Presenters

Kari Degerness, MBA
Director of Health Care Programs, CIVHC

Megha Jha, MPH,
Health Care Reporting Analyst, CIVHC
Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: Better Health, Better Care, Lower Cost

We are:

• Non-profit
• Independent
• Objective
Focus Areas

Public CO APCD Data
Identify opportunities for improvement in your community through interactive reports and publications

Custom CO APCD Data
License data from the most comprehensive claims database in CO to address your specific project needs

Data Literacy
Attend data academies to learn how to use available data resources across the state and country

CIVHC Connect
Participate in convenings to discuss innovative ideas and programs aimed at transforming health care

Programs and Convening
Get involved with data, education, work groups, and convening around serious and advanced illness
Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.
Poll Question

• What category best describes you?
  • Healthcare - clinical background (i.e., doctor, nurse, therapist)
  • Healthcare - administrative
  • Data Analytics, Statistician, or another like field
  • Community member (i.e., patient, family, etc.)
  • Other
What’s IN the CO APCD?

870+ Million Claims (2013-2021)

36 Commercial Payers, + Medicaid & Medicare*

5+ Million Lives*, Including 1M (50%) of self-insured

Nearly 70% of Covered Lives (medical only)*

Trend information 2013-Present

*Reflects 2021 calendar year only
What’s **NOT** In the CO APCD

- **Federal Programs** – VA, Tricare, Indian Health Services
- Majority of **ERISA-based self-insured employers**
- **Uninsured and self-pay claims**
- **Supplemental Info (incomplete)**
Project Background

• CIVHC has led efforts in Palliative Care, Transitions of Care and Payment Reform since its inception in 2009
• Partnering programs work and CO APCD data through this project, creates a powerful set of actionable data
• Goal is to inform work around serious illness, palliative care and advance care planning. Additionally, this data can help individuals plan for chronic disease progression.
Project Overview

• To describe health care cost, utilization and quality of publicly and privately insured Coloradoans at end of life
• First analysis that looks across all payer types and not just Medicare
• Identify Advance Care Planning and Palliative Care services within claims
• Iterative Report
• Create actionable data that can inform work in this space
• Identify healthcare cost trajectory by diagnosis for planning purposes
• Create a replicable methodology for other states
Definitions

• **Palliative Care** means specialized medical care for people with serious illnesses.
  • relief from the symptoms, pain and stress of serious illness, whatever the diagnosis.
  • The goal is to improve quality of life for both the patient and the family.
  • Interdisciplinary approach- physicians, nurses and other specialists who work with a patient’s other health care providers to provide an extra layer of support.

• **Advanced Care Planning** is the process of identifying your medical wishes should you be unable to.
  • Collaborative Discussion
  • Update as goals change
  • All persons over 18 years of age should complete
Definitions continued

• Hospice Care- a comprehensive set of services identified and coordinated by an interdisciplinary group to care for a **terminally ill** patient and family members as delineated in a specific patient plan of care.

• Home Health Care- Services provided in a home or home like setting.
  • Physical, Occupational and speech Therapy
  • Part-time or Intermittent skilled nursing services, including medication
  • Medical Social Services
Poll Question

• Have you done any advance care planning for yourself, family or others? (i.e., Medical Power of Attorney, Living Will, etc.)
  • Yes
  • No
  • Unsure
Data Filtering

CO APCD members over 18 years old (n=13-14 million)

Match to Death Registry at CDPHE for decedents in 2019 and 2020 (n=62,472)

Traumatic Deaths removed (n=54,825)

Filter members with multiple claims after DOD (n=54,633)

Filter members with inadequate claims history (n=37,929)

Pull claims for 4 years preceding death (n=37,929)

Analysis n=37,929
Study Population includes 37,929 unique persons

- Female 51%
- Male 48%
- Unidentified 1%

Age Breakouts:

- Under 45 years: 3% (1,229)
- 45-55 years: 5% (1,732)
- 55-65 years: 12% (4,468)
- 65-75 years: 20% (7,503)
- 75-85 years: 28% (10,620)
- Above 85 years: 33% (12,377)

Gender on Death Certificate:

- Male 48%
- Female 51%
- Unidentified 1%
Race and Ethnicity

- **White**: 63.1%
- **Other races**: 23.8%
- **Hispanic or Latino**: 5.9%
- **Black**: 2.9%
- **Unknown**: 2.6%
- **Non Hispanic or Latino, Asian**: 1.4%
- **American Indian/Alaska Native**: 0.3%
Measures

• Population Description:
  • Demographics
  • Place of Death
  • Diagnosis Groupers
  • Primary Diagnosis

• Cost:
  • Cost by Payer, Claim Type
  • Cost Breakout -Year before Death

• Quality:
  • 30 Day and 7 Day Readmission Rate
  • Ventilator use

• Utilization:
  • Home Health
  • Long Term Home Health
  • Length of Stay
    • Acute Care
    • Hospice
    • ICU
  • Inpatient Admission, ED, Observation
  • Palliative Care
  • Advance Care Planning
Utilization Measures

Advance Care Planning

<table>
<thead>
<tr>
<th>Percent of total</th>
<th>Medicare Advantage</th>
<th>Duals</th>
<th>Medicare FFS</th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>24%</td>
<td>14,183</td>
<td>9,263</td>
<td>1,187</td>
<td>1,578</td>
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</table>

Observational Stay

<table>
<thead>
<tr>
<th>Percent of total</th>
<th>Medicare Advantage</th>
<th>Duals</th>
<th>Medicare FFS</th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>17,044</td>
<td>15,284</td>
<td>6,587</td>
<td>5,329</td>
<td>2,027</td>
</tr>
</tbody>
</table>

