

CO APCD Advisory Committee

December 12, 2023



CENTER FOR IMPROVING
VALUE IN HEALTH CARE





Agenda

- Opening Announcements
- Operational Updates
- CO APCD Data Quality and Analytics
- Public Reporting
- Survey Highlights and Discussion
- Public Comment and Member Open Discussion

Notice of AI Use

- CIVHC is now utilizing AI tools to record each meeting and develop a meeting summary
- This will be used by CIVHC staff to more efficiently create meeting notes and review materials for members



Open Committee Positions

- Pharmacy benefit manager
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity





Operational Updates

Kristin Paulson, JD, MPH
CEO and President

Pete Sheehan
VP of Client Solutions & State Initiatives

Welcome New Exec Team Members!

CIVHC is excited to welcome two new staff members recently hired as part of the Executive Team!

- Twanisha Parnell
 - Chief Financial and Administrative Officer
- Liz Mooney, MPA
 - Vice President of Research, Partnerships and Innovation



FY 23 Scholarship – Summary as of 11/30/2023

- Information about the Scholarship can be found here:
 - <https://www.civhc.org/scholarship/>
- Applications Fully Approved
 - 4 projects have been approved totaling \$99,452 of the \$500,000 total available, 19.9% of the annual funds
- Pending Projects
 - Currently there are 2 projects in review totaling \$35,033
 - Counting pending projects, \$134,485 has been applied for, 26.9% of the annual funds

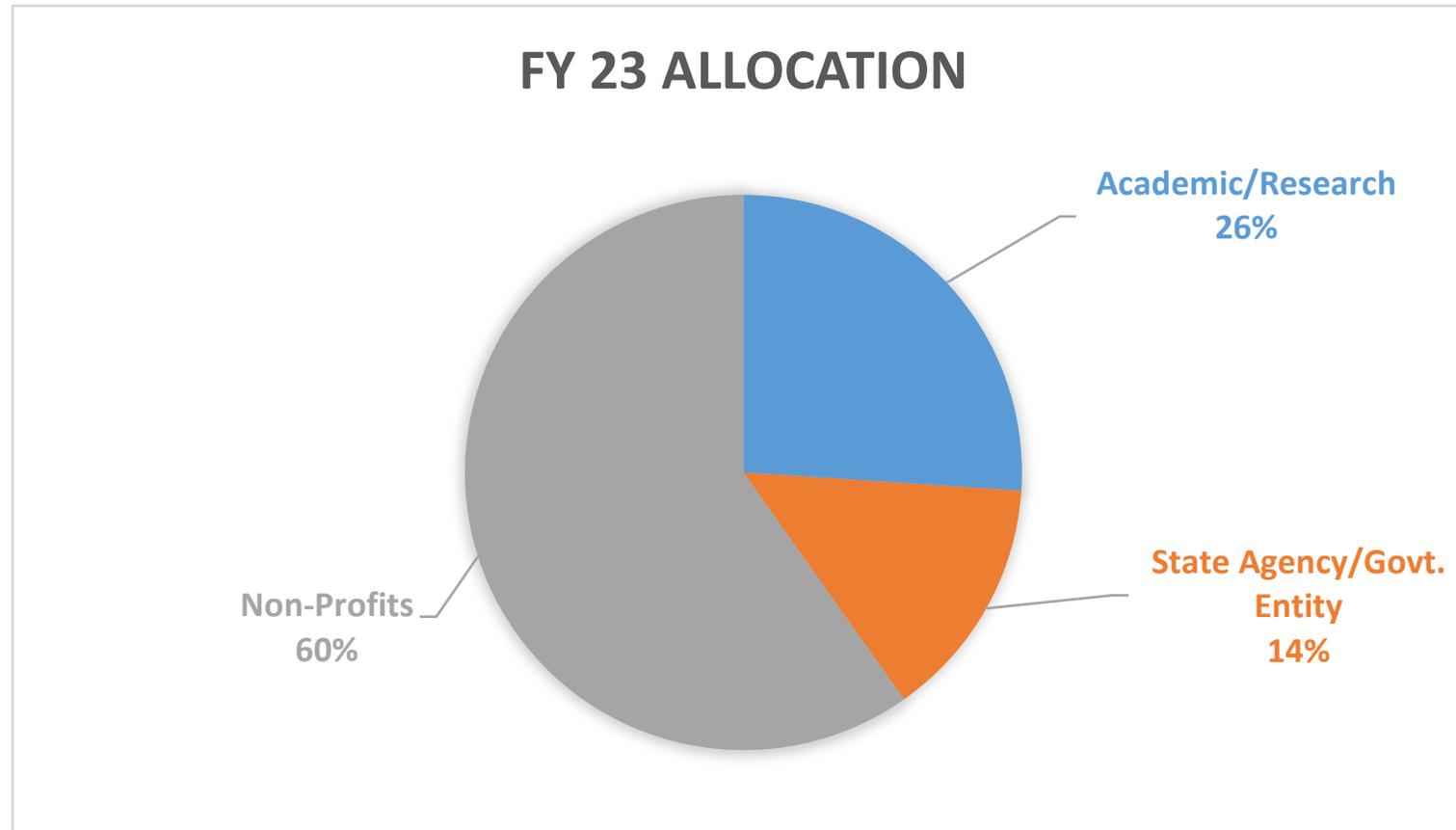
\$365,515 – remaining funds available for this fiscal year



