Minutes from the Health Information and Analysis Oversight Council Meeting March 27, 2025

Council members present: Mr. Niels Puetthoff, designee of Commissioner Mike Caljouw, Division of Insurance; Mr. Brent Benson; Ms. Fay Donohue; Ms. Dana Sullivan, designee of Secretary Matthew Gorzkowicz, Executive Office for Administration and Finance; Ms. Adrianna McIntyre; Mr. Alan Sager; Executive Director David Seltz, Health Policy Commission; Ms. Eliza Lake, designee of Secretary Kate Walsh, Executive Office of Health and Human Services; Ms. Sandra Wolitzky, Office of the Attorney General; and Ms. Jean Yang.

Ms. Donohue called the meeting to order at 2:03 p.m.

I. Approval of Prior Meeting Minutes [VOTE]

Ms. Donohue opened the meeting and welcomed the Council members.

Ms. Donohue next called for a motion to approve the minutes from the December 11, 2024, meeting. Mr. Sager requested a minor edit, which will be incorporated into the final version. Pending the alteration, Council members did a formal roll call vote to approve the minutes; the minutes were unanimously approved.

II. 2025 Annual Report Key Findings

Executive Director Lauren Peters invited Molly Bailey, Manager of Health Informatics and Reporting, to present to the Council key findings from the recently published Annual Report on the Performance of the Massachusetts Health Care System. Ms. Bailey walked through notable findings from the report. Ms. Donohue asked for clarification on how CHIA defines the term “member cost-sharing,” and whether it includes copays, deductibles, and member share of the premium costs. Ms. Bailey answered that it does not include member premium contributions.

Mr. Sager asked if CHIA has data available on employee share of family or individual premiums by different group sizes. Ms. Bailey explained that this data is collected in aggregate and cannot be broken out by employee share; the Massachusetts Employer Survey (MES), however, does include survey responses that show individual and family premiums by employee and employee share. A brief discussion ensued on how detailed the survey results are, and Ms. Peters said she would confirm how extensive the MES data is.

Ms. Donohue expressed her support for the report, and Ms. Peters concluded the topic by reminding Council members that the presentation only included a portion of the findings from the report.

III. Affordability Strategy

Next on the agenda was an overview and discussion on CHIA’s health care affordability strategy. Ashley Storms, Director of Health Informatics and Reporting, began her presentation by summarizing for the Council CHIA’s current work pertaining to affordability, including its work on the Massachusetts Health Insurance Survey (MHIS) and the MES in addition to the types of data collected through health plans.

Ms. Storms then walked through planned enhancements that are forthcoming to the 2025 MHIS, which is currently being fielded, updates to upcoming reports, and refinements to aggregate premiums data collection.

She next solicited feedback from Council members on CHIA’s affordability work and planned next steps. Regarding analysis of behavioral health care out-of-pocket costs, Mr. Benson noted the importance of studying all levels of cost-sharing, not just those who pay entirely out of pocket, in order to provide more robust information. Ms. Peters agreed that drilling down to that degree was important but may not always be possible due to the aggregate nature of CHIA’s data. Ms. Lake then asked what falls under CHIA’s definition of health care affordability, specifically with regard to transportation costs and access. The

Council discussed the value of understanding other cost impacts like transportation, and how best to gather that data. It was shared that the MHIS includes questions around barriers to care but may not address specific transportation concerns.

Ms. Yang next asked if CHIA had any hypotheses around how to address affordability challenges, noting that the health care industry has tried numerous methods with limited results. Council members discussed the value of reaching out to policymakers and state agencies to understand what CHIA data would be most helpful to address affordability concerns. The Council also discussed the two-pronged approach needed to address affordability between consumer-side costs and employer-side costs.

Mr. Seltz noted that the issue encompasses two areas, affordability for consumers and the total cost of care. Policymakers could address affordability issues for consumers without bringing down the total cost of care for the system. Both issues, however, need to be addressed since they are interconnected. He also stated that the MHIS is a key tool used by the Health Policy Commission (HPC) since it provides a voice to Massachusetts residents and health care consumers who are often left out of policy discussions.

