



# Data Release Review Committee (DRRC) CO APCD Data Requests Summary Meeting: July 5, 2023

## 23.69 Pediatric Polypharmacy, Healthcare Utilization, and Costs Among Colorado Children

### Project Purpose:

Polypharmacy is an umbrella term to describe the simultaneous use of multiple medicines by a patient for their conditions. Most commonly it is defined as regularly taking five or more medicines but definitions vary in where they draw the line for the minimum number of drugs.

Optimal health for children with medical complexity (CMC) often depends on exposure to outpatient pediatric polypharmacy ( $\geq 5$  concurrent medications), as work by this PI and study team has shown. In analogous adult populations, outpatient polypharmacy is associated with increased risk for morbidity, healthcare utilization, and costs. In 2021, the Joint Commission Sentinel Event Alert highlighted the dire need for “additional research on interventions to reduce pediatric medication errors, especially in emergency departments, ambulatory clinics and home environments.” This PI and study team have NIH/AHRQ funding (R01HS028979) to study patient-level clinical interventions to improve medication safety in children with polypharmacy. However, subsequent implementation and evaluation of these interventions at the population level in Colorado will require knowing the answers to several important questions: How many children are exposed to polypharmacy who might benefit from improved medication management? Where do these children receive most of their care (e.g., inpatient versus outpatient), so that we can target interventions to the appropriate clinical setting? How much does polypharmacy cost, so that we can evaluate potential opportunities and targets to improve value? Prior efforts by this PI to study these questions have been limited to Colorado Medicaid claims only (CMS Data-RESDAC), leading to reduced samples when patients changed insurance payors in Colorado. The COAPCD Data works to minimize this risk by tracking individual patients through their system, even if patients change insurance payors. Thus, we propose a more definitive, up-to-date, and comprehensive set of data and analysis of pediatric polypharmacy in the State of Colorado using the APCD to establish Colorado-specific population-level benchmarks for pediatric polypharmacy and associated healthcare utilization and costs.

### Specific Aims:

**Hypothesis:** Among Colorado children (0-21yo):

- Quantify the annual prevalence of polypharmacy ( $\geq 5$  medications)
  - The prevalence of polypharmacy will increase annually during the study period
- Describe healthcare utilization associated with polypharmacy
  - $\geq 50\%$  of healthcare contact days will be in outpatient setting
- Calculate healthcare costs (total and pharmacy-specific) associated with polypharmacy
  - Pharmacy spending will be costliest service line category

### Type of Data Requested:

Limited Data Set



## 23.106.75 OSPMHC Long COVID Surveillance

### Project Purpose:

This project aims to improve the health of Coloradans through developing a surveillance system to estimate the burden of long COVID in Colorado, allowing estimating of health care needs, health care expenditures, changes over time, and identifying populations that are disproportionately impacted.

### Specific Aims:

1. Estimating the burden of Long-COVID in Colorado using Colorado's all-payer claims database (APCD)
2. Estimating changes in the incidence and prevalence of Long-COVID in Colorado over time and before and after COVID-19 (March 2020) as part of validation of the methodology.
3. Estimating healthcare spending associated with increases in Long-COVID (symptoms or related diagnoses)
4. Describing social vulnerability to Long COVID and identifying populations disproportionately impacted by payer, race, and socio-economic status. This aim involves ecological (e.g., neighborhood level) analysis due to limitations of available data.

### Type of Data Requested:

Limited Data Set

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## 24.40 RAND Hospital Price Transparency 5.0

### Project Purpose:

The goal of the 5.0 update to the [Hospital Price Transparency Study](#) is to update the study with data inclusive of 2020-2022, giving RAND the opportunity to see the impacts of COVID-19 on hospital pricing. In addition, contributors this round expanded to include state government insurance plans, capturing public employees and providing additional points of data for deeper price analysis. The use of CO APCD data has been a core contribution to this study since Round 2 of this study's development.

### Specific Aims:

Much of the focus on price transparency is focused on patients/consumers, with little insight into the impact of commercial payers on pricing in the United States. This study aims at providing price transparency through the refinement of measures that compare commercial payments to Medicare payments. The two types of hospital prices calculated and reported on are:

- *standardized prices*, meaning the average allowed amount per standardized unit of service, where services are standardized using Medicare's relative weights
- *relative prices*, meaning the ratio of the actual private insurer-allowed amount divided by the Medicare-allowed amount for the same services provided by the same hospital<sup>1</sup>

### Type of Data Requested:

Limited Data Set



## 23.77 Quality Initiative and Provider/Client Experience Improvement

### Project Purpose:

At SonderMind, we know that therapy works. SonderMind provides accessible, personalized mental health care that produces high-quality outcomes for individuals. SonderMind's individualized approach to care starts with using innovative technology to help people not just find a therapist, but find the right, in-network therapist for them. From there, SonderMind's clinicians are committed to delivering best-in-class care to all people by focusing on high-quality clinical outcomes. To enable our clinicians to thrive, SonderMind defines care expectations while providing tools such as clinical note-taking, secure telehealth capabilities, outcome measurement, messaging, and direct booking.

With APCD Data SonderMind aims to accomplish the following three main goals:

- Improve Quality Care for Clients
- Understand Healthcare Systems of Care
- Become Highest Quality Provider Group

### Specific Aims:

#### I. - Improve Quality Care for Clients

- Can we measure and improve clinical and quality outcomes of SonderMind clients? What opportunities can we identify to improve quality of care?
- Understanding the full healthcare needs of our client population will give us novel insights into how to best serve our clients. Insights from this data will allow us to improve care coordination, transitions of care, and understand external healthcare factors impacting client outcomes to ultimately improve outcomes.

#### - Understand Healthcare Systems of Care

- Understand common pathways of client care within the broader healthcare system.
  - At a system level, how can we assess opportunities to improve coordination of care and better coordinate transitions of care between higher levels of care (ED, IOP, PHP, inpatient, etc.)
  - What common referral patterns exist between our provider network and the broader healthcare system? Are there opportunities to better partner with external organizations to streamline care and improve continuity of care?
- Understand and evaluate the impact of our care to prevent the need for higher levels of care resulting in higher quality care and reduction of total cost of care.

#### - Become Highest Quality Provider Group

- Better understand our provider group, including their caseload and capacity, in order to drive quality improvement across our group and ensure network sufficiency.
  - What does a typical caseload look like for our providers? How can we improve engagement with SonderMind Providers specifically to enable improved monitoring



and tracking of clinical outcomes for clients (through sessions with SonderMind oversight)?

- How can we better personalize clinical content, support, and experiences for our providers to improve clinical outcomes and drive more effective and efficient care (ultimately improving client outcomes and reducing costs)?

**Type of Data Requested:**

Limited Data Set