

**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:	David Waters
Title:	CEO
Organization:	Community Servings, Inc.
Project Title:	Community Servings, Inc. Community Needs Assessment to Support Meal Delivery Services for Homebound Individuals with Acute Life-threatening Illness in Massachusetts
Mailing Address:	18 Marbury Terrace, Jamaica Plain MA 02130
Telephone Number:	617-522-7777
Email Address:	dwaters@servings.org
Names of Co-Investigators:	Karen Schneider
Email Addresses of Co-Investigators:	kschneider@jsi.com
Original Data Request Submission Date:	9/2015
Dates Data Request Revised:	12/18/2015
Project Objectives (240 character limit)	To conduct a community health needs assessment using secondary quantitative data, including MA hospital case mix data, to support Community Servings' assessment of need for meal delivery services for homebound individuals with critical and chronic diseases in the current communities they serve and inform their strategic planning process for expansion of services into other communities.
Project Research Questions (if applicable)	<ol style="list-style-type: none"> 1. In areas currently served by Community Servings, what are the hospital discharge rates for conditions that would benefit from medical nutrition therapy (MNT)? 2. In what areas of the state not currently served by Community Servings are hospital discharge rates high for conditions that would benefit from MNT? 3. To what extent are these discharges potentially avoidable? 4. What are the discharge statuses of those identified as having conditions that would benefit from MNT (discharged to home, discharged to long term care facility, etc.)?

II. PROJECT SUMMARY

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

Community Servings is currently undertaking a community needs assessment and strategic planning process to evaluate the extent to which it is meeting the needs of its current service area and identify additional communities in MA that are in need of Community Servings meal delivery services. As part of this process, we will analyze secondary data sources at the state, county and town levels to quantify nutrition-related community health need. With this community health assessment, Community Servings aims to address health issues and conditions that could benefit from MNT. We propose analyzing the MA hospital inpatient, outpatient, and emergency department case mix data to estimate discharge rates for conditions that primary affect the Community Services client population and would benefit from MNT. Further, we will look at the corresponding AHRQ Prevention Quality Indicators (PQIs) to estimate the extent to which discharges for conditions that could benefit from MNT are potentially avoidable. We are requesting Level 1 case mix data to conduct these analyses and JSI will provide analytic support and guidance.

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 checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: Community Servings is looking to estimate hospitalization rates at the state, county and town levels using primary diagnostic codes, which are available in the Level 1 data. This activity does not require information identifying physician or detailed patient identifying information. Further, JSI will be conducting the analyses for Community Servings, and JSI isn't equipped to handle anything above Level 1 data at this time (in terms of data security).	Requesting 2012-2014 1998 – 2014 Available (limited data 1989-1997)
Outpatient Observation	<input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: Community Servings is looking to estimate hospitalization rates at the state, county and town levels using primary diagnostic codes, which are available in the Level 1 data. This activity does not require information identifying physician or detailed patient identifying information. Further, JSI will be conducting the analyses for Community Servings, and JSI isn't equipped to handle anything above Level 1 data at this time (in terms of data security).	Requesting 2012-2014 2002 – 2014 Available

<p>Emergency Department</p>	<p> <input checked="" type="checkbox"/> Level 1 – No Identifiable Data Elements <input 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 PLEASE PROVIDE JUSTIFICATION BELOW FOR REQUESTING THE CHOSEN LEVEL: Community Servings is looking to estimate hospitalization rates at the state, county and town levels using primary diagnostic codes, which are available in the Level 1 data. This activity does not require information identifying physician or detailed patient identifying information. Further, JSI will be conducting the analyses for Community Servings, and JSI isn't equipped to handle anything above Level 1 data at this time (in terms of data security). </p>	<p><i>Requesting 2012-2014 2000 – 2014 Available</i></p>

IV. FEE INFORMATION

Please consult the fee schedules for Case Mix data, available at 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.

