

Data Release Application Supplement

For Multiple-Use Case Projects



Project Tracking	
Client Organization (legal name):	Institute for Health Research, Kaiser Permanente Colorado
CIVHC Project Number:	25.07
Project Title:	APCD Master Agreement – KPCO IHR
Deliverable Type:	Limited Extract

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Supplement Instructions

To help clients get the most use of Colorado All Payer Claims Database (CO APCD) data, the Center for Improving Value in Health Care (CIVHC) may approve multiple use cases for a particular data extract. This form defines either of the following:

1. A new use case of a previously delivered extract
2. One of multiple planned use cases of and upcoming data delivery

The use case defined in this document may be for use of all data in the original extract or a further filtered subset of that data.

Use Case Conditions

This document serves only to define a single use case and does not represent the addition of data elements or changes to filtering from those components specified in the final version of Data Element Selection Form (DESF) approved for production and identified in the final version of the Data Release Application (DRA) of the project number above. All conditions of the Data Use Agreement (DUA) executed for the project number above apply to the use case defined in this document.

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Supplement Revision History

The following reflects the history of changes made to this document prior to its final approval by CIVHC.

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author (full name, complete title)
3/24/2025	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
	V.02		
	V.03		
	V.04		
	V.05		
	V.06		
	V.07		
	V.08		
	V.09		
	V.10		

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Use Case Details

Use Case No.:	004
Use Case Title:	Evaluation of a novel primary care model for high needs, high-cost members: the Complete Care Clinic
Use Case Start Date:	4/1/2025

1. Explain the purpose of this specific use case. If the use case is related to a previous project, also explain how this use case is related and whether the data or results of both projects will be combined.

Across Kaiser Permanente (KP) and other healthcare systems, a subset of members incur disproportionately high healthcare costs due to multiple chronic conditions, functional limitations, and social risk factors. Traditional primary care in KP often struggles to meet the needs of these highly complex members due to time and resource constraints. To address this, the Care Management Institute has prioritized developing evidence-based strategies, identifying key elements of successful programs, including risk management, member and family engagement, effective communication, staff training, transition management, and innovative technology use. Over the past decade, KP markets have launched various complex care interventions, including Kaiser Permanente Colorado's (KPCO) Primary Care Plus (PC+), which provided wrap-around care for high-cost Medicare members through an interdisciplinary team. A 2017 evaluation found PC+ reduced total costs of care by 20%, primarily by lowering hospital, ED, SNF, and pharmacy expenditures. Feedback from participants and clinicians led to program refinements, and PC+ learnings were incorporated into ongoing population care management. Similarly, KP Northern California's Care Plus program utilized an interdisciplinary team to support 200 complex patients per team, resulting in significant reductions in ED visits, hospitalizations, and rehospitalizations, with cost savings of \$3.6 million per team for a \$1 million investment. Comparable programs outside KP have also demonstrated cost savings and reduced acute care utilization, highlighting the effectiveness of coordinated care approaches. The Complete Care Clinic in Kaiser Permanente Colorado, funded in early 2024 by an operational business case, will implement a more intensive model of primary care for high-needs, high-cost members leveraging learnings from prior programs within and outside of KP. Using a randomized controlled trial design, we will assess total costs of care and other clinical and utilization outcomes to inform decisions to adopt or adapt this model of care in other KP markets.

This project falls under the master subscription agreement, related to the following research aims presented there:

(i) Full capture of outcomes and exposures for all members, mitigating research bias, for KP members that utilize external providers, as well as evaluation of processes of care, outcomes and value of care for KPCO patients with chronic health conditions. This is foundation in accurate and valid research and operational questions.

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- (ii) Disenrollment and Consequences for Health, Healthcare, and Health Coverage: health insurance coverage, continuity of treatment, specialty and primary care, health outcomes, utilization
- (iii) Patient Cost Sharing and Healthcare Cost: Comparing downstream healthcare costs associated with chronic health conditions, diseases, and injuries
- (v) External utilization among KPCO members and those who leave the Kaiser system; services and care, costs, patient outcomes.
- (vi) Validating Quality Measures of care that involve KPCO and external providers
- (vii) Evaluation of community providers with clients having mixed health/insurance systems due to less stable access to continued care
- (x) Understand prior utilization of services to better identify patients that will benefit from more intensive medical management.
- (xi) Understand comparative utilization and cost of care for cohorts of members who enroll and disenroll from KPCO

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2. Detail the specific project aims, research question(s) you are trying to answer, or problem(s) you are trying to solve with this use case.

