Data Release Review Committee
Monthly Meeting Notes

The following documents the meeting convened on 4/2/2025:

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	☒ Matt Ullrich
☒ Caleb Wright (Elevance Health)	☒ Danielle Evergreen	☐ Twanisha Parnell
☒ Chris McDowell (Valley Health Alliance)	☒ Darcy Holladay Ford	☐
☐ Essey Yirdaw (Colorado Hospital Association)	☒ Hannah Witting	☐
☐ Jesse Villines (Craig Hospital)	☒ Jacque Lewis	☐
☒ Megan Denham (Mathematica)	☐ Kristin Paulson	☐
☒ Nathan Wilkes (Headstorms, Inc.)	☐ Liz Mooney	☐
☒ Sheri Herner (Kaiser Permanete)	☒ Lucía Sanders	☐

Agenda

10:30 AM	25.07
Requesting Organization: Project Title:	Institute for Health Research, Kaiser Permanente Colorado APCD Master Agreement - KPCO IHR (Subscription)
11:00 AM	25.18
Requesting Organization: Project Title:	Princeton University Investigating Freestanding Emergency Departments in Colorado
11:30 AM	25.08
Requesting Organization: Project Title:	Icahn School of Medicine at Mount Sinai Health Outcomes and Expenditures for Children using All Payer Claims Data

Data Release Review Committee
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10:30 AM	25.07
Extract Type:	Limited
Requesting Organization:	Institute for Health Research, Kaiser Permanente Colorado
Project Title:	APCD Master Agreement - KPCO IHR (Subscription)
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Heather Tavel, Senior Manager of Research Operations Julie James, Director of Research Administration Dr. Jenn Boggs Anh Nguyen Michael Ho

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 presents materials

- Caleb: Kaiser legal would likely have issues with the competitive information being requested here. Can you give us comfort in the regard of studying contracts?

    o Heather Tavel: we are open to adjusting the use case and perhaps not studying contracts directly. This language was written by someone who wasn't able to join the call, so we can revisit the language and ensure we are not destroying trust with other organizations

    o Dr. Michael Ho: we might not need to look at contracts, we are interested in cost for patients when they go outside of Kaiser

- Nathan: can you clarify the scope of the original finder file? Are you doing a closed match on KPCO members?

    o Heather Tavel: we will be sending a finder file of all members with the utilization parameters, and then matching to the CO APCD to view payers

    o Nathan: is it the entire membership getting all claims with matching after?

    o Heather Tavel: for the subscription, it is full membership over the next five years. The Data Management Plan covers how this data will be locked down in a separate schema with access only approved for users with pre-approved use cases. It will not be integrated into the full database, and the members will only be shown by the cohort per approved use case. The intent is to refresh the membership with every extract throughout the subscription

- Nathan: is the Complete Care Clinic operationally effective today for high-cost comorbidities?

    o Michael Ho: we are still testing the model, it's not clear yet if this would be beneficial

- Project team drops from call to meet time cutoff, Kelsey notes that we will return to this project at the end of today's session to collect further feedback from Committee

- Returned to this discussion at 11:59 AM following the two other agenda items

- Kelsey notes the context and variety across the multiple use cases. Two decisions need to be made:

    o One: are we comfortable moving the data set through production, recognizing that all new use cases would have to come through the Committee for review?

    o Two: are we comfortable starting movement on at least two of the proposed use cases?

- Ako: this is a gigantic data set, so the default instinct is how can we limit it. Are there statutes of limitations for how much/how long data is available to insurance providers after a patient is no longer on the plan?

  o Matt: having worked for Colorado Permanente, that would vary a bit across organizations. Some healthcare providers are required to keep information for around seven years based on their contracts with groups such as HCPF. Some providers keep the information for liability purposes

  o Ako: if my insurance with Kaiser ended on July 1, are there limitations on what claims data they can receive after that date? Are there any rules around receiving information for patients you no longer have a treating relationship with?

  o Beth: given this is the research arm, the request itself makes sense. However, concerned about it being presented as TPO for those who are longer their members

    ▪ Kelsey: fully agree, some use cases might be TPO, but the project as a whole is not TPO. CIVHC has had internal conversations around this as well

- Caleb: for the same reasons mentioned earlier, there do not seem to be enough limitations in place. As a payer group, holding this data seems to be in conflict with the intended use. Having heard the researchers explicitly state the planned review of contracts, it is hard to give this any form of approval. The data could be used for competitive intelligence reasons which could be used to harm my organization, so I am opposed

- Kelsey: does anyone have concerns with Use Case 1?

  o Ako: is there a list of Dx codes? It would be valuable to have a code list for each use case to confirm the data is representative of the group being studied

    ▪ Lucía: no code list, they would be sending a member match file

    ▪ Kelsey: let's request a code list for Use Case 1. Going forward, we can request a Dx list for each use case that would come to DRRC

  o Nathan: is this the only use case requesting census block? And if so, can this be handled with zip code instead? Curious how that would be used for this use case

    ▪ Kelsey: this is the only one requesting census elements

    ▪ Lucía: can request further justification for the census elements

  o Kelsey: Use Case 1 is probably okay, but we want a code list before making any recommendations for production

- Kelsey: does anyone have concerns with Use Case 2?

- o Andy: knowing limitations of the APCD, it seems likely that they are gathering other utilization metrics after generating the cohort based on APCD data

    - ▪ Lucía: they will be receiving a crosswalk of identifiers every time, so they could pull subset by interest. We could request further clarification per use case on whether that will be by MRN or something else

- If the above parameters were met and each of the code lists look sufficient, would we recommend the two use cases for production?

