



# CO APCD Advisory Committee

May 2, 2023



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**VALUE** IN HEALTH CARE

# 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

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Pete Sheehan  
CIVHC VP of Client Solutions & State Initiatives

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Valerie Garrison, MS  
Evaluation Analyst



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# CIVHC FY23-24 Strategic Plan



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# 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.**

## Administration

- Support staff and a positive and equitable CIVHC culture.
- Improve operational effectiveness

## Client Solutions and State Initiatives

- Place CIVHC on a sustainable trajectory that balances growth with available resources.
- Cross-department alignment of goals.

## Communications and Marketing

- Ensure Team accountability, structure, and support.
- Ensure staff share a common knowledge about what we do and how we do it.

## Compliance

- Ensure a secure and compliant organization and data release process.
- Ensure internal policies and procedures are efficient and effective.

## Data Operations

- Ensure team member satisfaction and success.
- Keep current with technology and changes in healthcare.

## Research, Partnerships, and Innovation

- Establish and build team capabilities in research and innovation.
- Encourage an internal culture of equity, community engagement, and partnership.



# 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.

## 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.

## 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.

## Data Operations

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

## 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

# 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

# JEDI: Initial Focus in Three Areas

*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

Activity	Timeframe	Status	Description
<b>Data Equity Principles</b>	Spring 2023	In Review	A statement of CIVHC's commitment to acknowledging, continuous learning, and taking specific actions to improve our work.
<b>Baseline Assessment</b>	Summer 2023	In Process	An evidence-based foundational assessment to inform future training and actions.
<b>Measure and Evaluation Development</b>	Summer/Fall 2023	Not Started	A way to track our progress integrating JEDI principles within CIVHC, as individuals and as an organization.
<b>Staff Education:</b>			
<b>The Insider</b>	Monthly	Ongoing	Various resources and planned events to educate and collectively understand the importance of JEDI work, principles and actions.
<b>Staff meetings</b>	Monthly	Ongoing	
<b>Training</b>	FY 2024	Will be informed by baseline assessment	
<b>Organizational</b>	Ongoing	In Process	Topics to be addressed to ensure JEDI principles are reflected in all aspects of CIVHC's work: <b>Hiring Practices, New Hire Training, Language, Visualizations, Data Analysis and Reporting</b>

# 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

**CENTER FOR IMPROVING VALUE IN HEALTH CARE**  
**DATA PRINCIPLES FOR ADVANCING HEALTH EQUITY**

**PURPOSE**

The Centers for Disease Control and Prevention identifies health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.” Our community is in a state of health inequity when individuals experience preventable, disparate outcomes that are the result of non-medical, non-biological factors.

CIVHC helps communities, organizations, and individuals identify opportunities to develop and advance innovative approaches to improve the health and well-being of Coloradans. Maximizing the availability and quality of demographic data and stratifying reports to identify disparate outcomes between populations provides critical information for our partners to address equity gaps.

The enclosed Data Equity Principles establish CIVHC's commitment to obtaining, using, and presenting data in the context of systemic drivers of inequitable health outcomes.

**CIVHC'S COMMITMENT TO DATA EQUITY**

Collecting reliable, standardized, high-quality demographic data is a challenge that administrators of All Payer Claims Databases across the country have grappled with for years. However, all agree that incorporating demographic data is essential to identifying health inequities across communities, providing insights for solutions and interventions, and most importantly to assess progress.

We commit to approaching the collection and reporting of health data with an equity lens, taking affirmative steps to identify and highlight the racial, socio-economic, and other demographic drivers of health inequity to improve health and health care throughout Colorado. We will continue to improve and expand on CIVHC's current efforts to improve demographic data quality and explore alternative data sources to fill data gaps. This includes expanding beyond race and ethnicity to quantify and contextualize the experiences of other chronically underserved populations.

