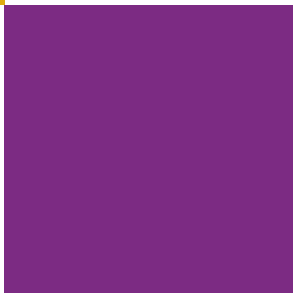
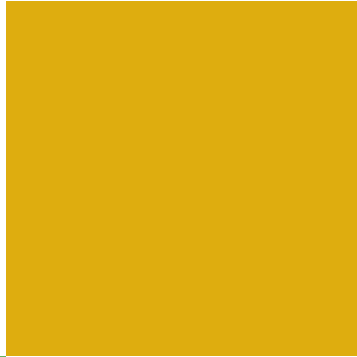




# Health Data for Action

Leveraging Health Data for Actionable Insights

Applicant Informational Webinar  
May 2, 2017





# Speakers



**Megan Collado, M.P.H.**  
Director  
AcademyHealth



**Amanda Frost, M.A., Ph.D.**  
Senior Researcher  
Health Care Cost Institute



**Katherine Hempstead, Ph.D.**  
Senior Advisor  
Robert Wood Johnson Foundation



**Josh Gray, M.B.A.**  
Vice President  
athenaResearch  
athenahealth



**Priya Gandhi, M.S.**  
Research Associate  
Robert Wood Johnson Foundation

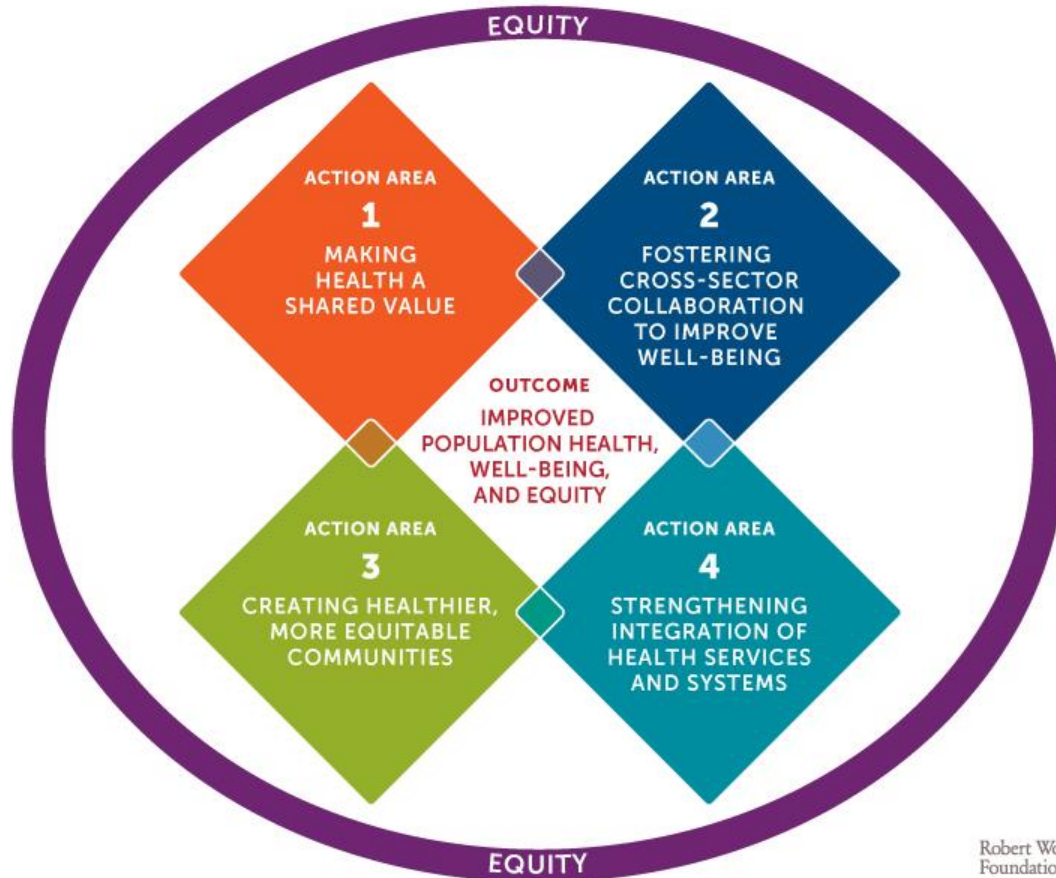
**Dorrie Raymond**  
Director  
athenaResearch  
athenahealth



