NEW YORK STATE OF OPPORTUNITY. | Department of Health

NYS All Payer Database (APD) Stakeholder Forum

December 9, 2015

Agenda

TOPIC	PRESENTER	TIME
Welcome and Introductory Remarks	Patrick Roohan	1:00pm
NYS Health Foundation Report Synopsis	Patrick Miller / Jo Porter	1:15pm
NY All Payer Database Update	Chris Nemeth / APD Team	1:30pm
Break		2:30pm
NY APD Key Issues	Chris Nemeth / Natalie Helbig	2:45pm
Concluding Remarks	Patrick Roohan	3:45pm

Welcome and Introductory Remarks 1:00pm

Patrick Roohan
Director
NYSDOH Office of Quality & Patient Safety

NEW YORK STATE OF OPPORTUNITY. Department of Health

The APD in NY:
How it fits with NY State Priorities

Aligned with NY State Department of Health's Mission Statement:

The Department of Health protects the health, productivity and well-being of all New Yorkers by promoting public health and patient safety, by reducing health disparities and by assuring access to affordable, high quality health services

Aligned with the Triple Aim:

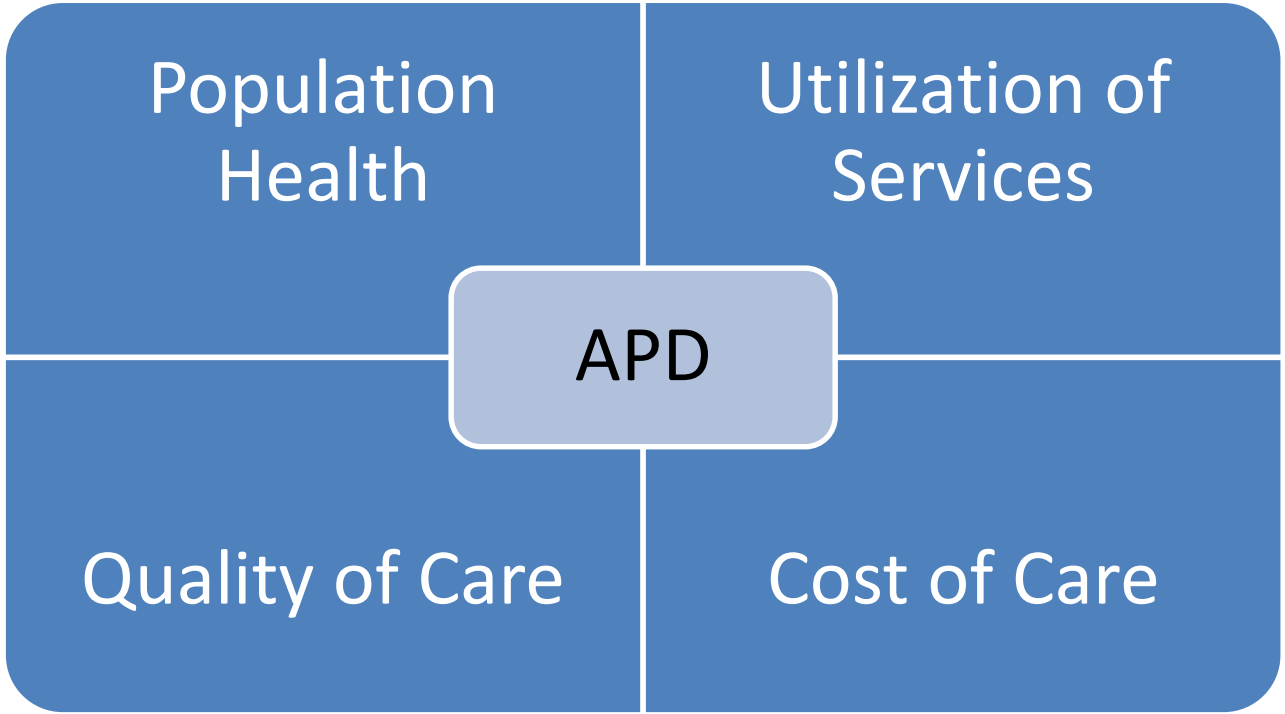
Improve population health, improve quality and reduce costs

NEW YORK STATE OF OPPORTUNITY. Department of Health

The APD in NY: How it fits with NY State Priorities

The goal of the APD is to provide policymakers, researchers, and consumers with the most comprehensive health data base in New York state, encompassing claims data from commercial, Medicaid and Medicare insured New Yorkers. These data will be used for quality measurement, population health monitoring, value-based purchasing and consumer information.

Value of the APD to New York



NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Uses: Population Health

- Tool for evaluation of population health metrics at the regional level.
- Provide a snapshot of a community's health needs by assessing the prevalence of various chronic conditions.
- Augment traditional public health data systems with detailed information on episodes of care. For example, the Cancer Registry collects limited information on chemotherapy and radiology. The APD will augment the Cancer Registry with data on chemotherapy treatments, pharmacy interventions and radiology.
- Enable case finding for Public Health reporting.
- Evaluate disparities across different providers and regions.

APD Uses: Utilization of Services

- Evaluate patterns of care for provider services (inpatient, outpatient, pharmacy) across the state. Weinberg et al have published extensively on the variation in use of services regionally, the APD can help us understand this variation in New York State.
- Analyze utilization of health services across public (Medicaid, Medicare) and commercial payers.
- Calculate the health care efficiency measures used in DSRIP and Medicaid managed care including: Prevention Quality Indicators (PQIs - potentially avoidable hospital admissions), Potentially Preventable Readmissions (PPRs) and Potentially Preventable ED Visits (PPVs). These health care efficiency measures can be compared by payer, region, or any stratification desirable.
- Monitor use of generic medications compared to brand name drugs.
- Use for regional planning of health services, and determination of need.

