

**Integrated Population Health Data (iPHD) Project  
Governing Board (GB) Meeting Minutes  
January 26, 2024**

**1:00 PM-2:30 PM EST**

*iPHD Governing Board meeting convened in compliance with the New Jersey Open Public Meetings Act and all participants attended the meeting virtually.*

**Board Members Present:**

Rachel Hammond (Chair and Designee for the Commissioner of Health Data Privacy Officer, NJ Department of Health), Joel Cantor (Ex officio/ Non-voting, Director of Rutgers Center for State Health Policy), Rashmi Jain (Appointed- Big Data/Security Expert, Chair of Information Management and Business Analytics, Montclair State University), Francis Baker (Ex officio/Designee for the NJ Attorney General, Deputy Attorney General, NJ Office of the Attorney General), Elizabeth Litten (Appointed- Legal & Privacy Expert, Partner and, Chief Privacy & HIPAA Compliance Officer, Fox Rothschild LLP), Kathleen Noonan (Appointed- Chief Executive Officer, Camden Coalition of Healthcare Providers), and Michele Norin (Ex officio, Senior Vice President & Chief Information Officer- Rutgers University)

**Attendees:**

Margaret Koller (Rutgers Center for State Health Policy), Mark McNally (NJ Office of the Attorney General), Suzanne Borys (NJ Department of Human Services), Maria Baron (NJ Department of Health), Darrin Goldman (NJ Department of Health), Bretta Jacquemin (NJ Department of Health), Barbara Bolden (NJ Department of Health), Kara Unal (NJ Department of Health), Jose Nova (Rutgers Center for State Health Policy), Kate Scotto (Rutgers Center for State Health Policy), Jolene Chou (Rutgers Center for State Health Policy), Joshua Lue (Rutgers Center for State Health Policy), Oliver Lontok (Rutgers Center for State Health Policy), and Manisha Agrawal (Rutgers Center for State Health Policy)

## **Call to Order/Opening Remarks**

- R. Hammond called the meeting to order at 1:05 pm with a quorum present.
- R. Hammond acknowledged that the meeting was being held in compliance with the 1975 NJ Open Public Meetings Act and that there was a publication of the meeting time and location in the Newark Star-Ledger and three websites (NJ. Com, NJ Press Association, and the iPHD website). The iPHD Governing Board meeting was convened in compliance with the New Jersey Open Public Meetings Act. Instructions for registration and login information were posted in the publications and the websites.

## **General Updates/Actions**

### *Meeting Minutes*

- R. Hammond requested Board members review the December 8, 2023, Governing Board meeting minutes (approved by the Minutes Subcommittee on January 16, 2024).
- E. Litten made a motion to approve the December 2023 meeting minutes. F. Baker provided the second, and the minutes were approved unanimously upon roll call. R. Jain did not attend the December 8<sup>th</sup> meeting and recused herself from participation in this vote.

## **Discussion**

### *2022 Cycle*

- M. Koller reminded the Board members that four projects were approved in the 2022 Cycle.
  - Three awardees requested an extension to finalize their work due to their Data Use Agreements (DUAs) expiring in January 2024. The DUAs have been amended and extended for an additional year.
  - Hackensack Meridian Medical School, the fourth recipient, is experiencing setbacks in acquiring the Department of Children and Families (DCF) data necessary for their project. Obtaining the DCF Data Use Agreement is a prerequisite for applying for Institutional Review Board (IRB) approval within their institution. After consulting with the Principal Investigator, CSHP has agreed upon a deadline of June 30, 2024, for the submission of the requisite documentation for data release.

- M. Koller proposed creating clear guidelines for submitting documentation to ensure timely project completion for future projects.

