CO APCD Advisory Committee Meeting Notes November 9, 2021

Committee Attendees: Michelle Anderson, Josh Benn, Kim Bimestefer, Kyle Brown, Diane Cardwell (proxy for Kristi DaMetz), Rick Doucet, David Ehrenberger, Adam Fox, David Keller, Kristi Labarge, Jessica Linart, Philip Lyons, David Ornelas, Charles Brennan (proxy for Bethany Pray), Matthew Soper, Chris Underwood, Nathan Wilkes

CIVHC Attendees: David Dale, Sarah Ford, Spencer Fortier, Greg Gillespi, Amanda Kim, Clare Leather, Kristin Paulson, Peter Sheehan, Stephanie Spriggs, Julia Tremaroli, Cari Frank

Additional Attendees: Eriko Mori

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
Vacant Committee Positions	▪ There are currently three vacant positions on the CO APCD Advisory Committee. If you have a recommendation, please tell Committee Chair Nathan Wilkes. Positions are open for the following representatives: ▪ Pharmacy Benefit Manager ▪ An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity ▪ Small employers that purchase group health insurance for employees	
Upcoming Meetings	▪ Starting in 2022, meetings will be held on the first Tuesday of the month. The next meeting will be February 1, 2022.	
CO APCD Data Intake, Processing and Analytics		
DSG 13 and DSG 14	▪ The CO APCD is the first APCD in the country to pursue value based pharmaceutical contract collection. It has been and will continue to be an ongoing process in collaborating with payers on how CIVHC will begin to receive these submissions. Further updates will be provided as the effort progresses. ▪ CIVHC is in the first year of data collection for the Prescription Drug Affordability Board (PDAB) and is currently working closely with the Division of Insurance to create definitions that support collection of the information the Collaborative is seeking. CIVHC anticipates incorporating small adjustments and updates to definitions in DSG 14, after one year of collection, to more accurately match the information the Collaborative is working to gather. ▪ CIVHC is currently holding ongoing discussions with representatives from the Veterans Administration (VA) to develop a pilot VA data collection. The goal is to demonstrates the need for an allowance of larger VA data collection. Currently, it is very difficult for the VA to get access to comprehensive data on VA patients. This spurred the VA to work with CIVHC to evaluate the feasibility of getting a more holistic view of gaps in coverage and cost burden on patients by merging their data with data already existing in the CO APCD when those patients utilize private services. Discussions are ongoing on how to develop a pilot collection that fully demonstrates the case for requiring increased data collection.	

	▪ Is there a funding opportunity with the VA work, such as potential federal grant money? o CIVHC has not explored funding opportunities. The largest barrier to VA data collection is working through preventative federal policy. The goal is to have the VA and Tricare submit like any other payer. However, if there is a funding barrier CIVHC will explore opportunities to address that as well.	
Operational Updates		
CO APCD Scholarship Program	▪ The CO APCD Scholarship Program was in place until FY2020-2021 when it was ended due to the economic downturn as a result of the pandemic. The Governor's FY2022-2023 budget proposal proposes partially reinstating the program with a $200,000 request (previously $500k). ▪ CIVHC is asking the committee to write a letter of support for partial restoration of the program at the $200,000 level that can be presented to the Joint Budget Committee. ▪ Committee members feel that these funds are crucial to providing access to data requests for state agencies, nonprofits, and others unable to afford requests and funds critical to support moving use of CO APCD data forward. There is full support among the committee to sign a letter of support.	▪ Committee leaders will draft a letter of support to be presented to the committee to sign.
Public Reporting		
Recent Releases: Community Dashboard	▪ Why are there such large percentage changes in many of the measures? Were there any methodology changes in this year's Community Dashboard? Why are the shifts so significant? o The same methodology was applied to the measures for all years from 2013-2019. The dashboard uses refreshed data for all years to reflect the bi-monthly refreshes to the data warehouse and no historic dashboard data is used. o Some of the significant shifts may be a result of measures that have received increased focus over the past decade. For instance, reducing preventable visits and readmissions within 30 days have both been focus points for providers. o The percentage increases reflect the overall change from the start point of 2013 and the end point of 2019, not representing individual year-by-year variations. ▪ Is there a way to compare utilization and quality trends from before the COVID-19 pandemic and after its onset given that it will cause significant skews in data? o Currently, the dashboard does not include full 2020 data because complete Medicare FFS data for 2020 is not available, so it is currently difficult to get a comprehensive picture of trends in 2020 without all payers included. However, that data will be available after this year's update and CIVHC will be able to isolate individual years for analysis. The dashboard will continue to be updated annually in the fall.	

	▪ Feedback suggests showing 2013-2019 year-to-year percentage changes in infographics to give a fuller picture of trends beyond the overall percentage shifts. o CIVHC created an infographic showing year-to-year changes for some key measurements that is now available. ▪ Additional recommendations to show the new pediatric data by age group breakouts. o There are breakouts by age group and other demographics available for measures in the underlying data spreadsheets available upon request. It is a challenge to balance the detail of data presented in the dashboard between useful insights and over-complexity. CIVHC will continue to consider and evaluate this in future dashboard refreshes.
Recent Releases: Telehealth Services Analysis	▪ The report shows rural areas dropping in telehealth service access percentage from 2019 to 2020 after the onset of the pandemic. Is it known if those patients accessed in-person service or did not access service as much? o It's difficult to give certain answers but it is likely that many of these patients accessed services less overall in 2020. This is due to a number of factors in rural regions including technological accommodations, availability of services, and age demographics. Additionally, complete Medicare data is not yet available for 2020 and that may result in higher utilization in rural areas after the next update. ▪ When viewing the dashboard and regional usage map, it is important to consider that overall service percentage increases is represented. While the highest percentage increase was along the I-25 corridor, there were also increases in telehealth use in most counties across the board. This can be seen using the filters in the dashboard. Another important consideration is that telehealth service types changed significantly from 2019 to 2020. These breakdowns can also be evaluated using the report filters.

2022 Meeting Schedule
2pm-4pm
February 1, May 3, August 2, November 1