Specific Aims

1. Conduct a formative and summative mixed methods evaluation of the Complete Care Clinic (CCC) using PRISM (Practical, Robust Implementation and Sustainability Model) which includes the RE-AIM domains of reach, effectiveness, adoption, implementation, and maintenance.
2. For the formative evaluation, we will document adaptations to the CCC implementation and evaluate the implementation process to determine if there are components of the intervention that are more effective. In addition, we will assess the member experience of receiving care in the CCC.
3. For the summative evaluation, we will assess changes in total cost per member per month and other clinical and utilization outcomes among high needs, high cost KPCO members randomized to the CCC intervention compared to usual care over the first 18 months after enrollment.

4. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

This evaluation is setup as a randomized control trial, in which eligible patients will either be assigned to the Complete Care Clinic, or maintain their usual care. The primary effectiveness outcome is change in per-member, per-month (PMPM) costs. We will analyze the primary outcome first without the APCD, and again combining APCD with the Kaiser internal costs. Costs will be estimated using several methods including an intention-to-treat (ITT) and per-protocol (PP) analyses. The ITT analysis evaluates the average effect of being assigned to CCC while the PP estimates the actual intervention effect of CCC. These two methods provide an estimate of the range of potential benefit of the CCC program that we will be able to provide to our operational partners. Cost outcomes will be analyzed using a generalized linear model (GLM) with a gamma distribution and log link to account for asymmetrical and right skewed cost distributions. To further explore the impact of incorporating APCD into our cost estimates, we will examine whether there are meaningful differences in baseline costs and cost outcomes. Additionally, we will assess if the APCD data significantly changes the effect of enrollment in the CCC.

5. Explain how this use case will benefit Colorado and its residents.¹

The Complete Care Clinic was designed to reduce healthcare costs and improve utilization of high-value preventive care. Incorporating APCD will allow us to better understand whether potential

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cost-savings and improved participation in preventive care utilization extend to Medicaid patients or to those who disenrolled from Kaiser. As one of the larger health care providers within Colorado, a significant portion of our research and operational partnership informs and improves the care delivery within KPCO, touching 500,000+ Colorado residents directly. Moreover, if found effective, the Complete Care Clinic will be more broadly available to Colorado residents.

6. Describe how this use case will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.²

In addition to the potential improvements in healthcare quality and health outcomes mentioned in our response to question 4, the APCD will help us better assess whether the CCC leads to more efficient healthcare and whether it should be adopted as the standard of care for patients with complex care needs. Efficient health care leads to lower costs, and this operational partnership is in line with our mission to provide high quality and low cost care to all residents of Colorado.

¹ It is a statutory requirement for all non-public releases of CO APCD data to benefit Colorado or its residents. Contributions to generalizable knowledge alone are not sufficient to satisfy this requirement.

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Protected Health Information (PHI)

If [Protected Health Information](#) data elements will be used, indicate what elements are available in the original CO APCD data extract and which of those are needed for this use case:

Available in the Extract	Use Case Need	Data Element
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member 5-Digit Zip Code
<input type="checkbox"/>	<input type="checkbox"/>	Member County
<input type="checkbox"/>	<input type="checkbox"/>	Member City
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Dates of Service
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Eligibility Dates
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Claim Paid Dates
<input type="checkbox"/>	<input type="checkbox"/>	Employer Name
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member Census Tract
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member Census Block
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member Census Block Group
<input type="checkbox"/>	<input type="checkbox"/>	Member Name
<input type="checkbox"/>	<input type="checkbox"/>	Member Date of Birth (if requesting more than year only)
<input type="checkbox"/>	<input type="checkbox"/>	Member Street Address
<input type="checkbox"/>	<input type="checkbox"/>	Member Latitude and Longitude
<input type="checkbox"/>	<input type="checkbox"/>	Employer Tax ID
<p>Provide detailed justification for the inclusion of all PHI data selected above to carry out this use case, and explain how its inclusion meets the Minimum Necessary Requirement.²</p> <p>Dates of service and eligibility dates are necessary for ensuring the utilization falls within the study timeframe as well as whether it was during a period of enrollment, as well as indicating primary vs. secondary payors.</p>		

² Limited and Identifiable extracts must adhere to the [Minimum Necessary Requirement](#) under the [HIPAA Privacy Rule](#); only that data required to answer the project purpose can be included in the request.