

# Data Release Review Committee

## Monthly Meeting Notes



The following documents the meeting convened on 9/11/2024:

Committee Member Attendees:		CIVHC Staff Attendees:	
<input checked="" type="checkbox"/> <a href="#">Ako Quammie</a> (Contexture)		<input checked="" type="checkbox"/> Kelsey Foland	<input type="checkbox"/> Liz Mooney
<input type="checkbox"/> <a href="#">Andy Woster</a> (CCMCN)		<input type="checkbox"/> Abby Fehler	<input checked="" type="checkbox"/> Lucia Sanders
<input checked="" type="checkbox"/> <a href="#">Beth Martin</a> (HCPF)		<input type="checkbox"/> Amanda Kim	<input checked="" type="checkbox"/> Maggie Mueller
<input checked="" type="checkbox"/> <a href="#">Caleb Wright</a> (Elevance Health)		<input checked="" type="checkbox"/> Danielle Evergreen	<input type="checkbox"/> Martha Meyer
<input checked="" type="checkbox"/> <a href="#">Chris McDowell</a> (Valley Health Alliance)		<input checked="" type="checkbox"/> Darcy Holladay Ford	<input checked="" type="checkbox"/> Mason Thaxton
<input type="checkbox"/> <a href="#">Essey Yirdaw</a> (Colorado Hospital Association)		<input checked="" type="checkbox"/> Hannah Witting	<input type="checkbox"/> Pete Sheehan
<input type="checkbox"/> <a href="#">Jesse Villines</a> (Craig Hospital)		<input checked="" type="checkbox"/> Jacque Lewis	<input type="checkbox"/> Sauntice Washington
<input checked="" type="checkbox"/> <a href="#">Megan Denham</a> (Georgia Tech)		<input type="checkbox"/> John Francis (counsel)	<input type="checkbox"/> Twanisha Parnell
<input checked="" type="checkbox"/> <a href="#">Nathan Wilkes</a> (Headstorms, Inc.)		<input checked="" type="checkbox"/> Ken Holtschlag	<input checked="" type="checkbox"/> Megha Jha
<input type="checkbox"/> <a href="#">Sheri Herner</a> (Kaiser Permanete)		<input type="checkbox"/> Kristin Paulson	<input checked="" type="checkbox"/> Valerie Garrison

## Agenda

<a href="#">10:30 AM</a>	24.41
Requesting Organization:	Rutgers Cancer Institute of New Jersey
Project Title:	Equity in Cancer Care: Exploring Emergency Department Diagnosis, Disparities, and Economic Impact in Gastrointestinal Cancers
<a href="#">11:00 AM</a>	23.72
Requesting Organization:	University of Utah, Department of Psychiatry
Project Title:	Impact of a Mobile Phone Crisis Text Messaging Application on the Spatiotemporal Distribution of Mental Health Outcomes among Adolescents

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10:30 AM		24.41
Extract Type:	Limited	
Requesting Organization:	Rutgers Cancer Institute of New Jersey	
Project Title:	Equity in Cancer Care: Exploring Emergency Department Diagnosis, Disparities, and Economic Impact in Gastrointestinal Cancers	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Dr. Haejin In, Associate Professor of Surgery Dr. Elizabeth Handorf, Associate Professor Brijesh Rana, Research Coordinator Hari Iyer Antoinette Stroup Sara Heinert	
Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member 5-Digit Zip Code
<input type="checkbox"/>	<input type="checkbox"/>	Member County
<input type="checkbox"/>	<input type="checkbox"/>	Member City
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Dates of Service
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Eligibility Dates
<input type="checkbox"/>	<input type="checkbox"/>	Employer Name
<input type="checkbox"/>	<input type="checkbox"/>	Member <a href="#">FIPS Code</a>
<input type="checkbox"/>	<input type="checkbox"/>	Member <a href="#">Census Tract</a>
<input type="checkbox"/>	<input type="checkbox"/>	Member <a href="#">Census Block</a>
<input type="checkbox"/>	<input type="checkbox"/>	Member <a href="#">Census Block Group</a>
Available for <b>Identifiable Extracts only</b> :		
<input type="checkbox"/>	<input type="checkbox"/>	Member Name
<input type="checkbox"/>	<input type="checkbox"/>	Member Date of Birth (if requesting more than year only)
<input type="checkbox"/>	<input type="checkbox"/>	Member Street Address
<input type="checkbox"/>	<input type="checkbox"/>	Member Latitude and Longitude
<input type="checkbox"/>	<input type="checkbox"/>	Employer Tax ID

