



Data to Drive Decisions: Improving Population Health in Colorado

July 15, 2021



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Presenters



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Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page on civhc.org



Agenda

- Quick Overview of CIVHC and the CO APCD
- Improving Population Health in Colorado
 - Community Dashboard
 - Low Value Care
- Q & A
- Future topics, next webinar



Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: **Better Health**, **Better Care**, **Lower Cost**

We are:

- Non-profit
- Independent
- Objective



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Clinicians



Hospitals



Government



Consumers



Employers



Researchers



Health Plans



Non-Profits



History of the CO APCD

2008

CO APCD recommended by Blue Ribbon Commission for Health Care Reform

2010

CO APCD Legislation (HB 10-1330); CIVHC named administrator by HCPF

2012

CO APCD operational; website goes live; begin providing custom data requests

2013-2016

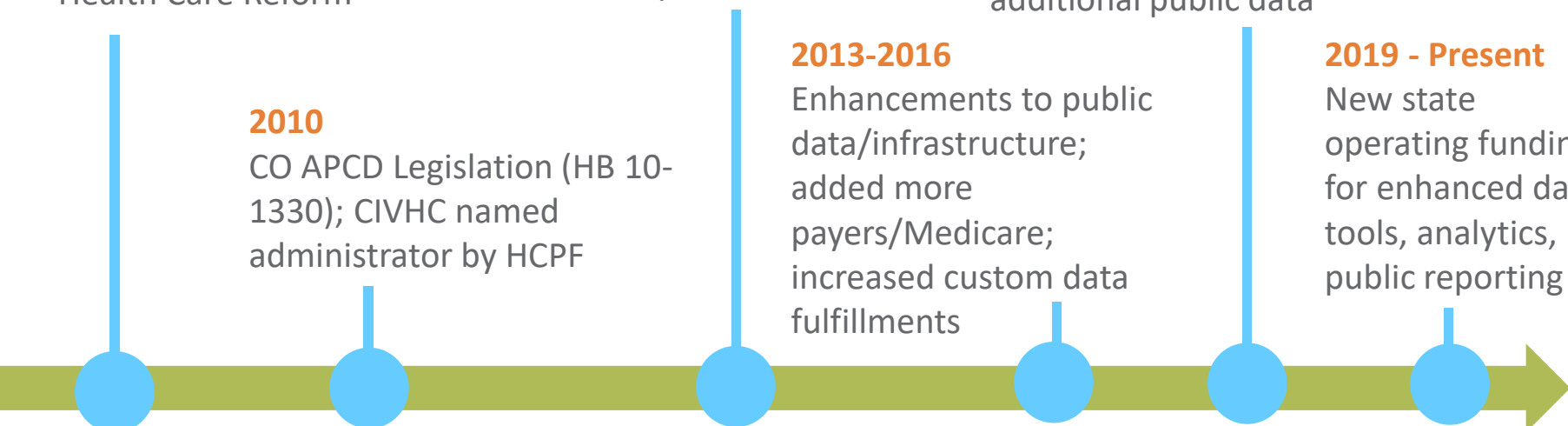
Enhancements to public data/infrastructure; added more payers/Medicare; increased custom data fulfillments

2017-2019

Transition to new data vendor; enhanced capabilities; launched new website and additional public data

2019 - Present

New state operating funding for enhanced data, tools, analytics, public reporting



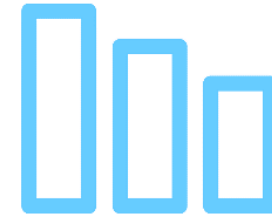
Data to Inform Decisions



Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications

Shop for high value health care services



Custom CO APCD Data

License data from the most comprehensive claims database in CO to address your Triple Aim project



Data to Drive Decisions Webinar Series

- **Purpose:** Highlight available data and capabilities and get feedback from stakeholders
- **Frequency:** Monthly, third Thursday of every month, 12pm-1pm MT





Improving Population Health in Colorado Community Dashboard



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Community Dashboard

Select PAYER TYPE:

- All Payers (not available for 2019)
- Commercial
- Medicaid
- Medicare Advantage
- Medicare FFS**

