

**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: | 1. David P. Smith, MHSA 2. Patricia M. Noga, PhD, RN |
| Title: | 1. Senior Director, Health Data Analysis & Research 2. Vice President, Clinical Affairs |
| Organization: | Massachusetts Hospital Association |
| Project Title: | Tracking Aggregate Potentially Preventable Readmission Trends in Massachusetts Acute Care Hospitals |
| Mailing Address: | 5 New England Executive Park Burlington, MA 01803 |
| Telephone Number: | 781-262-6054 (Smith) 781-262-6045 (Noga) |
| Email Address: | dsmith@mhalink.org pnoga@mhalink.org |
| Names of Co-Investigators: | none |
| Email Addresses of Co-Investigators: | |
| Original Data Request Submission Date: | December 3, 2015 |
| Dates Data Request Revised: | |
| Project Objectives (240 character limit) | To gauge aggregate MA acute care hospital performance in reducing Potentially Preventable Readmissions from FY 2012 through FY 2015 |
| Project Research Questions (if applicable) | <ol style="list-style-type: none"> 1. What is the trend/change in aggregate MA acute care hospital Potentially Preventable Readmissions from FY2 2012 through FY 2015? 2. What can we learn about the profile of aggregate MA acute care hospital Potentially Preventable Readmissions that can guide collaborative efforts to reduce them? 3. What can we learn about the profile of individual MA acute care hospital Potentially Preventable Readmissions that can help individual hospitals to reduce them? |

II. PROJECT SUMMARY

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

The Massachusetts Hospital Association board of trustees approved a goal in January 2013 for Massachusetts acute care hospitals to reduce preventable readmissions by 20 percent by 2015. The first step in the process of establishing a measurement program to gauge progress in meeting the goal was to establish a baseline measure of preventable readmissions in FY 2012 (OCT'11 - SEP'12). MHA staff, with the support of MHA's Clinical Issues Advisory Council, has elected to contract with 3M Health Information Systems to use 3M's Potentially Preventable Readmission analytical and reporting system to measure statewide aggregate preventable readmissions in the base year and in fiscal years 13, 14, and 15. The agreement with 3M HIS will also allow MHA to provide analytical reports for each Massachusetts acute care hospital to assist the hospitals in their preventable readmission reduction efforts, part of a broader program of support that MHA will provide to hospitals. The FY 2012 and FY 2013 analyses using the case mix data have been completed (using FY '12 and FY '13 databases obtained via MA CHIA and DRC approvals in November 2013 and October 2014.) The FY '14 case mix data, including importantly the UHIN and other key data elements, will allow MHA and hospitals to capture readmissions that occur in hospitals other than the hospital where the index admission took place, thereby providing a more comprehensive and accurate profile of readmissions than can be obtained from self-reporting of readmissions by individual hospitals. The project will mimic closely the work done by the then MA DHCFP and its Potentially Preventable Readmissions Steering Committee in 2008 -2009, in which MHA and the applicant were participants.

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 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 checked="" 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: <i>Dates of admission and discharge as well as the UHIN are essential to determine if readmissions occurred within the specified time frame and to follow patients who are readmitted to a hospital other where the initial admission occurred.</i> | <p><u>1998 – 2014 Available</u> (limited data 1989-1997)</p> <p><i>FY 2014. We seek the identical file contents that were approved by the Data Privacy & Data Review Committees for our FY 2012 and FY 2013 applications.</i></p> |
| Outpatient Observation | <input 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: | <p><u>2002 – 2014 Available</u></p> |

| | | |
|------------------------------------|---|-------------------------------------|
| | | |
| <p>Emergency Department</p> | <p> <input 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: </p> | <p><u>2000 – 2014 Available</u></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.

VI. ALL OTHER REQUESTS - PURPOSE AND INTENDED USE

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

The objectives of the project, research questions, and project summary provided above in Items #1 and #11 illustrate how we will use the data for benchmarking and quality analysis. The success of the project and related efforts to promote improved care and care coordination to reduce Potentially Preventable

Readmissions should lower or reduce the rate of increase in total medical expenditures as Potentially Preventable Readmissions are reduced.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)

A description of the project objectives, scope of work, and deliverables is attached. The 3M Potentially Preventable Admission (PPR) methods are described in Goldfield, N.I., McCullough, E.C., et al.: Identifying Potentially Preventable Readmissions. Health Care Financing Review, Fall 2008, Volume 30, Number 1

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.

- Mr. Smith served on the MA DHCFP Potentially Preventable Readmissions Steering Committee in 2008-09. He reports on readmission data trends on PatientCareLink incorporating data from CMS and STAAR Project readmission measures.
- Ms. Noga was responsible for coordinating MA hospital participation in the Commonwealth Fund/IHI STAAR Project (State Action on Avoidable Rehospitalizations), represents MHA on the MHDC Care Transitions Workgroup, and directs the MHA Hospital Engagement Network effort to reduce readmissions and patient harm under a grant from the CMS Partnership for Patients.

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:

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

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.

