

Meeting Minutes
November 17, 2022
South Carolina Data Oversight Council Meeting

DOC Members Present

Dr. Abdoulaye Diedhiou, SC DHEC (*phone*)
Ms. Elizabeth Fletcher, SRHS (*phone*)
Mr. Brandon Hulko, Molina Healthcare (*phone*)
Dr. William “Tripp” Jennings, SC BCBS (*phone*)
Ms. Heather Kirby, SC DHHS (*phone*)
Dr. Aunyika Moonan, SCHA (*phone*)
Mr. Brandt Smith, SCMA (*phone*)
Mr. Kevin Lee Tinch,, Internetwork Engineering (*phone*)

RFA Members Present

Sarah Crawford (*phone*)
Chris Finney (*phone*)

The November 17, 2022 Data Oversight Council (DOC) meeting was called to order at 2:04 pm. The meeting minutes from the August 18, 2022, regular DOC meeting was presented. Ms. Fletcher motioned for approval of the meeting minutes and Dr. Diedhiou seconded the motion; the minutes were approved unanimously.

The first application for the release of restricted data was from Amy Finkelstein a Professor of Economics with the Massachusetts Institute of Technology, titled “Impact of SNAP on Elderly Health Care Use and Health Outcomes”. This study will use hospital claims data linked to a cohort of SNAP recipients to estimate the benefits of SNAP for health of elderly and near-elderly (aged 50+) individuals. Members of the DOC expressed a few concerns that they wished to have addressed prior to approval. Mr. Hulko wanted more clarification for why they were requesting total charges and how the charges data will be used in the study. He also asked that they expand on the expenditures as an outcome of interest, clarifying if they are looking at Medicaid expenditure of if they intend to use hospital charges for this. Dr. Moonan and Ms. Kirby also expressed concern of the size of the cohort. With the next meeting not scheduled until February, the DOC members voted to Table this request and for Ms. Crawford to get these issues explained by the researcher and to share that with DOC members via email for approval. As for the cohort size, RFA did a preliminary look at the data and found approximately 200,000+ individuals that would be included for the specified time frame. This mitigated the small cohort size concern. The researcher answered the

remaining questions and concerns of the DOC members. Ms. Kirby recommended approval of the request with the stipulation that the researcher provide the following disclaimer for their study, “list charges are accounting charges for rooms and procedures and do not reflect transacted prices”. Mr. Hulko seconded the approval but wanted to make sure the researcher was aware of the following based on the material the researcher cited, “I am still not sure what value charges bring to the study or how charges tie to utilization when charge masters across institutions are not uniform or relative by service category or procedure, nor adjusted uniformly year over year. Charge master structures have materially changed since the date of the studies quoted. That being said, all hospitals are required to report charge data publicly at the procedure level as I understand it.”. With these approvals and stipulations, the other members voted to approve, and this request was approved via email on December 20, 2022.

The second application for the release of restricted data was from Sarah Rothenberg an Associate Professor with Oregon State University, titled “Maternal and Neonatal Outcomes Following Prenatal Exposure to Sanitary Sewage Overflows (SSOs) in Columbia, South Carolina, 2013-2018.” Using all payor inpatient and emergency department hospital data for Richland County daily admissions for specified GI Illness diagnosis codes. The purpose of this request is to analyze the impacts of sanitary sewage overflows (SSOs) on maternal and neonatal outcomes. Since this data would need to be linked to SSO data by census tract, Dr. Moonan requested that RFA suppress the census tract information if it contains less than five (5) individuals. Dr. Diedhiou did express that he felt the researcher are bound by the confidentiality and this should mitigate the concerns. The confidentiality contract stipulates what they can and cannot do with the data. Due to wanting to address concerns over small cell size, Mr. Finny did state that the DOC has the option to request additional stipulations and modifications to address concerns. With the stipulation that RFA will suppress the census tracts that contain less than 5 individuals, Mr. Smith motioned to approve and Dr. Moonan seconded the motion; the motion to approve the request with the above stipulation passed unanimously.