Select YEAR:

2019

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)	\$5,082	\$5,273	\$5,155	\$6,314
Inpatient	\$1,103	\$1,007	\$991	\$1,153
Outpatient	\$1,294	\$1,494	\$1,372	\$2,571
Professional	\$1,873	\$1,839	\$1,860	\$1,657
Pharmacy	\$866	\$1,039	\$1,024	\$1,194

Pharmacy	\$127	\$156	\$154	\$177
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HEALTH CARE USE (PER 1,000 MEMBERS)

	Rate	Statewide	Urban Counties	Rural Counties
Non-Users	268	248	248	250
Healthy Users	184	197	196	200

EMERGENCY ROOM VISITS (PER 1,000 MEMBERS)

Emergency Room Visits	154	137	136	148
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ACCESS

Adult Access to Care	91.5%	92.4%	92.5%	91.5%
Children and Adolescents Access to Care	84.8%	86.8%	87.0%	85.6%

QUALITY OF CARE

Breast Cancer Screening	66.2%	69.9%	70.4%	65.6%
Cervical Cancer Screening	71.9%	71.5%	72.8%	59.6%
Diabetes HbA1c Testing	89.5%	87.2%	88.2%	77.9%

Available at:
www.civhc.org/get-data/public-data/community-dashboard/

Community Dashboard

- **Purpose:**

- **Educate** consumers and other stakeholders about health care issues
- **Inform opportunities** for cost savings and improved health/care
- **Support decision-making** & development of new programs or initiatives
- **Track progress** across communities and as a state

- **Measures:**

- **Cost**
- **Quality**
- **Access**
- **Utilization**



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



UTILIZATION

HEALTH CARE USE



higher is better



lower is better

ER USE

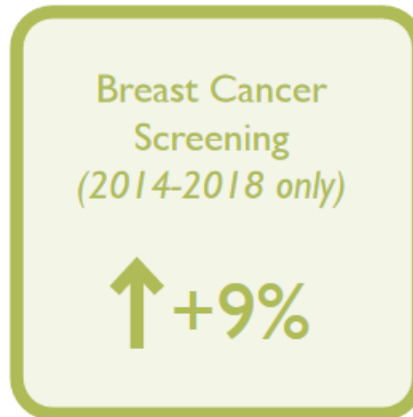
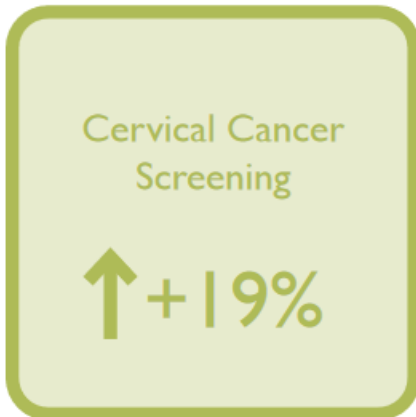


Community Dashboard Results

ACCESS



QUALITY



Community Dashboard Next Steps

- New measures coming in fall 2021 based on stakeholder input:
 - AHRQ Hospital Admission for Ambulatory Care Sensitive Conditions (PQI90)
 - Well-Child Visits in the First 15 Months of Life
 - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
 - Adolescent Well-Care Visits
 - Follow-Up After Emergency Department Visit for Mental Illness
 - 30-day hospital readmissions (per 1,000 persons)
 - Potentially avoidable ED visits among adults (per 1,000 persons)
 - Percentage of children under age 21 who received at least one dental service within the reporting year.

Community Dashboard Next Steps

- Working to determine how to incorporate key social and economic variables to assess health care inequities into future iterations such as:
 - Race and Ethnicity
 - Socioeconomic position indicators (education, household income, home values)
 - Housing characteristics
 - Access to transportation



