

Minutes of the Health Information and Analysis Oversight Council

September 23, 2020

Council members present: Mr. Rob Birmingham, Office of the State Auditor; Mr. Bill Geary; Mr. Eric Gold, Office of the Attorney General; Ms. Fay Donohue; Undersecretary Lauren Peters, designee of Secretary Marylou Sudders, Executive Office of Health and Human Services; 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; Dr. Meredith Rosenthal; and Executive Director David Seltz, Health Policy Commission.

I. APPROVAL OF PRIOR MEETING MINUTE [VOTE]

Ms. Donohue called the meeting to order at 10:31 a.m. Mr. Geary made a motion to approve the meeting minutes, which was seconded by Ms. Peters. The meeting minutes were unanimously approved; however, no roll call vote was taken.

II. EXECUTIVE DIRECTOR'S REPORT

After approval of prior meeting minutes, Ms. Donohue welcomed Mr. Campbell to make his executive director's report. Mr. Campbell thanked everyone for attending CHA's second virtual Oversight Council meeting. He walked the Council through the meeting agenda and noted that this meeting would include more staff participation than in previous meetings.

Mr. Campbell provided the Council with a brief finance update. He explained that CHIA ended fiscal year (FY) 2020 with a balanced budget, but that it is still premature to know details on the FY 2021 budget.

He highlighted CHIA's efforts in the remote work environment, including the accommodations CHIA has made with payer and provider data collection due to COVID-19. He reminded the Council that CHIA will not be publishing its *Annual Report on the Performance of the Massachusetts Health Care System* until February 2021. Mr. Campbell explained to the Council that CHIA began a new initiative to collect primary care and behavioral health spending data. While there were some delays due to the pandemic, CHIA will start collecting data in December 2020. He also reiterated that CHIA has accelerated its data collection on Case Mix, Enrollment Trends, and hospital financial data. A brief discussion ensued on the anticipated data collection efforts and the delay of the Annual Report. The Council also discussed CHIA's work in the remote environment and its impact on agency operations.

Mr. Campbell then turned to Deb Schiel, Deputy Executive Director of Analytics, to provide an update of the enhanced APCD project. Ms. Schiel walked the Council through an updated e-APCD project timeline and the milestones that are complete so far. Currently, the e-APCD is projected to be fully functional in spring 2021. She also detailed anticipated reporting capabilities for the e-APCD. The Council discussed any issues that have arisen with the vendor, IBM WatsonHealth. Ms. Schiel replied that while there are occasional project requirements or timeline issues, nothing out of the ordinary has occurred that is unexpected in a project of this size. A Council member also inquired if CHIA will use Tableau dashboards and how users can access the e-APCD. She answered that CHIA is not building the e-APCD to be solely reliant on Tableau dashboards. Users will be able to access the solution in a variety of ways including Tableau but not limited to it. Other tools like SAS, R, and Stata are expected to be used to access the e-APCD based on user preference.

Andrew Jackmauh, CHIA's Chief of Staff, was then introduced by Mr. Campbell to describe the work being done on behalf of the COVID-19 Command Center by CHIA. Mr. Jackmauh explained that when the pandemic began CHIA sought ways to apply its data collection and analytic efforts in support of the pandemic response. As has been previously noted, CHIA asked hospitals to voluntarily submit monthly Case Mix data, which 15 hospitals currently do. CHIA continues to publish monthly enrollment summary reports, which, Mr. Jackmauh stated, demonstrate relatively stable insurance enrollment so far. CHIA also increased its hospital financial collection efforts. He explained that CHIA is assisting the Command Center with its Nursing Facility, Accountability and Support Initiative which is a package of resources and financial incentives with accountability measures. CHIA is also working on a regression analysis to evaluate factors that may have contributed to the rise in COVID-19 cases in nursing homes. Ms. Peters

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expressed her and the Administration's appreciation for CHIA's efforts in providing resources to the Command Center.

Mr. Campbell then introduced Emma Schlitzer, External Affairs Manager, to provide an update on any legislative actions pertaining to CHIA. Ms. Schlitzer provided a quick overview of key health care bills that passed in their respective legislative chamber that involve additional roles and responsibilities for CHIA. Both chambers passed a telehealth-related bill that is still being reconciled in conference committee. The Council then discussed CHIA's ability to study patient access costs and outcomes with increased telehealth usage.

Due to time constraints, rather than share a previously recorded highlight reel of CHIA staff presenting their papers shared at the 2020 National Association of Health Data Organization (NAHDO) and AcademyHealth conferences, Mr. Campbell told the Council that they would share the video link after the conclusion of the meeting.

