Virginia All-Payer Claims Database (APCD)
Data Release Committee Meeting Minutes
April 22, 2020
https://global.gotomeeting.com/join/167468221
Access Code 167-468-221

Members Participating by Phone: Dr. Jon Deshazo (VCU), Dr. Charlie Frazer (Riverside), Dr. Jim Harrison (UVA), Sheryl Turney (Anthem)

Others Participating by Phone: Kyle Russell (VHI), Nicole Sidrak (VHI)

Call to order at 10:00 a.m.

Charlie Frazer welcomed the members and guests of the All-Payer Claims Database (APCD) Release Committee (hereafter "the Committee").

Kyle Russell asked if any members of the public were attending. There were none.

Committee members received the appended document outlining each request prior to the meeting (See Appendix). Kyle proceeded to summarize each request.

Request 1: (See Appendix, *1. Patient First*) Kyle began summarizing this request by noting it as a continuation/extension of Patient First's request approved by the Committee 6 months prior. Patent First's goal with this additional data is to compare themselves more closely with other providers in the area by looking at utilization and cost from a preventable events perspective. Rather than looking at an urgent care visit as the driver for an episode, which was the basis for their previous request, they are now interested in looking at this driver being an emergency department visit. Kyle added that Patient First would like to tie back these emergency room encounters to urgent care visits in order to assess how well they're controlling for potentially avoidable emergency department visits.

Request 2: (See Appendix, *2. Virginia Community Healthcare Association (VCHA)*) Kyle summarized the second request for the Committee. As part of an initiative by VCHA, each Federally Qualified Health Center receives a Health Value Dashboard report for their respective practice site. VHI has developed the reports for this project on an annual basis. The organization is proposing the inclusion of some additional measures for the 2018 report.

Kyle notified the committee that Marcia Yeskoo (HCA) submitted commentary beforehand indicating no objection to either request.

Sheryl Turney asked for further clarification regarding the inclusion of payer identifiers in Patient First's request and why this information is required for their analysis. Kyle reminded that Patient First was previously approved to receive this data element. He speculated that they likely use this information to internally assess how well they are doing with some payers vs. others. Kyle suggested that the Committee ask Patient First for additional justification for including this field. Dr. Frazer shared Sheryl's inquiry and agreed with Kyle's suggestion.

Dr. Frazer and Sheryl agreed that it is okay for Patient First to receive the data as requested if their justification for receiving payer identifiers is reasonable.

Dr. Charlie Frazer asked if the Committee had any additional comments or discussion points regarding either of the two requests. There were none. Dr. Frazer asked if there were any objections to combining both requests within one motion to approve. There were none.

Jon Deshazo moved to approve the requests. Sheryl seconded the motion. The motion passed, and both requests were approved.

Kyle addressed the Committee for additional comments. There were none. Kyle asked if any members of the public had additional comments. There were none.

Kyle reiterated that he would follow up with the committee regarding Patient First's justification for receiving payer identifiers.

Dr. Frazer adjourned the meeting at 10:11 a.m.

Appendix

1. Patient First

Point of Contact
Theresa Noe, Vice President- Strategic Innovation and Partnerships,
theresa.noe@patientfirst.com

Overview of Request
Patient First is requesting medical claims data from the APCD to analyze the relationship between emergency department visits and urgent care visits. As an expansion on their previous episode-based data request, some of the questions Patient First is attempting to answer via their analysis include:

1. What is the difference between Patient First and other urgent care providers pertaining to key urgent care episode performance measures?

2. What is the difference between Patient First and other urgent care providers pertaining to potentially avoidable ED visits?

3. If differences in ED visits between PF and other UC providers exist, what are the reasons?

Patient First intends to identify best practices in order to enhance the quality of care provided to their patients.

The data reports will be comprised of the following fields (same as previous request):

1. Service Dates- incurred, discharged, paid
2. Diagnosis codes (primary and secondary) with description and rollups
3. Payer identifiers- LOB, type, code, and name
4. Proxy payment fields- Allowed, paid, member paid
5. Provider (Billing, Service, Attributed PCP)- NPI and corresponding identifiers
6. MARA scores and subcategories- concurrent and prospective
7. Service/procedure identifiers- ICD, CPT, DRG, HCG
8. Volume metrics- utilization, days supply, RVUs, admits
9. Member demographics- race, zip, county, gender, age band
10. Ancillary claim fields- bill type, claim status, place of service, claim ID

With the following filters/constraints:
• 2018 commercial claims
• Medical claims excluding home health and long-term care
• Members under the age of 65 with at least one ED visit in 2018

Can shortened DSA be signed? No

Length of Agreement: 1 year

2. Virginia Community Healthcare Association

Point of Contact
Lara D'Antonio, Director of Business Strategy and Innovation,
ldantonio@vacommunityhealth.org

Overview of Request
The Virginia Community Healthcare Association is requesting to update and expand their 2017 health value dashboard, based on Virginia APCD data, for their Federally Qualified Health Center (FQHC) member sites (the previous overall report has been provided for committee review). The "health value dashboard" will match the metrics and layout published by the Virginia Center for Health Innovation (VCHI) on an annual basis (http://www.vahealthinnovation.org/wp-content/uploads/2020/02/Virginia-Health-Value-Dashboard-February-2020.pdf) but be limited just to patients attributed to FQHC practitioners. VCHA will utilize these dashboard reports to track and improve the quality of care provided by FQHCs based on an analysis of widely adopted measures in conjunction with each site.

Data will be shared with VCHA administration, FQHC sites and VCHI. A summary report across all FQHCs will be shared with the Health Resources and Services Administration (HRSA) and made publicly available.

The dashboard will be based on 2018 data with 2017 figures used as benchmarks. As with the previous dashboard, VHI will be provided a roster of practitioner NPIs for each site and utilize the Milliman standard PCP attribution methodology (most visits in rolling 24 month period for primary care) to tie all of a patient's claims back to each relevant practitioner.

The 2018 dashboard may also include elements of risk adjustment (MARA score as calculated by Milliman) and include some additional metrics that are already tracked by VCHA for other quality reports. Examples of possible measures that may be added in the requested iteration of the FQHC Health Value Dashboards include:

1. Childhood immunization status
2. Weight assessment and counseling for nutrition and physical activity for children and adolescents
3. Tobacco use screening and cessation intervention
4. Screening for depression and follow-up plan

5. Use of aspirin or another antiplatelet for IVD
6. Use of appropriate medication for asthma

Can shortened DSA be signed? Yes

Length of Agreement: 1 year but each site will receive an aggregate report which does not need to be destroyed at the end of the agreement