CO APCD Advisory Committee

November 10, 2020

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Agenda

- Opening Announcements
- Operational Updates
- Public Reporting
- Employer/Standard Reports
- Data Quality and Analytics
- Committee Bylaws and Structure Update
- Public Comment

Operational Updates

Ana English, MBA

CIVHC President and CEO

Operational Updates

- CIVHC Reorganization
  - Vinita Bahl Transition
    - Subcontractor as of 10.2
    - Project Lead on Centers of Excellence project
  - Kristin Paulson – Chief Operating Officer
    - Dedicated Quality Team
    - Merge of Analytics and Reporting Teams
- State Contract SOWs
  - General Fund and Direct Analytics
- 90/10 Funding
  - Received funding for full amount requested, prorated to a shorter timeline
  - Projects include geocoding the CO APCD, Centers of Excellence, Data Mart, Low Value Care
- New Mexico APCD RFP

Financial Assistance Initiative

- Eligible organizations:
  - Colorado-based governmental entities
  - Non-profit entities
  - Institutions of higher education and affiliated researchers that have a demonstrated potential impact on health care affordability within Colorado.

- Eligible Projects
  - Data sets and reports that inform and support projects to address health care affordability at the community level within Colorado.

Financial Assistance Initiative

Estimated Pricing by Product Type:	
	Range of Fees*
Standard Reports	$500-$7000
Custom Reports	$1,500 - $20,000
Standard De-Identified Data Sets**	$15,000-$25,000
Custom De-Identified Data Sets	$15,000-$30,000
Custom Limited Data Sets	$20,000-$40,000
Custom Fully Identified Data Sets	$30,000-$50,000

*Fee ranges reflect estimated costs. The actual data licensing fee will be determined by the scope of each request.
** Due to the nature of Standard De-Identified data sets, we are able to offer the greatest discount on this product type.

Data Licensing Fee Discount Range***	
	Maximum Discount
Colorado-Based Government Entities	25%
Non-Profit Entities with annual revenue greater than $10M (excludes researchers and institutions of higher education)	25%
Non-Profit Entities with annual revenue between $5M and $10M	30%
Non-Profit Entities with annual revenue less than $5M	50%
Colorado-Based Researchers and Institutions of Higher Education	25%
Researchers affiliated with Out-of-State Institutions of Higher Education	20%

*Fee ranges reflect estimated costs. The actual data licensing fee will be determined by the scope of each request.
** Due to the nature of Standard De-Identified data sets, we are able to offer the greatest discount on this product type.

Financial Assistance Initiative

Project #	Project	Data Requestor	Data Licensing Fee	Financial Assistance	Final Fee
21.107	Hospital Transparency	Grand River Health	$10,584	$2,646	$7,938
20.70	Financial Stress - Utilization & Cost	University of Colorado	$26,768	$6,768	$20,000
21.77	Improving Palliative Care Outcomes for Latinos	University of Colorado	$20,000	$5,000	$15,000
20.82	Savings Estimate Top Outpatient Procedures	CBGH	$13,860	$6,930	$6,930
21.25	ED Use - Outcomes & Patterns of Care	UCLA	$18,816	$3,763	$15,053
		Totals	$90,028	$25,107	$64,921

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Public Reporting

Cari Frank, MBA•

CIVHC VP of Communication and Marketing

Community Dashboard Review

Select PAYER TYPE:
- ● All Payers (not available for 2019)
- ○ Commercial
- ○ Medicaid
- ○ Medicare Advantage
- ○ Medicare FFS**

Select YEAR: `2018 ▾`

View by COUNTY or DOI REGION: `County ▾`

Select specific COUNTY or REGION: `Adams ▾`

County: Adams				
RISK-ADJUSTED COST OF CARE (PER PERSON PER YEAR)	Paid Amount	Statewide	Urban Counties	Rural Counties
Total Cost (Health Plan and Patient)	*	*	*	*
Inpatient	$1,674	$1,777	$1,706	$2,288
Outpatient	$1,439	$1,664	$1,529	$2,627
Professional	$2,124	$2,318	$2,324	$2,273
Pharmacy	*	*	*	*
Health Plan Only Cost	*	*	*	*
Inpatient	$1,397	$1,331	$1,314	$1,458
Outpatient	$1,286	$1,450	$1,346	$2,200
Professional	$1,352	$1,670	$1,644	$1,857
Pharmacy	*	*	*	*
Patient Only Cost	*	*	*	*
Inpatient	$54	$59	$57	$74
Outpatient	$152	$212	$183	$423
Professional	$241	$321	$317	$352
Pharmacy	*	*	*	*

