Data Release Review Committee
Monthly Meeting Notes

CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE

The following documents the meeting convened on 7/10/2024:

Committee Member Attendees:	CIVHC Staff Attendees:	
☒ Ako Quammie (Contexture)	☒ Kelsey Foland	☒ Liz Mooney
☒ Andy Woster (CCMCN)	☐ Abby Fehler	☒ Lucía Sanders
☒ Beth Martin (HCPF)	☐ Amanda Kim	☒ Maggie Mueller
☒ Caleb Wright (Elevance Health)	☒ Danielle Evergreen	☒ Martha Meyer
☒ Chris McDowell (Valley Health Alliance)	☒ Darcy Holladay Ford	☒ Mason Thaxton
☒ Essey Yirdaw (Colorado Hospital Association)	☒ Hannah Witting	☐ Paul McCormick
☐ Jesse Villines (Craig Hospital)	☐ Jacque Lewis	☒ Pete Sheehan
☒ Megan Denham (Georgia Tech)	☒ John Francis (counsel)	☐ Sauntice Washington
☒ Nathan Wilkes (Headstorms, Inc.)	☒ Ken Holtschlag	☐ Twanisha Parnell
☒ Sheri Herner (Kaiser Permanete)	☒ Kristin Paulson	☒ Kimi Landry

Agenda

10:30 AM	24.135
Requesting Organization:	Boston Children's Hospital
Project Title:	Health Care Transitions and the Health of Adolescents and Young Adults with IDD
11:00 AM	**24.57**
Requesting Organization:	Mathematica Inc
Project Title:	AHRQ – Quality Indicator Analysis
11:30 AM	**24.50**
Requesting Organization:	Telluride Hospital District
	Telluride Regional Medical Center
Project Title:	Telluride Area Health Care Services Utilization Study

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10:30 AM	24.135
Extract Type:	Identifiable
Requesting Organization:	Boston Children's Hospital
Project Title:	Health Care Transitions and the Health of Adolescents and Young Adults with IDD
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Dr. Alyna Chien

Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
☒	☒	Member 5-Digit Zip Code
☐	☐	Member County
☐	☐	Member City
☒	☒	Member Dates of Service
☒	☒	Member Eligibility Dates
☐	☐	Employer Name
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☐	☐	Member Census Tract
☐	☐	Member Census Block
☐	☐	Member Census Block Group
Available for **Identifiable Extracts only**:		
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☒	☒	Member Date of Birth (if requesting more than year only)
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Committee Discussion and Questions

- Lucía gives brief overview of request

- PI team joins the call and shares presentation materials

  o Nathan: the more disabling conditions have different experiences across LOBs. Looking at trend lines over time outside of the peaks, are you looking at the reasons for those trend lines in addition to the peak instances?

    ▪ Dr. Chien: yes, we propose to understand the effect of having a gap in the healthcare outcomes, which can be seen in the shape of the peaks (regression discontinuity design) so causal inference will be coming into play

  o Megan: what years are these graphs looking at? Is this a snapshot, or years over time?

    ▪ Dr. Chien: four years from the 2014-2018 file that CIVHC already delivered. The next data pull is for 2019-2023, so a before/after look will be needed to see COVID impacts. The volume of patients will be needed, since 5 full years are needed to produce one graph. The emergency provisions will be an impactful event here as well

  o Beth: confirming that for the Medicaid population after 2020, you shouldn't be seeing any gaps due to the public health emergency lock-in requirements. And what about those transitioning from Commercial to Medicaid or vice versa?

    ▪ Dr. Chien: we are not expecting to see a large gap but we never know, people could have voluntarily fallen off. The number of people who switched from Commercial to Medicaid or vice versa was less than 5% of the total, which was less than expected all together

- Beth is curious about why they are not requesting Medicaid data as well for those who are dual-eligible. For those who are aging, we might see more people rolling onto Medicare?

  o Dr. Chien: the number of people in this group who have any Medicare was roughly 600 individuals, a tiny group in the scope of the study (1.2 million people). We have not thought about going up to age 45, but there might be more in that population—we should be able to see that in the dataset to check counts in 15-year spans

  o Beth: it would be interesting to see if people are dropping off Commercial and rolling onto Medicare, that part of the story might be missed without the Medicare population

  o Kristin notes in the chat that we used to include Medicare Advantage in the Commercial extracts

  o Andy notes in the chat that Medicare was not selected in the previous application

- PI team drops from the call, Kelsey asks for further questions from the committee

- Committee voices a lot of excitement to see the outcomes of the previous study, and eagerness to see the next iteration

