

Minutes
Delaware Health Care Claims Database (HCCD)
HCCD Committee
Monday, July 6, 2020
Web Based Meeting
3:00 p.m. to 5:00 p.m.

Meeting Objectives:

- Vote on HCCD Data Request #LD4 by NTT

Agenda Item Discussion	Time	Lead Presenter
1. Call to Order and Welcome- Tanya started with roll call Attendees – Jan Lee, Stacey Schiller, Jill Hutt, Slawless, Staber , Shannon, Jonathan Terri Lynn, Krishna, Pier, Tanya, NTT- Tejal, Lakshmi Chintapalli	3:00 – 3:05	Committee Chair
2. Approval of June 2020 Minutes – Jonathan discussed approval of the meeting minutes. We approved public reports in June which are posted on DHIN HCCD	3:05 – 3:10	Committee Chair
3. Review Application #LD4- NTT data services. Provided consolidated documents with comments. Shared the application on the screen Tejal – early prevention, slow progress or reduce the onset and decrease the health care cost and better quality care and helping and lesser burden on economy. Health care cost is for chronic conditions like DM, HTN, Tanya - NTT data services – it is large and have different group – we work under healthcare group, health care solutions, our group is creating health care solutions and researches and create technology to work with peer partners and provider groups an also data analytics Bernie – is your data it sold commercially to providers. Tejal – in case it is commercially sold – learning engine to see how it works and training model for white paper and if customer wants they can use their data and we can use this model. This data is for EI model and understanding the EI model intelligence Jill – Are you requesting similar data from other HCCD for your model Liz Stabber –what customers would NTT typically help, if you want to share? Tejal – we have member portals and health plans S Lawless – I order to track and predict do you need identifiers of patients or just groups and if the later how do you assume timeline references per disease Questions or concerns as to whether the intended use is consistent with the statutory purpose of the HCCD: Tejal – early risk predictor could help in identifying procedure – early prediction can empower provider and person to improve the health or start exercising – educating patients. This will help in cost reduction and doctor visits and help residents of DE Lee – risk factor modification is what you are proposing – do you help in identifying risk factors which are not well known, since we already have well defined risk factors e.g. -0 DM and CVA – there are well understood risk factors and I fail to understand what you want to understand by your study – Tejal -if you walk – DM – better for prediabetes. What we are doing is taking historic data of claims and this pt. will progressively – risk score for getting	3:10 – 4:40	Tanya Bernstein

<p>DM and going from 10 per to 20 per for period of 8 visit and this could be treatment fact and cost associated with it and what is the treatment and them progression to that disease is going to be different – we will Give better data to provider to deal with that particular pt.</p> <p>Lee – who would be your primary audience? Tejal – All, wider community – provider who can take early intervention to help patient</p> <p>Tanya – what you tend to do with the findings and how to tend to us it?</p> <p>Tejal – data won’t be shared with anyone else outside this – we will provide white paper. Data retention – if committee wants one the project is over – we can scrub and remove the data- we don’t need to keep it forever</p> <p>Karen – How would aggregate white paper help an practicing doctor for individual treatment</p> <p>DHIN won’t be limited data set, the idea of identifying the payer – why is that of value in this context</p> <p>Tejal – we would not be sharing the data for conflict of interest and we are trying to do research and understand the variation is the payer making a difference, we would be careful on not to share it and depending on how comfortable you are from AI purpose it does not make a difference but to underatncd what is going on – we need it.</p> <p>Karen – I don’t see clinical knowledge or trying to understand and I do not know if rest of the committee would be with you concern – specific provider and co pays and associated cost elements are a concern – what that reveals about specific contract – need of different elements of the payment</p> <p>Tejal – better ideas and predictor to get overall status – we can work with whatever you are comfortable with</p> <p>Tanya –we received this from United – we collect charged amount and have insurers paid amount and pt. paid amount which combined is total amount. Anticompetitive we received from 2 payers – you would be okay with charged amount and you need that member insurer paid amount.</p> <p>Tejal – we would prefer both and break the cost and also to educate the pt. related to cost – if not possible than one amount – it drives the prediction but helps in when you are engaging with the patina and overall cost reduction</p> <p>Bernie – how you would patient plan – co pays and deductibles may look very bizarre what time of year is and it is not representative on what cost could be</p> <p>Tejal – okay if you don’t give it but help in data driven components – okay with none of financial fields except for the total paid amount – would be okay without data submitter name?</p> <p>Tejal – that’s is fine</p> <p>Tanya – lot of chronic diseases – can you let us know how we limit the extract</p> <p>Tejal – we are not asking to filter – we would be broader for example we not including CA – Tanya you do not want us to limit the Data</p> <p>This model can be used by other provider groups train AI algorithms so they can be used on other data sets – selling AI Predictive service to someone</p> <p>Slawless – I order to track and predict do you need identifiers of patients or just groups and if the later how do you assume timeline references per disease</p> <p>Action Items</p> <p>Tanya – In order to be approved, the application will need to be revised in the following ways:</p>	
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<ol style="list-style-type: none"> 1. Provide more information on the white paper that will be produced, who it will be meant for, and how it will be circulated (provide example if available) 2. Clarify benefit of the white paper/work product for Delaware residents 3. Limit requested data elements to only those necessary for the research <ol style="list-style-type: none"> a. Consider deleting Payer name b. Consider deleting all financial variables other than paid amount c. Consider deleting provider NPI fields 4. Provide more information on security protocols of location where HCCD data would be stored 5. Seek legal Counsel on whether more information on any historical data breaches can be shared 		
4. Public Comment – no comments from public	4:40 – 4:45	Public
6. Next Steps and Adjourn – application denied and reasons explained. Requestor can revise their application and resubmit.	4:45 – 5:00	Committee Chair

Data Request: Application #LD4

Applicant: NTT Data Services

Project Title: Understanding of Chronic Disease Mechanism and Predict Chronic Disease Progression Using Claims Data

Description: NTT DATA will use the HCCD data to study chronic disease progression and the associated costs to understand risk for chronic conditions and the cost burden to the patient and the healthcare system. NTT DATA will identify patient cohorts attributable to specific chronic disease and will use these cohorts to develop predictive models for chronic disease progression using the claims data.

NTT DATA is also interested in studying the various treatment paths and variation in healthcare utilization for various chronic diseases across the communities served, as well as variation in costs between payers.

Next Meeting: August 3, 2020, 3-5pm