HEALTH CARE USE (PER 1,000 MEMBERS)	Rate	Statewide	Urban Counties	Rural Counties
Non-Users	240	235	236	229
Healthy Users	155	150	151	147

EMERGENCY ROOM VISITS (PER 1,000 MEMBERS)				
Emergency Room Visits	380	352	351	361

ACCESS				
Adult Access to Care	75.8%	77.7%	77.5%	79.3%
Children and Adolescents Access to Care	81.9%	80.9%	81.0%	80.7%

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Community Dashboard

New Measures

NON-USERS
lower is better | People with insurance who are not using health care services at all, including annual preventive well-visits which are recommended.

HEALTHY USERS
higher is better | People who are considered "healthy", but are appropriately using their health insurance for well-visits, preventive and minor conditions.

ADULT ACCESS TO CARE
higher is better | Percentage of adults 20 years and older who had an ambulatory or preventive care visit in a time period as recommended by national guidelines.

CHILDREN & ADOLESCENT ACCESS TO CARE
higher is better | Percentage of children and adolescents 12 months to 19 years of age who had at least one visit with a Primary Care Practitioner (PCP) in a time period as recommended by national guidelines.

Community Dashboard Results

COST

Total Cost Per Person Per Year (PPPY) *(2013-2017 only)*

↑ +14%

LEGEND

worse ------------------ better

UTILIZATION

HEALTH CARE USE

Healthy Users per 1,000

↓ -28%

higher is better

Non-Users per 1,000

↑ +3%

lower is better

ER USE

Emergency Room Visits per 1,000

↑ +5%

Community Dashboard Results

ACCESS

Access to Care
(adults)

↑ +3%

Access to Care
(children &
adolescents)

↓ -1%

QUALITY

Cervical Cancer
Screening

↑ +19%

Breast Cancer
Screening
(2014-2018 only)

↑ +9%

Diabetes
HBA1c Testing

↑ +8%
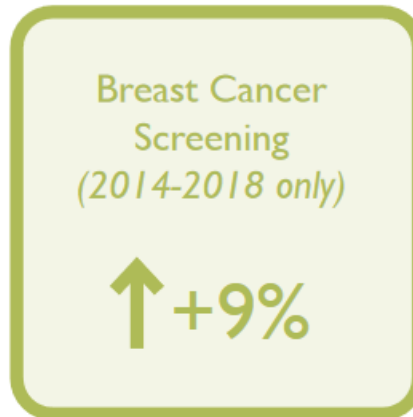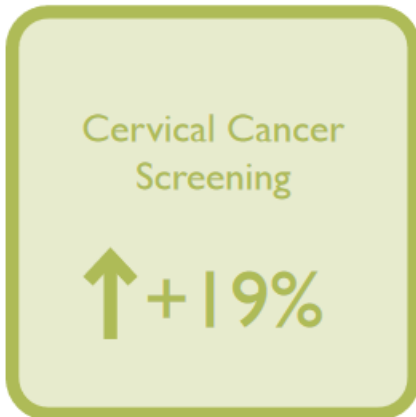
Community Dashboard Next Steps

- Feedback from partners – opportunity for Advisory Committee support

- Measure-specific insights to further promote

- Developing a timeline to add Medicare FFS 2019 data

- Working with HSRI to develop new measures for 2021

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Community Dashboard Next Steps

- Determining new measures to add to the dashboard in 2021.
  - Seeking Advisory Committee Input on potential new CO APCD-based measures (examples):
    - Additional two access to care measures
    - Dental Visits
    - Pediatric measures
    - Potentially avoidable ED visits
    - Unplanned Hospitalizations
    - 30-day readmissions