Improving Population Health in Colorado Low Value Care

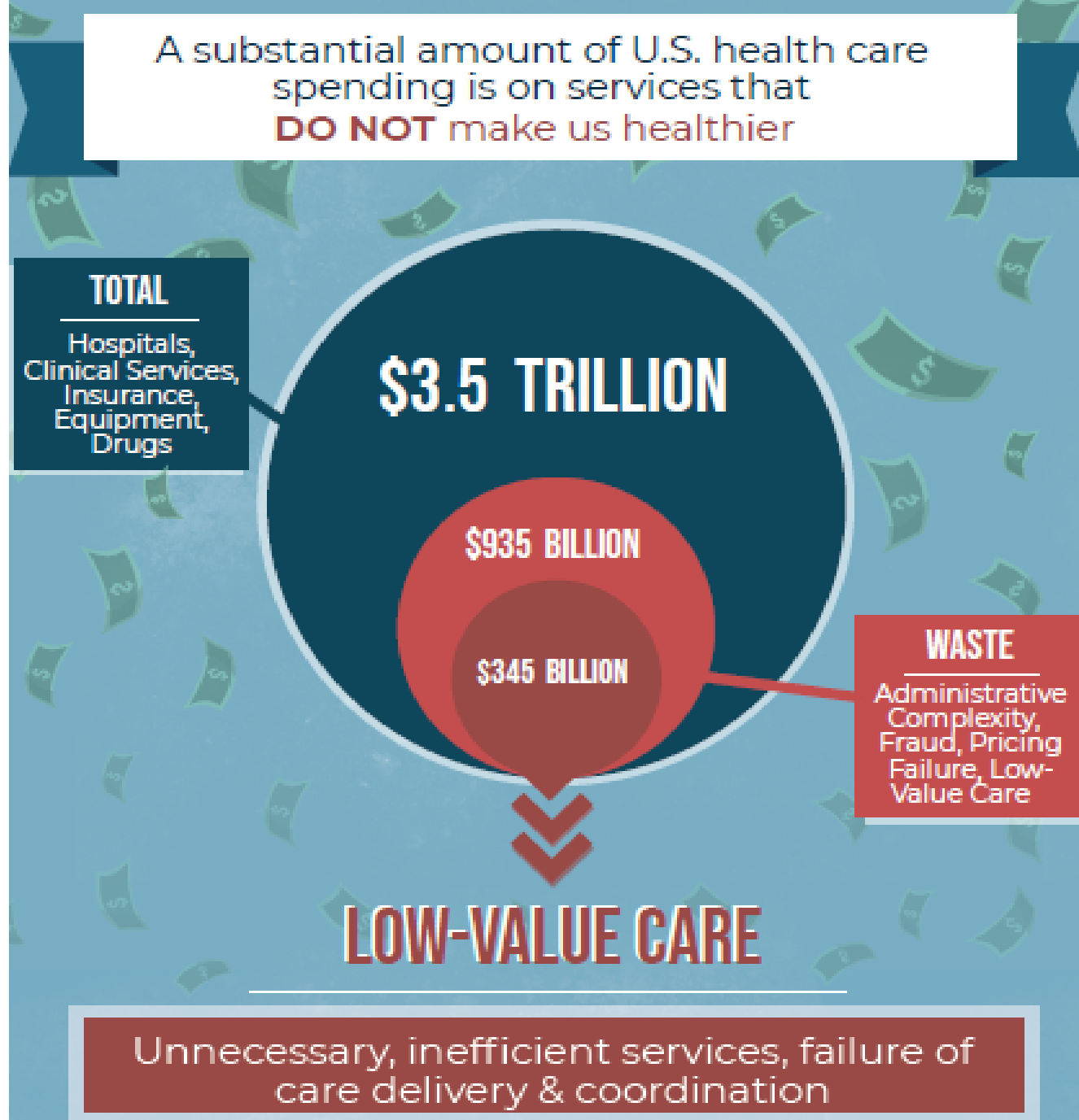


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What is “Low Value Care”?

- Care where the potential harm or cost is greater than the benefit to a patient
- Defined by Choosing Wisely guidelines, developed by American Board of Internal Medicine Foundation
- Contributing Factors
 - Fear of malpractice
 - Perception that patients want or expect tests or medications
 - Lack of information about the patient
 - Financial incentives of fee-for-service reimbursement

Why is Low Value Care Important?