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

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 communicate with our member hospitals and the public on our websites mhalink.org & patientcarelink.org and through member communication vehicles (electronic newsletters, advisories and special publications as needed) on the trends in aggregate Potentially Preventable Readmissions. We will also supply individual hospitals with their organization's Potentially Preventable Readmission profiles to assist their efforts to reduce readmissions.

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.

We will report on public websites (see Item #IX 1 above) the aggregate rates of Potentially Preventable Readmissions in MA acute care hospitals over the life of the study. We do not plan to provide the detailed aggregate state level profile report to any party outside of our membership. Individual hospital profile reports will not be released to the public by MHA or our contractor as the purpose of the reports is to aid internal hospital improvement efforts.

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.

We plan to use the individual hospital profile reports to assist hospitals in reducing readmissions. Some of that assistance to hospitals may involve interactions with MHA staff who serve as quality improvement coaches, although such assistance is provided as a general membership service and not on a fee basis. It is also possible that a hospital may wish to engage our contractor, 3M HIS, in some consulting capacity as a consequence of receiving the project reports.

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: | 3M Health Information Services |
| Contact Person: | Deborah S. Anderson, MBA, PMP |
| Title: | Content Manager ,3M Applied Research |
| Address: | 12215 Plum Orchard Drive Silver Spring, MD 20904 |
| Telephone Number: | 301 281 8780 |
| E-mail Address: | dsanderson1@mmm.com |
| Organization Website: | www.3M.com |

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.

Note from Applicant: As has been the case with the acquisition and use of the FY 2012 and FY 2013 case-mix files, MHA will not take possession of, retain copies of, or have remote access to the FY 2014 case-mix data file other than to mail the unopened file to 3M HIS immediately following receipt from

CHIA. As advised by CHIA staff, the Data Management Plan will describe the 3M HIS Plan and the Data Management Plan for Non-Governmental Data Use application document will contain responses from 3M HIS.

9. Describe the tasks and products assigned to this agent or contractor for this project.

From the MHA/3M engagement letter:

CORE PROJECT

Scope of Work

For four years, beginning October 2013, 3M HIS will conduct a PPR analysis including generation of norms of the inpatient data in the Massachusetts State-wide Hospital Discharge Database (“the State Database”) and generate reports for MHA’s use in their “Reduce Preventable Readmissions by 20% by 2015” program.

Deliverables

This analysis will be used to generate eight PPR performance reports which are described in Appendix I (the “Core Reports”) [of the MHA/3M engagement letter]. The reports are modeled after reports produced for the MA DHCFP Potentially Preventable Readmissions Steering Committee in 2008 -2009. The Core Reports will be delivered to MHA in a mutually agreeable medium. 3M will also educate MHA’s staff via a webinar on the PPR methodology and reports.

HOSPITAL REPORT PROJECT

Scope of Work

Massachusetts Hospital Association would like the engagement to include a supplemental provision of annual comparative PPR performance reports to individual member facilities.

Deliverables

3M will generate four PPR performance reports for each MHA member facility and distribute a PDF of the reports to each facility via MHA. The four facility PPR reports are described in Appendix II (the “Optional Reports”) [of the MHA/3M engagement letter]. The reports are modeled after reports produced for the MA DHCFP Potentially Preventable Readmissions Steering Committee and MA acute care hospitals in 2008 -2009. 3M will also conduct five webinars to the facilities on the PPR methodology and reports over the course of sixty (60) days or less.

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

3M designed the Potentially Preventable Readmissions (PPR) methodology and has produced PPR reports and analyses for numerous hospitals across the country, often in conjunction with state government agencies, including the MA DHCFP. Its methods, tools, and analyses have been employed by the federal MedPAC commission/staff to assess the dimensions and causes of Medicare beneficiary readmissions.

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

MHA’s relationship with 3M HIS with respect to this project and our mutual expectations and responsibilities are described in an Engagement Letter between the two organizations. The Engagement Letter includes 3M HIS’

Standard Business Terms and Conditions and a Business Associate Agreement to satisfy certain standards and requirements of HIPAA, the Privacy Rule and the Security Rule (as those terms are defined below), and the HIPAA Final Rule, including, but not limited to, Title 45, §§ 164.314(a)(2)(i), 164.502(e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”).

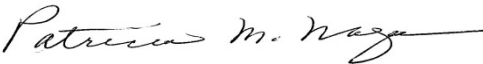
XIII. ASSURANCES

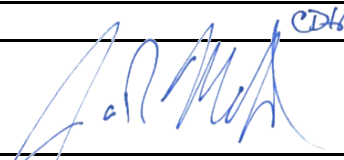
Applicants requesting and receiving data from CHIA pursuant to 957 CMR 5.00 (“Data Recipients”) will be provided with data following the execution of a data use agreement that requires the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use 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: | <i>Patricia Noga, Vice President, Clinical Affairs, Massachusetts Hospital Association</i> |
| Original Application Submission Date: | December 3, 2015 |
| Dates Application Revised: | |

| | |
|---------------------------------------|--|
| Signature: |  |
| Printed Name: | <i>James R. McDonough, 3M Health Information Systems, Inc., Customer Service Manager</i> |
| Original Application Submission Date: | December 3, 2015 |
| Dates Application Revised: | |