

## Texas All Payor Claims Database Stakeholder Advisory Group

### Notes

November 20, 2024 – 3:30 pm – 5:00 pm

Attendees:	
Dr. Cecilia Ganduglia Cazaban, UTHealth	Pati McCandless, Blue Cross Blue Shield
Dr. Trudy Krause, UTHealth	Jimmy Blanton, Texas Health and Human Services Commission
Dr. Bob Morrow, UTHealth	Elena Marks, Episcopal Health Foundation
Lee Spangler, UTHealth	Dr. Lane Aiena, Huntsville Family Medicine
Devin York, UTHealth	Blaise Duran, Employee Retirement System of Texas
Donna Alexander, UTHealth	Dr. Rick Snyder, Texas Medical Association
Joseph Harrison, UTHealth	Jennifer Miff, Dallas-Fort Worth Hospital Council Foundation
Jodie Nassar, UTHealth	Monica Thyssen, Meadows Mental Health Policy Institute
Gladys Rodriguez, UTHealth	Holly Holcomb, Childress Regional Med Center
Liam McElhiney, UTHealth	Kyle McKay, Teacher Retirement System
Laura Chamber, UT System	Charles Miller, Texas 2036
Karen Love, Cook Children's Health Plan	Jeff Tullos, DistributionNOW

#### 1. Welcome

**Robert Morrow, MD; Executive in Residence & Associate Professor, UT Health School of Public Health**

- Dr. Morrow reminded the group share any conflicts, where applicable, during the conversation.

#### 2. TX-APCD Report – Statistics and Updates

**Lee Spangler, JD; Associate Professor, MPACH, & Executive Director, Texas APCD**

- Mr. Spangler presented an update on the progress of the TX-APCD. A summary of the statistics is as follows:
  - Total files submitted and processed – 38K data files equating to approx. 3TB of raw data.
  - Total covered lives (01/2019 – present) – 23.3 million covered lives for the state of Texas. Data includes
    - Commercial and Medicare Advantage
    - Medicare Fee-for-Service
    - Medicaid
- Texas Department of Insurance (TDI) adopted amendments to the TX APCD rules. Updated rules will be effective on November 27, 2024. Amendments include:
  - Updates to the TX APCD common data layout (CDL)
  - Requirement of more timely data submissions (*e.g., from a 90-day delay in data submissions to 30-day delay. This applies to monthly data submissions on or after March 7, 2025 that contains data from January 1, 2025 and on*).
  - Changes to types of representation on the advisory committee

### 3. TX-APCD – Data Use Agreement

**Lee Spangler, JD; Associate Professor, MPACH, &  
Executive Director, Texas APCD**

- Mr. Spangler shared with the group on the development of a Data Use Agreement for future external uses i.e., data requests for research. These agreements will serve as a contract to regulate access, use, and the handling of data by researchers. Guidance on privacy, security, and data use will also be included.
- Data Access Overview
  - Access to the TX-APCD data is granted through a secured, virtual machine hosted on UTHealth Houston equipment. Data that is made available for a data request will not be copied, transmitted electronically, or transferred to any other server or computer system.
  - Users of the data will need to abide by the terms of the Data Use Agreement and not attempt to defy any of the protections in place.
  - Researchers/Users will also agree to:
    - Utilize the data for the purpose proposed on their data request application
    - Identify all those who will be accessing the data for a given data access request
      - Each individual user will have their own log-in credentials for accessing the virtual machine space and will be required to sign a confidentiality agreement.
    - Any subsequent, additional projects or use of the data must be supported by a written agreement or amendment. Similarly, additional projects and uses of the data will not be authorized orally nor via email.
    - Access the data or the servers from outside of the United States is prohibited.
    - Users are not to engage in any anticompetitive purposes.
    - Researchers will agree to provide the Center for Health Care Data (CHCD) with a copy of any results derived from the TX-APCD data including any relevant information regarding the outcome of the project.
      - The CHCD must approve the reporting or publication of any results so as to ensure all the protections as defined on the Data Use Agreement are met.
  - The Data Use Agreement also incorporates protections that abide by HIPAA policies, CMS' current cell size suppression policy, and terms that will advise researchers to not contact providers, payors, or employers during the course of the project and thereafter.
- Comments/Questions:
  - Ms. Pati McCandless (Blue Cross Blue Shield) sought clarification on how an authorized user accesses their approved dataset and how the proposed process compares to other APCDs. Mr. Spangler and Dr. Ganduglia Cazaban shared that the process is similar to the methodologies utilized by the CMS. Authorized and approved users will be granted an account that they individually will use to then sign-on to the university's system(s) including the VPN in order to access the secured virtual space. Once the VPN login attempt has been verified (via two-step authentication), the user will then remote onto the virtual space which is on a Microsoft Windows platform. This space is whereby access to the limited, approved dataset, that was curated specifically for the particular project that was approved by the CHCD, is made available. For clarification, access to raw data is not provided. The researcher that submits a data access request is required to fulfill a series of steps (i.e., successfully completing and submitting the data access request; providing approved documentation including an approved IRB; signing any agreements; having received authorization from the CHCD; etc.) prior to access being granted.

