



CENTER FOR IMPROVING  
VALUE IN HEALTH CARE

## Public Data Available from the Colorado All Payer Claims Database on [www.civhc.org](http://www.civhc.org)

[2018 Annual CO APCD Report](#) – Highlights new reporting available, uses of data, status of the CO APCD, future planning, recommendations to the General Assembly and more. Past reports also available at <http://www.civhc.org/get-data/publications/>

### STATEWIDE INTERACTIVE REPORTS:

Available at [www.civhc.org/get-data/interactive-data](http://www.civhc.org/get-data/interactive-data)

- **Cost of Care**– Search per person per year health care cost variation by county, payer type, demographics, trends, and more
  - [Cost of Care Insights](#)– Health care expenses rose an avg. of 6% from 2012-2015 across all services; highest percent change in pharmacy costs (27%)
- **Utilization of Services**– Search variation across the state for commonly used services like hospitals, ERs, & outpatient services.
  - [Utilization Insights](#) – Emergency room visits up 6.3% from 2012; readmissions and ER visits highest for Medicaid patients.
- **Quality of Care**– Search variation in the quality of care being provided across the state for chronic conditions and cancer screenings.
  - [Quality Insights](#) – Across all payers, 89% of Coloradans receive appropriate prescriptions for asthma, while only 28% get colorectal screenings as recommended.
- **Condition Prevalence**– Search variation across the state for frequent and costly conditions like asthma, diabetes, COPD, depression and some cancers among others.
  - [Condition Prevalence Insights](#) – Depression diagnoses have increased 26% across all payers since 2012 and 12% of Coloradans had a diagnosis of Hypertension in 2015.
  - [Cancer Prevalence Insights](#) – Breast cancer is the highest prevalence cancer (.79%) of those analyzed, followed by cervical cancer (.21%).

### SPOT ANALYSES & DATA BYTES

Available at [www.civhc.org/get-data/publications](http://www.civhc.org/get-data/publications)

#### Cost and Utilization Trends and Opportunities

- **Firearm Injury Trends and Costs** – Evaluates impact of firearm injuries in CO in terms of volumes and types of claims along with the associated cost to the health care system
- **In and Out of Network Costs** – Shows difference in median payments for in and out of network providers for three common procedures
- **Multi-State Total Cost of Care Analysis** – CO costs 17% higher than participating states due to higher utilization AND higher prices; \$48 million in savings potential for 102 practices analyzed
  - [Press Release](#)
  - [Webinar Recording](#)
- **Knee/Hip Payment Variation by Payer** – Commercial payments for hip/knee surgery are 232% higher than Medicare in parts of the state; \$21k difference between facilities for hip replacement, and \$28k difference between facilities for knee replacement.
- **Common Services Regional Price Variation** – Prices vary across CO depending on the type of service being provided, NOT volume or region. Shows payment variation for orthopedic surgery, colonoscopies and imaging services.
- **ED Severity Level Trends** – The percent of ED visits that are being billed at the highest severity level has increased since 2009 while low severity visits have decreased.

- **High Risk Pool Costs** – It takes nearly \$78,000 to cover one high-risk individual in Colorado annually compared to roughly \$2,000 per year for low-risk individuals.

### Potentially Avoidable Services/Cost Savings Opportunities

- **Avoidable Emergency Department Use** – CO could save \$800 million annually if patients used doctor's offices and urgent care for non-emergencies
- **Free Standing Emergency Departments** – Patients using FSEDs more like urgent care than ERs; costs at least \$400 more at EDs than urgent care centers
- **Intraoperative Neuromonitoring** – \$8.2 million spent on only 130 claims; highest paid amount: \$142,030, most likely due to out-of-network provider
- **C-Section Reduction** – \$6.5 million in savings annually if C-sections were reduced by 10% (Healthy People 2020 goal); \$1.65 million for Medicaid, \$4.85 million for commercially insured

### Quality of Care Opportunities

- **Colorado State Innovation Model Quality Measures** – Identifies how SIM practices compare to the rest of the state for Diabetes, Breast Cancer Screening, Asthma, and Hypertension

### Condition Prevalence Trends and Opportunities

- **Hepatitis C** – Identifies patient demographics and shows percent of people getting new curative treatments for Hep C
- **Pre-existing Conditions** – Over 840,000 Medicaid and Commercially insured Coloradans (or 20%) have one or more pre-existing conditions
- **Medicaid Frostbite Claims with Amputation** – Shows the increase in the number of claims over time for people on Medicaid who had frostbite with a subsequent amputation
- **Medicaid Teen Pregnancy Trends** – Teen pregnancy in the Medicaid population decreased from 7711,000 deliveries to 2611,000 between 2009 and 2015

### Prescription Drug Trends and Opportunities

- **Vimovo & Duexis** – Two over-the-counter combination drugs cost over \$1,000 more per month and have cost CO payers \$24 million from 2012-2016
- **Subsys Opioids** – From 2012-2016, CO payers spent \$17.5 million on Subsys fills, and approximately 78% or \$13.6 million worth did not have a cancer diagnosis as indicated from the FDA
- **Prescribing Opioids** – From 2012-2017, prescription fill rates and length of suggested dosage for Oxycodone, Percocet, and Vicodin are investigated

## EXAMPLES of CO APCD USE CASES (CUSTOM DATA)

Hundreds of additional use cases available at [www.civhc.org/change-agents/](http://www.civhc.org/change-agents/)

- **Project Angel Heart** - Determined health care cost savings for critically ill patients who received their nutritional meal services.
- **Chronic Care Collaborative** - Multiple non-profits evaluated disease-specific pharmacy cost data to understand potential impact of rising medication cost on access and adherence.
- **Colorado State Innovation Model** - Collecting claims-based quality measures for physician groups working to integrate behavioral and physical health as part of the SIM evaluation.
- **Colorado Office of Behavioral Health** - Evaluating provider practices that have implemented Screening, Brief Intervention, and Referral to Treatment for substance use (SBIRT) to assess patient outcomes and determine whether any cost savings were realized.
- **Lockton** - Understanding the insurance and provider composition of various Colorado geographies in order to promote employer-provider connections and encourage a healthier competitive environment.
- **Oregon State University School of Pharmacy** - Compared opioid prescription and adverse outcome information between Oregon and Colorado to see if there was a correlation between the prescription restriction and opioid abuse.