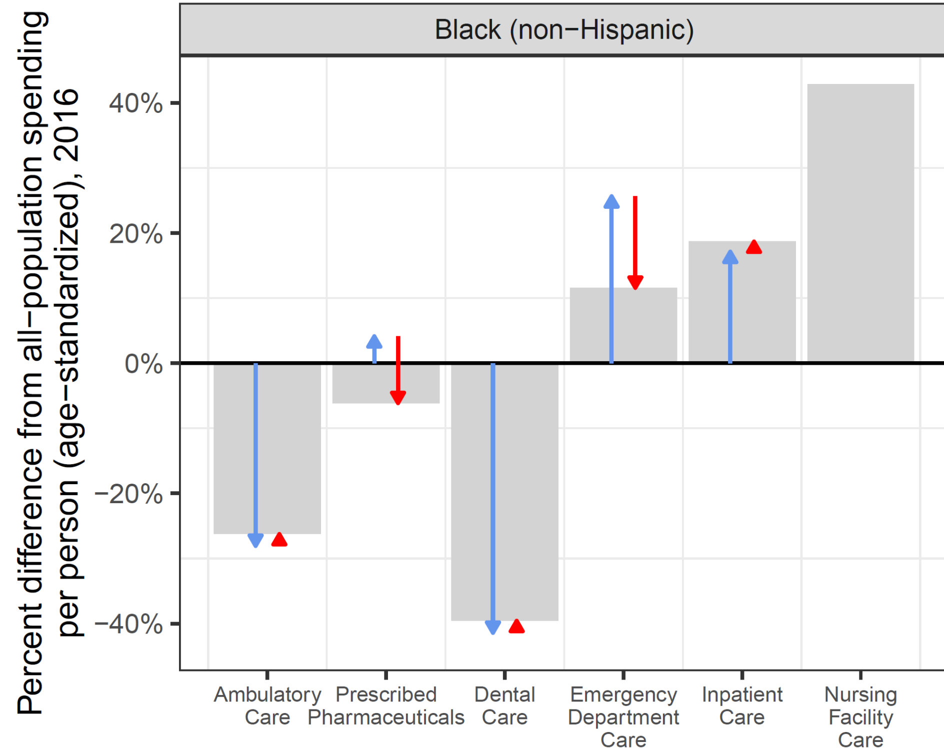


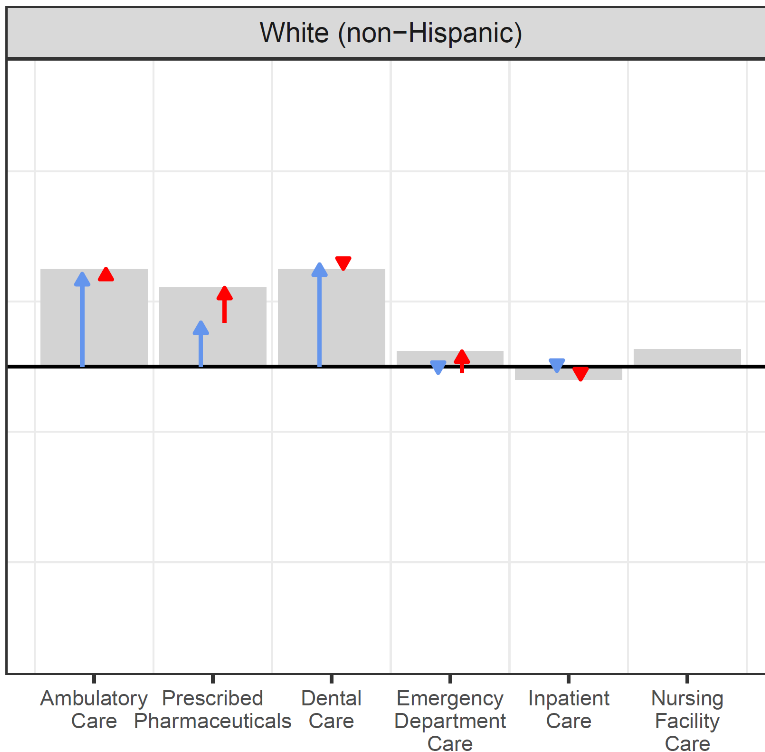


Estimating spending for 6 race/ethnicity groups



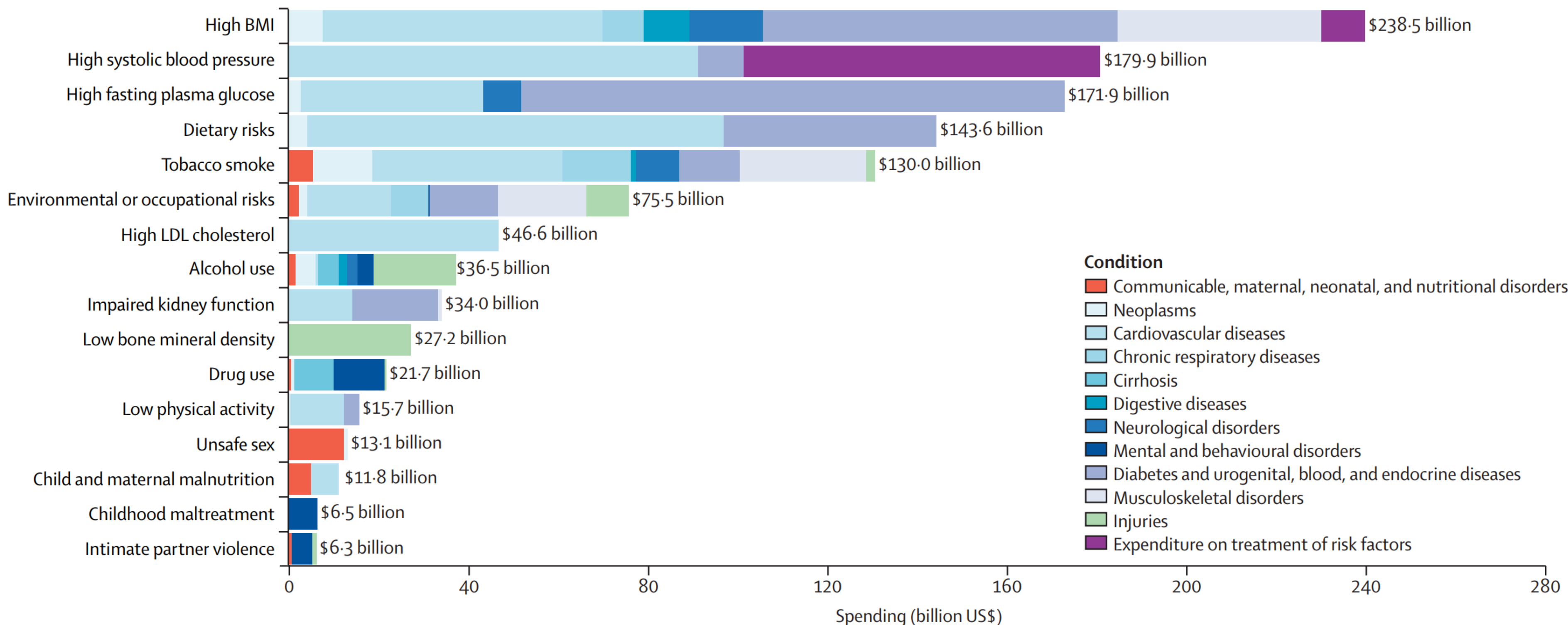
Decomposing differences in spending, 2016





Difference due to changes in: Utilization of services Price and intensity of services

Health spending attributable to risk factors



First steps

1. Accessing WA All Payer Claims Database
2. Data landscaping
3. Learning
4. Analytical Strategy 1.0

Thank you.

Joseph Dieleman, PhD
dieleman@uw.edu

Tab 6

Cost Driver Analysis: Options for Phase II

Context

- OnPoint presented findings from the Cost Driver Analysis to the board and its committees
- These findings mostly align with other states' Cost Driver Analyses
- Options presented are inspired by other states' Phase II Cost Driver Analyses
- Any option not chosen can be returned to at a later time

Pharmacy Board

- Analyses involving Rx are intentionally left out
- The newly created Pharmacy Drug Affordability Board (PDAB) will investigate Rx trends
- Will collaborate with PDAB on Rx analyses

Refresh Analysis

- Update analysis with data from more recent years
- Part of the yearly update to the Cost Driver Analysis

Add Chronic Condition Flags

- Add more chronic condition flags to the analysis from the Chronic Conditions Data Warehouse (CCW)
- Chronic conditions flags from other sources may be included but will require more resources

Inpatient and Outpatient Descriptives

- Overall inpatient price growth
  - Trends in volume of services and price per service
  - Stratify by facility type and geography
- Overall outpatient price growth
  - Trends in volume of services and price per service
  - Stratify by facility type and geography

Inpatient and Outpatient Descriptives Cont.

- Trends in inpatient severity
  - Changes in severity and types of DRGs
  - Look at changes relative to patient age/gender, payer type, region, etc.
- Trends in outpatient severity
  - Changes in severity and complexity
  - Look at changes relative to patient age/gender, payer type, region, etc.

Inpatient to Outpatient Services

- Investigate if increase in outpatient services is due to inpatient services transitioning to outpatient services
- Look at changes in services, case mixes, and/or DRGs

Out-of-pocket Spending

- Add an out-of-pocket category to the Cost Driver Analyses

Discussion

Thank you for attending the meeting!

Washington State Health Care Authority