- Mr. Jimmy Blanton (Health and Human Services Commission) enquired on the analytical software that is available to users of the virtual space. Some of the statistical software that will be made available includes SAS, STATA, Python, R, ArcGIS, and Tableau. Dr. Ganduglia Cazaban did clarify that these are often standard but if a researcher were to require a specific analytical tool—the researcher should notify the CHCD as the university has processes in place for procuring and installing software. Users will not be able to install software themselves. Mr. Blanton also asked for clarification on the authorized users. Mr. Spangler responded and shared with the group the entities that would be eligible to be an authorized user as per the statute. Of which include the CHCD and Qualified Research Entities (i.e., Institutions of higher learning; Associations; 501(c)(3) organizations; and Providers). If a requestor is not one of the designated qualified research entities and would like to work on a project with the CHCD that would involve TX APCD data, the CHCD could evaluate the project through the process for data requests and work on the project with the requestor, if approved.
- Ms. Jennifer Miff (Dallas-Fort Worth Hospital Council Foundation) asked for the potential for matching with other datasets. More specifically, will there be an opportunity for the CHCD to perform the ‘matching’ or crosswalk and subsequently provide approved users with a deidentified, limited dataset that includes/incorporates the crosswalk? Mr. Spangler and Dr. Ganduglia Cazaban shared with the group that the CHCD is still actively formulating the process for these particular instances. The CHCD has two active projects (e.g., collaborations with the Texas Cancer Registry and Birth Defects Registry) that include the need for matching and involve the CHCD in the project itself. The UTHealth Houston and the Department of State Health Services legal teams are working collaboratively for these projects to ensure the developing process(es) are mutually compliant. However, the process for these cases are still in the planning phase. Ms. Miff shared that if the CHCD had any questions or required support, the Dallas-Fort Worth Hospital Council Foundation has extensive and relevant experience that could help with how to navigate these instances. In addition, the DFWHCF could share a copy of their active DUAs for reference.
- Ms. Lisa Kalakanis (Health and Human Services Commission) asked if a copy of the Data Use Agreement could be shared with the HHSC prior to being finalized. Mr. Spangler shared that the CHCD would welcome HHSC’s feedback on the developing DUA.

**4. Pilot – Harris County Chronic Disease Prevalence**

**Trudy Krause, DrPH, MS, CPHQ, Professor, MPACH, & Center for Health Care Data**

- Dr. Trudy Krause provided an update on a pilot project with the Harris County Public Health Services’ Office of Epidemiology Surveillance and Emerging Disease. This study aimed at analyzing data that would help to answer the following questions:
  - What are the disparities in Harris County residents’ health outcomes across different demographics and geographic areas?
  - What are the top prevalent chronic illnesses impacting adults and children in Harris County?
- Preliminary results provided to Harris County Public Health Services included rates for Medicaid, Commercial, and Medicare populations across various conditions ranging from Alzheimer’s disease, diabetes, hypertensive diseases, obesity, 2+ chronic diseases, etc.) across a 3-year span of data. Graphics developed for this study reflected the data geographically for Harris county across various conditions, commercial and non-commercial groups, and relevant age groups were also

provided. The county was also interested in data on Women of child-bearing age (15-44 years) for various conditions including

- Gestational hypertension and diabetes
  - Preeclampsia and eclampsia
  - Postpartum depression
  - Ectopic pregnancy
  - Puerperal sepsis, sepsis following an obstetrical procedure
- The findings from this collaboration were positively received and has been useful for the county's annual reporting. The Harris County Public Health Services has sought to extend their collaboration with the CHCD to receive data on an annual basis and incorporate data on other areas of interest i.e., immunization and infectious diseases.

**5. Pilot – Texas Epidemic Public Health Institute**

**Trudy Krause, DrPH, MS, CPHQ, Professor, MPACH, & Center for Health Care Data**

- Dr. Trudy Krause provided a summary on the collaborative pilot project with the Texas Epidemic Public Health Institute (TEPHI). TEPHI was established during the Covid-19 pandemic and has since been actively performing wastewater monitoring for early detection of infectious diseases. The aim for the collaboration with the TX APCD is to provide data on the presentation of symptoms for infectious diseases to monitor the impact and spread, as well as the use of resources.
  - Initial infectious diseases being monitored using the TX APCD data is influenza and respiratory syncytial virus (RSV).
  - Data is provided through a portal that is accessible by TEPHI that provides graphics on the two infectious diseases above across age, prevalence by year/month, episodes (i.e., hospital visits/stay and medications/treatments), and trends by year.
- Next steps:
  - Analyzing other infectious diseases.
  - More in-depth collaborations with TEPHI so as to assess when there may be an uptick in observed infectious diseases in the wastewater of a community and subsequently when such observations may impact the use of health care resources.

**6. Adjourn**

**Robert Morrow, MD; Executive in Residence & Associate Professor, UT Health School of Public Health**

- Next meeting will be held in March 2024