Introduction

- With support from HCPF (Colorado Medicaid Dept), CO APCD data was run through the Milliman MedInsight software tool
- The initial results summarize include 48 measures of low value care from 2015 through 2017
- Currently in the process of providing a second file to Milliman for 2018-2020 data

Methods

- Only patients with ‘Sufficient History’ are included
- Different low value care services cause different levels of potential harm
- Services are classified as ‘necessary’, ‘likely wasteful’, and ‘wasteful’
 - We defined low value care as ‘likely wasteful’ and ‘wasteful’ services
- Spending for low value care results are reported as the allowed amount (plan and patient paid amounts) for the specified services

Measurement Methods

Use of Low Value Care	Volume of services measured (A)	Volume of services that are low value (B)	Low Value Index (B/A)
Members with Low Value Services	Number members with a measured service (C)	Number members with a low value service (D)	Percent members with a low value service (D/C)
Spending for Low Value Services	Spending for services measured (E)	Spending for low value services (F)	Percent low value care spending (F/E)

Statewide Results and Trends

The total spend for the 48 services measured was:

\$1.3B

Of the total,

\$140M

...was for **low value care** (identified as likely wasteful or wasteful).

\$17.4M were patient **out of pocket costs**.

- Necessary = Clinically appropriate.
- Likely Wasteful = The appropriateness of the services is questionable.
- Wasteful = The services were very likely unnecessary.

Between **2015-2017**...



there was an **11%** increase for individuals who received at least one low value care service.



there was a **9%** decrease in spending, **but** low value service utilization remained stable.



there was an **18%** increase in the patient paid portion of the cost of low value care.

Impact on Coloradans

Of the eligible individuals in the CO APCD:

4.1M Eligible Lives



1.36M

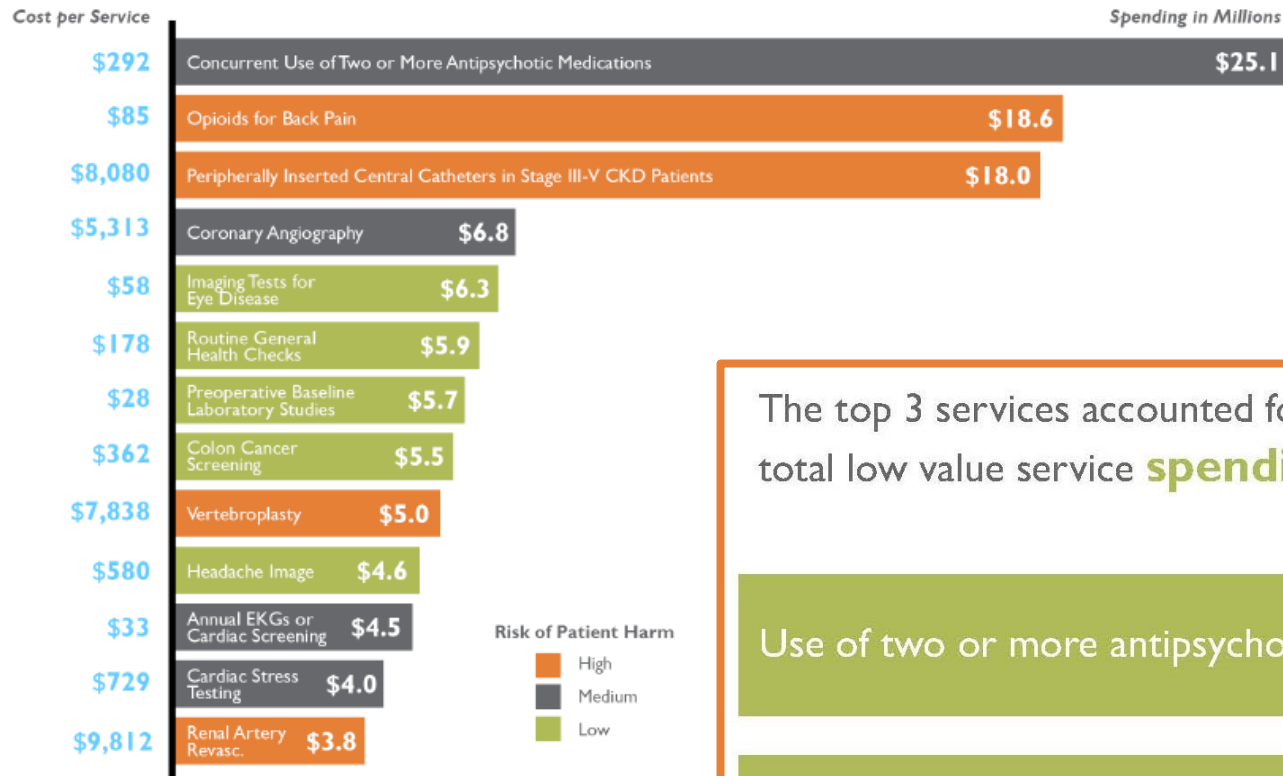
received at least one of the 48 services measured.

53%

of those individuals received at least one low value service (likely wasteful or wasteful).

Highest Spend Low Value Services

Measures with the Largest Low Value Care Spending



The top 3 services accounted for **44%** of total low value service **spending**.

Use of two or more antipsychotics **\$25.1M**

Opioids for back pain **\$18.6M**

Gen. catheters in stage III-V CKD patients **\$18M**

Results by Insurance Type

The highest proportion of spending for low value services varied by payer type:

Medications
(prescriptions, concurrent medication use, etc.)



Medicare and Medicaid

Procedures and Imaging Tests
(X-rays, screenings and tests, surgical procedures, etc.)



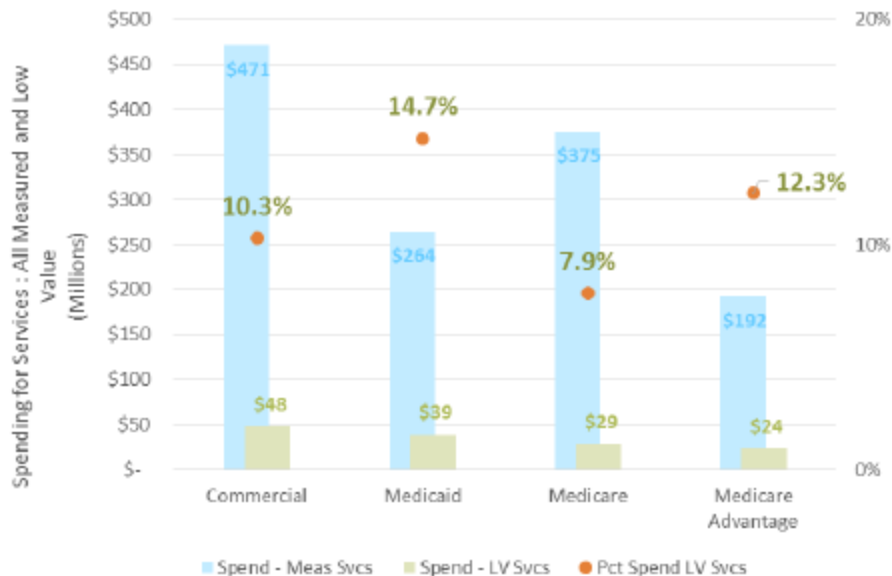
Commercial

Procedures
(screenings and tests, surgical procedures, etc.)