ED Visits

<table>
<thead>
<tr>
<th>Percent of total</th>
<th>Medicare Advantage</th>
<th>Duals</th>
<th>Medicare FFS</th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>44,978</td>
<td>67,605</td>
<td>22,196</td>
<td>23,531</td>
<td>7,537</td>
</tr>
</tbody>
</table>

Visits/Claims

<table>
<thead>
<tr>
<th>Visits/Claims</th>
<th>Medicare Advantage</th>
<th>Duals</th>
<th>Medicare FFS</th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
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<td>8,956</td>
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<td>5,329</td>
<td>2,027</td>
</tr>
</tbody>
</table>

18
Quality measures

30-day Readmission

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Total</th>
<th>Readmit Rate per 1,000 IP admits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Adv</td>
<td>16%</td>
<td>118</td>
</tr>
<tr>
<td>Duals</td>
<td>23%</td>
<td>296</td>
</tr>
<tr>
<td>Medicare</td>
<td>22%</td>
<td>228</td>
</tr>
<tr>
<td>Medicaid</td>
<td>11%</td>
<td>199</td>
</tr>
<tr>
<td>Commercial</td>
<td>14%</td>
<td>202</td>
</tr>
</tbody>
</table>

7-day Readmission

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Total</th>
<th>Readmit Rate per 1,000 IP admits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Adv</td>
<td>12%</td>
<td>54</td>
</tr>
<tr>
<td>Duals</td>
<td>14%</td>
<td>182</td>
</tr>
<tr>
<td>Medicare</td>
<td>15%</td>
<td>124</td>
</tr>
<tr>
<td>Medicaid</td>
<td>6%</td>
<td>82</td>
</tr>
<tr>
<td>Commercial</td>
<td>9%</td>
<td>107</td>
</tr>
</tbody>
</table>
Diagnosis by Payers

Circulatory
- Medicare: 94%
- Dials: 93%
- Medicaid: 88%
- Commercial: 85%
- Medicare Adv: 93%

Mental Health
- Medicare Adv: 84%
- Dials: 84%
- Medicaid: 66%
- Commercial: 64%
- Medicare: 60%

Respiratory
- Medicare: 81%
- Dials: 80%
- Medicaid: 72%
- Commercial: 72%
- Medicare Adv: 64%

Kidney Disease
- Medicare: 65%
- Dials: 64%
- Medicaid: 52%
- Commercial: 44%
- Medicare Adv: 45%

Neoplasms
- Medicare: 49%
- Dials: 36%
- Medicaid: 48%
- Commercial: 30%
- Medicare Adv: 51%

Diabetes
- Medicare: 35%
- Dials: 45%
- Medicaid: 32%
- Commercial: 28%
- Medicare Adv: 28%
Poll Question

• Which payer type do you think has the highest costs?
  • Medicare FFS
  • Medicaid
  • Medicare Advantage
  • Commercial
  • Dual
Total Cost by Payer, Four Years Before Date of Death

- **Total Allowed Amount**
  - **Duals**: $2,357M (38.60%)
  - **Medicare Adv**: $1,311M (25.21%)
  - **Medicare**: $836M (19.79%)
  - **Medicaid**: $719M (16.39%)
  - **Commercial**: $471M (12.32%)

Years before Date of Death:
- Last Year
- 2nd to last year
- 3rd to last year
- 4th to last year
Palliative Care

### Member counts by Last years before their Date of Death

<table>
<thead>
<tr>
<th>Years before Date of Death</th>
<th>Unique Member Counts per year</th>
<th>Unique Encounters</th>
<th>Z code encounter per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Year</td>
<td>14,726</td>
<td>52,926</td>
<td>3.59</td>
</tr>
<tr>
<td>2nd to last year</td>
<td>2,237</td>
<td>8,565</td>
<td>3.83</td>
</tr>
<tr>
<td>3rd to last year</td>
<td>1,062</td>
<td>3,727</td>
<td>3.51</td>
</tr>
<tr>
<td>4th to last year</td>
<td>472</td>
<td>1,523</td>
<td>3.23</td>
</tr>
</tbody>
</table>

**66,741**

- Palliative Care is not easily found in claims since it isn’t reimbursable in many states. When it is billed, it may be billed as a physician or LCSW visit.
- Next phase we will look at HEDIS Measures, HCPCS Codes and by providers with a Palliative Care Certification
Key Insights

• Medicare Advantage has high utilization of services
  • Additional evaluation needs to be done to understand these drivers
• Last year preceding death has higher use of inpatient, ED and observation stay
• Advance Care Planning conversations are most used in the last year preceding death
Poll Question

• Which of these topics would you want to see in our next iteration?
  • In-depth analysis on the top diagnosis codes
  • Understanding of the cost drivers in the last year of life and dual population
  • Break out of COVID related care
  • Further breakout of demographics (i.e. age and race breakout by payer)
  • Analysis with Pharmacy-Medication Data
Next Steps

• Incorporate decedents from 2018 and 2021
• Further analysis on home health services
• Deeper dive into measures including how COVID-19 is impacting the study population
• Analysis on the pharmacy-medication data
• More Palliative Care measures including looking at providers that have a Palliative Care Certification and what services are they providing
• Continue to work with stakeholders to create actionable data to inform efforts impacting the seriously ill population
Questions and Feedback

Reach out to info@civhc.org

Connect with CIVHC on Facebook, LinkedIn, and Twitter

Recording will be posted here: www.civhc.org/about-civhc/news-and-events/event-resources/