Georgia All-Payer Claims Database (GAPCD) Advisory Committee

Minutes

Quarterly Meeting

Thursday, August 10, 2023 | 11:00 am – 12:00 pm

Virtual Meeting | apcd@opb.georgia.gov

Attendees

Committee Members

p	Dr. Gregory Esper	p	Mr. Rick Dunn	p	Commissioner Kathleen Toomey
p	Senator Ben Watson	p	Mr. Matthew Hicks	p	Ms. Elizabeth Holcomb (chair)
p	Mr. Gregg Conley	p	Ms. Crysty Odom		
p	Dr. Jon Duke	a	Mr. Chad Purcell		

(p)resent; (a)bsent

Supporting Leadership/ Facilitation Present

Office of Health Strategy and Coordination (OHSC): Elizabeth Holcomb, Anelia Moore, Colin Stauffer

Georgia Technology Authority (GTA): Jake Star

Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI): Dr. Jon Duke, Megan Denham

Discussion Notes

Opening Remarks, Introductions, Approval of Meeting Minutes

Chairwoman Holcomb welcomed everyone back to the quarterly meeting of the Georgia All-Payer Claims Database (APCD) Advisory Committee. Chairwoman Holcomb conveyed her appreciation to share two updates on the APCD program and APCD Advisory Committee. Mr. Grant Thomas has resigned his role as Chair of the APCD Advisory Committee with his transition from the position of Director of the Georgia Office of Health Strategy and Coordination (OHSC) to his new role as Deputy Commissioner of the Georgia Department of Community Health (DCH). With this transition, Governor Brian Kemp has appointed Elizabeth Holcomb to serve as the new Director of OHSC and Chair of the APCD Advisory Committee, effective August 4, 2023. She stated it has been a privilege to be involved in the APCD program over the last two years under the previous titles of Deputy Director and Legal Counsel for OHSC, and that she is looking forward to continuing to support the team in her new roles as they move forward with implementation of the APCD.

In addition, Chairwoman Holcomb extended a warm welcome to Rick Dunn, newly appointed Director of the Governor's Office of Planning and Budget (OPB), as a new member of the Advisory Committee. Director Dunn replaces Kelly Farr, who has transitioned into the commercial sector. Director Dunn has held multiple leadership roles in various state agencies, including positions with the Department of Human Resources, Department of Behavioral Health and Developmental Disabilities, the Governor's Office of Children and Families, and most recently as the Director of the Department of Natural Resources Environmental Protection Division. Director Dunn comes to OPB with institutional knowledge of the agency, having previously served as its Deputy Director and has already taken the time to be briefed on the APCD program.

Other than those personnel changes, no additional changes are currently anticipated for the APCD Advisory Committee. Chairwoman Holcomb thanked Mr. Thomas for his valuable contributions and leadership of the APCD program and wished him luck in his new role at DCH. She also thanked former Director Farr for his leadership and support of the APCD since the inception of the program and wished him well in his exciting new role. Chairwoman Holcomb then instructed the group that if they have any questions or concerns regarding this transition, please do not hesitate to reach out to her or her team.

Chairwoman Holcomb, transitioning to the regular meeting agenda, extended her appreciation to the committee members for their commitment to participating in the quarterly meetings. She stated that these gatherings serve as a vital platform for updates on the APCD implementation and discussions related to this significant endeavor. She said the team has many exciting updates to share in the call, including that they have begun developing their analytic use cases using real production data from the APCD.

Before jumping into the agenda, Chairwoman Holcomb mentioned she will quickly review some housekeeping items and meeting logistics and informed participants that the meeting was open to the public and would be conducted in accordance with the State of Georgia Open Meetings Act.

She also let attendees know that the meeting would be recorded, and minutes would be posted to the website following approval by the committee at the next meeting. Minutes can also be obtained by writing to APCD@opb.georgia.gov.

She stated the participants will be muted, except for committee members, those presenting to the committee, and staff and requested that Committee members and presenters mute themselves when not speaking. Committee members should chat or text Anelia Moore or Colin Stauffer with any technical issues and should have their contact information in the meeting agenda email sent earlier this month.

Committee members were invited to speak up with questions throughout the meeting rather than wait until the end of the meeting.

