Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government APCD Request for Data

This form is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

<u>**NOTE:**</u> **In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA website.**

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Meredith B. Rosenthal, PhD
Title:	Professor of Health Economics and Policy
Organization:	Harvard T. H. Chan School of Public Health
Project Title:	Will the Academic Innovations Collaborative Increase the Value of Primary Care and Improve Providers' and Trainees' Experiences?
Mailing Address:	408 Kresge Hall, Harvard T. H. Chan School of Public Health, 677 Huntington Avenue, Boston, MA, 02155
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Original Data Request Submission Date:	April 22, 2014
Dates Data Request Revised:	
Project Objectives (240 character limit)	The aims of the study are to: 1. Describe the tactics and sequencing that participating AMCs use to implement the main elements of the Academic Innovations Collaborative (AIC) – Improve team-based care, population management, complex care, patient engagement through a funded learning collaborative. 2. Evaluate the primary care work life, professional satisfaction, and career intentions of attending and trainee physicians at AMCs. Examine the degree to which the AIC improves healthcare quality and spending and the patient experience of care.

Project Research Questions (if applicable)	1. Did the AIC (the intervention noted above) change the levels and mix of utilization of services?
	2. Did the AIC reduce total cost of care?
	3. Did the AIC improve the use of evidence-based care processes?

II. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

Academic medical centers (AMCs) play a critical role in delivering high-quality primary care while training future primary care physicians. Many AMCs face the additional burden of being an important part of the healthcare safety net, caring for both socially and medically complex patients. However, available evidence suggests that although the quality of care delivered by AMCs may be comparable to those of non-AMC settings, costs are 44-83% greater.

Studies find that the learning collaborative approach to quality improvement (QI) has been successful at improving care quality in a variety of care settings, but there is little data on the degree to which they may be effective at improving primary care quality and value at AMCs, or at addressing the unique needs of academic physicians (e.g., faculty engaged in graduate medical education or dividing their time between patient care and research) and their trainees. [Koenig]

The CHIA data will be used to examine the degree to which the AIC improves healthcare quality and spending and the patient experience of care. The CHIA data will be used to identify 'case' and 'comparison' practices within Massachusetts. We need the best estimate of the total amount paid to conduct this analysis because it is important for us to understand the cost implications of the AIC in order to identify opportunities for cost control by way of primary care reform. The data will also be used to measure changes within these practices. To do so, we will use an algorithm that attributes patients to practices and does not use patient-level data.

III. FILES REQUESTED

Please indicate the databases from which you seek data, and the year(s) of data requested.

ALL PAYER CLAIMS DATABASE	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 – 2013
X Medical Claims	Single	2009-2013
X Pharmacy Claims	Single	2009-2013
☐ Dental Claims	Select... ▼	☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013

X Member Eligibility	Single	2009-2013
X Provider	Single	2009-2013
X Product	Single	2009-2013

IV. REQUESTED DATA ELEMENTS [APCD Only]

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the APCD Data Specification Workbook to identify which data elements you would like to request and attach this document to your application.

V. FEE INFORMATION

Please consult the fee schedules for APCD data) and Case Mix data, available at http://chiamass.gov/regulations/#957_5, and select from the following options:

APCD Applicants Only
☐   Academic Researcher
☐   Others (Single Use)
☐   Others (Multiple Use)

Are you requesting a fee waiver?
☐   Yes
☐   No

If yes, please submit a letter stating the basis for your request.   Please refer to the fee schedule for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

VI. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:
☐   Yes
☐   No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

Primary care is of particular importance to patient populations with significant health challenges

and low health literacy, many of whom are covered by the MassHealth program. Moreover, MassHealth has invested in patient-centered medical home initiatives similar to the one that we are evaluating in this study and community health centers that serve disproportionate numbers of MassHealth patients are participants in the AIC. Our findings will inform MassHealth policy makers about the quality and cost benefits of improved primary care.

VII. FILTERS

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

IX. PURPOSE AND INTENDED USE

1. Please explain why completing your project is in the public interest.

The study's intentions are to help efforts towards the improvement of health care quality and mitigate health care cost growth. Completing this study will also help transform the way primary care is provided, specifically addressing the complex issues faced by academic health centers and community practices. The end goal is to make improvements in both trainee experiences and patient outcomes in the academic primary care system.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)

3. Has your project received approval from your organization's Institutional Review Board (IRB)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).
    X Yes, and a copy of the approval letter is attached to this application.

    ☐ No, the IRB will review the project on _____.

    ☐ No, this project is not subject to IRB review.

    ☐ No, my organization does not have an IRB.

