

# Meeting Minutes

## Delaware Health Care Claims Database (HCCD)

### HCCD Committee Kick-Off Meeting

Monday, August 2, 2021

3:00 pm to 5:00 pm

**Virtual Meeting**

#### Meeting Objectives:

- Provide update on HCCD status, data request process, and 3-year plan

Item	Notes
Call to Order and Welcome	<ul style="list-style-type: none"><li>• Tanya Bernstein let Committee know that there is no application for review today. Rather, the Committee will be updated on DHIN's analytic activities.</li><li>• Meeting minutes for the last meeting were not attached but we will send those later.</li><li>• We will be meeting in September for application review.</li><li>• Mike Pellin was introduced as the Aetna representative that will be replacing Elizabeth Staber on the HCCD Committee. Liz Staber is retiring. Mike Pellin will need to be approved by the DHIN Board.</li></ul>
HCCD Data Collection Status, Data Release and 3 Year Plan Presentation Summary	<p>Presented by: Terrilynn Palmer and Tanya Bernstein</p> <ul style="list-style-type: none"><li>• Meeting is to provide an update on status on HCCD and Data enhancements we have applied to our data</li><li>• Purpose of APCD, data driven evidence-based improvement</li><li>• Federal employees not mandated to send us data so we receive 60% of data</li><li>• 10 commercial plans and 2 public</li><li>• <b>Teams</b> -We have team from MedicaSoft, our technology host and project management support, and Freedman Healthcare, our claims analysis experts and project management support</li><li>• We have DDIL and interns. DDIL is team of data scientist, advances the use of HCCD</li><li>• Interns – supports educational programs of University of DE, GCU, WVU and student from Grand Canyon University</li><li>• <b>Technology DHIN NXT Platform</b> – data is available to fire resources. Most of our work is tableau visualization tool. We use amazon redshift – Medicasoft is Hitrust certified. We use AWS virtual workstations. Interns prefer Phyton. We use SQL as well.</li><li>• Process for our QA checks and data validation. We already started automating these, so we can have more resources to use the data</li><li>• <b>Data Enhancement</b> For project for Health care commission – we used data enhancements – patient attribution, risk adjuster, 3M DRG. It is used for reports for Health care commission. With these three we were able to utilize Health Partners</li><li>• The process flow for this is in appendix. Address – connect to correct address and do longitudinal and geo code for census tract. This will help in social determinants of health analysis</li><li>• <b>Census tract value</b> – greater specificity in location and enable us to do social determinants of health</li></ul>

	<ul style="list-style-type: none"> <li>• <b>Update on data release</b> – application, shaded are request completed. 25 application and majority from state agency collaboratives. We receive and application and committee reviews and if approved DHIN team meets the requestor to understand the requirements, analysis and QA is done and data package is delivered</li> <li>• <b>Pricing model</b> - APCD data comparison chart- fee schedule for different states. Many states have fee structure based on who the requestor is and level of research involved. Researchers, students pay less. Delaware is the state that releases 8/9 types of data sets. Few states do it on project basis. DE does it on level of complexity.</li> <li>• Number of external applications varies. Colorado has most mature APCD</li> <li>• <b>Ideas for driving external application:</b> improve efficiency, automate analytic process, Public facing reports, develop standard data extract that collaborative agency can receive. Collaboration with health improvement and educational institutes like NRHI, INBRI, choosing wisely</li> <li>• <b>Ease of Access</b> – INBRE connects funding to students and have appreciate funds for data.</li> <li>• <b>Customer portal for Brain Trauma team</b> – Objective was where the individuals received the care and how far they have to travel to receive the care. We are using customer portal and tableau views so they can use the data using the tools.</li> <li>• <b>Public Reports:</b> DHIN's public facing reports identify opportunities for Delaware providers to improve how they interact and treat their patients.</li> <li>• <b>Plan is to have Payer portal</b></li> <li>• <b>Cost aware project DE Health Care Commission-</b> example on episode of care for example Knee and Hip replacement without complications and looking at different hospital and cost for the same. QA is in process. Cost aware website has ACO information.</li> <li>• <b>3-year plan – next step.</b> Check marks in blue. Pink ones are open project now. Year 2 is applying for example use of the portal. Year 3 was taking claims data and combining with clinical data using community health record. Jan Lee- Community health record – extract data from claims data set and incorporate with clinical data set – so it's available to patients and providers. No cost information on Community Health Record. Things like – date and location of service, diagnosis and procedure codes, dates of prescription filled</li> <li>• <b>We are working on bay health project and INBRE projects</b></li> </ul>
Questions during the Presentation	<ul style="list-style-type: none"> <li>• Jan Lee: Can you tell us how DE compares with other states in terms of total population represented in the HCCD? – We have 60% for DE, what about other states in comparison to DE? <ul style="list-style-type: none"> <li>○ Ms. Bernstein responded that the percentage of residents whose data is available in the APCD, varies by states. This variance is the result of the insurance market share and requirements for data submission.</li> </ul> </li> <li>• Mike Pellin: what are the types of datasets requested in DE. <ul style="list-style-type: none"> <li>○ Ms. Bernstein responded that the HCCD releases identified, de-identified or limited data set. Currently, there is no standard data product offering.</li> </ul> </li> <li>• Jan Lee: Do the bars representing the anonymized hospitals on the Cost aware Website stay consistent from chart to chart?</li> </ul>

	<ul style="list-style-type: none"> <li>○ Ms. Bernstein responded that she thought they did stay consistent but would confirm with the website designers.</li> </ul>
Next Steps and Adjourn	<ul style="list-style-type: none"> <li>• Ms. Bernstein noted that the next meeting of the Committee is currently scheduled for September 6<sup>th</sup>, which is Labor Day. To accommodate the holiday, the meeting will be delayed to the following Monday, September 13<sup>th</sup>, at the same time.</li> <li>• Jan Lee shared that the new DHIN/open meeting laws ruling allows DHIN to have virtual participation at public meetings, if there is a physical location (DE) from which the public can attend the meeting if they so choose. The DHIN offices will serve as this physical location.</li> </ul>

Attendance List:

**Attendance May 3, 2021; All on Zoom Call:**

<b><i>Committee Member</i></b>	<b><i>In-Person</i></b>	<b>Conference line</b>	<b>Absent</b>
Jill Hutt		X	
Bernadette Inskeep		X	
Troy McDaniel		X	
Jonathan Kaufmann (Chair)		X	
Stephen Lawless			
Jan Lee		X	
Kathleen Matt		X	
Troy McDaniel			
Faith Rentz		X	
James Spellman			
Mike Pellin (replacement for Liz Staber)		X	
Meredith Stewart-Tweedie			

<b><i>DHIN</i></b>	<b><i>Present</i></b>	<b>Conference line</b>	<b>Absent</b>
Krishna Vasireddy		X	
Gurpreet Kaur			
Mike Sims		X	
TerriLynn Palmer		X	
Scott Perkins		X	
Jeff Reger			
Stacy Schiller			
Pier Straws		X	
Randy Farmer		X	
Tanya Bernstein – Facilitator		X	