

***Good Care Needs Good Data: Please support S3220 to establish an iPHD  
Sponsored by Senators Sweeney, O’Toole, and Vitale***

New Jersey is at an exciting time in its journey to improve the quality and efficiency of its healthcare system. As healthcare costs rise and patients and providers become increasingly frustrated with the system’s failures and inefficiencies, we understand that new and innovative solutions are urgently needed. The GCC believes that integrated data will support innovation and smart policy-making, positioning the state to become a national model for delivering good care for every patient, every day. We are advocating for legislation that will create a statewide Integrated Population Health Database (iPHD). The iPHD provides the infrastructure to link health data with social data, for research purposes, on a project-by-project basis, while protecting the privacy and security of the data. The iPHD will aid in improving health outcomes and reducing costs by allowing us to understand forces both within and outside the health service sectors that impact a person’s health.

***What is the iPHD?*** The iPHD is an Integrated Population Health Database, which provides the centralized infrastructure to link health data with social data, for research purposes, on a project-by-project basis, while protecting the privacy and security of the data. The iPHD provides policymakers, researchers, Medicaid Accountable Care Organizations (ACOs), community groups, and other public support programs the tools they need to identify more efficient, data-driven policies to address some of the most complex and expensive health and social issues affecting the state.

***Why do we need it?*** Residents, especially those facing complex medical and social issues and those incurring the highest costs, rely on multiple public systems and services. Linking different datasets that already exist within these systems and programs is essential for a holistic understanding of patient needs. Unfortunately, multiple laws and bureaucratic hurdles significantly impede data linkage. With an increasingly burdened state government, the resources available to our state agencies and support programs are constrained to do this work and/ or to meet researcher’s ad hoc requests for access to multiple and large data sets.

A well-structured and governed iPHD can overcome legal, financial and bureaucratic obstacles and provide a rich resource for identifying ways to improve population health and make government programs more efficient. By providing a more holistic understanding of health, the iPHD would help the state achieve its Healthy 2020 goals, ensure the success of the Medicaid Accountable Care Organization Demonstration Project, and promote population health generally.

***Who would house the data?*** The Center for State Health Policy (CSHP) at Rutgers University’s Institute for Health, Health Care Policy and Aging Research would house the

iPHD. In New Jersey, CSHP has already demonstrated the power of data linkage and analysis to deepen our understanding of avoidable hospital use and cost. The iPHD would create greater opportunities for this type of valuable research in a cost-effective and efficient manner.

**Who has access to the data?** Policymakers, researchers, certified Medicaid ACOs, community groups, and other public support programs are all potential authorized users but must apply for access through the iPHD governing board. Under S3220, the iPHD governing board will establish a formal process to allow access for authorized research projects. The process will ensure the ethical and appropriate use of data and that authorized iPHD research projects are in the public interest and advance population health. The iPHD governing board will be comprised of: 1) the heads of agencies overseeing public support programs; 2) members of Rutgers University ensuring the security and privacy of the data; 3) representative for those whose information is potentially being shared; and 4) experts in the legal, technical, and research field.

**How will it safeguard privacy and security?** The iPHD governing board would have a formal process to review data requests made by administrators, certified Medicaid ACOs, and researchers to ensure the ethical and appropriate use of the data and that these requests meet rigorous security and privacy standards. Researchers will have access only to de-identified data for population health level research. Proprietary information in state databases would also be protected from disclosure.

**How would the iPHD be funded?** No state appropriations are needed to support S3220. Private foundation funding will be requested for iPHD start-up costs and user fees paid by those wishing to access the data for research purposes will cover the operational costs of building the database. Similar integrated datasets exist in other states. Those states have begun to develop and implement more cost effective and efficient programs that produce better outcomes for the residents they serve.

**Is this happening in other states?** Yes. States around the country, such as Washington and South Carolina, are addressing complex and expensive problems with solutions built on knowledge obtained from similar integrated data systems.

For more information on the iPHD, please refer to the white paper *Building an Integrated Population Health Database (iPHD) for New Jersey*, available online at [www.goodcarecollaborative.org](http://www.goodcarecollaborative.org).

The GCC seeks to help transform New Jersey's Medicaid system into a national model for delivering good care efficiently for every patient, every day.

The GCC is a diverse statewide coalition of consumer advocates, providers, payers, and policy makers.

For more information please visit our website [www.goodcarecollaborative.org](http://www.goodcarecollaborative.org) or contact Shabnam Salih at [ssalih@camdenhealth.org](mailto:ssalih@camdenhealth.org)