CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Review Committee Meeting Notes August 2, 2023

Committee Member Attendees:	CIVHC Staff Attendees:	
☒ Ako Quammie (Contexture)	☒ Kelsey Foland (facilitator)	☒ Maggie Mueller
☒ Andy Woster (CCMCN)	☒ Amanda Kim	☒ Martha Meyer
☒ Beth Martin (HCPF)	☐ Chris Dalton	☒ Mason Thaxton
☒ Caleb Wright (Elevance Health)	☐ Danielle Evergreen	☐ Paul McCormick
☒ Chris McDowell (Valley Health Alliance)	☒ Eddy Costa	☒ Pete Sheehan
☒ Essey Yirdaw (Colorado Hospital Association)	☒ Hannah Witting	☒ Sauntice Washington
☐ Jesse Villines (Craig Hospital)	☒ Jennifer Carpenter	☒ Darcy Holladay Ford
☐ Megan Denham (Georgia Tech)	☒ Kristin Paulson	☒ Dustin Moyer
☒ Nathan Wilkes (Headstorms, Inc.)	☐ LaDios Muhammad	
☐ Sheri Herner (Kaiser Permanente)	☒ Lucía Sanders	

Agenda

Time	Opportunity Number	Project Title
10:30 AM	23.25	University of Wisconsin, Madison Provider Network Hospital Systems Changes in Physician Practices
11:00 AM	23.73	Duke University Effects of Negotiated Price Transparency Regulations Evidence from Hospital Prices
11:30 AM	23.70	Kaiser Permanente Health Insurance Instability and Morality Among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder
12:00 PM	24.93	HSRI Behavioral Health Gap Analysis

Presentation Time:	10:30 AM
Opportunity Number:	23.25
Project Title:	University of Wisconsin, Madison Provider Network Hospital Systems Changes in Physician Practices
CIVHC Presenter:	Eddy Costa, Senior Health Data Consultant
Project Presenter(s):	Victoria Zhang
Extract Type:	Identifiable Extract
Finder File Included:	No

Protected Data Elements

Available for Limited and Identifiable Extracts:	Requested	Approved		Available for Identifiable Extracts Only:	Requested	Approved
Member 5-Digit Zip Code	☒	☐		Member Name	☐	☐
Member Census Tract	☐	☐		Member Date of Birth (if requesting more than year only)	☒	☐
Member County	☐	☐				
Member City	☐	☐				
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Employer Tax ID	☐	☐		Member Geocoded Address	☐	☐
Member Dates of Service	☒	☐				

Committee Discussion and Questions:

(As transcribed from the meeting recording)

Caleb Wright: Are there any guardrails or specific conditions of focus in this analysis? I am struggling to understand why we need 10 years of data inclusive of facility information, and for it to be held for 10 years.

> Victoria Zhang: One of my key interests of mine is to understand how social influence or social dynamics work to influence providers. In order to do that we need longitudinal data over time to examine how physicians' behavior is changing from year to year. For instance, in 2016 the opioid prescription limit was introduced. We will need data from a few years before to see how physicians have changed. Aside from opioids, I am also interested in other drugs that have the potential for abuse, for example, benzodiazepine. Facility claims are needed to see the variation in how physicians are prescribing from facility to facility.

Essey Yirdaw: Is it possible to limit the data to patients prescribed opioids only? I wasn't clear if this data set is limited to some sort of prescription, or is it just everyone?

> Victoria Zhang: I think there needs to be a contra-factual set. In order to understand and establish the fact that these networks matter, the potential for drugs with higher abuse. I would also need to examine and compare that with how the physicians are prescribing.

Essey Yirdaw: Acknowledging that prescribing has changed from in inpatient to outpatient setting as an opportunity to limit it to just one setting or the other. Or do you really need to see the behavior across both settings to conduct your study well?

> Victoria Zhang: Yes, because I want to document and improve my understanding of how prescribing has changed in inpatient and outpatient settings.

Nathan Wilkes: I am curious about how the provider social networks are being defined. Is it just the magnitude of shared patient population or are there other third-party linkages?

> Based on presentation slide: Patient-sharing networks are constructed from administrative claims records.
> Victoria Zhang: There has been research using surveys recently that validated that if we share a certain number of patients beyond this threshold there is more 80% probability that we are close colleagues with each other. I will be constructing these social networks through patient sharing and also performing a robustness analysis to tweak the threshold level to see if the results will change.