### *2023 Cycle*

- M. Koller said that after releasing the RFA for the 2023 cycle, CSHP received annual updates to the iPHD datasets. She added that CSHP will schedule 1:1 meetings with the grantees to confirm the requested datasets and available years and discuss the documentation required before any data transfer. The plan is to provide the latest available data to the grantees moving forward. She requested the Board members to share their objections, if any.
- Concerning data transfer, J. Nova mentioned a delay for applications seeking EMS data. The acquisition of EMS data has proven somewhat challenging due to its intricate structure within the database. M. Koller further noted that J. Nova has been offering technical support to the recipients as required.

### *Proposed New Research Priority*

- J. Cantor proposed a new research priority for the Board's consideration:
  - *Promoting Equitable Access to High-Value Health Services* - Assuring equitable access to high-value health services while reducing utilization of unnecessary and low-value care is an ongoing challenge in the American health care delivery system. Analyses of iPHD data to inform healthcare financing and delivery innovations and clinical recommendations that advance equitable access to high value care and identify opportunities to reduce unnecessary and low value care are encouraged.
- J. Cantor said that achieving high-value care is what the state health care system needs. This research priority emphasizes high-value health services. He added that the current iPHD data and the datasets planned for the next few years could encourage research that is of great value to the state.
- R. Hammond suggested adding this as a new research priority as it aligns with the statutory charge and the purpose of the iPHD Project. She requested the Board members to share their thoughts.
- E. Litten agreed that the concept is excellent. She asked for an explanation of the difference between high-value versus low-value care.
- R. Jain agreed that this priority should be added as it is good as an overview umbrella to focus on access and value of care.

- J. Cantor responded that improving the cost-efficiency of state government programs is part of the iPHD statutory charges, and this priority address that. He added that CSHP will add a description to clarify high and low-value care.
- K. Noonan inquired about payment information in the current datasets. J. Cantor responded that Uniformed Billing data has payment information. Moreover, in the next few years, iPHD is planning to add clinical and Medicaid data that have payment information. K. Noonan said that price and price transparency are essential for the state, and it would be beneficial to pursue the new priority.
- R. Jain asked if any metric defines the value of health services. J. Cantor responded that no specific metrics exist, but good definitions are available.
- R. Hammond asked the Board members whether they would prefer CSHP to clarify the language and share it in the next meeting or to hold a vote to adopt this as a new research priority.
- E. Litten suggested adopting the concept as a new priority. K. Noonan and R. Jain agreed to adopt the concept now and ratify the language later.
- R. Hammond requested the Board members to make a motion to adopt promoting equitable access to high-value health services as a new research priority. The definition of high/low-value care will be shared in the next meeting. E. Litten made a motion to approve the addition of a new research priority. R. Jain provided the second, and the new research priority was approved unanimously upon roll call.

#### *2024 iPHD Preliminary Fee Schedule*

- J. Cantor provided an overview of the new fee schedule. The previous fee schedule expired in December 2023. The new fee schedule will result in an average rate reduction of 43%, depending on the project's specifics. He added that the set-up and other administrative costs were removed to reduce the fees:
  - Set-up fees and other iPHD “build” costs were removed from the calculations.
  - Other personnel costs were shifted to the DOH funding and the iPHD data core account.
  - Costs attached to RU’s internal data infrastructure have been reduced and are reflected in the updated fee schedule.
- J. Cantor said that the reduction was possible because of the funding support from DOH and changes in Rutgers’ computing support and data storage fees. The future modifications will depend on the availability of funds.

- J. Cantor presented a tiered fee structure where the tiers were based on the dataset's complexity. Additionally, fees in each tier changed based on the number of years requested for each dataset.
- J. Cantor mentioned a fixed hourly fee for unusual requests, such as researchers sending finder files for linkage to cover the staff time needed to address the requests.
- K. Noonan said that the fee reduction is impressive, and the Board should consider making a recommendation to DOH, if within the scope of the Board, for the continuation of funds to support the iPHD Project. R. Hammond responded that it is reasonable to make a recommendation to the Commissioner of Health.
- J. Cantor thanked Kathleen and Rachel for their thoughtful comments on continued funding support for iPHD. R. Hammond said that the iPHD funding comes from the state opioid appropriation. She suggested inviting the Director of Opioid Response and Policy, Michele Calvo, to the iPHD meetings.
- M. Koller said the DOH funding had been crucial for launching the iPHD Project. However, multiple funding sources (DOH and other external funding sources) and data fees will make iPHD sustainable in the next phase. This will help iPHD establish a multi-funded business model. She added that the lower fees might attract more researchers to apply.
- M. Koller mentioned exploring the funding structure of other integrated data systems nationwide to understand their sustainability model.
- R. Hammond suggested discussing funding support with other state agencies as their data sets are moved into iPHD.

