

Rhode Island Health Care Cost Trends Project  
*Leveraging Multi-Payer Claims Databases for Value* Conference  
November 14, 2018 - Providence, RI

Conference Proceedings

I. Background and Purpose

On November 14, 2018, Rhode Island state officials, providers, payers, and business and community leaders convened to discuss strategies to leverage the state's all-payer claims database (APCD). The conference was part of the broader Health Care Cost Trends Project in Rhode Island, which aims to curb health care cost growth, develop a deeper understanding of the state's health care cost drivers and create a plan for ongoing analysis of health care system performance. Click [here](#) for more information about Rhode Island's Health Care Cost Trends Project.

The conference marked the first in a series of discussions among the Health Care Cost Trends Project Steering Committee members and other Rhode Island stakeholders about leveraging the state's APCD, HealthFacts RI. The goals of the conference were:

- to learn from individuals from other states and a private organization that are currently using multi-payer claims databases to inform public policy discussions, promote transparency of health care costs and quality information and/or drive changes to the delivery system; and
- to identify recommended strategies to leverage HealthFacts RI to enhance the value of health care in Rhode Island, specifically to improve population health status and health care system performance and to do so in light of a soon-to-be new state cost growth target.

This report provides an overview of key topics and recommendations that emerged throughout the day. Some issues were the focus of discussion among many attendees and some garnered less discussion time, but were important topics for consideration.

II. Key Discussion Topics

Conference participants heard from four states and one private non-profit organization regarding their use of multi-payer claims databases<sup>1</sup>. They also heard from and engaged in discussion with a subsequent panel consisting of Rhode Island providers, national experts and a state health information technology content expert about how to enhance the use of HealthFacts RI. Those discussions will inform the development of a data use strategies plan for Rhode Island. Key topics that emerged and were proposed and / or discussed in detail are described below.

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<sup>1</sup> Guest speakers: Content experts from the Massachusetts Health Policy Commission, New Hampshire Insurance Department, Oregon Health Authority, Vermont Blueprint for Health and Washington Health Alliance. For a list of conference attendees see Attachment 1.

## A. Managing HealthFacts RI

1. **Actively and continuously engage stakeholders:** Continuous provider and payer engagement are critical to building buy-in and trust, and the State can play the important role of convener. A “co-development” process with providers and payers engaged on the front end allows for collective decision-making about how to best enhance and leverage the APCD. Those stakeholders offer a critical perspective for turning data into meaningful and actionable information, which may lead to delivery system changes that may not have otherwise happened. Involving providers and payers throughout the process creates more ownership of the outputs and increases an understanding of the data findings. They could be involved in developing the data use strategy, advising or hearing from experts on a methodology for analyzing and reporting data, and validating the data. A stakeholder engagement process also achieves Rhode Island’s goals of promoting transparency.
2. **Responsibly test and then release data:** Data that have been adequately and thoroughly tested, validated, reviewed and analyzed should provide a measure of confidence of readiness for release. Content experts indicated that data integrity does not mean 100% data certainty. National experts and those speaking from experience using multi-payer claims databases suggested a dry run with providers and payers to provide an opportunity to address inconsistencies or errors prior to public release. The State and stakeholders should respond to inaccuracies or inconsistencies when data are released publicly by modifying processes to assure greater accuracy and precision and / or consider issuing corrections. Following adequate an opportunity for provider and payer review, the data should be circulated widely to focus attention on findings, prompt discussions that are data-informed, and enable researchers, community-based organizations and others to analyze the data, learn from the analysis and act on it. Once information is released, discussions of opportunities and sharing of best practices can begin in earnest.
3. **Develop a sustainable funding model:** Currently, HealthFacts RI is being sustained through Medicaid funding with the state portion of the funding coming from data release fees. Fees are appropriate to assure data requests are valid and from reliable sources, but should not be cost-prohibitive for researchers, as they appear to be at present.<sup>2</sup> Rhode Island will benefit from researchers and other stakeholders accessing and using APCD data. Data distribution, however, must assure that proper privacy and security measures to de-identify the data remain in place. In addition, the State should examine the resources allocated to administering and maintaining the APCD against strategic priorities to ensure there are sufficient funds and staff dedicated achieving the goals of the APCD.<sup>3</sup>

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<sup>2</sup> Afternoon panelists noted that the current user fees of \$100-\$200K dwarf what CMS charges for Medicare data (\$50K) for what the Health Care Cost Institute charges for its multi-payer data (\$35K). It was also noted that state funding for the APCD could represent less than .01% of the health care spending in the state.