APD Uses: Quality of Care

- Measure quality of care across payers and providers. Expand what is currently capable through SPARCS to measurement of outpatient care.
- Evaluate performance at a practice level, a key component of the Advanced Primary Care (APC) Model, the cornerstone of the State Innovation Model (SIM) Grant.
- Provide metrics of provider performance for consumer use.
- Develop measures of patient safety across the health care delivery system including hospitals, ambulatory surgery centers, clinics and private practice.
- Look at patterns related to access to care, at various geographic levels, to determine shortage areas.
- Evaluate bundles of care and how quality is effected.
- Determine health risk of every New Yorker, to be used for risk assessment, appropriate risk adjustment of outcome measures and payment.
- Adverse Event Reporting.

NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Uses: Cost of Care

- Evaluate care delivery and payment models, across different payers. The work of the SIM will rely on statewide and regional data for comparison purposes.
- Promote or incentivize higher quality and lower cost treatments, refinement of reimbursement models.
- Develop tools to display variation in costs of services for commercial enrollees.
- Support and inform health care payment and delivery systems reforms (Accountable Care Organizations, DSRIP Performing Provider Systems, bundled payments, shared savings, etc.).
- Compute total cost of care, needed for payment reform and comparative analysis.
- Provide the Department of Financial Services information on cost and quality to incorporate into their rate review process.

APD Size and Scope

- QHP (NYS Health Exchange) = 1.0 million enrollees
- Medicaid and CHIP = 6.5 million
- Commercial = 4.5 million
  - Commercial = 9 million (including self-insured)
- Medicare = 2.8 million including dual Medicare-Medicaid

Total Non-Duplicated Enrollee Count = 19.3 million

- Anticipate 1.0-1.2B claims per year

NEW YORK STATE OF OPPORTUNITY. Department of Health

NY State Health Foundation Report Synopsis

1:15pm

NYS Health Foundation Report Synopsis

December 9, 2015

New York's All Payer Database: a New Lens for Consumer Transparency

Patrick Miller & Josephine Porter

APCD COUNCIL All-Payer Claims Database

About the APCD Council

The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based all payer claims databases (APCDs). The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).

Our Work

- Early Stage Technical Assistance to States
- Shared Learning
- Catalyzing States to Achieve Mutual Goals

METHODOLOGY DISCUSSION

APCD COUNCIL All-Payer Claims Database

Who We Talked To*

- Consumers
- Researchers
- Employers
- Providers
- Payers
- RHIOs
- APCD States

* > 55 non-NYS DOH people; several sit on committees for State projects as well as the HIT Work Group

What We Talked About

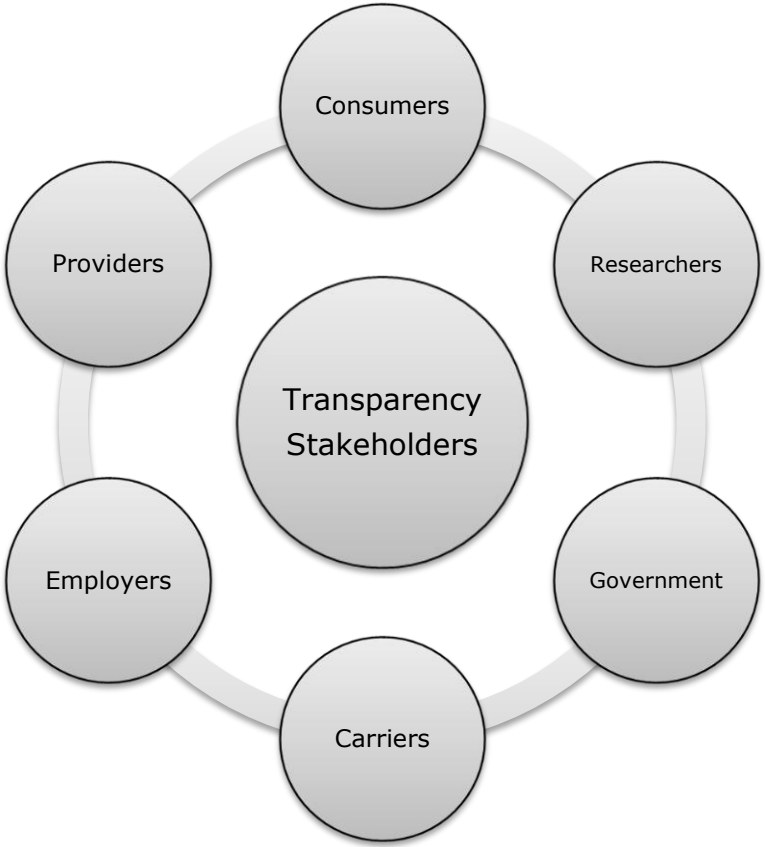
- Understanding of APD
- Transparency
- Use Cases of APD
- Data Collection
- Data Linkage & Release
- Policy
- Stakeholder Roles
- State Perspectives / Lessons Learned

MANY DISCUSSION DOMAINS

APCD COUNCIL All-Payer Claims Database

Use Cases & Stakeholders	Research Needs	Consumer Transparency Continuum	Charges, Cost & Price
Provider Value Equation	Consumer Transparency Websites	Governance	Privacy
Data Collection	Data Quality	Data Release & Fees	State Lessons Learned