Ms. McIntyre added that the recent tumult at the federal level in health care policymaking will have a direct impact on consumers and may increase the interruption of care. She asked if CHIA had the ability to track gaps of care. The MHIS does track interruptions to health care, but not necessarily at the level of granularity that Ms. McIntyre is exploring. Ms. Peters said that CHIA would explore any adjustments that could be made to the next MHIS based on Ms. McIntyre's feedback.

Finally, Mr. Seltz also noted that the data does not track those paying cash for primary care services, such as through concierge practices.

IV. PRIORITY AREA UPDATES

The next agenda item was an update on CHIA's key analytic priority areas.

Ms. Peters introduced Caitlin Sullivan, Deputy Executive Director of Health Informatics and Reporting, to present to the Council CHIA's work on behavioral health and primary care.

She first provided the Council with a brief update on the reports currently in development, then walked through the next steps planned in these analytic areas. Ms. Sullivan concluded by asking Council members if CHIA should be collecting additional data, and if there was additional analysis and reporting that the agency can do to advance targeted policy solutions.

Ms. Donohue asked if CHIA collected data from retail health providers, such as CVS MinuteClinics. Ms. Sullivan answered that CHIA does collect data from such providers as long as a consumer used their health insurance. CHIA is unable to collect data from concierge primary care providers or from those who pay directly without using health insurance. Ms. Donohue asked if the retail health providers are considered primary care sites, and Ms. Sullivan clarified that the data is analyzed based on the service being billed.

Ms. Lake asked if CHIA collects data from providers not typically associated with primary care such as OB/GYNs or midwives. Ms. Sullivan explained that the data would be included in CHIA's primary care analysis if the service being billed was flagged as primary care. She noted, however, that CHIA collects aggregate data, so it is difficult to drill down into the sites of care.

Mr. Sager inquired if the Massachusetts All-Payer Claims Database (MA APCD) enables looking at primary care claims through ZIP Code of residence in addition to the ZIP Code of the location of service. Ms. Sullivan explained that the MA APCD does enable that level of analysis since the data includes the member residence information. Mr. Sager noted that the ability to analyze the data through that lens

could reveal different rates of primary care use, and the availability and affordability of primary care in certain geographic locations.

Next, Ms. McIntyre asked if CHIA can capture primary care telehealth visits and differentiate them from in-person visits. Ms. Sullivan said that the MA APCD contains a separate category for telehealth visits but cannot identify where the telehealth was received. Ms. McIntyre explained that her research interest is due to the rise of telehealth care received post-pandemic, and exploring what the implications are for health care costs as whole. Ms. Lake added that this would be valuable to explore for behavioral health visits as well. Ms. Yang added that understanding the role of artificial intelligence in primary care will also be invaluable.

The Council briefly discussed the new Primary Care Access, Delivery, and Payment Task Force, which will be co-chaired by the HPC and the Executive Office of Health and Human Services (EOHHS). Mr. Seltz explained that one of the mandates of the task force is defining the codes and services that make up primary care, in addition to exploring adjustments that need to happen in the workplace and the workforce to accommodate current needs. CHIA will support the work of the task force with its data and analytic capabilities.

To conclude the discussion on primary care and behavioral health, Ms. Peters asked Ms. Sullivan to explain to Council members how CHIA defines primary care. Ms. Sullivan described the process CHIA uses in collecting data and sorting claims based on services received in order to group the data as primary care or behavioral health.

Ms. Haley Farrar-Muir, Associate Director of Strategy and Research, proceeded to update the Council on CHIA's work on health equity and the workforce survey. She first updated the Council on two specific points of the health equity data strategy, including advancing CHIA's health equity goals by better communicating results of our reporting and focusing and coalescing CHIA's analyses and reporting in predefined areas.

She then sought guidance from Council members on whether CHIA should include additional data or metrics in its analyses, identifying other areas of reporting that are policy-relevant and actionable, or any other feedback they wished to provide.