As Chairwoman Holcomb moved to the agenda, she informed participants that minutes from the May 2023 meeting were emailed with the agenda in advance of the meeting, then asked if there were any questions or comments regarding the minutes. There were no comments. Hearing no objection, the minutes from May were approved, and the committee roster was reviewed.

Chairman Holcomb informed the committee that they have a robust agenda for the day. In addition to covering the standard topics for these sessions, her team will be diving into the status of submitter onboarding, providing an update on the progress against analytic use cases, and sharing an initial look at the different components of the data request process.

Advisory Committee Members Update:

Chairman Holcomb shared the update about former Director Thomas' transition, her appointment to chair, and Director Dunn's appointment replacing Kelly Farr. Other than these changes in membership, there have been no updates or changes to the Advisory Committee structure since the Committee last met in May.

At this point, Chairwoman Holcomb introduced Mr. Stauffer, the OHSC Technical Program Manager for the APCD, to provide an update on the status of the project.

Key Milestones

Mr. Stauffer provided an update on key milestones for the APCD. He acknowledged that the team's main focus since the Advisory Committee met in May has been on executing the data collection and analytics strategy. The team has been extremely busy onboarding and enabling payers for data collection, while also progressing analytic activities. Mr. Stauffer was pleased to report that the teams were mostly on schedule and have made tremendous progress in the last three months.

On the data collection side, the first three milestones for historical and current data submissions have been successfully completed, and production data is now flowing into the APCD and passing rigorous data validation checks. Mr. Stauffer then shared more details regarding the submitter onboarding metrics, and called out that the team has dedicated many hours to helping payers onboard, hit the prescribed deadlines, and map their data to the specifications of the data submission guide to help expedite the submission of data to the extent possible.

Despite those efforts, the committee will notice that the status of the June data submission milestone is yellow. As the team shared in May, they established an initial set of target milestone dates for payer data submissions, which began in June. The team has anticipated that some payers would require additional time to prepare their data and work through the data validations of the data collection solution. However, the team has also established September 1st as the latest date to accept extension requests without potentially impacting the analytic use case timelines. Multiple payers have submitted extension requests back to this September 1st date, which he said the team will dig into more in a few minutes. If those payers do not hit their extension dates, there may be downstream impacts to the analytics timeline. However, the teams were working closely to provide any support necessary to help the submitters hit their deadlines.

The team also needs to call attention to challenges related to the Department of Community Health (DCH), who is responsible for both the Medicaid and State Health Benefit Plan (SHBP) submissions. On the Medicaid side, DCH is holding their eligibility and claims data submissions until a formal data use agreement, or DUA, can be put in place. On the SHBP side, the team is working closely with DCH to address

and understand the impact of data completeness issues that the team is seeing. Mr. Stauffer then mentioned there is close collaboration with DCH to resolve the DUA thread and address the data quality and completeness issues that were being observed.

Moving to analytics, Mr. Stauffer informed the group that the team just received its first production data extract from Onpoint on July 28th, which is a huge milestone for the APCD program! Even though the team just received the first production data extract, the analytics team has been able to make tremendous progress. The GDAC team stood up the analytic environment back in April, which allowed the CHAI team to start on the analytic use cases before receiving production data from Onpoint. However, Mr. Stauffer called out that if the team is not able to get the rest of the payers onboarded to the APCD ahead of the September data extract, there may be an impact to the analytic use case timelines as well which Dr. Duke will go into more detail on these topics later in the presentation.

Mr. Stauffer then asked the group if there were any questions about the project milestones. There were no questions from committee members.

APCD Data Submission Milestones

Mr. Stauffer then moved to speaking about Data Submissions, referring to the meeting in May where the timeline for payer onboarding and data submissions was discussed. Mr. Stauffer explained how the team has sequenced the data submission milestones for medical and pharmacy data, which will provide the necessary context for understanding where the project is at regarding submitter onboarding. Mr. Stauffer mentioned the team's goal is to collect five years of historical data and from there to collect data monthly moving forward. Mr. Stauffer stated the team typically refers to the June 1st date when talking about data submission milestones but have staggard the submission of the medical and pharmacy data over multiple milestones. The intent is to allow the payers to submit more recent data now, which is data from the past 3 years, while providing them more time to submit data from older time periods, which can be more challenging to extract from their systems.

