

CancerLinQ® Data Quality Management Policies

I. Introduction

CancerLinQ is committed to conquering cancer through appropriate, secure and ethical usage of health information entrusted to the CancerLinQ system. The ability to learn from every patient will accelerate progress against cancer and will give patients and physicians more comprehensive information to make decisions about cancer prognosis and treatment.

CancerLinQ's success depends on providing high quality data to its subscribers, consumers and customers. Data are of high quality if they are free of defects and are fit for their intended uses such as planning, decision-making, and operations. Implementation of a data quality program enables the delivery of useful, accurate, complete and timely data to support patient care, health care operations, and research.

II. Glossary of Terms Used

Any capitalized terms used in this document that are not defined elsewhere in this document will have the meaning set forth in the HIPAA regulations, 45 C.F.R. 164.102 et seq.

Accuracy: The degree to which data correctly reflect the real world state of a data item.

Collected Data: The PHI and Provider Data that are collected by CancerLinQ from Subscribers in order to provide Health Care Operations services.

Completeness: The degree to which values are present in mandatory data fields.

Consistency: The degree to which a data item conforms to a set of predetermined constraints over time or across data sets (for example, to support panel data analyses, time-series analyses, or data set integration).

Consumer: An individual or entity that enters into an agreement with CancerLinQ to receive one or more reports.

Correctness: The degree to which data are free from error.

De-Identified Data: Refers to Health Information: (a) that has been redacted or otherwise revised to exclude all identifiers specified in 45 CFR § 164.514(b)(2) and with respect to which no actual knowledge exists that the information could be used alone or in combination with other information to identify any individual who is a subject of the information; or (b) that an appropriately qualified professional has

determined does not constitute Individually Identifiable Health Information in accordance with 45 CFR § 164.514(b)(1).

Health Care Operations: Any one or more of the activities set forth in 45 C.F.R. § 164.501, including but not limited to quality assessment and improvement, outcomes evaluation, case management and care coordination, business planning and development, and business management and general administrative activities.

Health Information: Any information, including genetic information, whether oral or recorded in any form or medium, that: (1) is created or received by a Health Care Provider, Health Plan, Public Health Authority, Employer, life insurer, school, university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present, or future payment for the provision of health care to an Individual.

HIPAA: Collectively, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and their implementing regulations, as amended from time to time.

Individually Identifiable Health Information: Information that is a subset of Health Information, including demographic information collected from an Individual, and: (1) is created or received by a Health Care Provider, Health Plan, Employer, or Health Care Clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of Health Care to an Individual; or the past, present, or future Payment for the provision of Health Care to an Individual; and: (i) that identifies the Individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

Limited Data Set: Refers to Protected Health Information that does not contain any of the following direct identifiers of the Individual who is the subject of the PHI, or of relatives, employers or household members of the individual: names; postal address information, other than town or city, State, and zip code; telephone numbers; fax numbers; electronic mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Market Report: A CancerLinQ report that is intended for a commercial entity, which contains only information created from de-identified CancerLinQ data without the use and disclosure of PHI or Provider Data.

Protected Health Information (PHI): The subset of Individually Identifiable Health Information that is: (i) transmitted by Electronic Media; (ii) maintained in Electronic Media; or (iii) transmitted or maintained in any other form or medium. Protected

Health Information excludes Individually Identifiable Health Information: (i) in education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g; (ii) in records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); (iii) in employment records held by a Covered Entity in its role as Employer; and (iv) regarding a person who has been deceased for more than 50 years.

Provider Data: Data that relates to a Subscriber, such as practice management data or quality measure scores.

Practice Management Report: A report provided to Subscribers by CancerLinQ that aids with decisions, actions, and resource allocation to enable the provision of professional services to meet the objectives of the organization.

Precision: The degree to which data are cleansed and transformed to ensure consistent levels of detail and measurement; for example, quantitative variables are managed to ensure consistent units of measure (UOM) and the same number of significant digits.

Public Health Report: A report provided to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.

Quality Report: A report provided to Subscribers by CancerLinQ in connection with the Health Care Operations quality assessment and improvement services for which Subscriber has engaged CancerLinQ, including any customized reports and dashboards.

Redacted Data: Refers to the De-Identified Data and Limited Data Set data, collectively, in CancerLinQ.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

Report: A document or dashboard that provides information and analyses gleaned from CancerLinQ. CancerLinQ will have a family of reports, to include Quality Reports, Practice Management Reports, Public Health Reports, Market Reports, and others.

Subscriber: An entity that enters into a Participation Agreement, Business Associate Agreement and Data Use Agreement with CancerLinQ in order to provide data to CancerLinQ and receive Health Care Operations services from CancerLinQ.

Treatment: The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation

between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

User: An individual who is assigned log-in credentials to access services from CancerLinQ. A Subscriber or Consumer account may have one or more Users associated with it.

Validity: The data field contains a value selected from a pre-defined reference set of values; for example, a value selected from a reference table.

III. General Policies

- A. CancerLinQ leadership, workforce, advisors, and volunteers will follow ethical guiding principles of stewardship, protection, transparency, and accountability when making decisions regarding CancerLinQ.
- B. CancerLinQ will comply with laws and regulations applicable to CancerLinQ.
- C. CancerLinQ has adopted, and will comply with its HIPAA Privacy and Security Policies, protocols, and any other policies regarding the collection, use, disclosure, and stewardship of CancerLinQ Collected Data.

IV. Data Quality Management Policies

- A. **Scope of Source Systems:** The scope of the source systems from which data may be collected by CancerLinQ includes Electronic Health Record Systems (EHR), Practice Management Systems, and other clinical, financial and administrative systems used in support of the provision of health care.
- B. **Scope of Data Types:** Data collected by CancerLinQ may include, but are not be limited to,
 - a. Clinical Data, such as Patient Demographics, Clinical Notes, Procedures, Practice/Provider Information, eRX/Drug Administration, Review of Systems, Physical Exams, Allergies, History of Present Illness;
 - b. Practice Management Data, including Scheduling, Billing, Inventory (materiel management), Payer Information (insurance), Claims; and
 - c. Other Data, such as Labs, Pathology, Tests, Measurements, Immunizations, Encounters, Medical Equipment.
- C. **Standards-based Semantic Concordance:** To ensure semantic consistency, the values of data elements ingested by CancerLinQ will map, where appropriate, to industry-accepted and CancerLinQ-adopted standards. Some examples of standards that may be used to facilitate standards-based semantic concordance include, but are not limited to, SNOMED-CT, LOINC, RxNorm, AJCC categories (T, N, and M),

ICD-0-3, ICD-9, and ICD-10. CancerLinQ may add or remove standards from time to time as appropriate to support semantic consistency.

- D. **Data Quality Uniformity:** Data sets will be prepared to ensure qualitative uniformity, which may require the application of various data preparation methods, such as, data profiling, transformation, augmentation, and integration. Data quality dimensions may include, but are not limited to, accuracy, precision, correctness, completeness, consistency, field value validity.
- E. **Data Quality Reporting:** CancerLinQ will establish and maintain a set of data quality measures and will develop data quality reporting mechanisms that focus on such data quality dimensions as accuracy, precision, completeness, consistency, field value validity. The purpose of these measures is to help CancerLinQ subscribers, consumers, and customers assess the quality of their data in order to make informed decisions, for example, about their levels of patient care and operational performance.

Application:

Applies to CancerLinQ LLC

History:

Adopted by CancerLinQ LLC Board of Governors October 13, 2015