

Price and Quality Transparency Work Group – Session 3		
3.28.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Price and Quality Transparency Work Group Meeting	
Convener	Commissioner Teresa Miller, Pennsylvania Insurance Department	
Introductions and Recap of Last Work Group Session		
10:00 – 10:10 AM	Secretary Karen Murphy	
Discussion / Conclusions	Secretary Murphy led the work group through a recap of the goals of the work group, the work group charter and timeline, and the vision and objectives for price and quality transparency for PA.	
Price and Quality Transparency Path Forward and Group Discussion		
10:10 – 10:40 AM	Secretary Karen Murphy, Department of Health Jessica Altman, Chief of Staff, Pennsylvania Insurance Department	
Discussion / Conclusions	Ms. Altman presented the strategic direction for PA's health innovation plan. Secretary Murphy then led a group discussion eliciting feedback from stakeholders, with specific focus on identifying additional stakeholders to engage and solutions to potential barriers.	
<p>Price and Quality Transparency path forward:</p> <ul style="list-style-type: none"> • Consumer health literacy-- Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to promote consumer health literacy through a Pennsylvania branded campaign, then establish a work group cadence; Stakeholders will further evaluate existing initiatives to identify areas that: (a) are already well supported; (b) require coordination across existing initiatives; or (c) would merit a PA-branded campaign; Commonwealth will help establish a working group cadence as needed to execute strategy • Broad care transparency for all data users-- Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to align measures; Stakeholders will then determine a timeline and process by which payers will work to align on common measures • “Shoppable” care transparency <ul style="list-style-type: none"> ○ Commodities-- After reviewing the findings of the APCD Council, Commonwealth will organize a work group from those on the APCD work group to further explore the different options for an approach to commodity transparency and will establish the principles for transparency ○ Episode based payments-- Commonwealth may then build off the foundation set by the approach to commodity transparency to develop transparency initiatives around episodes of care • Claims and clinical care data aggregation-- Commonwealth will review findings and input of APCD Council and APCD work group and then evaluate options for moving forward <p>Group discussion</p> <ul style="list-style-type: none"> • Stakeholders have been engaged across the health care spectrum providing a broad perspective for the path forward • The path forward will be refined over time with additional input from stakeholders, APCD council, and Catalyst for Payment Reform, among others • The Commonwealth should aim to standardize metrics, and stakeholders suggested a number of specific refinements: <ul style="list-style-type: none"> ○ Compare PA price and quality data to national benchmarks ○ Ensure significant utilization of tools and data by focusing on use cases ○ Recognize the potential for unintended consequences ○ Include patient satisfaction and consumer experience in measures • Stakeholders will convene and be engaged to help identify priorities amongst the prospective initiatives and set direction for ongoing activity (e.g., for health literacy, choosing a particular topic and launching the multi-stakeholder campaign) 		
Update on overall HIP Strategy		
11:00 – 11:25 AM	Dr. Lauren Hughes	
Discussion / Conclusions	Dr. Hughes presented the HIP strategy for the other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.	

Note: Any policy suggestions included in the minutes do not reflect the Administration's position or intentions

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve the health care quality and care experience, and reduce costs.

- **Population Health:** Pennsylvania will drive efforts to reduce childhood obesity, decrease new cases of diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking amongst reproductive aged women
- **Payment reform:** The Commonwealth will focus on establishing a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode based payment, and global payments
- **HIT:** The state will drive the expansion of statewide HIE, support price and quality transparency, work to spur use of telehealth, develop a population health dashboard, and promote the use of the PDMP
- **Health Care Transformation:** The state will focus on efforts related to community health workers, oral/dental health access, integrating care at multiple levels, data analytics, and tele-health

Update on APCD Council Study

11:25 – 11:40 AM

Patrick Miller, Founder of the APCD Council

Discussion /
Conclusions

Mr. Miller shared findings from interviews with stakeholders regarding the feasibility of and capabilities from implementing an all payer claims database (APCD) in the Commonwealth. A separate APCD work group has been formed to support these efforts.

- The APCD Council work group has convened several meetings, and members are being interviewed. Findings from these interviews will be synthesized and made available in May
- Initial feedback: stakeholders believe in the utility of aggregate insurance data, especially through specific use cases
- Use cases: interest in regional/national benchmarking, using the data for measuring network performance, and using the data for transparency tools for consumers, among others
- Biggest barriers or concerns:
 - Data collection and dissemination (e.g., Who will collect? Who will get access? How will the data be used?)
 - Governance: Mandatory vs voluntary, governing body (e.g., should it be run by a non-profit?)

Update on Catalyst for Payment Reform

11:40 – 11:55 AM

Andréa Caballero, Program Director, Catalyst for Payment Reform

Discussion /
Conclusions

Ms. Caballero discussed findings from an early questionnaire submitted to the 7 largest payers in Pennsylvania. Catalyst for Payment reform will collect additional data and anticipates making complete results and the PA scorecard available in early Fall 2016.

- Initial Catalyst feedback: 6 of the largest commercial payers in PA have submitted responses to a questionnaire about the scope of their services. 4 are using internal transparency tools; 2 are through a contracted vendor (Healthsparks)
- Data provided: All 6 payers surveyed have tools that display financial liability for users, with data on co-pays and HSA balances as the most accurate and deductible data being less accurate because of a 30 day lag in reporting
- Data availability: All 6 payers make the data available to customers across a range of product types (HMO, PPO and high deductible)
- Future Catalyst feedback: future Catalyst questionnaires will capture information of interest to stakeholders:
 - Pricing accuracy of data being provided to consumers
 - How the data is being used to support decision making
 - Use of other transparency tools (e.g. health care Blue Book)
 - Consumer engagement and utilization of payer transparency tools

Closing and Next Steps

11:55 – 12:00 PM

Dr. Lauren Hughes

Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete SIM plan	DOH	Late April
Provide feedback on SIM plan	Work Group Members	Early May