

Data Release Review Committee Meeting Notes April 3, 2024

Committee Member Attendees:	CIVHC Staff Attendees:			
Ako Quammie (Contexture)	🛛 Kelsey Foland (facilitator)	🛛 Lucía Sanders		
Andy Woster (CCMCN)	🛛 Abby Fehler	Maggie Mueller		
Beth Martin (HCPF)	🛛 Amanda Kim	🛛 Martha Meyer		
⊠ <u>Caleb Wright</u> (Elevance Health)	Chris Dalton	Mason Thaxton		
Chris McDowell (Valley Health Alliance)	☑ Danielle Evergreen	Paul McCormick		
Essey Yirdaw (Colorado Hospital Association)	🛛 Darcy Holladay Ford	🛛 Pete Sheehan		
□ <u>Jesse Villines</u> (Craig Hospital)	🛛 Hannah Witting	□ Sauntice Washington		
Megan Denham (Georgia Tech)	Kristin Paulson	Twanisha Parnell		
Nathan Wilkes (Headstorms, Inc.)	LaDios Muhammad	☑ John Francis (counsel)		
Sheri Herner (Kaiser Permanente)	🛛 Liz Mooney			

Agenda

Time	Opportunity Number	Project Details
<u>10:30 AM</u>	24.40	University of Colorado School of Medicine Connecting Upstream Health Care Systems to the Organ Transplant System – An Investigation into Health Disparities and Spending Among Coloradans with Organ Failure.
<u>11:00 AM</u>	24.29	New York University, Stern School of Business Efficiency in Healthcare Delivery: Measurement and Policy Design
<u>11:30 AM</u>	24.106.75	Colorado Behavioral Health Administration (BHA) BHA Performance Hub
<u>12:00 PM</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



Presentation Time:	10:30	10:30 AM						
Opportunity Number:	24.40)						
Requesting Organization:	Unive	ersity of Color	ado School o	f٨	/ledicine			
Project Title:		• •			Systems to the Organ Transpla es and Spending Among Colorad	•		
CIVHC Presenter:	Lucía	Sanders, Key	Account Ma	na	ger			
Project Presenter(s):	Dr. D	eena Brosi, S	usana Arrigaiı	n, I	Rocio Lopez, Jesse Schold			
Extract Type:	Ident	tifiable Extrac	t					
Finder File Included:	No							
			PHI Data	Ele	ements			
Available for Limited and I	dentifi	able Extracts:			Available for Identifiable Extra	icts Only:		
		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 Geocoded Address			
Employer Tax ID					Member Geocoded Latitude and Longitude			
Member Dates of Service								

- Lucía gives brief overview of request
- Project team joins call to share presentation materials
- Essey: some challenges around APCD race/ethnicity data. When connecting data, are you linking to another race/ethnicity source?
 - Dr. Brosi: Geocoding has been requested in the hopes of better estimates. We can also pair with the UCHealth database, but that wouldn't necessarily capture the broader population. The goal is to infer on some pieces.
 - Essey: Vital Statistics has great demographic information, but that does look at death records.
 - Dr. Brosi: Going through the process of filling out the Vital Statistics form now, will be happy to add this.