X. APPLICANT QUALIFICATIONS

1. Describe your qualifications to perform the research described or accomplish the intended use of CHIA data.

The proposed project will evaluate the effects of a quality improvement collaborative (the "Academic Innovations Collaborative" or AIC) that is intended to transform primary care training and delivery in 17 sites affiliated with Harvard Medical School. As Principal Investigator on the evaluation of the AIC, I bring to this project my experience conducting related research on the design and impact of health policy reforms that seek to alter patient and provider behavior, including pay for performance and patient-centered medical home pilot initiatives. My expertise as a health economist/health services researcher and my experience studying emerging policy strategies to improve quality and contain cost will enable me to ensure the success of this important study.

2. Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data. (These attachments will not be posted on the internet.)

XI. DATA LINKAGE AND FURTHER DATA ABSTRACTION

Note: Data linkage involves combining CHIA data with other databases to create one extensive database for analysis. Data linkage is typically used to link multiple events or characteristics that refer to a single person in CHIA data within one database.

1. Do you intend to link or merge CHIA Data to other datasets?

    X Yes

    No linkage or merger with any other database will occur

2. If yes, will the CHIA Data be linked or merged to other individual patient level data (e.g. disease registries, death data), individual provider level data (e.g., American Medical Association Physician Masterfile) , facility level (e.g., American Hospital Association data) or with aggregate data (e.g., Census data)? [check all that apply]

    ☐ Individual Patient Level Data

    What is the purpose of the linkage:

    What databases are involved, who owns the data and which specific data elements will be used for linkage:

    X Individual Provider Level Data

    What is the purpose of the linkage:

    We propose to link the APCD data elements to the Massachusetts Health Quality Partnership Provider File, which maps individual physician identifiers to practices and networks. The linkage to this dataset is necessary in order for the study to identify comparison practices (i.e., practices that are similar to those in the intervention but untouched by the intervention) in the APCD.

    What databases are involved, who owns the data and which specific data elements will be used for linkage:

    The database is the Provider File provided by Massachusetts Health Quality Partnership. We will link

based on service provider organization name.

☐   Individual Facility Level Data

What is the purpose of the linkage:

What databases are involved, who owns the data and which specific data elements will be used for linkage:

☐   Aggregate Data

What is the purpose of the linkage:

What databases are involved, who owns the data and which specific data elements will be used for linkage:

3. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset .

> We will use deterministic linkage and link tha organization names directly from the aPCD to the Provider database.

4. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

We will store and handle the linked file with the same level of information security as the original CHIA file.

5. If yes, and the data mentioned above is not in the public domain, please attach a letter of agreement or other appropriate documentation on restrictions of use from the data owner corroborating that they agree to have you initiate linkage of their data with CHIA data and include the data owner's website.

XII. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

> We intend to publish aggregate findings from our analyses. We will not disclose any patient-level data. Practice level analyses will be shared privately with the individual primary care practices participating in the AIC so they can benchmark themselves with other practices. All data we share with individual primary care practices will be in the aggregate form and will be deidentified. Tentative paper titles are:
>
> Did the AIC improve the quality and value of adult primary care?
>
> Did the AIC improve the quality and value of pediatric care?

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

> Our results will be published in the peer-reviewed literature. Abstracts of these papers will be publicly available and complete manuscripts will be available based on the journals usual policies (through individual and institutional subscription; some are made free on-line after a period of time). Reprints will be available for free from the authors upon request.

3. Will you use the data for consulting purposes?
   ☐ Yes
   ☐ **No**

4. Will you be selling standard report products using the data?
   ☐ Yes
   ☐ **No**

5. Will you be selling a software product using the data?
   ☐ Yes
   ☐ **No**

6. Will you be reselling the data?
   ☐ Yes
   ☐ **No**

If yes, in what format will you be reselling the data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

7. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

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XIII. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

8. Will the agent/contractor have access to the data at a location other than your location, your off-site server and/or your database?

☐ Yes
☐ No

If yes, please provide information about the agent/contractor's data management practices, policies and procedures in your Data Management Plan.

9. Describe the tasks and products assigned to this agent or contractor for this project.

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[                                                                    ]
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10. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

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11. Describe your oversight and monitoring of the activity and actions of this agent or subcontractor.

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XIV. ASSURANCES

Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 ("Data Recipients") will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data, as detailed in the DUA and the applicant's CHIA-approved Data Management Plan.

Data Recipients are further subject to the requirements and restrictions contained in applicable state and federal laws protecting privacy and data security, and will be required to adopt and implement policies and procedures designed to protect CHIA data in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) my organization's ability to meet CHIA's minimum data security requirements; and (3) my authority to bind the organization seeking CHIA data for the purposes described herein.

Signature:	
Printed Name:	Meredith B. Rosenthal
Title	Professor of Health Economics and Policy
Original Data Request Submission Date:	April 22, 2014
Dates Data Request Revised:	November 30, 2015