**Virginia All-Payer Claims Database (APCD) Advisory Committee**

**Data Review Subcommittee Meeting Minutes**

April 14th, 2016

*Meeting held via teleconference*

Members present: Al Hinkle, Jon DeShazo, Dave Neuwirth, Michael Matthews

Others present: Michael Lundberg – Virginia Health Information, Kyle Russell – Virginia Health Information, Stephanie Kuhn – Virginia Health Information

Call to order at 11:00 a.m.

Dave Neuwirth welcomed the members and guests of the All-Payer Claims Database (APCD) Advisory Committee Data Review Subcommittee (hereafter “the Subcommittee”).

Dave opened the meeting by stating that the purpose of the subcommittee is to review any applications received for standard or custom reports, data extracts, or any other type of access to APCD data as outlined in the application. The subcommittee needs at least 3 members present, either by phone or in person, and will meet at least monthly.

When asked if there were any questions about the subcommittee purpose, there were none.

There were two application submitted for review. All members of the Subcommittee received these applications and accompanying materials prior to this meeting for review.

Patient First Application

Patient First is requesting an annual subscription to APCD data through the MedInsight tool. This access will reflect the same level of access provided to founding members. The data will be de-identified and contain standardized proxy amounts only. For that level of access they have signed a full data subscriber agreement, which has been sent to everyone prior to this meeting. This document stipulates approved use of the data, restrictions on how it can be released, and it has a questionnaire for intended uses of the data.

The subcommittee started a discussion on what should be looked for in the applications and agreements. The conclusion of the discussion was that the subcommittee will validate that the applicants intended use of the data or stated purpose is in conformance with the data subscriber agreement (DSA) and is consistent with what would be an approved use by the legislation around the APCD. The subcommittee will also determine if the documentation provided in the application and data subscriber agreement is sufficient to cover the level of use requested. The subcommittee should not determine if the data will be useful to the applicant.

Another discussion was started by the subcommittee about how VHI will spend time with the applicant to introduce them to the data and to train them on proper use. When VHI receives a request, they review permitted and unpermitted uses of the data with the applicant. The approved and unapproved uses are described in detail in the DSA that the applicant must sign before gaining access to the data. Once the data is provided, VHI administers ongoing training and support. VHI can also monitor the use of the data.

The subcommittee raised another question; is it the purpose of the subcommittee to discern what the applicant’s motivation is or is it simply to determine whether their intended use of the data is consistent with the stated guidelines on how it can and cannot be used? It was determined to be the latter. It is VHI’s duty to make the determination of their motivation by monitoring that their ongoing use of the data is consistent with what was stated on the application. All four subcommittee members agreed that the subcommittee should not look for ulterior motives, but look at whether the applicants intended use of the data is consistent with stated guidelines in the DSA.

There were a couple of areas of the application where the subcommittee would have liked to have had more information or clarification for an answer. After discussing different ideas, it was decided that it would be good to send out the application and documentation to all the subcommittee members in further advance of the meeting so they can ask questions of the applicant and get answers by the day of the meeting.

A motion was made to approve the Patient First application. The subcommittee voted unanimously to approve the application.

Third Sector Capital Partners Application

Third Sector Capital Partners is working with The Virginia Pay for Success Council on a feasibility study on the impact of home visitations on child and maternal health. The applicant is looking for a one time aggregate report. They would like proxy reimbursement amounts broken out by the Virginia Health Planning District for 2011-2014. Any cell size less than 11 would be suppressed. The report requested would not be payer or provider specific. VHI has confirmed there are multiple health insurance carriers in each health planning district.

The subcommittee asked if the report would be claim specific? VHI confirmed it would not be.

The subcommittee then asked who would be making the determination on readmissions? VHI confirmed that these specifications were provided by the applicant.

The subcommittee asked if the applicant provided the same level of detail for each of the 11 services as to exactly what they are looking for, like the way they defined hospital readmissions. VHI confirmed that they did not. VHI will provide the specifications for all the codes that will be rolled up to define each service using Milliman’s Health Cost Guidelines Grouper.

There were no further questions.

A motion was made to approve the Third Sector Capital Partners application. The subcommittee voted unanimously to approve the application.

With no public comment received, the body adjourned at 11:33 a.m.