Attendees: Dwayne Aaron, *CIVHC*; Sandra Arreola, *CCMCN*; Vinita Bahl, *CIVHC*; Mark Brittan, *Children's Colorado*; Christine Buttorff, *RAND*; Tim Dittmer, *Triwest*; Nathan Drashner, *Healthtech Solutions*; Hailey Dubreuil, *HSRI*; Mark Gritz, *University of Colorado School of Medicine*; Matt Keelin, *CIVHC*; Danielle Klein, *University of Colorado*; Colleen McCullough, *RAND*; Elisabeth Meyer, *University of Colorado*; Marcelo Perraillon, *University of Colorado Boulder*; Erin Anne Perry, *CIVHC*; Stephanie Spriggs, *CIVHC*; Jessica Toth, *Health Data Compass*; Asa Wilks, *RAND*

[Behavioral Health Presentation](#) Follow Up

- Based on the feedback and questions from the meeting in October, CIVHC is currently digging deeper into the behavioral health data in the CO APCD
- They plan to provide the group with an informational package detailing the findings via the LinkedIn group prior to the next User Group meeting and then use that forum to continue the discussion.

Finder File User Experiences

This meeting had a different format than those in the past as the bulk of the meeting was comprised of users sharing their experiences with CO APCD data rather than there being a presentation. CIVHC was available to answer very high-level questions but was asked to listen to the user experiences and address the questions posed during the next (February) users' group meeting.

What is a Finder File?

A finder file contains identifying information about a cohort a researcher is seeking to get data about – e.g. name, date of birth, SSN, Medicaid ID, etc. The researcher sends this file to CIVHC and using the information provided, CIVHC matches individuals from the CO APCD to the individuals listed in the cohort as closely as possible, providing a crosswalk between the CO APCD unique ID for each member (member composite id) and the client's unique member ID. Then, as part of the data request, CIVHC releases the matched claims and enrollment information back to the researcher to be mapped back to the original file.

User Experience: Jessica Toth, Health Data Compass *(please refer to presentation for specifics)*

- Overview of Health Data Compass
  - Health Data Compass is an enterprise data warehouse and analytic platform for researchers that accepts data from multiple data sources including the CO APCD, Children's Hospital, the Colorado Department of Public Health and Environment, the University of Colorado, and others. This data is then available to researchers at the University.
    - CO APCD data is very valuable to the researchers because it allows them to study utilization patterns for their patient populations across all of Colorado, not just the systems participating in Health Data Compass.
- Health Data Compass and CIVHC
  - Twice a year Health Data Compass receives a CO APCD data set with limited identifying information from CIVHC that includes medical and pharmacy claims as well as provider and eligibility data.
  - To receive this data set, Health Data Compass provides CIVHC with a finder file that identifies patients from UC Health and Children's Hospital.

- These patients are identified by demographic information in addition to medical record numbers (MRN) assigned by Children's and UC Health based on a specific definition of a "clinical relationship."
  - o CIVHC sends back data for the matching patients for a look back period of two years.
- Challenges with the finder file process
  - o Matching the MRN from Health Data Compass systems to the member composite id from the CO APCD.
    - Ideally, it should be a 1:1 match but sometimes one member composite id equals two MRNs or one MRN equals two or more member composite ids.
      - This makes it difficult to determine how to handle the claim events – specifically, are they for one patient or not?
    - In the last file, over 3.8 million medical record numbers were sent and the match rate was 70%. *Please refer to the Flow Chart pdf.*
    - However, when looking at the member composite ids from the crosswalk medical claims header, the match falls to 54%.
      - In part, this makes sense because Medicare Fee-For-Service claims are not included, so we know those people dropped out.
      - What accounts for the other 20%?
- Lessons learned and feedback for CIVHC
  - o The MRN is a more imperative piece of information for Health Data Compass than the member composite id as it is the way they "define a person" in their data.
  - o Could additional data points in the finder file help Health Data Compass with mapping and troubleshooting on the back end?
  - o It would be very helpful if CIVHC could assist requestors in understanding anomalies like the match drop rate from the crosswalk to the medical claim header and engage in discussion to determine whether both parties have the same perspectives on the data, the findings, and the project.
  - o For projects that span long periods of time and possible transition between team members, it is important that CIVHC ensure continuity of processes for requestors through creation and maintenance of documentation regarding uploading the files and what should be included.
    - The requestor should also document these items and collect metadata around the finder file counts in order to obtain feedback from CIVHC.
  - o It would also be nice to have additional CIVHC team members with subject matter expertise to provide feedback about projects and requests.
- Questions and group discussion
  - o Who is doing the matching and how/with what information?
    - CIVHC uses a standard list, with Medicaid Beneficiary ID being the main identifier. CIVHC does not have the MRNs.
      - The identifiers have to go through a matching algorithm to link members because there is not anything that would link an individual under plan A today and the same individual under plan B two years ago.
      - There's a lot of matching and even if it's 90% accurate on both times at the end it's only 81% accurate, right? Because you're losing a lot of accuracy every time you have to do some sort of matching.
        - o Hopefully in February we will hear more about the matching algorithms.
  - o Is it possible for one person to have more than one MRN?

- Yes. The Health Data Compass matching process is complex and there are people dedicated to this issue in Epic at UC Health and Children's. Holding any one identifier as truth is a difficult thing to do in the world of data.
  - Children's and UC Health don't use the same MRNs – nor do they go across systems.
    - Health Data Compass does not reconcile these MRNs prior to sending the finder file and have seen instances where the CO APCD data has been helpful in identifying an MRN from someone at UC Health and an MRN from someone at Children's.

User Experience: Danielle Klein, University of Colorado
- Overview of project
  - Studying whether patient navigation helps improve advanced care planning and palliative care outcome in Latinos with advanced illness. Would like to use CO APCD to perform a cost analysis of patient navigation compared to usual care.
- Working with CIVHC
  - Submitted a request for small test run of a portion of their sample size (60 of 240 patients) with the bare minimum of identifying information in the finder file.
    - The identifying information was challenging for the University to supply, as much of the population being studied is undocumented.
    - In subsequent applications, they will include the Medicaid IDs to improve the matching process.
- Lessons learned and feedback for CIVHC
  - The process to upload the finder file was difficult with numerous passwords and a bit cumbersome as a new user.
  - CIVHC was helpful in meeting with us and determining what we might need.
  - The two separate data request applications are confusing.
- Questions and group discussion
  - Even if the social security number and/or the Medicaid ID are included in the finder file, wouldn't it be helpful to also have demographic information for matching?
    - Sometimes yes, sometimes no. Addresses can lead you astray because they change. CIVHC can do customized matching based on which elements a requestor can provide but the standard set of requirements are pretty limited.
      - CIVHC will address this more in depth in February.

Please join the LinkedIn group: https://www.linkedin.com/groups/12304006/

Possible upcoming topics: cleaning up pharmacy data

Next Meeting – Thursday, February 6, 2020, 2:30pm-4pm
Proposed 2020 Meetings – April, June, August, October, December