FY 23 Scholarship – Summary as of 11/30/2023

FY 24 Scholarship Requests Submitted YTD (11/30/23)				
Data Requestor Organization	Project	Scholarship Amount	Requestor Amount	Data/Project Total Cost
Academic/Research Requests				
23.25 University of Wisconsin	Provider Network Hospital System Changes in Physician Practices	\$19,062	\$4,766	\$23,828
24.14 University of Colorado Anschutz	Pediatric ED Dental	\$15,971	3,993	\$19,964
	Sub-total	\$35,033	\$8,759	\$43,792
State Agency/Govt. Entity Requests				
23.106.75 CO State Governors Office	OSPMHC Long COVID Surveillance	\$19,062	\$4,766	\$23,828
	Sub-total	\$19,062	\$4,766	\$23,828
Non-Profit Requests				
23.56 DARTNet Institute	Healthcare Services Needs and Availability among CO Rural	\$20,129	\$3,552	\$23,681
23.66 Local First	Outmigration Report	\$14,137	\$2,495	\$16,632
24.505 COCA	Colorado Ovarian Cancer Alliance - Carol's Wish	\$46,124	\$8,140	\$54,264
	Sub-total	\$80,390	\$14,187	\$94,577
Approved	Totals	\$99,452	\$18,953	\$118,405
Pending	Totals	\$35,033	\$8,759	\$43,792
		Scholarship Amount	Requestor Amount	Data/Project Total Cost
	Total FY23 Scholarship Dollars Requested	\$134,485	\$27,712	\$162,197
	Remaining Funds Available	\$365,515		

FY 23 Scholarship – Summary as of 11/30/2023





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CO APCD Quality & Analytics

Kristin Paulson, JD, MPH
CEO and President



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Data Submission Guide (DSG) 15

- Rule Hearing held **November 2023**
- Takes Effect **March 2024**
- Highlighted Changes and Updates Include:
 - Provider Health System Affiliation field added
 - Collection of Vision Claims and addition of associated fields
 - Collection of wholly denied claims and addition of associated fields
 - Additional guidance on Regional Accountable Entity (RAE) reporting in annual APM Control Total files
 - Additional language clarifying data submission and formatting process



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Public Reporting

Cari Frank, MBA

VP of Communication and Marketing



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Upcoming Public Releases

- Telehealth Equity Analysis
 - December 2023
- Provider Payment Tool Update
 - December 2023
- Legislative Requests:
 - Wildfire and Ozone Impact on Health
 - Firearm Injury Analysis



Public Report Usage Jan 2022 – Nov 2023

- Total
 - Pageviews: 64,714
 - Unique Users: 48,306
 - Data Downloads: 983



Telehealth Equity Analysis

- Created in partnership with Office of E-Health Innovation.
- Shows relationship between social factors in U.S. Census data and use of telehealth visits and in-person visits that *could* have been delivered via telehealth.
 - ACS measures: transportation, employment, internet connection, smartphone
- **Note: There are multiple factors that can impact a person's ability to access services via telehealth not included in this report.**



Telehealth Equity Analysis

Uses Cases:

- Understand how telehealth and in-person visits differ across the state and by county and neighborhood.
- Investigate which social factors have a relationship to high or low use of in-person or telehealth services for your community.
- Develop programs or initiatives to support increased access to telehealth or in-person services, specifically addressing social factors impacting your community.



Telehealth Equity Analysis

Insights:

- Statewide, four social factors – Vehicles, Veterans, Computers and Smartphones had a moderate relationship to Telehealth Visit Rates.
- The **20 counties with the lowest rate of telehealth or in-person visits:**
 - Nearly all are rural.
 - Nearly all have higher % (compared to the state) of households without:
 - Smartphones, Computers and Internet
- Nearly all **20 counties with the highest telehealth visits are urban communities.**



Telehealth Equity Analysis Demo



OeHI
Office of eHealth Innovation

Telehealth Equity Analysis

MAP/TABLE
MEASURE RELATIONSHIP

SELECT COUNTY:

SELECT MEASURE:

Telehealth Visits (rate per 1,000) 370 1,550

(Hover over map or select a county to see more information.)

© OpenStreetMap

SELECT GEOGRAPHY:

SELECT SORT BY:

SELECT SORT ORDER:

All Counties

County - Neighborhood	Telehealth Visits (rate per 1,000)	In-Person Visits (rate for 1,000)	% People of Color	% With Limited English	% Veterans	% With Disability	% Without H.S. Diploma	% Unemployed	% Without Vehicle	% Without Internet	% Without Computer	% Without Smart phone
Colorado	1,150	5,640	21%	5%	8%	11%	8%	3%	5%	9%	4%	10%
Adams County	1,230	5,690	29%	11%	7%	11%	15%	3%	4%	10%	5%	10%
Alamosa County	1,250	5,600	27%	9%	5%	17%	13%	3%	8%	16%	10%	18%
Arapahoe County	1,380	5,790	33%	9%	7%	10%	8%	3%	5%	7%	3%	8%
Archuleta County	410	4,580	20%	2%	10%	15%	6%	3%	2%	13%	6%	15%
Baca County	690	4,740	9%	3%	8%	19%	14%	1%	6%	21%	13%	20%
Bent County	830	4,930	24%	4%	9%	21%	13%	2%	11%	22%	13%	22%
Boulder County	1,490	5,180	15%	4%	5%	8%	5%	3%	5%	7%	3%	8%
Broomfield County	1,230	5,470	17%	3%	7%	8%	3%	2%	3%	5%	2%	7%
Chaffee County	930	4,400	8%	2%	10%	12%	6%	3%	6%	18%	11%	21%
Cheyenne County	580	4,660	12%	2%	7%	11%	7%	2%	2%	14%	7%	15%
Clear Creek County	880	5,030	8%	2%	6%	13%	3%	3%	3%	12%	5%	15%
Conejos County	620	4,780	25%	8%	8%	19%	11%	5%	6%	25%	15%	24%
Costilla County	710	4,430	30%	9%	11%	24%	13%	4%	4%	20%	11%	18%
Crowley County	800	5,900	25%	4%	8%	23%	11%	2%	5%	20%	14%	26%
Custer County	710	4,340	5%	0%	13%	16%	2%	3%	2%	22%	5%	18%
Delta County	400	5,190	8%	3%	11%	18%	10%	3%	5%	21%	11%	28%
Denver County	1,550	5,450	31%	9%	5%	10%	10%	3%	10%	9%	4%	9%
Dolores County	420	4,100	15%	7%	11%	11%	4%	2%	2%	38%	10%	23%
Douglas County	1,200	6,210	14%	2%	8%	7%	2%	2%	2%	3%	1%	5%
Eagle County	510	4,660	19%	10%	6%	6%	8%	3%	3%	5%	2%	5%
El Paso County	1,010	5,990	24%	3%	17%	12%	6%	4%	4%	7%	4%	9%

* Telehealth eligible services only.

Provider Payment Tool

- Required by Senate Bill 22-068
- Report includes :
 - All current (effective in 2022) CPT codes and HCPCS with sufficient volume (statewide claim volume of 30 or more) for 2018 - 2022.
 - Payers: Commercial, Medicaid, Medicare Advantage, and Medicare Fee-for-Service.
 - Total allowed amounts (payer and patient payments combined): 25th, 50th, 60th, and 75th percentile, and average.
 - Anesthesiology payment calculator.



Provider Payment Tool Use Cases

Self-Insured and Fully Insured Employers:

Self-insured:

- Understand what you are paying for services verses other payers in your area and statewide.
- Use this information to discuss rates with your insurance broker or TPA/ASO.

Fully-insured:

- Point employees to the tool if they have questions about how much a service may cost, or related to provider bills they received and whether the price was reasonable.



Provider Payment Tool

Health Insurance Payers and Health Care Providers:

- Benchmark how your payments for services compare to your peers. Use this information when discussing annual rate changes.

State Agencies and Policy Makers:

- Identify variations in payments for procedures across the state. Determine where there may be opportunities to reduce price variation and increase access to care.

Consumer and Advocacy Organizations:

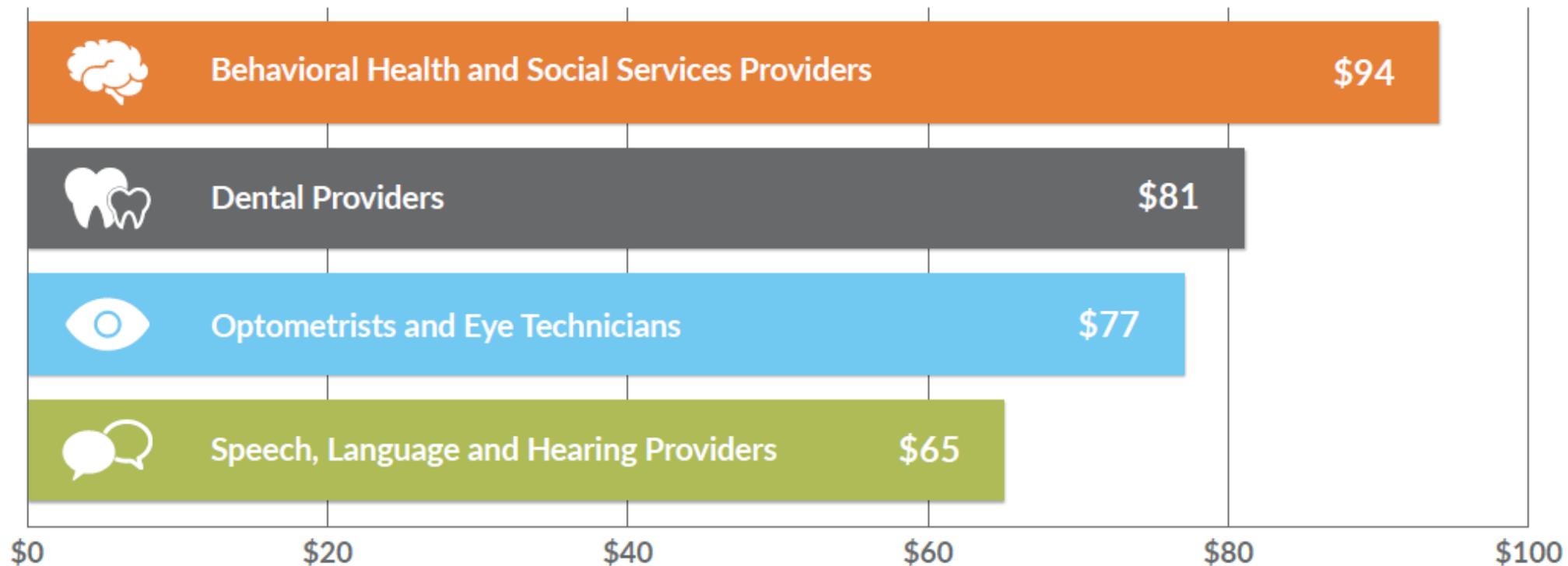
- Use the tool to understand common prices for specific services, and talk to your providers and/or health insurance payer if there is a discrepancy in prices for services you plan to receive or did receive.



Provider Payment Tool

Example question the tool can answer:

Do commercial insurance payments for office visits (CPT[®] 99213) vary for different provider types?



Upcoming Public Reporting Releases

Quarter 3 (Jan-March)

- Provider Payment Tool
- Wildfire and Ozone Impact on Health
- Firearm Injury Analysis
- Shop for Care
- Medicare Reference Based Pricing

Quarter 4 (April-June)

- Drug Rebate Analysis
- Community Dashboard
- CO APCD Insights Dashboard





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- **Survey Highlights and Discussion**
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CIVHC 2023 Perception Survey

Darcy Holladay Ford, PsyD, MA, LPC, RDN
Director of Research



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Survey Topics

- Mission
- Familiarity with CIVHC and CO APCD
- CIVHC services used
- Impartiality views
- Barriers
- Suggestions
- Current opportunities



Respondent Summary

Relationship to Population Health & the Health Care System	#	%
Health care non-profit/advocacy organization	23	28%
Researcher or employee of an academic institution	14	17%
Provider or employee of a health care facility	14	17%
Policymaker or employee of a government/state agency	11	13%
Health care consultant or vendor	9	11%
Other	9	11%

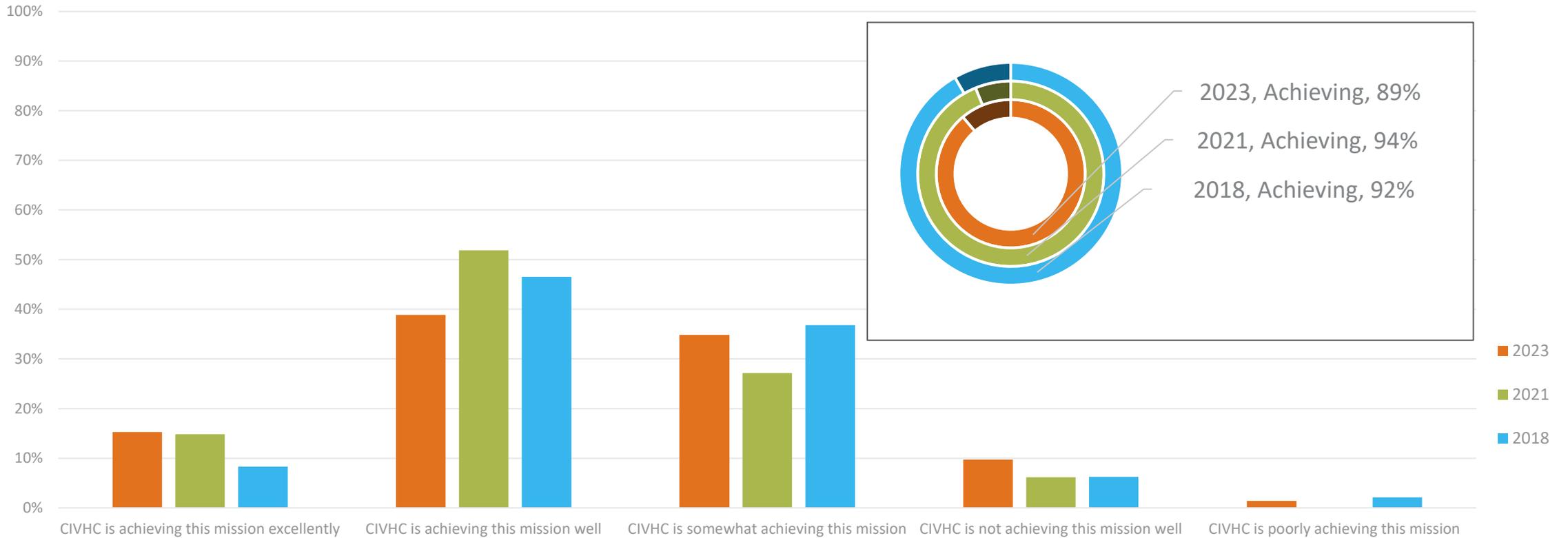




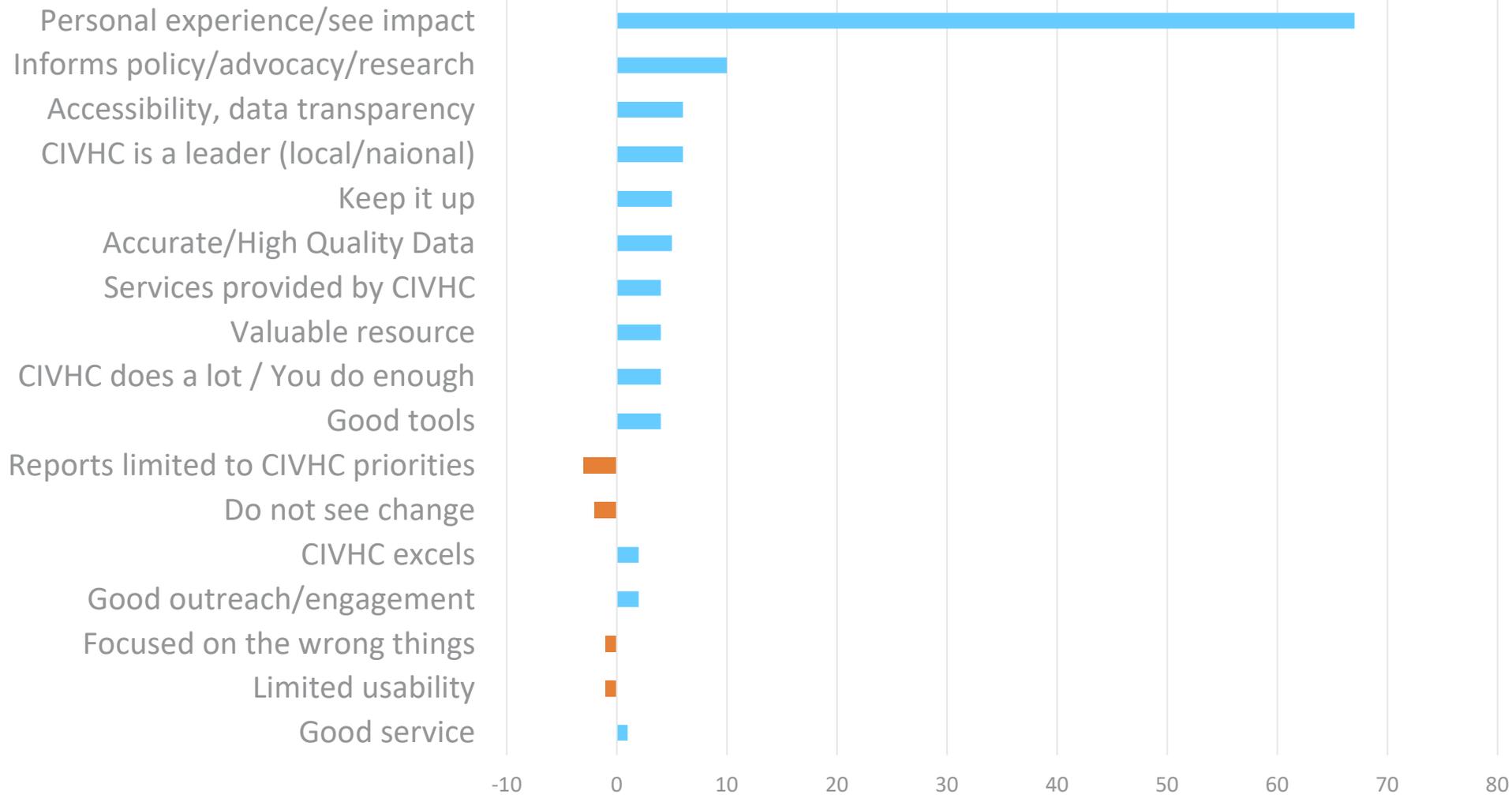
Value of the APCD and CIVHC

“Having worked in states that do not have an APCD, I truly value the data CIVHC collects. Having access to this information is incredibly powerful and I truly appreciate the work CIVHC does to collect, clean and provide the claims data.”

How well is CIVHC Achieving its Mission?



CIVHC Mission: Reason for Response



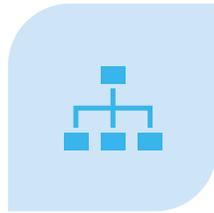
Current Uses of CIVHC Reports & Services



Current Uses



**“FIRST PLACE I LOOK
FOR ADVOCACY
DATA”**



**“CIVHC HAS
PROVIDED AND
EXCELLED THROUGH
THEIR WORK AND
REPORTING.”**



**“CIVHC IS ABLE TO
TURN DATA INTO
INFORMATION THAT
LEADS TO
KNOWLEDGE THAT
WILL CHANGE
PEOPLE'S LIVES.”**



**“I'VE SEEN CIVHC AS
A LEADER IN
ADMINISTRATIVE
HEALTHCARE DATA
COLLECTION AND
REPORTING.”**

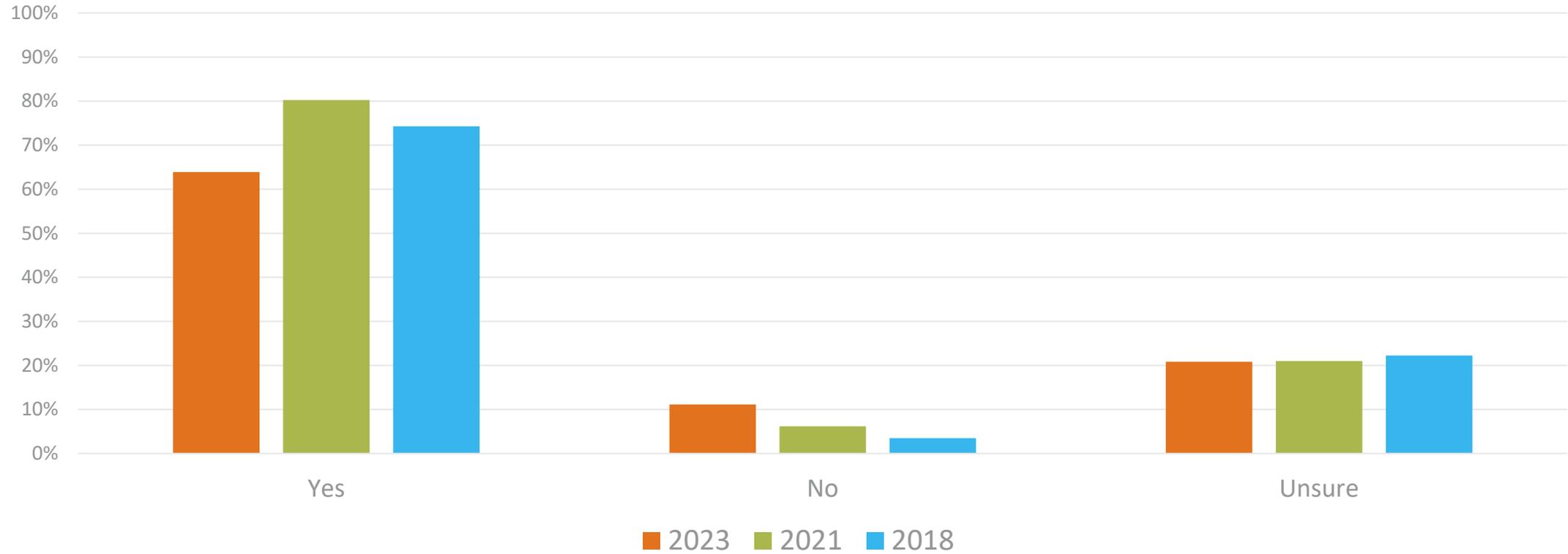


**“CIVHC HAS A SOLID
PLATFORM AND
WORKS TO ENSURE
DATA ARE ACCURATE
AND AVAILABLE.”**



**“PROVIDER PAYMENT
TOOL IS
REVOLUTIONARY FOR
UNDERSTANDING
HOW PAYMENTS ARE
DIFFERENT ACROSS
THE STATE.”**

Do you perceive CIVHC as a neutral, non-partisan entity?



