

Data Release Review Committee Meeting Notes March 6, 2024

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		
□ <u>Caleb Wright</u> (Elevance Health)	Danielle Evergreen	Paul McCormick		
Chris McDowell (Valley Health Alliance)	🛛 Darcy Holladay Ford	🛛 Pete Sheehan		
Essey Yirdaw (Colorado Hospital Association)	🛛 Hannah Witting	☑ Sauntice Washington		
☑ Jesse Villines (Craig Hospital)	Iennifer Carpenter	🛛 Twanisha Parnell		
🛛 Megan Denham (Georgia Tech)	🛛 Kristin Paulson	🛛 Kimi Landry		
Nathan Wilkes (Headstorms, Inc.)	LaDios Muhammad	🛛 Rachel Jardim		
□ <u>Sheri Herner</u> (Kaiser Permanente)	🛛 Liz Mooney			
🛛 John Francis	🛛 Lucía Sanders			

Agenda

Time	Opportunity Number	Project Details
<u>10:30 AM</u>	24.26	University of Colorado School of Medicine, Division of Complex Family Planning
		What is emergent enough? Quantifying life-threatening pregnancy complications for a post-Dobbs world
11:00 AM	24.39	Michigan State University
		Stabilizing the Individual Health Insurance Market
<u>11:30 AM</u>	24.37	Denver Regional Council of Governments
		Colorado Older Adult Fall Related Injury Claims Assessment



Presentation Time:	10:30 AM							
Opportunity Number:	24.26)						
Requesting Organization:	Unive	ersity of Color	rado School o	f٨	Aedicine, Division of Complex Fa	amily Planning		
Project Title:		: is emergent Dobbs world	enough? Qua	ant	ifying life-threatening pregnand	cy complication	ns for a	
CIVHC Presenter:	Lucía	Sanders, Key	Account Ma	na	ger			
Project Presenter(s):	Dr. N	ancy Fang						
Extract Type:	Limite	ed Extract						
Finder File Included:	Νο							
			PHI Data	Ele	ements			
Available for Limited and Id	dentifia	able Extracts:			Available for Identifiable Extra	acts Only:		
		Requested	Approved			Requested	Approved	
Member 5-Digit Zip Code		\boxtimes	X		Member Name			
Member Census Tract		\boxtimes	X		Member Date of Birth (if			
Member County					requesting more than year only)			
Member City								
Member Eligibility Date					Member Street Address			
Employer Tax ID					Member Geocoded Address			
Member Dates of Service								

Committee Discussion and Questions:

Beth: Your application is not requesting practitioner claims. Do you really not want the physician data?

Dr. Yang: In terms of specific practitioner claims we are not looking at identifying specific practices or people in terms of their outcomes. We are more interested in the population level because it's more about the policies that may be affecting access to reproductive health.

Beth: A lot of the data you are looking for will be captured within the practitioner claims, the diagnosis codes, and such, which may not be pushed up to the inpatient/outpatient claims. I'm not sure how you can conduct this analysis without having that detailed office visit data.

Dr. Yang: I will mark that down to discuss with Lucía afterward, because there may be an oversight.



Nathan: I am curious if you are planning on integrating Social Determinants of Health data that are available at the census tract level or if are you just looking at health characteristic health issues.

Dr. Yang: Yes, we do plan on incorporating some of that into our care with the geographic census tract we requested.

Megan: How are you going to be looking at the impact of policy change by using data before the policy change?
 Dr. Fang: We are working with collaborators at Duke University who are also looking at Virginia's APCD for 2018 – 2019. Our long-term goal is to expand beyond Roe v. Wade, but we do know that issues like maternal mobility and mortality existed even before the abortion bans.

Megan: What are your plans to compare or linkages with multiple states?

Dr. Fang: Part of the initial planning was to speak with people at CIVHC who have done with multistate comparisons because there are many factors to consider. Our comparison details haven't been completely ironed out, but we hope to identify patterns between Colorado and Virginia's data.

Megan: Have you already received approval from Virginia's APCD to receive data?

Dr. Fang: Yes, we have. Duke is leading the effort to receive Virginia's data, which received approval.

Megan: Is this committee concerned about how the data will be combined with Virginia about patient security in states where physicians can be prosecuted for providing access to abortions?

Martha: From a research standpoint, you would look at each population as a population in that state. They are not linking; they will keep them as two different distinct populations.