With this context, Mr. Stauffer provided an update on the project's progress against those milestones over the next few slides.

Mr. Stauffer shared a slide from the May meeting which showcases the number of anticipated covered lives for each insurance type. That data was based on self-attested information provided by each payer at the point of registration. The team anticipated those numbers would change as they collect the production data, but they were still helpful in assessing progress made towards onboarding the submitters.

Mr. Stauffer conveyed that overall, the team was content with the progress concerning the onboarding of payers to the APCD. In order to provide visibility into the progress, the team has prepared two sets of metrics: progress by submitter count and progress by total covered lives. Looking at payer onboarding progress by submitter count, the APCD now has 45 total payers that have registered with the data collection vendor, Onpoint, which is 5 more than in May. Of those, 37 were required to submit medical and/or pharmacy claims information, which equates to 82% of the registered submitters. The rest were dental only, of which first submissions are not due until December.

Of those 37 submitters, 22 have successfully submitted at least some data to Onpoint, which accounts for 59% of the 37 submitters. This means their submission files have passed all the data validations and have been loaded into the production repository, but there were some files still pending. 15 of those submitters were completely up to date and have submitted all the production files in alignment with the data submission milestone schedule, which equates to 41% of the 37 required submitters. Of the submitters that were not completely up to date, 17 submitted extension requests and 5 were late without having submitted an extension request. Mr. Stauffer pointed out that the 5 payers who were showing as late for the most part have not submitted an extension request, because they were extremely close to having all their data pass validations within the next one to two weeks.

Overall, the team is working closely with the pending payers to understand their challenges and help them complete their data submissions. All but one payer is currently communicating that they were on track to have their data submitted and validated ahead of the September 1st deadline. However, the team will continue to engage and try to mitigate the impact of delayed submissions.

Mr. Stauffer reminded the group that the team initially anticipated just a few payers being onboarded by June 1st, with many of the plans gradually being onboarded over a 2-year period. Even though there were plans that did not hit the initially published deadlines, the schedule is still significantly ahead of the previous plan.

Payer Onboarding Progress

Mr. Stauffer conveyed that while total submitters is an important metric, it is also important to take into consideration the variance in size across the submitters, who range in size from 1,300 covered lives to almost 1.5 million covered lives. Therefore, the team also tracked submitter onboarding progress based on total covered lives.

Looking at payer onboarding progress by covered lives, the team anticipated over 5.6 million total covered lives to be submitted by this initial round of 37 medical and/or pharmacy data submitters based on their registration data. Of those 5.6 million covered lives, the team has received partial data submissions for just over 5 million covered lives, which is 89% of the expected population. This is the covered lives total for the 22 submitters with partial data submissions. The 15 submitters that were completely up to date with their submissions account for just under 3.5 million covered lives, which is 61% of the anticipated total. The submitters that have submitted extension requests or were late/almost complete account for 33% and 6% of the total covered lives respectively.

Mr. Stauffer also noted that while there is still work remaining before the September 1st deadline, there is a sense of enthusiasm about the substantial amount of data the team has successfully collected up to this point.

Mr. Stauffer then opened the floor to the group, asking if there were any questions.

Dr. Greg Esper expressed his appreciation for the presented data and the positive outlook for the database. He then inquired, if there were any barriers that remain unaddressed for the board players, or is it primarily a matter of prioritization and ensuring their inclusion?

Mr. Stauffer provided a response, stating the team collaborated closely with the payers, and each one had unique situations. The team observed certain delays in timelines due to factors like mergers and acquisitions, shifts in regulatory and system priorities, and other variables. Through the ongoing conversations, the team has identified that those delays primarily relate to timing rather than insurmountable barriers. The expectation was that the team would progressively move towards achieving 100% coverage of the 5.6 million, and our objective is to approach this target as closely as possible by the deadline of September 1st.

Concluding his remarks, Mr. Stauffer turned it over to Dr. Jon Duke to walk the Advisory Committee through an update on the Analytics side.

Progress on Analytic Environment:

Dr. Duke extended his gratitude to Mr. Stauffer, and everyone present at the gathering. He then went on to say that the team is thrilled about the progress that has been achieved so far, with data beginning to flow in which marked a pivotal point where some highly exciting updates were on the horizon. Dr. Duke then kicked off the discussion with the first of three sections, focusing on analytics.

