Data Release Review Committee

Monthly Meeting Notes

CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

The following documents the meeting convened on 10/2/2024:

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	☒ Isaac Nwi-Mozu

Agenda

10:30 AM	24.58
Requesting Organization:	Harvard University
Project Title:	Understanding the Transition to Medicare Among Older Adults
11:00 AM	**25.04 *(postponed on 10/1/2024 to December 2024)***
Requesting Organization:	University of Colorado Anschutz Medical Campus, Colorado School of Public Health
Project Title:	Evaluation of the Colorado Public Option Plan and its Impacts on Costs of Care and Provider Networks
11:30 AM	**25.85**
Requesting Organization:	University of Colorado Anschutz Medical Campus
Project Title:	SEARCH for Diabetes in Children and Young Adults 0-45 years (SEARCH-DiCAYA) Diabetes Surveillance Study

12:00 PM	24.59
Requesting Organization:	University of Colorado School of Medicine
Project Title:	Outcomes After Initiation of IM-Naltrexnone vs. Oral Naltrexone at Hospital Discharge

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10:30 AM	24.58
Extract Type:	Limited
Requesting Organization:	Harvard University
Project Title:	Understanding the Transition to Medicare Among Older Adults
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Hailey Brace, PhD Candidate in Health Policy & Economics (PI) Mark Shepard, Associate Professor of Public Policy

Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
☐	☐	Member 5-Digit Zip Code
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Committee Discussion and Questions

- Lucía provides brief overview of request
- Nathan: is there a difference between Medicare Advantage and the general Medicare bucket? Curious if the Advantage issues have impacts on collection of the data for CIVHC
    - Martha: the FFS is the true FFS from CMS. Advantage comes in through Commercial plans and is designated in our system with its own claim type, which makes it easy to differentiate between the claims. Deduplication also has a standard process, which supports higher quality
- PI team joins the call and shares further details of their request
- Nathan: this study will be very useful. High-deductible plans in the private market have shown spikes for people coming out of the public market. Curious if the study is looking at the differentiation in types of insurance coverage prior—any plans for grouping based on that?
    - Hailey Brace: that is exactly the hypothesis that is kicking off the study. We will see if the data confirms all of that, as this is the first time seeing this much insight through data
    - Nathan: wondering if you will be looking at groups based on their health status (high health needs vs. low health needs) and segmenting based on that? Once the transition is made, is that comparison being made in the same vein?
    - Haley Brace: having claims data allows us to see the health status and utilization amongst people in the pre-period (not based on self-reporting). The Medicare Advantage angle is a huge point of interest, electing for Medicare Advantage is a decision being studied by many in the field at this time
- Ako: are there any particular Dx codes or conditions that are being terminated?
    - Hailey Brace: care for heart disease is high on the list, but the literature does indicate several high-risk 'preventable' diagnoses such as readmissions from heart attack care which we know is related to quality of care and access. The specific conditions to focus on will be shaped by the literature once the data has been reviewed. The level of detail in this claims data will give a lot of insight to the background on these topics and could even inform policy discussion
- PI team drops from the call and Kelsey asks Committee for any further questions
    - Beth expresses excitement about this project
    - Ako has some hesitations around the volume of data. Wondering if there's a way for the PI to use the literature to narrow some of the focus points and limit the data being delivered to align with what is in the literature

- Lucía: we worked on limiting by older adults to capture 10 years prior and 10 years post the Medicare transition age. Because there isn't a specific condition and the goal is to look at the full group of people to see what they are experiencing, there weren't many additional ideas on narrowing further
    - Ako: curious to see which areas of the literature she referenced have specifics that we could perhaps start from
    - Kelsey: we can take this back as a discussion item to see if the literature calls out specific conditions that she might be interested in slimming down to
    - Martha: she is interested in looking at the impacts of the utilization of the insurance plans. Is the thought that heart condition folks will be the only focus?
    - Ako: if she has the ability to focus on one or two particular areas, it would be great to know what she has the highest interest on digging into. We know in Colorado what our most expensive procedures and diagnoses are, so that might be a better route to capture benefits to Coloradoans

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes** ☐ No
First Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)
Second Motion to Recommend:	Beth Martin (HCPF)
Production condition(s):	Data Release Application and Data Element Selection Form correction or modification Recommendation to discuss opportunities to limit the data request by specific health conditions based on the previous literature cited by the researcher.

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:

Data Release Review Committee

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11:00 AM	25.04
Extract Type:	Limited
Requesting Organization:	University of Colorado Anschutz Medical Campus – Colorado School of Public Health
Project Title:	Evaluation of the Colorado Public Option Plan and its Impacts on Costs of Care and Provider Networks
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Jason Gibbons, Assistant Professor, CU Anschutz (PI) Angela Liu, Assistant Scientist, Johns Hopkins Roslyn (Roz) Murray, Assistant Professor, Brown Mark Meiselbach, Assistant Professor, Johns Hopkins

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Committee Discussion and Questions

Not presented.

