CO APCD Advisory Committee

May 14, 2019

CIVHC

CENTER FOR IMPROVING **VALUE** IN HEALTH CARE

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- CO APCD Scholarship Subcommittee
- Data Quality Orientation
- Employer Data & CO APCD Milestones
- Topics for Next Meeting

Committee Role, Affordability Roadmap & CO APCD Funding

Executive Director Kim Bimestefer •

Colorado Department of Health Care Policy & Financing

CIVHC

CENTER FOR IMPROVING **VALUE** IN HEALTH CARE

Committee Roles – Historical v Future Focus
See Handout

- CAAC current role (C.R.S. 25.5-1-204 2018): The advisory committee shall make recommendations to the ED and the CO APCD administrator:

- CAAC current role (SB 18-1327): the Advisory Committee shall:

- Administrator Duties with CAAC input (C.R.S. 25.5-1-204 2018): The administrator, with input from the advisory committee shall:

Committee Roles – Future Focus

In addition to core statutory and regulatory requirements…

Utilize CO APCD Advisory Committee to provide input and insights on how CIVHC as Administrator of the CO APCD can provide valuable information in support of the State Affordability Roadmap

2019 Legislation Followed

- HB 19-1174 Out of Network

- SB 19-004 High Cost Health Insurance Pilot Program (PEAK Alliance)

- HB 19-1168 Reinsurance (Exchange)

New CO APCD State Funding

- **Total Newly Approved FY20:**   **$4.04M**

    - *Scholarship Fund*   *$0.50M*
    - *Prior Approved GF*   *$1.03M*
         (CMS 50/50- State portion)
    - ***New approved funds***   ***$2.51M***

(Additional funds may be available through other contracts for services – i.e. SIM/TCPI; fiscal notes; legacy contracted services; etc)

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- CO APCD Scholarship Subcommittee
- Data Quality Orientation
- Employer Data & CO APCD Milestones
- Topics for Next Meeting

Public Reporting

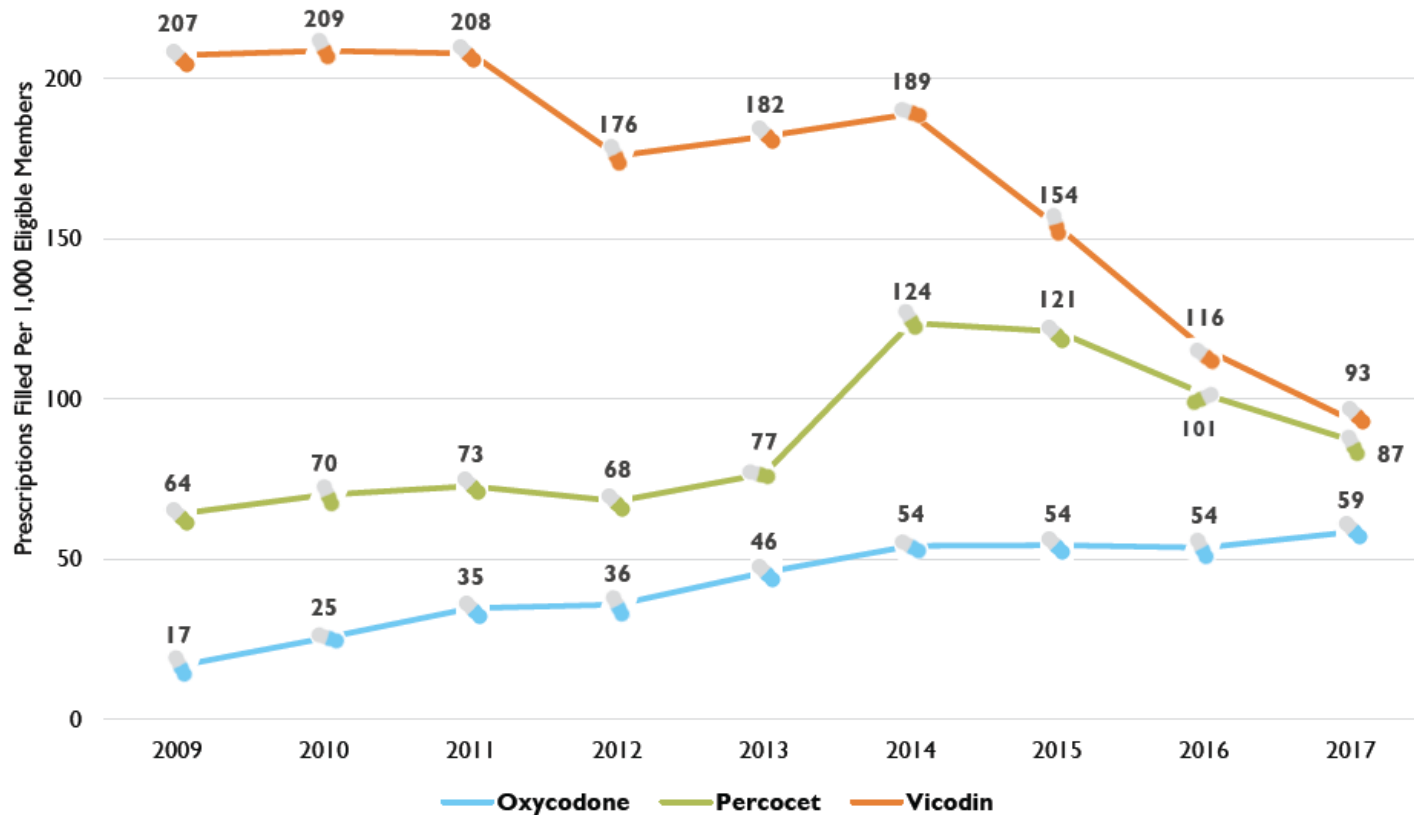Cari Frank, MBA •

CIVHC VP of Communication and Marketing

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Recent Releases - Opioids

Although fill rate has fallen for two of the three opioids analyzed, **more than half** of all prescriptions filled were for eight days or more.

