

Colorado ALTO Project Data Partnership



Data Partner Agreement

Participation is encouraged, but optional

Data submission agreement includes:

- Submission of baseline data. At least three months of data immediately preceding program launch date.
 - (ex: launch date = Jan. 1, 2019; baseline data = Oct-Dec. 2018)
- Submission of data for a minimum of nine months starting from your launch date
- Monthly data submission within 20 days of the end of each month
 - (ex: January data due Feb. 20)
- Use of the [Colorado ALTO Project Data Specifications Training Materials](#)

Thank you for your willingness to participate in data collection and analysis.

Please submit this agreement to:

Dominick Kuljis, MPH, BS
CHA, Health Care Research Analyst
720.330.605
dominick.kuljis@cha.com

Welcome to the Colorado Alternatives to Opioids (ALTO) Data Partnership.

One of the many benefits of being a Colorado ALTO Data Partner is the opportunity to take full advantage of the exclusive CHA Colorado ALTO data analytics platform.

As a Colorado ALTO Data Partner, you will receive the most up-to-date, ongoing detailed reports and analysis of your ALTO progress. Including opioid and ALTO utilization for:

1. your hospital ED compared to the Colorado cohort,
2. your individual ED clinicians,
3. by medications,
4. by diagnosis.

Colorado ALTO Data Partners receive direct access to the Online Data Hospital Information platform (ODHIN) which provides just-in-time data reports that will help your team make course corrections as needed.

Finally, CHA will connect your team with subject matter experts who will assist with EMR report writing and help reduce the burden of data collection and submission.

HOSPITAL ROLE:

1. Review the data requirements on the left-hand side.
2. Complete the information below.
3. Sign and return this agreement to Dominick Kuljis.

Anticipated launch date: _____

Executive Champion and Title: _____

Signature: _____

Data Champion: _____

Signature: _____

ED Medical Director: _____

Signature: _____

ED Nursing Director: _____

Signature: _____