**HEALTH EQUITY**  
*...is the ATTAINMENT OF THE HIGHEST LEVEL OF HEALTH FOR ALL PEOPLE.*

*Achieving health equity REQUIRES VALUING EVERYONE EQUALLY WITH FOCUSED AND ONGOING SOCIETAL EFFORTS to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.*

**HEALTH DISPARITY**  
*...is a PARTICULAR TYPE OF HEALTH DIFFERENCE THAT IS CLOSELY LINKED WITH SOCIAL, ECONOMIC, AND/OR ENVIRONMENTAL DISADVANTAGE.*

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on [non-clinical, demographic, or other characteristics] historically linked to discrimination or exclusion.

- Healthy People 2030  
(emphasis & format added)

# JEDI: New Language for Public Release Review

## *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

# FY 23 Scholarship – YTD Summary

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

# FY 23 Scholarship – YTD Summary

Data Requestor Organization		Scholarship	Requestor	Data/Project
Academic/Research Requests	Project	Amount	Amount	Total Cost
Non-Profit Requests				
Peak Health Alliance	23.03 Expanding PHA's Ability to Serve Rural Colorado	\$14,000	\$3,500	\$17,500
Colorado Cancer Coalition	23.44 Lung Cancer Screening Environmental Scan	\$14,450	\$2,550	\$17,000
Peak Health Alliance	23.17 Expanding PHA's Rural Colorado - Refresh	\$14,000	\$3,500	\$17,500
Vail Valley Partnership	23.47 Mountain Coalition Market Analysis	\$15,660	\$2,764	\$18,424
Peak Health Alliance	23.17.3 Expanding PHA's Rural Colorado Presence - Refre	\$14,000	\$3,500	\$17,500
Population Health Impact Institute	23.34 Resource Use, Incidence & Prevelance of COVID19	\$18,088	\$3,192	\$21,280
Peak Health Alliance/Local First	22.66 Outmigration Report	\$25,155	\$6,289	\$31,444
	Sub-total	\$115,353	\$25,295	\$109,204
Approved				
In Review or Pending Submission	Totals	\$461,350	\$125,734	\$555,640

	Scholarship	Requestor	Data/Project
	Amount	Amount	Total Cost
<b>Total Dollars Approved &amp; Allocated</b>	<b>\$384,905</b>	\$106,622	\$491,527
<b>Pending Review and/or Submission</b>	<b>\$76,445</b>	\$19,112	\$95,557
<b>Total FY 23 Scholarship Dollars Requested</b>	<b>\$461,350</b>	\$125,734	\$587,084
<b>Remaining Funds Available</b>	<b>\$38,650</b>		



# 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

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Paul McCormick  
CIVHC VP of Data Operations



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# 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

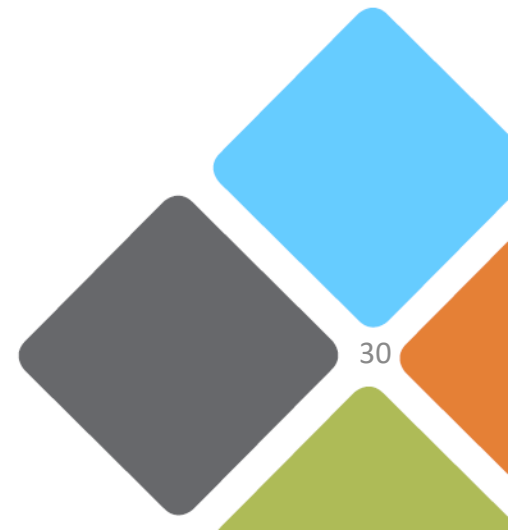
- Member Enrollment
- Medical Claims
- Pharmacy Claims
- Dental Claims
- Providers



