



## Healthcare Benchmark Data Analytics Workgroup

Meeting Date	Meeting Time	Location
November 15, 2023	3:00 pm – 4:00 pm	Zoom Meeting Recording <a href="https://us02web.zoom.us/j/83470624103?pwd=UkVQVUs5UTRYRnV2SG0xbDgvUXBOdz09">https://us02web.zoom.us/j/83470624103?pwd=UkVQVUs5UTRYRnV2SG0xbDgvUXBOdz09</a>

Participant Name and Attendance   Council Members					
Kati Villeda	R	Josh Wojcik (chair)	R	Michaela Dinan	R
Frank Mata	X	Mary Lyon	R	Gui Woolston	R
Joe Quaranta	R	Olga Armah	R	Doug Saunders (for Vijaya Gorty)	R
Sarah Carr	R				
Others Present					
Krista Moore	R	Jeannina Thompson	R	Michael Bailit	R
Hanna Nagy	R	Sandra Czunas	R	Matt Reynolds	R
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
<b>1.</b>	<b>Welcome and Roll Call</b>	<b>Josh Wojcik</b>	<b>3:00 PM</b>
	Krista Moore welcomed everyone to the sixth Data Analytics Workgroup meeting. Matt Reynolds reported that there was a quorum present.		
<b>2.</b>	<b>Public Comment</b>	<b>Members of Public</b>	<b>3:05 PM</b>
	Krista Moore offered the opportunity for public comment. There were no public comments.		
<b>3.</b>	<b>Action: Approval of August 24<sup>th</sup>, 2023 Meeting Minutes</b>	<b>Workgroup Members</b>	<b>3:10 PM</b>
	Joe Quaranta motioned to approve the minutes. Mary Lyon seconded the motion. There was no opposition nor any abstentions. The minutes were approved.		
<b>4.</b>	<b>Assessing the Representativeness of the All-Payer Claims Database (APCD)</b>	<b>Michael Bailit</b>	<b>3:15 PM</b>
	<p>Michael Bailit reminded members that while performance against the Cost Growth Benchmark is assessed using aggregate data for all covered lives provided by insurers and public payers, these data do not allow for detailed analysis of what is driving health care spending growth. For that, OHS must use more granular (claims and/or encounter data) from the state's APCD. Michael then shared that some hospitals have argued to OHS that the APCD data are not representative of commercial market spending because the APCD does not include the commercial self-insured market (apart from the state employee health plan), which makes up over half the commercial market.</p> <p>Michael explained that in order to assess whether the APCD is representative of the total commercial market, OHS performed an analysis to see whether the inpatient hospital DRGs identified as representing a) the most discharges, and b) the most spending according to APCD data were the same as those identified through analysis of OHS' hospital inpatient discharge database (HIDD), which contains both insured and self-insured commercial discharges.</p> <p>Michael then shared an analysis comparing the top 10 DRGs in terms of total commercial discharges and the top 10 DRGs in terms of total commercial spending identified using APCD data to those identified using HIDD data.</p>		

	<p>Michael noted that nine of the top 10 services by volume in the APCD were also in the top 10 according to HIDD data. Michael hypothesized that the one exception, Alcohol Drug Abuse or Dependence Without Rehabilitation Therapy Without Major Complication, may be due to the fact that the HIDD does not contain discharges from certain specialty behavioral health facilities.</p> <ul style="list-style-type: none"> <li>• Joe Quaranta observed that over half of the highest volume services were related to delivery or post-delivery. Joe said he was curious how closely the highest volume services would line up between the APCD and HIDD if maternity and newborn services were excluded.</li> </ul> <p>For the highest spending services, Michael Bailit noted that seven of the top 10 services by total spending in the APCD were also in the top 10 according to HIDD data. Since a) spending data in the APCD are allowed amounts while the HIDD data represent charges and b) the three services that are in the top 10 for spending in the APCD but <i>not the HIDD</i> are all procedures, Michael hypothesized that those three services are paid at a different percentage of charges than the other services.</p> <p>Michael invited reactions from the workgroup and suggestions for additional analysis.</p> <p>Mary Lyon expressed disagreement with the idea that the comparative analysis of discharge volume ranking demonstrates the representativeness of the APCD because volume is not the metric that OHS is generally looking at when analyzing APCD data. Mary added that if OHS conducted a comparative analysis using a third variable, such as total days, OHS might arrive at a different answer. Finally, Mary suggested comparing the proportion of total volume and spending that the top 10 services in each analysis represent for the APCD vs the HIDD.</p> <p>Joe Quaranta suggested conducting a health risk analysis of the APCD vs the HIDD to assess the argument that there may be a difference in the self and fully-insured populations. Joe wondered if commercial payers already knew the answer to this question. Doug Saunders said he would have to speak with his actuarial colleagues and report back.</p>		
<b>5.</b>	<b>Wrap-Up and Next Steps</b>	<b>Josh Wojcik</b>	<b>3:55 PM</b>
	<p>Krista Moore noted that additional Data Analytics Workgroup meetings were scheduled for the third Wednesday of each month, contingent on there being new analyses ready to review.</p> <p>Michael Bailit offered new members the opportunity to request an orientation. Kati and Sarah Carr both stated that an orientation would be helpful.</p>		
<b>6.</b>	<b>Action: Adjournment</b>	<b>Workgroup Members</b>	<b>4:00 PM</b>
	<p>Gui Woolston motioned to adjourn. Olga Armah seconded the motion. The meeting adjourned at 3:35 pm.</p>		

**Upcoming Meeting Date:  
December 13, 2023**

**All meeting information and materials are published on the OHS website located at:  
<https://portal.ct.gov/OHS/Pages/Data-Analytics-Workgroup>**