JSI will analyze the hospital discharge data for Community Servings' community health needs assessment. We plan to estimate the discharge rates for conditions that could benefit from MNT, including diabetes, renal disease, cardiovascular disease, etc., at the state, county and town levels. We will also estimate AHRQ PQIs for inpatient discharges associated with the same conditions (diabetes, cardiovascular, etc.), which is the rate of

discharges for conditions that are potentially preventable with appropriate primary care. The findings will provide Community Servings' with information on the current level of need in communities it currently serves and help inform the planning process to identify areas where Community Servings could target with expanded service delivery.

VI. ALL OTHER REQUESTS - PURPOSE AND INTENDED USE

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

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.

VII. APPLICANT QUALIFICATIONS

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

Community Servings is working with JSI to conduct these analyses. Karen Schneider from JSI received a PhD in epidemiology from Brown University in 2007. She joined JSI soon after and has served as a statistician on multiple community health needs assessments for hospitals and local health departments. She has conducted similar analyses (e.g. calculating AHRQ PQIs) for hospitals in other states including New Jersey and Connecticut. She will be responsible for drafting the analysis plan, conducting the analyses, interpreting the results and presenting the findings to Community Servings. Molly Higgins-Biddle received a MPH in Biostatistics from Boston University and has supported numerous health assessments at JSI with data collection and analysis tasks. She will assist with the hospital discharge analyses. Dr. Schneider and Ms. Higgins Biddle will be the only individuals at JSI with access to the data.

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:

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

Individual Provider 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:

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:

We will be using AHRQ PQI SAS code available on the AHRQ website. Per this code, hospital discharge data will be linked to Census data for two purposes: Census data provide the denominator for the rates (the "at-risk"

population);and Census data also are used to produce risk/age- adjusted rates.

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

Census population counts, stratified by age, race and sex at different geographic levels. The Census Bureau owns the data and the data are publicly available at American FactFinder.

- 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.

The linkage only applies to calculating AHRQ PQIs. The Census data will be used to age-adjust the discharge rates.

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

The AHRQ PQI SAS program produces summary statistics (not individual level data). All data will be reported in the aggregate (state, county and town levels). We will also use suppression standards, not reporting rates with <10 observations (numerator of the rate).

- 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.

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.

We will report results from the analyses to Community Servings internal staff and Board of Directors involved in the community needs assessment and strategic planning process.

- 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, they will not be widely disseminated.

- 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.

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:	<i>JSI Research and Training, Inc. (JSI)</i>
Contact Person:	<i>Karen Schneider</i>
Title:	<i>Senior Research Scientist</i>
Address:	<i>44 Farnsworth Street, 7th floor, Boston MA 02210</i>
Telephone Number:	<i>617-482-9485</i>
E-mail Address:	<i>kschneider@jsi.com</i>
Organization Website:	<i>www.jsi.com</i>

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.

Dr. Schneider and Ms. Higgins-Biddle will be responsible for coding and analyzing the data in SAS.

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

Community Servings is working with JSI to conduct these analyses. Karen Schneider from JSI received a PhD in epidemiology from Brown University in 2007. She joined JSI soon after and has served as a statistician on multiple community health needs assessments for hospitals and local health departments. She has conducted similar analyses (e.g. calculating AHRQ PQIs) for hospitals in other states including New Jersey and Connecticut. She will be responsible for drafting the analysis plan, conducting the analyses, interpreting the results and presenting the findings to Community Servings. Molly Higgins-Biddle received a MPH in Biostatistics from Boston University and has supported numerous health assessments at JSI with data collection and analysis tasks. She will assist with the hospital discharge analyses. Dr. Schneider and Ms. Higgins Biddle will be the only individuals at JSI with access to the data.

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

JSI is well-versed in data use policies in its work with other state agencies. Data will be stored on a secure drive and Dr. Schneider and Ms. Higgins-Biddle will be the only individuals with access to the data. Community Servings will participate in weekly calls with JSI to obtain updates on the project and will review and discuss output from the analyses. All datafiles will be delivered to Community Servings (by JSI) at the end of the project using a secure file transfer system.

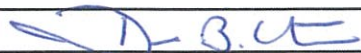
XIII. ASSURANCES

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:	David Waters, CEO, Community Servings, Inc.
Original Application Submission Date:	9/2015
Dates Application Revised:	12/18/2015