- Incorporation of key health inequity data

Telehealth Services Analysis Update

Telehealth in Colorado

Choose Time Period:		Choose Payer Type*:	Choose a Telehealth Service Category:	Choose Cost or Utilization:
March 2020	April 2020	(All) ▾	(All) ▾	Utilization ▾

Total Services:	712,000	**Total Payments:**	$66,030,000
Utilization Rate:	1,463 services per 1,000 members	**Cost:**	$11.31 per member per month (PMPM)

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	59%	0-17	27%
		18-44	33%
		45-64	23%
Male	41%	65+	17%

Why are patients accessing telehealth?

| Top Diagnosis Categories	
Mental Health Conditions	49%
Respiratory Conditions	7%
Musculoskeletal conditions	7%
Nervous system conditions	6%

What services are being provided?

Top Telehealth Procedure Categories	
Office or Other Outpatient E&M Services - Establis...	31%
Psychiatry Services and Procedures	28%
Telephone Services	12%
Physical Medicine and Rehabilitation	8%

Who is providing telehealth?

Top Service Provider Types	
Behavioral Health	35%
Primary Care	26%
Therapy	6%
Internal Medicine Subspecialty	6%

Where do patients receiving telehealth services live?

Click on any county to filter dashboard by geography.

Utilization
437.8   2,469.9
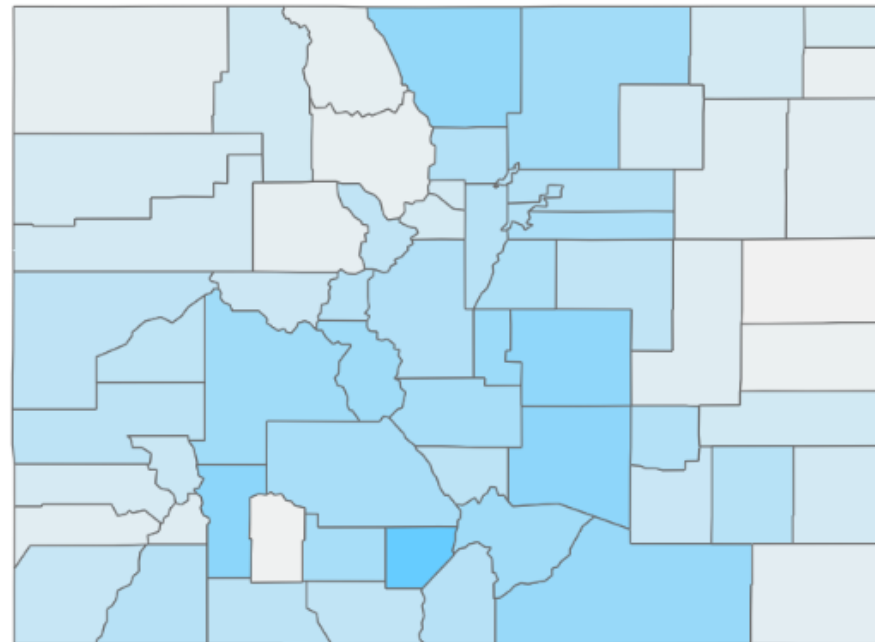
© OpenStreetMap
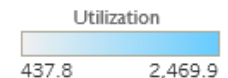
Source: Colorado All Payer Claims Database (CO APCD), 2020
* "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2019

Telehealth in March/April 2020

Telehealth Trends in Colorado

Choose Time Period:
October 2019 — April 2020

Choose a Measure: Utilization per 1,000 Members ▼

Choose a Payer Type*: (All) ▼

Choose a Telehealth Service Cate... (All) ▼

Choose a Provider Type: (All) ▼

Click on any point to view telehealth procedure details.
Lasso (click and drag) to view multiple months at a time.

April I 2020 - Telehealth expansion through CO Governor Executive order

Utilization of telehealth services in March/April 2020 was nearly double the number of services for the entire 25-month period prior

Utilization per 1,000 Members

Y-axis: 0.00, 200.00, 400.00, 600.00, 800.00, 1,000.00, 1,200.00, 1,400.00, 1,600.00, 1,800.00, 2,000.00, 2,200.00

X-axis (Service Month): November 2019, December 2019, January 2020, February 2020, March 2020, April 2020

Telehealth Insights Cont.

