

Data Release Review Committee

Monthly Meeting Notes



The following documents the meeting convened on 2/5/2025:

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

Agenda

10:30 AM	25.11
Requesting Organization:	University of Colorado, Anschutz Medical Campus
Project Title:	Care Patterns and Outcomes of Patients with Substance Use Disorders in the UCHHealth System
10:55 AM	25.01
Requesting Organization:	UCLA The Lundquist Institute for Biomedical Innovation
Project Title:	Suicidal Behavior among Vulnerable Populations in the US during the COVID-19 Pandemic
11:20 AM	25.16
Requesting Organization:	University of Colorado School of Medicine
Project Title:	Healthcare Resource Utilization in Patients with Demyelinating Neurological Diseases: Multiple Sclerosis and Neuromyelitis Optica Spectrum Disorder (NMOSD)

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11:45 AM	24.61
Requesting Organization:	Stage Analytics
Project Title:	All Payer Claims Database Analysis of Health Plan and Patient Spending on Drug vs. Non-Drug Healthcare
12:10 PM	25.10
Requesting Organization:	Colorado Center on Law and Policy
Project Title:	Network Adequacy in Medicaid Behavioral Health Managed Care in Colorado: An Empirically-Based Test of Provider Directory Accuracy

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10:30 AM		25.11
Extract Type:	Limited	
Requesting Organization:	University of Colorado, Anschutz Medical Campus	
Project Title:	Care Patterns and Outcomes of Patients with Substance Use Disorders in the UCHealth System	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Eden Bernstein, Assistant Professor	
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
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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 further details
- Nathan: curious about the social determinants of health—it seems like comorbidities might be missing. Is that going to be part of the study, or focusing on diagnosis onwards?
 - Eden Bernstein: the analysis does not include comorbidities, which can be seen through electronic records (i.e. chronic pain comorbidities). The area of interest here is the gap of treatment access for patients, so we are focusing on big picture for this study
- Ako: regarding linkage to the death registry, there is a lag in Colorado in terms of when the information is reported, up to three years. Regarding SUD data, would like to hear about the consent for use per the IRB
 - Eden Bernstein: in doing some of these studies looking at medications for alcohol use disorder, we have IRB approval in place already, in addition to the IRB for this linkage. Consent has been waived for this use case, recognizing the data management standards
- Project team drops from call and Kelsey requests further questions from the Committee
- Ako: did he provide a list of diagnosis codes?
 - Lucía: no codes provided-- CIVHC won't be filtering by code, we will match a Finder File of patients from CU
 - Kelsey: this extract will not include any SUD data in the CO APCD, the matching for their clients will then be linked with Health Data Compass for SUD data on that side
 - Beth: that takes care of so many concerns, appreciate that being in place
- No further questions or concerns from the Committee

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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:	Ako Quammie (Contexture)		
Second Motion to Recommend:	Beth Martin (HCPF)		
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:		

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Monthly Meeting Notes



10:55 AM		25.01
Extract Type:	Limited	
Requesting Organization:	UCLA The Lundquist Institute for Biomedical Innovation	
Project Title:	Suicidal Behavior among Vulnerable Populations in the US during the COVID-19 Pandemic	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Frank Wu, Research Associate Rie Sakai-Bizmark, Associate Professor	
Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
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Committee Discussion and Questions

- Lucía provides brief overview of request
- Project team joins call and shares further details
- Nathan: one of the presented charts mentions Central Services. Curious how you defined that for youth, and how you are aligning the treatment access that fluctuated during the pandemic?
 - Rie Sakai-Bizmark: those trends are not recorded anywhere yet, we will be looking at services delivery. We will be using that different approach for this population
- Ako: selection for appendicitis, is that because that's a common diagnosis for this age group?
 - Rie Sakai-Bizmark: yes, it's one of the most common conditions that does not have to do with interactions with other people (such as friends at school)
- Project team drops from call and Kelsey requests further questions from the Committee
- Nathan: what's the population size for the control group and study group?
 - Lucía: a little hard to say—from the HMIS group they will get a file of people experiencing homelessness. CO APCD group will be limited by ages, and the researchers will pull diagnoses for study from that group
- Essey: could we connect offline to discuss the PII linkage? Having been out on leave, want to be sure the data flow is all aligned for everyone's needs
- No further questions or concerns from the Committee

