Supplementary Appendix A

Template: Brief Health Care Data and Related Resources Evaluation Summary – [Name of the Data]

Description of the Data and Related R information is available in the data]	esources: [E.g., Who	o collects and provi	des the data, how is this done, what	
Number of patients, health visits, and	l/or other events:			
Data Time Period and Recency:				
Data Security and Privacy:				
Data Acquisition and Use Related Cos	ts:			
Data Types and Characteristics				
☐ Outpatient Visits	☐ Clinical Notes or Free Text Data		☐ Personal Medical History	
☐ Emergency Department Visits	☐ Near-Real-Time (Weekly/Daily) Data		☐ Family History	
☐ Telehealth Visits	☐ ICD-10 Codes		☐ Social/Occupational Data	
☐ Inpatient Visits	☐ CPT and/or HCPCS Codes		☐ Behavioral Risk Factor Data	
☐ Urgent Care Center Visits	☐ LOINC and/or SNOMED Codes		☐ Prescription filled/dispensed	
☐ Walk-In Clinic Visits	☐ Patient Location Data		☐ Over the Counter Medications	
☐ Long-term Care Patients/Facilities	☐ Provider/Facility Location Data		☐ Lab Tests Ordered and/or Results	
☐ Emergency Response Focused Data	☐ All Payor Data		☐ Diagnoses	
☐ EMR or EHR Data	☐ Medicaid/Medicare Claims		☐ Procedures	
☐ Discharge Data	☐ Private Payor Claims		☐ Medical Imaging and Results	
☐ Unadjudicated or Open Claims	☐ Medications Administered		☐ Genetic Sequencing Data	
☐ Costs and Charges Data	☐ Vaccination Data		☐ National (e.g., all states) Data	
☐ Patient/Population Survey Data	☐ Provider Survey Data		☐ Births and/or Deaths Data	
☐ Weights for Patient/Population	☐ Weights for Provider		☐ Other Representativeness Weights	
Representativeness	Representativeness			
☐ Other (write in)	☐ Other (write in)		☐ Other (write in)	
Data Access and Use Systems and	Process			
☐ Data Downloadable to Local Drives		☐ Cloud Platform Includes Advanced Analytic Capabilities		
☐ Data Accessible on Suppliers Cloud Pla	atform	☐ Other (write in)		
☐ Local Applications Connectible to Clou	ud Platform	☐ Other (write in)		