Telehealth Trends in Colorado

Click on any point to view telehealth procedure details.
Lasso (click and drag) to view multiple months at a time.

Utilization per 1,000 Members — Service Month

April 1 2020 -

	February 2020		March 2020		April 2020	
	Total	% Change	Total	% Change	Total	% Change
Office or Other Outpatient E&M Services..	3 K		45 K	1424%	137 K	205%
Psychiatry Services and Procedures	4 K		50 K	1207%	131 K	164%
Telephone Services	6 K		24 K	292%	40 K	71%
Physical Medicine and Rehabilitation	0 K		10 K	7637%	32 K	216%
Other	0 K		6 K	2331%	19 K	221%
Special Ear, Nose, and Throat Services	0 K		0 K		0 K	66%
Office or Other Outpatient E&M Services..	1 K		5 K	219%	13 K	187%
Consultation Services	0 K		4 K	7564%	9 K	122%
Health and Behavior Assessment	0 K		3 K	1591%	7 K	126%
Facility Telehealth Service	0 K		1 K	565%	3 K	209%
Nursing Facility Services	*		0 K		5 K	1276%
Virtual Provider-Patient Communication	*		2 K		2 K	35%
Asynchronous Communication	0 K		1 K	310%	1 K	21%
Transitional Care E&M Services	1 K		1 K	-19%	1 K	-39%
Preventive Medicine Services	*		0 K		1 K	216%
Education for Patient Self-Management	0 K		0 K		*	
Remote Monitoring	0 K		0 K	16%	0 K	3%
Hospital Inpatient Services	0 K		0 K	381%	0 K	170%
Medical Nutrition Therapy Procedures	*		0 K		0 K	156%
Prolonged Services	0 K		0 K		0 K	176%
Emergency Department Services	0 K		0 K	50%	0 K	-19%
Genetic Counseling	0 K		*		0 K	
Virtual Provider-Patient Communication ..	0 K		0 K		0 K	33%
Critical Care Services	0 K		0 K		0 K	

Source: Colorado All Payer Claims Database (CO APCD), 2020
* "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2019