Oxycodone, Percocet, and Vicodin Prescription Trends in Colorado, 2009-2017
Commercial, Medicaid, and Medicare Advantage, CO APCD

Prescriptions Filled Per 1,000 Eligible Members

Vicodin: 207, 209, 208, 176, 182, 189, 154, 116, 93

Percocet: 64, 70, 73, 68, 77, 124, 121, 101, 87

Oxycodone: 17, 25, 35, 36, 46, 54, 54, 54, 59

Years: 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

— Oxycodone — Percocet — Vicodin

10

Recent Releases – Opioids Cont.

- Although it's least prescribed, Oxycodone **prescription fill rates increased** 247% between 2009-2017.
- Rates of Percocet and Vicodin fills have **steadily declined** since reaching a peak in 2014, although Percocet fill rates in 2017 were still higher than 2009 rates.

Prescribing Opioids in Colorado
Oxycodone, Percocet, and Vicodin

Opioid use disorders impact us all, not only patients. Working from within the health care system and across communities, together we can make a positive impact.

One critical approach to minimizing opioid use disorders is reducing the number of pills given to people with temporary, acute pain. Centers for Disease Control (CDC) research shows that people receiving a five-day supply of opioids the first time they are prescribed have a 10 percent chance of becoming addicted and using opioids long term (one year or more). The likelihood of using an opioid for over a year doubles to 20 percent for people receiving a 10-day supply and jumps up to 45 percent for patients receiving an initial 40-day supply.[i]

5-day supply → 10% chance of addiction
10-day supply → 20% chance of addiction
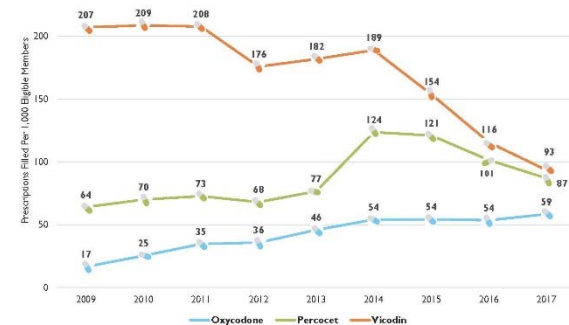40-day supply → 45% chance of addiction

To help reduce long-term use and dependency when treating acute pain, the CDC suggests that providers offer alternative treatment options to opioids, and when necessary, prescribe the lowest effective dose for the shortest duration, typically three to seven days.[ii]

