



Data to Drive Decisions: Using Data to Reduce Low Value Care

September 22, 2022



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Presenters



Kyle Russell, MS
Virginia Health Information
Chief Executive Officer



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CIVHC
Health Care Data Analyst



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



Who We Serve

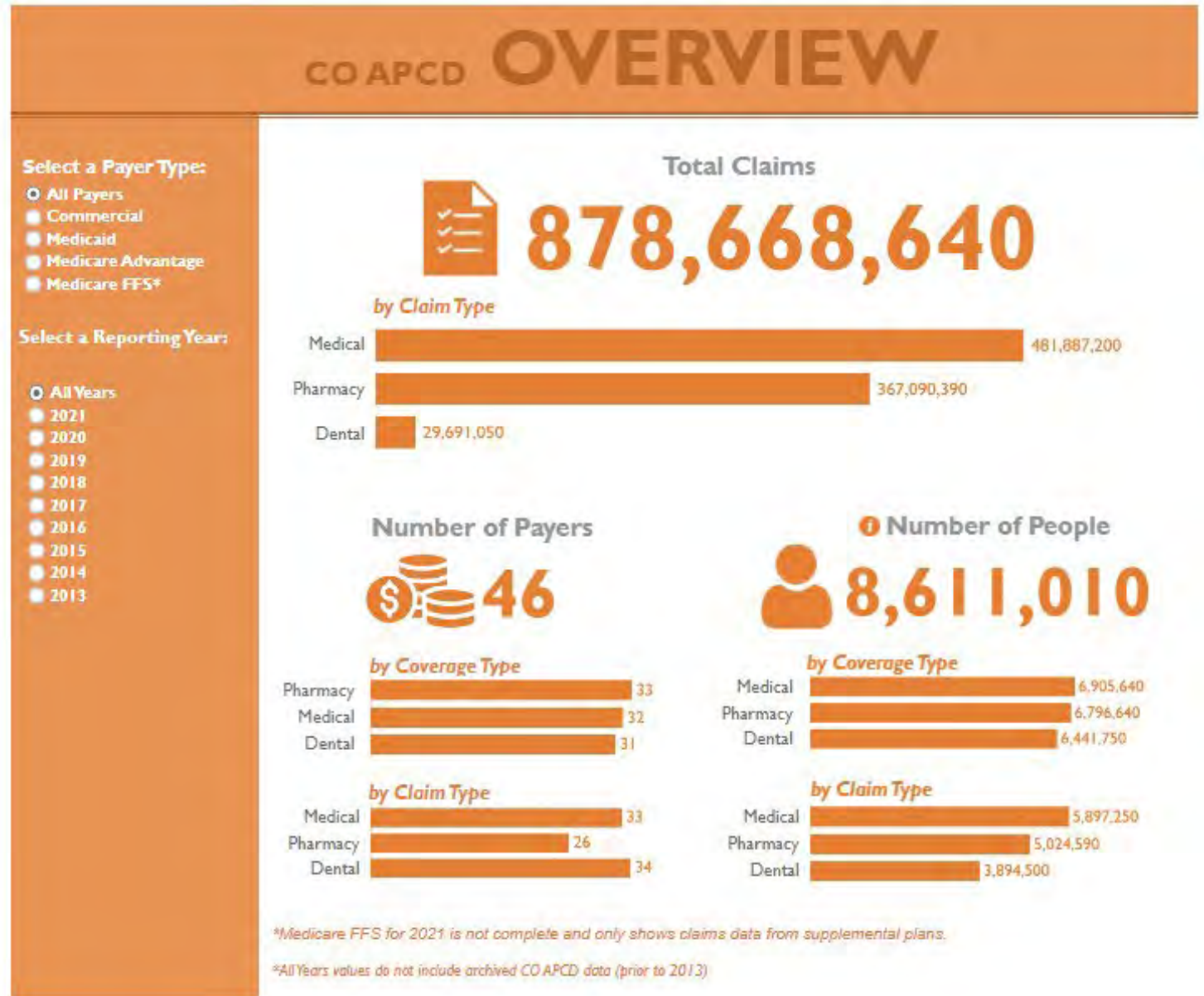
Change Agents

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



What's in the CO APCD?

- <https://www.civhc.org/get-data/whats-in-the-co-apcd/>



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

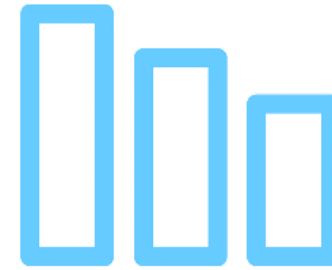
*Reflects 2021 calendar year only

How We Inform



Public CO APCD Data

Identify opportunities for improvement and to advance health care through public reports and publications



Non-Public CO APCD Data

Datasets and reports to address specific project needs aimed at better health, better care and lower costs



Introduction

- CIVHC engaged Milliman to apply their MedInsight Health Waste Calculator version 8.0 to the CO APCD to measure the use and cost of low value care services
- This report summarizes the analysis of results for 58 measures of low value care from 2017 through 2020
- CIVHC will send data on a semi-annual basis to be run through the health waste calculator



What is “Low Value Care”?

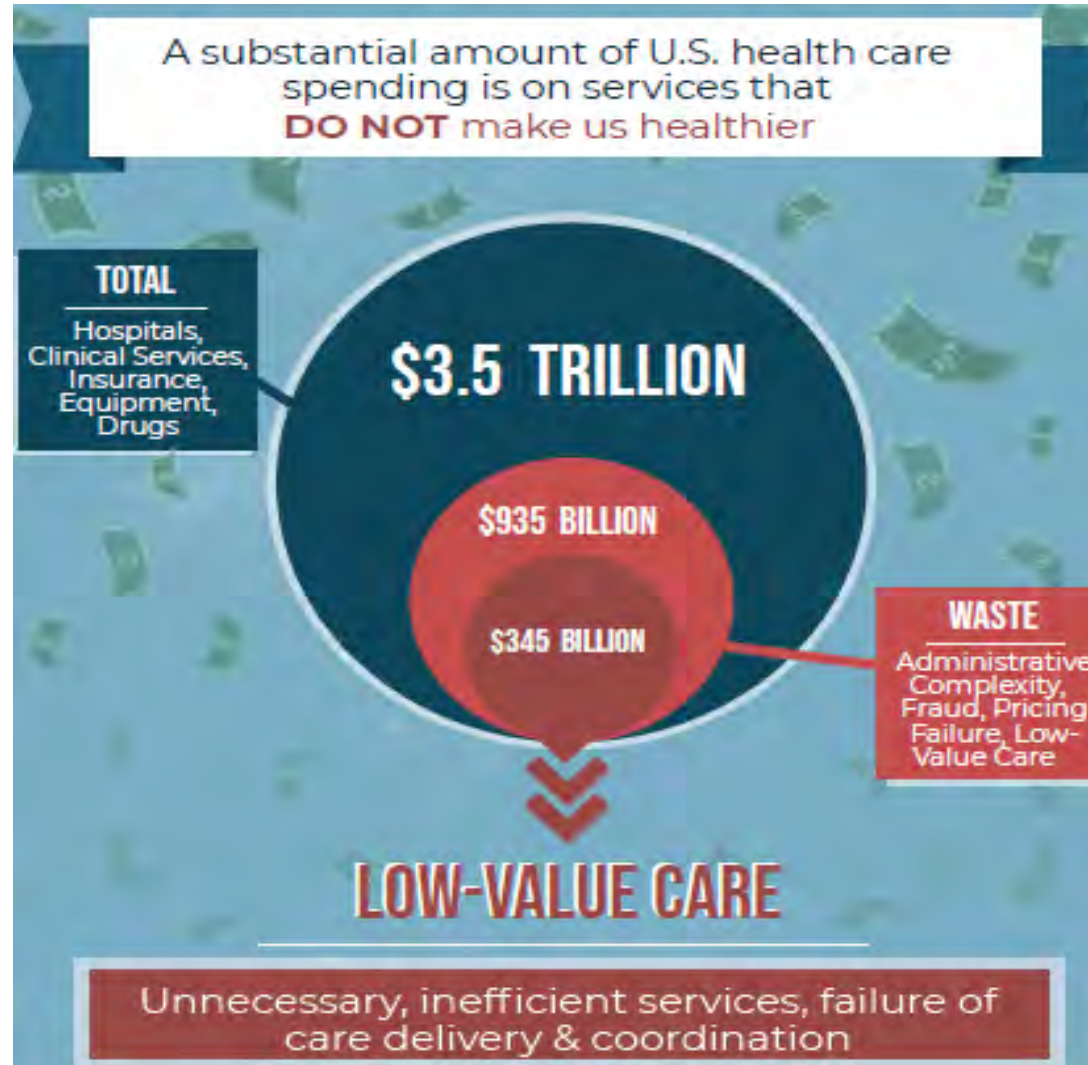
- Low value care is care in which the potential harm or cost is greater than the benefit to a patient
- Defined principally by Choosing Wisely guidelines, which were developed by American Board of Internal Medicine Foundation
- Contributing Factors
 - Fear of malpractice
 - Perception that patients want or expect tests or medications
 - Lack of information about the patient
 - Financial incentives of fee-for-service reimbursement

Examples of Low Value Care Measures

- Pediatric Head CT Scans
 - Low diagnostic yields and high risks
- Imaging Tests for Eye Disease
 - Unnecessary for patients without symptoms of disease
- Cardiac Stress Testing
 - Oftentimes unnecessary and therefore wasteful
- Routine General Health Checks



Why is Low Value Care Important?