MULTIPLE TRANSPARENCY STAKEHOLDERS



ENVIRONMENTAL DRIVERS

APCD COUNCIL All-Payer Claims Database

Learning from Stakeholder Interviews

- Overall desire for health system transparency
- Consumers buying insurance products on the exchange/web purchasing
- Influx of narrow network products in the insurance market
- High deductible plans more commonly offered, resulting in the potential for more underinsured consumers
- Significant government health reform investments being made (e.g., Medicaid, DSRIP, NY-SHIP, PHIP)
- Overall health system and health insurance literacy varies amongst consumers

STAKEHOLDERS SAID CONSUMER TRANSPARENCY HAS NEEDS ALONG A SPECTRUM

APCD COUNCIL All-Payer Claims Database

Consumer Transparency Needs

ENTERING THE SYSTEM

- Plan Premium (Rate)
- Network Coverage
- Network Quality
- Formulary Adequacy

NAVIGATING THE SYSTEM

- Provider Value
  = Price + Quality
- Out-of-Pocket Costs to Consumer

CATALYST FOR PAYMENT REFORM / HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE REPORT

APCD COUNCIL All-Payer Claims Database

- Ranked five states in the country with a "grade" of "C" or better – Vermont and Virginia each received C grades, Maine and Colorado each received a B grades, and New Hampshire received an A.
- New York is cited in the report as "still assembling their all-payer claims database".
- The authors of the report state that "The most promising price transparency legislation requires that health care providers and insurance plans provide patients with:
    - A good-faith estimate of the patient's out-of-pocket expenses that are specific to the patient's insurance plan, health care needs and health care provider.
    - Quality information on individual physicians and providers.
    - Access to this information in real time via a website, personal electronic device, or Electronic Medical Record (EMR) system."
- *These three goals for state transparency legislation are all feasible in New York given the current APD effort.*

SEVEN FINDINGS

APCD COUNCIL All-Payer Claims Database

1. Reliable and trusted price and quality data for consumers are scarce.
2. Pricing data versus charge data are required for true transparency.
3. Transparency is more complex than price shopping.
4. The State's vision, goals, and timeline for the APD are unclear to stakeholders.
5. The New York APD is viewed as a public utility with unclear governance.
6. A broad consumer strategy across state agencies will require concerted effort and coordination.
7. Fiscal and programmatic sustainability will likely be challenged.

FOUR RECOMMENDATIONS

APCD COUNCIL All-Payer Claims Database

1. Develop a phased approach to APD data release based upon use cases.
2. Develop price transparency tools.
3. Develop a stakeholder engagement and communication process regarding the APD startup functions.
4. Formalize an APD data quality program.

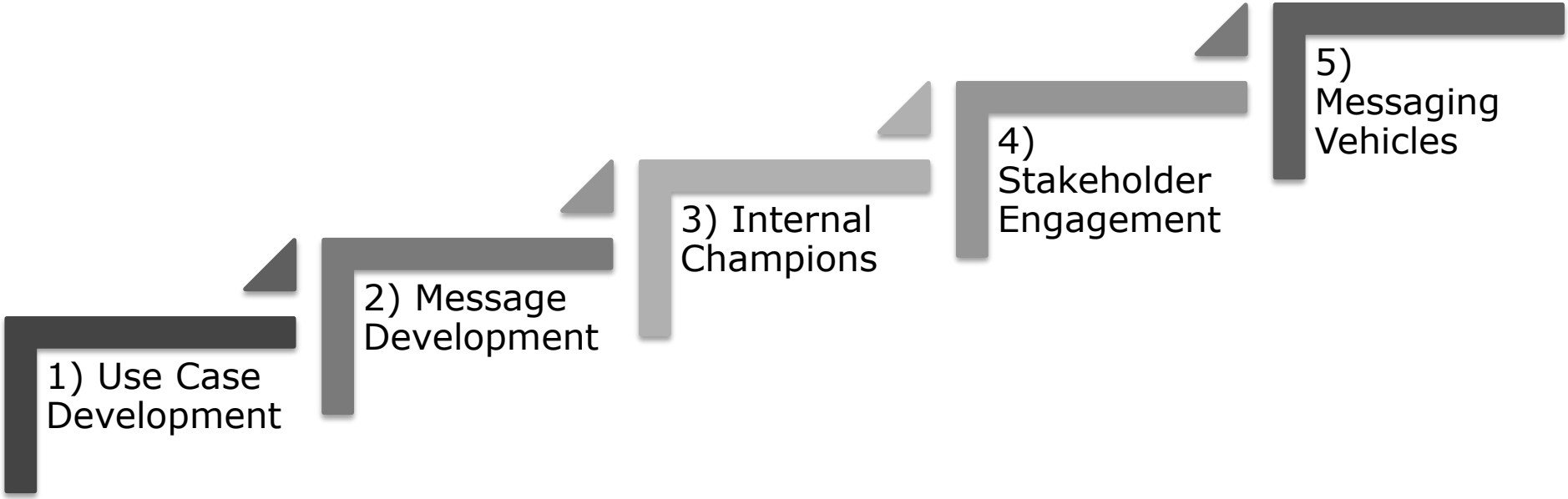
MANY USE CASES IDENTIFIED: NEED TO SET APD PRIORITIES AND STAKEHOLDER EXPECTATIONS