Nathan Wilkes: I think the most dominant natural social network will be the insurance carrier network of their providers. I am curious if you are doing anything to differentiate the effects of those administrative networks from other ways they are sharing information.

> Victoria Zhang: Yes and no, from recent work researchers have looked at this exact question. To what extent do patient-sharing networks versus these administrative networks provide predictable outcomes? Researchers show that these patient networks have much stronger predictability in terms of information sharing, so I will be relying on that research.

Continued discussion following the researcher's exit from the Zoom meeting:

Caleb Wright: The fact that she took 8 years to write a paper in the past doesn't justify giving her 10 years of unrestricted data. I am a hard pass. I would love for her to come back and give specifics on what specific drugs. This feels open-ended and doesn't align with our minimum necessity.

Ako Quammie: I agree with Caleb. I think it is a huge amount of data for a long period of time. I have concerns just when you look at incident two billing.

Essey Yirdaw: I was trying to see if she is willing to focus on either in-patient or out-patient to make it easier to understand some of these trends because maybe you can compare from practice to practice and see what those social networks are like.

Objections to Project Production	☐ No ☒ Yes
Committee Member	Basis for Objection
Caleb Wright	Open-ended request that does not meet minimum necessary requirements
Ako Quammie	Large amount of identifiable data requested for a long period of time

Essey Yirdaw	Needs more specificity

Motions to Approve Project Production	☒ No	☐ Yes
First:		
Second:		

Final Decision: Denied
Objections from 3 of the 7 Committee members present. Additional internal discussion needed to improve the specificity of the project.

Presentation Time:	11:00 AM
Opportunity Number:	23.73
Project Title:	Duke University Effects of Negotiated Price Transparency Regulations Evidence from Hospital Prices
CIVHC Presenter:	Eddy Costa, Senior Health Data Consultant
Project Presenter(s):	Christopher Behrer and Kate Bundorf
Extract Type:	Limited Extract
Finder File Included:	No

PHI Data Elements

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Committee Discussion and Questions:

(As transcribed from the meeting recording)

Beth Martin: If you are looking at the hospital price comparisons and such, looking at the data request it seems that you are requesting all of the in-patient, outpatient, and professional data. Can you reconcile those two for me, because there is a whole lot of out-patient and professional that's not related.

> Christopher Behrer: The main reason for that request is because I want to make sure I can do this hospital outpatient department versus ambulatory surgical center comparison. I'm not precisely sure which boxes to check to do that. I don't just want inpatient hospital because of that comparison of ASCs and HOPs.

Beth: So, for the professional, it could potentially be limited to ASCs' professional and out-patient, and possibly the physician component of hospital bills?

> Christoper Behrer: That makes sense to me. Just to make sure that I can do the comparison of ASC and HOPD services and prices.

> Caleb Wright: I was also going to recommend that they do some sort of place of service limitation if they felt like they needed the professional. If you don't need the professional side at all, then just leave it off completely.

Ako Quammie: In terms of getting the initial charge master publish fee schedule for the facilities, is that something you plan on getting access to, or are we just looking at the data from CIVHC?

> Christopher Behrer: Yes, I hope to get those, likely via turquoise who has a data product where they have collected all those prices. I do hope to use that to study the comparison in the claims to the prices that were posted.

Continued discussion following the researcher's exit from the Zoom meeting:

Essey Yirdaw: So we are limiting it to the services that were available in the hospital price compare tool? I am kind of confused on the limitations and what exactly we are comparing.

> Martha Meyer: On the difference and difference, he will do the group affected compared to the group that should have been affected by the policy. So those services on the Transparency tool versus services that were not on the Transparency tool.
>
> Essey Yirdaw: Are we making a recommendation to focus on outpatient and ambulatory surgery billing looking at CPT codes rather than looking at inpatient?
>
> Martha Meyer: He was willing to do that.
>
> Eddy Costa: We'll remove that from the app [Data Release Application].

Nathan Wilkes: Is there any sort of internal data that can link people that actually using the Shop for Care Tool to subsequent care?

> Martha Meyer: Not that I'm aware of.
>
> Pete Sheehan: There is nothing sophisticated that we have in place to connect those. It's all based on inbound communication thanking us for the Tool or suggestions to make the Tool better.

Objections to Project Production	☒ No	☐ Yes
Committee Member	Basis for Objection	

Motions to Approve Project Production	☐ No	☒ Yes
First:	Nathan Wilkes	
Second:	Beth Martin	

Final Decision: Approved for Production pending Data Release Application corrections/modifications
Unselect Inpatient under the Data Inclusion Criteria / Claim Type(s) section

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Data Release Review Committee
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Presentation Time:	11:30 AM
Opportunity Number:	23.70
Project Title:	Kaiser Permanente Health Insurance Instability and Morality Among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder
CIVHC Presenter:	Eddy Costa, Senior Health Data Consultant
Project Presenter(s):	Jennifer Barrow, Glenn Goodrich, and Anh Nguyen
Extract Type:	Identifiable Extract
Finder File Included:	No

PHI Data Elements

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Committee Discussion and Questions:

(As transcribed from the meeting recording)

Beth Martin: I don't think that the SUD data is submitted to CIVHC from Medicaid. So that information will not be in the data that you would receive as part of this.

> Anh Nguyen: Thank you so much for that. We recognize that is an important limitation.

Nathan Wilkes: I am curious if you've done a similar study using only internal HR [health record] and patient data. Looking at differences like treating physicians, zip code, social vulnerability index, and patients' adherence to prescriptions.

> Anh Nguyen: We have a pilot study within our own health system. It's a very small cohort. This study is part of a larger study that includes a number of other sites, but it only includes data from inside our health system.

Nathan Wilkes: It sounded like you were saying there was a higher propensity for disenrollment within that cohort. Do you have any data to understand why?

Anh Nguyen: We did conduct a number of chart reviews to see if we could find any information on why people disenroll. Some of the main reasons are job loss, eligibility, and losing eligibility because you are no longer claimed as a dependent.

Ako Quammie: It sounds like the death indicator you are getting for this population is coming from your HR [health record]?

Anh Nguyen: It comes from the state, and we also plan to link to the national death index which will allow us to identify depths that occur outside of Colorado.

Ako Quammie: Cause of death from an individual that is on both of these medications you are looking at versus also has cancer, got into a car accident, etc. How are you accounting for that variability are you relying on the established protocols for those individuals?

Anh Nguyen: A key component will be linking to the national death index which will give us access to cause of death information. Our primary outcome, we are interested in drug overdose-related mortality. If there is sufficient power to do so we would like to also look at suicide-related deaths as well.

Beth Martin: In the DED you requested the specific street address fields. My guess is this wasn't intended since it's not consistent with what was in your application. I just want to make sure that was the case.

Anh Nguyen: Yea I apologize. I don't believe we need specific addresses. I believe this was an error.

Objections to Project Production	☒ No	☐ Yes
Committee Member	Basis for Objection	

Motions to Approve Project Production	☐ No	☒ Yes
First:	Essey Yirdaw	
Second:	Ako Quammie	

Final Decision: Approved for Production pending DED corrections/modifications
Unselect member street address data elements on the DED.

Presentation Time:	12:00 PM
Opportunity Number:	24.93
Project Title:	Behavioral Health Gap Analysis
CIVHC Presenter:	Amanda Kim, Director of State Initiatives
Project Presenter(s):	Hailey DuBreuil and Kristin Battis
Extract Type:	Identifiable Extract
Finder File Included:	No

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Committee Discussion and Questions:

(As transcribed from the meeting recording)

Essey Yirdaw: Challenges I've heard from our hospitals is getting patients discharged from the hospital facility to post-acute care, especially around our mental health patients who may need to go to a psych facility or rehab. I am wondering if there is an opportunity to assess that. Not just provider availability but facility availability as well.

> Kristin Battis: I should have been clearer. When I say provider, I also mean facilities. So it could be facilities and individual practitioners.

Beth Martin: One thing that I saw in the agenda but didn't see in the application is that you looked at providers who have delivered services to non-Medicaid members but not Medicaid. One of the things I would recommend is that you request aggregated data from CIVHC for providers who have rendered services to non-Medicaid people. That would avoid any minimum necessary issues.

> Kristin Battis: That question was when we were requesting all lines of business rather than just Medicaid. We decided to limit it to just looking at providers who provided Medicaid. Using only the CO APCD data we won't be able to answer the question of well are they providing services to people commercially reserved or covered by Medicare.

Objections to Project Production	☒ No	☐ Yes
Committee Member	Basis for Objection	

Motions to Approve Project Production	☐ No	☒ Yes
First:	Nathan Wilkes	
Second:	Beth Martin	

Final Decision: Approved for Production