Per Lucía Sanders on 10/1/2024, the client will postpone their presentation to DRRC until December 2024 to allow for additional evaluation of their data request.

DRRC Recommendation

Does the DRRC recommend this project for production?	☐ Yes	☐ No
First Motion to Recommend:		
Second Motion to Recommend:		
Production condition(s):	Choose an item. Add explanation here if there are production conditions.	
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:	

11:30 AM	25.85
Extract Type:	Identifiable
Requesting Organization:	University of Colorado Anschutz Medical Campus
Project Title:	SEARCH for Diabetes in Children and Young Adults 0-45 years (SEARCH-DiCAYA) Diabetes Surveillance Study
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Anna Bellatorre, Assistant Director for Data Operations for the LEAD Center (CO-PI) Tessa Crume, Associate Professor, CU Anschutz (CO-PI) Shawna Burgett, Research Instructor, CU Anschutz

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Committee Discussion and Questions

- Lucía provides brief overview of request
- PI team joins the call and shares further details of their request
- Nathan: part of the study is o ascertain the ability of the digital review to replace what was previously being done manually
    - Anna Bellatorre: that's correct. The NIH does not feel that manual review is sustainable going forward, so there is a lot of funding looking into the capacity and the scientific accuracy of the automation. CO APCD data will bring so much insight to that scientific side
- Ako: in regards to data-patient matching for the records, the matching will be based on algorithms, not external products or services, and no APCD data will be processed by other parties.
    - Anna Bellatorre: the process is called Incremental Record Linkage. We will not be providing a Finder File, we have the records from the other sources already and will be matching ourselves. The program being used was created internally as a standalone program without internet access. From the larger data security perspective, none of this work will be done in an environment that other people will use
    - Ako: curious more about the methodology and the de-duplication of records, but it sounds like the in-house tool will be carrying that work
    - Anna: the tool runs by matching different components, to much success. The tool has identified records from sources that were already de-duplicated
    - Lucía: the patients in the CO APCD will be identified by Dx codes, which have already been provided. Some of the sites in the study are expected to not be captured through a direct finder file, so searching by diagnoses should capture the full picture
    - Anna: the hope is that CO APCD will show who is missing from the data sets already in hand for the study
- Megan: have these algorithms been tested on synthetic data? Is live CO APCD data necessary for running the algorithm, or has it already been validated on data that was not live patient data?

    - Anna: not aware of alternatives for what is being done. Other validation methods have been explored—we went back to 2012 in the other data sources and have completed several checks between the validation on other databases. Cost, time, and accuracy are the triad, but generally we only get two of those. Working in an iterative fashion with this algorithm is helping evaluate where it's possible to get all three. We have not performed Monte Carlo simulations of tests of that sort, largely because we have not found mock datasets that fully simulate the APCD data hoping to be received. When looking at situations with individuals who only get their emergency care through locations with electronic records, but their primary care doesn't use electronic records, it's hard to get a full robust picture. Having another independent data source helps us see the spots that have been missing so far

- Nathan: curious about the EHRs being used—are they all the same? Where does the source data come from?

    - Anna: the 137-page protocol contains the archival search details. We are no longer working with IHS and no longer have direct access to EPIC charts. All data comes from major hospitals across Colorado as a data dump in a giant Excel spreadsheet

- Nathan: some of the work you're going towards seems to be around the 'why' for diagnoses. It would be great to see some of the Social Determinants of Health

    - Anna: trends over time, yes. The COVID supplement was specific to the increase in Diabetes diagnoses seen post-2020. The main protocol is focusing on the 'why' a little more than the volume. Social determinants of health absolutely factor in, but for this scope we will be using it for demographics, matching, and validation

- Ako: in the data you are receiving from external entities, do you track the EHR system that generated it?

    - Anna: we have system source information as part of the de-duplication, but we do not disclose the source. We do not know if it comes from EPIC or Oracle, etc.

- PI team drops from the call and Kelsey asks Committee for any further questions

- Nathan: the scope seems appropriately limited, but there's not much to compare to in terms of previous similar requests

- Megan: are the benefits to Coloradoans clear in this use case? It's a very cool project, but is this piece specifically clear?