Dr. Duke continued saying the data began to stream in, and the figures Mr. Stauffer had just outlined were transmitted from Onpoint to the GDAC environment. In this environment, the team is engaged in converting this data into a standardized health analytics data model, known as OMOP CDM (Observational Medical Outcomes Partnership Common Data Model), which has garnered widespread adoption across the nation and globally for healthcare analytics. Its extensive benefits range from analytics models and approaches to visualizations and shared standards. This presents immense value across various All-Payer Claims Databases (APCDs) in the United States.

Dr. Duke elaborated that the process of converting the data, a task slated for completion over the following one to two weeks, is followed by a series of preparatory analyses once the data is in the OMOP CDM format. This phase encompasses approximately 1,600 quality checks spanning a broad spectrum of analyses. These assessments ensure the completeness of the data, compliance with data structures and formats, and scrutinization of potential anomalies. Through these checks, the team will gain a comprehensive understanding of data quality. While the preliminary data quality assessment looked promising, these checks remain pivotal in ensuring sustained data quality in subsequent iterations.

Moreover, data characterizations were conducted, which involved a global analysis of the dataset, identifying common diagnoses, procedures, visit types, and medications. This step provided a panoramic perspective on the dataset, aiding the team's endeavors to extract meaningful insights.

Progress on Analytic Use Cases

Dr. Duke elaborated further, underscoring the analytical use cases that had been discussed in the previous advisory committee meetings. To provide a recap, he reiterated the twelve use cases that are currently under active development. Those were the ones listed on the slide, and he provided a brief overview of each.

Regarding cost and utilization, the focus encompassed: Total Cost of Care, Chronic Disease Cost of Care, Avoidable Costs, Behavioral Health Costs, Surprise Billing, and Pharmaceutical Trends. Specifically in the realm of behavioral health, the exploration included: Behavioral Health Trends, and Patterns in Certain Opioid Therapies. Additionally, concentration was on healthcare screenings: Preventive Screening Rates. It's crucial to note that all these use cases were designed to leverage the data that flowed in through the All-Payer Claims Database (APCD). The recent data extract had indeed ignited enthusiasm. The volume of data acquired was noteworthy; however, it's important to acknowledge that this dataset wasn't yet comprehensive enough to facilitate the generation of the final analytics products.

While the team has been able to conduct considerable testing and even engage in preliminary report pre-generation, we were fully aware that the completion of the data collection, as described by Mr. Stauffer earlier, is a prerequisite. Consequently, the team anticipated commencing the release of the analytical products, including reports, datasets, and dashboards, in January of 2024.

Dr. Duke also mentioned that the team made notable progress, not just in the development of use case-specific analytics but also in constructing foundational tools that paved the way for more efficient utilization of the ABC D in the future. These libraries encompass various functionalities, such as geospatial visualization, risk modeling, and the integration of diverse data elements like sensor data and social vulnerability indices. These tools will empower the APCD Analytics team and other users to expedite the development and expansion of new use cases or data stratifications. This will contribute to a more profound comprehension of the underlying patterns within the data.

Dr. Duke went on to mention that the team has achieved substantial progress, not only in the development of use case-specific analytics but also in establishing foundational LIBIS tools aimed at enhancing the efficiency of the APCD's future utilization. Those libraries encompass a range of functionalities, including geospatial visualization, risk modeling, and the integration of diverse data elements like sensor data, social vulnerability indices, and provider characteristics which were strategically designed to empower both the APCD Analytics team and other users.

Before moving on to the next category, Dr. Duke paused to open the floor for any questions regarding the status of the use cases and what they can expect in the upcoming months. Pointing to the committee, Dr. Duke mentioned that their queries and insights were highly valued and encouraged the committee to share any concerns or inquiries they might have.

Dr. Esper had a question related to the social vulnerability index and thinking about care and access to care. "Are you or are we expecting to look at access to broadband for telehealth and all the things that encompass that?" Dr. Duke responded that "Yes. We do have a remarkable set of data points that cover everything from technology available to agriculture to education. There is really a tremendous number of sources that are available that we've ingested. We have data sets on telemedicine and broadband, so there were several data points around that specifically."