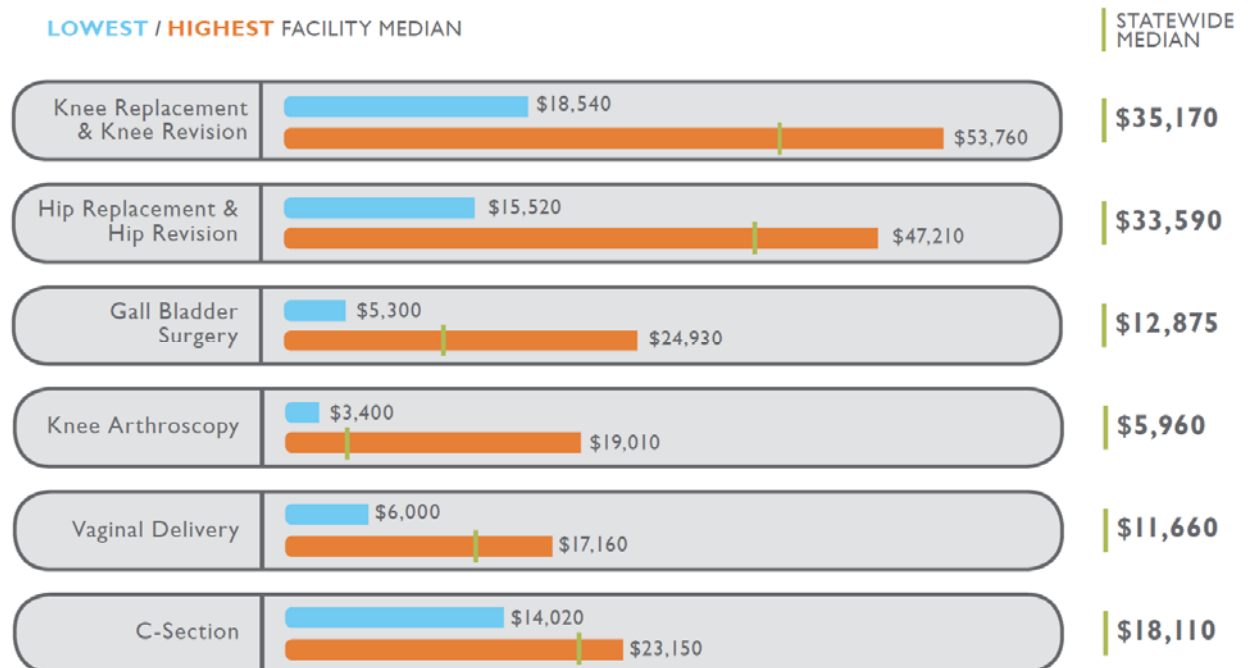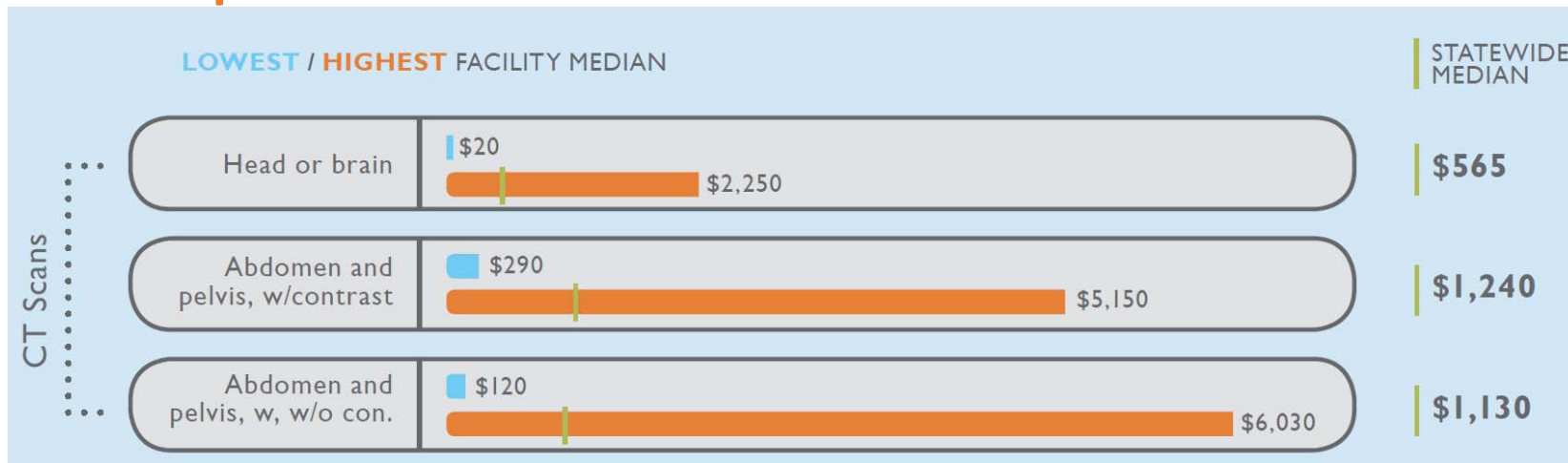**Opioid Prescribing Patterns in Colorado**
To understand patterns in opioid days supply being prescribed and filled in Colorado, the Center for Improving Value in Health Care (CIVHC) used data from the Colorado All Payer Claims Database (CO APCD) to evaluate trends for short-acting versions of three commonly prescribed opioids: Oxycodone, Percocet, and Vicodin.

According to CO APCD data, between 2009 and 2017, Coloradans with Commercial, Medicaid and Medicare Advantage health insurance filled nearly 7 million prescriptions for the short-acting versions of Oxycodone, Vicodin and Percocet.

Oxycodone, Percocet, and Vicodin Prescription Trends in Colorado, 2009-2017
Commercial, Medicaid, and Medicare Advantage, CO APCD

Recent Releases – Price Variation Graphics with State Medians

LOWEST / HIGHEST FACILITY MEDIAN — **STATEWIDE MEDIAN**

CT Scans

	LOWEST	HIGHEST	STATEWIDE MEDIAN
Head or brain	$20	$2,250	$565
Abdomen and pelvis, w/contrast	$290	$5,150	$1,240
Abdomen and pelvis, w, w/o con.	$120	$6,030	$1,130

LOWEST / HIGHEST FACILITY MEDIAN — **STATEWIDE MEDIAN**

	LOWEST	HIGHEST	STATEWIDE MEDIAN
Knee Replacement & Knee Revision	$18,540	$53,760	$35,170
Hip Replacement & Hip Revision	$15,520	$47,210	$33,590
Gall Bladder Surgery	$5,300	$24,930	$12,875
Knee Arthroscopy	$3,400	$19,010	$5,960
Vaginal Delivery	$6,000	$17,160	$11,660
C-Section	$14,020	$23,150	$18,110

Planned Upcoming Releases

- **Updates pending to Reference Based Price reports**

- **May - July:** Additional infographics and geographic variation related facility price and quality information (DOI region price information, % facility fee)

- **Target July - Aug:** Pharmacy dashboard

- **Target Aug - Dec:** Updates to current Interactive Reports plus updated Insights (2016-2018 data) – pending Medicaid submission

- **Target October:** Total Cost of Care trend information (2014-17) and inclusion of Medicaid; public interactive report if possible

- **Target November:** Facility Price updated with 2018; Investigating adding new Prometheus episodes and potentially dental services

- **December:** Annual Report with analytic insights

Reference Based Pricing Analysis

- RAND study using CO APCD data released 5.11

- Excel file with named hospital/system information available

- Planning to use RAND data to provide public report information; re-calculate reference-based price cost savings estimates

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- **CO APCD Scholarship Subcommittee**
- Data Quality Orientation
- Employer Data & CO APCD Milestones
- Topics for Next Meeting

CO APCD Scholarship Subcommittee

Peter Sheehan •

CIVHC VP of Business Development

CO APCD Scholarship Subcommittee

Scholarship Subcommittee Members:

- David Keller, CU School of Medicine, Children's Hospital
- Chris Underwood, Dept. of Health Care Policy & Financing
- Nathan Wilkes, Headstorms, Inc.

Update

Fiscal Year to Date, 18 projects have been approved by the Scholarship Subcommittee and also approved by HCPF.

The full $500,000 has been allocated across 18 different projects:

   2 Government project requests
   6 Academic institution/research project requests
10 Non-profit project requests

Data Requestor	Opportunity Name	HCPF Scholarship Portion	Close Date	Research	Govt	Non Profits
Children's Hospital Colorado & University of Colorado Denver (UCD)	19.02 Predicting Asthma Outcomes through Analysis of Early Respiratory Hospitalizations in Children	$33,904.00	10/31/2018	1		
University of Colorado Denver (UCD) Cancer Center	19.05 UCD HPV Vaccination HSR Project, Evaluating the impact of distance and vaccination	$36,256.00	9/27/2018	1		
University of Colorado Denver (UCD) School of Medicine	18.77 Apoyo con Carino (Support through Caring): Improving Palliative Care Outcomes for Latinos with Advanced Medical Illness	$38,651.00	5/31/2019	1		
University of Colorado Denver (UCD) School of Medicine	16.76.3 UCD Cardiac Stress Tests- Evaluating Low-Value Tests and Their Potential Harm	$32,560.00	4/16/2019	1		
Colorado School of Public Health	19.71 UCD Evaluating and Modeling REMS Drug Diffusion, Prescription & Utilization Patterns	$37,712.00	1/30/2019	1		
University of California Los Angeles (UCLA)	18.107 UCLA Youth Psychotropic Medication Use	$44,696.00	12/27/2018	1		
CIVHC Analytics	19.104 Milliman/VBID Low Value Waste Calculator Extract	$38,159.00	4/30/2019			1
Colorado Children's Access Program	18.37 Emergency Department Utilization Project- Evaluating the Cost Savings of Establishing Medical Homes	$35,510.00	5/10/2019			1
Colorado Community Managed Care Network (CCMCN)	19.40 CCMCN Subscription (Integrating Claims Data to FQHC Clinical Data for Care Management)	$45,000.00	6/30/2019			1

Data Requestor	Opportunity Name	HCPF Scholarship Portion	Close Date	Research	Govt	Non Profits
Colorado Consumer Health Initative	18.121 Analysis of Prescription Drug Costs, Top 20 High Volume/High Cost Prescriptions	$24,656.00	8/24/2018			1
Colorado Dental Association (CDA)	19.67 Evaluating ED usage for Dental Pain since the inclusion of dental benefits in HFC Medicaid Plans	$8,500.00	1/4/2019			1
Colorado Dental Association (CDA)	19.68 Evaluating the utilization of dental services between embedded plans vs. standalone plans.	$0.00	11/30/2018			1
Colorado Medical Society	19.08 Charging Patterns for Professional Services in CO Relating to Out-of-Network and Variations in Pricing	$27,824.00	1/25/2019			1
Northwest Colorado Community Health Partnership	19.35 ED Utilization and Potentially Avoidable Costs in NW CO	$17,504.00	11/30/2018			1
Palliative Care	17.123.3 Palliative Care: The Costs Associated with the Care at End of Life	$20,500.00	5/16/2019			1
Quality Health Network (QHN)	19.10 QHN Medicaid and Medicare Eligibility in support of RAE and AHCM CMS Grant activities	$13,500.00	5/31/2019			1
Colorado State- Division of Insurance	19.101 Potential Savings with Costs Associated with Reinsurance Program Repricing Claims using Medicare Reference Based Methodology	$35,884.00	2/22/2019		1	
Colorado State Legislature	19.103 Understanding the Variance of Paid/Allowed Amount Among the Top 25 CPT Codes Across the State	$9,184.00	2/28/2019		1	
	total:	$500,000.00		6	2	10

CO APCD Scholarship Subcommittee

Next Steps & Action Items

The Scholarship program has proven to be very popular. Applications are reviewed and approved on a first-come, first served basis each fiscal year. Several projects shifted to FY 2020 due to the dollars being fully allocated this year.

Scholarship eligible projects for FY 20 are currently being vetted and will be moving to the Subcommittee for review

A 2019 review and 2020 planning meeting is being held with HCPF on May 29th

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- CO APCD Scholarship Subcommittee
- **Data Quality Orientation**
- Employer Data & CO APCD Milestones
- Topics for Next Meeting

Data Quality Orientation

Data User Experience Panel

Barbara Martin
Colorado State Innovation Model

Mark Gritz
University of Colorado

John Bartholomew
Department of Health Care Policy and Financing

David Keller
University of Colorado School of Medicine
and Children's Hospital Colorado

Current and Enhanced Quality Processes

Vinita Bahl, DMD, MPP ●

CIVHC Director of Analytics and Data
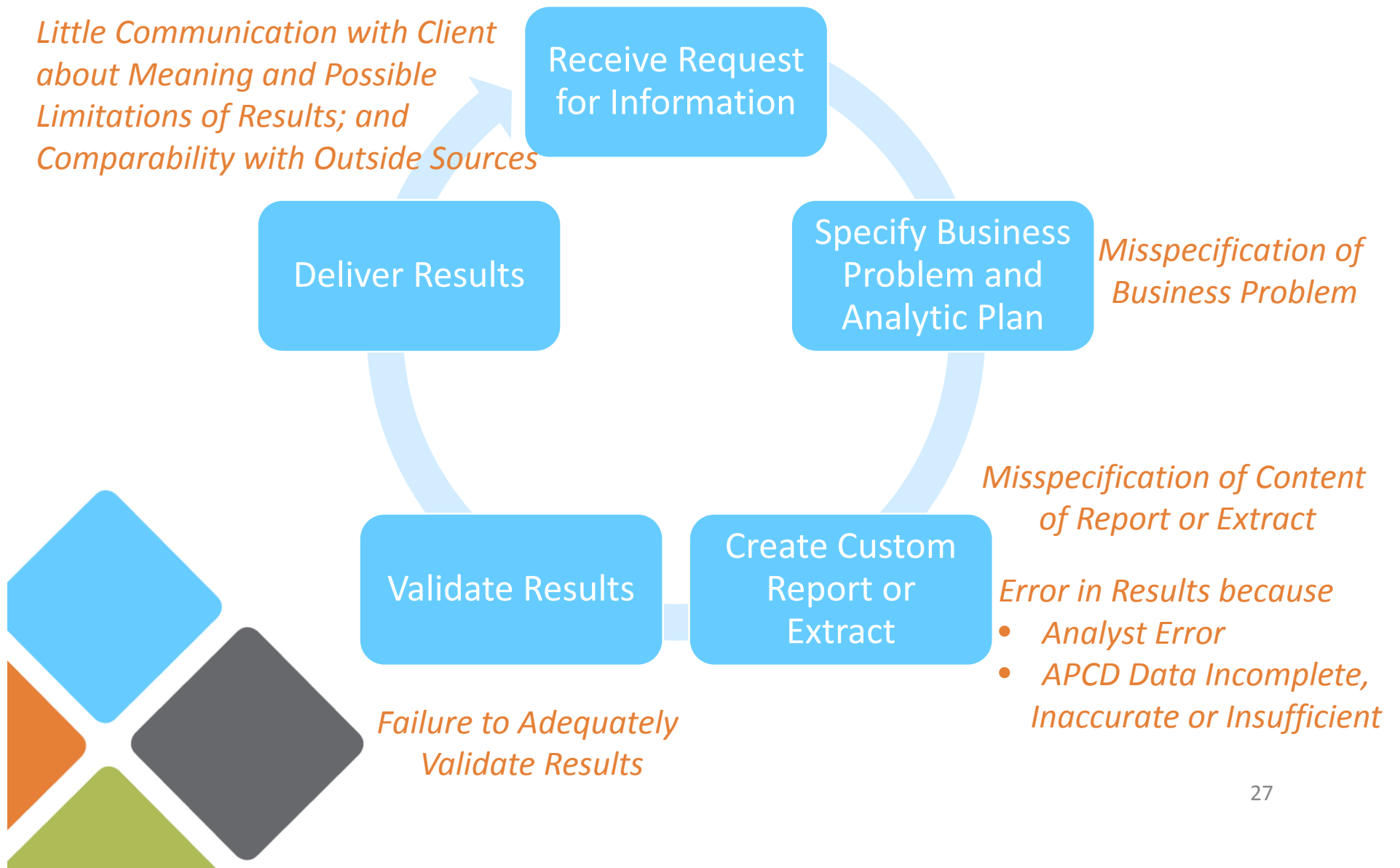
CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Overview

- User experiences are a reflection of several gaps in the process of delivering high quality, valid results

- Delivering high quality, valid results dependent on:
    1. Quality of underlying data in CO APCD
    2. An analytic process focused on understanding client need and executed to produce desired results

- Evaluation of processes for these key elements reveal opportunities for improvement
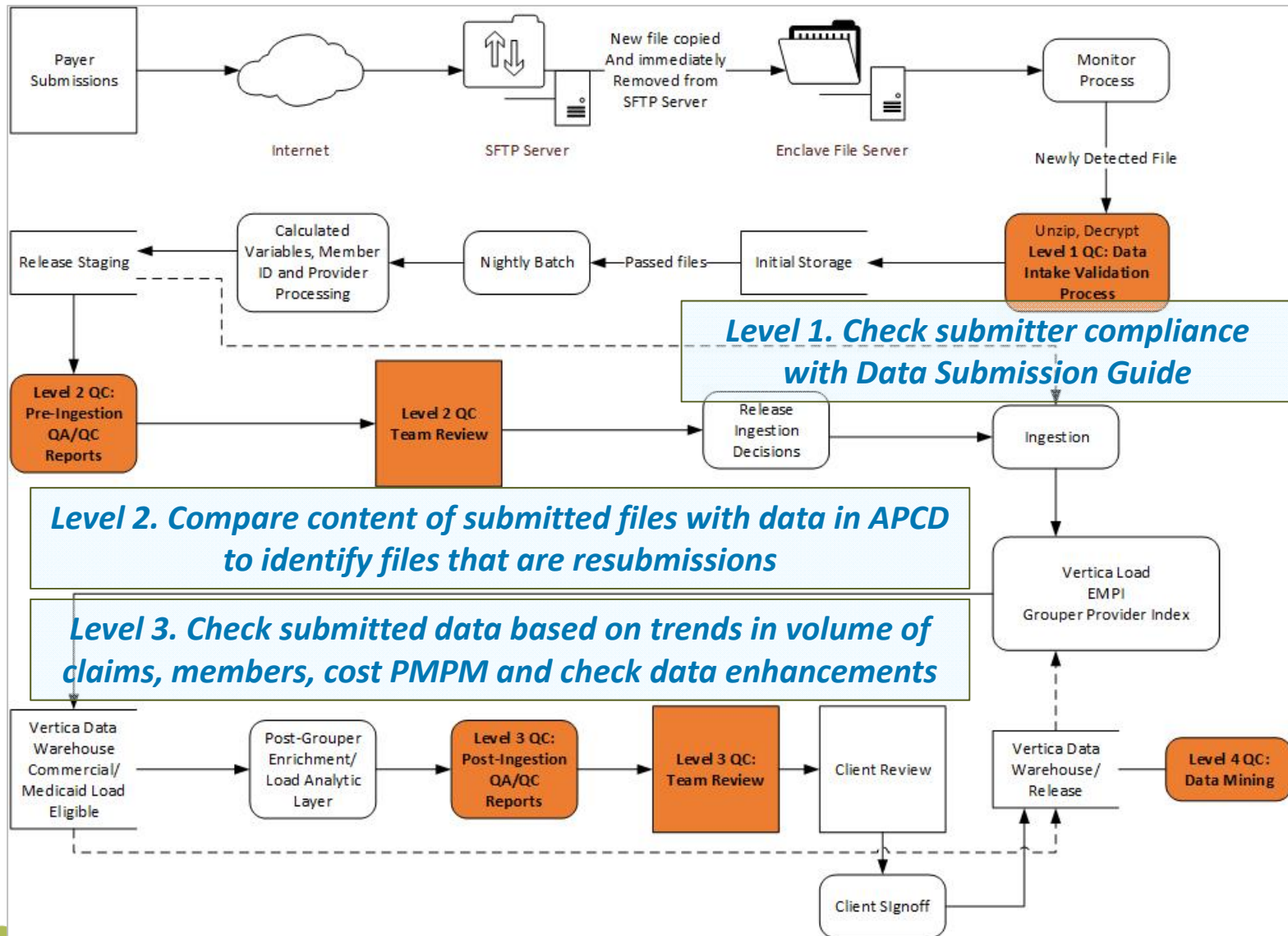
25

Process of Delivering Information

Receive Request for Information

Specify Business Problem and Analytic Plan

Create Custom Report or Extract

Validate Results

Deliver Results

26
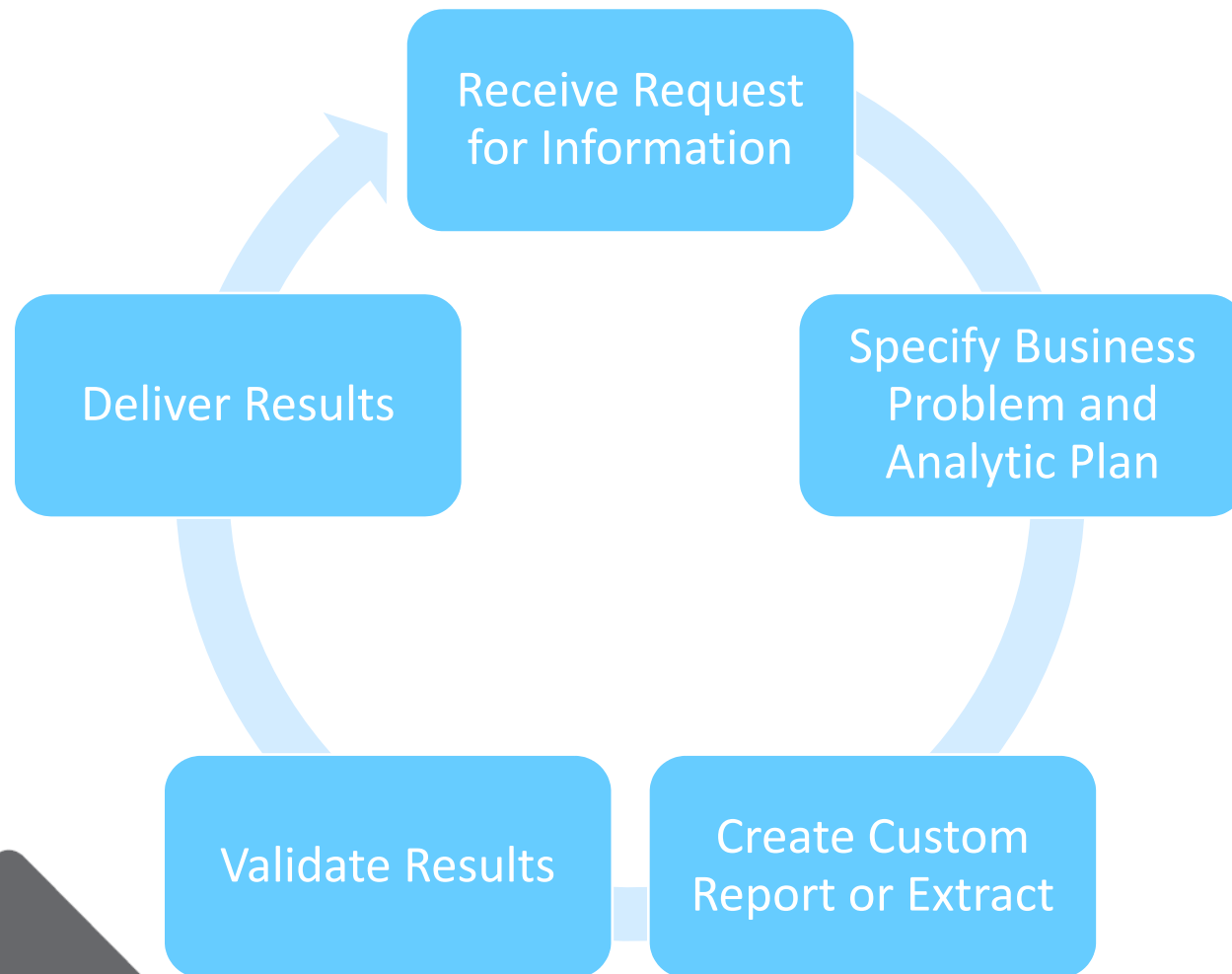
Potential Problems Delivering Information

Little Communication with Client about Meaning and Possible Limitations of Results; and Comparability with Outside Sources

Receive Request for Information

Deliver Results

Specify Business Problem and Analytic Plan

Misspecification of Business Problem

Validate Results

Create Custom Report or Extract

Misspecification of Content of Report or Extract

Error in Results because
- *Analyst Error*
- *APCD Data Incomplete, Inaccurate or Insufficient*

Failure to Adequately Validate Results

27

CO APCD Data Quality – Current Process

CO APCD Data Quality – Current Process

Assessment of Data Quality Process To-Date

- Although hundreds of data quality checks are performed, these checks are still incomplete

- Numerous reports of results of data quality checks; most require time-consuming review to identify problems

- Documentation of data quality process and of reports is incomplete

CO APCD Data Quality – New Framework

Dimensions of Quality & Quality Checks for Data Submissions/Enhancements Designed to identify incomplete, incorrect or redundant data	
Check file submissions each month for completeness and explainable trends	Check data enhancements (e.g., member composite ID, APR-DRG)
Check submitter compliance with Data Submission Guide	Check for erroneous claims data (e.g., claim with procedure inappropriate for patient gender)
Check Medicare data files that are not submitted according to DSG	Identify and document redundant data (e.g., Medicare Part D)
Check of proper claims handling (e.g., claim reversals, adjustments, sum of claim lines)	Validation with other sources (e.g., parity checks with submitters, hospital data with CHA)

CO APCD Data Quality – Current Status

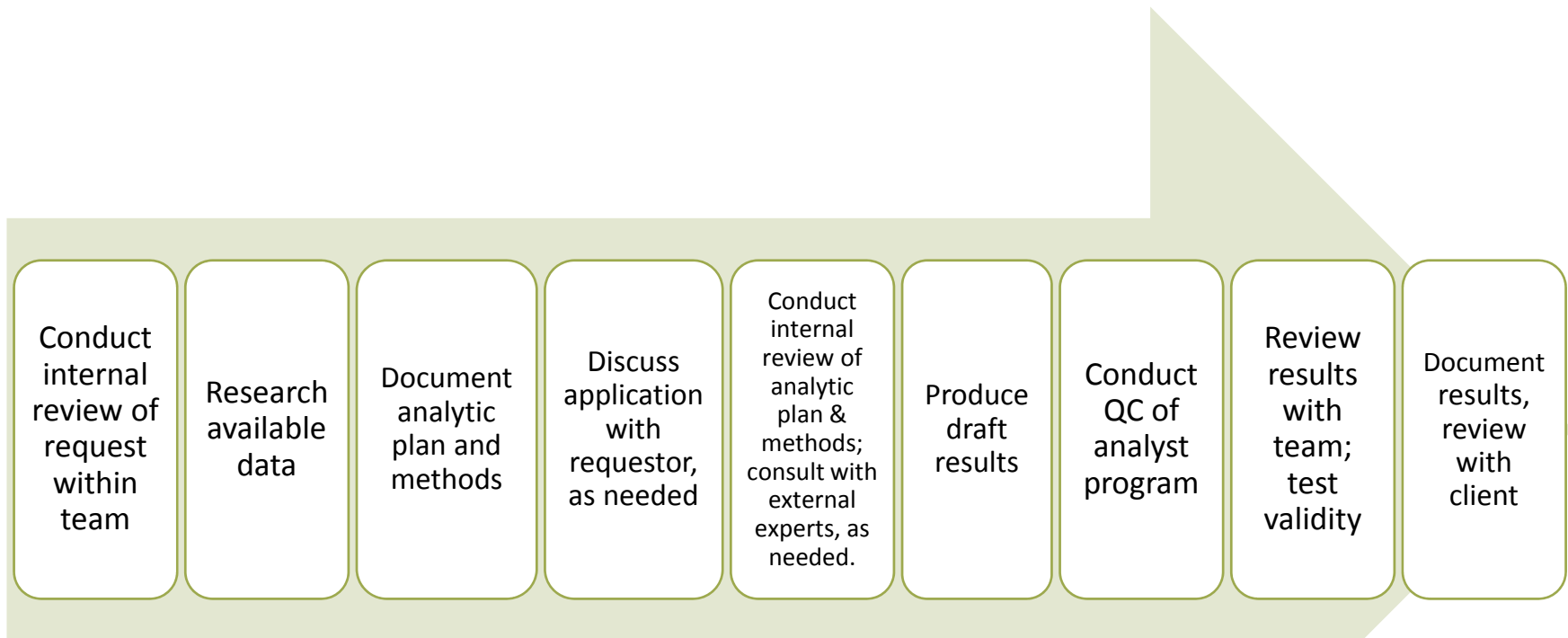| Dimensions of Quality & Quality Checks for Data Submissions/Enhancements Designed to identify incomplete, incorrect or redundant data			
Check file submissions each month for completeness and explainable trends	(25%)	Check data enhancements (e.g., member composite ID, APR-DRG)	(50%)
Check submitter compliance with Data Submission Guide	(100%)	Check for erroneous claims data (e.g., claim with procedure inappropriate for patient gender)	(0%)
Check Medicare data files that are not submitted according to DSG	(50%)	Identify and document redundant data (e.g., Medicare Part D)	(50%)
Check of proper claims handling (e.g., claim reversals, adjustments, sum of claim lines)	(50%)	Validation with other sources (e.g., parity checks with submitters, hospital data with CHA)	(0%)

CO APCD Data Quality – Next Steps

- Conduct deep-dive into each dimension of data quality checks to identify gaps

- Develop plan, with priorities for filling gaps

- Design reports that directly expose data quality problems

- Document:
  - Enhanced data quality process
  - Details of business rules that explain how data is mapped or transformed from submitted files to CO APCD
  - Recommendations for updates to DSG
  - CO APCD data dictionary

- Create feedback loops and CQI processes with CO APCD users to identify and resolve data quality problems

Analytic Structure & Process

Current (Individual Approach)	New (Team Approach)
Insufficient analyst resources	Hire additional analysts
Request given to individual analyst, who typically works independently to specify methods and output	Establish team approach to reviewing requests and specifying analytic plan, methods and output
Limited analyst communication with client	Communicate directly with client to resolve questions about request
No formal oversight by Director of Analytics	Oversight of analytic structure, process and outcomes by Director
Quality control mostly limited to review of analyst programming code	Enhance quality control to include team review and test of validity of results

Analytic Process – New Team Process

Conduct internal review of request within team	Research available data	Document analytic plan and methods	Discuss application with requestor, as needed	Conduct internal review of analytic plan & methods; consult with external experts, as needed.	Produce draft results	Conduct QC of analyst program	Review results with team; test validity	Document results, review with client

Summary

- User experiences are a reflection of several gaps in the process of delivering high quality, valid results

- Opportunities for improvement
  - Reframe quality checks of data in CO APCD so they address meaningful dimensions of data quality and document key processes
  - Establish team approach with analysts for reviewing requests; specifying analytic plan, methods and output; and reviewing and testing validity of results

Committee Questions and Discussion

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- CO APCD Scholarship Subcommittee
- Data Quality Orientation
- **Employer Data & CO APCD Milestones**
- Topics for Next Meeting

Employer Data
and CO APCD Milestones

William Lindsay ●

Principal, Lindsay3, LLC

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Employer Data & CO APCD Milestones

- Current Pilots
  - Grand Junction
  - Summit County

- Other Community Activity
  - Vail Valley Partnership
  - Northern Colorado – Larimer & Weld Counties

- Future Employer Reports

Employer Report Examples

	Report	Mockups Available	Report Available
1	Spending as a percent of Medicare: Inpatient; Outpatient; ED; Professional. Cost trends for Inpatient, Outpatient, ED & Professional Svcs compared to DOI region & State. Will include a roll-up view for group purchasing alliances.	May-19	Jun-19
2	Identify the top five chronic/comorbid conditions within my covered population, by disease/then compare to my area and statewide. Will include a roll-up view for group purchasing alliances.	Aug-19	Nov-19
3	Identify underutilization that exists within my population with chronic conditions, and then compare to my area. Will include a roll-up view for group purchasing alliances.	Jan-20	Mar-20
4	Idenitfy PAC Rates for the top 3 procedures in my covered population. Will include a roll-up view for group purchasing alliances.	Aug-19	Nov-19
5	Low Value Care Calculator for Employer's population. Will include a roll-up view for group purchasing alliances.	Jul-19	Sep-19
6	My plan's prescription spend vs community average and statewide. Will include a roll-up view for group purchasing alliances.	TBD	TBD
7	Total health care spending in my community/Colorado region on a PMPM basis (APCD "total cost of care study")	TBD	TBD
8	Percentage of care (by category: Inpatient Hospital, Outpatient Hospital, Physician) that leaves the area for care (shown in percentage of dollars spent)	19-May	19-May

Agenda

- Welcome and Introductions
- Committee Role, Affordability Roadmap & CO APCD Funding
- Public Reporting
- CO APCD Scholarship Subcommittee
- Data Quality Orientation
- Employer Data & CO APCD Milestones
- **Topics for Next Meeting**

41

Future Meetings

9am-11am

August 13

November 12