

**Commonwealth of Massachusetts  
Center for Health Information & Analysis (CHIA)  
Non-Governmental Application for Case Mix Data**

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

***NOTE:*** *In order for your application to be processed, you must submit the required application fee. Please consult the fee schedule 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:	Kevin Bennett
Title:	Vice President , Financial Planning
Organization:	Lahey Health System, Inc.
Project Title:	Understanding Trends in the Massachusetts Health Care Market
Mailing Address:	41 Mall Road, Burlington, MA 01805
Telephone Number:	781-744-2918
Email Address:	kevin.m.bennett@lahey.org
Names of Co-Investigators:	Robert Murray, Manager, Analysis and Planning
Email Addresses of Co-Investigators:	robert.murray@lahey.org
Original Data Request Submission Date:	February 22, 2016
Dates Data Request Revised:	April 21, 2016
Project Objectives (240 character limit)	Lahey objectives are to understand the following: out migration from the service area, unmet health care needs of the population, the health care needs of the patient population residing in the service area, trends for capacity management, which physician specialties are covering the needs of patients in the hospital. A better understanding of each of these will allow Lahey to continue developing population health strategies.
Project Research Questions (if applicable)	<ol style="list-style-type: none"> <li>1. Is utilization changing? ACO and PCMH impact?</li> <li>2. Where do our patients come from?</li> <li>3. Are we positioned to provide high quality, low cost care in these geographies?</li> <li>4. Are there clinical gaps in what we provide to the community?</li> </ol>

**II. PROJECT SUMMARY**

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

Lahey Health will use the Case Mix Data to help us better understand and answer the project research questions posed above. In addition, the information will be used for facility and service line planning so that we continue to provide the right care in the right setting.

**III. FILES REQUESTED**

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

CASE MIX	Levels 1 – 6	Fiscal Years Requested
Inpatient Discharge	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b> The zip code are needed to understand local in and outmigration of healthcare to the communities served. In addition the zip code will support patient access and appropriate health care resources for the health system to further understand the rate of healthcare utilization for community and tertiary based care. The patient zip code will identify potential “hot spots” for higher disease based utilization to provide potential community education and outreach.  The UPN will provide a better understanding of practice patterns as benchmarked against providers in the aggregate. The data field will be useful in the area of length of stay studies which would be associated with the cost of care and further evolve and refine patient pathways to “best practice” physicians. To make our research more meaningful the UPN will allow us to normalize the data, to exclude outliers as an example.	<p><u>1998 – 2014 Available</u> (limited data 1989-1997)</p> <p>2013 and 2014</p>
Outpatient Observation	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b> See response in inpatient discharge section.	<p><u>2002 – 2014 Available</u></p> <p><u>2011, 2012, 2013, 2014</u></p>
Emergency Department	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input checked="" type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures	<p><u>2000 – 2014 Available</u></p> <p><u>2011,2012,2013,2014</u></p>

	<input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number <b>PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL:</b> See response in inpatient discharge section.	
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**IV. FEE INFORMATION**

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

- Single Use
- Limited Multiple Use
- 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.

**V. REQUESTS PURSUANT TO 957 CMR 5.04 (Researchers, Payers, Providers, and Provider Organizations)**

**Please complete only if you are requesting Level 1 (de-identified) Case Mix.**

Please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes.

**VI. ALL OTHER REQUESTS - PURPOSE AND INTENDED USE**

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

A better understanding of each item referenced in the project objective will allow Lahey to assist the commonwealth and its residents toward the goal of reducing health care cost.

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).
  - 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.

4.

**VII. APPLICANT QUALIFICATIONS**

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

The applicant and co-investigator have a combined 45 years of healthcare experience. A significant amount of this time with various responsibilities in the market assessment/strategic planning and data analytic space. The ability to perform this research or analyze data is considered a core competency for these roles.

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.)

**VIII. 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?
  - 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:

NA

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

NA

Individual Provider Level Data

What is the purpose of the linkage:

NA

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

NA

Individual Facility Level Data

What is the purpose of the linkage:

NA

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

NA

Aggregate Data

What is the purpose of the linkage:

NA

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

NA

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 that algorithm will link each dataset.

NA

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

NA

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.

NA

**IX. 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.

There are no plans to publish or disclose the CHIA data. Lahey may need to use CHIA data in response to a government request. Otherwise the data will be used for internal purposes only.

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.

No

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.)?

NA

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

NA

**X. 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:	NA
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?           NA

- 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.

NA

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

NA

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

NA

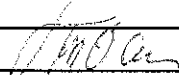
**XIII. ASSURANCES**

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.

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 practices to protect CHIA data in a manner consistent with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Data Recipients must promptly notify CHIA of any unauthorized use or disclosure of CHIA data.

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:	Timothy O'Connor, EVP, CFO and Treasurer
Original Application Submission Date:	February 22, 2016
Dates Application Revised:	April 21, 2016