CENTER FOR HEALTHCARE TRANSPARENCY
REGIONAL DATA CENTER COLLABORATIVE
MONTHLY MEETING - SEPTEMBER 10, 2014
MEETING SUMMARY

Attendees: R. Shonk, GCHC; M. Gigot, WCHQ; J.Nishida, WCHQ; J. Besse, LSUHC; S. Brown, HealthInsight; M. DeLorenzo, MEHMC; J. Loren, MEHMC; C. Olsen, WHIO; J. Fielding, LHCQF; K. Mueller, HealthInsight; D. Yanagihara, IHA; D. Rajeev, HealthInsight; J. Mathieu, CIVHC; G. Piroutskaya, HealthInsight; T. Weldon, MNCM; T. Frontera, MNCM; Beverly Stowell, WHIO.

Staff: E. Mitchell, K. Majeska, H. Wall, MI Aromando, D. Hasselman, NRHI

Project Update

- Grant agreements have been executed and checks are being processed as soon as signed agreements are received.
- Draft national grant press releases will be circulated soon
- Innovation pilots: Patient experience data and two clinical data integration projects have been chosen.
- How will we work together? User and Technical Advisory Council members will be working together in conjunction with innovation pilots to inform the project and the 2020 Plan.

Discuss Revised CHT Vision and Principles

- Document has not been significantly changed from the original
- The vision was expanded slightly to reflect different approaches in different markets in different regions

Why CHT now? Updates on the national context and landscape

Discussion (Edited). *An edited transcript of the following discussions is provided to provide a flavor of the conversation to participants not able to join the call and for those joining the process later.*
Landscape: Many other organizations are looking at how to do this work. There are well funded "competitors" but CHT has a different, neutral, multi-stakeholder approach to transparency and RHICs are ideally positioned to provide the needed know-how and up infrastructure. At the same time, the degree to which we can combine efforts to collaborate on the national level will influence all of our long term sustainability.

What can we do to answer the competitive challenge? This is the purpose of the planning grant. The user committee is constructed to include all of the stakeholders represented in the CHT project.

There are a wide variety of skills, expertise and background in this group but there is also a lot of variability in the definition of transparency. Our funders are oriented toward the public facing information that will enable purchasers and consumers to make informed decisions. It will be the work of this group to define what this means.

This group's role within CHT and our charge over the next 14 months

What is our role as the Data Center Collaborative? Participants are being asked to share experience, processes, templates, and documents and to comment on the different approaches of collaborative members, and make consensus recommendation for best practices considering different market contexts.

We will jointly identify where to standardize and change what we are doing to harmonize on a national approach. Where can we leapfrog and where can we adapt? There will be challenges regarding standardization. We will consider both what is optimal and what is doable.

Foundational Discussion

Organizations may need ground rules about sharing because they may compete with each other in some realm. There may be proprietary issues. Are there restraints upon what we are willing to share with the collaborative? We will respect organizations' boundaries regarding what they are willing to share.

Where is our value as collaboratives vs. the value of CMS? Collaboratives are "boots on the ground" that have the ability to implement and have impact. Where can we create value? The relationships in our local communities – this is the place where we can have the most impact.

In the words of one RHIC participant, "If we can get comparative price, quality and patient experience information on a defined and meaningful set of conditions, diagnoses and procedures and then make that information actionable to physician groups, self-funded employers, and patients, we will have achieved something transformative in the healthcare space."

Potential domains/measures discussion
The User Council has stated that the most important domains are quality, cost, patient outcomes, functional status, patient experience, and convenience. We will define those domains as it relates to practical implementation, answering questions such as "What kinds of measures and tools do we need in order to address cost? What do we need to be able to take that to scale across 50% of the US? What is the policy environment that is going to be required?"

The initial domains of work offer a high level outline of the group's work. The Collaborative Subgroups at times may be working on more than one of these domains. Our deliverables will

include best practices and recommendations and will feed an online repository with contributions from both by members and external parties.

What measures and tools are available regarding cost? What information should be made available to consumers? Total median paid amount/price has been used in Colorado. Some of our members have experience with the Total Cost of Care metrics. The lessons learned from that initiative will inform our process.

Consumers have indicated they would like one number. Aligning cost information with benefit plans is difficult. Perhaps the focus should be on the "average cost" so that consumers can get an idea of who is more or less costly in a relative sense. The resource utilization piece tests well with consumers.

NQF has put together a consumer group on affordability. A white paper should be released soon, if it is not out at this time. It is important to recognize that the best practice may be done by a party that is not part of the CHT group. We can also look outside of healthcare to determine how other industries present cost to consumers.

Related Topics
We need to verify that what we publish is accurate. If we are saying things about providers and systems how do we confirm that we are right? What are our objective criteria for reliability and validity? We will need to talk that through as a group.

What are the best practices in quality assurance that we may want to consider? It will be a critically important piece of the work. We need to build accuracy checks that encompass all of the domains.

Subgroup Discussion

- Patient-reported data and Clinical Data are now distinct subgroups which will allow each topic to get due focus
- Members who have not selected a subgroup should send their selections to H. Wall.
- Members are encouraged to have staff members participating in more than one subgroup.

Review of October Meeting Agenda

A draft agenda for the October meeting has been disseminated. We are also looking at including a panel discussion of a case study. Pre-work may be distributed in advance.

- Each organization is invited to send one representative
- Participants should make their own airfare arrangements for the in-person meeting and will be reimbursed.

- Room reservations will be made on participants' behalf and confirmations will be sent out from CHT.
- Please send any special needs/special requests with regard to lodging to H.Wall.

Next Steps

- Invitation to optional NRHI QIS Webinar on **September 12**
- Subgroup membership suggestions by **September 12**
- Subgroup Calls (**week of September 15)**
- Contest: Suggest a name for this group. Winner to be announced at October Meeting. Prize will be awarded! (Submit any suggestions **by October 14**)
- Review and augment information in template describing your organization's current public and private reporting (Please complete **by September 24**)
- Share reporting know-how (Please complete **by October 1**)
    - Submit examples of current public reporting formats with explanatory information
        - Quality
        - Cost
        - Patient Reported
        - Other
    - Submit blinded report formats for private reporting (examples that illustrate the range of your organization's private reports)
    - Submit any planned or in-process reports and formats
    - Optional: Recommend any research reports or links on consumer report interface, preferred display formats, etc. we should review
- Complete Pre-Work for In Person Meeting (**by October 21**)