

The following is a high-level review of the discussion points that were touched upon during the MIS Workgroup's conference call on Monday, August 17.

Workgroup co-chairs Lew Sandy and Paul Tang welcomed participants to the call. Joachim Roski of Brookings walked through the call's agenda and introduced Kalahn Taylor-Clark of Brookings, Aparna Higgins of AHIP, and Mark Legnini of Brookings who would be providing updates on their respective components of the High-Value Health Care Project.

Update on Racial/Ethnic Health Care Equity Initiative (REHEI)

1. Kalahn referenced a document she and her colleagues had been developing to summarize the key takeaways of the REHEI effort in Massachusetts, "Lessons in the Acquisition of Race, Ethnicity, and Language Data by Health Plans," which had been circulated to members of the MIS workgroup. Kalahn invited the workgroup to provide feedback and ask any questions they had. In general the feedback she received from the workgroup on the document was positive.
2. Jane Chambers noted that while it has been suggested that many health plans and provider entities will upgrade their "legacy" IT systems going forward, it is likely that many or most will retain these systems in some capacity. Because of the funds available to some of these organizations through the American Recovery and Reinvestment Act of 2009 (ARRA) or other sources, the language currently used in the document's recommendations regarding efforts to repurpose legacy system fields to identify a patient's race, ethnicity, or language (r/e/l) information may be revised somewhat.
3. Lou Diamond asked that it be clarified what types of "legacy" systems are being discussed with respect to the document's proposed revisions and updates, particularly given that health plans' current administrative claims and payment systems are not likely to be significantly overhauled in the near future. The document's language will be revised to clarify that it is the enrollment databases health plans use that are the focus of this discussion. Additional nuance around the sophistication of some provider-integrated data systems may also be incorporated.
4. Aparna Higgins asked whether the findings and recommendations of the document were based solely on information gathered in Massachusetts or whether the experiences of health plans in other states played a role. She also noted that AHIP had prepared a similar questionnaire for health plans in multiple states. Kalahn indicated that she was aware of AHIP's survey and had used it in developing the somewhat more focused and technical questionnaire she used in her interviews. The findings and recommendations in the document were based on her team's findings in Massachusetts only.
5. Paul Tang asked whether similar more technical information had been gathered from other health plans or integrated provider systems in other states. Kalahn was not aware of other similar survey data in other states, though this was not surprising given that not all states require their health plans or providers to collect these data, and efforts to do so in a more standardized way have been uncommon.

6. Greg Pawlson asked whether standard REHEI codes were now in use for transferring these data between providers and health plans or other entities. Kalahn noted that the Institute of Medicine is planning to release its guidance on standard methods of data collection/submission next month, and that standard methods of transmitting these data, while related, have received less attention to this point. To her knowledge and Joachim's knowledge, there were no technical solutions to this problem yet available.

Update on AHIPF Data Aggregation Efforts

1. Aparna Higgins provided general status update on AHIPF's efforts on the data aggregation pilots in Colorado and Florida. Currently, regular communications are underway with the plans in both states regarding technical details and specifications. They are engaged in the testing of the software tools the plans will be able to use for measure calculation, attribution, and preparation of output files for transmission to AHIPF during the fourth quarter of this year. She and her team previously conducted outreach efforts in Colorado and were well received. Efforts are now underway to plan and arrange similar outreach efforts in Florida.
2. Joachim asked about the scale of the projected pilots in terms of patients and physicians. Aparna estimated that the pilot in Colorado will contain information for approximately 900,000 patients, 1,800 general physicians, and 1,400 specialists. She estimated the pilot in Florida will contain information for approximately 3.5 million patients and about 10,000 physicians in total across the state.

Update on Data Integration Registry Activities

1. Mark Legnini provided the workgroup with an update on two of the Data Integration projects ongoing under the auspices of the High-Value Health Care Project. These two projects, one in collaboration with the American College of Cardiology (ACC) and UnitedHealthcare (UHC) and the other in collaboration with the Society of Thoracic Surgeons (STS) and WellPoint, leverage the payer's administrative claims and the professional association's registries to calculate and evaluate new piloted performance measures that rely on the information in each. The ACC project is expected to close by the end of 2009 with the development of recommendations from the project's steering committee in one of its five states, and the STS project is expected to generate a report and presentation of opportunities and challenges identified through the process in April 2010. Mark also discussed a few of the key issues at play across the two projects, in particular some of the technical issues they have in common.
2. Greg Pawlson asked how these projects fit in the context of other initiatives such as those ongoing at the Indiana Health Information Exchange, in Wisconsin, or in Minnesota where EMR and claims data are currently being linked. Mark pointed out that since the ACC project involves the integration of Medicare claims as well, that project's scope is somewhat more broadly focused. Also, ACC, STS, and the American Heart Association (AHA) have ongoing efforts transmitting data between their registries and EMRs. From a strategic perspective, these projects have in common with the other efforts the goal of investigating, realizing, and documenting the benefits of linking data in this way. In particular, these projects also help to identify methodologies and processes for this type of data linkage that can be replicated elsewhere. Marc Overhage agreed that while the EMR-centric efforts being discussed have promise, it is a good idea to expand the

broader discussion to other data sources over time, such as are being looked at through these projects.

3. Jane Chambers asked to what extent these projects look at the need for data validation in linked data systems. Mark Legnini noted that a separate HVHC policy brief discussing a blueprint for the future of registries will address this and related issues in the near future. It is also a goal to learn more about important issues through the ACC and STS projects, like the need for data validation processes.
4. Paul Tang asked to what extent privacy protections were being addressed for these projects, such as the potential for patient re-identification. Mark pointed out that the ACC and STS had begun laying the ground work for these projects well before Brookings' involvement, and one of the issues they discussed and addressed in extensive detail during these planning stages was patient privacy. The issues Paul identified are being very closely monitored.
5. Joachim Roski reminded the workgroup that in the coming months there will be other reports coming forth regarding efforts to link administrative data with lab data as well as recommendations around data transmission to improve the quality of cancer care.