Ms. Lake noted that health care equity is very challenging to study because people often do not want to answer questions on the topic and collecting data can be difficult. Ms. Wolitzky asked for clarification on how CHIA's relative price analysis could be changed based on a health equity lens. Ms. Farrar-Muir answered that CHIA was looking into including hospitals that have a high public payer mix or low commercial rate in its analysis rather than looking at hospitals with higher payment rates. She noted it was less about changing the methodology behind CHIA's analysis but rather changing the focus on the reporting. Ms. Farrar-Muir further explained that CHIA was looking at ways to enhance all its existing reporting to better include a health equity lens.

Mr. Sager raised the question of creating an equivalent to a site neutral payment measure using net patient service revenue to calculate the statewide average payment across payers. He suggested using this metric to determine which hospitals are being overpaid and which ones are underpaid in Massachusetts. He noted this may address the issue of Medicaid patients finding doctors that accept their insurance if all payers paid the same price for care. Ms. Peters said that CHIA could take that question back and see what analysis could be done with available data.

Ms. McIntyre asked if CHIA had any analyses or reporting that captures cultural competency or how much marginalized communities feel comfortable with the providers they have access to. While noting the importance of measuring spending and utilization, she said that the equity considerations are more intangible. Ms. Farrar-Muir answered that the health care workforce survey, which seeks to answer questions on capacity demands and the diversity of staff at health care facilities, likely would include that level of data.

She then proceeded to update the Council on the next health care workforce survey, noting that 12 of the 13 sectors have surveys in the field. The survey will be fielded until June 2025, with results published in January 2026.

V. EXECUTIVE DIRECTOR'S REPORT

As the last agenda item, Ms. Peters gave her Executive Director's Report. She briefly spoke of the many changes and developments occurring at the federal level and stated that CHIA is working with sister agencies to monitor developments for future impacts. She noted that CHIA's work and funding has not been impacted to date.

Ms. Peters walked the Council through a recent State Auditor's report. She explained how the audit process works and highlighted some major findings of the report. The first part of the report stated the need to expand and publicize the CompareCare website and make it more available to those with disabilities. Ms. Peters stated that CHIA is actively taking the feedback and evaluating options. Mr. Sager argued that health care cost transparency websites are not useful, and that CHIA should prioritize high-payoff, low-cost fixes. Council members briefly discussed options that CHIA is exploring and how best to improve the website.

Next, Ms. Peters walked through another finding of the report, which looked at CHIA's role in monitoring the financial performance of hospitals. The Auditor's report raised questions regarding CHIA's obligations to report on hospitals in financial distress. Mr. Sager stated that he thinks this point has merit and is worthy of exploration. He advocated for CHIA developing a methodology to identify hospitals and health systems that could be at risk of closure within a certain number of years, which would be shared with the relevant state authorities to take possible action. The Council discussed the benefits and risks of CHIA performing that task, including the unintended consequences of making that information public and the subsequent market reactions. Ms. Peters stated that the information could accelerate the problems the hospitals are facing. Council members continued to discuss some of the positive developments on the increased role of state authorities to monitor the Massachusetts health care system, including a task force related to maternal health access and the HPC's Office of Health Planning.

Ms. Peters then provided a brief update on the current fiscal year 2026 budget actions and the impact of recently passed health care legislation. Ms. Donohue asked if the new legislation would be a heavy lift for CHIA. Ms. Peters answered that while CHIA will need to increase staffing capacity in some areas, it should not be a significant burden to the agency. Ms. Yang asked if there were concerns around pharmacy benefit managers complying with the new processes and data collection rules. Ms. Peters noted that CHIA was not concerned.

The Executive Director's Report concluded with walking Council members through recently published reports and what publications may be expected between late March and the next Council meeting in June.

In a closing remark, Mr. Seltz emphasized the federal changes and cuts that are being implemented that will have a large impact on the availability of health care data. He complimented Ms. Peters and CHIA for monitoring the situation and noted the importance of all members of the Council doing the same.

VI. CLOSING

With no other business to discuss, Ms. Donohue sought to adjourn the meeting; the meeting concluded at 3:57. p.m.