    - o Ako: from an access standpoint, still not confident that the gap years should be available to them

    - o Nathan: a lot of time we get research in that intends to be published, but there are no reports planned for this. Potential concerns like tracking high-risk patients and restricting access accordingly are significant

    - o Andy: can CIVHC staff on the call reassure us, per Caleb's concerns, that this project more broadly fits within the bounds of legal APCD use cases?

    - o Caleb: are there any concerns with this being discussed internally at Elevance to confirm which parts are on track? If this moves forward, it's not unlikely that Elevance could request the same data

        - ▪ Kelsey: because this is still in the works, we would be hesitant to allow that

        - ▪ Matt: it doesn't sound like things as they stand are moving forward at this moment. Keeping anti-trust concerns at the top of our priority list, we have some skepticism as well. CIVHC will be having internal conversations to see what can be limited to remove the concerns while still equipping the use cases to move forward in some capacity

    - o Nathan: already brainstormed four options for limiting the current request: (1) Aggregate analysis for those who have left instead of specific claims (2) Prohibition on provider adjustments (3) Without any public reporting, maybe we find a way for their findings to be public somehow (4) independent review of predictive modeling

    - o Kelsey: CIVHC will have further internal conversation about guardrails around access for gap years. Lucía will take all four use cases back to tighten up documentation. Broadly speaking, we can probably figure out how to make this work, but there are loose ends right now that we need to sort out from regulatory perspectives

- This is formally off the table as it was presented today. CIVHC will compile some reworks and suggestions for the research team, and the request will come back in a cleaner format

DRRC Recommendation

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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:		
Caleb Wright (Elevance Health)	The data requested could be used for competitive intelligence reasons.		

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11:00 AM	25.18
Extract Type:	Limited
Requesting Organization:	The Trustees of Princeton University
Project Title:	Investigating Freestanding Emergency Departments in Colorado
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Gabriel Swagel, Graduate Student PhD

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Committee Discussion and Questions

- Lucía provides brief overview of request

- Project team joins call and presents materials

- Ako: when talking about distance from home to ER, how are you accounting for third locations like workplaces?

  - Gabriel Swagel: there is a term that allows for idiosyncratic patterns, recognizing that third location can function as a decent proxy in the data for a home location (especially in locations like Colorado that are more commuter-heavy)

- Ako: how do you plan to account for the lack of clarity in hospital-based emergency rooms vs standalone? In many cases, ownership is vague

  - Gabriel Swagel: we don't have good evidence in how much providers are charging at different facilities, so to have the data on ownership across facilities combined with claims data to see what patients are paying when they walk in different doors

  - Caleb: how do you distinguish between where they physically went? Billing departments don't always separate those clearly, it's been a dead end internally within the payer systems

  - Gabriel Swagel: in 2019, Colorado passed a bill regarding billing NPI. It seemed like CO APCD data could be the perfect match for pulling apart that information

  - Beth: from the Medicaid agency, that bill was supported to put through, but other payers might not be requiring the NPI-specific data. It would be worth validating that separate NPIs are being used across payers and not just in the Medicaid realm

  - Martha notes in chat that the provider composite tables will shed light on billing vs. service location.

- Project team drops from call and Kelsey requests further feedback from Committee

  - No further questions from the Committee

DRRC Recommendation

Data Release Review Committee
Monthly Meeting Notes

Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Beth Martin (HCPF)	
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:	

Data Release Review Committee
Monthly Meeting Notes

11:30 AM	25.08
Extract Type:	Identifiable
Requesting Organization:	Icahn School of Medicine at Mount Sinai
Project Title:	Health Outcomes and Expenditures for Children using All Payer Claims Data
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Pengfei Jiang, Graduate Student PhD, Senior Data Analyst Brett Anderson, MD MBA MS; Director, Center for Child Health Services Research

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Committee Discussion and Questions

- Lucía provides brief overview of request

    o The age range for mothers could be adjusted, open to further feedback

        ▪ Martha shares notes in chat that the CDPHE maternal health group could likely confirm as well

        ▪ Megan shares Vital Statistics Report in chat (available here)

    o Beth: are we are only sending member data back to the client, not claims data?

        ▪ Lucía: they will also receive claims data for the mothers. The match elements will be going to CDPHE, and the client will not receive that data

    o Beth would feel more comfortable if the identifiers used for linkages to other data sources would be wiped following the linkage

    o Ako: does CIVHC's new legal counsel have suggestions for confirming removal?

        ▪ Kelsey: the language we have recently had success with required two data destruction certificates following the cohort matching. The two stages of removal can be replicated here

- Project team joins call and presents materials

    o Beth: does the structure of the CO APCD only capture the person's most recent address?

        ▪ Lucía: we have addresses for each month of each year within the eligibility files

- Project team drops from call and Kelsey requests further feedback from Committee

- Ako: is this a focused study on pediatric cardiology metrics?

    o Lucía: two of the aims are specific to congenital heart outcomes, and the third aim is for general outcomes across lifespans

DRRC Recommendation

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Does the DRRC recommend this project for production?	☒ **Yes**	☐ No
First Motion to Recommend:	Nathan Wilkes (Headstorms, Inc.)	
Second Motion to Recommend:	Ako Quammie (Contexture)	
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:	