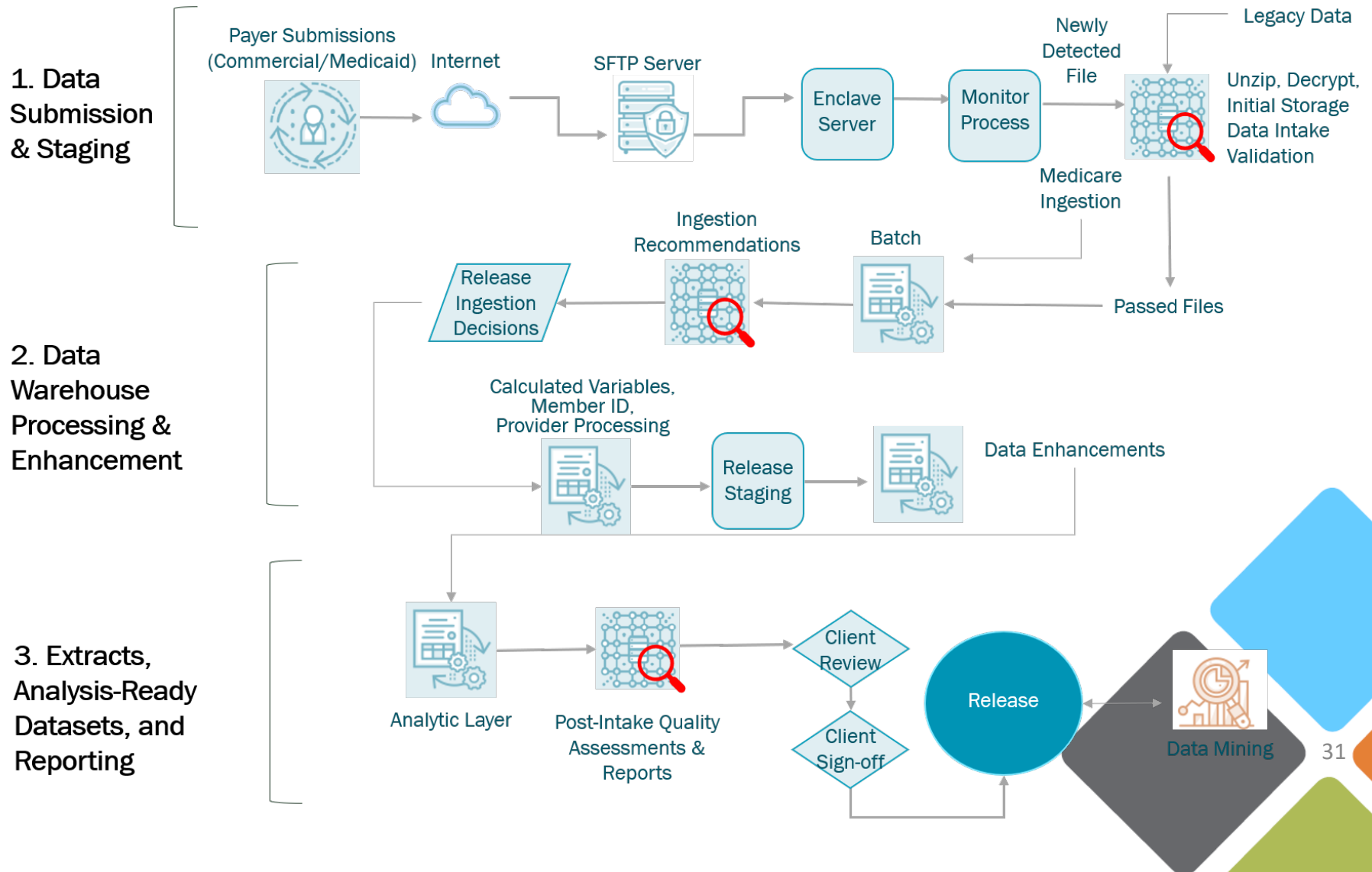


# Annual Submissions

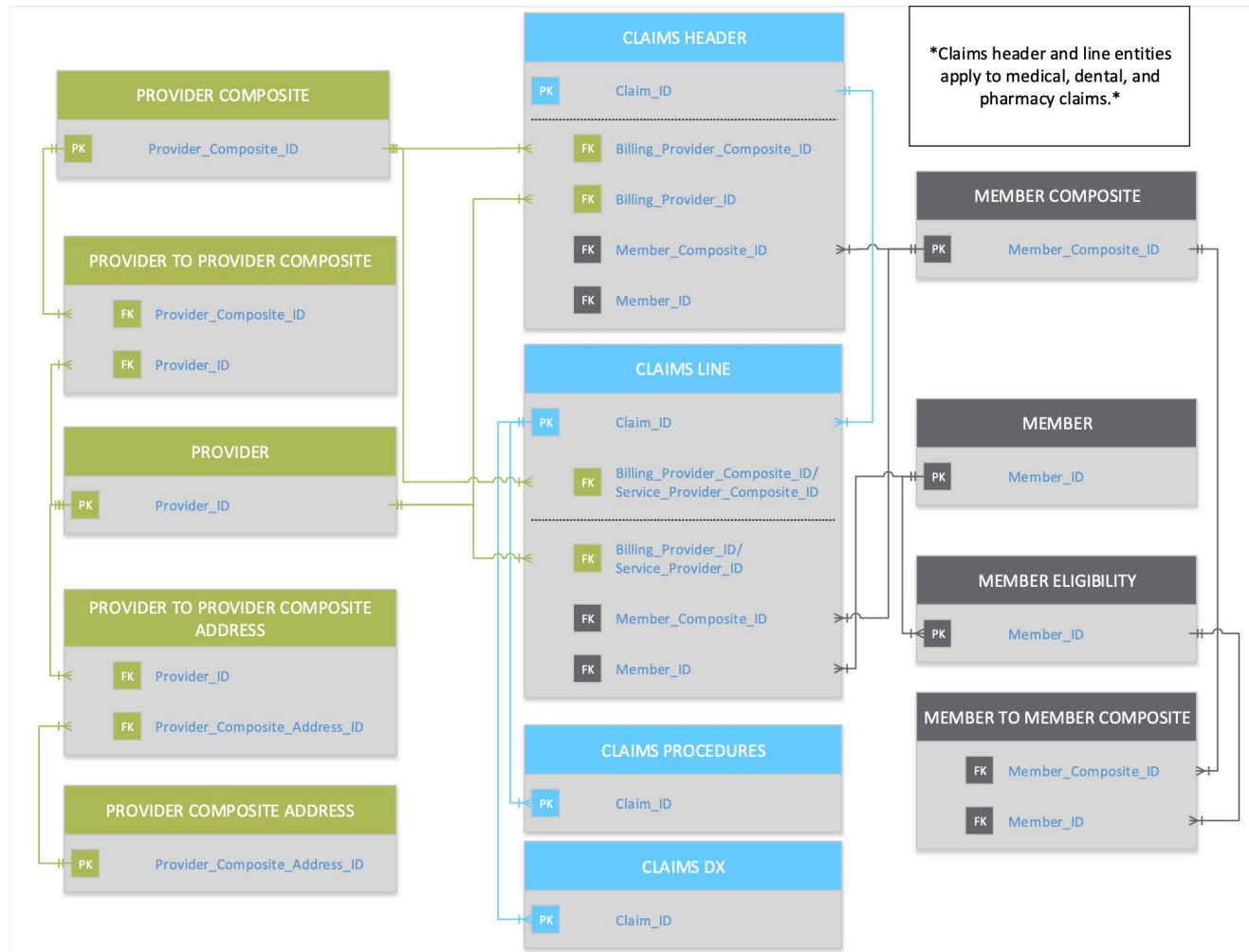
- Alternative Payment Models
  - APM - Alternative Payment Model
  - AC - Alternative Payment Model - Contract
  - CT - Control Total file
- Pharmacy
  - DR - Drug Rebate
  - PB - Pharmacy Benefit Manager Contract
  - PD - Pharmacy Drug Affordability Board
  - VB - Value Based Pharmacy Contract



# Data Flow



# Analytic Data Model



# 2020 Reorganization: Data Quality Focus

Data Operations
• Intake
• Data Quality
• Analytics
• Reporting
• Quality Control
• Project Management