Stakeholder Engagement

Dr. Duke then moved to stakeholder engagement and highlighted that although the team's initial efforts centered around engaging with submitters, they have embarked on a broader endeavor to extend the outreach to stakeholders at large. As part of this expansion, the team successfully launched the APCD website, which can be accessed at https://apcd.georgia.gov/.

Looking ahead, he mentioned that they were in the planning stages of hosting stakeholder Town Halls in the upcoming Fall season.

Data Requests /Background of APCD – DPSA Working Group

Dr. Duke provided an insight into the background of the Data Privacy, Security, and Access (DPSA) Working Group, mentioning that the DPSA Working Group was established in the year 2022 with the objective of formulating recommendations aimed at ensuring the privacy, security, and accessibility of the GA APCD. The composition of the working group (WG) was notably diverse, encompassing a broad spectrum of perspectives, including representatives from payers, providers, privacy & security officers, compliance officers, policy experts, and various healthcare organizations.

Marking a significant milestone, the DPSA Working Group officially presented its well-considered recommendations to the APCD Advisory Committee in the month of June in 2022.

Among the significant recommendations put forth, a pivotal focal point was the proposal to establish a formalized procedure for the submission, meticulous review, and ultimate approval of data requests pertaining to the indispensable APCD, which provided an overview of the key aspects related to the APCD Data Privacy, Security, and Access (DPSA) Working Group and its recommendations.

Balancing Data Privacy and Accessibility

Dr. Duke then proceeded to elaborate on the topic of balancing data privacy and accessibility. He mentioned that the core concern addressed by the DPSA and us as the APCD administrators revolves around finding the equilibrium between safeguarding individual privacy, ensuring security, protecting sensitive data, and simultaneously enabling data accessibility for productive work, research, and analysis in alignment with APCD objectives.

APCD Outputs

Dr. Duke proceeded to discuss the APCD outputs, outlining that they fall into two categories. On the left side of the slide, there are resources accessible to the public, primarily through the website. These include publicly available information which might accompany data downloads and potentially interactive dashboards for public use. Additionally, there were public use files containing aggregated data, as well as public reports that do not require a specific review process.

Dr. Duke pointed out resources that necessitate approval before release that are comprised of standard and custom data extracts, as well as standard and custom reports that not only provide data but also

interpretations or explanations tailored to specific stakeholder requirements that undergo the process relevant to the ongoing topic of discussion (data request review).

Considerations for Data Release

Dr. Duke then clarified the data request context displayed on the slides addressing the nature of the requested data, the purpose of the data request and who is requesting the data. He then further explained about the factors related to the data considerations, including how the data is de-identified, the sensitivity, the anti-trust considerations, and other factors.

Then moving to the other side of the slide, he explained about the purpose of the data requests needing to be aligned with APCD objectives, including enhancing the comprehension of care costs and utilization, advancing population health, enhancing the quality of care, and enhancing care coordination. He then elaborated on the types of entities we expect to be requesting the data, including researcher, state agency, payer, health system, etc. Dr. Duke explained that alignment with privacy & anti-trust considerations associated with each requestor type was critical, as is assessing each requestor's capabilities around infrastructure, ability to safeguard data privacy, and expertise in data analytics.

Dr. Duke addressed about the policies across the states and explained about the emphasis on de-identified vs. limited data, emphasis on standard vs. custom data extracts, sensitivity designation of provider data, strategies for payer and health system requests, IRB / privacy board functions and pricing strategies and provided examples from established APCDs and their usage.

Example Policies and Processes

Transitioning to the adjacent section of the presentation, Dr. Duke underscored the significance of data requests by elucidating their purpose, substantiated with illustrative examples of policies and processes.

From a policy-oriented perspective, several critical elements were underscored, encompassing the following: criteria determination and alignment, deliberations on setting criteria for data requests, and ensuring their congruence with APCD objectives.

- Data Release Constraints and Boundaries: Exploration of limitations on data release to uphold legal and ethical standards.
- Data Usage Agreement Establishment: The formulation of agreements governing the appropriate use of data to establish clarity and responsibility.
- Requisites Specification: The stipulation of requirements for data utilization, encompassing aspects like format and quality.
- Prioritization of Data Requests: Instituting mechanisms to rank data requests based on their significance and potential impact.
- Diverse Source Request Management: Addressing the management of requests originating from various sources.

