CIVHC and CO APCD
Overview: Johns Hopkins

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All Payer Claims Database Overview

All Payer Claims Databases (APCDs) are large databases that typically include medical, dental, pharmacy claims collected from private and public payers.

Currently, 18 States have legislation enabling collection of health care claims data (www.apcdcouncil.org).

- The first was Maine, established in 2003
- Colorado APCD created in 2010 with HB-10-1330
- Center for Improving Value in Health Care (CIVHC)
- CIVHC appointed by HCPF to administer CO APCD
Advantages of using an APCD

**Opportunity to turn data into actionable information.**

APCDs have advantages over single-payer or population-based databases including:

- Patient data that spans care settings (IP, OP, ASC, SNF, etc.)
- Broad geographic representation
- Captures longitudinal care information on individuals
- CO APCD includes medical, pharmacy, dental data
- CO APCD refreshes data warehouse every other month
- Data from most or all insurance companies in state
- Flexibility in helping you address questions
Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: Better Health, Better Care, Lower Cost

We are:

• Non-profit
• Independent
• Objective
Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.
What’s in the CO APCD

Health Insurance Payers
We receive claims from Medicaid, Medicare FFS, Medicare Advantage, and over 40 commercial payers

Unique Lives
The Colorado APCD represents 4.3 million unique lives, representing nearly 75% of insured Coloradans

Claims
CO APCD has 875+ million claims
Includes medical, pharmacy, and dental claims
Drug rebate information
Alternative payment model (APM) information
## Claims Available in the CO APCD

<table>
<thead>
<tr>
<th></th>
<th>Medical Claims</th>
<th>Pharmacy Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>Paid through 4/30/2020</td>
<td>Paid through 4/30/2020</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Paid through 4/30/2020</td>
<td>Paid through 4/30/2020</td>
</tr>
<tr>
<td>Medicare FFS</td>
<td>Paid through 12/31/2018</td>
<td>Paid through 12/31/2017</td>
</tr>
</tbody>
</table>

Next CO APCD Data Warehouse refresh is September 14, 2020 and will bring Commercial & Medicaid claims paid through up to June 30, 2020. The CO APCD data warehouse is refreshed every other month.
How We Serve

Public CO APCD Data
Identify opportunities for improvement in your community through interactive reports and publications

Custom CO APCD Data
License data from the most comprehensive claims database in CO to address your specific project needs
Data Offerings

- **Product types available for license include:**
  - **Standard Reports**
    - Pre-defined set of data elements that provide insight to relevant market categories
  - **Custom Reports**
    - Static or interactive report containing data elements identified by the client and presented in an easy-to-use format
  - **Data Sets (custom or standard)**
    - Extract of data elements identified by the client that can be aggregated and analyzed by the requester
    - Comprehensive Data Element Dictionary (DED)
Types of CO APCD Data Sets

De-Identified Datasets

- No PHI
- Can be standard or custom
- 3 “standard” data sets – licensing fees vary; ~ $15,000

- Limited Datasets
  - Contains at least one element of PHI, no direct identifiers
  - Must go through additional review and approval

- Fully Identifiable Datasets
  - Contains one or more direct identifiers
  - Must go through additional review and approval
  - Must have IRB approval
Standard De-Identified Datasets

**Level 1**: Suitable for a wide variety of stakeholders with appropriate CO APCD projects.

**Includes**: member and provider composites, member demographics, diagnoses and procedures, all costs (negotiated paid rates, member liability), out of network flag, pharmacy, and dental data.

**Does not include**: any payer identifiers, provider identifiers other than composite ID, any member identifier other than composite ID, pharmacy identifier, etc.
Standard De-Identified Datasets

**Level 2A:** Suitable for stakeholders who pay for health care services or researchers who don’t need provider data.

**Includes:** Level 1 dataset, plus payer code.

**Level 2B:** Suitable for stakeholders who provide health care or researchers who don’t need payer data.

- **Includes:** Level 1 dataset, plus provider NPI, specialty, location.
Standard De-Identified Datasets

**Level 3:** Suitable for researchers without a monetary interest from a payer or provider perspective. *Can be paired with a finder file to identify a patient or study population.*

**Includes:** Level 1 dataset, plus payer code, provider NPI, specialty, location, and more.
Framework & Process For Releasing Data