APCD COUNCIL All-Payer Claims Database

PHASE 1			FUTURE	
RESEARCH	SUPPORT FOR STATE POLICY INITIATIVES	TRANSPARENCY TOOLS	SYSTEM PERFORMANCE	CLINICAL OPERATIONS
• Population Health • Prevalence Measures • Utilization • Payment • Cost Drivers • Econometric • System Performance • Simulation Modeling • Geographical • Evaluate Translational Research Efforts	• DSRIP • PHIP • NY-SHIP • Medicaid • RHIOs/QEs • Rate Review • Rate Setting • Policy Development	• Price • Quality • Premium • Networks • Formulary • Value • PHR • Embedded Within Insurance Exchange • System Access and Navigation	• Provider • Network • Payer • Identify Centers of Excellence • Outcomes • Resource Disparity • Gaps of Care / Effective Care • Delivery System Redesign • Payment Model Design	• Data for Practices • Risk Adjustment • Leakage / Referral Analysis • ACO Performance • Clinical Data (RHIOs)

STAKEHOLDER ENGAGEMENT AND COMMUNICATION STRATEGY NEEDED

APCD COUNCIL All-Payer Claims Database

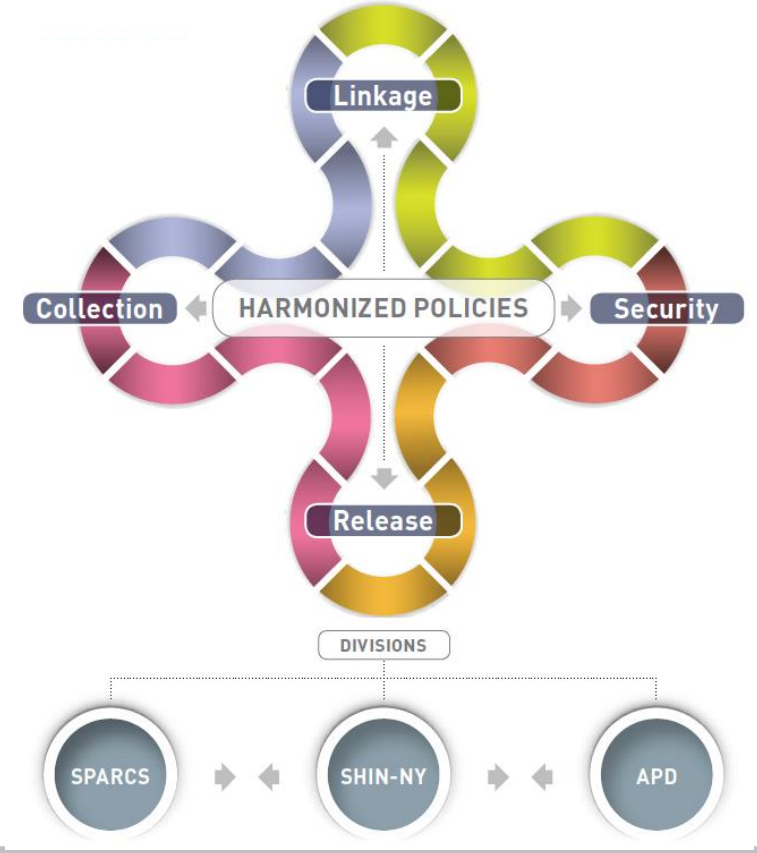


POLICY REQUIREMENTS FOR COLLECTION, PROTECTION, AND RELEASE OF DATA

APCD COUNCIL All-Payer Claims Database SM

COLLECT	PROTECT	RELEASE WITH CONTROLS
• Medicaid • Commercial Fully Insured and Self-Funded • Medicare • Medical, Pharmacy, Dental	• Security • Privacy • Governance	• Population Health • Research • Policy • Consumer • Care Delivery • Linkage

POLICY DEVELOPMENT AND STANDARDIZATION



DATA QUALITY

- Data quality is paramount for both trust and usefulness.
- Process should include input and review by data submitters (payers) and those being reported on (providers).

CONTACT INFORMATION

APCD COUNCIL All-Payer Claims Database

Josephine Porter

Co-Chair, APCD Council

603.862.2964

jo.porter@unh.edu

&

Patrick Miller

Consultant, APCD Council

603.536.4265

patrick@perogroup.com

NYS Health Foundation Report Synopsis

Questions?

NY APD Update

1:30pm

Chris Nemeth, Director
APD Development Bureau
NYSDOH Office of Quality & Patient Safety

NEW YORK STATE OF OPPORTUNITY. Department of Health

NYS APD Update

- Major Components / Infrastructure
  - Data Intake
  - Data Warehousing & Analytics
- Governance
  - Regulations
  - Submission Specifications
  - Operations Guide
  - Data Governance Manual
  - Data Use Agreement
- Data Release
- Q&A

NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Timeline

2011-2014

- Enabling Legislation Passed
- Project Planning Completed (Initial Use Cases)
- Initial Staffing Completed
- Data Warehouse & Analytics (DW&A) Vendor RFI Completed
- ACA Grant Funding & State Appropriation Secured
- Intake Vendor Secured & Data Collection Parameters Defined
- QHP Data Intake System Developed
- DW&A RFP Developed (inc. Updated Use Cases)
- IAPD Developed for Federal Matching Funds
- Initial Draft Regulation Developed

2015-2016

- Enabling Legislation Re-Authorized
- Project Staffing Enhanced
- Federal Matching Funds Secured
- QHP and Medicaid Managed Care/CHIP Data Intake Go Live
- DW&A Vendor Procurement Completed & Contract Executed
- Interim Data Analytics Suite Developed (population health, state agency analysis)
- Regulations Refined, Reviewed & Published
- Governance & Policy Documents Developed & Finalized
- Commercial Data Intake Development & Go Live
- Medicare DUA Application Submitted & Data Purchased
- Data Intake Contract Renewed

2017-2018

- Permanent Data Warehouse Go Live
- Permanent Data Analytics Suite Developed
- All Payer Data Validation Completed
- Integration of SPARCS Dataset
- Data Request Process Finalized
- Data Intake Enhancements & Evolution
- Long Term Fiscal Sustainability Defined
- Summary Data Available on Website
- Summary Data Available for Analysis

2019-2021

- Continued Operation of Data Release Process
- Integration of Additional Datasets (SHIN-NY, Public Health Registries)
- Continued Refinement of Use Cases and Analytics
- System Operations & Maintenance, Enhancements & Evolution
- DW&A Contract Renewal

NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Timeline – Data Intake

2011-2014

- Intake Vendor Secured & Data Collection Parameters Defined
- QHP Data Intake System Developed

2015-2016

- QHP and Medicaid Managed Care/CHIP Data Intake Go Live
- Commercial Data Intake Development & Go Live
- Medicare DUA Application Submitted & Data Purchased
- Data Intake Contract Renewed

2017-2018

- Integration of SPARCS Dataset
- Data Intake Enhancements & Evolution

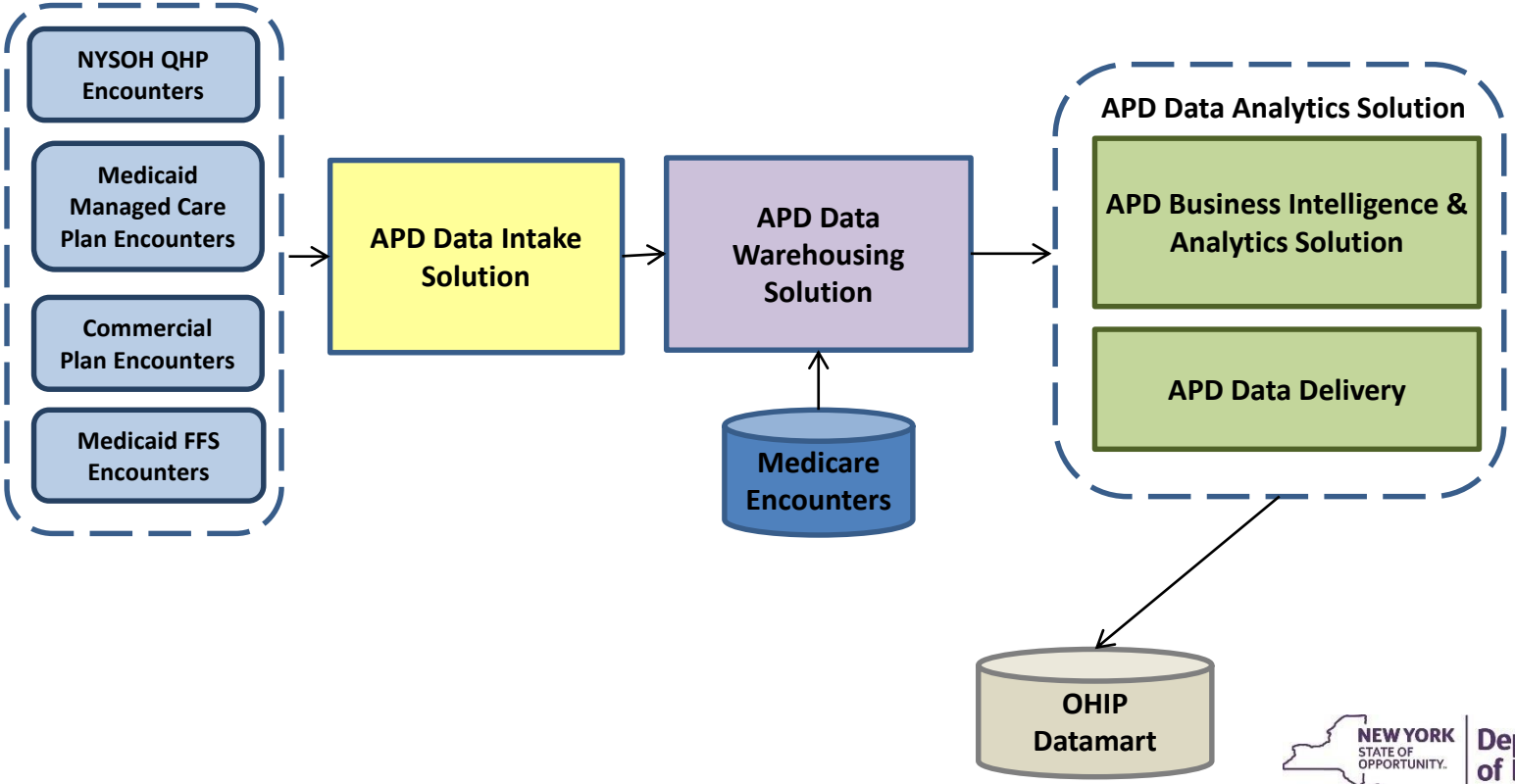
2019-2021

- Integration of Additional Datasets (SHIN-NY, Public Health Registries)
- System Operations & Maintenance, Enhancements & Evolution

Data Intake

- Vendor - Data Intake System
- Data Sources
- Current Status of System / Submissions
- Data Modeling
- Future Data Linkages
  - SPARCS
  - SHIN-NY
  - Public Health Registries

APD Infrastructure



NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Data Intake System: What is it?

- The APD Data Intake System was built within the New York State of Health (NYSOH) as the new intake point for all reported post adjudicated claims, plan benefits, member enrollment and reference data.
- It is the source for intake of Qualified Health Plan encounter data, and has replaced the current eMedNY Claims System for the processing of post adjudicated Medicaid claims data (encounters) from Managed Care Organizations (MCO's).
- Future data sources will include Commercial Insurance Plans, Essential Health Plans, and Medicaid Fee for Service.

Data Collection

- Direction: Move away from NYS proprietary format and adopt national standards for post-adjudicated claims data reporting (PACDR) by plans
  - X12 PACDR Transactions
    - Professional (837) – X298
    - Institutional (837) – X299
    - Dental (837) – X300
  - National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard (Version 4.2)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Benefits of PACDR Transactions

- The PACDR transactions will contain information that previously has not been collected in NYS.
- Examples:
  - Expanded provider information
    - Capability to report up to 11 different types of providers on a claim and line level depending on the transaction type
  - Coordination of Benefits (claim payments) information
    - Capability to report payment information from multiple payers on a claim
    - Includes paid amounts, payment dates, reasons for adjustments
    - Identifies order of payers

Interim APD Data Warehouse - Overview

- The data is being delivered from the Data Intake System into the Interim APD Data Warehouse (the OHIP DataMart)
  - Currently this data includes:
    - X12 and NCPDP PACDR transactions
    - eMedNY (Medicaid) member and reference data
    - NYSOH issuer, plan, member and reference data
    - Reference Data (Procedure Codes, Diagnosis Codes, etc.)
- The OHIP Datamart is currently receiving this data from the Data Intake System in 5 different models

NEW YORK STATE OF OPPORTUNITY. Department of Health

Interim APD Data Warehouse - Data Modeling

Development Area

- Raw data staging of all Data
- Analysis of each model's table structure and linkages
- Validation of issuer submitted content

APD Analytic Model

- Currently in development
- Data is pulled from various raw data tables into a less complex, single model in order to allow for analytics and accessible reporting capabilities

Data Modeling Goals

- Complete understanding of the complex content and structures of each of reporting source model sent through the Data Intake System
- Continue the building of the APD Analytic Model
  - Identifying which elements from each source model should be carried forward
  - Develop and maintain Analytic Model and process documentation
  - Completion of an initial release (for internal DOH) is Spring 2016
- These activities will support process for immediate & productive engagement of APD Analytics vendor

APD Timeline – Data Warehouse & Analytics

2011-2014

- Project Planning Completed (Initial Use Cases)
- Data Warehouse & Analytics (DW&A) Vendor RFI Completed
- DW&A RFP Developed (inc. Updated Use Cases)

2015-2016

- DW&A Vendor Procurement Completed & Contract Executed
- Interim Data Analytics Suite Developed (population health, state agency analysis)

2017-2018

- Permanent Data Warehouse Go Live
- Permanent Data Analytics Suite Developed

2019-2021

- Continued Refinement of Use Cases and Analytics
- System Operations & Maintenance, Enhancements & Evolution
- DW&A Contract Renewal

NEW YORK STATE OF OPPORTUNITY. Department of Health

Data Warehouse & Analytics

- Vendor Award
  - Projected Contract Start – Feb. 2016
  - Interim vs. Permanent Solutions
- Interim Data Analytics (Nov. 2016)
  - 200 State Agency Users
  - Consumer Facing Website
- Permanent Data Warehouse (July 2017)
  - Data Aggregation, Linking, and De-identification
  - Data Validation – Across All Payers - Expected to be complete by 2018
- Permanent Data Analytics (July 2017)
  - User Stories Reflecting 7 Stakeholder Groupings
    - APD Management Staff, Consumer Healthcare Services, Data Management Staff from Insurance Carriers, Healthcare Researchers, Information and Policy Managers from County & Other NYS Agencies, NYSDOH Information and Policy Managers, Providers of Healthcare Services

APD Timeline - Governance

2011-2014

- Enabling Legislation Passed
- Initial Draft Regulation Developed

2015-2016

- Enabling Legislation Re-Authorized
- Regulations Refined, Reviewed & Published
- Governance & Policy Documents Developed & Finalized

2017-2018

- Data Request Process Finalized

2019-2021

NEW YORK STATE OF OPPORTUNITY. Department of Health

Governance

- Regulation – 2016 Publication
  - Regulatory Package Initiated Dec. 2015
  - Requires Public Comment & Public Health and Health Planning Council Review (estimated by Aug. 2016)
- Submission Specifications – Public Posting w/ Commercial Data Intake Implementation
  - Developed & Maintained by Data Intake Vendor
  - Currently covers QHP and MMC/CHIP Encounter Submissions
- Operations Manual – 2016 Release
  - General Governance – APD: What it is, how it operates, how and why it came to be, who it can benefit & how.
- Final Data Release Process Manual – 2018 Release (SPARCS Model)
  - Coincides with Completion of Data Validation Activities
  - Will Provide Detail on Data Release Policy, Procedure and Criteria

APD Timeline – Data Release

2011-2014

2015-2016

2017-2018

- All Payer Data Validation Completed
- Data Request Process Finalized
- Summary Data Available on Website
- Summary Data Available for Analysis

2019-2021

- Continued Operation of Data Release Process
- Continued Refinement of Use Cases and Analytics

NEW YORK STATE OF OPPORTUNITY. Department of Health

Data Release

- Types of Release
  - Public Use Data – Consumer Facing Website, Customizable Population Health Views (DW&A Vendor Developed) – Nov. 2016
  - Identifiable Data (Includes Limited Identifiable) – 2018
    - Requires Data Release Policies & Procedures
    - Will Require Data Use Agreement
    - Will Require Application, and Review for Appropriateness of Use and Adequate Protection of PHI and PII

NEW YORK STATE OF OPPORTUNITY. Department of Health

NY APD Update

Questions?

Break

2:30pm – 2:45pm

NY APD Key Issues

2:45pm

Chris Nemeth, Director
APD Development Bureau
NYSDOH Office of Quality & Patient Safety

Natalie Helbig, Director
Health Data NY Program
NYSDOH Office of Quality & Patient Safety

NEW YORK STATE OF OPPORTUNITY. Department of Health

APD Key Issues

- Data Governance & Release
  - Privacy Concerns
    - Proprietary Pricing Information
  - Stakeholder Participation
  - Criteria for Approved Data Release
  - Consumer Use

APD Key Issues

Draft Regulations for December 2015 Release

- Definition of APD Reporting Sources & Required Data Elements
- Frequency & Scope of Reporting and Quality Requirements
- Data Governance & Release Elements

APD Key Issues

- How Should APD Policies Safeguard the Privacy of Personally Identifiable Data?
  - Masking
  - De-Identification
  - Cell Size Suppression
  - Removal of Outlier Data

APD Data Access

Broad Release	Moderate Release (Similar to SPARCS)	Limited Release
Produce Public Use Aggregated Files/Reports	Produce Public Use Aggregated Files/Reports	Produce Public Use Aggregated Files/Reports
NYS Agency Use of all Levels of Data	NYS Agency Use of all Levels of Data	NYS Agency Use of all Levels of Data
Limited Identifiable and Identifiable Data Files Publicly Available	Limited Identifiable and Identifiable Data Files Publicly Available – though not until data is validated & quality and security controls are developed (estimated 2018)	No Release of Partially Identifiable or Identifiable Data
Broad Range of Requestors with Limited Parameters for Requests	Narrow Range of Requestors, Based Upon Application for Prescribed Uses Only	N. A.
Subject to Approved Data Use Agreement	Subject to Review/Approval of Project Purpose and Approved Data Use Agreement	N. A.

APD Key Issues

- How Should Payer / Provider Price Information be Reflected in the APD?
  - New Hampshire Model – Looked to as Model for NY APD Pricing Framework

Handling & Release of Pricing Data

New Hampshire:

The HealthCost tool's estimates are based on the **median amounts paid** (by both the insurance carrier and the patient) using claims data. The median treatment cost based on patient experience is reported instead of the average. ***The median is a better measure of central tendency when predicting the cost liability to the patient and health plan.*** The median is influenced less than the average by outlier observations that may skew the results. **The median also makes determining actual contract terms for payments between the insurer and the provider more difficult.** Risk adjustment is used in HealthCost by adding a column called *Patient Complexity*. **Risk adjustment provides a relative measure for the difference in the illness burden of patients in the analysis and treated by the selected providers**. However, **the rates provided in HealthCost are not risk adjusted**. They are the actual calculated rates based on the claims data and the HealthCost algorithms.

APD Key Issues

- How Should Stakeholders Continue to Take Part in the Development of APD Policies?
  - Data Release Criteria
    - Privacy Protections
    - Pricing Issues
  - Use Cases / Analytics
  - Submission Requirements

APD Governance Structure & Process

Broad stakeholder participation	→→→→→→→	Degree of Centralized Control	←←←←←←←	Stakeholder participation limited
Publicly Appointed Board	Publicly Appointed Board	**Internally Designated Committee w/ Some External Stakeholder Participation**	Internally Designated Committee Only	No Board or Committee
Board Authority to Approve/Make Decisions	Board Makes Recommendations Only; Decisions Made By Commissioner or Designee	Committee Authority to Approve/Make Decisions	**Committee Makes Recommendations; Decisions only by Commissioner or Designee**	APD Director Authority to Approve/Make Decisions
Hold Public Meetings for Feedback AND:	**Hold Public Meetings for Feedback AND:**	Hold Internal Meetings Only BUT STILL:	Hold Internal Meetings Only	No Public Feedback
Publish Records of Data Requests and Approvals	**Publish Records of Data Requests and Approvals**	Publish Records of Data Requests and Approvals	No Publication of Data Requests or Approvals	No Publication of Data Requests or Approvals

APD Key Issues

- What Are Appropriate Criteria for Deciding When An Identifiable Data Release Requests Should be Approved?
  - Purpose/Nature of Use
  - Study Objectives
  - Study Scope vs. Data Requested
  - Strength of Privacy Protections
  - Benefits to Population Health
  - Approved DUA

NEW YORK STATE OF OPPORTUNITY. Department of Health

Round One Consumer Focus Groups

- As part of a $4.6M Cycle III Price Transparency Grant, a competitive procurement for a '*Consumer Focus Groups on Price Transparency*' vendor was conducted last winter
- NY Academy of Medicine selected as the vendor
- 8 statewide consumer focus groups across 3 regions of state

Target Audience

- Adults: 18 years of age or older
- Insured: Has commercial or private insurance
- High Deductible Plan: deductible greater than $1,000, leaning toward $5,000; requirement was relaxed
- High Utilizer: has seen a doctor, received treatment more than 2+ times this year
- Info seeker: has tried to use publically available information within the last year (data from insurer, report cards, ratings)

Example Questions

- What factors are important to consumers when making health care decisions?
- Where do they get their information from? How do they find these sources?
- What is important about these sources? Trust, convenience?
- What kind of information do you seek or need on Cost? Quality? Providers? Volume of services?