# Technical Assistance

- Questions may be submitted at any time using the chat box
- The slides are available in the Presentation Materials pod
- A recording of this webinar will be posted on the RWJF and AcademyHealth websites
- Live technical assistance:
  - Call Adobe Connect at (800) 422-3623
  - Refer to the 'Technical Assistance' box in the bottom left corner for tips to resolve common technical difficulties.
  - Please turn off your pop-up blocker in order to take a survey

# CULTURE OF HEALTH ACTION FRAMEWORK





Robert Wood Johnson  
Foundation



## RWJF's Signature Research Programs



Evidence for Action



Policies for Action



Systems for Action



**Health Data for Action**



# Health Data for Action (HD4A)

Leveraging Health Data for Actionable Insights

- HD4A aims to reduce the barriers often faced in accessing rich data by serving as a conduit between data owners and interested researchers
- Each CFP will make valuable data from unique data owners available to researchers
- Goal: with greater access to health data, researchers can better answer important questions to build a Culture of Health
- 2017 CFP will offer successful applicants access to data from:
  - Health Care Cost Institute (HCCI)
  - athenahealth



## HD4A: Award Details

- Recommended project funding: up to \$150,000/12 months
- No funds will be needed to acquire the HCCI or athenahealth data
- Up to \$750,000 will be available under this CFP
- Up to 5 studies will be funded, using either HCCI or athenahealth data
  - No specific breakdown by data source is prescribed



# HD4A: Applicant Eligibility

- Researchers, as well as practitioners in the public and private sector working with researchers, are eligible to submit proposals through their organizations.
- Preference may be given to public entities or nonprofit 501(c)(3) organizations.
- Applicant organizations must be based in United States or its territories.





# HD4A: Application Process

- Apply online through [My.RWJF.org](http://My.RWJF.org)
- Stage 1: 4-page brief proposal narrative and a budget estimate
  - Deadline: May 24, 2017 (3 P.M. ET)
- Stage 2: Invited stage 1 applicants submit a 10-page full proposal and a line-item budget and budget narrative
  - Deadline: July 28, 2017 (3 P.M. ET)
- Notification of finalists: October 25, 2017
- Grants start: December 15, 2017



# HD4A: Selection Criteria

- Importance, significance and policy relevance of the question to be addressed
- Strength of the proposed methodology
- Innovative use of the available data
- Qualifications and expertise of the applicant
- Ability to inform decision-makers and other key stakeholders and create timely deliverables for wide dissemination based on preliminary findings and throughout the life of the grant
- Appropriateness of the timeline and budget



# HD4A: Research Topics of Interest

- Health Care Cost Institute (HCCI) data
  - Health care spending, utilization and prices
  - Trends in employer-sponsored insurance
  - Trends in private insurance markets
  - Consolidation, integration, and market competition
- athenahealth data
  - Geographic disparities
  - Obesity
  - Health care utilization
- Research questions that are not listed in the CFP are encouraged

# About HCCI

HCCI is a non-profit, **independent**, non-partisan research institute **dedicated** to **promoting research** on the drivers of health care costs and utilization using administrative claims data.

- HCCI holds data on 50 million people per year (2008-2015) from 3 large health insurers
- The HCCI dataset is available through a secure data enclave hosted by NORC

# Current HCCI Data

- HIPAA-compliant, statistically de-identified
- Employer-sponsored insurance, individual insurance, Medicare Advantage (Part C)
- Data for every state and the District of Columbia, a convenience sample with varying coverage
- Age, gender, geography of members
- Costs of service: payer and out-of-pocket by member, allowed amounts
- Service details: diagnostic codes, procedure codes
- Providers: encrypted NPIs, geography
- No information about member benefit design

# Data Dictionary

- Data dictionary downloadable from HCCI's Website
- Two views of dataset (researchers must choose one)
  - Data View 1: member year of birth, and member CBSA
  - Data View 2: member and provider 5-digit zip code, member age band
- Researchers choose 5-year block of data: 2008-2012, 2009-2013, 2010-2014, 2011-2015
- HCCI does not warrant how fully populated a variable may be