In tandem with these policy considerations, a series of processes were delineated to implement these policies effectively. These processes encompass:

- Data Request Application: The formal procedure through which requests for specific data sets were submitted.
- Data Request Review: The rigorous evaluation of requests vis-à-vis established criteria, objectives, and constraints.
- Data Release and Monitoring: Facilitating the authorized release of data to requestors while ensuring ongoing adherence to terms.
- Data Use Transparency: Establishing transparency in data application to validate its utilization for intended purposes.

In this manner, these interconnected policies and processes collectively ensure that data is not only requested and obtained but also used in a manner that aligns with objectives, safeguards ethical standards, and guarantees communication of purpose.

Policies Vary Significantly Across States

Dr. Duke proceeded to elaborate on the substantial divergence of policies across different states, encapsulating several pivotal domains in which variations have surfaced prominently across states and highlighted some important areas of variation that we have seen across the state. These included the emphasis on de-identified vs. limited data, standard vs. custom data extracts, sensitivity designation of provider data, strategies for payer and health system requests, IRB/privacy board functions, and pricing strategies. He then provided examples from established APCDs covering these topics.

Dr. Duke then asked the group if there were any questions about the policies and the processes. There were no questions from committee members.

He then moved to the next slide of the presentation, giving Arkansas as an example of the established APCD detailing data request examples, price range and other information.

APCD Usage

Dr. Duke then delved into a specific case study, using the Colorado APCD as an example to illustrate the practical application of data usage. In his explanation, he highlighted the maturation of the Colorado APCD, which has traversed the data landscape from Fiscal Year 2015-2016 through FY 2021-2022. During this period, a total of 121 releases were executed, partitioned into 41 public releases and a substantial count of 121 releases earmarked for non-public dissemination, underlining a remarkable level of activity.

Within the gamut of non-public releases, an intriguing breakdown emerged, unveiling the diverse stakeholders who were the beneficiaries of this trove of information.

- Researchers: Constituting a significant portion, researchers accounted for 23% of the entities availing the data.
- Community Focused Organizations: Following closely, community-focused organizations constituted 21% of the recipients.
- Government Agencies: Government agencies secured a substantial share, totaling 15% of the utilization.
- Employers: Employers contributed to the data user landscape with an 11% share.

- Digital Health/Consultants: Garnering 10% of the releases, digital health entities and consultants made their mark.
- Facilities and Health Systems: The realm of facilities and health systems secured 9% of the share.
- Clinicians and Providers: The cohort of clinicians and providers accessed 7% of the releases.
- Finally, health plans accounted for 4% of the beneficiaries.

A notable revelation surfaced as Dr. Duke dug deeper into the statistics. Despite being a mere five organizations among the requested entities, government agencies emerged as the predominant user category in terms of the actual number of releases. This intriguing phenomenon showcases how the significance of usage is often underlined by the frequency of release, thereby illustrating the multifaceted dimensions of data utilization within this landscape.

In spotlighting the Colorado APCD's journey, Dr. Duke aimed to underscore the practical significance of data repositories like these in enabling a multitude of stakeholders to derive value, thereby driving informed decision-making across diverse sectors.

High Level Process for Georgia APCD Data Requests

Dr. Duke then briefly talked about the flow of the data request process, which includes the data request application submission process; data request application intake; data request review, which if required, could necessitate a review from the DRRC Advisory Committee; and security team review. Explaining about data release process, Dr. Duke provided more details about administrator reviews in coordination with the DRRC recommendations, administrator approvals or denials, data contact team executing the DUA, and the collection of fees.

