GREEN MOUNTAIN CARE BOARD
Data Governance Council
Tuesday, February 4, 2020
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
Helen Reid, Division Director, Health Surveillance, VDH (*via phone*)

Others Present
Kate O'Neill, Chief Data Steward, GMCB
Lynn Combs, Associate General Counsel, GMCB
Sarah Lindberg, Health Services Researcher, GMCB
Lindsay Kill, Health Care Data Analyst, GMCB
Eric Schultheis, HCA
Michael Durkin, BCBSVT
Jennifer Kaulius, UVMMC
On phone: Archway Health Partners

Call to Order, Chair's Report
Susan Barrett called the meeting to order at approximately 2:00 pm.

October Meeting Minutes
The Council voted by roll (7-0) to approve the minutes from the 10/25/2019 meeting.

Rule Revision Update
Lynn Combs provided an update on the process underway for revising the Rules that govern data submission and release. We are continuing to draft language addressing statutory changes that impact the Rules and to better reflect the variety of data release requests we receive. We anticipate that new drafts will be presented to the DGC in 3rd quarter 2020.

Analytic Priorities Update
Lindsay Kill shared an overview of the analytic priorities as presented to and approved by the Board at their 12/18/2019 meeting. Slides can be viewed here. Council members asked clarifying questions about the planned analyses, and Lindsay responded that we will not link any data, we will not describe the entire landscape of services, but rather condense services to a more digestible description, we will be able to see differences in price by payer, and we have established certain criteria for the selection for the specific episodes of care to be used in analyses.

VHCURES DUA Application
Kate O'Neill provided a summary of the application submitted by Archway Health Advisors, LLC. Alena Berube made a motion to approve the data use application submitted by Archway Health Advisors for the development and testing of a methodology to evaluate commercial

insurance claims data consistent with its proposal in its DUA application, written responses to GMCB and Council questions and oral testimony provided to the Data Governance Council. Lauri Scharf seconded.

Discussion:
Tom Pelham asked about who will be responsible for notifying GMCB in the case of a data breach. Archway staff on the phone confirmed that Luke Pezet, an Archway employee, would be the person who'd notify GMCB in the event of a data breach.

Tom asked if there is any way we could scope out the kind of data sets that we'd be interested in through the analysis that Archway plans to conduct, and if we could get some assurance of what GMCB would be able to access from their analysis, as an opportunity for the GMCB to learn from their research. Archway indicated they'd be willing to share high level reports and to work with GMCB during the project period to determine what would be most valuable to the state of Vermont. Susan clarified that she's interested in Archway sharing their findings with the DGC and the Board, but beyond that we might need to address any services they'd provide to Vermont under a contract. Lynn clarified that the motion is limited to the development of a methodology using commercial claims data but any subsequent use of the methodology or the data, or any derivative of the data would be brought back to the DGC for review and potential approval. Under a DUA we are giving an entity authorization to use our data, and what we can ask for from their use of the data is restricted under HIPAA. Therefore, a DUA is not an appropriate tool to contract for services with Archway. Tom concurred and restated that he is interested in ways that we may be able leverage the use of our data.

Mary Kate clarified that under the terms of a DUA an entity can make the results of their research and analysis public as long as they follow the requirement of a GMCB pre-publication review. Lynn reminded the DGC, however, that since Archway stated in their application that they wouldn't publish results, we will go with the more restrictive term as stated, and expect that Archway will not disseminate any data publicly. So by the terms of the application Archway will return to the Board (and/or DGC) before anything is disclosed publicly. Archway agreed that this is an acceptable process and in line with their business practice.

Mary Kate asked how Archway will address data gaps in the commercial claims and if they have figured out a way to address potential bias in any outcomes. Archway said that they are looking to purchase Truven data which is a combination of commercial payers and self-employed data.

Reminder, this is a two-year application.

Lauri asked if we conducted reference checks. Kate shared that Archway did supply resumes for the project team, but we did not conduct reference checks. We understand that Archway has been approved to work with Medicare data and to work with Maine and Massachusetts commercial claims data, so that indicates a track record. However, we can incorporate this activity as a part of the review process going forward.

Public comment: Michael Durkin from BCBSVT stated his support for the proposal to conduct applicant reference checks as a routine aspect of the non-state entity application review process. Susan added that we can also incorporate a request for applicants to submit lists of other processes for which an applicant has been approved.

Alena amended the motion to approve the data use application submitted by Archway Health Advisors, LLC for two years for the development and testing of a methodology to evaluate commercial insurance claims data consistent with its proposal in its DUA application, written responses to GMCB and Council questions and oral testimony provided to the Data Governance Council. Lauri seconded.

The Council voted by roll (7-0) to approve the Archway Health Advisors DUA application for a two-year term.

Data Linkage Policy

Kate provided a summary of the proposed data linkage policy and a brief history of state agency projects that have used linked data sets. Kate asked Council members for their feedback to inform the next draft which will be presented at the next meeting. Individual Council members can send to Kate directly between now and the next meeting any written feedback and additional resources that may be helpful. At the next meeting, Kate will provide an aggregated summary of feedback and a revised draft for Council consideration.

Lauri questioned the phrasing of the statement on limiting disclosure of identities. Lynn referred to an AHRQ resource document that explains that the purpose of linking data sets is to identify particular subjects across databases so there is going to be potential for reidentification with data linkages. But because this statement does not address disclosure to whom, it may be too vague.

Mary Kate suggested an additional resource from Actionable Intelligence for Social Policy (AISP) on integrated data systems, which addresses cross-sector linked data. Oregon and Rhode Island use APCDs in their integrated data system, so these would be good to explore.

Tom asked about the consequences of violating the policy or if there were to be a data breach? The policy should make clear the terms of violation. All data linkages are subject to the terms of underlying DUAs. But we could make clear the sources of penalties that would be applicable to the linked data set.

Alena suggested we may consider broadening the statement about benefits to Vermonters.

Public Comment

Michael Durkin suggested we provide a definition of data linkage. Eric Schultheis reminded Council members that geographic aggregation is an important consideration. Looking at anything sub-county level can be problematic because of such small numbers. Lindsay explained that applying too many constraints onto our very rural state risks losing important granularity and variation precisely because of small numbers. We want to better understand rural communities and if we layer on too many layers of aggregation, we end up lumping the state, except for Burlington, together. She has resources to share about how to mitigate this in research.

New Business

None.

Adjourn

The Council voted by roll (6-0) to adjourn at approximately 3:30 pm. *(Helen was not on phone at this time.)*