

**Committee Attendees:** Michelle Anderson, Kim Bimestefer, Kristi Bohling-DaMetz, Kyle Brown, Rick Doucet, Adam Fox, David Keller, Kristi Labarge, Philip Lyons, David Ornelas, Bethany Pray, Tom Rennell, Miranda Ross, Robert Smith, Matthew Soper, Nathan Wilkes

**CIVHC Attendees:** Maria de Jesus Diaz-Perez, Sarah Ford, Spencer Fortier, Greg Gillespie, Amanda Kim, Kristin Paulson, Peter Sheehan, Stephanie Spriggs

**Additional Attendees:** Eriko Mori, HCPF Steve Wilde, Healthy Price

*These notes cover only the discussion of the Committee and such information required to put questions in context. Please refer to the presentation and materials for more information.*

Topic	Discussion	Action Item
<b>Public Reporting</b>		
Recent Releases	<ul style="list-style-type: none"> <li>• <a href="#">Low Value Care Report</a> (slides 9-12)               <ul style="list-style-type: none"> <li>○ The updated report now includes data for 2015 - 2017.</li> <li>○ Another update will come in this fiscal year to include data for 2018 – 2020.</li> <li>○ In future updates, it would be helpful to be able to compare reduction of low value care to how much total care reduced simultaneously. This would be particularly meaningful in 2020.                   <ul style="list-style-type: none"> <li>▪ CIVHC also has public reports tracking overall utilization trends during COVID available through a new <a href="#">Telehealth vs. In-Person Utilization</a> Report and ongoing <a href="#">Telehealth Services Analysis</a>. Results found in these reports can be compared with upcoming reports, including the Low Value Care Report, to see where gaps exist.</li> </ul> </li> </ul> </li> <li>• The Colorado Purchasing Alliance Case Study (slide 13)               <ul style="list-style-type: none"> <li>○ Did this report consider other factors in care decisions, such as travel time and outmigration?                   <ul style="list-style-type: none"> <li>▪ Those factors are not tied to this particular analysis. However, CIVHC is working with HCPF on a Providers of Distinction analysis to identify the highest quality providers in the state based on best outcomes and lowest cost.</li> </ul> </li> </ul> </li> <li>• <a href="#">Alternative Payment Models</a> (slide 15)               <ul style="list-style-type: none"> <li>○ There were some challenges with data submitted by payers to CIVHC for the anticipated APMs report, so CIVHC elected to hold off and produced the current webpage giving a picture of payment reform and APMs in Colorado.                   <ul style="list-style-type: none"> <li>▪ CIVHC is currently receiving the next round of APM submissions and is working closely with payers to ensure submissions are all categorized correctly.</li> </ul> </li> </ul> </li> </ul>	
Upcoming Releases	<ul style="list-style-type: none"> <li>• Impact of COVID on Elective Procedure Use               <ul style="list-style-type: none"> <li>○ CIVHC worked with the DOI to perform an analysis of the reduction of elective procedures during the COVID-19 pandemic, which currently includes</li> </ul> </li> </ul>	

	<p>commercial claims data only. CIVHC is inquiring to the committee whether creating a public report, with the intention of expanding to all payers, would be of value.</p> <ul style="list-style-type: none"> <li>○ Is there an opportunity to use this report to examine the impact on communities of color? <ul style="list-style-type: none"> <li>▪ This report may be an opportunity for CIVHC to use geocoding capabilities for the first time to integrate race and ethnicity data.</li> <li>▪ Producing this type of report will be resource intensive because data must be broken out by payers and would be the first use of geocoding data, but there appears to be a consensus that the report would be of value to the Committee.</li> </ul> </li> </ul>
<p>The Prescriber Tool (presentation by Executive Director Bimestefer)</p>	<ul style="list-style-type: none"> <li>● How are doctors being made aware to use this tool? <ul style="list-style-type: none"> <li>○ There are ongoing efforts to incentivize use in EHR systems, training efforts, and work to find where gaps in knowledge of the tool exist.</li> </ul> </li> </ul>
<p><b>CO APCD Data Intake, Processing and Analytics</b></p>	
<p>Data Quality Workplan</p>	<ul style="list-style-type: none"> <li>● What challenges exist in the timeliness of data? <ul style="list-style-type: none"> <li>○ CIVHC requires monthly submission of claims paid within the previous month. There are a small percentage of those claims that are changed based on paid status and other factors. By the nature of claims data, the changes are not immediate.</li> </ul> </li> <li>● Is there a way to create reporting around claims adjudication? <ul style="list-style-type: none"> <li>○ CIVHC does track what percentage of claims are changing as part of an internal quality check process. There is a possibility of doing a small release to give a picture of that runout.</li> </ul> </li> <li>● Does the CAAC receive any summary or report on the quality of submissions from various payers? <ul style="list-style-type: none"> <li>○ CIVHC closely tracks submission quality internally and there is an opportunity for the Data Quality Group to give a blinded quality submission report.</li> </ul> </li> </ul>
<p>APM and Drug Rebate File Submission</p>	<ul style="list-style-type: none"> <li>● As submitters move to new standard models, will it be possible to look back at previously submitted files comparatively? <ul style="list-style-type: none"> <li>○ APM and Drug Rebate files include three years of submitted data, so there will be three years of comparable standardized data.</li> </ul> </li> </ul>

**2021 Meeting Schedule  
9am-11am  
November 9th**