

GREEN MOUNTAIN CARE BOARD
GMCB Data Governance Council
Monday, September 17, 2018
2:00 pm

Attendance (Voting Members)

Susan Barrett, Council Chair and Executive Director, GMCB
Pat Jones, Interim Director of Health System Finances, GMCB
Tom Pelham, Board Member, GMCB
Lauri Scharf, Manager of Informatics, Bi-State Primary Care Association
Matt Snodgrass, Health Services Researcher, DVHA (*absent*)
Andrew Laing, Chief Data Officer, Agency of Digital Services
Cathy Fulton, Executive Director, VPQHC

Others Present

Kate O'Neill, Chief Data Steward, GMCB
Sebastian Arduengo, Staff Attorney, GMCB
David Glavin, Data & Reporting Coordinator, GMCB
Ekua Kotoka, Healthcare Statistical Analyst, GMCB (*by phone*)
Mary Kate Mohlman, Health Services Researcher, Blueprint for Health
Jason Jeffords, MyMedicalShopper (*by phone*)
Evan Young, MyMedicalShopper (*by phone*)
Christopher Matrumalo, MyMedicalShopper (*by phone*)

Call to Order, Chair's Report

Susan called the meeting to order at approximately 2:00 pm. Update on applications for VUHDDS data release and application/DUA draft revision is underway.

Approve August Meeting Minutes

The Council voted (5-0-1) unanimously to approve the minutes from August 7, 2018. Pat Jones abstained from the vote.

Council Membership Change Recommendation & Potential Vote

Susan noted Matt Snodgrass has resigned from his seat on the Council, and she recommends the Council vote for a change in Council membership to fill his vacated seat. Susan reviewed the Charter section 5.2, Roles and Responsibility, for information about changing Council membership. Susan recommended Mary Kate Mohlman to replace Matt on the Council. Tom moved to accept Susan's recommendation to appoint Mary Kate to the Council. Pat Jones seconded. Cathy Fulton noted that Mary Kate is on the VPQHC Board, so she must recuse herself for any VPQHC data release application discussions. The Council voted 5-0 to unanimously approve the motion.

Public Comment

None

DUA Application: MyMedicalShopper

MyMedicalShopper presented a walk-through of their website. They explained the website used only post-adjudicated medical claims. Median price is not the only information the site provides; quality is also included with a scoring system. MMS has 3 staff responsible for security. The

median pricing on the website is agnostic of the consumers insurance plan. MMS does not provide individual plan information. MMS allows a 6-month runout. MMS does not have a comment section for users, but they do allow feedback by contacting MMS directly. MMS does risk analysis quarterly. Their cyber insurance includes data breaches and has a \$3 million aggregate. Any breach would result in MMS notifying the States' data stewards as required by data use agreements, and may also have federal requirements depending on the type of breach.

MMS created their own quality metric which they call "pro score." The methodology used to develop this quality score has 2 components: market share and volume, and the methodology is outlined in detail on the website. MMS noted there is literature to back up the claim that high volume correlates with high quality care. Pat expressed her concern with this methodology, particularly in that the research MMS cites is limited to certain provider-specific procedures out of thousands of procedures, and MMS's scoring system is used to rate whole facilities, whereas the underlying studies are provider-specific. She expressed concern that this two-part quality metric relying on two criteria that are not considered evidence-based metrics are being used to depict quality.

Kate presented a brief overview of the staff research. She is not confident this application meets principle 2 of the current GMCB Data Stewardship Principles and Policies, as MMS is a commercial for-profit company which will generate revenues and income from the proposed project. GMCB staff reached out to other states to glean from their experiences and heard about concerns around lack of data/methodology review before consumer access, reported misrepresentation of pricing data, duplication of state-supported/legislated websites, and data lag concerns. Vermont health insurers are required to provide pricing to their members already, and GMCB conducted a study into efficacy and utilization of price transparency tools which noted VHCURES limitations. These same limitations still exist today. There are more global considerations as well: should the Council first update data stewardship principles and policies, update DUA applications to address for-profit commercial enterprise use cases, and consider a data release fee structure in an upcoming Legislative fee bill?

In response to the concern noted from other states around reported misrepresentation of pricing data, Evan from MMS stated that they are open to feedback and encourage providers to correct any potential mistakes.

Vote

Susan shared her concerns regarding this application and is considering two options: vote no today or delay the vote until after the Council has had a chance to update its policies. Susan opened it up for discussion. Andrew shared that he'd have to vote no today given his understanding of the principles and policies of this Council, however, this is a very interesting use case and he would like to explore how to support a for-profit business using our data assets to drive innovation in the marketplace. He wonders about VHCURES as an open and accessible dataset, the costs of these data assets and what technologies the State may already have or may have in the future that would allow this dataset to be made available at low-cost for the public. Cathy said she would like to see access to price transparency from the patients' perspective, but suggested the timing on this application is not right, and the Council should have more time to consider the application. Tom agreed that the timing is not right. Pat felt she would need to vote no, due to potential duplication with websites that already exist, and the belief that carrier-specific pricing, as opposed to median pricing across carriers, is less confusing to consumers. In addition, Pat has significant concerns with the methodology used to establish quality scores displayed on the website. Lauri shared he

appreciates having considered this application as an interesting example of the more global issues for the Council, like supporting innovation, potential defraying of costs for the data governance program, whether the guidelines make sense given current statute, what ultimately benefits the public, and the appropriate level of application scrutiny that should be applied to applications for data release. Mary Kate mentioned Vermont is moving away from fee-for-service, most Vermonters already have a pricing tool through their insurers but acknowledged that uninsured Vermonters could potentially benefit from a tool such as is proposed by MMS.

Susan made a motion to reject the MMS application at this time, inviting MMS to re-apply at a later date when the Council's principles and policies are updated, and other relevant considerations are addressed. Lauri seconded. The Council vote 5-0-1 to approve the motion. Mary Kate abstained from the vote.

New Business

None

Adjourn

The Council voted (7-0) to adjourn at approximately 3:30 pm.