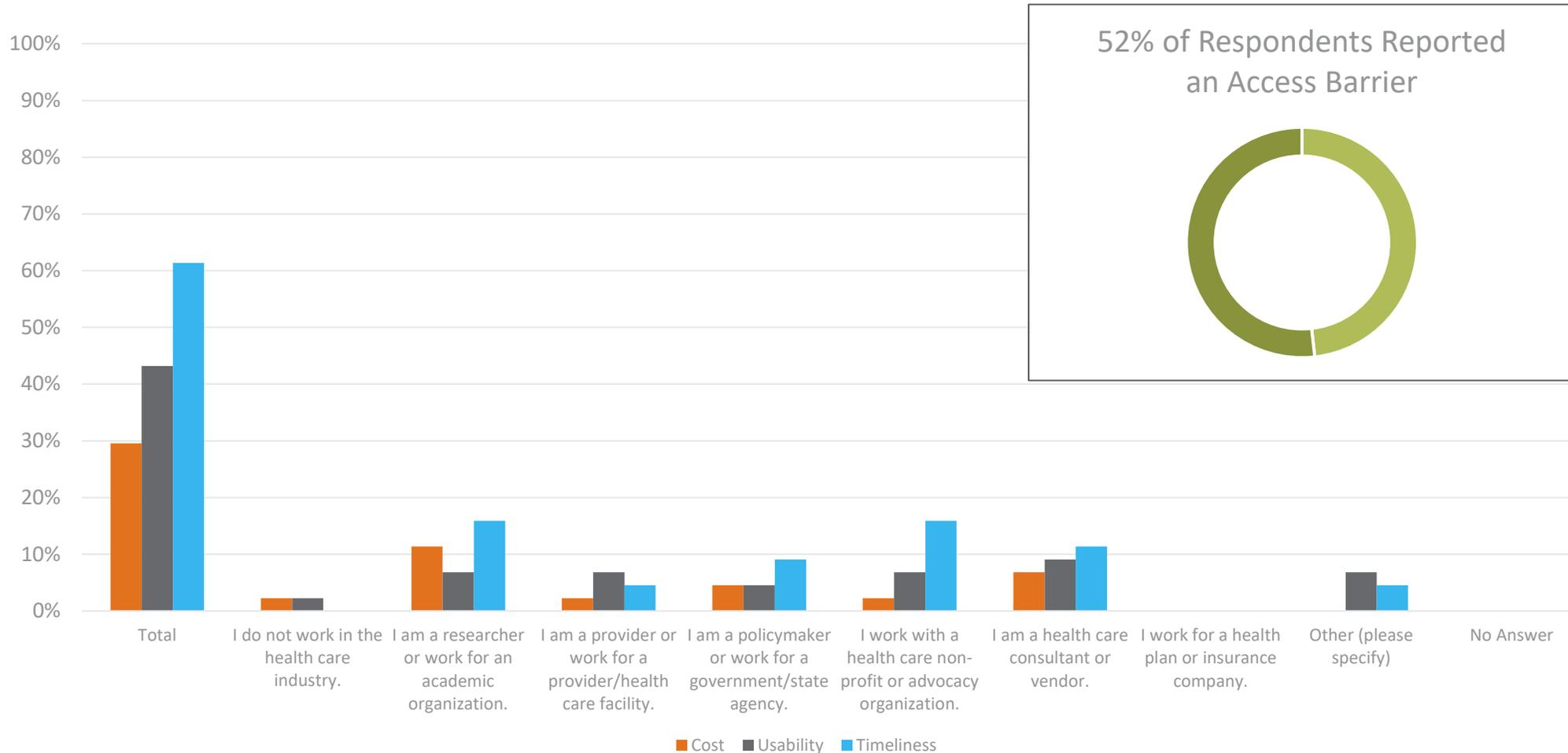
Impartiality

“I trust CIVHC to help us understand which feedback we get is impartial and which is coming from a self-interested place.”

“I have seen CIVHC in alignment with other progressive groups, and this makes me more apt to look at their work.”

“[Too] much a reliance on State dollars to regulate.” “falls short of what it could do to lower costs, being sufficiently critical of inefficiencies and abuses within the healthcare system.”