### *2024 Cycle 1*

- M. Koller shared a timeline of key dates and deadlines and provided an update on the 2024 Cycle 1 launch prep:
  - The RFA will launch on February 7<sup>th</sup>.
  - No pilot funding will be offered in this cycle. The plan is to provide four fee waivers capped at \$25,000 each.
  - For this cycle, CSHP will highlight the availability of EMS data and not add any new datasets. However, CSHP plans to introduce new datasets gradually, and discussions are ongoing to include Pregnancy Risk Assessment Monitoring System (PRAMS) and Cancer Registry datasets in the iPHD Project.

- CSHP has implemented a robust communication plan to maximize outreach. This includes a weekly outreach schedule for social media and other relevant outlets.
- CSHP is reviewing the list of the Research Advisory Committee members to identify areas where more reviewers are needed.
- M. Koller thanked the Board Subcommittee members, K. Noonan, J. Currie, and R. Jain, for their valuable contributions during the review process. She added that J. Currie's time is limited this year because of other professional commitments. CSHP is exploring options for her replacement and considering expanding the subcommittee to minimize the members' workload.

### *Data Expansion Strategy*

- M. Koller provided an update on the data expansion plan for the iPHD:
  - Datasets previously approved by the Board with DUA pending included Pregnancy Risk Assessment Monitoring System (PRAMS), COVID Vaccine, and the Cancer Registry datasets. R. Hammond is working on an amendment to the existing data use agreement with DOH for incorporating these datasets.
  - Discussions are ongoing for NJ Medicaid (approved by the Board in July 2021), NJ DCF, and the EHR datasets.
- M. Koller mentioned three additional datasets for the Board's consideration to add to the iPHD Project: cardiac catheterization data, cardiac surgery data, and trauma registry data. R. Hammond described the three datasets and said that these are patient-level data available for research purposes.
- R. Jain asked for examples of research questions that would interest the state from analyzing the above mentioned datasets. J. Cantor shared a few examples that may address one or more research priorities.
- K. Noonan expressed approval of the Department of Health (DOH) delegating management responsibilities for several datasets to iPHD. J. Cantor clarified that this delegation doesn't imply staff reduction at DOH but rather signifies a robust partnership.
- R. Hammond requested the Board members to make a motion to add the three datasets listed above. R. Jain made a motion to approve the addition of three new datasets to iPHD. E. Litten provided the second and, upon roll call, the inclusion of cardiac catheterization, cardiac surgery, and trauma registry datasets transfer was approved unanimously.

### *Health Data for Action (HD4A)*

- M. Koller provided an update on the HD4A applications. She said that the applications are reviewed by the AcademyHealth reviewers. The applications requesting iPHD data were competitive and strong, and the AcademyHealth/RWJF may recommend two applications for funding (\$50,000 each). However, the final approval and decision will rest with the Governing Board.

### *Annual Report*

- M. Koller said the draft of the annual report is ready and will be shared with the Board before the March meeting. She reminded the Board that this is part of the iPHD legislative requirement. The report will be shared with the legislature after the Board's approval in spring.

**R. Hammond indicated that the executive session is not needed. R. Hammond asked if anyone would like to make a public comment. There were no comments, and the open session of the Governing Board meeting was adjourned at 2:20 pm.**

- E. Litten made a motion to adjourn the open session of the meeting.
- R. Jain offered a second.
- Unanimous vote to adjourn the meeting.