Methods

- Only patients with ‘Sufficient History’ are included
- Different low value care services cause different levels of potential harm
- Services are classified as ‘wasteful’, ‘likely wasteful’, ‘necessary’, and ‘optimal’
 - We defined low value care as ‘likely wasteful’ and ‘wasteful’ services
- Spending for low value care results are reported as the allowed amount (plan and patient paid amounts) for the specified services

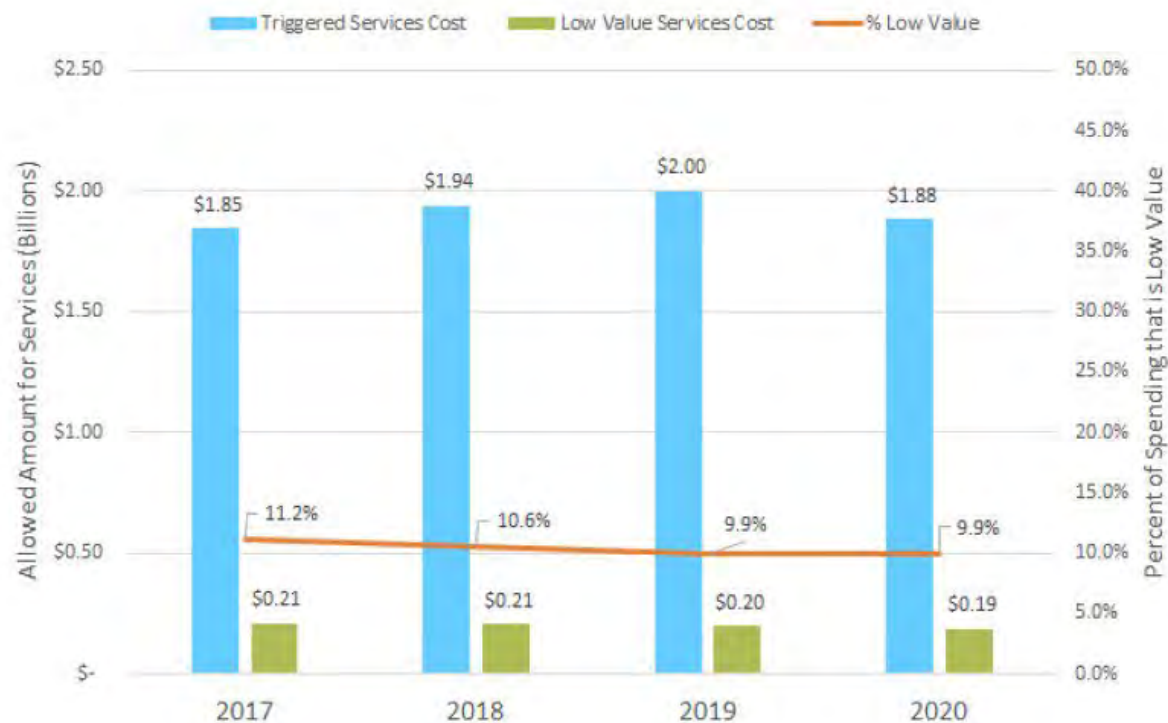
Key Measurement Statistics

- *Low Value Index* =
$$\frac{Wasteful + Likely\ Wasteful}{Necessary + Wasteful + Likely\ Wasteful}$$
- *Optimal Index* =
$$\frac{Optimal}{Optimal + Necessary + Wasteful + Likely\ Wasteful}$$
- Percent Low Value Costs
- Cost Per Member Per Month (PMPM)

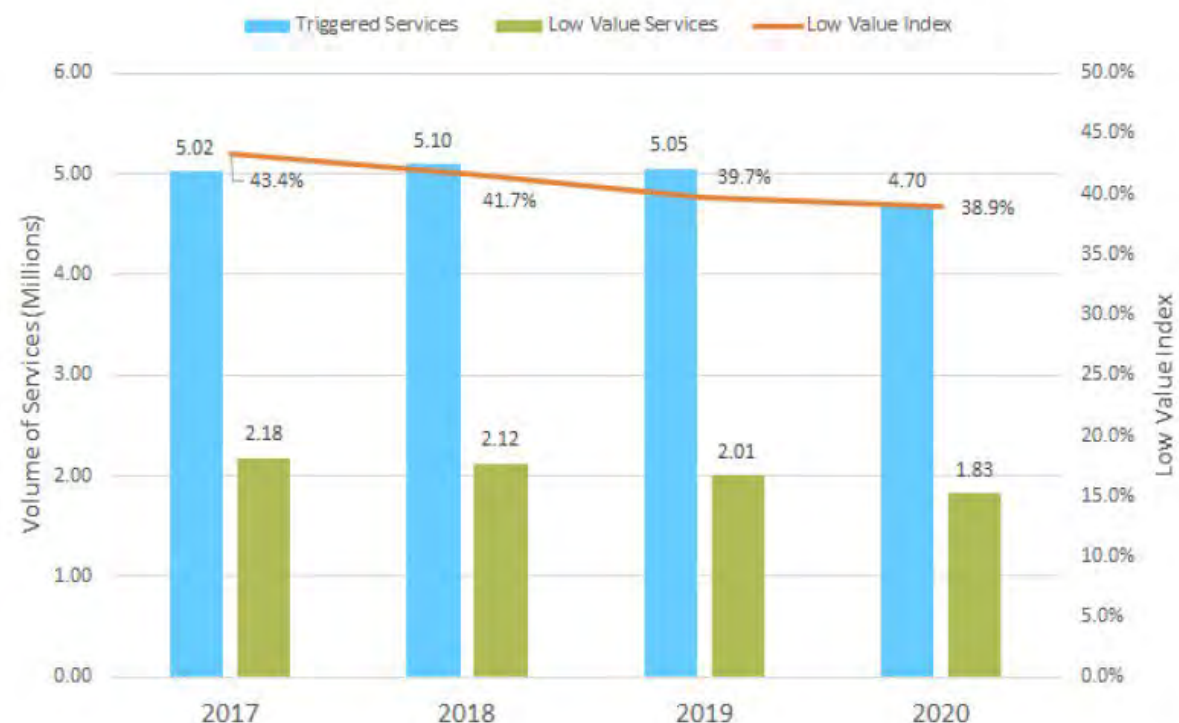
Low Value Care Summary Results

Statewide Trends

Percentage of Spending on Low Value Services
from all Triggered Services



Percentage of Low Value Services
from all Triggered Services

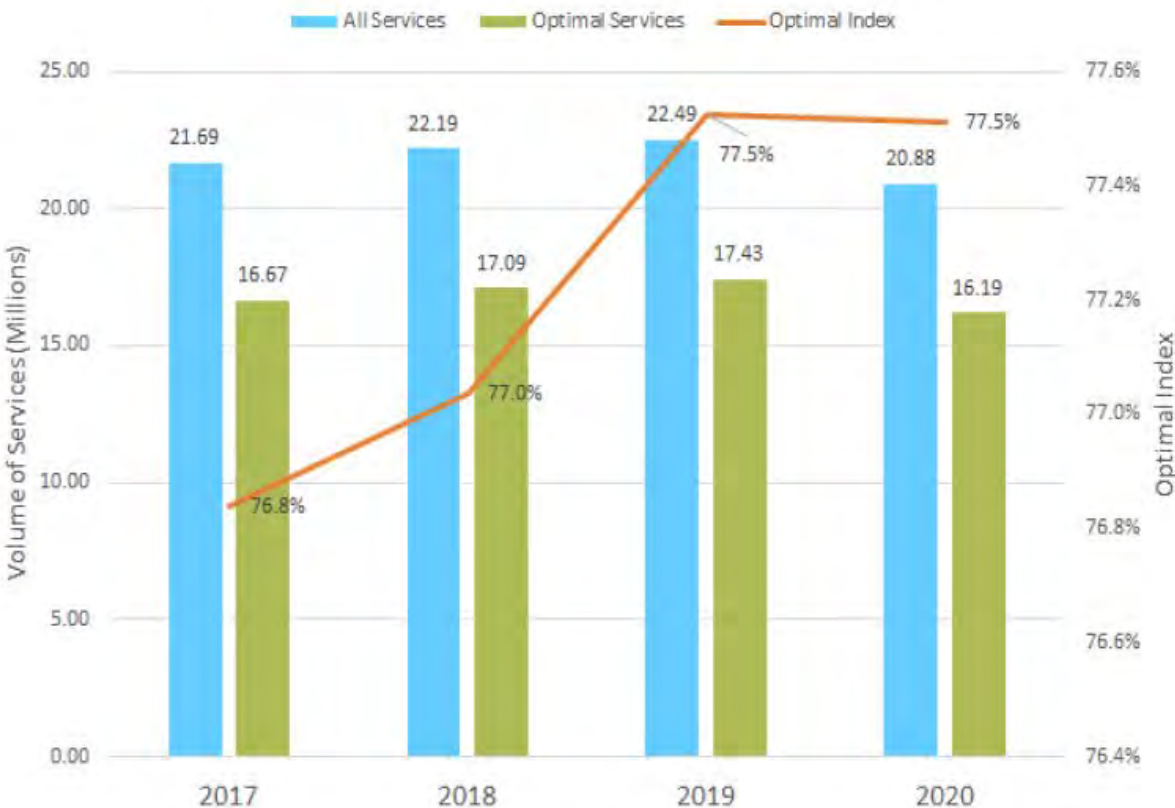


Statewide trends continued

Spending for Low Value Care
(Total and Per Member Per Month)



