

GREEN MOUNTAIN CARE BOARD
Data Governance Council
Friday, October 25, 2019
2:00 pm

Attendance (Voting Members)

Susan Barrett, Council Chair and Executive Director, GMCB
Tom Pelham, Board Member, GMCB
Lauri Scharf, Manager of Informatics, Bi-State Primary Care Association
Cathy Fulton, Executive Director, VPQHC
Mary Kate Mohlman, Health Services Researcher, Blueprint for Health
Alena Berube, Director of Value Based Programs & ACO Regulation, GMCB

Others Present

Kate O'Neill, Chief Data Steward, GMCB
Lynn Combs, Associate General Counsel, GMCB
Michael Barber, General Council, GMCB
Sarah Lindberg, Health Services Researcher, GMCB
Lindsay Kill, Health Care Data Analyst, GMCB
Eric Schultheis, HCA
Michael Durkin, BCBSVT
Sean Judge, VAHHS-NSO
Helen Reid, Division Director, Health Surveillance, VDH

Archway Health staff (on phone):
Mah-Jabeen Soobader, Ph.D, MPH, Chief Analytics Officer,
Victoria Yang, MPH, MSc, Senior Analyst,
Ben Gardener, Senior Vice President of Sales and Marketing

Call to Order, Chair's Report

Susan Barrett called the meeting to order at approximately 2:00 pm. Susan had no updates to report.

September Meeting Minutes

The Council voted (5-0) to approve the September 6, 2019 minutes. Lauri Scharf arrived after the vote.

Council Member change recommendation

Susan announced that Andrew Laing has left his post as Chief Data Officer at ADS. He also has vacated his seat on this Council. Susan recommended that they elect Helen Reid, Division Director, Health Surveillance, VDH, to fill the open seat on the Council. Susan reviewed Helen's biography. The Council voted (6-0) to elect Helen Reid to fill the open seat on the Council.

VHCURES DUA Application

Archway Health Partners

Kate O'Neill reminded the Council of the data release considerations as presented in the Data Stewardship Principles and Policies adopted by the Council in April 2019, "Supporting clear processes for the evaluation of data requests and the release of data to Vermont State Agencies and Instrumentalities, and to non-State entities." Kate provided a summary of Archway Health's application for the VHCURES limited data set. They are seeking a 2-year DUA. Based on GMCB staff review of the application, we would like to better understand what Archway plans to do with the Vermont commercial claims data and how this project fits with their business model; clarification on data dissemination, publication, and product marketing; whether the data would be used for a proprietary, commercial purpose to generate revenues and income; and their intent with regard to derivative files.

Ben Gardener gave an overview of Archway Health. They partner with providers, largely with specialty practices. They help providers understand the risks and opportunities in risk-based agreements, specifically with Medicare, at the episodic level. Archway helps providers understand care management improvements

and redesign to improve their success in risk-based programs. They have years of experience with Medicare and would like to turn their attention to the commercial market. Mah-Jabeen Soobader provided background on data needs for their research project. They want to use VHCURES to develop a methodology to identify high quality low-cost specialists in the commercial market. They won't be actively using this data in a commercial way directly. They said they would not publicly disseminate results of their research at this time.

Council Member Questions

Tom Pelham expressed support for Archway's effort to explore price and quality variations in service, as this supports GMCB's core regulatory duties and mission for cost containment and improving quality of care for Vermonters. Tom expressed concern about whether Vermont would have to buy back the results of Archway's work, based on data we allow them to access, should we want to access the results for GMCB's use. Archway responded that they are open to having that conversation, and when they have concluded their research, they would discuss with the Council the utility of GMCB's access to the derivative files resulting from Archway's analysis.

Mary Kate Mohlman asked about whether the drop off in commercial claims due to reduction in data contributors reporting to VHCURES after the Gobeille v. Liberty Mutual Supreme Court ruling would give an incomplete view in Archway's effort to identify high value specialists, and how Archway would address data gaps. The Chief Analytics Officer answered that it is hard to say, but that they would look for how representative the data are, and describe the limitations with the data, as they would with any other research study.

Susan Barrett asked if they are receiving data from other states. Archway staff responded that yes, they have Massachusetts and Maine commercial claims data. They are focusing their research on the Northeast first.