- Jesse: it sounds like the missingness might be heterogeneous by payer. From an analytic perspective, we can stratify across payer groups for specificity checks
- Beth: curious about what the research data will look like once merge and matches are complete. Are you planning to exclude personal identifiers like names from the main research database once the match has been made, or are you retaining that in your data?
 - Dr. Brosi: we do not need name. the community analysis piece will need geocoding, but no names.
 DOB is not an important part of the study after the joins, and any summary reporting will be in the aggregate
- Nathan: what do you think is the scope of the issue of people who qualify but are not on the waitlist?
 - Jesse: transplantation patients are mandated nationally to be listed once they are on the waiting list. The black box of those not on waiting lists suggests it's multi-fold more of patients who deserve transplants but never make it to a list for numerous reasons (healthcare literacy, lack of referrals, etc.). There are a lot of implications to policy from this study, it is a glaring hole in this process to have no information around them
 - \circ Nathan: curious to the extent this study will tease out some of these factors?
 - Jesse: humbly, we won't be able to answer all these pieces with the rigor they deserve, but we are very hopeful that this will start to fill in the gaps. The impacts differ depending on organ, as others are windows of time and do not have options like dialysis. Eligibility windows pass quickly as patients age. The efficiency of the system to refer patients to the right place at the right time is critical, and it is almost certain that there is a systemic difference between patients who miss that window and those who don't. There will be unique questions around access to care in CO to unpack the related processes for so we can understand the interventions
- Caleb: struck by how short the Dx list for the kidney transplant selection was (under 100)
 - Jesse: Rocio has been directly involved in the projects trying to identify this nationally and working with clinicians with expertise in each area. Part of the Dx list that has been identified has been derived from those expert groups. Some are high-level diagnoses with sublevels underneath them
 - Rocio: we derived those Dx lists from conversations with transplant surgeons, meant to represent the population that would be eligible for transplants
- PI team drops from call, Kelsey opens it open for follow up questions from the committee
- Lucía: to address Andy's chat message regarding vital statistics being heavily dependent on name and DOB. The new DESF used for this project reflects a new tab that is specific to the matching with CDPHE. The other requested elements outlined separately in the DESF reflect the elements for the final PI analysis

Objections to Project Production			🖾 No	□ Yes
Committee Member	Basis for Object	tion		
Motions to Recommend for Production			🗆 No	🛛 Yes



First:	Nathan Wilkes				
Second:	Caleb Wright				
Final Dec	Final Decision: Recommended for Production				
No conce	No concerns or objections from committee.				



Presentation Time:	11:00 AM	11:00 AM							
Opportunity Number:	24.29								
Requesting Organization:	New York Unive	rsity, Stern Sc	cho	ol of Business					
Project Title:	Efficiency in Hea	althcare Deliv	ery	: Measurement and Policy Desig	ın				
CIVHC Presenter:	Lucía Sanders, K	ey Account N	/lan	ager					
Project Presenter(s):	Pierre Bodere, N	Michael Dickst	tein	l					
Extract Type:	Limited Extract								
Finder File Included:	No								
PHI Data Elements									
Available for Limited and Ic	lentifiable Extract	ts:		Available for Identifiable Extracts Only:					
	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		□							
Employer Tax ID				Member Geocoded Latitude and Longitude					
Member Dates of Service		\boxtimes							

- Lucía gives brief overview of request
 - Kelsey notes that this DESF layout differs slightly in order to capture the control group and study group
- Project team joins call to share presentation materials
- Nathan: on the network adequacy issue, are you using any other primary source material to reverse engineer?
 - Michael: we don't have exact matching to the insurers, and won't be getting insurer name. We will be looking at the connections and identifying gaps from there
- Nathan: curious about how you account for the patients with infinite wait times because they elect not to go forward with surgery. Are you looking to see if there's a population of patients who qualify, but elect not to undergo surgery?



- Pierre: we are only looking at patients who do move forward with surgery, but we could expand a measure to have a prediction that looks at patients who did not get a surgery yet have claims which indicate that they qualified for the procedure
- PI team drops from call, Kelsey opens it open for follow up questions from the committee
- No other questions from the committee

Objectior	ns to Project Production			🖾 No	□ Yes
Committe	ee Member	Basis for Objec	tion		
Motions	to Approve Project Prod	uction		🗆 No	⊠ Yes
First:	Beth Martin				
Second:	Nathan Wilkes				
Final Decision: Recommended for Production					
No object	No objections from the committee.				



Presentation Time:	11:30 AM	11:30 AM						
Opportunity Number:	24.106.75							
Requesting Organization:	Colorado Behav	ioral Health A	١dm	ninistration				
Project Title:	BHA Performan	ce Hub						
CIVHC Presenter:	Amanda Kim, Di	rector of Stat	e Ir	nitiatives				
Project Presenter(s):	Jordan Bass, Riy	a Singh						
Extract Type:	Limited Extract							
Finder File Included:	No							
PHI Data Elements								
Available for Limited and Id	lentifiable Extract	:s:		Available for Identifiable Extracts Only:				
	Requested	Approved			Requested	Approved		
Member 5-Digit Zip Code	\boxtimes			Member Name				
Member Census Tract				Member Date of Birth (if				
Member County				requesting more than year only)				
Member City								
Member Eligibility Date				Member Geocoded Address				
Employer Tax ID				Member Geocoded Latitude and Longitude				
Member Dates of Service								