- HIPAA / HI-TECH
- Anti-trust Guidelines
- Benefit to Coloradans
- Advance the Triple Aim
  - Lowering costs, improving quality, improving population health

High Level CO APCD Application Process:
- Defining project scope on CO APCD Application
- Identify specific research questions
- Delineate specific data elements being requested (i.e. our DED)
- Internal analyst team and compliance review
- Approval, document signature, production (~ 45 days)
CO APCD Application Questions

**Project Purpose:**

- Please describe your project and project goals/objectives.
- What specific research question(s) are you trying to answer or problem(s) are you trying to solve with this data request?
- How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)
- Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):
  - If applicable, how will your project support lowering health care costs?
  - If applicable, how will your project help improve the health of Coloradans?
  - If applicable, how will your project improve the quality of care or patient experience?
- Do you need a claims data set or would you like a custom report generated by CIVHC that addresses the specific questions/problems your project seeks to address?
- Do you need Protected Health Information (PHI)?
Community Based Projects

Strong interest in community based affordability projects and ability to review for possible licensing fee discount.

- CO communities facing challenges relative to health care costs just as are many communities across the US
- CO is a very rural state
- CO has employer led initiatives / purchasing alliances

**Focus:** Advancing impactful community based health care affordability research.
CO APCD
COVID-19 Analyses
www.civhc.org/covid-19/
COVID-19 Analysis using the CO APCD

• Inform mitigation actions
  • Identifying Population at High-Risk for Severe Illness*

• Describe impact on the health care system
  • Potential loss of income due to temporary cessation of surgical procedures*
    • Reduction on preventive care (i.e., immunizations, screenings)

• Describe impact in health care users (out of pocket expenses due to testing and treatment)

• Describe impact on health of populations
  • Mental health conditions, chronic condition management

*currently publicly available
Telehealth Services Analysis: Definition

- **Delivery of health care services through telecommunications systems** to facilitate assessment, diagnosis, consultation, treatment, education, care management, or self-management while the **provider is located at a distant site.**

- Includes:
  - Synchronous (real time) interactions
  - Store-and-forward transfers (asynchronous)
  - Services provided through HIPAA-compliant interactive audio-visual communication or cellular telephone application
  - With expansion of services, voice-only telephone communication or text messaging
Starter Set of Questions

This analysis helps answer several key questions about telehealth services:

• Has utilization of telehealth changed over time?
• How much do we spend on telehealth per person and as a state?
• What types of telehealth services are being provided?
• Why are patients using telehealth services?
• What types of providers deliver the most telehealth services?
• How does use of telehealth differ between counties across the state?
Identification of Telehealth Services

- Selected professional services defined by a combination of place of service and procedures codes
- Professional services defined by procedure codes that describe specific telehealth services (e.g., telephone services)
- Each payer has different reimbursement policies, different approved telemedicine services
CIVHC Interactive Telehealth Analysis

- Includes insured populations across payer types from Jan 2018 to Feb 2020
  - Medicare FFS claims for services through December 2018
  - Commercial and Medicaid claims for 2020 reflect approximately 95% of services provided

- Next update October 2020

- Classification of telehealth services is key
  - Telemedicine – synchronous communications
  - Asynchronous communications
  - Remote monitoring
  - Transitional care management
Findings

• Has telehealth utilization *changed overtime*?

  *Use of telehealth services was rising before the onset of the novel coronavirus pandemic.*

  • Commercial: 57 to 76 per 1,000 *(33%)*
  • Medicaid: 29 to 55 per 1,000 *(91%)*
  • Medicare Advantage: 126 to 142 per 1,000 *(13%)*

• **Who** uses telehealth services?

• **Females** more often than males (64% vs 36%), and **young adults aged 18-44** use telehealth services more than other age group.
Findings, continued

• **Why** have people used telehealth?
  • Across all payers, *mental health conditions* was the most frequent reason (33%) followed by *respiratory conditions* (12%) and *counseling* (7%), though the top diagnoses varied significantly by payer type.

• **Who** has provided most of telehealth services?
  • *Primary care* providers have historically provided most telehealth services, followed by *behavioral health providers*.
  • Commercially insured patients increased use of telehealth to *access behavioral health providers* by 83%.
Findings, continued

• **What types** of telehealth services are patients using most frequently?
  • Other than real time communication, other categories had very low utilization. Transitional care management utilization fell during the two-year study period.

