Integrated Population Health Data (iPHD) Project
Governing Board (GB) Meeting Minutes
May 29, 2026

1:30 PM-3:00 PM EST

The iPHD Governing Board meeting convened in compliance with the New Jersey Open Public Meetings Act. 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), Greg Woods (Ex officio/Designee for the NJ Commissioner of Human Services, Assistant Commissioner and Division Director, Division of Medical Assistance and Health Services Department of Human Services), Janet Currie (Appointed- Human Subjects Research Expert, Professor of Economics and Policy Affairs, Princeton University), Kathleen Noonan (Appointed- Chief Executive Officer, Camden Coalition of Healthcare Providers), Michele Norin (Ex officio, Senior Vice President & Chief Information Officer- Rutgers University), and Dennis Zeveloff (Ex officio/Designee for the NJ State Treasurer, Senior Adviser to the Treasurer, New Jersey Department of the Treasury)

Attendees:
Margaret Koller (Rutgers Center for State Health Policy), Mark McNally (NJ Office of the Attorney General), Maria Baron (NJ Department of Health), Barbara Bolden (NJ Department of Health), Kara Unal (NJ Department of Health), Yong Sung (NJ Department of Health), Geeta Real (NJ Department of Health), Darrin Goldman (NJ Department of Health), Domenica Cevallos (NJ Department of Health), Aras Islam (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), Katherine Kovacs (Rutgers Center for State Health Policy), Julien Rodriguez (Rutgers Center for State Health Policy), Joseph Brecht (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 1:33 pm with a quorum present.
- R. Hammond acknowledged that the meeting was held in compliance with the New Jersey Open Public Meetings Act. Notices were published in the Newark Star Ledger and posted on relevant websites with registration and login instructions.

General Updates/Actions

- R. Hammond announced the exciting news that Commissioner Washington will be sworn in on June 1st.
- R. Hammond expressed gratitude to J. Cantor for his invaluable contributions and dedicated leadership on the Board. As J. Cantor steps down from his role as the Center's Director and from the Board, it is important to note that he will maintain his involvement with the Board in a different capacity. J. Cantor said the new Center Director, Lindsay Shea, will join the Board in July.

Meeting Minutes

- R. Hammond requested Board members to review and approve the April 24, 2026, Governing Board meeting minutes.
- K. Noonan made a motion to approve the April meeting minutes. J. Currie seconded the motion, and, upon roll call, the minutes were approved unanimously.

Cycle 8 Research Review Committee (RRC) Meeting

- M. Koller provided a preview of the RRC recommendation from the meeting held on May 28, 2026, and said this new process is working well as reviewers get the opportunity to discuss the strengths and weaknesses of each application:
    - There were two reviewers for each application. A total of 11 applications were reviewed.
    - The RRC recommended six applications for data release. Among the six recommended, two to three are high quality and strong contenders of fee waivers.
    - Three applications were not recommended because of low scientific merit. For the remaining two, they felt that the research is timely and valuable but there was reluctance because of methodological weaknesses.

        - The Board will receive the application packets in early June for their review, and the applications will be discussed in the June meeting.
- M. Koller said that CSHP is planning a Research Consortium in fall to gather input for setting up priorities moving forward.

Revised Data Use and Access Policy

- M. Koller said that CSHP is currently updating the Data Use and Access Policy and related policy documents to align with the recent changes that have been operationalized and implemented following their approval. The harmonized document incorporates new Board approved policies, aligns with updated bylaws and the new DUA, and replaces the old Acceptable Use Guidelines. The Board will review and vote on the updated policy in June.
- M. Koller stated that both the Data Use and Access Policy and the Acceptable Use Guidelines were approved prior to the launch of iPHD. While the previous policies overlapped, they were not identical. The updated policy incorporates several changes that the Board has approved over the past few years, including:
    - Additional data years policy.
    - Third-party data linkage policy.
    - Expedited review policy for applications that have already undergone peer review.

