

Meeting Minutes
November 16, 2017
South Carolina Data Oversight Council Meeting

DOC Members Present

Dr. Aunyika Moonan, SCHA
Dr. Daniela Nitcheva, SC DHEC
Mr. Brandt Smith, SCMA *via phone*

Guests

Carol Stone, SC DHEC
Elizabeth Barton, SC DHEC
Danielle Henderson, SC DHEC

RFA Staff Present

Chris Finney
Sarah Crawford

The November 16, 2017 Data Oversight Council (DOC) meeting was called to order by Ms. Sarah Crawford at 3:03 p.m. Introductions were initiated by Ms. Crawford. She then presented the minutes from the August 17, 2017 DOC meeting. Mr. Brandt Smith motioned that the minutes be approved. Dr. Aunyika Moonan seconded the motion. The August 1, 2017 meeting minutes were approved unanimously.

The first application for the release of restricted data, submitted by Carol Stone, Director Bureau of Health Improvement and Equity, SC Department of Health and Environmental Control was titled “Chronic Disease, Injury and Maternal and Child Health Surveillance”. This was a revision of a Tabled Request from the August 17, 2017 DOC Meeting. The Council had several concerns about the previous request: the size of the cohort, the number of restricted data elements requested and the ambiguity of the surveillance activities that are being investigated. The revised application limited the number of years and the restricted elements that were being requested. With these changes this application was very similar to previous approved requests from DHEC for data to be used for the same purpose. This new request added two additional data elements to the previous requested information, a calculated time span for admission and discharge dates. A motion to approve this request, as long as there was a process in place for DHEC to vet any data that would be published through RFA, was made by Dr. Moonan. Mr. Smith seconded the motion. The motion to approve passed unanimously.

The second application for the release of restricted data was submitted by Anita Floyd, Senior Vice President, Community Impact for the United Way of the Midlands was titled “Cooperative Agreement to Benefit Homeless Individuals (CABHI) Program: Assertive Community Treatment (ACT) Research”. This study will use RFA inpatient hospital and emergency department data to evaluate the CABHI Program administered in select counties. Dr. Moonan motioned to approve this request. Mr. Smith seconded the motion. The motion to approve passed unanimously.

The third application for the release of restricted data, submitted by Dr. Benjamin Druss, Director of Center for Behavioral Health Policy Studies at Emory University, was titled “Engaging Patients in Care (EPIC) / PCORI”. The purpose of this data request is to assess progress towards increasing numbers and representativeness of the study sample for the EPIC program. RFA will be doing the analysis and providing aggregate data back to this requestor by Emergency Department. Only those EDs where the researcher is actively working to enroll clients into the EPIC program will be identified. The requestor has agreements in place with these EDs. Dr. Nitcheva motioned to approve this request. Dr. Moonan seconded the motion. The motion to approve passed unanimously.

The fourth application for the release of restricted data, submitted by Emilienne Watonsi, DNP Candidate with Southern Adventist University, was titled “The Impact of Schizophrenia on COPD Readmission Rate among Hospitalized South Carolinians”. This request will use inpatient hospital data to determine if South Carolinians with schizophrenia are more at risk of readmission for COPD post hospital discharge compared to their counterparts without schizophrenia. Mr. Smith motioned to approve this request. Dr. Moonan seconded the motion. The motion to approve passed unanimously.

The fifth application for the release of restricted data, submitted by James Fleming, Clinical Specialist, Medical University of South Carolina, was titled “Opioid use and Outcomes in Abdominal Transplant Recipients and Donors”. This request will be a retrospective longitudinal analysis of clinical data from abdominal transplant recipients and living kidney donors 18 years of age or older in combination with state-wide healthcare utilization from the SC RFA and PDMP controlled substance prescription data. The purpose of this request is to compare outcomes in MUSC patients based on opioid use, for research and to improve quality in the MUSC transplant programs. The request requires approval from DHEC for linkage to the PDMP data. Contingent on DHEC approval, Dr. Nitcheva motioned to approve this request. Dr. Moonan seconded the motion. The motion to approve passed unanimously.

The sixth application for the release of restricted data, submitted by Les Lenert, MD, Chief Medical Informatics Officer, Health Sciences South Carolina (HSSC), was titled “South Carolina Surgical Quality Collaborative – Financial Evaluation”. The requestor wants to receive the eight SCSQC affiliated hospitals identified and treat them as the treatment group, since they are participating in the collaborative. For the control group, they will compare to all non-SCSQC hospital populations throughout SC in the RFA data, which can be masked. Mr. Smith motioned to approve this request. Dr. Moonan seconded the motion. The motion to approve passed unanimously.