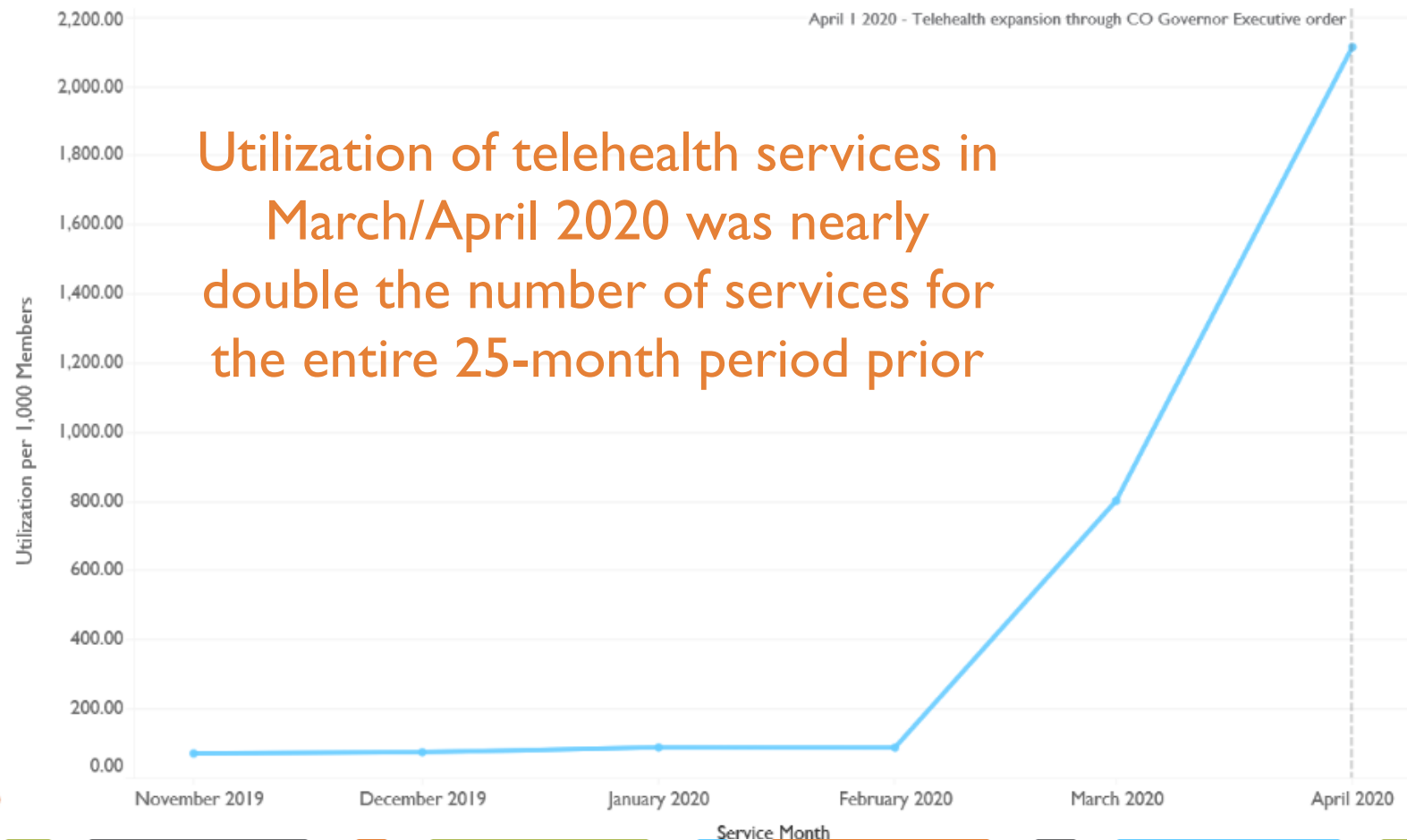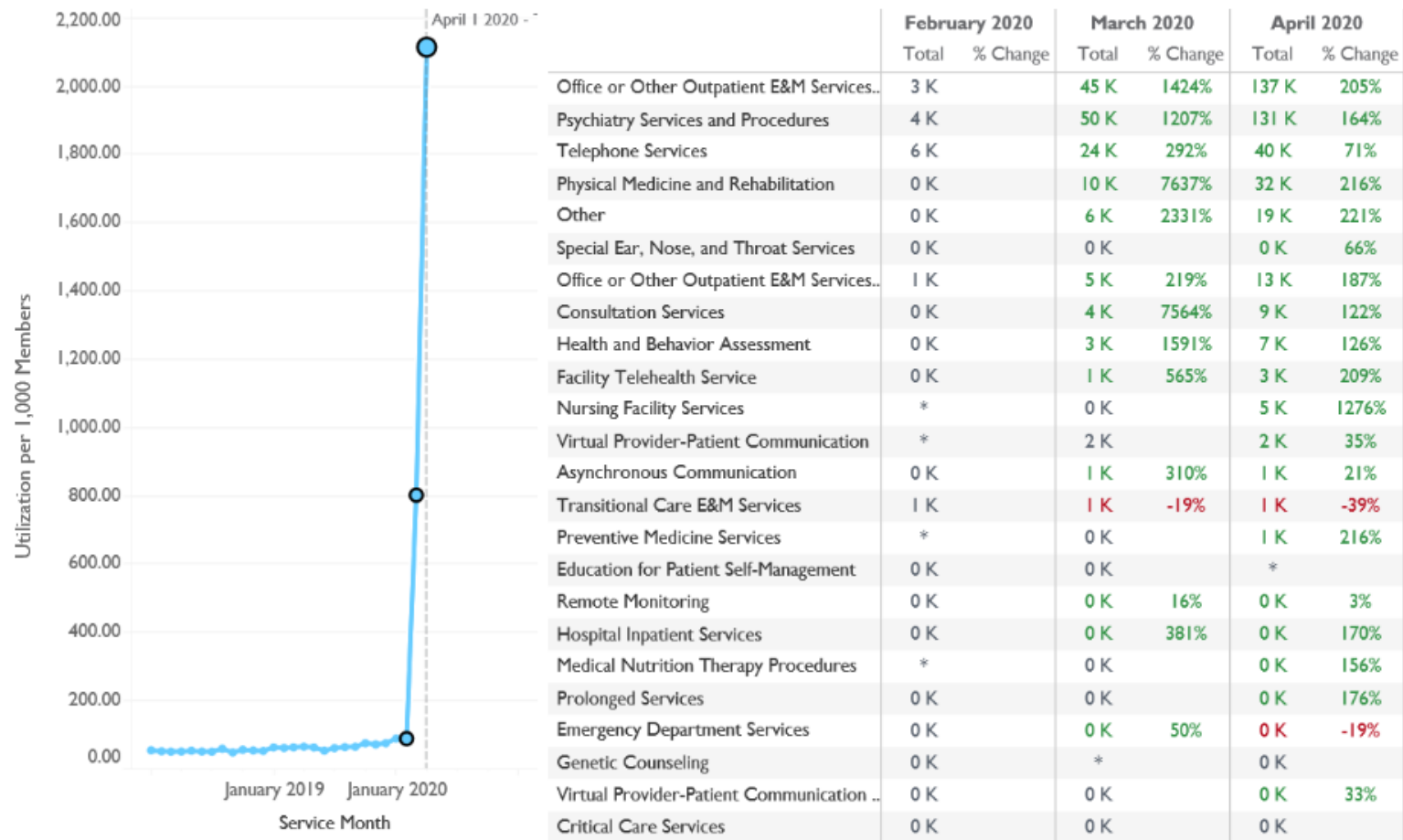# Telehealth Insights Cont.