Data Coverage and Representativeness

Placeholders for Related Maps and Graphs





Metric 1:			Value 1	
Metric 2:			Value 2	
Metric 3:		Value 3		
lealth Equity and Social Deter	minants of Health Da	ta		
☐ Race	☐ Sexual Orientation	on	☐ Income/Poverty	
☐ Ethnicity	☐ Gender Identity		☐ Education	
☐ Disability Status	☐ Food Insecurity		☐ Literacy	
☐ Homelessness	☐ Neighborhood Cr	rime Rate	☐ Transport	
☐ Employment Status	☐ Incarceration		☐ Other (write in)	
☐ Employment Industry/Type	□ SVI		☐ Other (write in)	
☐ Rural-Urban Location	□ SDI		☐ Other (write in)	
☐ Health Insurance/Payor	☐ Gini Index		☐ Other (write in)	
Pata Quality and Standardizati Metric 1:	ion wether		Value 1	
Metric 2:			Value 2	
Metric 3:			Value 3	
	_			
/ersatility of Data and Related	ı			
Data Linkable at Patient Level – V	,	☐ Data Linkable at Encounter Level		
Data Linkable at Patient Level – A	cross All Sources	☐ Dat Linkable to Other/External Data		
Other (write in)		Other (write in)		
Data Utility - Potential Use of t	the Data and Related	Resources		
\square Monitor health status amo	ng populations			
□ 5 · 11 · 1 · 1.	of disease and associ	iated co-mor	bidities and outcomes	
☐ Rapidly identify occurrence				
• •		ontinuum		
☐ Track diverse groups of pat	cients along the care c			
☐ Track diverse groups of pat☐ Track the history of disease	cients along the care c e/health status across	the lifespan		
☐ Track diverse groups of pat☐ Track the history of disease☐ Identify and measure risk f	cients along the care ce/health status across actors for diseases and	the lifespan d outcomes	re and the continuity of care	
 □ Track diverse groups of pat □ Track the history of disease □ Identify and measure risk f □ Assess persons' access to a 	cients along the care ce/health status across actors for diseases and utilization of healt	the lifespan d outcomes h services ca	· ·	
 □ Track diverse groups of pat □ Track the history of disease □ Identify and measure risk f □ Assess persons' access to a □ Assess persons' eligibility for 	cients along the care calle/health status across actors for diseases and tilization of healt or and utilization of pr	the lifespan d outcomes h services car reventive ser	vices	
 ☐ Track diverse groups of pat ☐ Track the history of disease ☐ Identify and measure risk f ☐ Assess persons' access to a ☐ Assess persons' eligibility f ☐ Assess alignment to treatm 	cients along the care care/health status across actors for diseases and utilization of healt or and utilization of property guidelines for varients.	the lifespan d outcomes h services car reventive ser	vices	
☐ Track diverse groups of pat☐ Track the history of disease☐ Identify and measure risk f☐ Assess persons' access to a☐ Assess persons' eligibility f☐ Assess alignment to treatm☐ Assess treatment strategie	cients along the care called the care care care care care care care car	the lifespan d outcomes h services car reventive servious diseases	vices and conditions	
 ☐ Track diverse groups of pat ☐ Track the history of disease ☐ Identify and measure risk f ☐ Assess persons' access to a ☐ Assess persons' eligibility f ☐ Assess alignment to treatm 	cients along the care called the care care care care care care care car	the lifespan d outcomes h services car reventive servious diseases	vices and conditions	

☐ Identify early signals of emerging/novel diseases or events (e.g., symptom clusters) of high concern

☐ Assess biological and laboratory markers associated with disease state, severity, and outcomes

□ Assess population level disease burden and/or burden on the healthcare infrastructure
 □ Assess cost of care and cost-effectiveness of patient care and preventive care strategies

☐ Assess genetic characteristics of and variations among causal pathogens

☐ Assess persons' health-related knowledge, attitudes, practices

☐ Other [write-in]☐ Other [write-in]

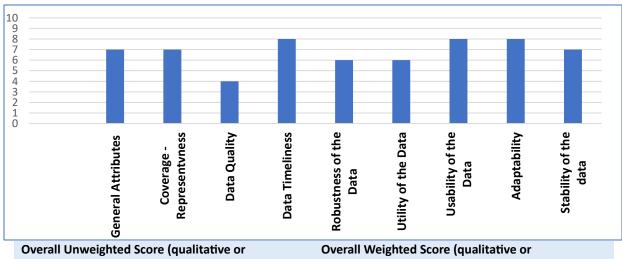
Salient Strengths of the Data and Related Resources

- •
- •
- •

Salient Limitations of the Data and Related Resources

- •
- •
- •

Evaluation Construct Scores*



quantitative): Overall Unweighted Score (qualitative or quantitative):

Conclusions:			

Supplementary Appendix B

- *Notes on evaluation construct scoring:
- a. The scores for the evaluation constructs can be qualitative (e.g., poor, good, excellent) or quantitative (e.g., 0-10) and it's up to the evaluator/stakeholders to decide which to use. An overall unweighted quantitative score would be the sum of the unweighted quantitative construct scores. An overall unweighted qualitative score would depend on the method used by the evaluator to sum qualitative scores (e.g., the median qualitative score when all 9 qualitative scores are arranged in order).
- b. Each quantitative construct score can be weighted based on its relative importance (vis a vis the other constructs) to the context of the evaluation. The quantitative weighted score for any construct would be the unweighted score multiplied by the weight; the overall weighted score would be the sum of the weighted scores.
- c. Each qualitative construct can be weighted based on its relative importance (vis a vis the other constructs) to the context of the evaluation, and the method to do so would need to be determined by the evaluator (e.g., counting the qualitative scores of higher weighted constructs multiple times).