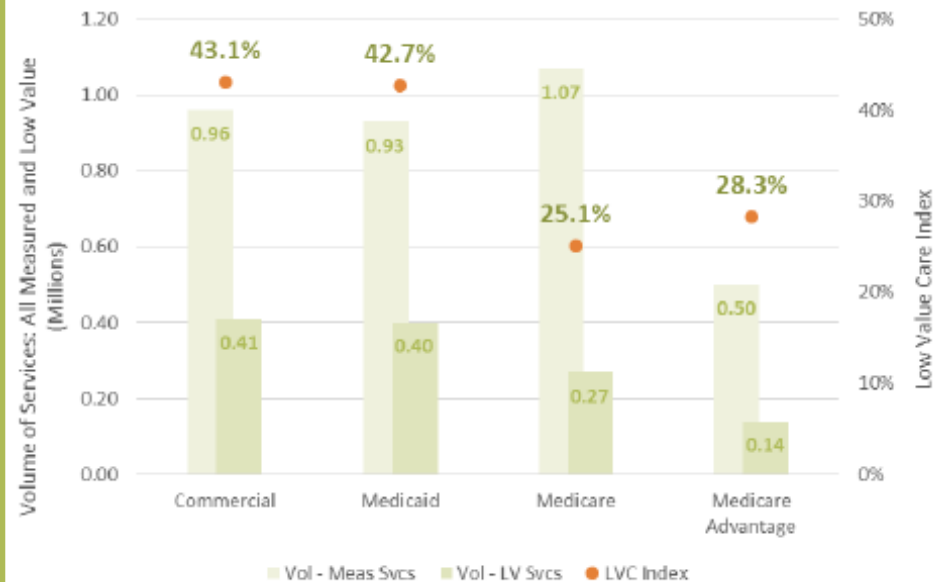


Medicare Advantage

Spending for Low Value Care Services as a Percentage of Spending for All Measured Services by Insurance Type, 2017
(Lower Percentage is Better)

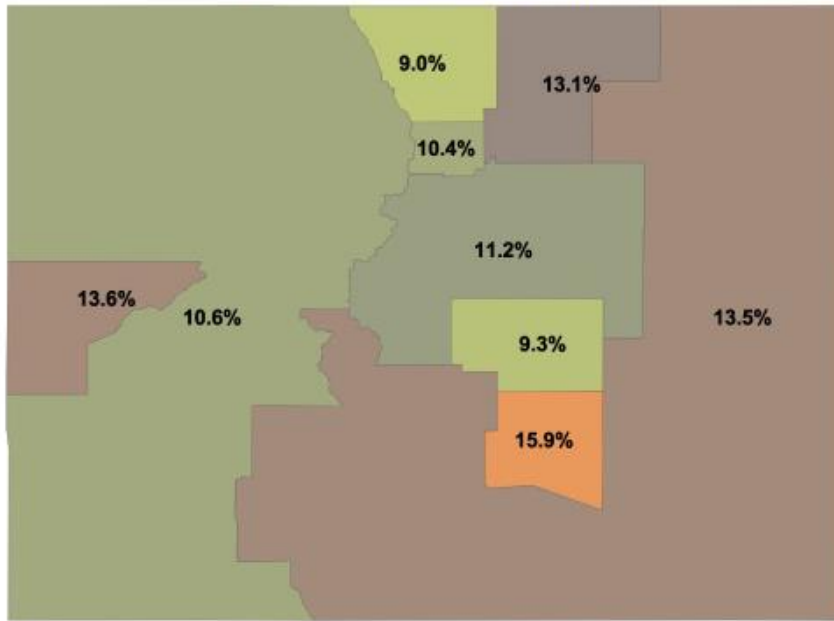


Volume of Low Value Care Services as a Percentage of All Measured Services by Insurance Type, 2017
(Lower Percentage is Better)