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### Committee Discussion and Questions

- Lucía provides overview of project prior to PI team joining the call
- PI team joins the call and shares their materials
- Megan Denham: with race/ethnicity data not so readily available, do you have more information about how you will be tracking that down, or if you can complete the research without that data?
  - Dr. In: the nice thing about the linkages between databases is how much they supplement each other. In conjunction with the Cancer Registry, we are confident we will get good data
  - Antoinette Stroup: in Colorado, goal certification has been reached for many years for these databases, which requires a very high standard of validated race/ethnicity data
- Beth Martin: who will be handling the matching work? Will CIVHC be matching to the registry and sending IDs back and forth?
  - Lucía notes that this will be handled the same way as prior projects with linkages with CDPHE. We have codes for the cancer types of interest, which will be identified in the CO APCD and sent to the Cancer Registry. The Registry will match and return findings via a crosswalk so the PI team can review the matches
- Megan Denham: noticed that Pharmacy data was not requested. Will that impact that ability to identify other treatments that occurred prior to admission?
  - Dr. In: because we are linking with the Cancer Registry, who collects a lot of details including diagnosis points and was created to identify new cancers, there will be more information available than if this was a study that didn't include linkages. We are relying on the Registry data matches to tell us if there are new cancers in the data set
- Caleb Wright: there's a lot of focus on demographics, but all the fields around cost are selected. There is not much detail in the request around economic impact
  - Elizabeth Handorf: we are definitely interested in what type of insurance they have, but individual charges or amount paid is probably not necessary and could be amended. We want to see claims for different treatments through ICD and CPT codes to see various charges for quality of care. Paid amounts are likely not required, we can adjust if needed
  - Ako Quammie: if there was a dollar figure, or some level of dollar associated with PCP visits, that could be helpful for the study
- Ako Quammie: for place of service, obviously ED vs. office setting, age ranges dictate which cancer tests are considered standard preventative medicine. Are any of those preventative codes included?

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- Elizabeth Handorf: we are looking a year prior to see if the patients had comorbidities. In terms of identifying primary care doctors, we are planning on quantifying some measure of regular contact with the healthcare system prior to their diagnosis. If so, it seems probable that they will have different cancer pathways to their diagnosis
- Ako Quammie: there are certain visit codes for things like screenings suggested at the age of 55, etc. If you are looking at those codes, are there specific preventative maintenance codes that go beyond what was selected last time
- Elizabeth Handorf: we are aiming for everything we can see due to such a broad population
- Lucía: confirming this is the case. We will be filtering by age 18 at time of service, and then directing down from there via taxonomy codes and place of service so we can see where they are going
- PI team drops from call and Kelsey requests further questions from the Committee
- Megan Denham: the study duration runs to 2030, with no anticipated publications until 2031. Are there concerns around that longer timeline? What is considered a normal time period?
  - Lucía notes that they will not be receiving data until 2025 from all states and sources
  - Kelsey: while the 6 years is on the upper range of what we typically approve, CIVHC is comfortable with the timeline due to the different data sources and their arrival throughout the 2025 calendar year to the PI team
- Kelsey: checks with Caleb around limiting cost
  - Caleb: doesn't get the sense that this PI group will be disclosing anything to the payer space, which is nice to see in place. There isn't excellent confidence that all elements are needed though-- it doesn't seem like they will plan to use all the data elements in that category
  - Megan: they didn't put it in their objectives, but there is definitely value in that comparison if they are planning on doing it
  - Ako: it seems that they are more interested in the clinical side of things, not so much the cost side of things. There are correlation points that would be interesting to see, such as where cost variations occur depending on diagnosis and later stages
  - Lucía notes that we often request the limit to charge amount, total liability, and plan paid amount. CIVHC is happy to make that recommendation if the Committee prefers
  - Kelsey: it is reasonable to ask them to scale back since they expressed not firmly needing those elements and see where we can go from there