- Beth calls out that if Medicare does need to be added, she does not have any concerns. Kelsey confirms no other committee members have concerns with Medicare being added. The PI hereby has pre-approval to add Medicare LOBs

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes** ☐ No
First Motion to Recommend:	Ako Quammie (Contexture)
Second Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)
Production condition(s):	No conditions **NOTE: Recommendation for production includes the addition of Medicare Advantage and Medicare Fee for Service (MFFS) lines of business if needed.**
Are there objections to this project's production? *Production is not recommended if three (3) or more Committee members object.*	☐ Yes ☒ **No**
DRRC Objector:	Basis for Objection:

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11:00 AM	24.57
Extract Type:	Limited
Requesting Organization:	Mathematica Inc
Project Title:	AHRQ – Quality Indicator Analysis
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Judy George (AHRQ), Whitney Schott (AHRQ), Alex Bohl (Mathematica), Sharon Zhao (Mathematica), Neetu Jain (Mathematica)

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Committee Discussion and Questions

- Lucía gives brief overview of request

- PI team joins the call and shares presentation materials

- Essey: sits on the maternal mortality committee, so it's great to see all this work on standardizing the data. Related to severe maternal mortality rates, which usually occurs in hospital settings, self-paid data is missing (which is a small group) along with Tri-Care. If there is a lot of work going into this evaluation, how are you thinking about some of the claims that might not be coming through? And in terms of the heavy race/ethnicity impacts on maternal mortality, are you factoring anything in?

  - Judy George: we do not report on any of the data or make it public. Unfortunately, Tri-Care is missing from so many sources, which Alex can speak to more

  - Alex Bohl: our work is really aiming to create a validated measure. We are working across agencies to determine a common definition for severe maternal mortality, using HCUP data. Some of these concepts are only being captured outside the hospital setting, with certain groups being missed. We are looking a lot at the coding itself to see how those standards are similar across payers and settings. While we won't have those populations, we are hoping that the code focus will compensate for that missingness a bit. It's possible that because of the data we won't be able to develop or adapt our stratification methods, but we almost always have at least one risk adjustment model which captures the race and ethnicity risk adjustments

- PI team drops from the call, Kelsey asks for further questions from the committee

- Ako: it is fantastic to see that AHRQ is looking at APCDs to validate some of their data

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Second Motion to Recommend:	Chris McDowell (Valley Health Alliance	
Production condition(s):	No conditions	

Are there objections to this project's production?	☐ Yes	☒ **No**
Production is not recommended if three (3) or more Committee members object.		

DRRC Objector:	Basis for Objection:

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11:30 AM	24.50
Extract Type:	Limited
Requesting Organization:	Telluride Hospital District Telluride Regional Medical Center
Project Title:	Telluride Area Health Care Services Utilization Study
CIVHC Presenter:	Mason Thaxton, Health Data Consultant
Project Presenter(s):	Karl Rebay, Project Manager (Moss Adams), Georgia Green (Moss Adams)

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Committee Discussion and Questions

- Mason gives brief overview of request

- PI team joins the call and shares presentation materials

- Chris: are you measuring total cost of care?

    - Karl: absolutely yes, it is a big part of the discussion for the community. What's nice about this type of engagement with clients who are reconfiguring an antiquated system, is understanding that total cost of care with a unique community like Telluride and those unique associated costs. The responsibilities in such a small community creates a different level of fiduciary ownership, which can be very engaging

    - Chris: rural communities in Colorado mountain towns require such a specific approach and that critical community engagement, it's great to see them being sensitive to that

- Andy: minor detail on the application—there's a zip code restriction but it's not entirely clear if that is for the service providers or for the members themselves

    - Karl: the 3-digit zip in rural communities often captures a very large part of the state instead of a granular view within an actual community. The client already should have the volume information to understand who is coming into the area for services from somewhere like Florida. Understanding where community members go for something like an invasive procedure such as a colonoscopy shows us a lot

    - Martha: we structured this similar to a prior deliverable which captured both member address and provider address zip codes, so we can see who lives in Telluride and the care they get anywhere, plus the picture of who is coming into Telluride for care overall

- PI team drops from the call, Kelsey asks for further questions from the committee

- Ako: the signing person on the application, Jeff Roberts, was not on the call. The names of the presenters today are not the people pictured on the Moss Adams website, and Georgia Green did not speak during the presentation. Slight concern here over things not matching up

    - Mason: Karl is the project manager, but to Ako's point the application document might not be completely up-to-date for the individuals involved. Jeff will not be signing the DUA and should not be on the application list

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Chris McDowell (Valley Health Alliance	
Second Motion to Recommend:	Megan Denham (Georgia Tech)	
Production condition(s):	No conditions	
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