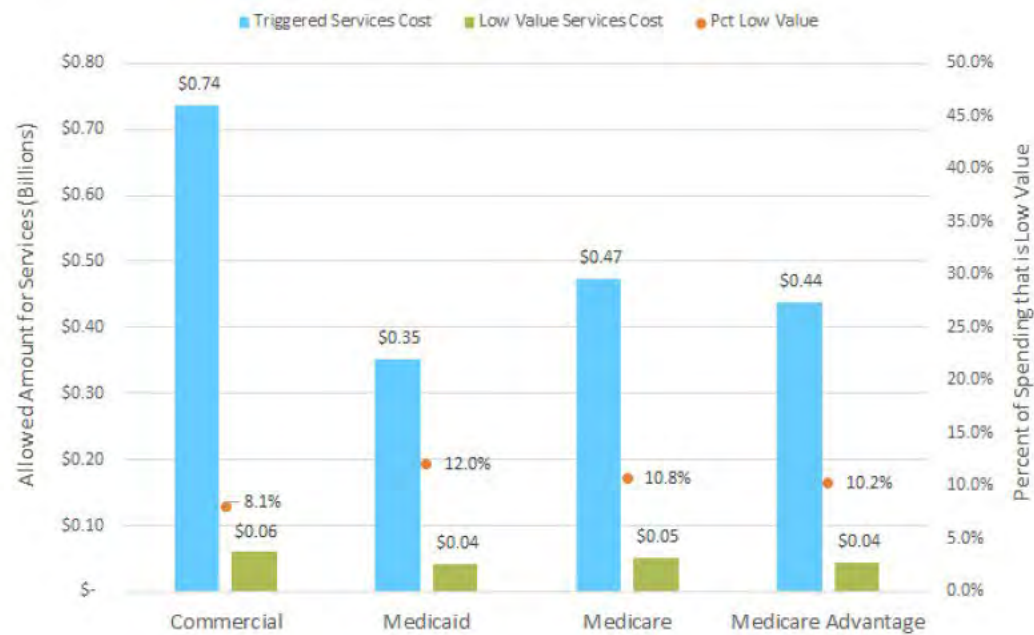
Percentage of Optimal Services from All Services



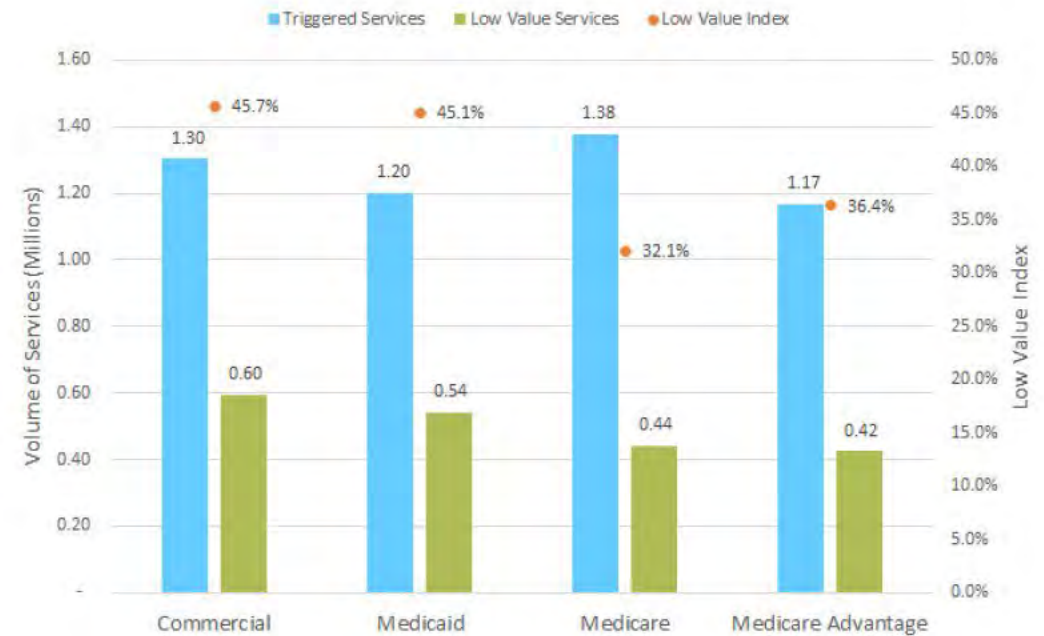
Insurance Type Results

Insurance Type

Percentage of Spending on Low Value Services
from all Triggered Services, 2019



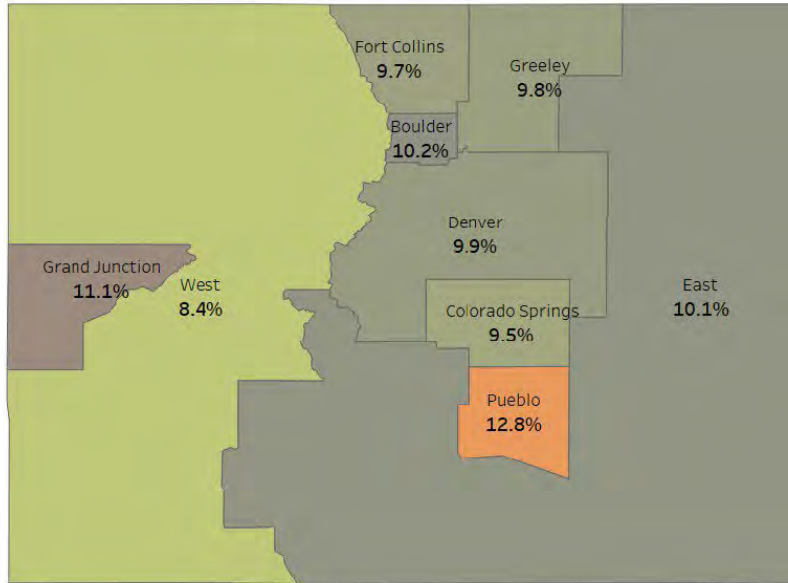
Percentage of Low Value Services
from all Triggered Services, 2019



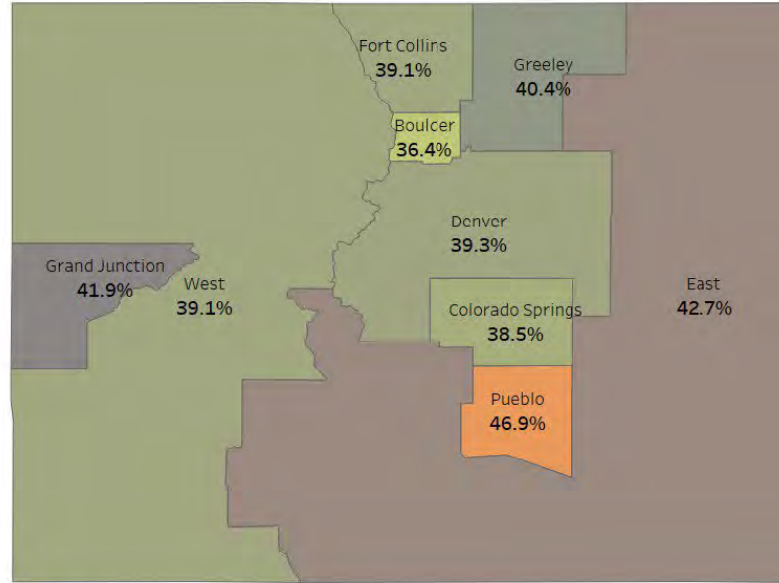
Geographic Region

Division of Insurance Rating Areas

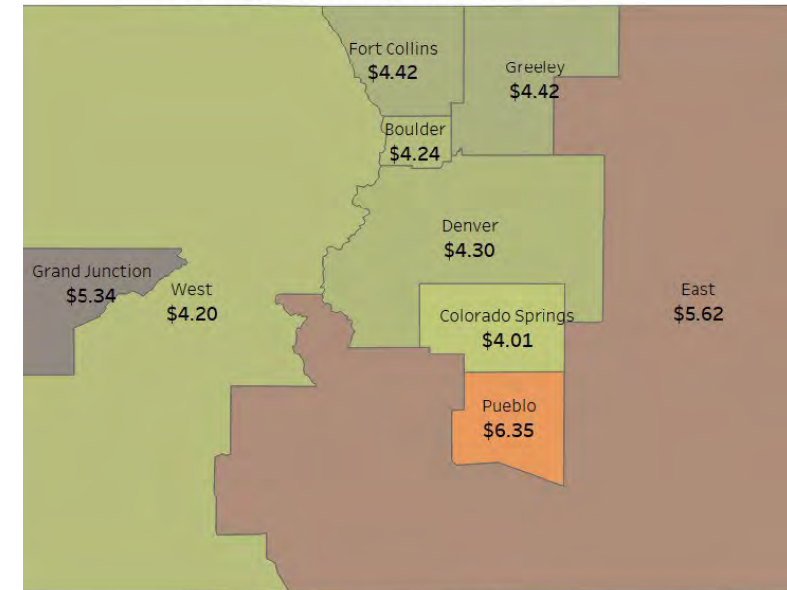
Percentage of Low Value Spending in 2019



Low Value Index in 2019



Low Value Spending PMPM in 2019



LOWEST AVERAGE HIGHEST

LOWEST AVERAGE HIGHEST

Most Prominent Low Value Services

Seventeen Services Account for Over 90% of Total Services and Total Spending for Low Value Care in 2019



Currently Available Interactive Reports

- **Employer Report**

- Can be generated for a single employer or multiple employers
- For employers with insufficient volume, can be produced at the county-level
- Promotes employee education and value-based benefit design

- **Public Report**

- Highlights comparisons between statewide and DOI Regions



FROM NUMBERS TO KNOWLEDGE



VIRGINIA HEALTH
INFORMATION

www.vhi.org

Putting Low Value Care Data To Work- Virginia's Journey

September 22, 2022



USC-BROOKINGS SCHAEFFER ON HEALTH POLICY

What can be done to improve all-payer claims databases?

BRIEF

Choosing Wisely campaign not resonating with physicians



Getty Images



**\$2.2
Million**

**Funding for Smarter
Care Virginia**

1,000+

**Participating
Physician Practices**

7,000+

**Participating
Physicians**

Agenda

1. Who is Virginia Health Information (VHI) and what do we do?
2. How we got started reporting on low value care
3. Overview of Smarter Care Virginia
4. Reflection on journey so far

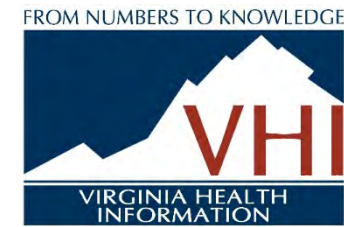


VIRGINIA HEALTH INFORMATION (VHI)

VHI is an independent, nonprofit,
501(c)(3) health information
organization established in 1993 to
administer Virginia Health Care Data
Reporting Initiatives



Authority to
administer
healthcare data
collection
programs



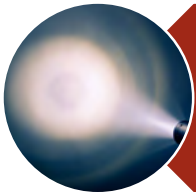
What is VHI's Mission?