iPHD Budget, Capacity, and Fee Structure

- M. Koller said that the recurring question driving this analysis has been: What is the iPHD's true capacity, cost structure, and financial sustainability?
- M. Koller provided an overview of the total funding received and expenses to date:
    - *Funding to Date:* To date, the iPHD has received $3.4 million from DOH. She thanked R. Hammond for guiding this process. Additionally, RWJF core funding was was utilized during the early development phase of the iPHD, along with an extra $100,000 received from the RWJF Health Data for Action initiative, which includes two awards of $50,000 each.
        - Expenses are projected to be $2.7 million until June 30, 2026. A total of $236,121 has been committed for fee awards.
        - After accounting for projected fiscal year expenses and committed fee-waiver obligations, the iPHD is expected to have approximately $400,000 remaining. This amount would cover roughly five months of operating expenses, should DOH funding be delayed or reduced.

- *Annual Operating Cost*: The iPHD c operates with an annual budget of approximately $1 million, which is distributed across five core functions:
  - Data-related work (~50%): This includes data preparation, linkage, and delivery.
  - Governance (18%): This covers the operations of the Governing Board, support for the Research Review Committee, policy development, and coordination with stakeholders.
  - Compliance (14%): This involves managing DUAs, reviewing data management plans, and coordinating with the Institutional Review Board (IRB).
  - Application Intake & Processing (9%): This focuses on communication with researchers and the systems that support application review and approval workflows.
  - Finance and Sustainability (7%): This includes invoicing, grant management, and financial reporting.
- *Annual Revenue ($560,000):* The Department of Health (DOH) contributes $400,000, which accounts for 71% of the funding each year. Approximately $160,000 is generated from data fees, based on two cycles of collection.
  - With total operating costs reaching $1 million, the annual deficit amounts to about $460,000. This shortfall is covered by RWJF core funds and cumulative carry-forward of unspent DOH funds. However, these funding sources are not reliable for long-term support, particularly the RWJF funds.
- *Operational Trade-offs:* The iPHD's "High-Touch Service & Governance Model" is well-functioning and highly regarded, but it requires significant staff time and incurs higher costs.
  - Key elements of this model include customized data linkages, project-specific compliance reviews, extensive communication and technical assistance for applicants, a multi-step governance review process, and a strong focus on compliance integrity.
  - There are capacity implications without additional staffing, standardization, or investments in infrastructure.
- *Actual Capacity Estimate:* iPHD is operating “at near maximum capacity” with its existing resources and can process 12–15 approved applications per year, across two cycles.
  - Several factors that can increase the capacity include data requests from existing iPHD datasets, and applications requiring minimal interaction from researchers.

        - Factors that reduce the capacity include applications requesting complex third-party linkages, simultaneous ingestion of new datasets (e.g., PRAMS, DCF), and researchers requiring high levels of staff time.
        - K. Kovacs noted that applications most likely to gain approval tend to fall into the "reduced capacity" category because they are often the most innovative. This creates a cross-pressure between academic rigor and operational sustainability.
    - Revised *Fee* Structure*:* M. Koller said that the iPHD data fees are valid for two years. K. Scotto submitted the updated fees for review. K. Scotto provided an overview of the revised fee structure, which will be in effect for the two years starting July 1, 2026. She noted that Rutgers has a rigorous rate approval process in place. The new structure aims to streamline and simplify data fees, reducing the existing funding gap.
        - The current rate structure is based on four data year tiers. This allows applicants to request the maximum years within a tier without paying more, even though additional years create additional work.
        - Under the proposed new model, there will be higher base fee for the first year, to cover set-up and initial costs, followed by a flat annual fee for each subsequent year. This approach more accurately reflects actual costs, as iPHD will receive payment for each year of data delivered, which encourages researchers to request only the years they truly need. Additionally, the new structure is expected to result in a 22% increase in program revenue, helping to address some of the current funding shortfall.
        - The annual fees vary by data group: Group 1: +$200 per additional year; Group 2: +$850 per additional year; and Group 3 (EMS): +$1,820 per additional year.
- J. Currie said that there is a disconnect between the rate structure and the allocation of staff time, which is based on flat annual fee for each additional year. J. Cantor responded that annual flat fees are for iPHD datasets. For external linkages, there are technical assistance fees that vary depending on the type of linkage.
- K. Noonan said that these changes might not be sufficient to address the funding gap. The fee structure needs to change dramatically. G. Woods agreed, noting that this is public data and expressed his willingness to approve reasonable self-pay applications to help cover the costs. He suggested considering an alternative approach, such as a "pay-for-cost" model or something similar in the future.
- J. Cantor mentioned that revenue from special requests will be significant and will help address some funding gaps. Furthermore, it is essential for iPHD to be creative

and explore other sources, such as grant funding or contract funding, to increase revenue.