    - Martha: we do have a unique opportunity here—Coloradoans are supporting new measures for the CDC which is cool to think about, albeit on a national level

    - Megan: wondering if this falls under the category of Public Health research and which HIPAA thresholds might be met here

- Ako: has a similar reservation as Megan's. AI and automating records are a big deal right now, lots of organizations are releasing policies around it. We also know that marginalized communities are being misrepresented in AI algorithms, which can make it unfavorable to hand over Race & Ethnicity data. Knowing how EHRs work, there is absolutely a chance to skew that data. It would great to see more benefits to Coloradans outlines through documented details on how EHRs output their data. The study itself is great, the documents tick all the boxes, and NIH involvement is a good sign. No concerns with the forward-facing explanations, and concerns might be addressed in later data requests

- Megan: it's a high-risk release. It would be great to see more detail rigorously defending the level of detail being requested, and

- Nathan: less concerned with the security on this one, largely because they are already so accustomed to handling PHI from the EHRs. AI tends to rely on cloud-based processing, but the attention to detail on closed systems abates most concerns.

    - Jesse: seconds Nathan's input—the systems seem very professionally sound. It would be nice to see more detail in the application about the end output

    - Megan: maybe we can just ask them to specify the end product and how that product will benefit Coloradoans

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Jesse VIllines (Craig Hospital)	
Second Motion to Recommend:	Ako Quammie (Contexture)	
Production condition(s):	Data Release Application correction or modification Recommendation to add further detail to questions 4-6 on the Data Release Application to expand on the specific benefit to Coloradoans	
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:	

Data Release Review Committee

Monthly Meeting Notes

12:00 PM	24.59
Extract Type:	Limited
Requesting Organization:	University of Colorado School of Medicine
Project Title:	Outcomes After Initiation of IM-naltrexone vs. Oral naltrexone at Hospital Discharge
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Susan Calcaterra, Associate Professor of Medicine, CU Anschutz

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Committee Discussion and Questions

- Lucía provides brief overview of request
- PI team joins the call and shares further details of their request
- Nathan: curious if you are accounting for adherence for those that are getting oral prescriptions (i.e. if they can't afford to fill it, or they fill it and don't take it)
    - Susan Calcaterra: we can see within the university and Denver Health if oral was dispensed. Claims data will also tell us if the prescription was dispensed within 30 days. The argument for this study is that adherence is a shortcoming of the oral option
- Nathan: there was a slide discussing non-claims data such as discharges to the street. Is your propensity score matching robust enough to determine if the intervention was the success point?
    - Susan Calcaterra: the score is intended to filter things like the unhoused population or medical comorbidities. Identifying those characteristics across both groups and then matching them based on characteristics. We can't match perfectly, but it is a way to control for confounding across each group
- Nathan: looking at 30-day and 90-day—what happens after the 90-day point? Is this a long-term adherence investigation? Are there events after the 90-day point that are being studied? Is 90 days sufficient to address all their issues? This study could lend itself to those discussions
    - Susan Calcaterra: it is very dependent on the patients; the general advice is to continue using it as long as they are seeing benefits from it. For most patients in the hospital setting, their illness is pretty advanced and it's a huge ask for many of those patients to ask them to take a pill every day for 30 days
- Megan: noticed you are requesting out-patient claims as well. How are you planning to use that data when most of the patients are in hospital settings?
    - Susan Calcaterra: if a patient engages in mental health services, those outpatient claims help us understand better the success of their treatments and where behavioral health engagement is driving changes
- Ako: the DRA mentions that the goal is to get insurance companies to pay for the shot in the emergency department or hospital. Not seeing request for cost information in the medical claims section of the DESF
    - Lucía: rows 33-38 under the medical claims header are reflecting cost selections on this current version
- Nathan: are there any carrier plans that cover the injectable?

    - Susan Calcaterra: as far as we have seen, none of the private insurance providers have denied a claim for the injectable. Hospitals receive bundled payments, they are not making up the money for the shot that gets added (they see them as outpatient medications instead of inpatient). Some hospitals include the cost of an inpatient injectable in their line items already, but so far not in Colorado

- PI team drops from the call and Kelsey asks Committee for any further questions
- Megan: charge amount isn't being requested in the cost fields—wouldn't the charge amount still show up in the claims even for the bundled hospital reimbursements?
    - Lucía: the goal for the selected elements was to meet minimum necessary, but if the Committee sees that as a valuable addition, it would be great to recommend
    - Martha: because it wasn't a cost analysis, we aim to steer requesters away from most of those variables
    - Ako: in this scenario, it probably wouldn't help her study
- Megan: how does SUD factor in?
    - Kelsey: we have determined that because there is an established patient-provider relationship, they already have information on these patients. Denver Health will only be getting their patients back, and CU will only be getting their patients back. This might be the only use case that allows for the release of SUD

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Second Motion to Recommend:	Beth Martin (HCPF)	
Production condition(s):	No conditions Add explanation here if there are production conditions.	
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:	