

Minutes of the Health Information and Analysis Oversight Council

December 2, 2020

Council members present: Ms. Laura Adams; Ms. Amy Bianco, designee of Secretary Marylou Sudders, Executive Office of Health and Human Services; Mr. Rob Birmingham, Office of the State Auditor; Ms. Fay Donohue; Mr. Bill Geary; Mr. Eric Gold, Office of the Attorney General; Ms. Lois Johnson, designee of Executive Director David Seltz, Health Policy Commission; Ms. Iya Khalil; Mr. Niels Puetthoff, designee of Commissioner Gary Anderson, Division of Insurance; Ms. Cassandra Roeder, designee of Secretary Michael Heffernan, Executive Office for Administration and Finance; and Dr. Meredith Rosenthal.

I. APPROVAL OF PRIOR MEETING MINUTE [VOTE]

Ms. Donohue called the meeting to order at 2:01 p.m. Ms. Donohue noted that two Council meeting minutes needed to be approved by roll call vote. A formal roll call vote was then taken to approve meeting minutes for the June 24, 2020 and September 23, 2020 meeting minutes; the meeting minutes were unanimously approved.

II. EXECUTIVE DIRECTOR'S REPORT

After approval of prior meeting minutes, Ms. Donohue asked Mr. Campbell to make his executive director's report. Mr. Campbell walked the Council through the meeting agenda, then began making his report. He briefly explained CHIA's remote operations to the Council, noting that the remote work environment due to the COVID-19 pandemic at CHIA continues to operate smoothly. Mr. Campbell stated that CHIA performed a staff survey to check in on morale and work experience in a remote environment, and received largely positive feedback. The Council briefly discussed the survey results.

Mr. Campbell proceeded to update the Council on CHIA's datasets during the pandemic. He explained that CHIA had begun collecting data voluntarily on a monthly basis for hospital inpatient discharge data—previously collected quarterly. Based on the success of the pilot and the insights it affords, the agency had recently moved to mandatory monthly data submissions. Mr. Campbell also highlighted that for the first time CHIA will collect payer aggregate data that reports on primary care spending and behavioral health spending. He noted that Massachusetts may be the only state doing behavioral health spending analysis of payer aggregate data, and that he is excited for this opportunity.

Mr. Campbell outlined for the Council CHIA's current priorities, including continuing to execute its core functions in the remote environment and assisting the Commonwealth's COVID-19 Command Center whenever possible. CHIA is also continuing its work on the development of the e-APCD project as well preparing to increase its analytic capabilities to study the impact of COVID-19 in the Commonwealth, health care equity in the state, as well as expected legislative health care reforms. Mr. Campbell also explained to the Council that CHIA is still waiting for the final state budget to be passed, but that the agency had received a recommended budget increase by the Legislature and Governor Baker.

Andrew Jackmauh, Chief of Staff, was then introduced to provide an update on the agency work to support the Command Center. He explained that CHIA's efforts can be grouped into three categories: boosting CHIA's data collection efforts, increasing the frequency of reports to provide more timely insights, and leveraging agency relationships and resources to support sister state agencies. Mr. Jackmauh walked through the various data collection and reporting efforts of CHIA, noting in particular the extensive work done with nursing facilities and the increased collection of hospital financial data. The Council discussed what the Command Center is doing with this data and the public accessibility of these reports.

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III. REVIEW FINDINGS FROM THE BEHAVIORAL HEALTH AND READMISSIONS IN MASSACHUSETTS ACUTE CARE HOSPITALS

Mr. Campbell then introduced Christine Loveridge, Associate Manager of Strategy and Research, to present on CHIA's recently published behavioral health and readmissions report. Ms. Loveridge walked the Council through CHIA's all-payer readmissions and revisits analytics products. She explained to the Council CHIA's methodology, including the definition of behavioral health comorbidities, which feature heavily in this report. She outlined for the Council the significant findings from this year's report.

The Council discussed whether the report's production timeline could be decreased so there is less of a time lag between data submission and report publication. Ms. Loveridge responded that it may be difficult to increase the report's publication speed due to the collection of data and information from several different sources. It was also asked whether COVID-19 may negatively impact the report production, but Ms. Loveridge explained that the pandemic should cause no material impact on the report publication. The Council also briefly discussed increasing the amount of demographic information available in the report. Ms. Loveridge explained that while age group, gender, region of residence, and payer type information are covered in this report, race and zip code information is rolled up into broader categories. Mr. Campbell noted that where possible CHIA may explore how to provide additional information in this report series.

IV. TRENDS IN MASSACHUSETTS HEALTH INSURANCE ENROLLMENT: MONTHLY ENROLLMENT MONITORING

After the conclusion of Ms. Loveridge's presentation, Mr. Campbell welcomed Greg Wheeler, Director of Analytics, and Lauren Almquist, Manager of Analytics, to present to the Council on insurance enrollment in the Commonwealth during the pandemic. Mr. Wheeler provided the Council with background on the data source of CHIA's enrollment studies as well as some high level information on current enrollment trends in the state. Ms. Almquist then walked the Council through the respective enrollment trends of MassHealth and Medicare. Ms. Almquist noted that CHIA plans to continue its monthly enrollment monitoring as well as the bi-annual enrollment trends reports. The Council briefly discussed Massachusetts' uninsurance rate, which Ms. Almquist noted is not sourced from enrollment reporting, but explained that CHIA's *Massachusetts Health Insurance Survey* has that number from 2018.

The Council discussed further the demographic data that is available for CHIA reporting, as well as the role of demographic data in CHIA's analytic agenda. It was discussed that for enrollment monitoring, specifically, demographic data would be rolled up to the insurance market level rather than a statewide view. The Council also reviewed the advantages of various state agencies, including the Health Policy Commission and the Office of the Attorney General, working together to study the social determinants of health.

V. CLOSING

Mr. Campbell turned the meeting over to Ms. Donohue for closing. Ms. Donohue noted that the Council should discuss CHIA's analytic agenda more fully in the next meeting. Mr. Geary made a motion to adjourn the meeting; Ms. Adams seconded. The meeting concluded at 3:36 p.m.