- **Payer Type:**
  - In March/April 2020, **Medicaid patients used telehealth services the most** (55% of total visits), followed by commercially insured (28%), and Medicare Advantage patients (16%).

- **Diagnoses:**
  - **Mental health conditions** remain the most frequent diagnosis for telehealth services and increased from 33% to 49% of all visits from the pre-COVID time period.
  - **Respiratory conditions** dropped from 12% to 7% but remain the second most frequent diagnosis, and **musculoskeletal** (7%) and **nervous system conditions** (6%) are now included in the top four diagnoses for telehealth visits.

Telehealth Insights Cont.

- **Provider Type:**
  - **Primary care providers** historically provided the most telehealth services, but **behavioral health providers provided the most services (35%)** in March/April 2020.

- **Service Types:**
  - **Established Patient Office Visits increased by 4500%** from February to April 2020 and is now the most utilized service.
  - **Psychiatric Services and Procedures** is now the second most utilized service type and increased over 3300%.
  - **Physical Medicine and Rehabilitation increased over 24,000%** is ranked fourth out of the top most commonly accessed service types behind follow-up **Telephone Consultation Services** which increased over 500%.

Telehealth Insights Cont.

- **Geographic Variation:**
  - **Alamosa county** remains the county with the highest overall telehealth utilization rate, however, **urban counties tended to** utilize telehealth services more often in March and April 2020 than they had prior to the pandemic.

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	61%	0-17	17%
		18-44	44%
Male	39%	45-64	30%
		65+	9%

Why are patients accessing telehealth?

Top Diagnosis Categories	
Mental Health Conditions	92%
Respiratory Conditions	1%
Endocrine/Nutritional conditions	1%
Musculoskeletal conditions	1%

What services are being provided?

Top Telehealth Procedure Categories	
Psychiatry Services and Procedures	41%
Consultation Services	25%
Other	17%
Office or Other Outpatient E&M Services - Establis..	11%

Who is providing telehealth?

Top Service Provider Types	
Clinic/Center	46%
Behavioral Health	41%
Primary Care	5%
Case Manager/Care Coordinator	3%

Where do patients receiving telehealth services live?

Click on any county to filter dashboard by geography.