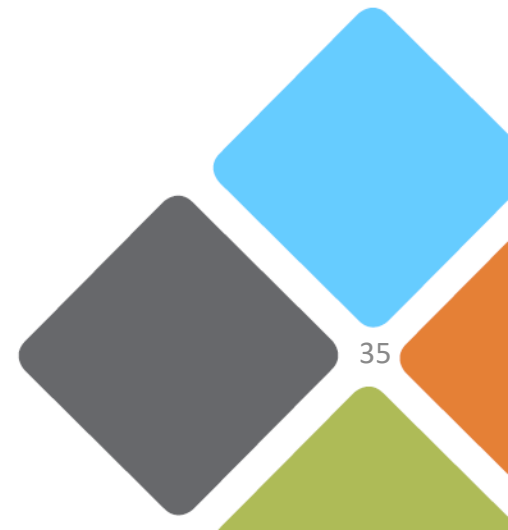
Data Quality	Analytics and Reporting
• Intake	• Analytics
• Data Quality	• Reporting
• Project Management	• Quality Control
	• Project Management

# Data Quality vs Deliverable Quality

Data Quality	Deliverable Quality
<ul style="list-style-type: none"><li>• Refers to the data in the database</li></ul>	<ul style="list-style-type: none"><li>• Refers to reporting and analytics based on the data in the database</li></ul>
<ul style="list-style-type: none"><li>• Includes intake, processing, and transformation to the analytic data model</li></ul>	<ul style="list-style-type: none"><li>• Includes project scoping, analytic planning, data scrubbing, analysis, reporting, and delivery</li></ul>
<ul style="list-style-type: none"><li>• Documentation explains how data can be used and interpreted.</li></ul>	<ul style="list-style-type: none"><li>• Documentation explains analytic methodology and how results can be interpreted.</li></ul>

# 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





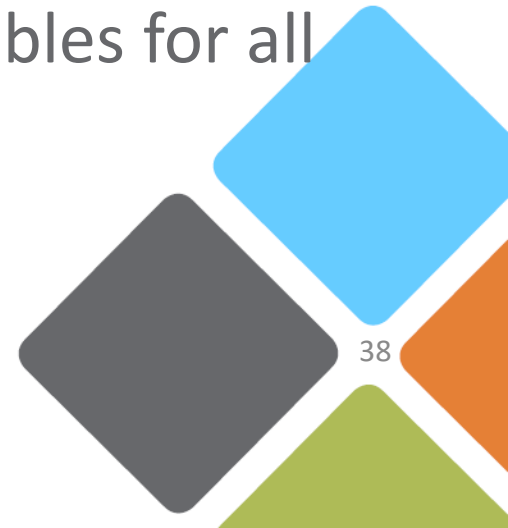
# Phase-gate Improvements

- 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



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# 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



## DEFINITIONS & METHODOLOGY

DEFINITIONS

METHODOLOGY

## GLOBAL DASHBOARD FILTERS

Select a PAYER TYPE:  Select a YEAR:

Select whether INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:

Select MEDICAL OR PRIMARY CARE PAYMENTS:

Select to INCLUDE OR EXCLUDE NON-VALUE BASED PAYMENTS:

## ALTERNATIVE PAYMENT MODELS SUMMARY

Total All Payments vs. APM All Payments

Percent APMs  
of Total Payments



Total Payments

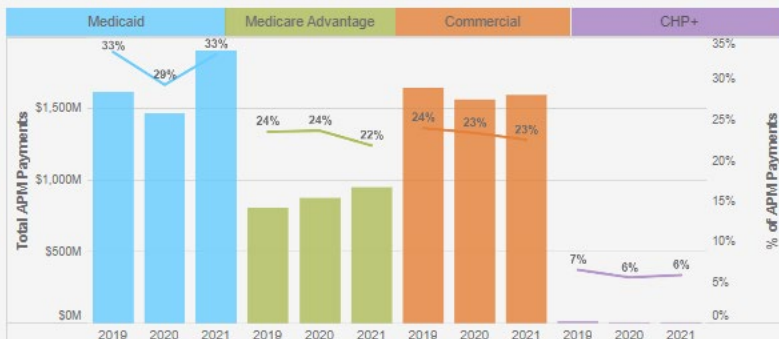
APM Payments

## PAYER PROPORTION OF TOTAL APM PAYMENTS



Alternative Payment Models 2019-2021 (Total APM Payments vs. % APM of All Payments)