DRRC Recommendation

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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:	Ako Quammie (Contexture)
Production condition(s):	No conditions Lucía will connect with Essey on data flow steps involving PII
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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11:20 AM		25.16
Extract Type:	Limited	
Requesting Organization:	University of Colorado School of Medicine	
Project Title:	Healthcare Resource Utilization in Patients with Demyelinating Neurological Diseases: Multiple Sclerosis and Neuromyelitis Optica Spectrum Disorder (NMOSD)	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Kavita Nair, Professor of Neurology and Pharmacy Eric Engebretson Eric Gutierrez, MPH, Sr. Professional Research Assistant Andrew Wolf	
Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
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Committee Discussion and Questions

- Lucía provides brief overview of request
- Project team joins call and shares further details
- Nathan: are you also looking at differences in insurance type and impacts that might have on what is and is not available?
 - Andrew Wolf: a big variable is the cost, yes. We don't have a head-to-head trial, but there is definitely an interest in the patterns being set by insurance. Clinical trials and FDA approvals for alternatives has also impacted which patients get which meds, which then impacts data quality
 - Kavita Nair: most of these meds and physician-administered, which has serious implications for out-of-pocket costs. We want to see how these cost differences show up in different populations, recognizing state programs like Medicaid also impact outcomes
 - Nathan: any thoughts around the impact of drug acquisition from private versus public?
 - Kavita Nair: CO APCD data is the only data source that gives us insurance type. We would love to look at 340B pricing, but we don't expect to see that proprietary information in APCD data. However, we could likely apply estimates from there
- Project team drops from call and Kelsey requests further questions from the Committee
- Ako: confirms this request will be using a Finder File
- No further questions or concerns from the Committee

DRRC Recommendation

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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:	Beth Martin (HCPF)
Production condition(s):	No conditions Add explanation here if there are production 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:

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11:45 AM		24.61
Extract Type:	Limited	
Requesting Organization:	Stage Analytics	
Project Title:	All Payer Claims Database Analysis of Health Plan and Patient Spending on Drug vs. Non-Drug Healthcare	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Swetha Ramanathan, Manager, EOR Caroline Bugbee R. Brett McQueen Benjamin Cohen, Director, HEOR	
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Committee Discussion and Questions

- Lucía provides brief overview of request
- Project team joins call and shares further details
- Nathan: was this a PDAB request?
 - Brett McQueen: this is a side project, educational for how metrics are being calculated. PDABs around the country are calculating the same metrics differently, so publishing something on this should be straightforward guidance
- Nathan: is there any need for a control group analysis?
 - Swetha Ramanathan: this will be a general study for the entirety of the Colorado population
- Project team drops from call and Kelsey requests further questions from the Committee
- Ako: was there any other documentation around what the drugs are?
 - Lucía: the methodology section calls out how these ties into the larger approved list
 - Nathan: this is still TBD as the CO PDAB is undergoing review for the new set list
- Ako: this seems like a lot of data without a lot of specificity
 - Caleb: seconds this, at a loss as to how more members aren't flagging this as too much
 - Nathan: Brett knows his stuff, he is the best-in-class when it comes to these kinds of analyses. There have been challenges in options to move forward with this, all of which he has presented to PDAB. His approach is on-target, the goal is to take the data and actually make it a manageable body of work for others to review. Some questions might still need to be answered, but Nathan has full confidence in the intention
- Kelsey: are there specific pieces that could be adjusted to help dissenting Committee members feel more comfortable?
 - Essey: the year range seems big without filters—there is no finder file, and the request is for all ages. Could we explore a case study with one year of data so they can build some standards and we can provision more years from there after their methodologies have been fleshed out further
 - Nathan: the lack of PII is a good thing, and the dates track with when PDAB started. Looking at just one year would make sense if they had a control group, but they don't

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- Ako: is this really a PDAB thing? Brett said this is a side project
- Nathan: PDAB is the group of five people who make pricing decisions. The larger group beneath them involves the stakeholders and data users. Brett is the right person in the right place for this, and we wouldn't expect this to come from PDAB directly as all the data filters up to them
- Ako: agrees with Essey, it's a lot of data without a lot of detail. Understanding this is a Limited data set, and looking at past requests for large amounts of data, it seems reasonable to suggest a ramp-up approach over time
- Kelsey: is sounds like there are two options—they could scale back to one year of data, or pause the request until the list of drugs is available
- Caleb: would feel more comfortable if there was an NDC list, that would function almost as a Finder File

