California CABG Outcomes Reporting Program (CCORP)
Clinical Advisory Panel
Minutes of July 22, 2014

The meeting was held at The Office of Statewide Health Planning and Development, 400 R Street, Sacramento, CA 95811

Clinical Advisory Panel Members present:

Ralph Brindis, M.D., FACC	James MacMillan, M.D.
Gordon L. Fung, M.D., MPH, Ph.D.	Rita Redberg, M.D.
Hon S. Lee, M.D.	Richard Shemin, M.D.
Cheryl Damberg, Ph.D.	Andrew Bindman, M.D.

Clinical Advisory Panel Members absent:

J. Nilas Young, M.D.	

OSHPD Staff and Consultants present:

Robert David, OSHPD Director	Ron Spingarn, Deputy Director, OSHPD HID
Joseph Parker, Ph.D., Healthcare	Beth Herse, Senior Staff Counsel
Holly Hoegh, Ph.D., HOC	Eric Reslock, Assistant Director, OSHPD OLPA
Zhongmin Li, Ph.D., UCD Contractor	Ricardo Jaime, ITSD
Robert Springborn, Ph.D., HOC	Denise O'Neill, Data Manager, HOC
Dominique Ritley, MPH, UCD Contractor	Lisa Christensen (Cook), Contract Manager, HOC
Geeta Mahendra, M.A., UCD Contractor	Sarah Park, MPH, HOC
Beate Danielsen, Ph.D., UCD Contractor	TaNisha Roby, MPH, HOC
Niya Fong, HOC	Jason Brandes, HOC
Limin Wang, HOC	Alysha Lal, HOC

Others present:

1. **Call to Order Introductions**

Ralph Brindis, M.D., Chairperson, called the meeting to order at 10 a.m. A quorum was present to conduct business.

2. **Welcome and Introductions**

People in attendance introduced themselves.

3. Approval of Minutes of March 4, 2014 Meeting

The minutes were approved unanimously.

4. Director's Report – Robert David, Director, Office of Statewide Health Planning and Development

Director David reported that healthcare cost, quality, and transparency remain a significant focus of the Legislature and the Administration. There are four bills relevant to that focus, several of which OSHPD has analyzed. Presently, there are two bills related to establishing an all-payer claims database; AB 1558 (Hernandez) and SB 1322 (Hernandez). Each has a different approach to collecting and warehousing data such as charge, pricing, and utilization data. Both bills are active and are moving through the process.

The remaining bills are specific to PCI outcome reporting. SB 830 (Galgiani) would have created an OSHPD PCI reporting program, but it failed to pass out of the Senate Appropriations Committee due to the high cost of implementing the program.

SB 906 (Correa) would require OSHPD to report annually on the outcomes of hospitals licensed to perform PCIs without on-site surgical back up. OSHPD would be required to report on mortality, stroke, and emergency CABG surgery outcomes. The bill authorizes the California Department of Public Health (CDPH) to create an advisory oversight committee to analyze the reports and recommend changes to the data used in the report. The bill is still alive but being held in the Senate Appropriation Committee suspense file. It is expected that this bill will be heard sometime before August 15, 2014. All pending bills will be resolved by the end of September.

Director David also reported that the state budget was on time and took effect on July, 1 2014. The budget provides additional funding and positions for OSHPD that will support transparency in reporting healthcare costs. OSHPD will be adding two positions; one responsible for auditing hospital in-patient data and, one to provide hospitals with technical assistance to improve their data quality. In August, OSHPD will begin working on a project called the California Health and Human Services Open Data Portal. Initially, it will include CDPH datasets. OSHPD will be the next department to add data with an estimated five new

datasets. It is OSHPD's hope that our data will be made more accessible and available to all types of users.

5. Chair's Report – Ralph Brindis, M.D., Chair

Dr. Brindis asked Dr. MacMillan to provide the Panel with a civics lesson and update related to SB 830. Dr. MacMillan explained that he collaborated with a variety of stakeholders to support the bill's introduction by Senator Galgiani. Dr. Bommer collaborated with Senator Galgiani to refine the language. The Health Committee passed the bill without objection. However, it did not survive the Appropriations Committee due to the cost which was projected to be around $2 million dollars.

The Panel asked what contributed to the cost. Eric Reslock, OSHPD, explained that in addition to the OSHPD analysis, cost information was provided from other sources such as the Department of Finance and CDPH.

The panel agreed that reporting on PCI outcomes remains important, especially because of the high volume of cases. While the perception is that SB 830 may have been too costly, there were lessons learned and hopefully an alternative, cost-sensitive bill will be introduced next session.

6. Panel review of the physicians' statement

Initially, three surgeons and four cases were submitted for review to CCORP staff. After staff review, two surgeons asked for a CAP review of three cases. The identity of the surgeons is protected from disclosure. The CAP has the option to uphold or overturn the OSHPD determinations.

