CO APCD Advisory Committee Meeting Notes May 11, 2021

Committee Attendees: Amie Baca-Oehlert, *President, Colorado Education Association;* Kim Bimestefer, *Executive Director HCPF;* Laurie Boll, *Consultant, Willis Towers Watson;* Kristi Bohling-DaMetz, *Chief Executive Officer, HealthTeamWorks;* Kyle Brown, *Deputy Commissioner, Affordability Programs, Division of Insurance, Advisor for COVID Testing, Department of Public Health and Environment*; Rick Curtsinger, *Director External Affairs, Quality Health Network*; David Ehrenberger, *Telehealth Provider, Cirrus MD*; Adam Fox, *Deputy Director, Colorado Consumer Health Initiative*; Kellie Isaac, *Director, Information Technology, State Health IT, & Health Care Policy & Financing*; David Keller, *Professor and First Vice Chair University of CO School of Medicine, Children's Hospital CO;* Jessica Linart, *Director of Insurance, CO PERA;* Philip Lyons, *Director of Regulatory Affairs, United Healthcare;* Matt Meyer, *Executive Director, Metro Denver Homeless Initiative;* Bethany Pray, *Healthcare Attorney*, *Colorado Center on Law and Policy*; Tom Rennell, *Sr VP of Financial Policy and Data Analytics, Colorado Hospital Association*; Miranda Ross, *Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente;* Robert Smith, *Executive Director, Colorado Business Group on Health;* Chris Underwood, *Deputy Chief of Staff, HCPF;* Nathan Wilkes, *Owner/Principal Consultant, Headstorms, Inc.*

CIVHC Attendees: Jennifer Carpenter, *Data Privacy and Compliance Manager;* David Dale, *Health Data Consultant*; Maria de Jesus Diaz-Perez, *Director of Research and Performance Measurement*; Ana English, *President and CEO*; Cari Frank, *VP Communication and Marketing;* Sarah Ford, *Communication and Marketing Specialist;* Spencer Fortier, *Communication and Marketing Specialist;* Greg Gillespie, *Account Manager*; Ann Jones, *Data Quality Manager;* Amanda Kim, *State Initiatives Program Manager*; Kristin Paulson, *Chief Operating Officer*, Peter Sheehan, *VP of Client Solutions and State Initiatives*; Stephanie Spriggs, *Senior Communication and Marketing Specialist*

Additional Attendees: Lou Capponi, *Public*; Eriko Mori, *Contract Manager, HCPF*; Steve Wilde, *Healthy Price*

These notes cover only the discussion of the Committee and such information required to put questions in context. Please refer to the presentation and materials for more information.

Topic	Discussion	Action Item
Welcome New Members	• Kellie Isaac – Director, Information Technology, State Health IT, & Health Care Policy & Financing • Kyle Brown – Deputy Commissioner, Affordability Programs, Division of Insurance, Advisor for COVID Testing, Department of Public Health and Environment	
CO APCD Data Intake, Processing and Analytics		
SUD Claims Collection	• The uses of substance use disorder (SUD) data were expanded with the CARES act in 2020, allowing for increased research use. • While there have been limited used cases for the SUD data in the past, the restrictions outweighed the utility and CIVHC did not distribute it or collect it from payers. This new broadening of the uses cases makes it more of a reasonable endeavor for CIVHC to begin collecting and distributing SUD data. • CIVHC is currently researching the new data release requirements from SAMSHA as well working with several sources to define best practices for collecting this information. Once there are business rules and policies in place to manage this new data, CIVHC will be working with submitters to begin collecting in the CO APCD. • Question – Are there plans to integrate the SUD information with social determinant of health data? ○ Through the geocoding that was recently completed on CO APCD, CIVHC is able to align the claims data with information from the American Community Survey about factors that influence health equity, including race, ethnicity, primary language, education, and employment. Once the SUD data	

	begins coming into the CO APCD, those claims will also be geocoded and will be able to align with the health equity information.
Data Submission Guide (DSG) Rule Changes	• One of the focus areas of the changes to DSG 12 was listed as improved race and ethnicity information, what does that entail? ○ The granularity of the fields collected was improved to better reflect standards of race and ethnicity – previously was based on skin color, which is mainly collecting information on race and not ethnicity. • CIVHC anticipates making additional changes next year to align closer to federal standards. • CIVHC is always trying to make sure that the DSG aligns as closely as possible with industry and federal standards for some of those pieces of collections.
Operational Updates	