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### DRRC Recommendation

Does the DRRC recommend this project for production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
First Motion to Recommend:	Beth Martin (HCPF)
Second Motion to Recommend:	Megan Denham (Georgia Tech)
Production condition(s):	<p>Data Release Application and Data Element Selection Form correction or modification</p> <p>All claim cost data elements are being requested, but the research team states they do not need them all. To meet the minimum necessary standard, request documentation needs adjustments to remove the unnecessary elements. Production is recommended when this is completed.</p>
Are there objections to this project's production? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Production is not recommended if three (3) or more Committee members object.</i>	
DRRC Objector:	Basis for Objection:

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11:00 AM		23.72
Extract Type:	Limited	
Requesting Organization:	University of Utah, Department of Psychiatry	
Project Title:	Impact of a Mobile Phone Crisis Text Messaging Application on the Spatiotemporal Distribution of Mental Health Outcomes among Adolescents	
CIVHC Presenter:	Mason Thaxton, Health Data Consultant	
Project Presenter(s):	Brent Kious, MD, PhD	
Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member 5-Digit Zip Code
<input type="checkbox"/>	<input type="checkbox"/>	Member County
<input type="checkbox"/>	<input type="checkbox"/>	Member City
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Dates of Service
<input type="checkbox"/>	<input type="checkbox"/>	Member Eligibility Dates
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### Committee Discussion and Questions

- Mason provides overview of project prior to PI team joining the call
- Brent Kious joins the call and shares their materials
- Megan Denham: noticed that one of the research questions is also looking at overdose deaths, but pharmacy data is not being requested. Can you explain a little why you aren't requesting data around details like prescriptions and high-risk overdose medications?
  - Dr. Kious: we are approaching this study from the angle of diagnosis codes in the hospital, but this is a fantastic angle that would be valuable for a future study
- Ako Quammie: thinking of overlaps in Utah and Colorado, Colorado does have a program called Safe2Tell
  - Dr. Kious: we are hoping to account for all mental health services to the extent that we can control for them. The understanding of the Colorado app is that it was introduced later than the Utah app, so hopefully there will be some good overlap to look at
- Beth and Megan voice excitement to see the outcomes of this study and how that could capture a better view of initiatives making impacts
- Nathan Wilkes: appreciates the reference to the pandemic. Was the Utah app launched in 2016? Adoption rates among the target audience is such a key factor. The DRA mentions a significant change in 2020—how are you accounting for that and economic differences across states?
  - Dr. Kious: the legislation started in 2015, with a full live launch in 2017, but saturation across the state wasn't seen until late 2018 thanks to a gradual rollout in schools. We are now up to about 2,500 contacts per month which has been steady for a few years. Economic downturns and impacts of the pandemic will be entered into the statistic models which will be looking at concentrated areas. We have seen that kids in high-rate areas of the pandemic and low-income areas are the ones utilizing the services most frequently
- Dr. Kious drops from call and Kelsey requests further questions from the Committee
- Caleb Wright: compliments the presenter, this was one of the most articulate requests that Caleb has seen in almost 8 years of reviewing these requests
  - Ako seconds this, and notes that the inclusion of data in his slides gives the Committee high confidence
- Megan Denham: any concerns about the patient groups getting too small during analysis? It could get pretty finite depending on the breakout

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- Mason: during analysis, no concerns. But there will be a CIVHC review prior to publication or release to ensure suppression and cell count standards are in place
- Ako Quammie: as a limited data set, will they be getting socioeconomic data from census data?
  - Mason: imaging it will be census data, since he is only looking at the 5-digit zip level. Happy to follow up on this piece and see if methodology has already been developed for this
  - Kelsey: they are requesting rural/urban flags, which will indicate some of that detail
- Nathan: small piece of data missing would be death information—suicides seem to be checked in Utah with the medical examiner, but it doesn't look like there is an equivalent in Colorado accounted for in the request at this time
  - Beth: suggests Vital Records matching if they need a Colorado equivalent
  - Mason will check in with the PI to confirm if matching is needed for this project (might be an interest point for overdose studies down the road)

## DRRC Recommendation

Does the DRRC recommend this project for production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Production is not recommended if three (3) or more Committee members object.</i>	
DRRC Objector:	Basis for Objection: