

GREEN MOUNTAIN CARE BOARD  
Data Governance Council  
October 6, 2020  
2:00pm, via Microsoft Teams

**Attendance (Voting Members)**

Susan Barrett, Council Chair and Executive Director, GMCB  
Tom Pelham, Board Member, GMCB  
Alena Berube, Director of Value Based Programs & ACO Regulation, 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  
*Absent: Helen Reid, Division Director, Health Surveillance, VDH*

**Others Present**

Kate O'Neill, Chief Data Steward, GMCB  
Sarah Lindberg, Health Services Researcher, GMCB  
Karen Barber, General Counsel, Department of Mental Health  
Michael Durkin, BCBSVT  
Sean Judge, VAHHS-NSO  
Matt Griffith, VAHHS-NSO  
Eric Schultheis, HCA  
Mort Wasserman, University of Vermont Larner College of Medicine  
Michelle Sawyer, AHS  
Christopher Shenk, VITL  
Jim, Southwestern Vermont Medical Center  
Jennifer Kaulius, UVMHC  
Rebecca Copans, Blue Cross and Blue Shield of Vermont  
Becky Colgan, OneCare Vermont

**Call to Order, Chair's Report**

Susan Barrett called the meeting to order at approximately 2:00 pm. Susan reported that we recently approved a data linkage request for UVM Larner College of Medicine Center for Health Services Research. This project is to link date of death with their VHCURES data set for two studies: Studying the effectiveness of post-discharge care following intensive care stays in Vermont hospitals, and evaluating the impact of provider payment reforms, specifically, examining the ACO and community health team impacts on service utilization and health outcomes.

**Approve December Meeting Minutes**

The Council voted (6-0) to approve the minutes from August 14, 2020.

**AHS Data Integration/Governance Update**

Karen Barber, General Counsel at Department of Mental Health provided an update on a project across four AHS departments (Department of Corrections, Department of Mental Health, Department of Children and Families and Department of Vermont Health Access) to share data related to the homeless population. Through this project they established an AHS Interdepartmental Data Charter to enable the sharing of records for individuals housed in the General Assistance emergency motel program during the COVID-19 pandemic. The primary

objective of this project is to improve service delivery, coordination across departments, and efficient use of public resources. Lauri Scharf asked what data is being utilized, and Karen responded that it is AHS internal data, such as Medicaid claims data, DMH and DOC data, and DCF's General Assistance motel program data. Susan asked about AHS's data governance council. Karen said that when they received the technical assistance grant from Actionable Intelligence for Social Policy (AISP) they established governance policies that proved challenging to put into practice before better understanding the data landscape across AHS, so the council is on pause at this time while the department works on use cases, such as this pandemic service delivery project. Jim T (guest) asked if data would be segmented by region? Karen said, likely, yes, there will be some regionally specific information resulting from this, but they are early in the matching phase so she is not certain what the output will look like. Tom asked about the integrated eligibility system and whether there is an opportunity here to address the questions and potential challenges related to such a system but recognizes this is different than the project Karen described.

### **Public Comment**

Mort Wasserman asked for the Charter, and Karen said she would share it. Mort expressed interest in the AISP work and Karen shared that the longer-term goal is for a functioning integrated data system with an Enterprise MOU/data sharing agreement for everyone across the agency and ideally statewide.

### **Data Validation Project Update**

Sarah Lindberg provided an update on the GMCB's data validation project, which has as its goal improving and enhancing the data under GMCB's stewardship. Alena asked what other data and analyses we should be exploring? Sarah talked about using shadow claims, and the importance of getting our clinical and claims data better trued up against one another to better understand what's happening at the transactional level knowing that we need to get to a better way to understand average cost. Tom asked about discharge data in the context of independent providers. Sarah explained that while we can conduct a comparison of VHCURES and VUHDDS based on discharges from Vermont hospitals, we are asking independent providers to voluntarily provide us a sense of how many patients they see and their revenues so we can measure how well that matches up to VHCURES as well. Mary Kate asked about the timeline. Sarah said we are hoping to have a guide for analysts mid-2021. Cathy said this is an important way to understand variation. She asked if we could describe how reporting and process updates to Medicaid and VCHIP take place. Sarah said she did not know.

### **Public Comment**

Michael Durkin asked for clarification on how we are taking recommendations from payers and providers. Sarah explained that the reason why we will have the providers lead the variation work is that most of the regulatory levers that the GMCB have are on a provider basis so it is important that we use services that make sense to them, but payers are expert in their claims data and they best know the constraints with the data as submitted to VHCURES, so we do need their input and perspective as well. Jim asked whether we will be using claims charges or claims reimbursement and is the study at risk of exposing details of payer contracts? Sarah explained that we will not be exposing any payer-level information, but we will show how allowed amounts vary. Mort asked about the challenges and opportunities to improve race and ethnicity data in VHCURES. At this time, this indicator is a voluntary element for submission to VHCURES (per VHCURES Rule), so Sarah reached out to DVHA to voluntarily submit that data to VHCURES for our Medicaid population. Next, we will talk with payers and hospitals.

We may be able to integrate VITL clinical data and/or with the State's enterprise-level master person index. Mort asked how to best address the concern about voluntary submission of the race and ethnicity element and Sarah explained the process we are undergoing to update the Rule and that there will be public hearing opportunities during the rulemaking process. Eric would like to see stakeholder engagement in the development of questions for the Vermont household health information survey and the GMCB can and should play a role in helping facilitate the opportunity to make such improvements.

### **Draft Data Linkage Policy**

At the August 14<sup>th</sup> meeting, the DGC voted to approve the draft Data Linkage Policy with this added item:

*“Any amendments including linkages to additional data sets would need to be reviewed and approved.”*

This change was made, however, in incorporating the added language, Kate made a few slight edits for clarity without changing the substance of the statement. It now reads as follows (underline added here for emphasis):

*“Any amendments to an approved data linkage, including linkages to additional data sets, need to be reviewed and approved prior to any amended activity.”*

### **Data Governance Council Issues Log**

Kate walked through the Issues Log which documents for Council members the projects we have accomplished, are currently addressing, and are on hold to address at a future point in time. Susan asked Council members to weigh in on their priority requests. Alena asked staff to do a qualitative assessment of the current and upcoming work through a lens of liability or risk versus “nice to have” and to prioritize anything that poses the greatest risk to our data assets. Mary Kate suggested prioritizing by where work is already being done. She added that Darin Prail (ADS) is working with a group on security policies through ADS and it would be worthwhile to reach out to learn more about those policies. They are trying to standardize and align with national guidance, like NIST regulations. Kate will follow-up. Cathy concurs that security is foundational, and it is worth setting those standards as well as a periodic review. Susan suggested that we may not want to keep the fee schedule on the list because one way we have been working to address this in lieu of pursuing fees is to develop analytic files that would be designed to allow for broader access. Kate will work with the data team at GMCB to adjust this list per these suggestions and will return to the Council with an update at the December meeting. We would also like to hear from members at the meeting whether there are issues to add to this list.

### **New Business**

None.

Next meeting is Tuesday December 1<sup>st</sup>.

### **Adjourn**

The Council voted (6-0) to adjourn at approximately 3:15 pm.