© OpenStreetMap

Utilization
437.8   2,469.9

Source: Colorado All Payer Claims Database (CO APCD), 2020
* "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2019

21
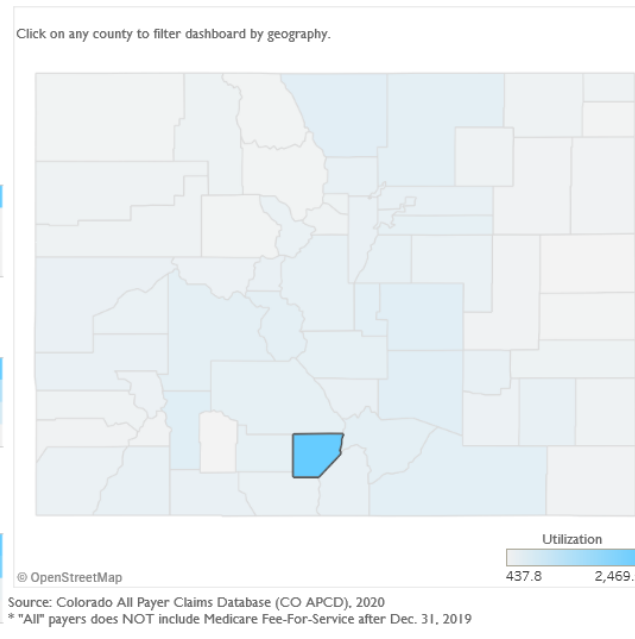
Upcoming Public Releases

- Prescription Drugs in Colorado
  - Specialty, Drug Rebates and Low Value Prescribing
- COVID-19 Price Variation Data Byte
- Community Dashboard Single Measure Insights
- Annual Report
- Low Value Care Interactive Public Report
- 3 legislative-related Data Byte requests

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Employer/Standard Reports

Kristin Paulson, JD, MPH

CIVHC VP of Innovation and Compliance

Employer/Standard Reports Available

- Reference-based Price Snapshot – Medicare price comparisons based on RAND 2.0 data.

- Potentially Avoidable ED Visits - available for employers, counties, or aggregated multi-employer groups.
  - County level or multi-employer analyses have been delivered to several employers and purchasing alliances.

Employer/Standard Reports Available

- Low Value Care – employer, multi-employer, and county versions of the report are ready for licensing.

- Top 5 Procedure Episodes – Prometheus episode report, helping employers identify the potential for cost savings and quality improvement under bundled payment contracts for common surgical and diagnostic procedures.
  - Available for employers with sufficient volume, counties, and multi-employer purchasing groups.

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Data Quality and Analytics

Kristin Paulson, JD, MPH•

CIVHC VP of Innovation and Compliance

Data Quality and Analytics

- Data Quality
  - September Payer Forum Update
    - Topics: Submission compliance reports, Consistent data quality issues, How data is being used
    - Next Steps: reach out to payers who received individual communication, schedule Q4 mtg.
  - Data Submission Guide (DSG) 12
    - Determining needed updates to DSG 12
      - Information to inform health disparity reporting
    - DSG 12 and Rule Change packet goes to HCPF on 11/25 to start Rule Change Process.

Data Quality and Analytics

- Analytic Projects
  - Alternative Payment Models / Drug Rebates
    - Files were due September 30
    - All but one payer submitted on time and passed data quality.
  - Out of Network
    - Unit Fix
    - Upcoming fee schedules
  - Primary Care
    - Report for Collaborative due 11.16

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Bylaw Workgroup Recommendations

Cari Frank, MBA●

CIVHC VP of Communication and Marketing

Bylaws Workgroup

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Bylaw Workgroup Recommendations

- Workgroup met 10.19
  - Rick Doucet, David Keller, Chris Underwood, Nathan Wilkes

- Purpose of drafting bylaws
  - Create structure around Committee participation and attendance
  - Help CIVHC engage the Committee more effectively

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Bylaw Workgroup Recommendations

- Committee Officers
  - Chair should have at least one year tenure on committee to be considered
  - Addition of a Vice Chair
  - Elections every 2 years (self-nomination)
    - Call for nominations at Feb meeting, vote at May meeting
- Attendance Requirement
  - Each member needs to attend two of the four meetings each year
    - What to do if attendance falls below required threshold?
  - Substitutes/Proxies allowed if from same org/perspective type
- New Member Recruiting Assistance

2021 Meeting Schedule

- February 9th, May 11th, August 10th, November 9th
  - 9am-11am
  - February virtual