Top 3 Challenges to Accessibility, by Sector



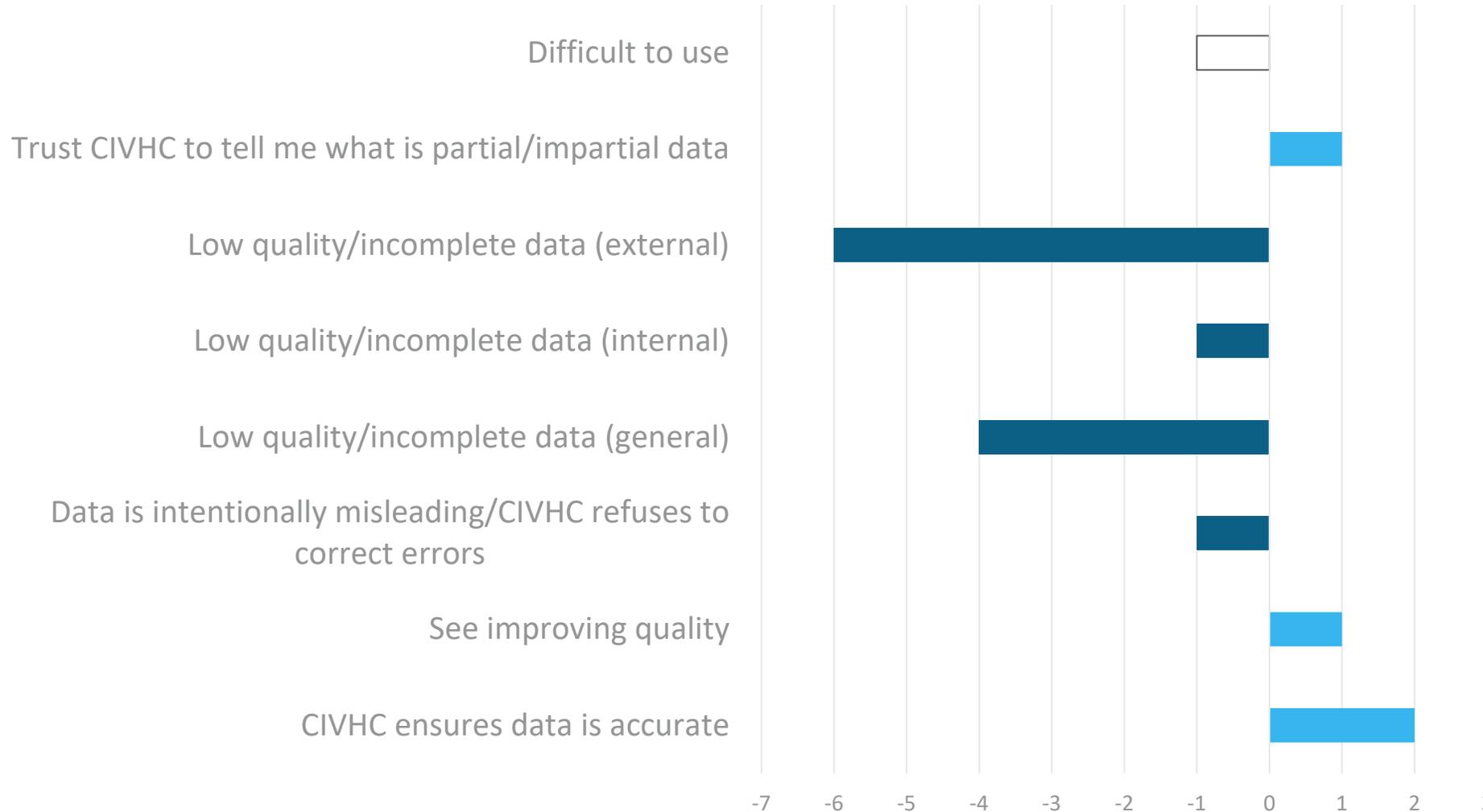
Barriers

“I know CIVHC releases relevant information to health care usage and cost -- although I do not think that it does as good of a job as it could of making the data easy to understand. I've looked at a CIVHC affordability dashboard, and while I really appreciate the ease of looking at the data, I was struggling to understand the data descriptions or the context around the data -- I think that could be clearer.”

“Work doesn't [seem] focused on improving current system rather mostly pointing out problems without offering solutions.”

“It's challenging for our association to access meaningful data that has not already been a conversation in the press.”

Data Quality



“Keep going and continue to push all payers, including ERISA plans to participate, improve data quality, and loosen restrictions on use.”

“CIVHC should press legislators for better data.”



