**Council members present:** Ms. Lauren Peters, designee of Secretary Marylou Sudders, Executive Office of Health and Human Services; Ms. Alicia B. Curran; Ms. Elizabeth Denniston, designee of Secretary Michael Heffernan, Executive Office for Administration and Finance; Mr. Bill Geary; Mr. Eric Gold, Office of the Attorney General; Ms. Iya Khalil; Dr. Meredith Rosenthal; Executive Director David Seltz, Health Policy Commission; and Matthew Veno, designee of Commissioner Gary Anderson, Division of Insurance.

Noting the presence of a quorum, the meeting was called to order at 2:33 p.m.

1. **Approval of Prior Meeting Minutes [VOTE]**

Ms. Peters called for a motion to approve the prior meeting minutes. Ms. Denniston made a motion to approve the minutes, which Ms. Curran seconded. The Council unanimously voted to approve the minutes.

1. **CHIA’s Annual Report**

Before walking the Council members through CHIA’s recently published 2018 Annual Report on the Performance of the Massachusetts Health Care System, Mr. Campbell began by discussing the data sources used to generate the report. He explained that, contrary to commonly held beliefs, CHIA relies on multiple datasets to understand different aspects of the state’s health care system. To exemplify this, he contrasted aggregate payer reports CHIA uses to produce the Annual Report with the Massachusetts Health Insurance Survey, which CHIA uses to further drill down into costs and understand their impact on individual decision making. A brief discussion of some survey’s results ensued. As another example, Mr. Campbell pointed to the Chapter 55 opioid project that relied on the APCD to link disparate data sources from various parts of state government.

Mr. Campbell then walked the Council through the key findings from CHIA’s Annual Report. Ms. Adams asked about any statistical process controls in place during development of the THCE figure and year-over-year trend analysis. It was answered that CHIA does not have statistical process controls in place, but Mr. Campbell noted that it would likely be a helpful addition to the THCE analysis as more years of data are available. A brief discussion ensued on the variation between hospital inpatient and hospital outpatient spending, as well as what costs are included under each category. Mr. Veno asked whether inpatient-prescribed drug costs are tallied under the inpatient or pharmacy service category. It was answered that these costs are reflected in inpatient spending. The Council members also briefly discussed alternative payments methods. Mr. Seltz noted that alternative payment methods would be a focus of the upcoming Cost Trends Hearing, given their leveling off. Mr. Geary suggested that CHIA call out the data source used to generate its findings when presenting the Annual Report.

1. **Prescription Drug Report**

Mr. Campbell next provided an overview of CHIA’s Prescription Drug Use and Spending Report. He noted that the report was sourced from the APCD. Mr. Campbell explained that the report is the first of its kind from CHIA, and that additional levels of information are included in the databook accompanying the report. He also noted that in future iterations, CHIA hopes to track prescription drug trends over time. The Council briefly discussed the findings in the report.

**IV. Transparency Initiatives, APCD Procurement, and the Data Science Institute**

Mr. Campbell briefly discussed CHIA’s transparency plans and explained that a recent legislative hearing on CompareCare had gone well.

Mr. Campbell provided the Council with an update on the APCD enhancement procurement, and explained that CHIA was currently completing the oral presentations from vendors.

Mr. Campbell reminded the Council of CHIA’s Data Science Institute and noted the high participation rate of CHIA’s staff. Mr. Geary inquired as to whether Tableau training was included in the curriculum, to which the HR Director answered that while Tableau was not part of the Data Science Institute, separate training had been held for CHIA staff.

 **VI. Closing**

There being no other business to discuss, the meeting was adjourned at 4:14 p.m.