



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## TESTIMONY PRESENTED BEFORE THE COMMITTEE ON PUBLIC HEALTH March 7, 2012

*Dr. Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner, Department of Public Health, 860-418-7029*

### **House Bill 5038 - An Act Implementing the Governor's Budget Recommendations Concerning an All-Payer Claims Database Program**

---

#### **The Department of Public Health supports House Bill 5038.**

The Department thanks the committee for choosing to take up the Governor's proposal to implement an All-Payer Claims Database (APCD) Program. An APCD is a large-scale database that systematically collects health care claims data from a variety of payer sources on claims from most health care providers. Data sources currently available to the Department, such as hospital, vital statistics, survey and public health data, are insufficient to inform and affect change in our health care delivery system. The area of greatest information deficiency is health care provided in settings outside of hospitals, particularly outpatient services. This has resulted in inadequate availability of information on provider populations, or sites such as physician offices; patients such as those with one or multiple chronic conditions; disease prevalence and incidence for patients treated in outpatient settings only; availability and distribution of outpatient services, and cost and payments for those services.

Below are a few examples of how availability of and access to an all-payer claims database would enhance the work we do at the Department of Public Health to improve the health status of Connecticut residents.

Access to the database will enable the **Office of Health Care Access (OHCA)** to carry out its statutory responsibilities, including

- To develop a complete picture of health care utilization patterns, availability of and access to health care services, and costs to aid decision-making and to assess the impact of health care policies on access, cost and quality
- To study outpatient services utilization patterns, to gauge the core health care needs of CT residents, to develop an inventory and evaluate the distribution of services in the state in order to identify unmet need for and/or gaps in services as a component of the Statewide Health Care Facilities and Services Plan
- To more effectively evaluate availability of and access to services in Certificate of Need applications to expand, terminate or implement new services, especially in outpatient settings, such as imaging centers, ambulatory surgery centers and mental health facilities
- To estimate the cost of care in all health care settings or an episode of care for specific conditions, e.g. diabetes, asthma, pregnancies etc.
- To carry out cost benefit analyses for forgoing or delaying care for both the uninsured and the insured in Connecticut
- To identify areas of overutilization which do not improve the health status of CT residents

In addition to activities described above, the **Public Health Initiatives Branch (PHI)** would also utilize claims data:

- To examine disparity in outpatient services utilization for specific conditions
- To determine if the recommended levels of routine care are being met by patients with specific conditions

The **Environmental & Occupational Health Assessment (EOHA) Program** would use the data

*Phone: (860) 509-7269, Fax: (860) 509-7100  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 13GRE  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer*

- To assist in determining reporting completeness for reportable conditions such as carbon monoxide poisoning and occupational disease
- To develop a more complete picture of the true impact of environmentally-related conditions on the health of CT residents. For example, staff in the **Environmental Public Health Tracking (EPHT)** project, the core component of which is ongoing data collection and integration, would match health data (i.e., hospitalization, ED, outpatient and health care claims data) with environmental data (e.g. air quality and water contaminants) to track hazardous events, the extent of human exposure and the effects on the health of CT residents to propose effective and timely interventions and estimate associated costs
- To provide more complete data and improve development of educational messages on environmentally-related diseases

The **Crash Outcome Data Evaluation System (CODES) Project** links motor vehicle crash data with mortality, inpatient hospitalization and ED data to generate linked motor vehicle crash and injury outcome data to accurately determine the full impact of the effectiveness of highway safety and injury control initiatives directed at specific crash, vehicle, and person characteristics. Claims data would offset some of the limitations of the individual data sets to help generate population-based outcome information to better characterize crashes and associated costs. Linked crash and injury data will guide motor vehicle and pedestrian safety initiatives conducted by the Department of Public Health and its partners.

The **Injury Prevention Program (IPP)** uses patient data to support activities under the CDC Integrated Core Injury Prevention and Control Grant. Claims data provides data on patients in all health care settings which will facilitate fulfilling the goals of the grant: (1) to develop an injury surveillance system integrated with injury prevention and control; (2) to establish and maintain a State Injury Community Planning Group (ICPG) with representatives of injury related collaborations, organizations, and other partners to identify and prioritize state injury problems; and (3) to develop, implement and evaluate a state injury prevention and control plan that addresses unintentional injuries, traumatic brain injury, suicide and violence; describes the burden of injury in CT and includes strategies to reduce morbidity and mortality.

The **Connecticut Tumor Registry (CTR)** conducts follow-up on all cancer patients for vital status. The CTR uses data sources such as driver's license renewal date or hospital discharge date and discharge vital status to ascertain that a patient was alive at a certain date. An all-payer claims database extending to outpatient care and prescriptions would improve the completeness of follow-up by permitting the CTR to verify that a cancer patient was alive on the most recent date of medical care. The data will also aid in ascertaining that all cases are part of the Registry for completeness and quality assurance.

The **Birth Defects Registry** will compare diagnostic information in health insurance claims data and in-patient hospitalization discharge records to the CT Birth Defects Registry database to identify children with a birth defect diagnosis that are not part of the Birth Defects Registry. The information for these children will be added to the Birth Defects Registry to enhance case ascertainment and data quality assurance activities to improve the information in the Birth Defects Registry.

The **State Vital Records Office** will match claims data and in-patient hospitalization discharge records with death records to identify missing death records in the Vital Records Mortality database to improve the completeness of hospital reporting, mortality data and data quality assurance.

The **Office of Health Information Systems and Reporting** seeks to assess and improve the quality of Vital Records data, e.g., births for which Medicaid is the expected payer. Researchers in Arkansas linked 74% of their state's Medicaid claims for services related to pregnancy to birth records. The rest were not matched, either because the fetus died before delivery (16%), or because the Medicaid delivery could not be linked to a birth record (10%). Connecticut has been trying to quantify these two pools of potentially non-matched cases. An all-payer claims database would assist HCQSAR's quality improvement work related to births and other vital records.

The **Office of Emergency Medical Services (OEMS)** is mandated under P.A. 00-151 to report on emergency medical services (EMS) care that CT residents receive. OEMS utilizes hospital inpatient, ED and EMS patient care reports (EMS PCR) to obtain definitive diagnosis, principal problem and ultimate discharge status of the

patient in order to improve the EMS care received by Connecticut residents. Access to claims data will enhance the information OEMS utilizes to evaluate services.

The **Infectious Disease Program** (IPD) tracks reportable diseases such as varicella, hemolytic uremic syndrome, HIV/AIDS and TB by hospitals. IPD would use claims data to ensure completeness in reporting and/or identify unreported cases utilizing the relevant diagnoses codes..

Thank you for your consideration of the Department's views on this bill.