NEW YORK STATE OF OPPORTUNITY. Department of Health

Example Questions

- Are there specific decisions that require additional information? (e.g., heart surgery, choosing a specialist, etc.)
- Are you concerned about financial information other than out of pocket costs? If so, what and why?
- Who would you trust the most to collect and present information on cost, quality or other important factors that you might use in decision-making?
- Are there models (including outside of healthcare) that you think are suitable for making this information available?

NEW YORK STATE OF OPPORTUNITY. Department of Health

Preliminary Results

Information Sources

- Participants described a lack of reliable information regarding cost and quality of health care providers and services.
- Most often they depend on personal (e.g., family and friends) and professional recommendations (e.g., trusted primary care physician) to make choices about where to go for care.
- To supplement such recommendations, participants turn to ‘Google’ or popular rating sites such as Yelp to find information.
- Participants also used their insurance carrier’s website.

Preliminary Results

Quality Measures

- Perspectives on quality varied, physician bedside manner and personality, provider degree, credentials, or history of medical malpractice were important. Other less mentioned included training, experience, & years of practice.
- Participants often talked about tangible aspects of care as a reference point for quality, such as interpersonal skills, wait times, professionalism of staff, and office environment.
- Indicators and predictors of quality used by the medical field (e.g., high volume procedures) were not readily described by participants & seemed beyond their immediate frame of reference.
- When prompted about their thoughts on more complex standard quality indicators, participants recognized their significance and felt they would be helpful in health care decisions.

Preliminary Results

Preferences

- Expressed desire across all focus groups for accessible, easy to consume-and easy to filter-information about health care providers that incorporates a range of quality indicators (e.g., access, provider training, experience, interpersonal skills).
- Perspectives on who is best suited to provide this information have been mixed; some feel government is a trustworthy source, others feel the private or non-profit sectors are better positioned.
- Commonly cited helpful models to consumers included: Consumer Reports, Better Business Bureau, Angie's List, Kayak.com, and Kelly's Blue Book.
- Few participants knew of any website providing publicly available (e.g., use of Google or Yelp to find information) data to consumers for use in health care decision making.

I think it's kind of hard to quantify exactly what you would be looking for in instances where it's not like a procedure that you're getting done. If you have a chronic illness like diabetes or high cholesterol, I don't know what I would look for in a doctor to help me with the treatment, my diabetes, because I don't know how you would quantify that. Like how many patients did you see that had diabetes? I don't know. **Buffalo Focus Group**

If I'm using a smaller specialist, I kind of try to find out how long they've been in practice to see, "Is this somebody who's fairly new to this or is this somebody who's well experienced?" I tend to decide on somebody who has more experience. **Albany Focus Group**

I think it's very telling that we've been talking about so many review sites and so many reviews – like a number of us have mentioned doing hours of research on these things and it's like if these were good sources of clear information we wouldn't have this. So we'd be like, "Oh yeah, we go here and we spend ten minutes." Definitely my experience has been that I go and look and I look and I look and I feel like I haven't gotten anywhere and I'm just kind of having to like, "Okay well this sort of looks good I guess," and then I – interacting with the doctor I can make an actual judgment. **NYC Focus Group**

I think [the resource on cost and quality] needs to be web-based, but also have access for the elderly. Ease of access and a catchy name – something that people will remember and they'll go, "Oh, I need to know about healthcare and I live in New York State. I'm gonna go to New York whatever." **Buffalo Focus Group**

Next Steps

- Finalize Report (Jan 2016 w/ Public Presentation Feb 2016)
- Re-introduce consumer input following start of Data Warehouse & Analytics vendor contract (mid-2016)

Current Communications Tools

- APD Page of NYSDOH Public Web - www.health.ny.gov/technology/all_payer_database/
- APD E-Mail Account - nysapd@health.ny.gov
- APD ListServ - listserv@listserv.health.state.ny.us
- APD Advisory Committee
  - Origin as Tiger Teams – Policy, Technical, Steering (2011)
  - Progress to APD Steering Committee
  - Change to APD Advisory Group (2014)
  - Future Utility?

NEW YORK STATE OF OPPORTUNITY. Department of Health

Use of Communications Tools

- To Date
  - Website – Monthly Updates
  - E-Mail & ListServ – Distribution of Notices of Web Updates & Meeting Notices
  - E-Mail – Response to Inquiries
  - Webinars / Conference Calls
  - In-Person Meetings
- Continued
  - Frequency of Updates
    - Web Postings
    - Webinars
    - In-Person Meetings
  - New Consumer Facing Website (DW&A Vendor Developed)

APD – Next Steps

- Meeting Attendees to be Added to ListServ
  - Will Be Used to Provide Updates on Governance Progress, Including Detail on:
    - Formal Regulations Process, Including APD Public Hearing Dates
    - APD Warehousing & Analytics Vendor Startup Work
- Future Public Meetings
- Website Update

NEW YORK STATE OF OPPORTUNITY. Department of Health

Closing Remarks

3:45pm

Patrick Roohan
Director
NYSDOH Office of Quality & Patient Safety

NEW YORK STATE OF OPPORTUNITY. Department of Health

Resources

New York Specific:

- APD webpage on public NYSDOH site: http://www.health.ny.gov/technology/all_payer_database/

Background on All Payer Databases:

- National APCD Council website for states participating, or interested in APD development: http://www.apcdcouncil.org/
- APCD Council Resource List and Issue Briefs: http://apcdcouncil.org/issue-briefs-and-fact-sheets
- RWJF Primer on APCDs and Health Reform: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf409988
- National Conference of State Legislatures: http://www.ncsl.org/research/health/collecting-health-data-all-payer-claims-database.aspx

NEW YORK STATE OF OPPORTUNITY. Department of Health