This section is not affected by the payer and year selection above



## Alternative Payment Models by Category\*

Hover over a category below to see description

LEARNING & ACTION  
NETWORK CATEGORIES

Select a PAYER TYPE:  Select a YEAR:  Select MEDICAL OR PRIMARY CARE PAYMENTS:

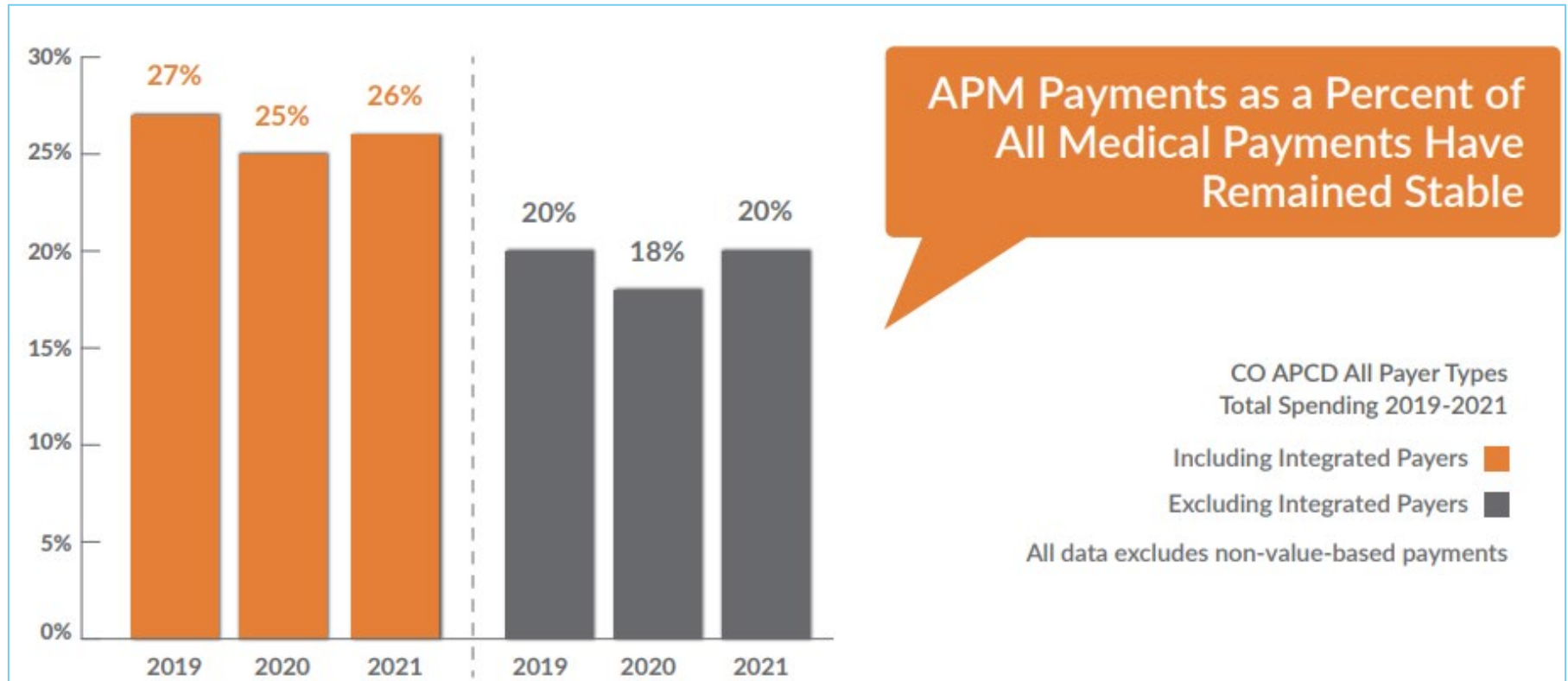
Select whether INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:

