

**Meeting Notes**  
**Outpatient Data Work Group**  
**January 28, 2013**  
**9:00 a.m.**

Agenda Item	Discussion	Action/Results
Opening Remarks	Kimberly Martone gave the opening remarks. New members have been added to the group, Joshua Wojcik, Comptroller's Office, Joanne and Lou, Connecticut Association of Ambulatory Surgery Centers (CAASC) so members introduced themselves. There was no formal agenda for this meeting, rather a continuation of the November 7, 2012 meeting agenda. The meeting focused on OHCA's MOU with the Comptroller's Office, the proposed Outpatient Surgery Center Data Layout and Definitions and the vendor bullets from the November agenda.	
Memorandum of Understanding with Comptroller	Jackie and Joshua, from the Comptroller's Office, answered questions regarding scope and purpose of data requested from OHCA in the MOU. Joshua stated that the Office did not need patient identifiers and requires the data: i) to determine how the State's health plans compares to other plans; and ii) for benchmarking utilization to identify areas where the State's population of 206K lives deviate from the norm to aid strategizing. Kim confirmed that the MOU with the Comptroller's Office covers inpatient, emergency department, and outpatient surgical data OHCA collects per Conn. Gen. Stat § 19a-654.	OHCA to post Conn. Gen. Stat. § 19a-654 and signed MOU on the web for members' review.
Data Layout	<p>Lisa presented her findings from the internal outpatient surgical workgroup on what data elements in OHCA's layout were not applicable to outpatient surgical facilities. Discussion ensued on the applicability of the data elements to the hospital surgical centers as well. Lisa and Mary identified data elements that were not applicable to surgical centers but relevant for inpatient data. Mary also raised concerns about the race/ethnicity and payer categories that were different from what is in the inpatient discharge database. Olga explained that OHCA is following the OMB standards and national payer topology respectively, but was open to further discussions with Mary offline to reach an agreement.</p> <p>Both the Connecticut Hospital Association (CHA) and CAASC have concerns about reporting patient name and SSN. Olga explained that other DPH sections already collect both in inpatient data obtained from CHA and therefore the need to collect the same information on the outpatient side to facilitate streamlining data collection and sharing within the agency. Kim explained the security measures that have been in place for years for inpatient discharge database and indicated there have been no data breaches. FOI Statute and Conn. Gen. Stat. § 19a-654 exempt patient identifiable medical records from FOI requests from the public. However, OHCA may make de-identified data available on the basis of rules set forth in promulgated regulations. HIPAA permits covered entity to disclosure patient identifiable data to public health officials for public health activities.</p> <p>Jim reiterated his stance on the duplicative nature of the All Payer Claims Database (APCD) and the proposed outpatient surgery center database, specifically the cost of these additional state requirements vis-à-vis the \$100 million loss to CT hospitals and the need for efficient use of resources. Lisa agreed with the cost/benefit concerns. APCD does not include claims for the uninsured and denied claims which will be available in the outpatient surgery database and</p>	<p>Lisa and Mary to provide their recommended changes to Olga who will incorporate them in the proposed layout and have the draft forwarded to the group.</p> <p>Olga to investigate if collection of condition and occurrence codes is necessary and to provide definitions if needed.</p> <p>OHCA to forward/post on web FOI statute, Conn. Gen. Stat. § 19a-654 and opinion on HIPAA permissible disclosures for public health activities.</p>

	<p>important for policymaking on health equity and access.</p> <p>Kim indicated that by statute a cost benefit analysis would be performed prior to implementation of outpatient data regulations. The law passed this year requiring the Department of Economic Development (DECD) to perform this type of analysis on all proposed regulations. Jim asked about the FOI issue, the timeframes for collection of data and data regulations. Kim stated her goal was to move forward with outpatient data regulations at the same time noting the 18-month state regulation timeframe.</p> <p>Lisa re-emphasized that infrastructure concerns at various facilities as relates to reporting ability still remains.</p>	<p>Lisa will plan a site visit at an outpatient surgery center for OHCA staff and interested members of the group.</p>
Data Vendor Experience	<p>Lisa received two white papers from Source Medical; however they were not what she requested. She is working on getting the actual data layout for how outpatient surgical centers report in other states.</p>	
Next Steps	<p>Lisa and Mary will send non-applicable data elements to Olga. Olga will revise data layout for last comment by members of workgroup so OHCA can finalize data layout. Workgroup members need to identify and determine what data fields, if any, cannot be done in the short term.</p>	<p>OHCA will send FOI statute and HIPAA disclosures for public health to workgroup members.</p>

**Attendees:** Kimberly Martone, Kaila Riggott, Olga Armah, Lisa Winkler, Joanne Roche, Jackie Kozin and Joshua Wojcik

**Phone:** Ken Ferrucci, Mary Lyons, Jim Iacobellis and Lou