Ms. Schlitzer was then asked to present to the Council CHIA's recently published reports and share with the Council upcoming projects. Since the previous Council meeting held in June, CHIA continued to publish monthly enrollment monitoring reports and increased analyses of hospital financial performance.

III. HOSPITAL FINANCIAL PERFORMANCE DURING COVID-19

Having concluded his Executive Director's Report, Mr. Campbell asked Elizabeth Almanzor, Associate Manager, to present on Massachusetts hospital financial performance during COVID-19. Ms. Almanzor explained that CHIA collects financials from hospitals, parent organizations, health systems, and physician organizations on a quarterly basis. During the spring, CHIA worked with hospitals and other stakeholders to put together a voluntary monthly filing beginning in March. These reports collect state of operations data, which include revenue, expenses, and profit or loss information. She then outlined for the Council the types of hospitals voluntarily submitting data, and how they were performing. A brief discussion ensued on why certain hospitals may have been able to submit voluntary data. Ms. Almanzor explained that in March the majority of hospitals reported financial losses; while there was some improvement over time, the hospitals continued to report losses.

The Council discussed whether CHIA had data by individual hospital to share, and Ms. Almanzor explained that CHIA did not have data per hospital but rather by cohort. She also explained that CHIA could not isolate the cash flow impact of the pandemic, since the state of operations data was not that granular. She noted that the upcoming quarterly hospital financial performance report, versus monthly financial data, would have more comprehensive data available for analysis.

IV. CONNECTING STATE DATA: CHIA'S MATCHING AND LINKING SERVICE

Mr. Campbell then introduced Mike Cocchi, Chief Data Officer and Chief Information Officer, for his presentation on de-identifying data and CHIA's linkage efforts. Mr. Cocchi started by walking the Council through the creation of the Master Patient Index (MPI). CHIA created a system to match individuals in the APCD across payers to enable longitudinal analysis. The result is a hub essentially containing all individuals living in Massachusetts.

With the creation of the MPI, Mr. Cocchi explained that CHIA had the opportunity to find people from other data sets in the APCD-based person hub to fulfill the research needs of various state agencies. Initially CHIA was performing this work using personally identifiable information, which posed security risks. Mr. Cocchi described how CHIA developed software called File Secure to pseudo-anonymize data with a hashing algorithm to remove the personally identifiable information. This software is deployed to the data submitter and uses a pseudo-anonymization process to personal identifiers before transmission to CHIA. This successful implementation of this process enabled CHIA to continue to collect data from submitters who may not be able to contribute otherwise.

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CHIA has continued to connect state data together using this process, and is currently working on multiple data connection projects. Notably, CHIA is working with the Department of Public Health to connect dozens of state data sets for its research database, the Public Health Data Warehouse.

In 2019, CHIA built a master patient index for the Case Mix hospital data in addition to the already operational MPI for the APCD dataset. CHIA is developing a combined Case Mix/APCD master patient index. With the successful creation of these processes, CHIA has made connecting disparate data sets for research a core competency and service.

The Council asked for details on the risks of re-identification of this data, which Mr. Cocchi described as extremely low. The Council also discussed whether CHIA could make this information more publicly available with this solution being open source.

V. HIGHLIGHTS FROM THE 2019 MASSACHUSETTS HEALTH INSURANCE SURVEY

With the conclusion of Mr. Cocchi's presentation, Mr. Campbell turned to Christine Loveridge, Associate Manager, to present the main findings from the 2019 Massachusetts Health Insurance Survey (MHIS). Ms. Loveridge provided the Council with background on the survey and its administration. She noted that CHIA is still selecting the vendor for the anticipated 2021 survey. Ms. Loveridge explained that the survey covers numerous topic areas and that the results are utilized by several major stakeholders.

She explained that the survey results provide critical information about the Massachusetts health care system that is not available elsewhere. The data from the survey helps fill in knowledge gaps on topics that are not available in the APCD or Case Mix datasets.

Ms. Loveridge then walked the Council through major findings from the survey, before Ms. Donohue had to interject into the presentation noting that meeting was reaching its scheduled ending time.

VI. CLOSING

Apologizing for having to cut into Ms. Loveridge's presentation, Ms. Donohue moved to conclude the meeting. She reiterated that Council members will be sent a video link to the NAHDO and AcademyHealth summary presentations as well as a copy of the MHIS presentation, to review on their own time. The meeting was adjourned at 12:30 p.m.