<sup>3</sup> Two state experts indicated that their APCD work is supported by about four full-time employees (FTEs) and one state indicated that eight FTEs support APCD operations. States indicated that staff dedicated to the APCD are primarily data analysts and one state indicated that it is seeking to hire a data scientist to enhance its

## B. Leveraging the APCD for Value

1. **Make unwarranted variation transparent:** Exposing variation in utilization, cost, price and quality is an essential use of the APCD dataset.<sup>4</sup> This may be reported at the provider, payer, service and / or geographic (e.g., regional, state) levels. Examining variability and benchmarking performance of providers against regional and statewide averages can reveal areas of opportunities for which the State or providers may wish to focus attention and resources. Geographic analyses can identify opportunities for improvement or intervention targeting community-specific needs and inform provider, community-level and state strategies. Transparency of health care performance variation – be it cost, utilization, price and / or quality – can guide discussions of appropriateness of care, sharing of best practices from higher performers and inform strategies to reduce variation deemed to be unnecessary or contributing to wasteful spending. Finally, analyses of variation can confirm hypotheses about the extent to which prices are contributing to health care spending growth.
2. **Identify cost drivers:** Using HealthFacts RI to better understand the primary health care cost drivers in the state is also an essential use of the APCD dataset. The analysis would reveal areas that are contributing in an outsized way to health care spending and focus attention and resources on strategies and interventions to slow the spend. Such analysis would support provider and payer efforts to constrain cost growth to the state’s new cost growth target.
3. **Consider the development of a community analytics resource:** There are many providers and payers in Rhode Island that have invested in and developed sophisticated data analytics capabilities to manage health care costs and utilization. It is important to consider how a data use strategy for HealthFacts RI can focus resources to support providers with less advanced data capabilities and not duplicate efforts. Rhode Island should also think about how the APCD can support and augment those data analytics, for example using the APCD to provide a deeper dive into areas that can inform and support targeted efforts.

## III. Next Steps

The conference kicked off discussions of a data use strategy for Rhode Island. The Health Care Cost Trends Steering Committee will continue discussing strategies for leveraging HealthFacts RI at monthly meetings beginning in January 2019. The Steering Committee meetings are open to the public and information about location and time are posted on the Office of the Health Insurance Commissioner (OHIC) [website](#). In spring 2019, OHIC will post for public comment a set of recommendations for using and maximizing the APCD dataset to provide better care for Rhode Islanders. The final recommendations will be shared at a public meeting in May 2019.

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capabilities. Most states also use a contractor to support data collection, cleaning and validation. Some states also indicated that other state agencies may provide analytic support on an as-needed or targeted basis.

<sup>4</sup> Disparities in reimbursement rates was raised as an important issue particularly as the State seeks to implement a cost growth target and the concern the target will have on rate negotiation for smaller providers.

**Attachment 1: Conference Attendees**

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>
David	Auerbach	Massachusetts Health Policy Commission
Tim	Babineau	Lifespan
Michael	Bailit	Bailit Health
Eric	Beane	Rhode Island Executive Office of Health and Human Services
Noah	Benedict	Rhode Island Primary Care Physicians Corporation
Tyler	Brannen	New Hampshire Insurance Department
Niall	Brennan	Health Care Cost Institute
Al	Charbonneau	Rhode Island Business Group on Health
Lachen	Chernyha	Rhode Island Public Expenditure Council
Mark	Cole	Blue Cross Blue Shield of Rhode Island
Megan	Cole	Boston University
Jon	Collins	Oregon Health Authority
Jim	Fanale	Care New England
Elaine	Fontaine	Rhode Island Quality Institute
John	Freedman	Freedman HealthCare
Andrea	Galgay	Rhode Island Primary Care Physicians Corporation
Marie	Ganim	Rhode Island Office of the Health Insurance Commissioner
Louis	Giancola	South County Health
Nancy	Giunto	Washington Health Alliance
Linda	Katz	The Economic Progress Institute
John	Keimig	Healthcentric Advisors
Kate	Kiefert	Office of the National Coordinator for Health Information Technology
Cory	King	Rhode Island Office of the Health Insurance Commissioner
Al	Kurose	Coastal Medical
Melissa	Lauer	Rhode Island Executive Office of Health and Human Services
Beth	Marootian	Neighborhood Health Plan of Rhode Island
Joanne	Michaud	Brown University School of Public Health
Mary Kate	Mohlman	Vermont Blueprint for Health
Dan	Moynihan	Lifespan
Kim	Paull	Rhode Island Executive Office of Health and Human Services
Jaclyn	Porfilio	Governor's Office
Mary	Poulin	Tufts Health Plan
Al	Puerini	Rhode Island Primary Care Physicians Corporation (RIPCPC)
Betty	Rambur	University of Rhode Island College of Nursing
Tinisha	Richards	UnitedHealthcare of New England
Sam	Salganik	Rhode Island Parent Information Network

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>
Stacey	Schubert	Oregon Health Authority
John	Simmons	Rhode Island Public Expenditure Council
Frederica	Stahl	Peterson Center on Healthcare
Mark	Stewart	Blue Cross Blue Shield of Rhode Island
Erin	Taylor	Bailit Health
Anya Rader	Wallack	Brown University School of Public Health
Jay	Want	Peterson Center on Healthcare
Teresa Paiva	Weed	Hospital Association of Rhode Island
Emily	Weisberger	Peterson Center on Healthcare
Ira	Wilson	Brown University School of Public Health
Larry	Wilson	The Wilson Organization
Pano	Yeracaris	Care Transformation Collaborative - Rhode Island
Justine	Zayhowski	Bailit Health
Danya	Zimmer	Tufts Health Plan
Emily	Zyborowicz	Peterson Center on Healthcare