Surgeon B: This surgeon submitted one case for review.

Case B-1: The surgeon requested this case be excluded from the public report because of the number of risk factors associated with this patient. After discussion among CAP members, the CAP voted unanimously to uphold the OSHPD decision. The case will be included as an operative death in the public report.

Surgeon C: This surgeon submitted two cases for review.

Case C-1: The surgeon requested that the Panel review a case they felt should be excluded from the public report because of risk factors that were miscoded in the reported data and

risk factors that are not included in the CCORP risk model. OSHPD's review showed that this case was audited and the miscoded risk factors were correctly coded. After discussion and clarifying questions among CAP members, the CAP voted unanimously to uphold the OSHPD decision. The case will be included as an operative death in the public report.

Case C-2: The surgeon requested that the Panel review a case they felt should be excluded from the public report because of risk factors risk factors that are not included in the CCORP risk model. After discussion and clarifying questions among CAP members, the CAP voted unanimously to uphold the OSHPD decision. The case will be included as an operative death in the public report.

7. Presentation on Price Transparency Initiatives and CABG Surgery Price Related Information – Joseph Parker, Ph.D.

In response to an earlier request by CAP members, Dr. Parker presented a series of slides that defined cost transparency and explained common payer contracting/reimbursement terms.

He also shared information about current Medicare initiatives, as well as highlighted a few of the initiatives among 30 states that currently or will soon provide cost-related data. These initiatives are intended to make cost-related data available to payers and consumers. There is still a great deal of variability in the costs reported, due in part to differences in data sources. For example, some costs are based on hospital charge masters while others use paid claims data and/or health plan reimbursement data.

In California, the Pacific Business Group on Health manages a voluntary multi-payer claims database, the California Healthcare Performance Information System (CHPI). This database warehouses claims data gleaned from Medicare and insurance claims. The potential exists for this data to be used to produce physician, medical group, and hospital performance ratings and measures using quality, efficiency, and appropriateness.

One benefit of making cost information publicly available is that it allows insurers to present members or potential members with estimation and payment comparison tools to help manage healthcare decisions. However, providing consumers with information about CABG operations or "big ticket" services may not provide a benefit because prices for these services almost always exceed a patient's deductible. In addition, volumes for these kinds of services may be insufficient to provide reliable provider-specific and insurer-specific estimates.

The group discussed whether reporting CABG cost and quality information was within OSHPD's current mandate or whether it could be a parallel activity. The group agreed to keep this issue on its agenda and encouraged CCORP to continue to work other states to learn more about their approaches..

8. Overview of CCORP Data Collection and Data Quality Activities – Denise O'Neill, PMP H

Dr. Hoegh acknowledged the work of Denise O'Neill, CCORP Data Manager, who accepted a promotion with the State Hospitals and leaves OSHPD at the end of July. The Panel expressed their gratitude for her expertise and hard work over the years.

Ms. O'Neill presented an overview of how CABG data are collected, the timing and stages of data collection, and the process for improving the quality of data. Ultimately, while CORC is an efficient, automated system, human surveillance and intervention is required to ensure the quality of the data being reported.

Dr. Hoegh added that she was hopeful to have a new Data Manager in place by the end of September. In the interim, she would use available internal resources to cover the CCORP Hotline and the multitude of questions/issues that arise during the various stages of data collection.

9. CCORP Program Update – Holly Hoegh, Ph.D., CCORP

Dr. Hoegh presented slides that showed the volume and mortality rates for isolated and non-isolated CABG, PCI, and Valve procedures over 20 years. In 2013, there were slight increases in isolated and non-isolated CABGs. Valve-only surgery volume continued to climb while PCI volume continued a slow decline. Overall, mortality rates were mixed: non-isolated and valve-only surgeries declined and isolated CABG and PCI mortality increased slightly.

The 2013 CCORP data collection is in its last stages and medical chart re-abstraction activities with start in September. Data for the first half of 2014 is currently being collected; second-half data collection will start after January 1, 2015 and this set will include the changes in the data element definitions in accordance with recent STS revisions.

Regulations are in process and are expected to be approved soon so that CORC software? can be updated. Abstractor training on the revised data elements will be conducted in person or via Webinar on February 11, 2015.

Action Item: Provide CAP with a copy of the slides

10. Discussion of potential agenda topics for next meeting – Ralph Brindis, M.D.

Dr. Brindis queried the CAP for potential agenda topics. The CAP recommended the following topics: reporting on cost transparency; end-of-life care initiatives; re-visit the definition of cardiogenic shock and exclusions; and, development of FAQs for the physician reporting and appeal process.

11. Public comment

There was no public comment.

Dr. Brindis adjourned the meeting at 1:09 p.m.