Official Mission- <https://vhi.org/About/default.asp>

Translation:



Break down walls and open channels to share healthcare data



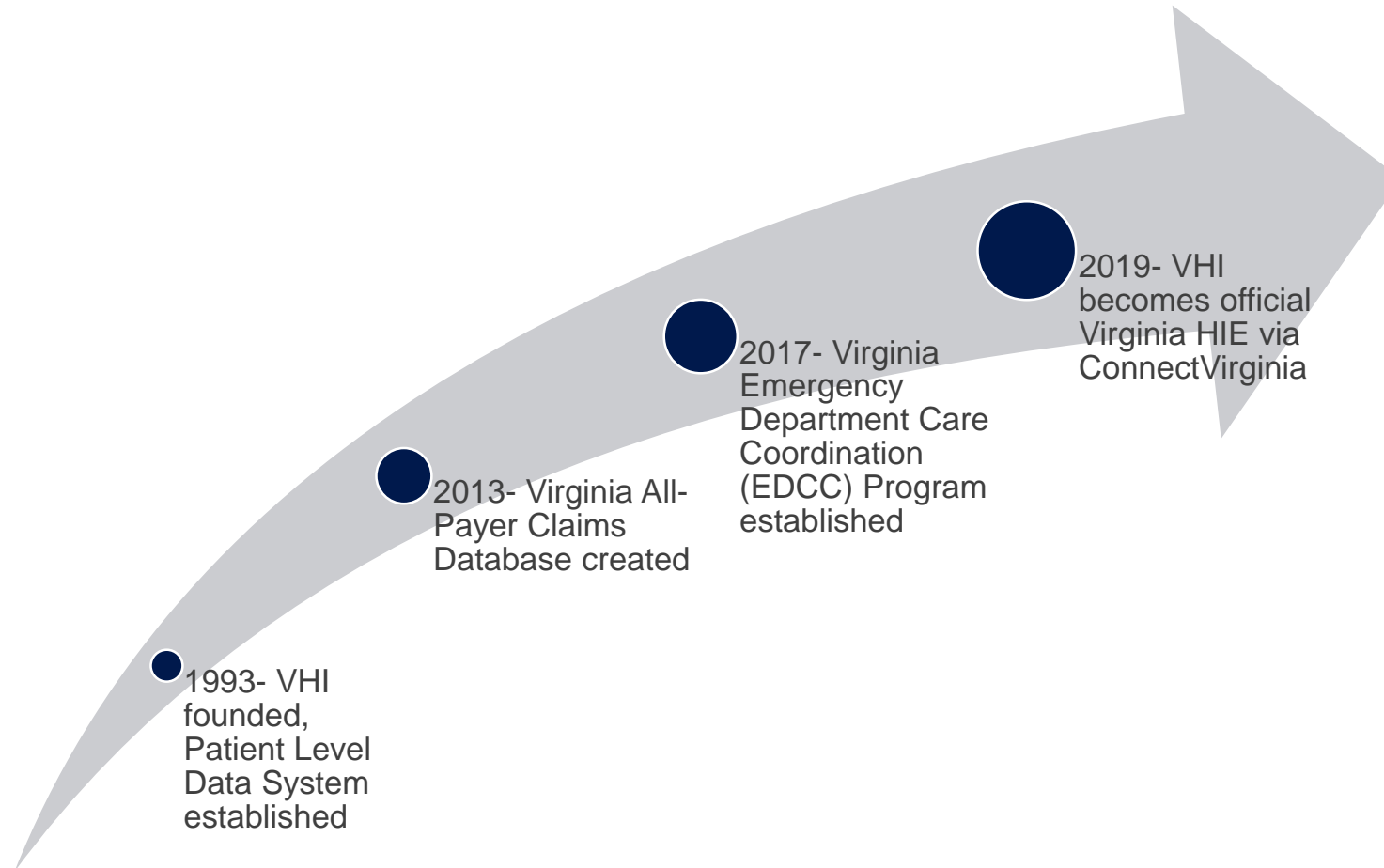
Support reporting where transparency is needed the most



Do this in a way that is unbiased, collaborative and provides substantial value to the Commonwealth per dollar of investment

How VHI has Evolved

A few major highlights. There have been many other steps along the way built on a strong foundation



VIRGINIA'S ALL PAYER CLAIMS DATABASE (APCD)

Participating Health Insurance Companies

- Aetna/CVS/Innovation Health
- Anthem
- Carefirst
- Cigna
- CMS
- DMAS
- Humana
- Kaiser Permanente
- Magellan
- Optima Health
- Piedmont
- United Health Group Plans & Optum
- Virginia Premier



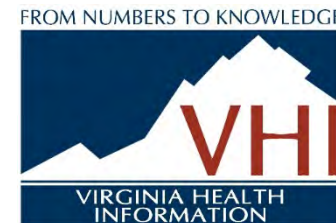
- All individuals covered by Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage
- 40-60% of commercially insured individuals depending on the timeframe
- All individual and small group market, Self insured large group is based on Opt-In decision of employer
- COVA and VA municipalities must participate

VIRGINIA CENTER FOR HEALTH INNOVATION (VCHI)

VCHI is an independent, nonprofit, 501(c)(3) organization established in 2012 to facilitate innovation by convening key stakeholders and securing the resources to accelerate value-driven models of wellness and healthcare throughout Virginia



Partners for Data
Reporting and
Analytical
Services



INITIAL REPORTS

2017 Statewide Low Value Services Report- Overall											
Total Low Value (Low Value and Low Value Combined)											
Low Value Measure Rule	Total Services Measured	Percentage of all Services Measured	Total Individuals with any Service	Total Low Value Services	Total Individuals with a Low Value Service	% of Individuals with a Low Value Service	Total Cost of Low Value Services	Average Proxy Cost per Service	% of Overall Low Value Spending	Quality Index	Low Value Index
Totals	9,936,148	100.00%	4,116,579	2,072,778	1,099,919	38.87%	\$147,698,891	\$136	100.00%	65.08%	34.92%
Common Treatments	348,102	3.51%	276,980	343,431	272,987	98.56%	\$6,916,368	\$25	0.93%	1.34%	98.66%
Don't order antibiotics for uncomplicated acute conjunctivitis (pink eye).	410	0.01%	489	383	302	61.76%	\$4,463	\$12	0.00%	11.46%	88.54%
Don't prescribe oral antibiotics for uncomplicated acute tympanitis (tube otitis).	233	0.00%	236	190	94	39.83%	\$14,489	\$149	0.00%	65.47%	34.53%
Don't order antihistamines for children under four years of age.	33,490	0.34%	17,731	33,490	17,731	100.00%	\$350,982	\$19	0.05%	0.00%	100.00%
Don't prescribe oral antibiotics for teenagers with upper URTI or ear infection (acute otitis media, URTI, viral respiratory illness or acute otitis externa).	313,989	3.16%	258,602	309,518	254,800	82.37%	\$8,545,488	\$21	0.88%	1.42%	98.58%
Diagnostic Testing	1,682,631	16.94%	774,685	550,878	268,493	48.59%	\$287,851,097	\$823	58.93%	49.12%	50.88%
Don't do imaging too far past within the first six weeks, unless red flags are present.	42,386	0.48%	40,515	30,788	30,723	75.52%	\$8,464,726	\$275	1.13%	24.14%	75.86%
Don't do imaging for uncomplicated headache.	27,624	0.47%	26,151	10,391	9,917	37.92%	\$12,687,029	\$1,221	1.70%	62.38%	37.62%
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	3,126	0.03%	3,051	2,267	2,223	72.24%	\$3,684,629	\$1,625	0.46%	27.09%	72.91%
Don't order computed tomography (CT) scan of the head/neck for sudden hearing loss.	2,763	0.03%	2,863	1,366	1,241	46.83%	\$7,985,638	\$1,586	0.96%	54.05%	45.95%
Don't perform a patellar test (PCT) for the evaluation of infertility.	11	0.00%	+	11	+	100.00%	\$276	\$25	0.00%	0.00%	100.00%
Don't perform advanced sperm function testing, such as sperm penetration or hypersensitive assays, in the initial evaluation of the infertile couple.	+	+	+	+	+	+	+	+	+	+	+
Don't perform electroencephalogram (EEG) for headache.	3,580	0.04%	3,472	2,095	2,029	58.44%	\$3,248,009	\$1,550	0.43%	41.48%	58.52%
Don't perform imaging of the cardiac arteries for simple syncope without other neurological symptoms.	5,778	0.10%	5,685	2,174	2,093	37.48%	\$3,964,950	\$1,796	0.52%	62.37%	37.63%
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.	116,316	1.18%	110,887	15,623	15,475	13.96%	\$11,304,484	\$727	1.54%	86.40%	13.60%
Don't perform advanced diagnostic tests, such as immunoglobulin G (IgG) testing or an indeterminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.	16,104	0.16%	15,546	10,202	9,872	63.50%	\$2,343,763	\$229	0.31%	36.34%	63.66%
Don't perform voiding cystourethrogram (VCUG) routinely in first female urinary tract infection (UTI) in children aged 2-24 months.	89	0.00%	89	+	+	+	+	+	+	+	+
Don't routinely do diagnostic testing in patients with chronic urticaria.	473	0.01%	472	368	368	77.54%	\$242,087	\$661	0.03%	22.62%	77.38%
Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.	11,710	0.12%	11,476	6,994	6,886	80.00%	\$22,227,758	\$1,178	2.98%	40.27%	59.73%
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	819,281	8.15%	521,015	443,412	265,885	48.07%	\$171,285,828	\$386	22.83%	45.88%	54.12%
Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).	82	0.00%	82	81	81	98.78%	\$10,432	\$129	0.00%	1.22%	98.78%
Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.	7,057	0.12%	6,893	6,150	6,001	87.06%	\$9,454,722	\$1,527	1.27%	12.85%	87.15%
Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known histories of kidney stones or urolithiasis, presenting with symptoms consistent with uncomplicated renal colic.	2,743	0.03%	2,319	1,823	1,493	64.38%	\$3,352,389	\$1,825	0.45%	32.45%	67.55%
Don't perform routine head CT scans for emergency room visits for severe dizziness.	25,200	0.43%	24,424	16,944	16,387	87.13%	\$28,352,893	\$1,673	3.86%	33.00%	66.00%
Disease Approach	182,437	1.79%	79,720	55,786	45,563	87.16%	\$83,776,346	\$1,681	12.84%	48.53%	51.47%
Don't place peripherally inserted central catheters (PICCs) in stage III-IV CKD patients without consulting nephrology.	4,121	0.07%	3,867	3,182	2,978	77.01%	\$57,765,629	\$18,154	7.73%	22.79%	77.21%
Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.	863	0.01%	358	128	127	35.47%	\$513,887	\$4,015	0.07%	84.74%	15.26%
Don't schedule elective, non-urgently indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.	17,864	0.18%	14,440	+	+	+	+	+	+	+	+
Don't perform an orthoscopic knee surgery for knee osteoarthritis.	380	0.01%	359	334	303	88.33%	\$172,062	\$2,748	0.13%	1.87%	98.13%
Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain.	4,559	0.08%	4,448	1,346	1,300	73.29%	\$10,960,576	\$3,258	1.46%	26.81%	73.19%
Don't perform investigation without prior medical management for anal artery stenosis.	861	0.01%	762	945	766	99.23%	\$6,748,082	\$8,033	0.91%	9.11%	90.89%
Don't perform vertebroplasty for osteoporotic vertebral fractures.	1,410	0.02%	1,192	1,348	1,141	86.72%	\$14,588,790	\$10,823	1.95%	4.40%	95.60%
Don't prescribe antidiabetic agents as monotherapy in patients with bipolar I diabetes.	17,405	0.29%	9,846	2,814	1,804	20.15%	\$106,539	\$68	0.02%	83.33%	16.67%
Don't prescribe nonsteroidal and inflammatory drugs (NSAIDs) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.	55,794	0.54%	44,442	43,780	34,383	78.72%	\$2,082,872	\$46	0.28%	21.52%	78.48%
Preoperative evaluation	1,017,164	17.12%	813,242	487,881	328,698	53.22%	\$227,458,629	\$486	58.44%	52.96%	47.04%
Don't obtain baseline diagnostic cardiac testing (trans-thoracic/echocardiography - TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery.	1,571	0.03%	1,446	897	833	57.61%	\$479,384	\$534	0.06%	42.90%	57.10%
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery - specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) were expected to be minimal.	557,492	0.39%	387,913	457,810	299,538	81.42%	\$218,912,426	\$478	29.30%	17.88%	82.12%
Don't obtain EKG, chest X-rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery.	458,041	7.72%	243,853	28,854	26,327	10.79%	\$6,013,249	\$278	1.07%	93.70%	6.30%
Routine Monitoring	85	0.00%	82	82	80	96.77%	\$30,962	\$445	0.00%	3.08%	96.92%
Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.	85	0.00%	82	82	80	96.77%	\$30,962	\$445	0.00%	3.08%	96.92%
Screening Tests	3,368,891	33.84%	2,371,919	635,939	594,089	25.00%	\$18,068,489	\$306	17.54%	81.24%	18.76%
Don't perform annual electrocardiograms (ECGs) or any other cardiac screening for low-risk patients without symptoms.	2,073,912	34.94%	1,231,896	180,761	150,085	12.18%	\$92,962,954	\$529	7.09%	92.25%	7.75%
Don't perform population-based screening for 25-OH Vitamin D deficiency.	952,434	9.31%	450,777	117,803	112,901	25.05%	\$17,880,034	\$150	2.37%	78.88%	21.12%
Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.	18,103	0.32%	18,444	3,904	3,791	20.59%	\$514,718	\$132	0.07%	79.56%	20.44%
Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer.	294,340	4.96%	286,887	103,519	101,918	35.53%	\$9,764,430	\$94	1.31%	64.83%	35.17%
Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.	122,609	2.07%	116,330	34,833	32,348	27.51%	\$10,532,058	\$324	1.41%	71.73%	28.27%
Don't perform coronary angiography in patients without high-risk markers present.	41,726	0.79%	33,022	1,816	1,708	11.67%	\$58,675,719	\$4,745	1.79%	5.43%	94.57%
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	281,677	4.75%	232,754	210,433	189,172	81.28%	\$20,929,512	\$99	2.85%	25.28%	74.72%