• **How does use vary by geography?**
  • Higher utilization in the Northeast, Northwest and Southcentral rural counties.
Telehealth Services Analysis (civhc.org)

Telehealth in Colorado

Choose Time Period:
- January 2010
- February 2020

Choose Payer Type:
- (All)

Choose a Telehealth Service Category:
- (All)

Choose Cost or Utilization:
- Cost

Total Services: 390K
Total Payments: $31,199K
Utilization Rate: 58 services per 1,000 members
Cost Per Member: 0.39 per member per month (PMPM)

Who is accessing telehealth?

Patient Gender
- Female: 61%
- Male: 39%

Patient Age
- 0-17: 10%
- 18-44: 35%
- 45-64: 26%
- 65+: 29%

Where do patients receiving telehealth services live?

Click on any county to filter dashboard by geography.

Why are patients accessing telehealth?

Top Diagnosis Categories
- Mental Illness: 45%
- Respiratory conditions: 8%
- Circulatory conditions: 8%
- Counseling: 5%

What services are being provided?

Top Procedure Categories
- Office or Other Outpatient E&M Services - Established: 29%
- Transitional Care E&M Services: 27%
- Telephone Services: 16%
- Psychiatry Services and Procedures: 15%

Who is providing telehealth?

Top Service Provider Taxonomies
- Behavioral Health: 41%
- Primary Care: 36%
- Remote Weight Loss Service: 4%
- Internal Medicine Subspecialty: 3%

Source: Colorado All Payer Claims Database (CO APCD), 2018
Telehealth Trends in Colorado

Click on any point to view telehealth procedure details. Lasso (click and drag) to view multiple months at a time.
### Telehealth Services Analysis (civhc.org)

#### Telehealth Services Detail

**Top 10 Services Detail by Division of Insurance Region (DOI)**

Select any procedure, diagnosis, or type category to filter the other displays. Multiple selections can be combined for a more specific view.

<table>
<thead>
<tr>
<th>Telehealth Procedures</th>
<th>Telehealth Diagnoses</th>
<th>Telehealth Provider Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Services</td>
<td>Mental Health Conditions</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Office or Other Outpatient E&amp;M Services</td>
<td>Respiratory Conditions</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Established Patient</td>
<td>Counseling</td>
<td>Remote Weight Loss Service</td>
</tr>
<tr>
<td>Transitional Care E&amp;M Services</td>
<td>Other</td>
<td>Internal Medicine Subspecialty</td>
</tr>
<tr>
<td>Psychiatry Services and Procedures</td>
<td>Musculoskeletal conditions</td>
<td>Student (e.g. Resident)</td>
</tr>
<tr>
<td></td>
<td>Endocrine/Nutritional conditions</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Office or Other Outpatient E&amp;M Services</td>
<td>Circulatory conditions</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>New Patient</td>
<td>Genitourinary conditions</td>
<td>Surgery</td>
</tr>
<tr>
<td>Education for Patient Self-Management</td>
<td></td>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>Health and Behavior Assessment</td>
<td></td>
<td>Clinic/Center</td>
</tr>
<tr>
<td>Remote Monitoring</td>
<td></td>
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<tr>
<td>Facility Telehealth Service</td>
<td></td>
<td></td>
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<tr>
<td>Asynchronous Communication</td>
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</tbody>
</table>
Low Value Care in Colorado 2017 data, CO APCD

**Spending**

The total spend for the 48 services measured was:

$1.3B

Of the total, $140M was for low value care (identified as likely wasteful or wasteful).

The top 3 services accounted for 44% of total low value service spending.

- Use of two or more antipsychotics: $25.1M
- Opioids for back pain: $18.6M
- Cen. catheters in stage III-V CKD patients: $18M

**Payer Type**

The highest proportion of spending for low value services varied by payer type:

- **Medications** (prescriptions, concurrent medication use, etc.): Medicare and Medicaid
- **Procedures and Imaging Tests** (X-rays, screenings and tests, surgical procedures, etc.): Commercial
- **Procedures** (screenings and tests, surgical procedures, etc.): Medicare Advantage
Shop for Care

Compare prices across Colorado providers for expensive procedures such as births, hip & knee replacements, and MRIs can help employers and consumers realize significant cost savings.
Thank you!

Questions?

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