Price and Quality Transparency Work Group – Session 2		
1.28.2016	1:00 PM – 4:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Price and Quality Transparency Work Group – Session 2	
Convener	Commissioner Teresa Miller	
Introductions and work group overview		
1:00 – 1:30 PM	Commissioner Teresa Miller	
Discussion / Conclusions	Commissioner Miller led the work group through a recap of the goals of work group session 2, work group charter and timeline, vision and objectives for price and quality transparency for PA, a recap of the approach to price and quality transparency, and a review of the guiding principles from work the last work group session	

As discussed prior, the first work group session identified a set of guiding principles for price and quality transparency:
- Work group's main focus is on consumers and how transparency innovations impact the end consumer
- Understand consumer journey to help identify different needs for information throughout all stages of care (e.g., provider quality and cost information to help consumers select PCPs)
- Clarify and standardize definitions and formulas for cost, quality, and value metrics
- Build off existing transparency initiatives in PA and leverage ideas / concepts across other industries

Additionally, it was discussed that the Commonwealth should act as a leader by:
- Guiding the vision for transparency across the state
- Bringing stakeholders together
- Leading by example

Price and quality transparency strategic approach		
1:30 – 2:30 PM	Commissioner Teresa Miller	
Discussion / Conclusions	Commissioner Miller led the work group through the strategic approach to determining potential price and quality transparency solutions for the Commonwealth. The strategic approach leveraged the input and discussion from the first work group to determine and prioritize the use cases for price and quality transparency	

The discussion was structured around the four part approach to developing the price and quality transparency strategy (see presentation for more detail)
- Determine potential use cases based on:
  - Price and quality transparency data users (consumer, provider, payer, policy maker)
  - Data focus areas (consumer health, provider care, payer information)
- Prioritize use cases by level of alignment with overall vision:
  - Performance transparency
  - Rewarding value
  - "Shoppable" care transparency
  - Consumer behavior change
- Identify potential solutions based on:
  - Transparency approach / mechanism (e.g., portal, reporting)
  - Vehicle of transparency (public and centrally developed, private third party, payer-led, provider-led)
  - Mechanism to drive stakeholder participation (legislation, partial / full funding, voluntary)
  - Level of standardization (standardize approach, align in principle, differ by design)
- Evaluate potential solutions according to:
  - Potential impact
  - Ease of implementation (e.g., effort to operationalize, resource requirements)

Three use cases were prioritized (use case 1: Consumer health literacy; use case 3: Broad primary care transparency for all data users; use case 4: "Shoppable" care transparency). Use case 7: Claims / clinical data sharing for providers and payers was also discussed

Potential solution discussion and stakeholder input	
2:45 – 3:45 PM	Commissioner Teresa Miller
Discussion / Conclusions	Work group members discussed the prioritized use cases and potential solutions, focusing on use case 3 (Broad primary care transparency for all data users) and use case 4 ("Shoppable" care transparency); work group members also determined potential hurdles that will need to be overcome

The work group session took a deep dive on use case 3 (Broad primary care transparency for all data users)
- There are 4 ways of operationalizing the solution that varies in terms of centralization:
  1. Agree on a common set of metrics and common definitions, but operationally each payer will provide transparency into primary care measures in a decentralized manner
  2. Agree on a common set of metrics and common definitions, but each payer does their own analytics on the data in a decentralized manner and submits "numerators and denominators" to a central location, which develops reports / transparency tools allowing one-stop shopping for data users (e.g., consumers, providers)
  3. Payers enter an agreed-upon set of specific data to a central location, which will run analytics and reporting and publish reports or provide transparency tools
  4. Build a centralized data warehouse (all-payer claims database), where analytics and reporting will be done for reports / transparency tools
- Work group agreed on the importance of standardizing measures for primary care and population management
- There is an opportunity to benefit providers by improving consistency in advanced primary care metrics/definitions and improving consistency in how data is submitted (timing, format, etc.)
- Primary care is a good place to start - we can start the conversation here, align on metrics / measures and then build out additional transparency solutions

We also discussed use case 4 ("Shoppable" care transparency) in more detail:
- Most payers currently have a transparency tool of their own, but often these are not the most consumer friendly tools; at the same time, consumer friendly tools often don't have full access to price and quality data
- The Commonwealth can help lead standardization of episodes on the back-end providing the benchmark data needed; variation on the front end (consumer-facing end) is ok and can lead to innovation that improves the consumer experience

The characteristics of the state should in part help determine the solution, but not hinder it
- PA has a fair amount of system integration, leaving a lot of very small independent providers
- PA is a more federated (decentralized) model than DE and other states; there are efforts to allow regions to talk to each other, but data differences make it difficult for this data to come together

The work group also discussed the importance (and opportunities) for consumer health literacy

For any strategy selected, we should take a mindset of pushing forward with rapid innovation

Closing and next steps			
3:45 – 4:00 PM	Commissioner Teresa Miller		
Action Items		Person Responsible	Deadline
Participate in follow-up webinars or calls (note: there will be at least 1 webinar prior to the 3rd work group)		Work Group Members	TBD
Participate in third work group meeting to refine plan		Work Group Members	March 2016

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