Report based on APCD claims data for Commercial, Medicaid PPS, Medicaid Managed Care, Medicare PPS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluctuate and is anticipated to be roughly 40-50% for 2017.

* Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.

All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/16.

Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data used analyzed.

Total Low Value services reported include a combination of services categorized as low value and likely low value.

When there is only one row with suppressed values, the entire row is removed.

SUMMARY OF 2018 DATA

January 2020 , HWC Version 7.1

Reporting Period	2018
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Number of Measures	48
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CMS Data Included?	Yes
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Dollars Spent on Unnecessary Services	\$539 million per year
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Unnecessary Services Identified	1.72 million per year
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FOLLOW-UP REQUESTS

<div>  <div> Sample Employer Low Value Services Report Prepared using data from the Virginia All Payer Claims Database (APCD) </div> </div>							
Low Value Measure	Total Services Measured	Total Low Value (Likely Low Value & Low Value Combined)				Average Cost per Service (Proxy)	Milliman Risk of Patient Harm Category
		Services	Low Value Index	Low Value Index Trend (Absolute Percentage)	Total Cost (Proxy)		
Totals	130,631	55,328	42%	-1%	\$13,507,518	\$244	-
Don't perform revascularization without prior medical mangement for renal artery stenosis.	30	29	99.5%	0.5%	\$308,720	\$10,517	High
Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology.**	42	33	79.8%	-2.2%	\$644,741	\$19,467	High
Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.	2,299	1,900	82.7%	-3.3%	\$114,022	\$60	Medium
Don't do imaging for low back pain within the first six weeks, unless red flags are present.	1,393	1,102	79.1%	-6.9%	\$291,912	\$265	Medium
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	7,274	5,818	80.0%	-3.0%	\$636,510	\$109	Medium
Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer	11,703	5,147	44.0%	-0.0%	\$428,299	\$83	Medium
Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.	137	45	32.7%	-2.7%	\$87,602	\$1,963	Medium
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	43,084	4,503	10.5%	-0.5%	\$1,176,241	\$261	Medium
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.	2,382	210	8.8%	-0.8%	\$142,528	\$679	Medium
Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis externa)	16,256	15,858	97.6%	-0.4%	\$338,617	\$21	Low

STATEWIDE DATA STARTS TO CREATE A NATIONAL STIR

COSTS & SPENDING

By John N. Mafi, Kyle Russell, Beth A. Bortz, Marcos Dachary, William A. Hazel Jr., and A. Mark Fendrick

DATAWATCH

Low-Cost, High-Volume Health Services Contribute The Most To Unnecessary Health Spending

An analysis of data for 2014 about forty-four low-value health services in the Virginia All Payer Claims Database revealed more than \$586 million in unnecessary costs. Among these low-value services, those that were low and very low cost (\$538 or less per service) were delivered far more frequently than services that were high and very high cost (\$539 or more). The combined costs of the former group were nearly twice those of the latter (65 percent versus 35 percent).

DOI: 10.1377/hlthaff.2017.0385
HEALTH AFFAIRS 36,
NO. 10 (2017): 1701-1704
©2017 Project HOPE—
The People-to-People Health
Foundation, Inc.

Health Affairs article, “[Low-Cost, High Volume Services Contribute The Most To Unnecessary Health Spending](#)”, was the 3rd most read *Health Affairs* Article in 2017



VCHI awarded a **\$2.2 M grant** from Arnold Ventures to launch a statewide pilot to reduce the provision of low-value health services.



PROJECT AIMS

I. Produce a 25% relative reduction in nine low-value care measures

"Drop the Pre-Op"

- Don't obtain baseline laboratory studies in patients without significant systemic disease undergoing low risk surgery
- Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery
- Don't obtain EKG, chest x-rays or pulmonary function test in patients without significant systemic disease undergoing low-risk surgery
- Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present
- Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease
- Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology
- Don't do imaging for low back pain within the first six weeks, unless red flags are present.
- Don't prescribe opiates in acute disabling low back pain before evaluation and a trial of other alternatives is considered.

Treatment & Screening

- Don't order annual electrocardiograms or any other cardiac screening for low-risk patients without symptoms