# Health Data for Action – athenahealth overview

05/2/2017



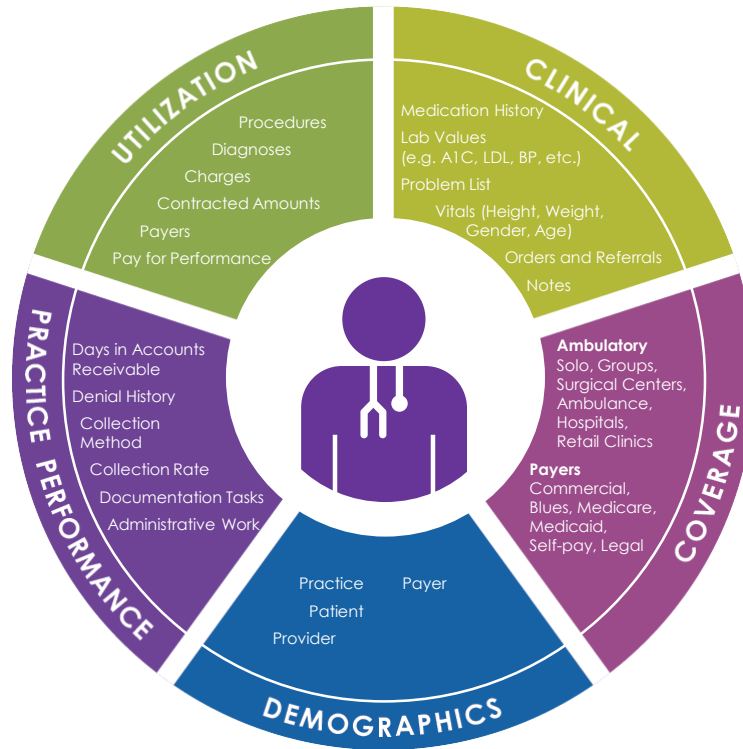
## The nation's largest cloud-based health care network

	Claims Data	Clinical (+ claims) Data
<b>Providers</b>	87,000	41,000
<b>Physicians</b>	63,000	31,000
<b>Patients – total</b>	86 million	40 million
<b>Patients – 2016</b>	47 million	18 million
<b>Visits – 2016</b>	155 million	111 million

- ✓ 1.5 billion electronic transactions per year
- ✓ 315,000 interfaces with 143,000 network endpoints



# A physician-centric data asset that is accessible, structured, and real-time



## NATIONAL

- Broad view of outpatient activity
- Healthcare “in the wild”
- Robust representation across demographic segments

## UNIFIED

- Single cloud-based technology
- Single database with clinical, claims, and operational data
- Standardized measurement and reporting

## INSTANTANEOUS

- To-the-second activity documentation
- Real-time data availability
- Data exchange with 3rd parties

## ADAPTIVE

- Decision support functionality
- Client directed quality programs
- Test and learn with population management campaigns

- BMI readings from 2012-2016 for each visit to an athenahealth provider
- Patient demographics: gender, age, race, ethnicity, type of insurance coverage, geographic location (county), provider specialty, provider type (e.g. MD, NP, PA)
- Pending de-identification constraints: chronic conditions based on the CMS definitions here <https://www.ccwdata.org/web/guest/condition-categories>
- Patients can be tracked over time using a unique randomized identifier

- What can be learned about the relationship between insurance coverage and patients with obesity?
- How does weight gain trend with age?
- Is weight volatility suggestive of future diseases?
- How do community characteristics like food deserts influence weight gain/loss? When better foods become available how does this change?
- Note that data may be used to highlight opportunities for further qualitative research.

- A data dictionary will be published for applicants prior to the full proposal stage.
- Successful applicants will sign a data use agreement (DUA) with athenahealth prior to receiving the data for their research. Use of the data is limited to topics described in the DUA, and is available for use by the applicant for 5 years



# Questions?

Contact: [healthdataforaction@rwjf.org](mailto:healthdataforaction@rwjf.org)

Follow: @HlthData4Action

Apply: <http://www.rwjf.org/cfp/hd4a>