	Total APM Payments	% of APM Payments
Foundational Payments for Infrastructure & Operations (2A)	\$93,117,000	1.8%
Pay for Reporting (2B)	\$0	0.0%
Pay for Performance (2C)	\$1,810,431,900	34.1%
Shared Savings with Upside Risk Only (3A)	\$358,524,800	6.8%
Shared Savings with Downside Risk (3B)	\$192,627,600	3.6%
Risk Based Payments NOT Linked to Quality (3N)	\$12,296,400	0.2%
Condition-Specific Population-Based Payments (4A)	\$179,014,900	3.4%
Comprehensive Population-Based Payment (4B)	\$284,200	0.0%
Integrated Finance & Delivery System (4C)	\$1,812,642,000	34.1%
Capitated Payments NOT Linked to Quality (4N)	\$850,490,600	16.0%

\*The payments categorization corresponds to the HCP Learning Action Network (LAN) framework



# Alternative Payment Model Analysis: Insights



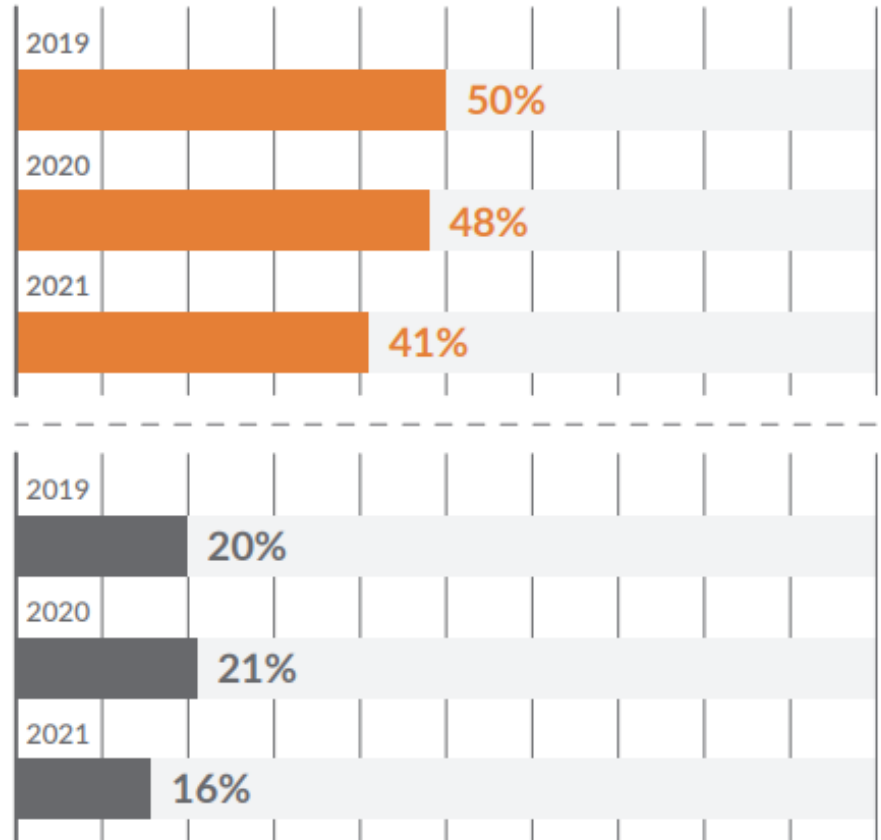
# Alternative Payment Model Analysis: Insights

