I. **Call to Order** - Bart Karlson, Chairperson  
Meeting called to order at 12:19 p.m.

II. **Roll Call**  

Not in attendance: Russell Ebke, MD – Physician representative, Li Wu Chen PhD – Academia representative, Sherry Wupper – Consumer Advocate representative, Carol Trocinski – UHC

III. **Addenda to minutes from meeting May 6, 2014**  
a. Anne Lucille O’Keefe – Local Health Departments and DHHS Division of Public Health would also want to have access to the whole spectrum of data(same as for research) for our public health surveillance work – assessing the health of the population and identifying public health problems that need to be addressed.  

b. Bruce Ramge – Motion was made to define quorum as a majority of members in attendance. Motion was approved.

IV. **Approval of Minutes of meeting May 6, 2014 with addenda**  
Motion was made to approve minutes with additions, motion was seconded for approval.

V. **Opening remarks**  
Bruce Ramge – Purpose of the committee is to review the feasibility and usefulness of an all-payer claims database. The legislature would like a recommendation from this committee by December 1. Input is welcome from insurers, the public and all stakeholders.

VI. **Discussion**  
Jeanette Wojtalewicz – We need to establish clear expectations and define committee goals within a timeline.
Lee Handke – One objective would be to determine if there is enough value for all stakeholders to justify the cost in implementing this project. What do we already have in place that could benefit the project?

Bruce Ramge – We should get the pros and cons from other states that have begun compiling this data. It is up to this group to determine how to structure what we need in Nebraska.

Ruth Vineyard – The legislature expects to be told how to do this by Dec 1. Will we have this project organized enough to meet those expectations?

Bart Karlson – We need to gather a lot more information before we can make any recommendations.

Lee Handke – What types of info do we want to know from other states?

Dave Stitzel – The Healthcare Cost Institute out of Washington DC may be a good resource for costs involved with building a database for Nebraska. www.healthcostinstitute.org

Bart Karlson – our guest speaker today via video-conference is Leo Lichtig PhD. He is a health economist with the Data Forensics and Intelligence Team in Aon Hewitt’s Health and Benefits Innovation Practice. See attached bio.

Bruce Ramge – Since we have about 15 minutes before the live presentation from our guest speaker, Martin Swanson has a few words regarding HIPAA laws that must be kept in mind throughout the claims database project.

Martin Swanson – Martin presented a reminder to all that HIPAA guidelines will be strictly enforced and the mandated privacy protections and security rules for individually identifiable health information will likely incur significant costs to the database project.

There was a 50 minutes delay in the video conference due to technical difficulties. Many thanks to JP Sabby and his ability to think on his feet and think “outside the box” in order to improvise a solution. Also, a big thank you to our guest speaker Leo Lichtig who patiently waited on stand-by.

VII. Video Conference with Leo Lichtig of Aon Hewitt
A link to the power point presentation of the video conference can be found at the committee website http://www.doi.nebraska.gov/hdac/index.html

VIII. Comments and questions during video conference
Leo Lichtig’s presentation described the parameters of an All Payer Claims Database. He outlined how it has been utilized and implemented in states such as Colorado, Vermont, Maine and Massachusetts.

Committee Comments and questions:
- How has the protocol for collecting the data been defined?
- Who are the stakeholders/users of this data?
- Who is doing the analysis of the data in each state?
- Is the data incorporating other census data that relates to healthcare such as socio-economic and geographic variables?
- How is the database cost structured? Is there a fee for using the data?
- Are health departments using the data?
- Are there specific success stories for having this resource of data?
- Will the new codes be affected by the data?
- We need to be futuristic in our thinking and realistic about the time it takes for a project like this to be developed
- This project can be developed in stages of incremental value.

Parting words of wisdom from Leo Lichtig: Keep data sources heavily involved from the beginning. Argue over policy not data. The data must have a secure collection, storage and reporting infrastructure.

IX. Closing remarks and assignments
Bart Karlson - Please email J.P. Sabby your preferred meeting date for August. Also, please email JP 3 questions you would like to be discussed at our next meeting.

JP Sabby – Our next meeting will feature a webinar from the State of Kansas about where they are in the implementation of an All-Payer Database.

Bart Karlson – Perhaps we can schedule an additional speaker?

Lee Handke – Lee will reach out to Treo Solutions or Colorado for their input.

X. Public Comment
- Hospital Association - Who is the recipient of this data? It should not be used in a negative way for providers to simply compare costs of services.
- Health Dept – This database will be useful for research as it matures. The Health Dept is already collecting data for research of public health concerns. We have been monitoring the air quality in Lincoln for 30 years to see how the grass burns in Kansas are affecting the health of our population.

XI. Adjourn
2:55 pm

Recorder: Megan Keck, Market Conduct Examiner, Nebraska Department of Insurance