- Amanda gives brief overview of request
- Project team joins call to share presentation materials
- Beth: regarding the limitations on the codes being looked at—the percentage of people who are screened for depression. Having worked with that measure before, the entire population does need to be reviewed. How are you planning to address that with the measures in place?
 - Jordan: the metrics shared with the committee today are candidate measures at this time. There are definitely some hurdles around depression screening data. What we are posing with the filter options is to allow us to explore the candidate measures, understanding they might not be delivered in that format
 - Beth: a richer dataset might equip additional measures. A more limited dataset with something like primary care visits for your population that might not have the mental health screens in general



wouldn't deliver all the data from the state of CO, but would let you evaluate who has had a visit and which of them received screenings

- Riya: we are working closely with HCPF to see how the measures were calculated by that HCPF team, and have a few team members on the workgroup
- Nathan: the performance hub—is the data going to be broken up by provider for scores, or a more global system level?
 - Riya: at this time, we are looking at the aggregate view at the global system level-- looking a year out in terms of growth map to be able to determine provider score
- PI team drops from call, Kelsey opens it open for follow up questions from the committee
- Essey: looking at screening, is that a Dx code?
 - Martha: we know from our previous BHA work, they are looking at how well we are capturing the screening rate (rates aren't always high enough)
 - Essey: it's a shame the data doesn't exist yet, but we have to start somewhere and this might be as good a place as any. We don't have the solution today in CO
 - Amanda: we are in conversation with BHA regarding a regular subscription to COAPCD data so they can see structural changes in the data as they happen
- Andy: it sounds like in the COAPCD, there's a lot of additional data being scrubbed coming from HCPF. Will that pose a problem in terms of accuracy across providers?
 - o Beth: it potentially could. At least for the Medicaid population, it will need some additional efforts
 - Martha: Andy is spot on, that's a complex world for the sequestered claims. They are aware of that limitation of the data, we kept returning to the point that we need to understand what we do have in order to understand how big the gap is between where we are and what we want to address
- Beth: as a committee member, there are some concerns about approving it without having seen the code lists at this time
 - \circ Amanda: the code list has just been handed off, we can distribute it today?
 - Kelsey: we will reupload this to the portal today, and have a vote now understanding that the votes are pending everyone's final review. Any objections right now?
 - No preliminary objections
 - Essey and Beth both give preliminary approval, pending review of the code list. Kelsey will coordinate an email approval after review by EOD Friday
- This can be moved to production, pending final review of code list by the committee

Objections to Project Production			🖾 No	□ Yes	
Committee Member Basis for Object			tion		
Motions to Approve Project Production			🗆 No	🛛 Yes	
First:	irst: Essey Yirdaw				
Second:	Beth Martin				



Final Decision: Recommended for Production pending DESF corrections/modifications

Kelsey will distribute the code list; the Committee will review by EOD this Friday and make final determination

No objections received from Committee members as of 4/8/2024; project will move into production.



Presentation Time:	12:00 PM						
Opportunity Number:	24.26						
Requesting Organization:	University of Co	lorado Schoo	l of	Medicine, Division of Complex F	amily Plannin	g	
Project Title:	What is emerge post-Dobbs wor	-	luar	ntifying life-threatening pregnan	icy complication	ons for a	
CIVHC Presenter:	Lucía Sanders, K	ey Account N	/lan	ager			
Project Presenter(s):	N/A						
Extract Type:	Limited Extract						
Finder File Included:	No						
		PHI Dat	a E	lements			
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					1	1	

Previously presented on 3/6/2024. Represented today due to the addition of the request to include Member Eligibility Date data elements.

- Lucía gives brief overview of update to request: without dates, the PI cannot determine patient location at the time of service
- The committee has no questions or concerns

Objections to Project Production		N 1	No	🗆 Yes	
Committee Member	Basis for Objec	tion			



Motions to Approve Project Production		uction		🗆 No	🛛 Yes	
First:	Beth Martin					
Second:	Nathan Wilkes					
Final Decision: Recommended for Production						
No conce	No concerns or objections from committee.					