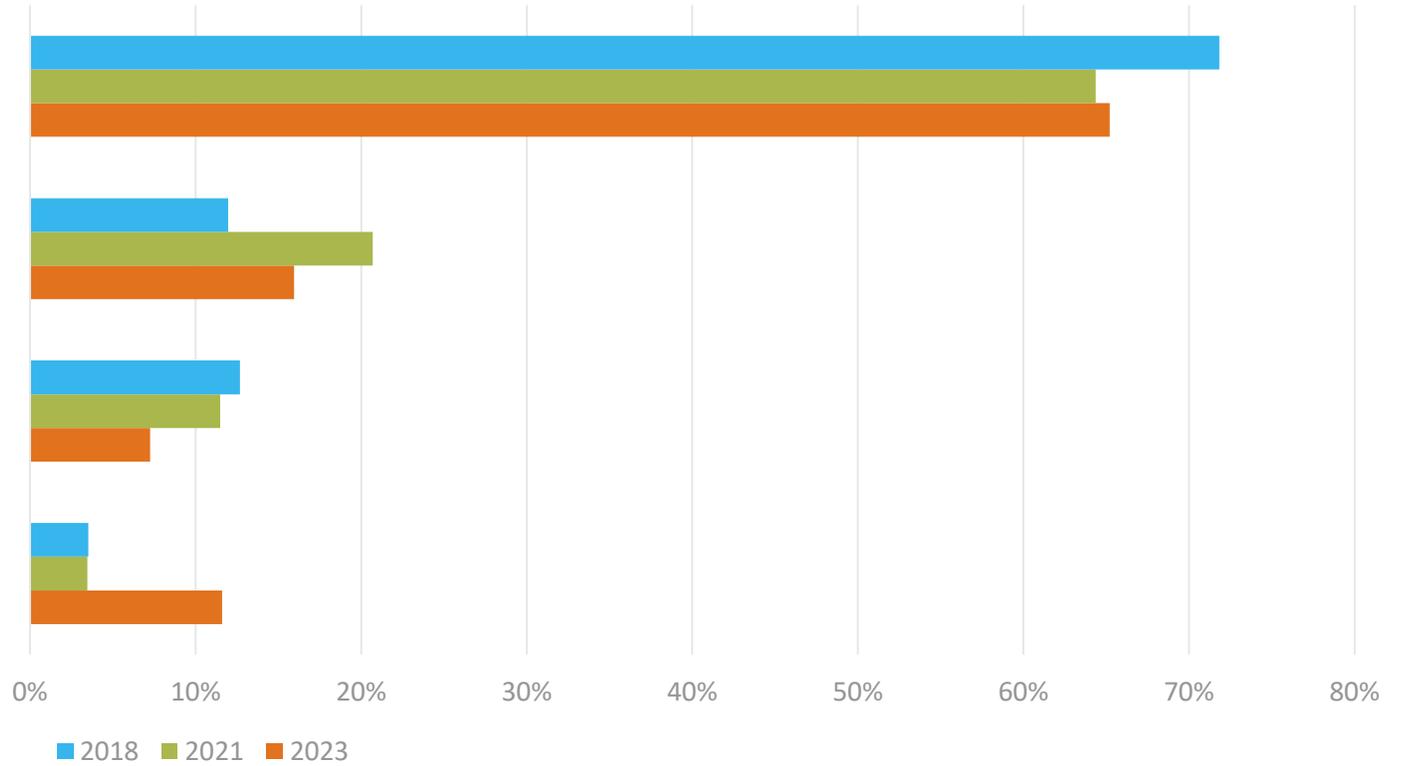
Licensing Fees

I don't know enough about CIVHC's or others' data licensing fees to compare

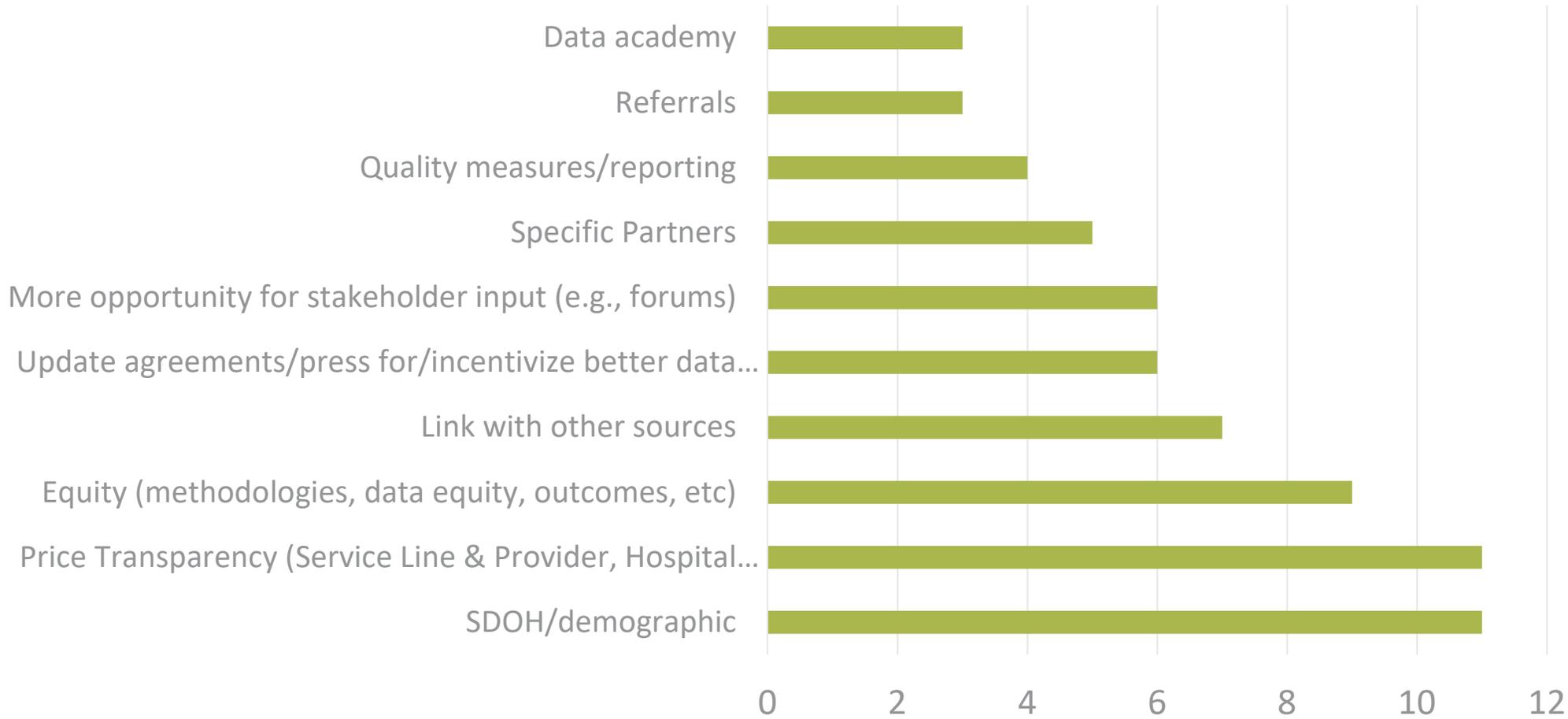
Higher than

Comparable to

Lower than



Most Common Suggestions



Suggestions

“Strengthen consumer voice in your work.”

“Continue coming to the table on policy discussions to hear more about data needs.”

“...how people engage with the data, are encouraged to use it to make decisions, or request analyses is not clear...engagement is necessary to achieve the outcomes in your mission.”



Opportunities/Next Steps

Category	CIVHC Capabilities	Actions Taken/Being Taken
Advocate or do more to inform policy/support advocacy efforts	<ul style="list-style-type: none">• Policy & advocacy pertaining to CO APCD administration• Engage legislators, state agencies and advocacy orgs to use CO APCD in their work• Publish unbiased data and analytic reports on health-related topics	<ul style="list-style-type: none">• Legislative meetings and requests being fulfilled; most published publicly• Scholarship funds reserved for legislative requests• Expanded connection with other state agencies & advocacy orgs• Disseminating information more broadly through webinars and other outlets• Conducting more community engagement to ensure people know about data available

Opportunities/Next Steps

Category	CIVHC Capabilities	Actions Taken/Being Taken
Improve public report actionability and increased focus on equity	<ul style="list-style-type: none">• Ensure that the public data topics and measures meet the high-level needs of communities and partners.• Help people understand how to use the data and ways they can take action• Report data at the census tract level and bring in other sources of data to identify opportunities to improve health equity	<ul style="list-style-type: none">• Continually making reports more user-friendly, ensuring labels, explanations and infographics are easy to understand• Describing ways that different audiences can use the information• Geocoded the CO APCD in 2020 and annually thereafter to enable census tract level reporting• Created the first Health Equity Analysis public report identifying relationship between SDoH and health access/use• Creating Telehealth vs. In-person Health Equity Analysis (public release before Dec. 31, 2023)

Opportunities/Next Steps

Opportunity Category	CIVHC Capabilities	Actions Taken/Being Taken
Improve technical usability	<ul style="list-style-type: none">• Provide clear user guides for non-public data from a technical perspective• Develop videos and other resources for public data to support end users	<ul style="list-style-type: none">• Developing user guides for non-public data and providing more technical support after delivery• Describing potential use cases at the top of each public report page; continue to develop meaningful infographics highlighting key findings
Improve data quality	<ul style="list-style-type: none">• Ensure data quality along the continuum from intake, to processing, to analytics	<ul style="list-style-type: none">• CIVHC now has a dedicated intake team and are building a QC team to support enhancing our current QC process along the continuum

Opportunities/Next Steps

Opportunity Category	CIVHC Capabilities	Actions Taken/Being Taken
Data Linkages (e.g., incorporate SDoH, registries)	<ul style="list-style-type: none"> CIVHC can partner with other organizations, but has had HIPAA and other legal challenges in the past with linking to data sources that would provide additional data in the CO APCD. 	<ul style="list-style-type: none"> We continue working with CDPHE, CCMCN, QHN and Contexture to determine how we can link data to enhance analyses and reporting capabilities Continue to bring in other sources of public data to inform health Equity (ACS, CDC, etc.)
Diversify sectors represented on the Board	<ul style="list-style-type: none"> Ensure the board represents a broad swath of Change Agents and underserved/marginalized communities 	<ul style="list-style-type: none"> The CIVHC Board has developed a recruitment plan and strategy that will support diversification across all Change Agents



Survey Highlights Joint Discussion



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Member Discussion & Public Comment



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2023-2024 Meeting Schedule

- March 12
- June 11
- 2pm-4pm
- Virtual unless otherwise noted