The third application for the release of restricted data was from Lior Rennert an Assistant Professor with Clemson University, titled “Developing a dynamic modeling framework to identify and target high-risk communities via mobile health clinics for OUD, HCV, HIV, and respiratory infectious diseases”. This request for all payer hospital claims data is part of an effort to develop and implement a modeling framework to identify and target high-risk communities in South Carolina with mobile health clinics. Specifically, this proposal focuses on communities at greatest risk of opioid use disorder (OUD), hepatitis C virus (HCV), human immunodeficiency virus (HIV), SARS-Cov-2 (Covid-19), and influenza. Members of the DOC expressed a few concerns that they wished to have addressed prior to approval. Mr. Hulko wanted more clarification for the need for total charges and primary expected payor. Dr. Moonan requested that zip codes with cell sizes less than 5 be masked as well as marginal totals that could allow recalculation of small cell sizes. With the next meeting not scheduled until February, the DOC members voted to Table this request and for Ms. Crawford to get the requesting clarification from the researcher and to share that with DOC members via email for approval. The researcher stated that primary payer was needed to serve as a marker for whether a subject is medically underserved and socioeconomic status. This is necessary to compute regional risk scores. However, for this study total charges would not be needed and were removed from the application. With the provided explanation Dr. Jennings provided the initial vote to approve with a second from Mr. Smith. With these approvals and the stipulation to mask zip codes for small cell sizes, the other members voted to approve, and this request was approved via email on November 28, 2022.

The fourth application for the release of restricted data was from Benjamin Jackson, III an Associate Professor with Prisma Health Orthopedics and the University of South Carolina School of Medicine, titled “Comparison of the postoperative complications and revision rates between isolated talonavicular versus talonavicular and subtalar (double) arthrodesis versus triple arthrodesis in flatfoot deformity”. This request for all payor inpatient and outpatient surgery data is to evaluate the postoperative

complication and revision rates between patients with adult-acquired flatfoot deformity (AAFD) who underwent isolated talonavicular arthrodesis, talonavicular and subtalar (double) arthrodesis, and talonavicular, subtalar, and calcaneocuboid (triple) arthrodesis. Mr. Finney pointed out that this group has done several of these studies looking at different surgeries and conditions, which have all been reviewed and approved by the DOC. The members felt that this was a good use of the data and Dr. Moonan motioned to approve with Mr. Hulko seconding the motion; the motion to approve the request with no modifications passed unanimously.

The final application for the release of restricted data was another from Benjamin Jackson, III, titled "Effect of Body Mass Index on Acute Postoperative Complications following Total Ankle Arthroplasty". This request will use inpatient and outpatient surgery data to evaluate the effect of Body Mass Index on acute postoperative complications in total ankle arthroplasty (TAA). The DOC members had no issues with this request. Dr. Jennings motioned to approve this request and Ms. Fletcher seconded the motion; the motion to approve the request with no modifications passed unanimously.

The first topic under General Discussions was around Healthy Outcomes Plan (HOP) participation. Dr. Moonan explained details of HOP participation and discussed the need for SC DHHS to evaluate the HOP and wanted to have the ability to evaluate fidelity across hospitals. The HOP program has a visits criterion for individuals to meet and since RFA can see all hospital visits that individuals have, it can be determined if that criterion is met through visits to other facilities. It was proposed to send this request to RFA to have the DOC determine the appropriateness of having the HOP facility send a list of possible HOP participants and RFA would check other hospital data to see if they meet the criterion to be a HOP participant based on visits to other facilities. There were questions on whether the HOP facilities have the appropriate consent to collect visit data from other facilities. When do the patients sign the waivers and does it cover providing information from other facilities. Dr. Jennings recommended that this request should be

a formal request from SC DHHS. If patients are going to multiple facilities for care, this may be a program gap that the HOP program directors should bring up with SC DHHS. Ms. Kirby pointed out that at this point in time, DHHS is without a HOP director. Dr. Moonan decided that the best course would be for the HOP directors at the facilities send their concerns to the HOP evaluators and see how they should proceed.

The final topic under General Discussion was the meeting schedule for the 2023 calendar year. These dates were approved and distributed to the members.

This concluded the November 17, 2022, DOC call and the meeting was adjourned at 3:00 pm. The next scheduled DOC meeting is February 16, 2023, at 2:00 pm.