Data Release Review Committee
Monthly Meeting Notes

The following documents the meeting convened on 12/4/2024:

Committee Member Attendees:	CIVHC Staff Attendees:	
☒ Ako Quammie (Contexture)	☒ Kelsey Foland	☒ Maggie Mueller
☒ Andy Woster (CCMCN)	☐ Abby Fehler	☒ Martha Meyer
☐ Beth Martin (HCPF)	☒ Amanda Kim	☒ Mason Thaxton
☐ Caleb Wright (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)	☒ Jacque Lewis	☐ Twanisha Parnell
☒ Megan Denham (Georgia Tech)	☐ John Francis (counsel)	☒ Isaac Nwi-Mozu
☒ Nathan Wilkes (Headstorms, Inc.)	☒ Ken Holtschlag	☒ Megha Jha
☒ Sheri Herner (Kaiser Permanete)	☐ Kristin Paulson	☒ Melissa Sharp
	☒ Liz Mooney	☒ Kimi Landry
	☒ Lucía Sanders	☐

Agenda

10:30 AM	24.54
Requesting Organization:	Colorado School of Public Health
Project Title:	The Impossible Choice: The Role of Insurance Design on Financial Toxicity and Access to Care for Individuals with Blood Cancer
11:00 AM	**24.515.2**
Requesting Organization:	University of Maryland Baltimore
Project Title:	Impact of Public Health Emergency Policies on Medication Use and Follow-up Care Among Youth with Attention Deficit and Hyperactivity Disorder
11:30 AM	**25.102.70**
Requesting Organization:	Colorado Division of Insurance (DOI)
Project Title:	Colorado Option Evaluations

12:00 PM	25.04
Requesting Organization:	Colorado School of Public Health
Project Title:	Evaluation of the Colorado Public Option Plan and its Impacts on Costs of Care and Provider Networks
	Assessing administered drug prices and spending among Colorado private insurers in Medicare

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10:30 AM	24.54
Extract Type:	Identifiable
Requesting Organization:	Colorado School of Public Health
Project Title:	The Impossible Choice: The Role of Insurance Design on Financial Toxicity and Access to Care for Individuals with Blood Cancer
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Marcelo Perraillon, Helen Parsons, Cathy Bradley

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
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Available for **Identifiable Extracts only**:		
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Committee Discussion and Questions

- Lucía provides brief overview of request

- Project team joins call and shares materials

- Nathan: appreciates the attention to security throughout the hashing process. Curious if the matching elements are sufficient, or if there are other pieces of information that could be used to link back to individuals such as 5-digit zip

    o Marcelo: doesn't see any issue, since Experian will never have access to any of the PII

- Nathan: how is the control group being selected? We don't want Experian to be able to maneuver back through that group either

    o Marcelo: they won't have any knowledge of the people being selected. Many members of the control group are chosen at random. CU will be completing age and sex matching

- Ako: on the Experian side of things. For a patient with blood cancer in their system, if that patient makes EOL purchases it would show up on the Experian report. If there is correlation between credit card information and post-diagnoses spending, that same thing could also factor into the blood cancer and control group. How are you accounting for that?

    o Marcelo: that's the goal of using the control group across time. Especially with chronic conditions, such as long COVID, expenditures increase then drop around the point of diagnoses. It will be unique to see what might occur for something like blood cancer. Comparing before and after the treatment group and control group will let us know what differences, if any, are occurring

- Project team drops from call, Kelsey acknowledges this is a complex project that might need further discussion. Are there any objections?

- Megan: is he just looking at credit information at one point in time, or is that being pulled multiple times?

    o Lucía: they will be getting a financial summary per calendar year per individual. It should not be an actual credit score, but a different summary approach

- Ako: it makes sense that there's a correlation. But we are all humans and all make irresponsible financial decisions, regardless of diagnoses. Finding a thread between the two might be impossible because of the varied human experience. How someone ties their diagnoses to their financial situation could be completely unpredictable. It's hard to find a corollary right now

    o Megan: past work at a hospital used credit to determine the amount of charity care patients with TBIs could receive. Debt-to-income ratios across the years could show some correlations

- o Andy via Zoom Chat: the financial health summary is not super granular, either, if it is annual.

- Nathan: the request makes sense, only concern is exposing financial data to people who don't need to see it. Credit rates fluctuate wildly with things like cancer treatment costs. Small concern with the release of financial data—would like to better understand what is in the Financial Summary Report.

