



Transparency Initiative Board Meeting Friday, November 6th, 2015

Stakeholders Present	ACHI/AID Staff Present
Chad Aduddell (St. Vincent)	Lesia Carter (AID)
Jill Arnold (Consumer Reports)	Dan Honey (AID)
Jeff Brinsfield (QualChoice)	Kenley Money (ACHI)
Doug Weeks (Baptist Health)	Dr. Joe Thompson (ACHI)
Cal Kellog (AR BCBS)	Craig Wilson (ACHI)
Renee Mallory (ADH)	Jennifer Wessel (ACHI)
Billy Roehrenbeck (Pulaski Title)	
John Ryan (Centene)	
Sally Welborn (Wal-Mart)	
Mark White (DHS)	

I. Welcome and Introductions: Bylaw Adoption, Chair/Vice-Chair Appointment

Craig Wilson started the meeting at 1:05 PM. Mr. Wilson provided an overview of the meeting agenda, noting that some administrative tasks would need to be completed during this meeting. The Board began with a review of the bylaws (previously distributed via email), with unanimous adoption of the bylaws by the members. Mr. Wilson noted the requirement for the Board to adopt a Chair and Vice Chair. Doug Weeks nominated Renee Mallory for the Chair position, with unanimous support by the remainder of the Board. Jill Arnold was nominated as Vice Chair, also met with unanimous support by the remainder of the Board.

Following these appointments, Mr. Wilson provided a slide containing the governance structure of the Board. He noted that positions on both the Data Oversight Subcommittee and Scientific Advisory Subcommittee would also need to be considered. He requested members contact him following the meeting with suggestions for appointments.

II. Review of Rule 100 and Data Submission Guide Modifications

Mr. Wilson then noted that modifications had been made to the previously proposed Rule 100, now finalized. He emphasized the short time-frame for test file submission (Jan. 1 2016), with Dan Honey noting the available exemption process for submitters to delay their test file submissions as needed. Mr. Wilson then reviewed a slide containing Rule 100 modifications that had transpired since their last meeting:

- Added students enrolled in health plans for Arkansas colleges to definition of covered individual

- Clarified that Medicare supplemental plans are excluded from submission requirements
- Clarified the definition of technical correction
- Capped penalties at \$30,000

Mr. Wilson and Kenley Money also discussed changes that had been made to the Data Submission Guide. These changes included the following:

- Eliminated the denied claims requirement
- Eliminated provider education and certifications requirement
- Replaced provider date of birth with month/year of birth
- Changed definition of Unique Identifier to represent last name and date of birth only
- Made deductible fields optional as submitting entities don't always capture this data on claims
- Postponed versioning implementation until further study

Discussion ensued amongst Board members regarding the adoption of the DSG layout from the APCD Council and other states based on best practices, with some members noting the additional costs that submission requirements place on submitting entities. There was also discussion of opportunities to further streamline the data submission process as APCD development continues.

Mr. Wilson also provided some information regarding the registration and onboarding process, noting that only 15 registrations had been received as of today's meeting. He also noted high participation in onboarding meetings to prepare data submitters for submission.

III. Overview of Proposed Data Release Process

Mr. Wilson then provided a slide containing a high-level overview of the anticipated data request process. He outlined the four steps involved in requesting and disseminating data. Additionally, he discussed the entities anticipated to request data, the type of data they can request, and the best practices for managing these requests. Additional slides provided detail on the requirements of each of the four steps in reviewing requests, including the roles and responsibilities of the APCD Team, Initiative Board, and subcommittee appointees.

IV. Sustainability Planning

The discussion then shifted to issues of APCD sustainability. Mr. Wilson reviewed the balanced principles for sustainability reporting, which include the following:

- Aim for sustainability
- Acceptable risk/exposure for individual providers/payers
- Transparent/accepted methodology
- Clear public good
- Actionable information

Mr. Wilson and Dr. Joe Thompson then provided a slide with brainstorming considerations for reports to be generated by the APCD. They discussed the different reporting options, noting that each report has included considerations based on different stakeholders, including: Consumers,

legislators, agencies, businesses, and providers. Discussion ensued from Board members regarding the list, with some members suggesting that providing data extracts to produce some of the considered reports may be a more feasible path and show greater utility for the APCD.

Mr. Wilson and Dr. Thompson also discussed some preliminary reports produced by the APCD, including the Medicare HbA1c Utilization Maps Report. This report displays the number of Arkansas Medicare beneficiaries with Type II diabetes diagnosis and whether or not they received an A1c test during the 2011 calendar year. Mr. Wilson also briefly discussed the Virginia APCD's partnership with the Choosing Wisely Campaign, noting that the campaign encourages physicians and their patients to make better choices regarding testing and medical procedures. This was discussed as a potential opportunity for the Arkansas APCD. Additionally, a Board member discussed the Governor's recently launched Health Active Arkansas Initiative, and discussion ensued about the APCD's potential to provide information to assist with this initiative.

Mr. Wilson then discussed an opportunity for the APCD to partner with the Center for Healthcare Transparency (CHT). Mr. Wilson presented a slide about the Center, including background and its objectives:

- Network for Regional Healthcare Improvement (NHRI) is partnering with Pacific Business Group on Health and other health improvement collaboratives
- Vision—Through a national network of locally governed regional entities, the Center for Healthcare Transparency will make information on the relative cost and quality of healthcare services available to 50 percent of the U.S. population by 2020
- Enable access to information for:
 - Employers, public purchasers and health plans to pay for value and purchase high-quality healthcare at a fair cost;
 - Providers and health systems to improve their care, enhance provider and patient communication, and make more informed referrals; and Patients to make informed choices and engage in healthcare decisions

Mr. Wilson requested a vote from the Board members on whether or not the APCD should move forward in a partnership with CHT. Upon nomination from Mark White, the Board unanimously decided to move forward with a CHT partnership.

Next, the Board briefly reviewed findings from focus groups conducted by ACHI and the Center for Health Literacy at UAMS to determine the type of information consumers are interested in the APCD producing. Final recommendations include the following:

- Enhance user experience by creating two entry points on website (i.e. consumer vs. researcher)
 - Incorporating plain-language into consumer-oriented documents (7th grade level or below)
- Add individual plan parameters for medical service price report (e.g., coinsurance percentages) for more accurate depiction of price
 - Provide more medical services, including ultrasounds, colonoscopies, MRIs, prescription drugs, and vaccinations
- Expand opportunities for quality and patient experience reporting
 - Develop quality-based reports at the provider-level
 - Pursue rate reporting opportunities, including hospital infection rates, C-section rates, and surgical rate reports

Mr. Wilson then turned the discussion over to representatives from the Public Consulting Group (PCG) to discuss their support of the transparency initiative to assist in the development of a public-facing quality reporting tool. He discussed goals of the transparency portal, reporting focus areas, and provided a project timeline to Board members. Board members discussed the importance of distinguishing this tool from other existing transparency/quality measuring tools.

V. Closing

In closing, Board members requested 2 hour meetings in the future so additional time could allow more material to be covered. Mr. Wilson also noted that all of the upcoming 2016 meeting dates would be decided shortly and posted to the Arkansas APCD website. Mr. Wilson adjourned the meeting at 2:40 PM.