All-Payer Claims Database Data Release Committee
Meeting Minutes

Meeting Date	Meeting Time	Location
March 12, 2019	1:00 – 3:00 PM	Conference Rm. 3A, 450 Capitol Avenue Hartford, CT 06106

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

	Agenda		
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Patricia Checko**	**1:08 PM**
	Dr. Checko welcomed the group to the meeting, and asked for a motion to approve moving the UConn AIMS application to be reviewed first, followed by Remedy Partners, to accommodate a schedule issue. Justin Peng made the motion to approve the change to the meeting agenda, and Michael Fields seconded the motion. The motion passed unanimously.		
2.	**Public Comment**	**Attendees**	**1:10 PM**
	There was no public comment.		
3.	**Review and Approval of the November 30, 2018 Minutes**	**Committee Members**	**1:12 PM**
	Patricia Checko asked for a motion to approve the minutes from the November 30, 2018 meeting. Justin Peng made the motion to approve, and Michael Fields seconded the motion. The motion passed unanimously with no additions or abstentions.		
4.	**Application Review and Discussion: UConn AIMS**	**Alan Fontes, Director**	**1:15 PM**
	Patricia Checko asked Alan Fontes to give a brief overview of the AIMS application request. Alan gave a brief background on the main AIMS project – building out the Core Data Analytic Solution (CDAS) for the State of Connecticut in partnership with the Office of Health Strategy and the State Innovation Model. This project will serve as the primary platform for healthcare analytics for the state, as well as play a major role in health information exchange (HIE) initiatives. In regards to the request for APCD data, AIMS is working with and on behalf of OHS to develop analytics on the following topics: 1. Conduct analytics on behalf of the Health Care Cabinet regarding health care utilization and associated costs 2. Conduct analytics on behalf of OHS and OSC regarding prescription drug costs and impacts 3. 3. Conduct analytics on behalf of OHS regarding health care utilization and a facilities, services, and equipment inventory, as well as aid in the Cost and Market Impact Review Justin Peng asked Alan if the Tableau Server was located in the same environment as AIMS' Microsoft Azure. Alan confirmed that all software and tools that AIMS is using are securely located in Microsoft Azure.		

Rob Blundo asked Alan if there is any intent to join third party or external data to the APCD data set. Alan responded that there is no intent to do so at this time, but in the future AIMS hopes to use APCD data in conjunction with other data to explore social determinants of health. Rob Blundo responded that in the event that other data is going to be used, he would request AIMS to work with him to prevent any deidentification of the APCD data from occurring. Alan confirmed that AIMS will comply.

Pat Checko asked what kind of timeframe AIMS is looking for with the data set. Alan responded that they are hoping to be able to do trending over time, and at least four years of data would be ideal for such reports. Alan also clarified that AIMS would largely be using the one APCD data set to generate the different reports outlined in the application.

Pat Checko asked Alan if he named all of the employees who would have access to the data. Alan confirmed that the list is accurate at this time, but AIMS may add more staff in the future who would have to be added to the list, following a background check.

Pat Checko asked if this is a request for ongoing provision of APCD data. Alan responded that AIMS is willing to come back to the Committee as needed, but they are hoping to get this data on a more frequent basis. Rob Blundo asked Alan for clarification on the use of Tableau Server, and if the intent is for the data to flow through to a public facing site. Alan said that the use of Tableau is internal at this time, however, once AIMS starts creating public reports it will be using Tableau for that purpose. Rob asked, in the event that Tableau would be used to display this data publicly, what safeguards would be put in place? Alan stated that it would be governed by Azure's Active Directory, which houses all of the instructional rules and permissions levels. In addition, all the data used to generate these reports will be dynamically masked. Rob asked if AIMS would be imposing any cell-size limits for these report outputs. Alan stated that they hadn't looked into that aspect of it yet. Rob requested a limitation be determined as AIMS gets closer to publishing.

Rob asked if AIMS had any expectations around the Medicare and Medicaid data. Alan responded that if they could receive that data, then it could be included on the utilization reports; he would prefer not to cut out such a large portion of the population. Rob recommended that they vote on releasing only commercial data at this time, but the group discussed allowing access to the other sources when it becomes available.

Pat Checko asked again if AIMS would like to receive this data on an ongoing basis, starting with the four years' worth of historical data. Alan confirmed that this would be preferable, and Rob added that his team is able to provide updates quarterly.

Pat Checko asked Alan if his team would be able to abide by the standard certificate of destruction. Alan responded that they would follow the standards used by the Data Release Committee and align with the preferences of the Committee.

Kun Chen asked Alan if AIMS plans to do any analysis on specific organizations (i.e. hospitals). Alan answered that the breakdown is laid out in the application and they don't plan to go beyond that. Kun added that these types of analyses are similar to the work being done by Rob Aseltine at UConn.

	Pat Checko asked if the final reports for OHS actually name names, and if so, who gets to see that. Alan answered he would be working in partnership with OHS and would defer to their judgement. Allan Hackney added that these reports are public documents, and the hospitals are actually required to pay for them to be completed and are aware of them.

Pat Checko asked for a motion to approve the UConn AIMS application. Rob Blundo moved to approve the application, with the contingency that they are approving the application for commercial data, however, if new commercial or Medicaid data becomes available, then this approval could extend to those bodies of data as long as the approval processes are not substantively different. Justin Peng seconded the motion. The motion carried unanimously with no abstentions. |

5.	**Application Review and Discussion: Remedy Partners**	**Applicant Representatives**	**1:45 PM**
	Samantha Szewczyk introduced herself and the principal investigator, Dr. Peter Hayward, along with the rest of the Remedy Partners team to the Committee.

Remedy Partners is a CT based company that looks at population health through the lens of creating a bundled episode of care which starts with a triggering inpatient or outpatient event, carried through the post-acute setting. They look at both cost and quality of care for 90 days after a patient leaves the anchor facility. This work was initiated by the Bundled Payments for Care Improvement (BCPI) program, and they now serve as an enrollee convener to help administer the program on behalf of the federal government.

Pat Checko asked RP if this would be an ongoing request. Samantha responded that they are looking to apply on an annual basis at this point in time. She further explained that based on the work that RP currently does on behalf of CMS, they are very fluent in the Medicare population and services. However, as they try to get more involved in the commercial space, they hope to bolster their understanding of the commercial population through analysis of APCD data. RP utilizes Prometheus episode definitions when analyzing the Medicare population, and they hope to better understand what the differences and similarities are between the Medicare population episodes and the commercial population episodes. They are hoping to use this information to compare providers against one another regarding both cost and quality. RP is also keenly interested in determining Acute and/or Actionable Events (AAEs). Samantha stated that this data analysis would not be used directly to develop a tool, but more to inform the content that they are creating.

Pat Checko asked what kind of clients RP has. Samantha stated that they work primarily with hospitals and provider groups.

Pat Checko asked if RP was also requesting Medicare data. Samantha stated that they are not requesting Medicare data because they already have access to it through their work with the BCPI program.

Justin Peng asked if RP would be looking at each provider in both their Medicare data and APCD data and making comparisons between the two data sets. Samantha stated that they are interested in comparing how systems care for their Medicare patients vs. their commercial populations. Samantha confirmed that providers would not be specifically identified in a way | | |

	that could be used negatively against them. Samantha added that she also has experience working with CT APCD data. Rob Blundo asked RP if there is any intent to merge this APCD data with other 3rd party data or other internal databases that could compromise the deidentification of the data. Samantha answered that they would be housing the data separately and have no intention of linking it to any other data sets; merely the outputs would be compared. Rob Blundo asked RP if the CT APCD data would become commercially available, or if its use would lead to a product that would become commercially available. Samantha stated that the use of this data and any analyses that are compiled would only be used internally to inform and educate staff on the commercial landscape. None of the reports would be released publicly without the Committee's consent or for profit. Justin Peng asked if RP intends to share any reports or information with the larger APCD Council. Samantha replied that the only group RP would share results with is this body. Rob Blundo asked RP if they would need Medicare Advantage data. Samantha responded that Medicare Advantage data would be helpful, if it's possible to include it. Peter Hayword added they would like a minimum of three years of data. Pat Checko responded that they can have up to four years of data. Peter responded that that would be great. Mike Fields asked RP if the payor-specific information is necessary for their analyses. Samantha responded that payor information is interesting to analyze, but the information they really need for their work are the line of business details. Rob Blundo suggested that that they remove reference to payor names but keep line of business details. Pat Checko asked for a motion to approve the Remedy Partners application. Rob Blundo made a motion to approve the application, with the contingency that the Medicare FFS and Payor names information be excluded from the data set. Kun Chen seconded the motion. The motion passed unanimously with no abstentions.		
6.	**Wrap up and Meeting Adjournment**	**Patricia Checko**	
	Pat Checko updated the group that the HITO has assembled a privacy group to go over the guidelines for APCD data releases. In addition, there is another work group that will explore privacy issues related to Health Information Exchange data. Pat Checko added that the group may want to collaborate with the privacy work groups to amend the current Data Release Application. Rob Blundo agreed that once the workgroups are up and running, they should bring this to their attention. Rob added that if anyone on the Committee has ideas or suggestions for amendments to the DRC application, they should bring those ideas to the attention of the Chair. Justin Peng asked Rob Blundo for clarification as to the availability of Medicare and Medicaid data. Rob answered that Medicare FFS and commercial data is received quarterly. Pharmacy claims come in on an annual basis. Medicare Advantage claims come in through commercial submissions. Commercial claims submissions exclude the ERISA populations. Medicaid data is in-house, but it is going through a quality assessment currently and should be fully incorporated		

	into the data set by the end of March 2019. However, before it is largely available for release, the data needs to be compared to the Dept. of Social Services internal numbers to confirm that the numbers are accurate, and they also need to determine the processes and policies that are required to release the data and whether this body can assume those responsibilities. Pat Checko asked for a motion to adjourn the meeting. Rob Blundo made the motion, seconded by Justin Peng. The Committee moved to adjourn unanimously.

Meeting information is located at: https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Data-Release-Committee