Agenda

• Opening Announcements
• Operational Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
Open Committee Positions

• Pharmacy benefit manager

• An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity
Operational Updates

Kristin Paulson, JD, MPH
CIVHC CEO and President

Pete Sheehan
CIVHC VP of Client Solutions & State Initiatives

Valerie Garrison, MS
Evaluation Analyst
CIVHC FY23-24 Strategic Plan
Our Mission

To equip partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care.

Service

Our work is grounded in the communities we serve. We build collaborative relationships and focus on addressing the needs of our staff and our partners.

Equity

Equity and inclusivity are core to our work. We provide insights to advance health equity and strive to create an environment where all voices are represented, heard and respected.

Integrity

We are objective, solution-oriented, and maintain the highest integrity in the work we do. We aim to be a trusted, credible, resource and partner, and we hold ourselves accountable to deliver transparent, high-quality services.

Stewardship

We are conscientious stewards of the Colorado All Payer Claims Database. Through data expertise and partnership, we ensure exceptional data quality and create innovative health care analytics resulting in actionable, data-driven insights.

Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.
CIVHC Strategic Initiatives 2024-2026

1. **Foundations:** Fortify CIVHC’s foundation to sustain future growth by creating a strong and resilient organization with a positive work culture and supported, valued, and satisfied staff.

2. **Partnerships:** Strengthen CIVHC’s ability to provide objective, innovative, and exceptional services to a diverse array of partners, communities, and individuals, and continue to lead the nation in effective stewardship and utilization of an APCD.
### Foundations

Fortify CIVHC’s foundation to sustain future growth by creating a strong and resilient organization with a positive work culture and supported, valued, and satisfied staff.

<table>
<thead>
<tr>
<th>Administration</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support staff and a positive and equitable CIVHC culture.</td>
<td>• Ensure a secure and compliant organization and data release process.</td>
</tr>
<tr>
<td>• Improve operational effectiveness</td>
<td>• Ensure internal policies and procedures are efficient and effective.</td>
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</table>

<table>
<thead>
<tr>
<th>Client Solutions and State Initiatives</th>
<th>Data Operations</th>
</tr>
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<tbody>
<tr>
<td>• Place CIVHC on a sustainable trajectory that balances growth with available resources.</td>
<td>• Ensure team member satisfaction and success.</td>
</tr>
<tr>
<td>• Cross-department alignment of goals.</td>
<td>• Keep current with technology and changes in healthcare.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communications and Marketing</th>
<th>Research, Partnerships, and Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure Team accountability, structure, and support.</td>
<td>• Establish and build team capabilities in research and innovation.</td>
</tr>
<tr>
<td>• Ensure staff share a common knowledge about what we do and how we do it.</td>
<td>• Encourage an internal culture of equity, community engagement, and partnership.</td>
</tr>
</tbody>
</table>
Partnerships

Strengthen CIVHC’s ability to provide objective, innovative, and exceptional services to a diverse array of partners, communities and individuals, and continue to lead the nation in effective stewardship and utilization of an APCD.

**Administration**
- Help others understand the CIVHC business model and the value we provide.

**Data Operations**
- Ensure high-quality data and deliverables that meet client needs.
- Continue to lead APCD innovation.

**Client Solutions and State Initiatives**
- Increase sustained revenue and new business aligned with the resources and market value provided.
- Provide exceptional services and manage to client expectations.

**Communications and Marketing**
- Provide and promote actionable, informative, accessible, and objective analyses and resources.
- Better serve the needs of diverse audiences in support of public service and sustainability.

**Research, Partnerships, and Innovation**
- Advance health equity and organizational capacity through community engagement and resource sharing.
- Establish CIVHC as a leader in claims-based research and APCD innovation.
Justice, Equity, Diversity, and Inclusion (JEDI) Committee Updates

• Purpose: To provide insight, education, and support to advance the organization’s commitment to addressing racism and health inequities

• 15 Members from 6 departments
  • Administration/Human Resources
  • Client Solutions and State Initiatives
  • Compliance
  • Communications/Public Reporting
  • Data Operations
  • Research, Partnerships, and Innovation
JEDI: Initial Focus in Three Areas

1. As an organization and as individuals, we commit to:
   • Educating ourselves on the impacts of structural racism and social injustice
   • Acknowledging how we can improve
   • Facing uncomfortable situations with integrity and patience
   • Working toward diversifying our staff, board, and committees
   • Creating a culture of diversity and inclusivity with an intention to understand all viewpoints and reduce biases
2. As the administrator of the CO APCD, we commit to improving visibility and enhancing our understanding of the social drivers of disparity in healthcare by:

- Geocoding information in the CO APCD
- Improving access to data on the social determinants of health within the database
- Requiring data submission fields that identify race, ethnicity, and language preference
- Investigating and addressing in analyses how non-clinical characteristics can shape an individual’s experience with healthcare and health outcomes
Accomplishments to Date

2. As CO APCD Administrator

- Data Principles for Advancing Health Equity
- Infrastructure and Reporting Capabilities:
  - Geocoded the CO APCD
  - Data Submission Guide Updates
    - Strengthened submission requirements for Race/Ethnicity Data
    - Added a requirement to include Preferred Language
  - Revised language in the data release application and CAAC review to strength and clarify re: equity
Accomplishments to Date

2. As CO APCD Administrator
   • Data and Analyses:
     • NBER project evaluating census tract level SDoH impact
     • Use of Z-Codes SDoH analysis to see if providers are using those codes and if so, what is volume/types of codes used
     • Gender Affirming Care analysis to show CO progress in access to care
     • Shop for Care tool in Spanish for the first time
     • Release of Health Equity Analysis
     • Telehealth and other reports showing Race/Ethnicity breakdown for the first time
     • OeHi Telehealth Health Equity Analysis planning work
     • Analysis of Race/Ethnicity data coming in for improvement work
JEDI: Initial Focus in Three Areas

3. As partners, we commit to:

• Seeking new and strengthening existing partnerships with organizations representing and led by people of color, specifically organizations with a focus on increasing equity in health and health care.

• Actively participating in these partnerships to amplify the voices of those seeking to create a culture of equality and positive change, and to support their work in the community.
Accomplishments to Date

3. As Partners

- Supported CO School Based Health Centers with accessing data/supporting analytics
- Improved language regarding what we do and context around reporting
- Connected with multiple partners in the DEI space:
  - Office of e-Health Innovation Telehealth geographic analysis forthcoming
  - Discussed options with partners on legislation related to health equity
  - One Colorado connection for Gender Affirming Care
  - Denver Metro Homeless Initiative for CO APCD
  - Presented capabilities during Data to Drive Decisions webinar, to Janssen and others on capabilities
  - Presenting work at external events such as CIVITAS, National Rural Health Association, Academy Health, Prime Health and others
# JEDI Planned Activities FY23-24

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Equity Principles</td>
<td>Spring 2023</td>
<td>In Review</td>
<td>A statement of CIVHC's commitment to acknowledging, continuous learning, and taking specific actions to improve our work.</td>
</tr>
<tr>
<td>Baseline Assessment</td>
<td>Summer 2023</td>
<td>In Process</td>
<td>An evidence-based foundational assessment to inform future training and actions.</td>
</tr>
<tr>
<td>Measure and Evaluation</td>
<td>Summer/Fall 2023</td>
<td>Not Started</td>
<td>A way to track our progress integrating JEDI principles within CIVHC, as individuals and as an organization.</td>
</tr>
<tr>
<td>Development</td>
<td></td>
<td></td>
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</tbody>
</table>

**Staff Education:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Insider</td>
<td>Monthly</td>
<td>Ongoing</td>
<td>Various resources and planned events to educate and collectively understand the importance of JEDI work, principles and actions.</td>
</tr>
<tr>
<td>Staff meetings</td>
<td>Monthly</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>FY 2024</td>
<td>Will be informed by baseline assessment</td>
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</tbody>
</table>

**Organizational**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td></td>
<td>In Process</td>
<td>Topics to be addressed to ensure JEDI principles are reflected in all aspects of CIVHC's work: Hiring Practices, New Hire Training, Language, Visualizations, Data Analysis and Reporting</td>
</tr>
</tbody>
</table>
Data Principles for Advancing Health Equity

• Our work is an important piece of the puzzle

• New data equity principles document
  • Clarifies the need
  • Establishes CIVHC’s commitment
  • Suggests actions for obtaining, using, & presenting data with an equity lens

• Distribution
  • Website
  • Staff Meeting(s)
  • New Hire Trainings
Previous:
CIVHC is committed to reducing health inequities. Do you have any concerns that the data as calculated and/or displayed may cause unintentional bias or harm against any particular patient demographic or population?

Revised:
CIVHC is committed to reducing health disparities among all Coloradans, regardless of identity or socio-economic status. Do you have any concerns that the data as reported (stratified, displayed, described, etc.) may indicate bias against or result in unintended harm to any particular patient population?
FY 23 Scholarship – YTD Summary

• Information about the Scholarship Program can be found here: https://www.civhc.org/scholarship/

• Applications Fully Approved
  • 20 projects have been approved totaling $384,905 of the $500,000 total available, 77% of the annual funds

• Pending Projects
  • Currently there are 4 projects in review totaling $76,445
  • Counting pending projects, $461,350 has been applied for
  • There is 1 additional project going through feasibility and scoping, which could be a project for next fiscal year
  • Projecting 92% of the funds will be approved and allocated this fiscal year

If all pending projects are approved, $38,650 or 7.7% of the funds available for this fiscal year would not be allocated
## SFY 23 Scholarship Requests Submitted YTD

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Colorado Denver</td>
<td>23.22 Linking CO APCD data to Cancer Center Registry</td>
<td>$14,811</td>
<td>$7,974</td>
<td>$22,785</td>
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<tr>
<td>CU Pharmacy Program</td>
<td>22.32 Utilization of Rx Meds during Pandemic</td>
<td>$19,311</td>
<td>$4,827</td>
<td>$24,138</td>
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<tr>
<td>University of Wisconsin</td>
<td>23.20 Improving Access &amp; Affordability of Care</td>
<td>$10,136</td>
<td>$10,136</td>
<td>$20,272</td>
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<tr>
<td>University of Wisconsin</td>
<td>23.25 Provider Networks &amp; Hospitals Practices -_REGS</td>
<td>$19,062</td>
<td>$4,766</td>
<td>$23,828</td>
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<tr>
<td>TX A&amp;M, Univ of SC, Univ of MI</td>
<td>23.38 Insulin Spending after CO Out of Pocket Cap</td>
<td>$10,640</td>
<td>$10,640</td>
<td>$21,280</td>
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<tr>
<td>University of Colorado Denver</td>
<td>23.60 Linking CO APCD data to Cancer Center Registry</td>
<td>$18,228</td>
<td>$4,557</td>
<td>$22,785</td>
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<tr>
<td></td>
<td><strong>Sub-total</strong></td>
<td><strong>$92,188</strong></td>
<td><strong>$42,900</strong></td>
<td><strong>$135,088</strong></td>
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<tr>
<td>State Agency/Govt. Entity Requests</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CO Chronic Kidney Disease Task Force</td>
<td>22.89 CKD Early Stage Screening for Kidney Disease</td>
<td>$13,388</td>
<td>$2,362</td>
<td>$15,750</td>
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<tr>
<td>Denver Health</td>
<td>23.14 Rocky Mtn Network for Oral Health</td>
<td>$22,467</td>
<td>$5,617</td>
<td>$28,084</td>
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<tr>
<td>State Legislator</td>
<td>23.106.20 Behavioral Health ED Visits</td>
<td>$23,100</td>
<td>$6,160</td>
<td>$29,260</td>
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<tr>
<td>Gunnison Valley Health</td>
<td>23.29 Increasing Access to Local Specialty Care</td>
<td>$25,155</td>
<td>$6,289</td>
<td>$31,444</td>
</tr>
<tr>
<td>Weld County Dept of Health</td>
<td>23.156 Weld County Market Assessment</td>
<td>$15,200</td>
<td>$3,800</td>
<td>$19,000</td>
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<tr>
<td>CDPHE</td>
<td>23.107.10 State Rational Service Areas</td>
<td>$19,130</td>
<td>$4,782</td>
<td>$23,912</td>
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<tr>
<td>Governor's Office</td>
<td>23.106.25 Community Profile Aging Project</td>
<td>$43,613</td>
<td>$10,903</td>
<td>$54,516</td>
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<tr>
<td>State Legislator</td>
<td>23.53 Prosthetics - So Colorado Kids Can Move</td>
<td>$12,628</td>
<td>$0</td>
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<tr>
<td>State Legislator</td>
<td>23.53a Prosthetics - So Colorado Kids Can Move</td>
<td>$8,624</td>
<td>$0</td>
<td>$8,624</td>
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<tr>
<td>Denver County/Urban Institute</td>
<td>23.49 Denver Housing to Health Pay for Success</td>
<td>$20,854</td>
<td>$5,214</td>
<td>$26,068</td>
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<tr>
<td>CO Behavioral Health Administrtation</td>
<td>23.106.50 Provider Network Assessment</td>
<td>$49,650</td>
<td>$12,412</td>
<td>$62,062</td>
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<td><strong>Sub-total</strong></td>
<td><strong>$253,809</strong></td>
<td><strong>$57,539</strong></td>
<td><strong>$311,348</strong></td>
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<tr>
<th>Status</th>
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<tbody>
<tr>
<td>Approved</td>
<td></td>
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<tr>
<td>In Review or Pending Submit</td>
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## FY 23 Scholarship – YTD Summary

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Profit Requests</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Peak Health Alliance</td>
<td>23.03</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
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<tr>
<td>Colorado Cancer Coalition</td>
<td>23.44</td>
<td>$14,450</td>
<td>$2,550</td>
<td>$17,000</td>
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<tr>
<td>Peak Health Alliance</td>
<td>23.17</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
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<tr>
<td>Vail Valley Partnership</td>
<td>23.47</td>
<td>$15,660</td>
<td>$2,764</td>
<td>$18,424</td>
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<tr>
<td>Peak Health Alliance</td>
<td>23.17.3</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
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<tr>
<td>Population Health Impact Institute</td>
<td>23.34</td>
<td>$18,088</td>
<td>$3,192</td>
<td>$21,280</td>
</tr>
<tr>
<td>Peak Health Alliance/Local First</td>
<td>22.66</td>
<td>$25,155</td>
<td>$6,289</td>
<td>$31,444</td>
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<td><strong>Sub-total</strong></td>
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<td>$115,353</td>
<td>$25,295</td>
<td>$109,204</td>
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### Approved

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<tr>
<th>Data Requestor Organization</th>
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<th>Scholarship Amount</th>
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<tr>
<td>Peak Health Alliance</td>
<td>23.17.3</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
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<tr>
<td>Population Health Impact Institute</td>
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<td>Peak Health Alliance/Local First</td>
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<td>$25,155</td>
<td>$6,289</td>
<td>$31,444</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>$461,350</td>
<td>$125,734</td>
<td>$555,640</td>
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### Pending Review and/or Submission

<table>
<thead>
<tr>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Dollars Approved &amp; Allocated</td>
<td>$384,905</td>
<td>$106,622</td>
</tr>
<tr>
<td>Pending Review and/or Submission</td>
<td>$76,445</td>
<td>$19,112</td>
</tr>
<tr>
<td>Total FY 23 Scholarship Dollars Requested</td>
<td>$461,350</td>
<td>$125,734</td>
</tr>
<tr>
<td>Remaining Funds Available</td>
<td>$38,650</td>
<td></td>
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</table>
FY 23 Scholarship – Summary

Of the approved or pending projects:
• 55% of funds allocated to government entity requests
• 25% of funds allocated to non-profit requests
• 20% of funds allocated to academic/research requests

Questions to consider for next year:
• Should there be consideration for an annual out-of-state requestor cap?

• Should a set amount or percentage of the funds be set aside for legislative requests at the beginning of the year?
  • $43,992 across 3 projects was requested by legislators this year
  • Recommend a $40,000 set aside for next year
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
CO APCD Quality & Analytics

Kristin Paulson, JD, MPH
CIVHC CEO and President

Paul McCormick
CIVHC VP of Data Operations
CO APCD Supporting Colorado

- SB18-266 Controlling Medicaid Costs
- HB19-1233 Investments in Primary Care to Reduce Health Costs
- HB19-1174 Out Of Network Health Care Services
- SB21-175 CO Prescription Drug Affordability Board
- SB21-1232 Standardized Health Benefit Plan CO Option
- SB22-040 Actuarial Reviews Health Insurance Mandate
- SB22-068 Provider Tool To View All-Payer Claims Database
- HB22-1325 Primary Care Alternative Payment Models
- HB22-1370 Coverage Requirements for Health Care Products
- HB22-1278 Behavioral Health Administration
Potential New 2023 Legislation

HB23-1215: Limits On Hospital Facility Fees
• Extent of CO APCD role is unknown, there are still ongoing debates and modifications to amendments.

SB23-179: Dental Plans Medical Loss Ratio
• CO APCD would provide information regarding dental procedures and dental claims to allow for the determination of a dental loss ratio.

HB23-1136: Prosthetic Devices For Recreational Activity
• Provided two different data sets to inform impact of coverage as outlined in the bill
Foundations: Colorado APCD Attributes

- 870+ million claims through 2021
- 36 commercial payers plus Medicare and Medicaid
- Over 5 million lives in 2021
- NORC Data Enclave
- 13 terabytes of database storage
- 26 terabytes of file storage
- Data is relational
- Enhanced to support analysis
Monthly Submissions

- Member Enrollment
- Medical Claims
- Pharmacy Claims
- Dental Claims
- Providers
Annual Submissions

• Alternative Payment Models
  • APM - Alternative Payment Model
  • AC - Alternative Payment Model - Contract
  • CT - Control Total file

• Pharmacy
  • DR - Drug Rebate
  • PB - Pharmacy Benefit Manager Contract
  • PD - Pharmacy Drug Affordability Board
  • VB - Value Based Pharmacy Contract
Data Flow

1. Data Submission & Staging
   - Payer Submissions (Commercial/Medicaid) Internet
   - SFTP Server
   - Enclave Server
   - Monitor Process
   - Newly Detected File
   - Medicare Ingestion
   - Legacy Data
     - Unzip, Decrypt, Initial Storage
     - Data Intake Validation

2. Data Warehouse Processing & Enhancement
   - Release Ingestion Decisions
   - Ingestion Recommendations
   - Batch
   - Passed Files
   - Calibrated Variables, Member ID, Provider Processing
   - Release Staging
   - Data Enhancements

3. Extracts, Analysis-Ready Datasets, and Reporting
   - Analytic Layer
   - Post-Intake Quality Assessments & Reports
   - Client Review
   - Client Sign-off
   - Release
   - Data Mining
Analytic Data Model

*Claims header and line entities apply to medical, dental, and pharmacy claims.*

**PROVIDER COMPOSITE**
- PK: Provider_Composite_ID

**PROVIDER**
- PK: Provider_ID

**PROVIDER TO PROVIDER COMPOSITE**
- FK: Provider_Composite_ID
- FK: Provider_ID

**PROVIDER TO PROVIDER COMPOSITE ADDRESS**
- FK: Provider_ID
- FK: Provider_Composite_Address_ID

**PROVIDER COMPOSITE ADDRESS**
- FK: Provider_Composite_Address_ID

**CLAIMS HEADER**
- PK: Claim_ID
- FK: Billing_Provider_Composite_ID
- FK: Billing_Provider_ID

**MEMBER COMPOSITE**
- PK: Member_Composite_ID

**MEMBER**
- PK: Member_ID

**MEMBER ELIGIBILITY**
- PK: Member_ID

**MEMBER TO MEMBER COMPOSITE**
- FK: Member_Composite_ID
- FK: Member_ID

**CLAIMS LINE**
- PK: Claim_ID
- FK: Billing_Provider_Composite_ID
- FK: Service_Provider_Composite_ID
- FK: Billing_Provider_ID
- FK: Service_Provider_ID
- FK: Member_Composite_ID
- FK: Member_ID

**CLAIMS PROCEDURES**
- PK: Claim_ID

**CLAIMS DX**
- PK: Claim_ID
# 2020 Reorganization: Data Quality Focus

## Data Operations
- Intake
- Data Quality
- Analytics
- Reporting
- Quality Control
- Project Management

## Data Quality
- Intake
- Data Quality
- Project Management

## Analytics and Reporting
- Analytics
- Reporting
- Quality Control
- Project Management
## Data Quality vs Deliverable Quality

<table>
<thead>
<tr>
<th>Data Quality</th>
<th>Deliverable Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refers to the data in the database</td>
<td>• Refers to reporting and analytics based on the data in the database</td>
</tr>
<tr>
<td>• Includes intake, processing, and transformation to the analytic data model</td>
<td>• Includes project scoping, analytic planning, data scrubbing, analysis, reporting, and delivery</td>
</tr>
<tr>
<td>• Documentation explains how data can be used and interpreted.</td>
<td>• Documentation explains analytic methodology and how results can be interpreted.</td>
</tr>
</tbody>
</table>
Next for Data Operations: Complete Quality Focus

- Continuous data quality improvement
- Dedicated project management
- Phase-gate development process
- Dedicated Quality Control (QC) team
Phase-gate Development Process

• Development phases
  • Scoping
  • Planning
  • Data preparation
  • Analysis
  • Reporting
  • Documentation
  • Client review
  • Delivery

• Quality Control at each phase
• Manager sign-off at each phase
Phase-gate Improvements

• Increase in scoping and pre-planning
• Multiple quality controls
• More client touchpoints
• Feedback loops for phase rejection
• Feedback loops for data quality
• Documentation and templates for every phase
New Quality Control Team

• Led by CIVHC senior analyst
• Two new quality control analysts
• Seamlessly integrates with phase-gate
• Facilitates continuous quality control improvement
• Increases accountability
• Applies specific expertise
• Ensures consistent, high-quality deliverables for all audiences
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
Public Reporting

Cari Frank, MBA
CIVHC VP of Communication and Marketing

Clare Leather, MPH
CIVHC Public Reporting Program Manager
Public Reporting

Recent Releases

• Health Equity Analysis
• Community Dashboard
• Affordability Dashboard Updates:
  • Alternative Payment Models
  • Prescription Drug Rebates
  • Cost of Care
Public Reporting Impact

Gender Affirming Care

• **Media Total Reach:** 660k+
  - **Public News Service:** “Report Finds Colorado a Leader in Access to Gender Affirming Health Care”
    - Denver Health's LGBTQ+ Health Services included in reporting
    - One Colorado outreach
    - **46** additional media outlets picked up the story

• **Total Data Downloads:** 66
Public Reporting Impact

ED Use for Mental Health or Potential Self Harm

- **Media Total Reach**: 602k+
  - **Public News Service**: “Emergency Rooms Seen as Best Access Point for Mental-Health Care”
    - 50 additional media outlets picked up the story
  - **9News**: “Emergency Rooms Seen as Best Access Point for Mental-Health Care”

- **Total Data Downloads**: 45
Alternative Payment Model Analysis

civhc.org > Get Data > Public Data > Focus Areas > Alternative Payment Models
Alternative Payment Model Analysis: Insights

APM Payments as a Percent of All Medical Payments Have Remained Stable

CO APCD All Payer Types Total Spending 2019-2021
Including Integrated Payers
Excluding Integrated Payers
All data excludes non-value-based payments
Alternative Payment Model Analysis: Insights

APM Payments as a Percent of Primary Care Payments Have Declined

CO APCD All Payer Types
Total Spending 2019-2021
- Including Integrated Payers
- Excluding Integrated Payers
All data excludes non-value-based payments
Health Equity Analysis

civhc.org > Get Data > Public Data > Focus Areas > Health Equity Analysis

Cost

Use

Access
Statewide Insights and Findings

Social factors in this analysis:

- Were strongly related to higher potentially preventable Emergency Department visits.
- Were strongly related to adults not receiving preventive health care.
- Did not impact children and adolescents receiving preventive health care.
- Did not impact total cost of health care services.
- Were moderately to weakly related to follow-up care after visiting the ED for a mental health need.
# Statewide Insights and Findings

## Statewide Relationship Table

### Health Care Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Income</th>
<th>Education</th>
<th>Employment</th>
<th>Housing/Transportation</th>
<th>Race/Ethnicity/Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care: Children &amp; Adolescents</td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
</tr>
<tr>
<td>Access to Care: Adults</td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="DarkGray" /></td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
</tr>
<tr>
<td>Follow-Up After ED Visit for Mental Health</td>
<td><img src="image" alt="DarkGray" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="DarkGray" /></td>
<td><img src="image" alt="Green" /></td>
</tr>
<tr>
<td>Cost of Care per Person per Year</td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
<td><img src="image" alt="Green" /></td>
</tr>
<tr>
<td>Potentially Preventable ED Visits</td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Orange" /></td>
</tr>
</tbody>
</table>
RURAL vs. URBAN
Insights and Findings

In Urban neighborhoods, all social factors in this analysis were strongly related to higher potentially preventable Emergency Department visits. However, in Rural neighborhoods only income and education were strongly correlated to higher potentially preventable Emergency Department visits.

In Rural neighborhoods, only income was strongly related to adults not receiving preventive health care as opposed to Urban neighborhoods where all social factors except employment were strongly related.
In neighborhoods with **lower incomes**, more people use the ED for potentially preventable needs.

- **ELYRIA SWANSEA NEIGHBORHOOD**
  - Population: 6,977 (2022)
  - 20% living below the poverty line
  - 29% of residents had a potentially preventable ED visit

- **HIGHLANDS NEIGHBORHOOD**
  - Population: 10,285 (2022)
  - 6% living below the poverty line
  - 1% of residents had a potentially preventable ED visit

- **SUNNYSIDE NEIGHBORHOOD**
  - Population: 10,048 (2022)
  - 27% living below the poverty line
  - 18% of residents had a potentially preventable ED visit

- **CHERRY CREEK NEIGHBORHOOD**
  - Population: 8,061 (2022)
  - 6% living below the poverty line
  - 1% of residents had a potentially preventable ED visit
In neighborhoods with more diverse populations, fewer adults access preventive care.

**GLOBEVILLE NEIGHBORHOOD**
- Population 2022: 15,349
- Most Diverse
- 57% of adults did not receive preventive care

**SLOAN’S LAKE NEIGHBORHOOD**
- Population 2022: 8,211
- Least Diverse
- 27% of adults did not receive preventive care

**WEST COLFAX NEIGHBORHOOD**
- Population 2022: 33,853
- Most Diverse
- 47% of adults did not receive preventive care

**CENTRAL PARK NEIGHBORHOOD**
- Population 2022: 30,000
- Less Diverse
- 23% of adults did not receive preventive care
Public Reporting Impact

Health Equity Analysis

• **Media Total Reach:** 800k+
  - **Public News Service:** “Drilling Down Into Social Factors Linked to Unequal Health Outcomes” (Spanish version also)
  - 55 additional media outlets picked up the story

• **Outreach/Presentations:**
  - Culture of Data Annual Meeting
  - Data to Drive Decisions Webinar
  - Prime Health Innovation Summit (table topic)
  - Academy Health Research Annual Meeting
  - More to come!
Upcoming Public Reports for FY 2022-23

• Affordability Dashboard: Low Value Care
  • Update May 2023

• CO APCD Insights Dashboard
  • Update June 2023
Interested in Reviewing the New Telehealth Equity Analysis?

• CIVHC to publish brand new Telehealth vs. In person analysis with individual and household characteristics in FY24
  • Similar to Health Equity Analysis

• Would like to walk through wireframe and proposed measures with interested CAAC members
  • Please let us know in the chat if you are interested in joining!
Public Reporting FY23-24

- Telehealth Equity Analysis (new!)
  - October 2023
  - Collaborative effort with OeHI
- Provider Payment Tool
  - Update January 2024
- Medicare Reference Based Pricing (new!)
  - March 2024
  - New data source and new measures (no longer using RAND)
  - Collaborative effort with DOI
Public Reporting FY23-24

• Shop for Care
  • Update March 2024
  • Moving away from “episode” grouper, new methodology
  • Partnering with data vendor HSRI

• Drug Rebate Report
  • Update May 2024

• Community Dashboard
  • Update June 2024
  • Adding dental measure
Public Reporting FY23-24

• CO APCD Insights Dashboard
  • Update June 2024
• Up to 400 hours of additional Public Reporting. Can include:
  • Data Bytes, Data Dives and other larger analysis partners/change agents/legislators need
Paused Reports for FY23-24

• Low Value Care
• Cost of Care (Affordability Dashboard)
• Alternative Payment Models (included in Primary Care Report data)
• Telehealth Services Analysis
• Health Equity Analysis
Agenda

• Opening Announcements
• Operating Updates
• Public Reporting
• CO APCD Data Quality and Analytics
• Public Comment and Member Open Discussion
Public Comment
Member Open Discussion
Member Discussion Suggested Topics

• How should CIVHC be adjusting and looking toward anticipated impacts from AI technologies such as ChatGPT?
Proposed Adjusted FY24 Meeting Schedule

• Because maintaining the same schedule next year will conflict with the legislative agenda and with Election Day, CIVHC is proposing the following meeting schedule for FY 2024:
  • September 12
  • December 12
  • March 12
  • June 11
  • All meetings 2 pm – 4 pm
Future Meeting Schedule

2023

• Aug 1st
• Nov 7th

• 2pm-4pm

• Virtual until otherwise noted