DRRC Recommendation

Does the DRRC recommend this project for production?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Production is not recommended if three (3) or more Committee members object.</i>			
DRRC Objector:	Basis for Objection:		
Ako Quammie (Contexture)	The request should contain further explanation specificity regarding the amount of data		
Essey Yirdaw (Colorado Hospital Association)	The current request includes too long of a year range and should be limited to one year		
Caleb Wright (Elevance Health)	The request should not move forward without a finalized NDC list		

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Monthly Meeting Notes



12:10 PM		25.10
Extract Type:	Limited	
Requesting Organization:	Colorado Center on Law and Policy	
Project Title:	Network Adequacy in Medicaid Behavioral Health Managed Care in Colorado: An Empirically-Based Test of Provider Directory Accuracy	
CIVHC Presenter:	Lucía Sanders, Key Account Manager	
Project Presenter(s):	Andre Mansion, PhD, JD, Associate Health Policy Director Charles Brennan	
Requested Protected Health Information (PHI):		
Requested	Approved	Data Element
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Committee Discussion and Questions

- Beth: prior to presentation, would like to note serious concerns about the underlying data for the behavioral health for Medicaid. Unless the BH providers are sending data directly to the CO APCD, the data in the system are going to have bias, because not all BH providers are getting data into our interchange system yet (i.e. flat files are still being sent to the Rates team). HCPF's feed for this underlying data is limited to the technically savvy providers, which would also show up as a geographic impact indicating some patients are not receiving care at all
 - Lucía recommends bringing this up with the project team as well—CIVHC might be able to investigate other sources beyond HCPF
 - Beth: since 1997, efforts have been underway to get these data into the system. Some providers really struggle with concept, but regardless there will be dramatic increases year over year as more providers become familiar with the system. We don't want this great team doing great work to be stymied by data that are fundamentally flawed. They would have to go to the Medicaid Release Board and make a request for flat file data since this is the entire focus of their study
- Lucía provides brief overview of request
- Project team joins call and Beth shares the flag regarding BH data in the CO APCD which flows through HCPF: not all encounters for these capitated plans have been loaded, so the study results would be inherently biased due to the data not be fully current for some providers
- Kelsey recommends proceeding with the presentation to be sure this step doesn't cause unexpected delays. Lucía will support further conversation with the request team
- Project team shares slides with further details of their request
- Beth: your fifth research question focuses on differences in costs. Another quirk of data feeding through the claims processing system, FFS payments are applied to capitated claims. Unfortunately, you won't be able to see differences across RAEs because it would have been applied the same way across all RAEs in the first place
 - Dr. Mansion: thankfully the study has a lot of value outside of that question, we could explore other avenues to see RAE data as well
- Megan: are you requesting any Provider data? Just because there a provider is listed under a Managed Care Organization, it doesn't mean the provider is there every day. Network adequacy can be impacted by this is cases where a provider might only see one patient a month. It might be more valuable to see where the services are provided and how frequently to see true network adequacy
 - Dr. Mansion: we are just requesting Provider type, and were planning to evaluate the frequency of visits

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- Nathan: how are you defining 'accuracy'? Anecdotally, there are big differences between rural and metro, especially with Medicaid patients
 - Dr. Mansion: unfortunately, that not's a conclusion we can make with evidence from this request, but we could certainly posit that inference based on the numbers
- Ako: CDPHE is working on network adequacy measures that could be a helpful resource
- Kelsey: CIVHC will have internal discussions to find the best path to continuing this request, and will connect with the request team on next steps
- Project team drops from call and Kelsey asks the Committee how this request would go over if requesting behavioral health data was not a hurdle
 - Beth: if the behavioral health limitations were not an issue, would not have any issues with this request. The County PHI fits their needs and is not a concern
- Megan: unclear if they're looking at place of service to be able to identify whether or not a provider is seeing people in rural locations
 - Lucía: they are getting service provider addresses, so they will be able to check this

DRRC Recommendation

Data Release Review Committee

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Does the DRRC recommend this project for production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
First Motion to Recommend:	Megan Denham (Georgia Tech)
Second Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)
Production condition(s):	Data Release Application correction or modification This recommendation functions as a 'pre-approval' of sorts. CIVHC will continue discussions with the requestors to determine best path forward for behavioral health data
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: