CO APCD Advisory Committee Meeting Notes May 12, 2020

Committee Attendees: Michelle Anderson, *National Director of Managed Care Pharmacy, Mutual of Omaha*; Rick Curtsinger, *Director External Affairs, Quality Health Network*; David Ehrenberger, *CMO, HealthTeamWorks*; David Keller, *Professor and First Vice Chair University of CO School of Medicine, Children's Hospital CO*; Jessica Linart, *Director of Insurance, CO PERA*; Bethany Pray, *Healthcare Attorney, CO Center on Law and Policy*; Miranda Ross, *Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente*; Emma Sargent, *CO Consumer Health Initiative*; Kelly Schultz, *Senior Market Analyst, Colorado Division of Insurance*; Matt Soper, *CO State Representative*; Robert (Bob) Smith, *Executive Director, CO Business Group on Health*; Chris Underwood, *Deputy Chief of Staff, HCPF*; Nathan Wilkes, *Owner/Principal, Headstorms Inc.*

CIVHC Attendees: Vinita Bahl, Eddy Costa, Dave Dale, Kari Degerness, Maria de Jesus Diaz- Perez, Ana English, Cari Frank, Greg Gillespie, Kristin Paulson, Lindsey Paulson, Peter Sheehan, Stephanie Spriggs

Please refer to the presentation and materials for further information.

Operational Updates

- CO APCD Scholarship Subcommittee
  - JBC voted to eliminate the scholarship fund to save General Funds for FY 20/21.
  - CIVHC is seeing what can be done about getting the scholarship fund back, as it is used every year and there is a backlog of clients looking forward to take advantage of these funds.
  - CIVHC has utilized every dollar each year, with 10-12 projects in queue for this funding in FY2020. We are working with local and state resources on other funding options, but it will be a tough road understanding the impacts of this.
- Scholarship Fund Quick Review
  - FY2019-2020 = 25 projects approved.
  - Full $500K used, with an average of $20K scholarship award amount, and $5,491 average payer portion.
  - Of these scholarship recipients, 56% are Academic Researchers, 26% are Non-Profits/Organizations, and 18% are State/Government Entities.
  - As recipients provide us some of their findings with these projects, we provide information back to the state in the form of a quarterly summary to HCPF. Sometimes it can six months to year to receive results from the requestors. (*See slide in presentation to see full list of scholarship funded projects*)
- CO APCD Sustainability – Funding Sources FY 2020-2021
  - CMS 50/50
    - Approved and will move forward
  - Non-State Related Funding
    - $500k Scholarship
      - $625-650k total revenue that is wrapped up with that.
    - Grant Related CO APCD Contracts –
      - Participated in NBER, expires 8/2020, though we're hoping to extend the contract due to COVID-19.
      - The state does have funding set aside for COVID-19 related projects; OeHI Benchmarking Telehealth Services: Who, how, when, where, what for; Rural Health.
      - We are looking at any other COVID-19 grant opportunities, particularly one focused on Telemedicine, though would like to participate in as many as possible.
      - Any additional thoughts on obtaining or retaining any of this funding is welcome.
- Outreach During JBC Session – CO APCD Funding at Risk
  - CO APCD rated overall best APCD in the country, though funding levels are significantly less than in other APCD's.
  - CIVHC submitted letters to the House and the Board, worked with the State to send out individual requests to partners and other national supporters, to express the importance, strength, and benefit, of CIVHC and the CO APCD.

- We did not send these to anyone that would have posed a conflict of interest, such as those at State agencies.
- The final decision was pushed back from May 18th to the 26th, however, if CIVHC loses $2.5M in reduced CMS 50/50, the State match would go down as well. Any spending match-able is a bigger "bang-for-buck". If funding dollars, typically spent on services, are available - it should be spent in Colorado.

Data Quality and Submission Errors

- Payer Forum to Solve CO APCD Data Submission Problems
  - Brings key leaders from each payer together to keep senior leadership apprised of submission errors that arise. Giving them the ability to collectively discuss and address errors or technical issues that payers may not have the resources to correct or manage.
  - Some of the issues are appearing across multiple payers. This open conversation allows all parties to be aware of issues, and communicate both ways.
  - Our goal is to schedule the first meeting in July, this did get a favorable response.

Regulatory Update

- DSG v11.5 – 2020 Alternative Payment Model Drug Rebate Changes
  - Requiring payers submit for payers residing in Colorado.
  - Adds the request for payers to report APM member payments to providers by insurance product type or category, and requires payers to submit a supplement to the drug rebate file.
- Changing the definition of Primary Care to one by the CO Primary Care Payment Reform.

Data to Support Legislation

- SB 20-107/HB 20-1160 – related to drug pricing and transparency
  - CIVHC provided information for fiscal note consideration for both bills and testified with background information for SB 20-107 regarding what information is in the CO APCD for specialty drugs and expenditures.
- SB 20-005 Consumer Cost-Sharing
  - The bill was converted to a study. CIVHC provided estimated fiscal note budget information to provide data for a portion of the study at DOI's request.
- Total Cost of Care
  - The CO APCD and CIVHC, as the administrator, are named in the draft bill and would be providing information regarding cost of care. CIVHC provided comments on the draft language.
- Colorado Option
  - CIVHC provided information for this bill last in preparation for its introduction and shared Outmigration Reports with the DOI this year.

Public Reporting

- Low Value Care – Released and getting a lot of Social Media attention
- Data Byte: Advanced Care Planning; and Data Byte: Legislative District Medical and Pharmacy Expenditures - Update thru 2018 info available
- Chronic Condition downloadable file (Subset of current public report)

Upcoming Reporting Releases

- COVID-19 Analyses – First Priority
- Community Dashboards – Beginning of June previw
- Shop for Care updates – end of June (Preview mid-May)
- **CO APCD COVID-19 Analyses**
  - **Available Now: Population Risk of Severe Illness Analysis** - Counties w/concentrations of people at higher risk of severe illness to help w/resource planning now and into future. The percentage is based on members we have in the APCD living in that county. Income correlates with this as well, and it's huge to see this.
  - **Available Now: New Dedicated COVID-19 Resource Page** - We will be adding more information as we move forward and can link resources on that page as well.

- **In progress: Elective Surgery Postponement** - Potential financial impact of temporary cessation of elective procedures
- **In progress: Telehealth** - Analyze historic telehealth usages in CO as a benchmark to inform efforts to increase access for underserved areas and those at-risk. How it was used in the past and compare to new information that will be coming in.

Data to Inform COVID-19 Efforts

- Future Potential CO APCD COVID-19 Related Analyses (Next 2-6 Months)
  - Understanding churn in health care coverage
  - Identifying how, and cost impact of, telemedicine being used by specialties
  - Evaluate under-use of services and cost impact as a result of moratorium on elective services.
  - Impact on Mental/Behavioral health through evaluation of prescription medication and telemedicine visits
  - Assessing premium impact and member cost sharing variation among payers.
- Potential 6+ Months (Requires significant data runout)
  - Analysis of mortality and reasons for deaths in CO specific social determinants of health (SDoH), vulnerable populations and access to care
  - Evaluate under-use of services and outcomes for chronic conditions
  - Re-insurance pool qualifying member impact
  - Impact on COVID-19 patients in terms of outcomes

Discussion: Ways to Collaborate

- Testing
  - How payers vary in terms of COVID-19 testing rates would be helpful for use. As well as the source; where are they coming from and how are they paid for. Historical underutilization – can we do some correlation of predictions? Immunizations? Diabetic care & testing?
- Cost
  - We evaluated the cost differences between hospitals, as far as what hospitals are charging and billing.
- Morbidity
  - The morbidity rate going up as people are not going in to see their Primary Care physician for preventative care. Overall patient morbidity, mostly in diagnoses. We would like to see a difference in morbidity. With chronic conditions we should be able to look back at routine visits, and should be able to move forward. Other things as well where visits have gone be the way-side.
- Disparities
  - Concern COVID-19 will exacerbate disparities, how good is the data to assess that? The best way to evaluate that is from mortality rate.
  - We will not have accurate race and ethnicity data directly from payers unless we engage payers and providers to make filling out these fields a priority. Race & ethnicity is now a requirement to submit, but it is often identified as "unknown" or incorrectly filled out by providers. We are looking at other ways to add external sources of disparity information (Race, ethnicity, income status) to the CO APCD (census track and geocoding). CIVHC is awaiting on this data, and will most likely have more information regarding morbidity rates later this summer.
- Economic
  - How to open up the economy and understanding the impact by type of business. Will we have to investigate Employer SIC Code? How this is impacting businesses and in general? We will need to consider Primary Care practices and small businesses that are shut down (i.e. Lowe's open the entire time compared to other places).
- Primary Care
  - Services being delivered to Primary Care facilities – working with DOI to produce Primary Care spend report. Can assess volume, stats & geography. What's happening with PC across the state?
  - The more info we can get, the better we can help the state be more prepared in the future. The challenge is, what can we benchmark it against; other viruses, flu etc.? Also, how do we get this information out; linkage of data to employers. If we have comparisons, we can use models on how to streamline info.