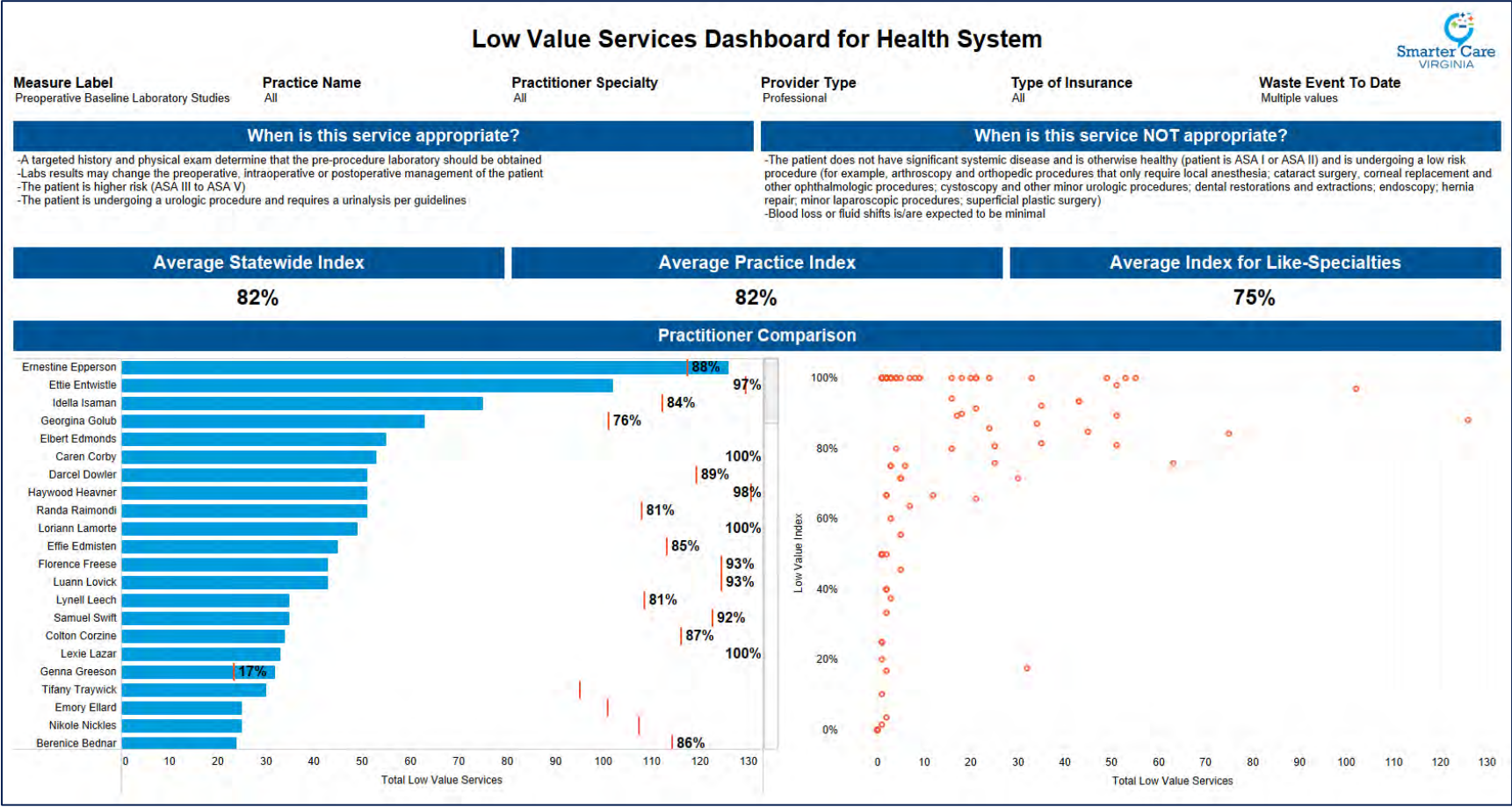


Resources Provided

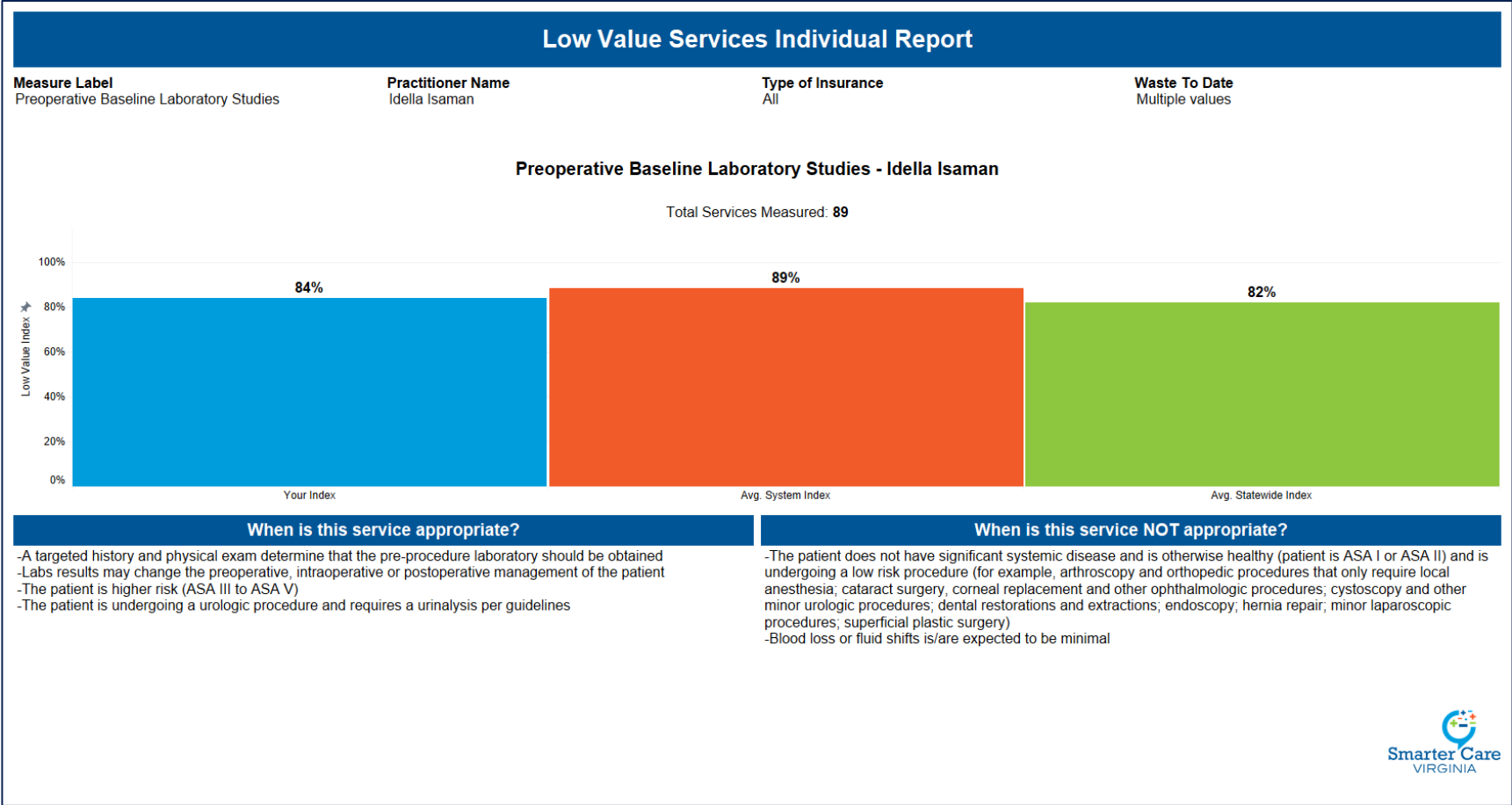
- Provider Performance Data Reports (Provided Quarterly)
- CME-approved webinars (4)
- Faculty office hours
- Monthly calls with Project Leadership Team and other Cohort 1 CLT members
- Online Platform (Virginia Health Innovation Network)



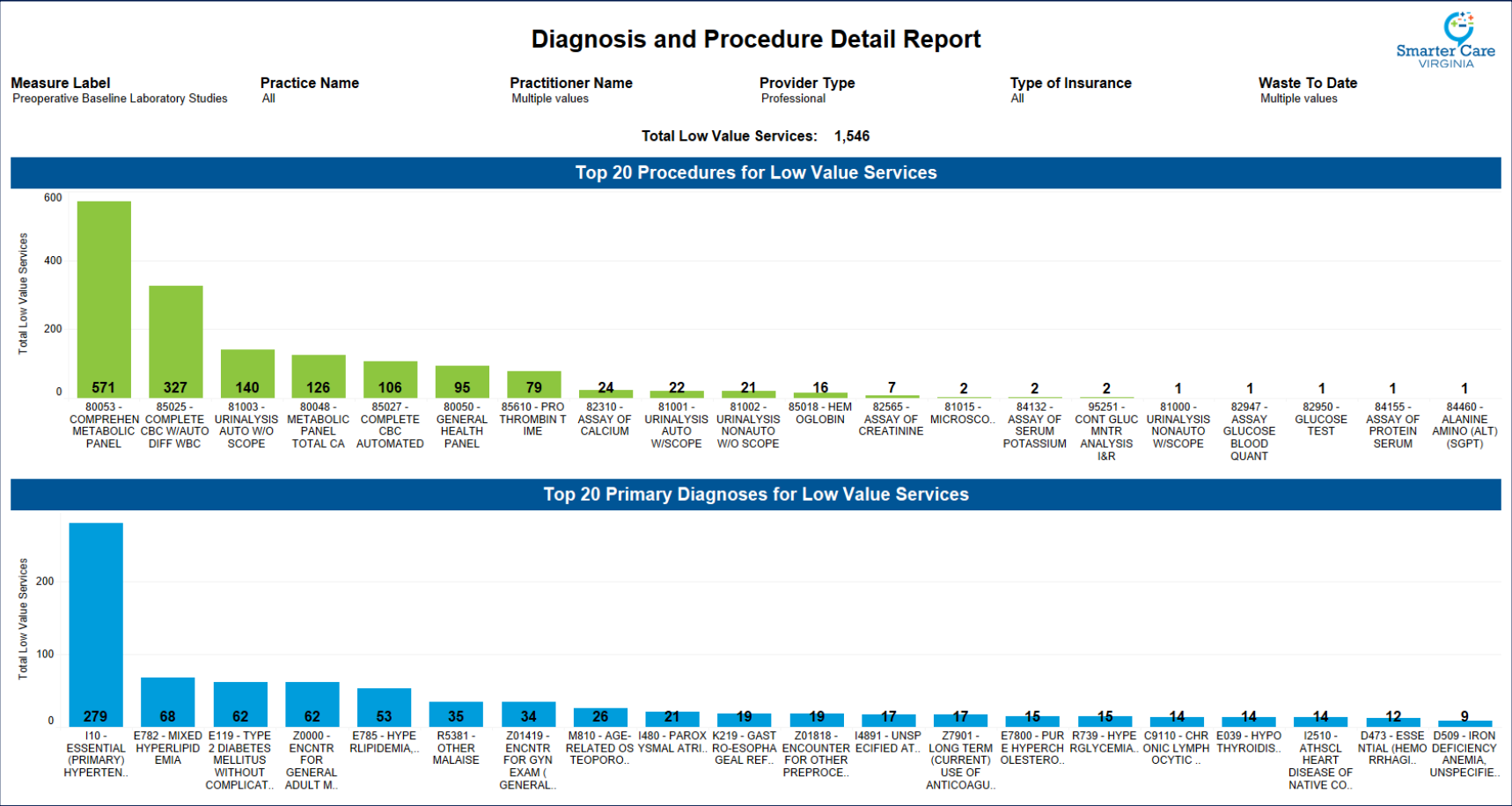
SAMPLE SMARTER CARE VIRGINIA REPORTS



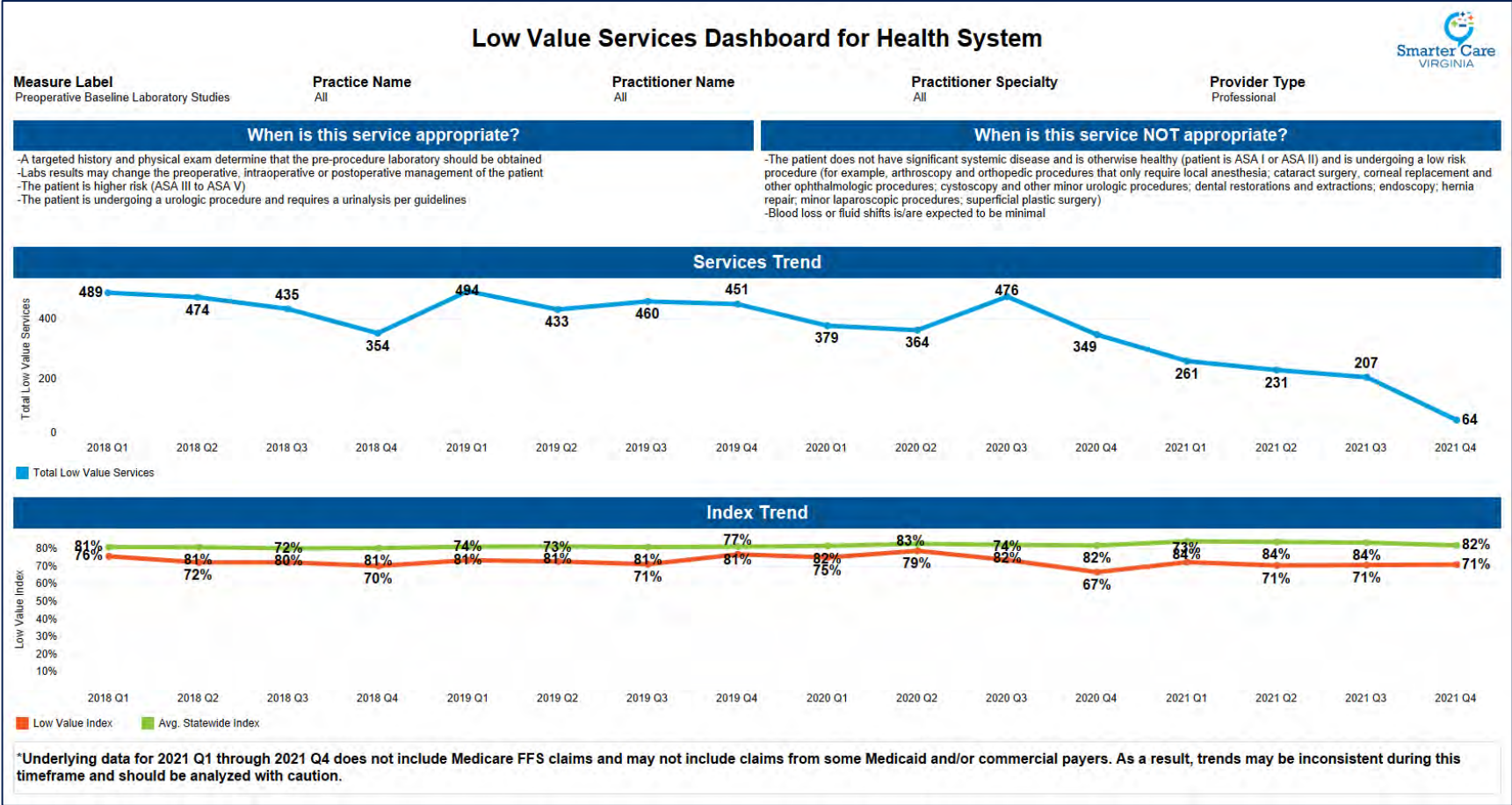
SAMPLE SMARTER CARE VIRGINIA REPORTS



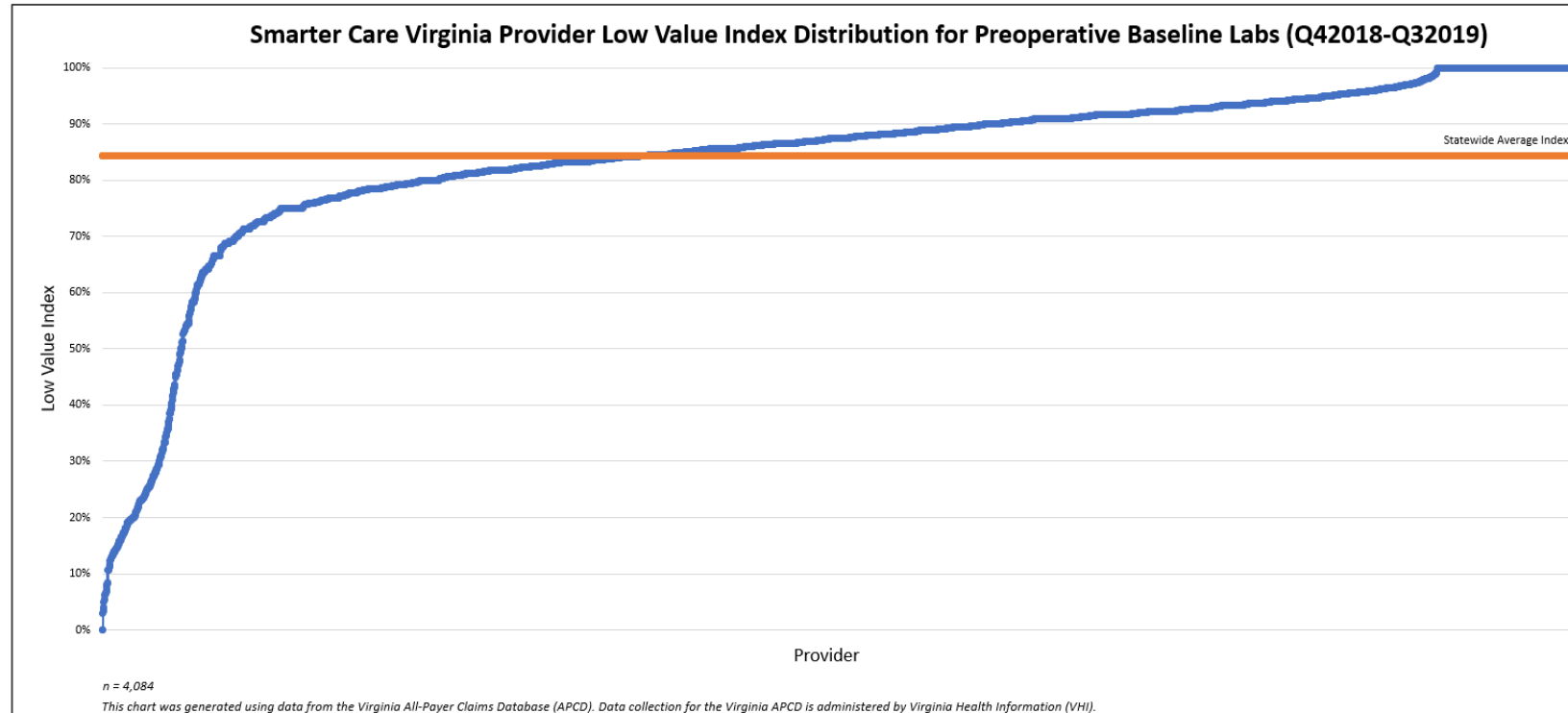
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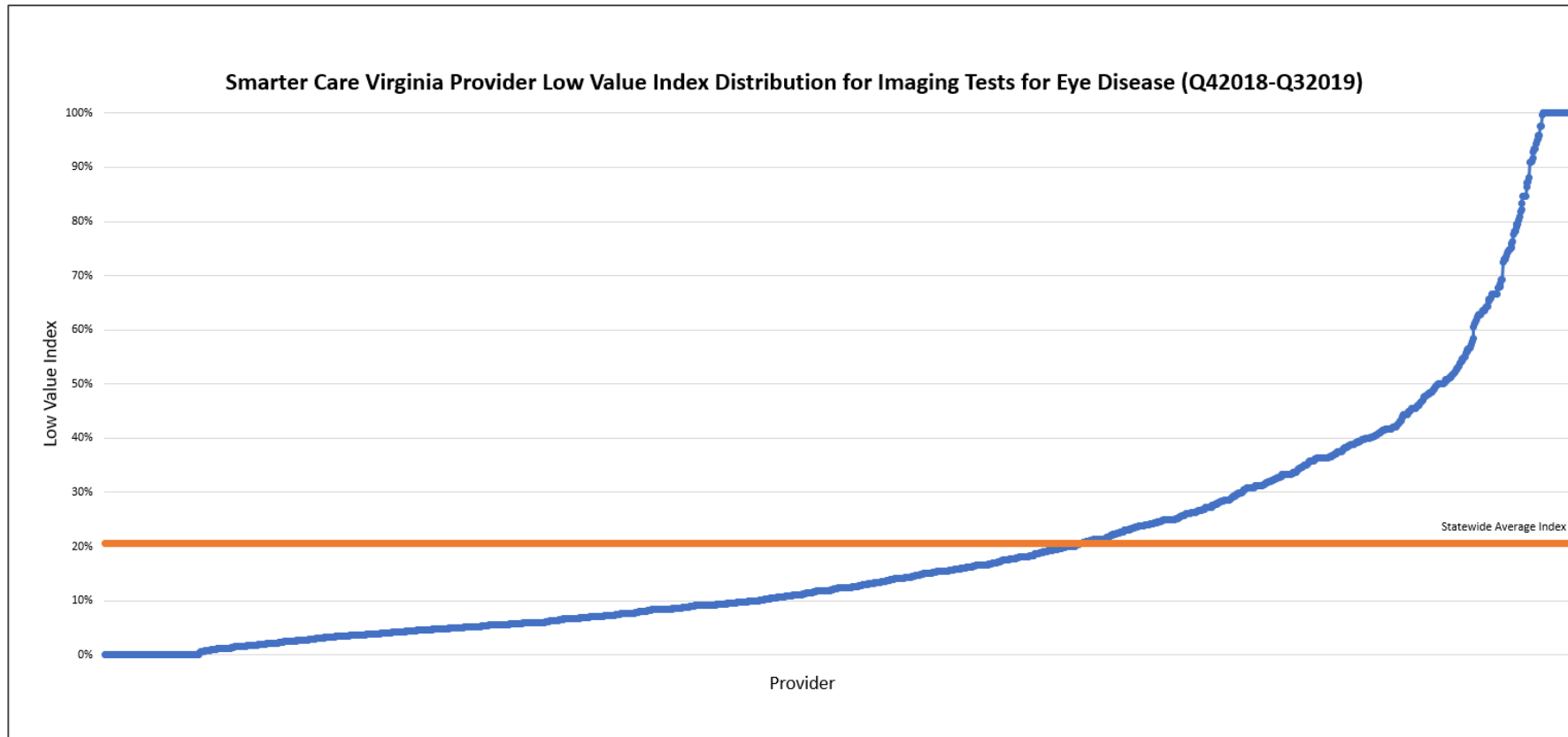
SAMPLE SMARTER CARE VIRGINIA REPORTS



EACH MEASURE PRESENTS UNIQUE CHALLENGES

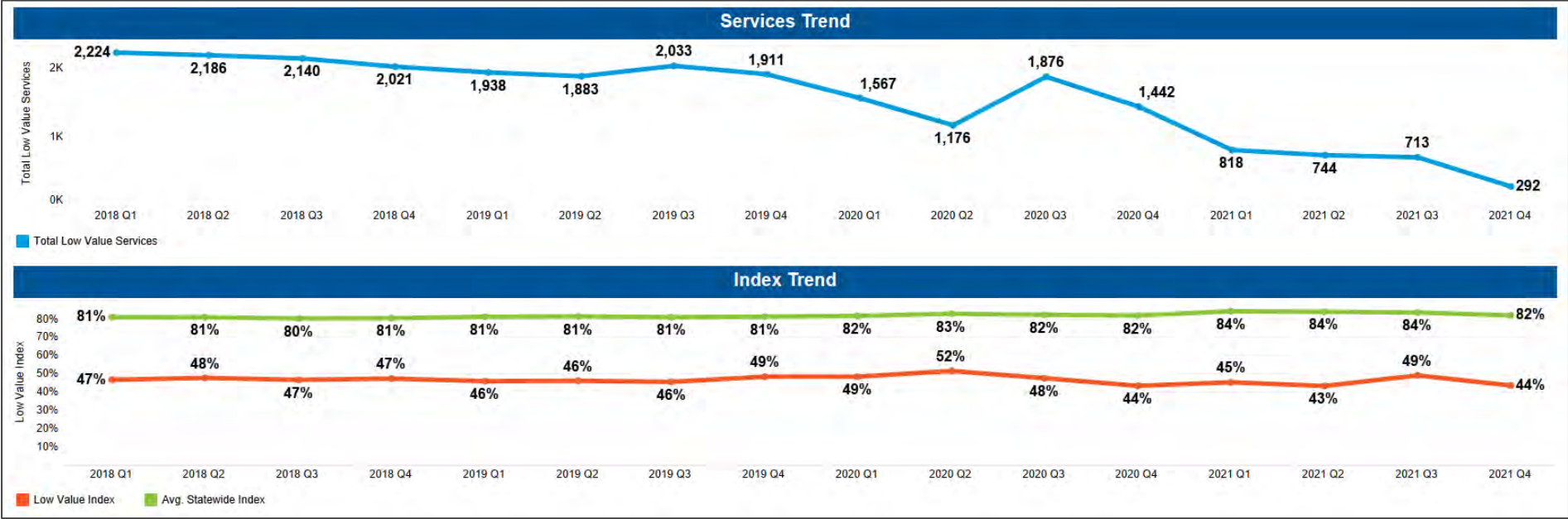


EACH MEASURE PRESENTS UNIQUE CHALLENGES

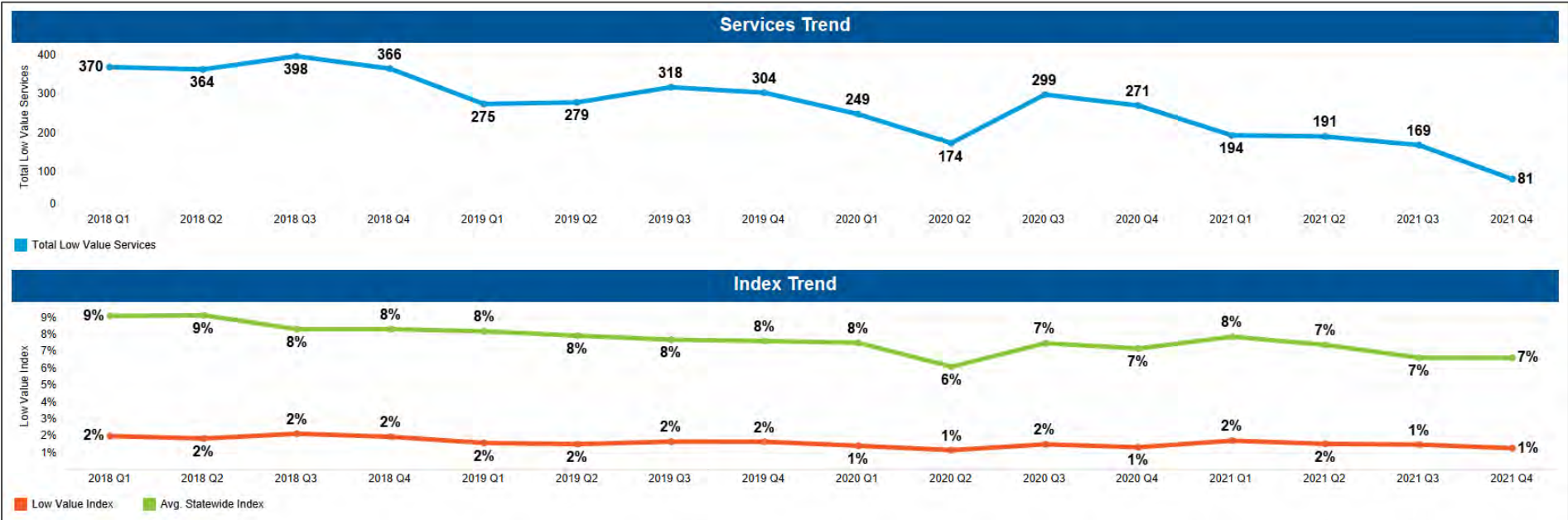


Preoperative Baseline Laboratory Studies

V7

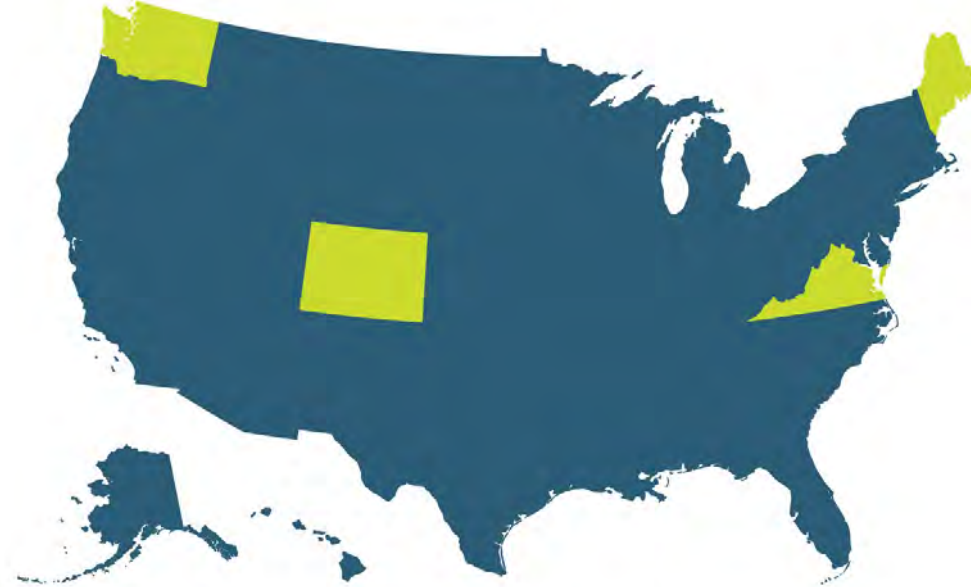


V8



ONGOING IMPACT: EXPANDING BEYOND VIRGINIA

State APCD Low-Value Care Report



ONGOING IMPACT: EXPANDING BEYOND VIRGINIA

Spending on 47 Low-Value Services in Medicaid and Commercial Plans in 2017 by Patients and Plans



Notes: spending in thousands \$. These figures only represent Maine, Colorado, and Virginia. Washington did not separately report patient and plan spending, estimated allowed spending based on standard pricing for Medicaid and commercial plans

ONGOING IMPACT- REFLECTION ON THE DATA

- Impact of COVID-19
- Data lag
- Waste Calculator Version
- Include facility results?
- Validating results

ONGOING IMPACT- REFLECTION ON THE PROGRAM

- Nothing has generated more interest
- Facilitates movement from research to clinical decision making support
- While not perfect, APCDs are the most ideal data source available for this type of project



Thank You.



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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/



Next Webinar

- October 20th, 12-1pm MT
- Advance Care Planning
- Presenters: CIVHC