Data Request Review Committee

Shifting focus, Dr. Duke proceeded to introduce a pivotal aspect known as the Data Request Review Committee (DRRC), which serves as the nucleus of the data request process. The DRRC shoulders a range of responsibilities, including collaborating closely with administrators, playing a pivotal role in the formulation of foundational principles and policies governing the release of data from the APCD, actively contributing to the development of principles, and informing policies that underpin the extraction and sharing of APCD data. These policies span a spectrum of critical considerations, including delineating the components that constitute standard data extracts. This includes determining what constitutes a standardized set of data elements for release and ensuring that identifiers were utilized in a manner consistent with privacy and ethical considerations. The DRRC provides oversight on how identifiers are applied, facilitating a structured approach to handling varying degrees of confidential information, taking an active role in shaping Institutional Review Board (IRB) policies concerning data release, particularly when the research involves sensitive or personally identifiable information, reviewing comprehensive data requests, ensuring alignment with objectives and regulations, and communicating their recommendations to the APCD administrator to ensure transparency and accountability in the decision-making process. The DRRC will be comprised of 12-15 individuals with an array of expertise necessary for evaluating data requests. In addition to the necessary expertise, members should represent range of stakeholder groups and perspectives. Moreover, Dr. Duke shared that individuals serving as members of

the DRRC are appointed for terms that typically span between 1 to 2 years, and the individuals should have expertise in health data and informatics, health services research, analytic methods, data privacy and security, research ethics, IRB and regulatory processes, and antitrust regulations. In addition to those fields, the team wants to see a range of stakeholder groups and perspectives, including different research organizations, state entities, payers, health systems, provider organizations, industry and consumer representatives.

Acknowledging the esteemed members already comprising the committee, Dr. Duke expressed a continued eagerness to enhance the breadth of expertise within the Data Request Review Committee (DRRC). He extended a wholehearted invitation to the Advisory Committee members to join them in identifying additional professionals who could contribute their insights and experience to the DRRC. He stated they would highly value the recommendations of individuals possessing expertise in these specific areas.

Dr. Duke also stated that if the Advisory Committee members are acquainted with individuals within their organization or other affiliations who align with the skill sets, he urged the committee members to reach out directly to him at jon.duke@gtri.gatech.edu.

Dr. Duke then gave an overview of the DDRC timeline, mentioning that by the end of August or at the beginning of September, they aim to establish the membership structure for the DRRC. Following this, they have scheduled the kick-off meeting for the mid-September timeframe, which will serve as the official launch of the DRRC initiative.

As the team progresses through September, October, and November, the primary focus will be on formalizing the various committees within the DRRC, and these committees will center around the key areas that were previously highlighted, such as data privacy, ethics, and more. In line with the timeline, he mentioned that they are targeting a mid-November release for the public guidance documents, and those documents will detail the application process, allowing the public to gain insight and plan accordingly for their future involvement.

Looking ahead, in January of the next year, the team is excited to begin accepting data release requests. This phase marks a significant step forward, as it demonstrates our commitment to facilitating responsible data sharing and research.

Dr. Duke then paused to see if there if there were any questions around the DRRC plan timeline.

Director Rick Dunn brought up an interesting point during the discussion asking “Rather than excluding zip codes entirely, he proposed the inclusion of other relevant factors. Specifically, he inquired about the possibility of incorporating the area deprivation index into the database?”

Dr. Duke answered that he needs to confirm, but what he can say was that the data that will be released may not include those supplemental data elements. More thought will be put into how researchers outside of the state can also connect those data in a streamlined way.

A follow up question came from Dr. Greg Esper asking, “Are you considering a free data teaser so you can get people interested and then they afterwards have to pay?”

Dr. Duke answered that they certainly planned to release aggregate data and data sets that people can use to get a sense of what a kind of information is in the APCD and how it can be used. He also stated that he is not sure what they were going to do for a row level patient level kind of teaser data, but certainly there will be information that will convey what is in the APCD."

Director Rick Dunn followed up by asking "What sort of package will go to the administrator for procedure making? Will there be a standardized scoring or how is that planning or envisioned to work?"

Dr. Duke expressed gratitude for Director Dunn's input and proceeded to address the query. He mentioned that the team has developed a section within the proposed application outline that encompasses various aspects. Dr. Duke assured that they were more than willing to share this information, which includes the study's objectives, planned methodologies, the data elements to be requested, security protocols, and infrastructure considerations.

Dr. Duke went on to explain that there is a preliminary stage where the administrator team collaborates closely with proposers to ensure all aspects of the application were well-addressed. This step involves meticulous attention to detail. Dr. Duke emphasized that the final application package would encompass scientific reviews, security evaluations, alignment with objectives, and the committee's collective input.

Dr. Duke then discussed the timeline, pointing out that the critical period where all planning culminates is between September and November 2023. During this phase, the various components of the application process will come together seamlessly. He encouraged all feedback and input during this timeframe as they strive to make the process as comprehensive and effective as possible.

