

**All-Payer Claims Database Data Release Committee  
Meeting Minutes**

Meeting Date	Meeting Time	Location
October 26, 2018	1:00 – 3:00 PM	Conference Rm. 2A, 450 Capitol Avenue Hartford, CT 06106

Committee Members					
Patricia Checko, Ph.D., Chair	X	Sheryl Turney, MS	X	Kun Chen, Ph.D.	
Robert Blundo	X	Kristen McClain, JD/MBA		Lisa Freeman	X
Miriam Delphin-Rittmon, Ph.D		Henry Jacobs, MD/JD		Michael Fields	X
Justin Peng, MPH	X	Anthony Dias, MBBS, DPM, MPH	X		
Supporting Leadership					
Allan Hackney, HITO	X				

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Patricia Checko	1:00 PM
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of the July 27, 2018 Minutes	Committee Members	1:10 PM
	Patricia Checko asked for a motion to approve the minutes from the July 27, 2018 meeting. Robert Blundo made the motion to approve, and Sheryl Turney seconded the motion. The motion passed unanimously with no additions or abstentions.		
4.	Application Review and Discussion: Connecticut Children’s Medical Center	Applicant Representatives	1:15 PM
	<p>Renee Silva Director of Enterprise Analytics, gave a brief overview of the Connecticut Children’s Medical Center (CCMC) application. CCMC is requesting APCD data as a part of their population health initiatives and to help drive partnerships with other organizations to determine where pediatric patients are going when they leave CCMC’s care. They also hope to be able to determine gaps in access or types of care of Connecticut’s pediatric patients, and describe this population’s health care utilization.</p> <ol style="list-style-type: none"> <li>Urgent care utilization – trends in pediatric emergency care to help implement interventions</li> <li>Behavioral Health utilization – how many kids in CT have a BH diagnosis and where/how are they receiving care; how many readmissions, rates of outpatient care, volume of types of BH diagnoses</li> <li>Telemedicine (teleconsults) – identify which issues require the most amount of travel to better direct telemedicine initiatives at CCMC. Examine how far patients travel for care, and within top quartile, what were the common procedures and treatments. Are there lower-acuity services that have access issues?</li> </ol> <p>Related to the third arm of the CCMC application focus, Justin Peng mentioned that the APCD is only allowed to release data at the three-digit zip code level, and asked CCMC if this level of information would be useful to their analysis. Renee answered that they would be looking for information on patients traveling fifty miles+ or out of state for treatment, so the three-digit zip code level would still be applicable.</p>		

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	<p>Rob Blundo stated that the CCMC also redacted their request for financial information to align with HIPAA minimum necessary requirements. Renee added that the request for financial data was for more future-based analysis, and that if/when they need that information they will present a new, more targeted application to the DRC.</p> <p>Pat Checko asked if Renee is a CCMC hospital employee. Renee answered that she is. She also clarified that CCMC’s IT building is located in Rocky Hill, not at the main Hartford campus. Pat then asked Renee for clarification on who would be physically accessing and storing the data. Renee clarified that information for the group.</p> <p>Justin Peng asked Renee a clarifying question regarding the data use agreement and governance structure, which she clarified.</p> <p>Rob Blundo asked Renee if she or the organization had any prior experience working with claims data. Renee answered that one of the employees listed on the application comes from the insurance sector and has experience with claims data, and their organization deals with their own claims as well.</p> <p>Pat Checko asked Renee if CCMC was aware that Medicaid data is not currently available for release. Renee answered that they are aware of that limitation. Rob Blundo clarified that Medicaid data will not be available until 2019, and process must still be established for data release.</p> <p>Rob Blundo asked for clarification on which data CCMC is looking for, whether they want only CCMC patients, or a broader population. Renee specified that they are looking for the full population, and are keenly interested in patients to whom they are not yet providing care, as that could demonstrate a gap in access.</p> <p>Renee asked how often the data is updated. Rob Blundo answered that the data is updated quarterly.</p> <p>Justin Peng stipulated that there could be no linkage between APCD data and CCMC data in their systems. Renee answered that CCMC is capable of preventing such linkage, and offered to include relevant language in the Data Use Agreement (DUA). Rob Blundo added that this language is already built into the DUA.</p> <p>There were no questions pertaining to safety or security that warranted executive session.</p> <p>Pat Checko asked for a motion to approve the CCMC application; Justin Peng made the motion, Rob Blundo seconded the motion. The motion passed unanimously with no oppositions or abstentions.</p>		
5.	<b>Application Review and Discussion: Freedman Healthcare LLC (OHS-Sponsored)</b>	<b>Applicant Representatives</b>	<b>1:45 PM</b>
	<p>Shauna Walker from the Office of Health Strategy gave a brief overview on the request being made by Freedman Healthcare. Freedman Healthcare is being engaged by the Office of Health Strategy to conduct a review of hospital facility acquisitions in the State of Connecticut. The purpose of the review is to whether or not these hospital acquisitions create a dominant market share within the service area. To conduct this analysis, OHS and their consultants Freedman Healthcare will need access to claims data. There are two main areas of interest for this analysis;</p>		

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first, the sale and acquisition of St. Vincent's Hospital by Hartford Hospital, and the purchase of Milford Hospital by Yale New Haven Hospital.

Anthony Dias asked Shauna for clarification as to which claims they will need for this analysis. Shauna answered that they will only need hospital service claims from within the service area. Anthony then asked how the service area is defined. Shauna stated that they have not determined an overarching definition for service area as of yet. Anthony asked the group if lacking a clear definition of service area would negatively impact APCD disclosure. Rob Blundo answered that he feels it will be difficult to concretely define service area in this case due to the three-digit zip code limit. He suggested leaving this as an open question for OHS/Freedman to respond to and delineate which three-digit zip codes constitute each service area they are evaluating.

Sheryl Turney asked for clarification as to which data OHS/Freedman are requesting. Rob Blundo answered that his interpretation of the application was that OHS/Freedman was requesting hospital facility-level data from the facilities impacted, in addition to any facilities within the service areas that are not the two hospitals in order to determine the impact on costs outside of the merged networks. Rob stated that his interpretation of the application led him to believe that they were requesting both facility and professional claims data, but he stipulated that this needs to be clearly articulated by the applicants.

Pat Checko asked if the Office of Health Strategy had assumed the role formerly held by the Department of Public Health relating to Certificate of Need determinations and analysis, and if the function laid out in the application is one that was done previously by DPH. Allan Hackney answered that, yes, this is correct – however, this would be the first instance in which the OHS Health Systems Planning team would be incorporating claims data into their CMIR analysis.

Justin Peng stated that it would be helpful for OHS to provide clarity on the data they are requesting. Shauna added that OHS collects hospital discharge data, not claims, and they only receive the charge information. Claims data would help demonstrate a larger picture when tied to their existing discharge data.

Pat Checko reminded the applicants that the APCD does not yet have Medicaid data.

Pat Checko asked Allan Hackney to provide the Committee with some background on why this release application is pertinent to the work of the Office of Health Strategy's mission. Allan answered that this work is directed by Statute, and Freedman has a long track record of analyses alongside this team at OHS. They are requesting a straightforward data extraction, and are able to make the clarifications requested by the Committee.

Pat Checko asked Shauna, in previous CMIRs, how did they define service area? Shauna stated that it was only loosely defined. Rob Blundo stated that the applicants did not include any restrictions related to geography in their application, and it would be his inclination to release the data without that restriction.

Sheryl Turney asked if the users accessing the data from their workstations with a logon/password would be doing so from unique or shared workstations. Rob Blundo referred to the security portion of their application. He suggested that Freedman respond and clarify who exactly has access to these workstations, and that access should be limited to those individuals working with this data.

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	<p>Michael Fields asked if there would be any pay-specific information in the final reporting. Shauna answered that it is not payer-specific. Rob Blundo stated that the application does request payer information, so this will need to be clarified. Shauna stated that payer information may be used during the analysis period, but would be rolled up into aggregate commercial payer information in the final report.</p> <p>Sheryl Turney asked if the workstations allow for users to copy data from the secured environment onto outside devices (e.g. USB drives). How do they guard the unauthorized data onto such devices?</p> <p>The Committee discussed the potential contingencies to be added to approval of this application. The issues in question were the need for clarity of the service area, claim level, and security procedures. They agreed that a Special Meeting would be held to review the information once it has been provided by Freedman.</p> <p>Pat Checko asked for a motion to table the approval of this application until the applicant adequately addresses the security issues relating to accessibility and workstation controls by the Committee. Rob Blundo made the motion, Anthony Dias seconded the motion. The motion passed unanimously with no oppositions or abstentions.</p>		
6.	<b>Application Review and Discussion: HMS (OHS-Sponsored)</b>	<b>Applicant Representatives</b>	<b>2:25 PM</b>
	<p>Allan Hackney gave an overview of the HMS application as sponsored work on behalf of the Office of Health Strategy. He began by outlining the implications of Public Act 17-2; under this legislation, the Health Information Technology Officer (Allan Hackney’s current role) was given authority over the All Payer Claims Database, and yet, the HITO currently has no ability to tap into the data for use by the Office of Health Strategy through any other avenue than the Data Release Committee, which deliberates on applications based on a set of regulations that were crafted before the transfer and that inhibit the use of APCD data by OHS. Until OHS releases a new regulation to govern data releases, the HITO and OHS are bound to the existing rules followed by the DRC.</p> <p>Allan then went on to explain that CT has been awarded the opportunity to participate in a national program awarded to HMS to review APCD and Medicaid claims data across the country. This is a seven-year research program that will fund post-doctoral research on a variety of topics related to bettering health outcomes. This kind of work aligns directly with the mission of the Office of Health Strategy and the SIM program. Data would be collected and accessed through a secure “enclave.” That infrastructure would be overseen by HMS on behalf of a Board that would be determining what kind of research is being conducted. By participating, Connecticut would have a representative on this Board.</p> <p>Allan stated that while OHS believes this would be an excellent opportunity for the state and a great use of CT’s APCD data, the parameters of the research project do not align with the standards used by the DRC to release data. For example, the DRC policy states that applicants must name the researchers who will be accessing data. This project, however, has not yet hired researchers so they cannot yet be named, and they will likely fluctuate over the seven-year period. Allan stated that this application was submitted to the DRC as more of an FYI, as he does</p>		

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	<p>not believe the Committee can actually act on the application under their current constraints. Allan believes OHS will have to work on developing new regulations to guide the release of data.</p> <p>Pat Checko stated that it is unfortunate that the DRC cannot act on this application now, and asked if there is a timeline by which action must be taken before the opportunity window closes. Allan answered that he believes there is a path forward, and OHS is currently working with AHCT counsel to determine next steps.</p> <p>Allan reiterated the following issues this application presents to the DRC at this time:</p> <ul style="list-style-type: none"> <li>- Researchers are not named</li> <li>- Future research topics are not yet identified</li> <li>- SAHMSA data limitations could limit opioid use analysis</li> <li>- Third-party data use could lead to data re-identification</li> </ul> <p>Rob Blundo stated that the policies used by CT to release data are not materially different than policies used by other states. Rob asked if a motion is needed since they can't take any action at this time.</p> <p>Pat Checko stated that she would make a motion so that there is a record that the Committee discussed the application.</p> <p>Sheryl Turney stated that if this application were to come back to the Committee for review, she has many questions pertaining to the security section of the application. Specifically, if the individuals accessing the data are not employees of HMS, how will they comply or be governed by their security standards, and what is that environment going to do to protect the data?</p> <p>Pat Checko asked for a motion to take no action on this application. Anthony Diaz made the motion, Rob Blundo seconded the motion, and the motion carried unanimously with no oppositions or abstentions.</p> <p>Allan Hackney thanked the Committee for their thoughtful deliberation that goes above and beyond the parameters of the work. Despite the frustrations, he is excited that CT is beginning to delve into these types of requests.</p> <p>Pat Checko stated that she hopes in the future that the Committee could discuss modifying the forms to allow applicants to provide enough information to the Committee.</p>
<p><b>7.</b></p>	<p><b>Adjournment</b> <span style="float: right;"><b>Patricia Checko</b></span></p>
	<p>Pat Checko reminded the Committee members to make every attempt to attend these meetings monthly. She asked for a reminder to be sent out to members.</p> <p>The Committee then discussed upcoming scheduling items.</p> <p>Pat Checko then asked for a motion to adjourn. Anthony Dias made the motion, and Justin Peng seconded the motion. The committee voted unanimously to adjourn the meeting.</p>