Alena Berube asked about methodology specifics. Is Archway requesting access to develop or to vet a methodology? Do they intend to be specific regionally, nationally, or on a state basis? She also asked whether they are intending to analyze at the provider level, or will they stay at the enterprise level, and what would constitute an appropriate generalizable and predictable methodology. Archway staff explained that they are still in the process of developing their methodology. They have experience in developing benchmarks from their work with Medicare data. How far they go and how generalizable the data will be will depend on how robust they find state specific commercial data to be.

Cathy Fulton shares Tom's interest in this project as well as Mary Kate's concern about the decrease in lives in the commercial market and would also like to understand more about benchmarks and variations among providers. Cathy asked if they are looking to identify particular aspects of high- and low-performers in order to understand best practices and opportunities for improvement to drive better outcomes. Archway staff said yes, they do that today with CMS data and expect to be able to do so in this new research in the commercial market. Cathy asked if they can account for or isolate wait times. Archway said no, because the data are exclusively derived from claims. Cathy asked about the project end date which states one year from the start date. Archway clarified they meant to request release for 2 years.

Lauri asked if they are already doing business in Vermont. Archway staff said no, they have had conversations with providers in Vermont, but do not currently have any clients.

Mary Kate asked if Archway would conduct a cross-validation of the commercial data sets from the three states in order to leverage the three to understand coverage and gaps in coverage. Archway responded yes, but it is not their intention to link the data across states. Each states' analyses will be conducted separately, and that only results will be compared.

The Council is not ready to vote on this application at this meeting, preferring to be able to review and digest these questions and responses, and discuss next steps with GMCB's legal department. The DGC anticipates a vote at the next meeting in December.

Public comment: Michael Durkin asked if Archway is owned by or affiliated with any other payers or providers. Archway answered no.

Data Linkage Policy Standards

Susan explained that GMCB staff is looking to the Council for policy guidance on data linkage requests. Kate explained that program staff would like input from the Council in order to develop a draft policy. Mary Kate provided an update on the technical assistance that AHS is receiving from the National Governor's Association (NGA) and Actionable Intelligence for Social Policy (AISP) on improving data sharing and data integration to inform policy, for decision-making, and allocation of resources. Council members provided the following input for the development of policy standards for data linkage of GMCB's data assets:

- Data linkage must at minimum adhere to the protections of the underlying Data Use Agreement.
- Minimum cell size requirements must be maintained.
- The most restrictive limitations from each data set must be applied to the linkage agreement.
- Consider different thresholds of review considering different levels of risk involved in the linkage request (for example if data linkage is used only internally by research team and not intended to inform publication, the request for linkage may not need to rise to the level of DGC review).
- Maybe mirror data linkage requests to the current review threshold process for DUA requests.
- Be mindful of the risk on both ends of the spectrum. There are privacy and security risks inherent in the sharing of data, but also there is the risk of inaction, of not knowing, of never linking data. For example, linking VHCURES and social service data that can support statewide efforts to shift services and utilization patterns more upstream for better care management and prevention.
- There should be a clear structure for approving data linkage projects with objective criteria.
- Set prerequisite guidance so that in advance of any data linkage request submission the requestor's analysis team would review the data sets to understand the variables within the data set to determine whether their research questions are answerable, the data are robust enough, and the structure is sufficient to obtain the level of granularity that the new analyses are going to need.
- Consider a process for ensuring data stewardship and approval of the other data sets that would be proposed to be linked, such as an MOU, or other written approval.
- Consider how to connect with IRB, or to ensure that the applicant engages IRB if applicable.

Cathy asked if it would be possible to pilot some scenarios in an environment that is not working with actual live data? This would help the Council to better standardize protocols to apply to data linkage. Helen offered to provide example scenarios as well as protocols from the health department.

Council members expressed interest in hearing more about the AISP technical assistance and data sharing and integration work at the AHS. We will cue this up for the February 2020 meeting.

Public Comment

Eric Schultheis asked the Council to be mindful of vulnerable sub-populations when considering data linkage and research. In instances where linkage might address a sub-population more directly, it might be helpful to reach out to advocacy organizations for transparency and to increase understanding of the issues, concerns and vulnerabilities within sub-populations.

New Business

None.

Adjourn

The Council voted (7-0) to adjourn at approximately 3:30 pm.