As a follow up, Dr. Greg Esper raised another question asking "When people get data sets, are they going to be looking at data sets on the internet kind of like analytics environment or cloud-based environment?" Dr. Duke answered by saying "Our plan for the initial period of time is to generate and export data sets. Those data will go to organizations with proper protection, but we will not be providing an analytics enclave at the current time. However, that may be a future direction, which is what some states have elected to provide."

The team then had a couple of questions from Senator Ben Watson. The first one was related to the 5.6 million covered lives. Dr. Watson asked what portion of the population is not covered as part of that number. He then asked about the logistics for getting Medicare data.

To answer Senator Watson's question on who is included in the covered lives, Mr. Stauffer said that the population belonging to Medicare Fee for Service is not included in the 5.6 M covered lives.

Answering Senator Watson's second question on accessing Medicare data, Dr. Duke said "In terms of the Federal and CMS data release mechanism, they utilize a system called ResDAC, and that's exactly what you see here on this slide (pointing to the slide). There were different levels of data available, including state-level data, zip codes, and various groupings for metropolitan areas. We could leverage all of these different levels of granularity. For instance, if the committee suggests that we don't need data at the level of individual zip codes, but rather at a higher aggregation, we absolutely follow the principle of collecting

only the minimum necessary data. This allows us to aggregate the data at different levels, which aligns well with the Federal approach and accommodates various use cases effectively."

Dr. Duke then turned it over to Mr. Stauffer to provide an update on project budget.

Advanced Planning Document (APD) Revisions

Mr. Stauffer gave an update on the status of submitting the implementation Advanced Planning Document, or APD, to the Centers for Medicare and Medicaid Services (CMS) to approve federal funding for the majority of the APCD budget. The original APD was approved in February of 2022 and is required to be revised annually.

Some of the high-level changes that have been incorporated into this revision of the planning document include:

- Updated timelines so CMS is aware of the changes that have resulted from the delay in the data collection vendor procurement and the revised submitter onboarding strategy, which delayed the start of implementation. In aggregate, these changes have resulted in the ability to pull in our implementation timeline by six months.
- Updated projected costs with actual costs for FY22 and FY23.
- Updated forecasted costs to reflect future spend more accurately, including accounting for potential additional costs from changes to the CMS certification process that were rolled out by CMS last year after the previous APD was already submitted.

Mr. Stauffer then stated that the key takeaway is that the team is not anticipating requesting additional state appropriation for AFY24 or FY25.

Mr. Stauffer then asked the group if there were any questions about the APD.

As there were no questions from the team, Mr. Stauffer turned it over to Chairwoman Holcomb to wrap up the day's session and talk about upcoming activities and next steps.

Chairwoman Holcomb thanked Mr. Stauffer and thanked Dr. Duke for providing important updates. She then thanked the team for their incredible job executing the data collection, submitter onboarding and analytics strategies. Many months, and in some cases years, of planning have gone into different components of the APCD program, and it is extremely exciting to see how well things were coming together and the momentum that has been gained. Chairwoman Holcomb then communicated that during the next few months, the team will continue to focus on enablement and delivery. For submitter onboarding, the team will continue to work closely with all submitters to assist them in successfully submitting clean and complete data to the APCD. She stated that she cannot emphasize enough the importance of these activities and the amount of effort required from all parties involved. For analytics, the GTRI team will progress use case delivery activities now that they have real production data and will finalize the data request processes to make that process information publicly available in November.

Chairwoman Holcomb then acknowledged that the meeting was exceeding the allocated time, and she expressed her gratitude to everyone for staying engaged. At this juncture, the team has a brief window to address a couple of quick questions. However, if there were inquiries the team can't get to within this

timeframe, they'll certainly address them through follow-up emails. She then asked if there were any urgent questions that anyone would like to raise at this moment.

With no questions forthcoming, Chairwoman Holcomb seized the moment to express her gratitude once more to all the attendees for their active participation and valuable contributions throughout the day's discussion. She reiterated the intention to hold the next Advisory Committee meeting in November and the proposed date will be shared well in advance with all committee members, acknowledging their busy schedules. With these remarks, Chairwoman Holcomb officially concluded the meeting.