  - o Megan: maybe it would be helpful to see what information is on the credit summary to see what is being released

  - o Lucía will request more information from Marcelo and get that back to the group

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Second Motion to Recommend:	Essey Yirdaw (Colorado Hospital Association)	
Production condition(s):	No 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:	

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Monthly Meeting Notes

11:00 AM	24.515.2
Extract Type:	Limited
Requesting Organization:	University of Maryland Baltimore
Project Title:	Impact of Public Health Emergency Policies on Medication Use and Follow-up Care Among Youth with Attention Deficit and Hyperactivity Disorder
CIVHC Presenter:	Kimi Landry, RPI
Project Presenter(s):	Alejandro Amill-Rosario Ph.D., M.P.H; Susan dosReis

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Committee Discussion and Questions

- Kimi provides brief overview of request

- Project team joins call and shares materials

- Megan: are you looking just at access to care and treatment, or also looking at access to medication? Are you accounting for medication shortages?

    o Dr. Amill-Rosario: we are focusing on ADHD medications, so we are developing a term reflecting the medication shortages and some of the flexibilities the DEA provided. So we will be incorporating that terminology under the ITS data structure model once completed

- Nathan: any differentiation between payers? Different payers dealt with the public health emergency differently

    o Dr. Amill-Rosario: one of the critical aspects of the measure is to look at Payers separately, yes

- Megan: are you able to look at the distance to access care? Telehealth increasing access could be interesting to see in the future

    o Dr. Amill-Rosario: we preferred the Date of Service PHI element for this study due to some limitations on grant funding, but we will include geographic indicators such as rurality. There will also be a population indicator via ACS to see some more detail around providers within certain areas

- Project team drops from call, Kelsey asks for any further questions from the Committee

- Nathan: how does this compare to some of the telehealth studies that have been completed through CIVHC before?

    o Kimi: RPI hasn't worked with telehealth-specific project yet, defers to other CIVHC staff

    o Amanda: we have done a couple of different analyses—there is a Telehealth Services Analysis and a Telehealth Payment Parity Analysis. The services explored in those expanded significantly beyond behavioral health, so this is a more focused study

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Jesse VIllines (Craig Hospital)	
Second Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Production condition(s):	No 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:	

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11:30 AM	25.102.70
Extract Type:	Limited
Requesting Organization:	Colorado Division of Insurance (DOI)
Project Title:	Colorado Option Evaluations
CIVHC Presenter:	Amanda Kim, Director of Colorado State Initiatives
Project Presenter(s):	Kate Davidson, Vincent Pohl

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Committee Discussion and Questions

- Amanda provides brief overview of request

- Project team joins call and shares materials

- No questions from the Committee

- Project team drops from call, Kelsey asks for any further questions from the Committee

- No comments or concerns from the Committee

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Ako Quammie (Contexture)	
Second Motion to Recommend:	Essey Yirdaw (Colorado Hospital Association)	
Production condition(s):	No 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:	

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12:00 PM	25.04
Extract Type:	Identifiable
Requesting Organization:	Colorado School of Public Health
Project Title:	Evaluation of the Colorado Public Option Plan and its Impacts on Costs of Care and Provider Networks
	Assessing administered drug prices and spending among Colorado private insurers in Medicare
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Jason Gibbons, Angela Liu, Mark Meiselbach, Roslyn "Roz" Murray, Elena "Ellie" Prager

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- Lucía provides brief overview of request

- Project team joins call and shares materials

- Nathan: how will you be selecting the Tax Payer IDs for the Finder File?

    o Ellie Prager: The Department of Labor requires forms to be submitted by sufficiently large employers for regulatory purposes (confirmed threshold is for 100 employees). Those forms are available for the public to download, which can then be used to build Tax IDs confirmed to be not tied to an individual. IDs that are not in the CO APCD will be dropped and scrambled. This will cover everyone with a TIN, not just those under the CO Option, so we are expecting that most will not be in the CO APCD

    o Nathan: can you confirm that it will be TIN for some, and arbitrary ID for others to equip grouping?

    o Ellie: correct, mechanically it will look like two separate columns to account for 'missing'

    o Ako: it might be worth looking at beneficial owner information from the new federal system (Financial Times Enforcement Network)

- Ako: do you have a methodology to determine benchmarks for quality of care?

    o Ellie Prager: there are some fairly standard metrics from the literature, but none are perfect and all have concerns about patient mixes. Measures such as Readmission Rates, Never Events, Adjusted Mortality Rates, and Deterioration Status are imperfect to measure in claims data but very helpful to equip aggregation at the provider level to determine quality of care across measures

    o Megan: will you be using HEDIS, or just your own measures?

    o Ellie: in practice, it will be a combination of both. HEDIS can be great for hospitals and nursing homes, so we will supplement with best practices in the literatures

- Chris: will you be able to risk stratify the population?

    o Ellie Prager: in terms of medical risk?

    o Mark Meiselbach: Johns Hopkins has a renowned ACG system, so we could explore higher comorbidity and how those patients are impacted. We don't have a strong hypothesis for this angle now, but it could certainly be a future exploration

    o Ellie notes that these explorations are typically more relevant to non-working populations in a Medicaid or Medicare context

- Project team drops from call, Kelsey asks for any further questions from the Committee

- Nathan: is this the first request for Employer Tax Payer ID?

    o Lucía: it is not technically the first, but past requests have received integers. This might be the first request for the 'real' ID—Martha confirms this

DRRC Recommendation

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Megan Denham (Georgia Tech)	
Second Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Production condition(s):	No 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:	