Objections to Project Production				🛛 No	□ Yes
Committee Member Basis for Object		tion			
Motions to Recommend for Production				🗆 No	🛛 Yes
First:	First: Beth Martin				
Second: Nathan Wilkes					
Final Decision: Recommended for Production pending Data Release Application corrections/modifications					
 Select 'Professional' under Claim Types in the DRA. Add Social Determinants of Health linkages. 					



Presentation Time:	11:00 AM					
Opportunity Number:	24.39					
Requesting Organization:	Michigan State	Jniversity				
Project Title:	Stabilizing the Ir	ndividual Heal	th	Insurance Market		
CIVHC Presenter:	Mason Thaxton,	Health Data	Соі	nsultant		
Project Presenter(s):	Dr. Paul Kim, As	sistant Profes	sor	at Michigan		
Extract Type:	Limited Extract					
Finder File Included:	No					
PHI Data Elements						
Available for Limited and Id	entifiable Extract	:s:		Available for Identifiable Extrac	<u>cts Only</u> :	
	Requested	Approved			Requested	Approved
Member 5-Digit Zip Code				Member Name		
Member Census Tract				Member Date of Birth (if		
Member County				requesting more than year only)		
Member City						
Member Eligibility Date				Member Street Address		
Employer Tax ID				Member Geocoded Address		
Member Dates of Service						

Committee Discussion and Questions:

Ako: In terms of who is accepting the publicly funded reinsurance data or assistance, do you have a list of those?
 Dr. Kim: Yes, this is public program. So any insurers that are in the individual health insurance market they will automatically be enrolled.

Nathan: Would this study actually be producing an output, such as looking at the overall effectiveness of reinsurance payments?

Dr. Kim: Yes, exactly, and we want to do that specially for different geographical regions and different insurers.



Nathan: Would some of that be accessible by looking at reported medical loss ratios by carriers, or could that data from this study be used to validate those reported rates?

Dr. Kim: So those are on a high-level average data which can be important to know to gauge on what the headline numbers are. We want to do a more detailed analysis on how that varies across regions and inform policies.

Nathan: To what extent are you including other financial barriers to care?

Dr. Kim: We will look at expected out of pocket costs. So yes, that will be within the calculations we will do.

Objections to Project Production		1	🛛 No	□ Yes	
Committee Member Basis for Object		tion			
Motions to Approve Project Production			🗆 No	🛛 Yes	
First:	Ako Quammie				
Second:	Jesse Villines				
Final Decision: Recommended for Production					
No documentation changes suggested.					



Presentation Time:	11:30 AM					
Opportunity Number:	24.37					
Requesting Organization:	Denver Regiona	l Council of G	overnments			
Project Title:	Colorado Older	Adult Fall Rela	ted Injury Claims As	ssessment		
CIVHC Presenter:	Mason Thaxton,	Health Data	Consultant			
Project Presenter(s):	Dr. Nathan Estra	ada				
Extract Type:	Limited Extract					
Finder File Included:	Yes					
	PHI Data Elements					
Available for Limited and Id	entifiable Extract	:s:	Available for Ide	entifiable Extra	<u>cts Only</u> :	
	Requested	Approved			Requested	Approved
Member 5-Digit Zip Code		\boxtimes	Member Name			
Member Census Tract			Member Date o	•		
Member County			requesting more than year only)			
Member City						
Member Eligibility Date		Member Street Address				
Employer Tax ID			Member Geoco	ded Address		
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Committee Discussion and Questions:

Nathan Wilkes: There were comments in the application about the control group being pre/post, or separate. I would like some clarification on this direction.

Dr. Estrada: When I look at outcomes, I prefer a difference in difference assessment with the control group. We also understand that sometimes control groups can be difficult to source at the scale. We usually use a 2 to 1 control after risk adjustments. The desire is to do a control group. If not, we would do a pre and post. Also consider how precise the control group needs to be.

Megan: What's the user's understanding of how their information will be used and what accretions will Nymbl be making off this data?

Dr. Estrada: Our terms and conditions are clear that we utilize their information to further understand and measure the success of the program from their subjective and our partners' data. We even abbreviate them, so people don't have to read the whole thing.



Objections to Project Production				🛛 No	□ Yes
Committee Member Basis for Object		tion			
Motions to Approve Project Production				🗆 No	🛛 Yes
First:	Chris McDowell				
Second:	: Megan Denham				
Final Decision: Recommended for Production					
No documentation changes suggested.					