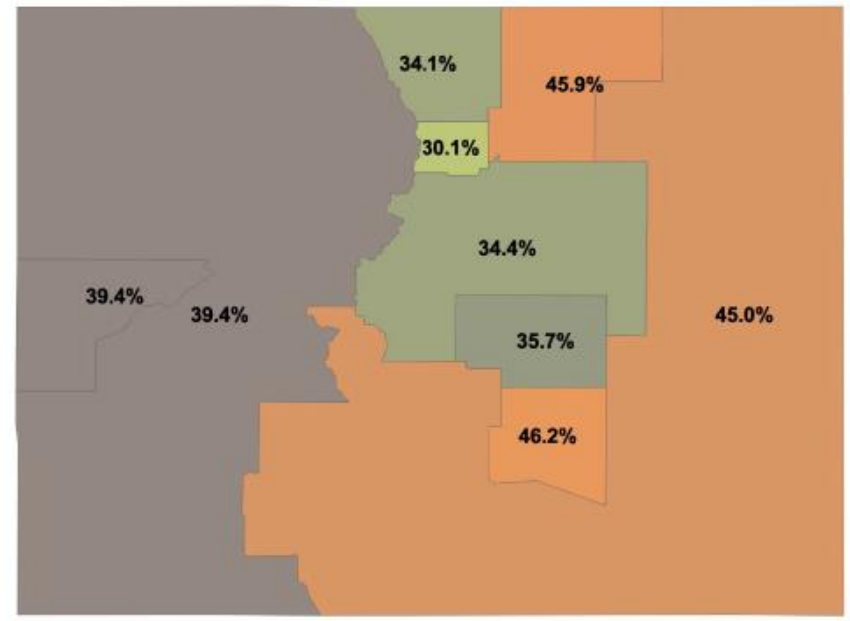


Results by Division of Insurance Region

Percentage of Low Value Spending by DOI Region, 2017
(Lower Percentage is Better)



Low Value Care Index by DOI Region, 2017
(Lower Percentage is Better)



LOWEST HIGHEST
AVERAGE

Key Considerations

- Care is complex and using claims data to measure appropriate care is an imperfect science
- While a claim may appear as a low value service, there may be instances where it is clinically appropriate based on other factors such as family history, etc.
- Routine annual check ups are controversial as a low value care service and can provide benefits such as a deepened relationship with primary care providers



Interactive Report Demo

Cost Summary | Volume Summary | Unique Lives Summary

COST SUMMARY

Cost of Low Value Care (2015-2017)
(Hover to see spending costs by year)

\$451,583,900

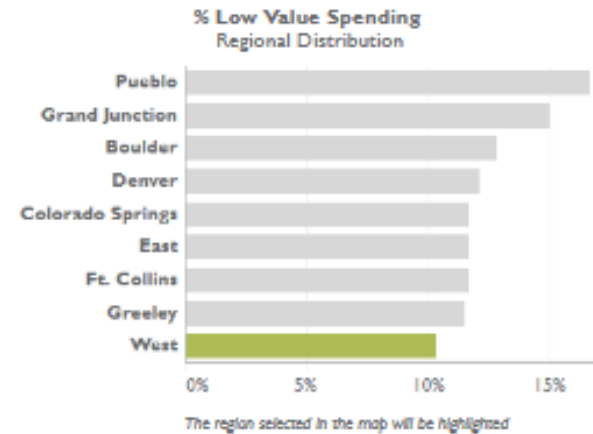
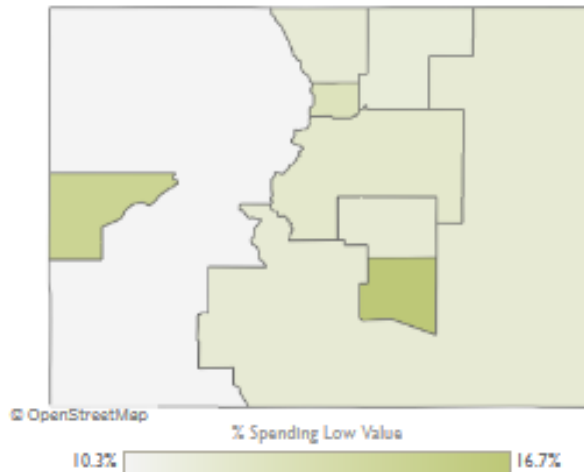
% of Spending that is Low Value ⁱ
(Hover for geographic comparison of % LVC by year)

12%

Available at:

www.civhc.org/get-data/public-data/focus-areas/low-value-care/

Click a Division of Insurance (DOI) region in the map to see comparisons to statewide



Population-Specific Low Value Care Reports Available

- Employer-Specific Reports
 - Can be generated for a single employer or multiple employers
 - For employers with insufficient volume, can be produced at the county-level
 - Promotes employee education and value-based benefit design
- Other Stakeholder Possibilities
 - Providers
 - Hospitals
 - Payers

Questions? Suggestions?



Reach out to info@civhc.org



Connect with CIVHC on Facebook, LinkedIn, and Twitter



Recording will be posted here:
www.civhc.org/about-civhc/news-and-events/event-resources/

Upcoming Webinars

- **August 19** – Efforts to Transform the Way Care Is Delivered and Paid for in Colorado: Medicare Reference Based Pricing and Data to Support Employer Alliances
- **September and beyond** – topics TBD