The seventh application for the release of restricted data, submitted by Lindsey Woodworth, Assistant Professor of Economics, University of South Carolina, was for two studies titled “1-The Effect of Inpatient Length of Stay on Hospital Readmission” and “2-The Effect of Medicare’s 30-Day Readmission Penalties on Physicians’ Admitting Decisions”. These studies will use All Payor Inpatient Hospital and Emergency Department data, and DHEC Death

Records data housed at RFA. The objective of study 1 is to determine whether a patient's length of stay in the hospital affects their likelihood of readmission. The objective of study 2 is to determine whether Medicare's policy of financially penalizing hospitals for high 30-day readmission rates for particular conditions/procedures has affected emergency department physicians' tendency to admit patients to the hospital. There DOC requested the following modifications to the application:

1. In place of actual dates (Admission, Discharge and Procedure dates), RFA will supply a span for the dates and a flag indicating before or after a Medicare policy change. Please supply the dates for the policies you are investigating.
2. Admission Hour is not available on the ED data and your proposed use of that field is not possible, so this field will not be provided.
3. In lieu of receiving patient zip code, RFA will attach specified socio-economic indicators to the data file.
4. The DOC has also requested copies of all research products (i.e. presentations and publications)

Dr. Moonan motioned to approve this request with the specified caveats. Dr. Nitcheva seconded the motion. The motion to approve with the specified caveats passed unanimously.

The eighth application for the release of restricted data, also submitted by Lindsey Woodworth, Assistant Professor of Economics, University of South Carolina, was for the study titled "The Effect of Emergency Department Crowding on Patients' Outcomes". This study will use All Payor Inpatient Hospital and Emergency Department data and DHEC Death Records data housed at RFA. The objective of this study is to determine the effect of emergency

department patient volumes on individual patients' outcomes. There DOC requested the following modifications to the application:

1. In lieu of receiving patient zip code, RFA will attach specified socio-economic indicators to the data file.
2. The DOC has also requested copies of all research products (i.e. presentations and publications)

Mr. Smith motioned to approve this request with the specified caveats. Dr. Nitcheva seconded the motion. The motion to approve with the specified caveats passed unanimously.

The ninth application for the release of restricted data, submitted by Nikki R. Wooten, Assistant Professor, University of South Carolina, was titled "HIV/AIDS & Substance Abuse in South Carolina". This study will use All Payor Inpatient and Outpatient Hospital and Emergency Department data and DHEC Death Records data housed at RFA. This data will also require special data extracts from DHEC (HIV/AIDS, STI Surveillance data and Co-Infection (TB, HEP-C data). The DOC had some concerns over what data elements will be included from the additional DHEC data. With these concerns, the DOC voted to Table this request until all of the final approvals are in place from DHEC and an exact list of the data fields the requestor will be provided can be supplied to the DOC. Dr. Nitcheva motioned to Table this request. Dr. Moonan seconded the motion. The motion to Table was unanimous based on these concerns..

The final application for the release of restricted data, submitted by Roger Williams, Director of Services for Deaf and Hard of Hearing with the SC Department of Mental Health, was titled "Harnessing Data to Improve Care and Outcomes in a Disadvantaged Population". This study proposes to link All Payor Inpatient Hospital and Emergency Department data with Medicaid data and SC DMH data to examine the impact of race/ethnicity and social determinants

of health on adherence, prescriber behavior, and outcomes for a group of patients who have received behavioral health services from SCDMH and are faced with the compounded burdens of socioeconomic disadvantage and serious mental illness. Dr. Nitcheva motioned to Approve this request. Dr. Moonan seconded that motion. The motion to Approve passed unanimously

The first topic of General Discussion was the additional data elements requested for HCUP files: admitting diagnosis and patient reason for visit. HCUP Healthcare Utilization Project through AHRQ has a national database and SC is one of 30 states participating. This is ongoing request and anytime additional data elements have been requested it has been presented to the DOC. There are no concerns with RFA providing the additional diagnosis codes for the HCUP files.

The second topic under General Discussion was adding the Home Health Data to the Community Needs Assessment Application. It was decided to table this discussion until the next DOC meeting in the hopes that the full Council is present. For the next DOC meeting, Mr. Finney will provide a completed template of the Community Needs Assessment Application to show the data elements that would be provided for the Home Health data.

The third topic under General Discussion was some modification of the DOC Restricted Data Application. The application was revised to include a specific definition of small cell size (less than 5) and to correct the RFA agency name. These changes were approved by the DOC.

The final topic under General Discussion was the meeting schedule for the 2018 calendar year. These dates were distributed to the members.

This concluded the November 16, 2017 DOC Meeting. The next scheduled DOC meeting is February 15, 2018 at 3:00 p.m. The meeting was adjourned at 4:44 p.m. by Ms. Crawford.

Additional:

On January 4th, 2018, Ms. Crawford sent an email to all DOC members regarding a letter from Womble Bond Dickinson (US) LLB notifying RFA that they will be providing the data, originally subpoenaed in April 2017, to counsel for the State Litigation plaintiffs for parallel litigation that is pending unless written objection was provided within 15 days of December 30, 2017. The Council was provided the letter from the law firm, the previous subpoena submitted to RFA and a document of the contents provided for the original subpoena. There was no objection from any DOC members to this notification.