State Contracts and Related Project Updates	• Is there a list of episodes of care that CIVHC is working on with HCPF that can be shared?
	  ○ CIVHC is working on a couple of episode-based projects using the PROMETHEUS tool and has been focused on both procedure and chronic condition episodes.
	• There is a lot of work being done around primary/value-based care and while there is a lot of great information out there, it seems as though it's hard to know whether the quality goals are ones that are the right goals, and if they're being achieved. When the reports go out, are recommendations for supplemental work included?
	  ○ One of the things that CIVHC is doing is reviewing exactly what is being provided to the DOI to ensure that it includes information specifically in the light of the pandemic and that the data reflects current state, what's changed, and where Colorado can go into the future. For that piece of legislation, the direction that we received from the General Assembly was to collect the information and report it back to the Primary Care Payment Reform Collaborative. Then it was up to the Collaborative group to actually make recommendations in terms of where targets might be for primary care spending.
	• The Collaborative has released two reports and is still in the midst of trying to understand primary care spending in Colorado. They've made some suggestions to CIVHC on how to format the analysis so the recommendations can be improved but overall the undertaking is complicated.

Federal No Surprises Act Update	• Despite best efforts, CIVHC/Colorado was not able to get anyone on the State All Payer Claims Databases Advisory Committee (SAPCDAC).
CIVHC Perception Survey	
	• There seems to be two key audiences that need more outreach: 1) legislators who are in positions with potentially regular turn-over and are frequently surprised to discover that they have access to such a data source; 2) non-wonkish people look at us – is there information about how they use the outputs of the CO APCD? ○ Most of the public CO APCD releases, such as alternative payment models (APM), for example, are very wonky, and the general population isn't really going to engage with something technical. That's part of the challenge that CIVHC faces when communicating information about the public reports. It is necessary to be general enough to try to engage a broad audience, but also necessary to be very specific on how different stakeholders can engage.

	○ The majority of the public information is probably not going to be something that consumers are going to use regularly; many studies have determined that they really don't use tools like Shop for Care. ▪ Providers are more likely to use that tool to see how they compare to other providers in the state. The Colorado Medical Society is starting to use it in a pilot where they're sharing the Shop for Care tool with specialty and primary care physicians and making sure that they're utilizing or aware of the tool when they're referring patients. ○ Additionally, CIVHC does not have the communication and marketing budget or resources to execute large-scale campaigns, instead the team works with partners who have greater reach to spread the word. ▪ Similar to the Colorado Medical Society pilot, CIVHC collaborated with Bob Smith and other purchasing alliances, to get through to a lot of those employers by developing new reports. ○ COVID has posed a substantial barrier to outreach to the legislators as in previous years CIVHC was able to meet face to face with many, as well as present to the Health Committee in the House and Senate. We've recently launched a webinar series to help raise awareness of the CO APCD at the Capitol. • Have you looked into programs with providers for a possible reward system/contracting terms for their referral decisions using Shop for Care? ○ No, but CIVHC will follow up for further discussion offline.
Public Reporting	
Recent Releases	• Telehealth Services Analysis ○ CIVHC and the HCPF teams will align on the upcoming Impact of COVID-19 on Utilization (Telehealth and In-Person) analysis so there are no duplicative efforts. ○ An age filter would be helpful. • Medicare Reference Based Pricing ○ How many points of data are in the RAND report that produced this analysis? Are there something like six inpatient and six outpatient CPT codes or did CIVHC aggregate all of the hospital data for inpatient outpatient using the RAND methodology? ▪ All services that have a Medicare equivalent payment are included in the analysis, it is not limited to a handful of services ○ What Medicare reimbursement is being used, is it a standard base Medicare rate that's an average of Colorado? ▪ RAND uses the Medicare rate that gets paid for the specific hospital, not statewide or national average rates, so it provides a very direct comparison based on the factors Medicare considers when setting rates (location, patient mix, etc.)
Race and Ethnicity Data	• For commercial plans, won't the ultimate source of the race and ethnicity data will be employers? ○ That is something that CIVHC is working on, some large payers collect this information but it is impossible to tell where, how, and what categories. It can also be sourced through the electronic health records on the provider side and then shared with the payer. • How is it determined whether those fields are considered mandatory as part of the DSG?

- As part of the process, if CIVHC knows that new fields might not be currently collected, they are marked as "optional" for a time and slowly integrated into the required information through the Executive Director Rule Change process.
    - CIVHC also works with the submitters and the Colorado Association of Health Plans during this process.
    - CIVHC wants to be respectful of the effort it takes the payers to make the DSG changes so the time a field can remain as "optional" varies based on its priority level as well as the priority level of other changes to be made.
    - There is a lot of work going on surrounding this topic at the state and national levels and it could be a good idea to start reaching out to different groups and community organizations who may need data at some point to help CIVHC determine ways to present the data in the most meaningful was possible.

2021 Meeting Schedule
9am-11am
August 10, November 9th