- K. Noonan said that the proposed increase of $100 per hour special assistance fees does not seem adequate to address the existing funding gap. It would be helpful to review the projects that fell under this special fee structure to understand how this approach will generate the necessary revenue, as it is unclear if the projections presented will be covered by the new special assistance fees.
- J. Cantor responded that it will not generate the necessary revenue, but it will help cover some of the operating expenses.
- M. Norin asked if the goal is to get to the point where your fees cover all your cost. Is there a risk around supplemental funding sources used to cover the funding gap.
- M. Koller said that the data fees were kept low for past couple of years to make iPHD attractive for researchers. While the iPHD is high-performing, it is financially fragile. Several options discussed internally include:
    - Securing additional investment or making structural changes to operations and fees.
    - Narrowing the pool of fee awards to better support junior faculty.
    - The board approves projects based on G. Woods' suggestions, even if they may not be methodologically rigorous, as long as they are reasonable and the data release does not increase risks.
    - Raising the fees to limit the application pool to researchers who have NIH funding or are at a more advanced stage in their careers.
- G. Woods said that it is important to consider various approaches to increase revenue. One perspective that merits exploration is identifying the number of projects we can support before our funding is exhausted. This analytical perspective could enhance our review cycles. By estimating that we can undertake 12 to 15 projects this year, we can more effectively calibrate the level of scrutiny applied during our evaluations This strategy represents a more equitable method for allocating our limited resources, rather than focusing solely on which projects can accommodate higher fees. Additionally, it is crucial to be transparent about the implications of this approach, especially regarding trade-offs and the number of projects we can fund or support.
- M. Koller responded that it goes back to capacity questions. We received strong proposals for Cycle 1 and about 6-8 will be supported, and we must carefully consider the trade-offs associated with our decision-making process. One potential operational improvement is to reduce the number of touchpoints in our interactions with applicants. While not a primary cost driver, the time and effort do translate into

valuable resources. The primary cost driver remains the complexity of the applications and the intricate linkages with third parties.

- K. Noonan said that reducing staff touchpoints is unrealistic ; adjusting fees is a more viable option. Fee awards should not be given to well-funded NIH or private university projects.
- M. Koller stated that iPHD is not in immediate financial distress. This approach is a proactive sustainability strategy, rather than a reaction to a crisis.
- J. Cantor noted that capacity could be expanded with additional staff if demand justifies it. One approach is to introduce new data sets to boost demand. Fee optimization requires continuous monitoring.
- M. Norin said that you have a figure to work with to explore different sources of solid funding. She agree with the idea of having different thresholds. In another program, the thresholds are based on who's making the request—whether they are an institutional entity or a private company. The rates adjust accordingly based on the type of requester.
- R. Hammond expressed strong appreciation for the transparency and analysis. She suggested that conducting a comparative analysis of the current fees, the proposed fees, and the fees required to fully close the funding gap would be beneficial. This assessment could help make the project more self-sustaining through the appropriate implementation of those fees. As we consider the possibility of increasing fees, we should also explore the option of reallocating some of the DOH funding to enhance fee waivers for non-profit organizations and other entities. The Board can establish clear criteria for these fee waivers to ensure they are applied equitably and consistently.

R. Hammond indicated that the executive session is not needed. R. Hammond asked if anyone would like to make a public comment. She added that each commentor has a maximum of three minutes to share their comments.
There were no public comments, and the open session of the Governing Board meeting was adjourned at 2: 47 pm.

- M. Norin made a motion to adjourn the open session of the meeting.
- K. Noonan offered a second.
- Unanimous vote to adjourn the meeting.