APM Payments as a Percent of Primary Care Payments Have Declined

CO APCD All Payer Types  
Total Spending 2019-2021

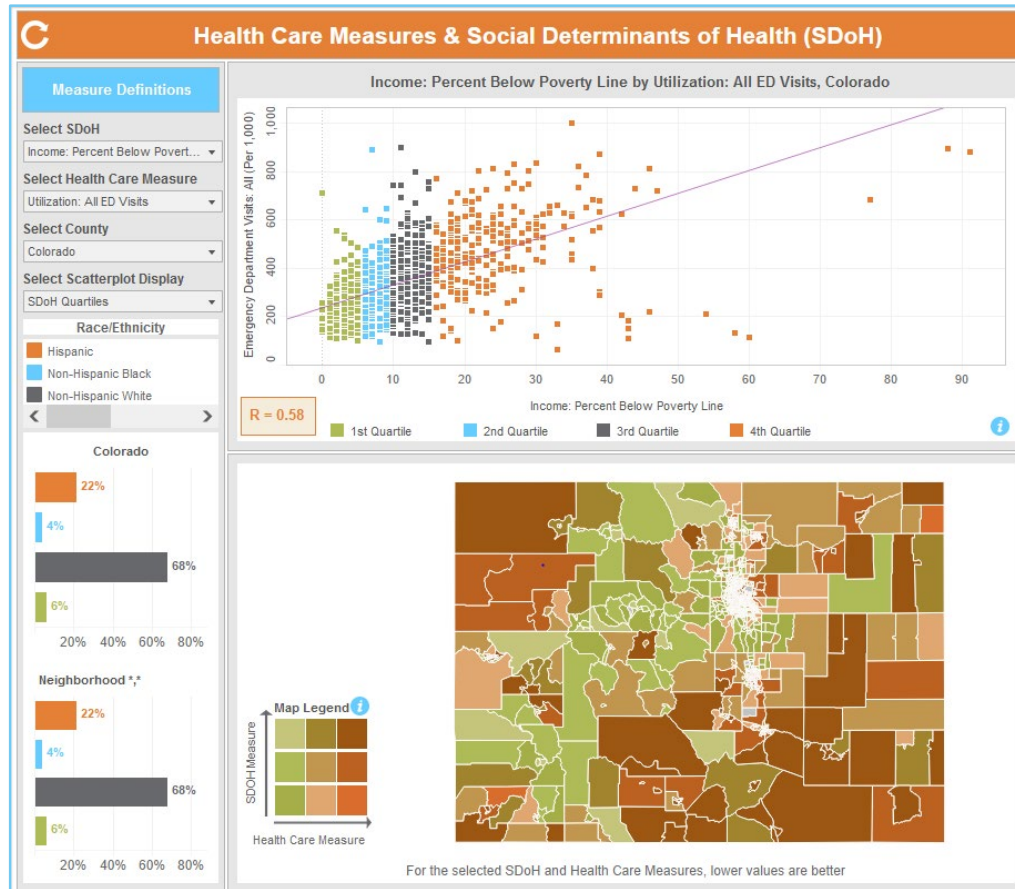
- Including Integrated Payers
- Excluding Integrated Payers

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

- Strong
- Moderate
- Weak

### Social Factors

### Health Care Measures



Access to Care:  
Children & Adolescents



Access to Care:  
Adults



Follow-Up After ED Visit  
for Mental Health



Cost of Care per Person  
per Year



Potentially Preventable  
ED Visits



Income



Education



Employment



Housing/  
Transportation



Race/Ethnicity/  
Language

	Income	Education	Employment	Housing/ Transportation	Race/Ethnicity/ Language
Access to Care: Children & Adolescents	●	●	●	●	●
Access to Care: Adults	●	●	●	●	●
Follow-Up After ED Visit for Mental Health	●	●	●	●	●
Cost of Care per Person per Year	●	●	●	●	●
Potentially Preventable ED Visits	●	●	●	●	●



## 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.

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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.

# Denver County Insights and Findings

In neighborhoods with **lower incomes**, more people use the ED for potentially preventable needs.



NEARBY

## ELYRIA SWANSEA NEIGHBORHOOD



**6,977** (population 2022)



**20%** living below the poverty line



**29%** of residents had a potentially preventable ED visit

BORDERING

## HIGHLANDS NEIGHBORHOOD



**10,285** (population 2022)



**6%** living below the poverty line



**1%** of residents had a potentially preventable ED visit

## SUNNYSIDE NEIGHBORHOOD



**10,048** (population 2022)



**27%** living below the poverty line



**18%** of residents had a potentially preventable ED visit

## CHERRY CREEK NEIGHBORHOOD



**8,061** (population 2022)



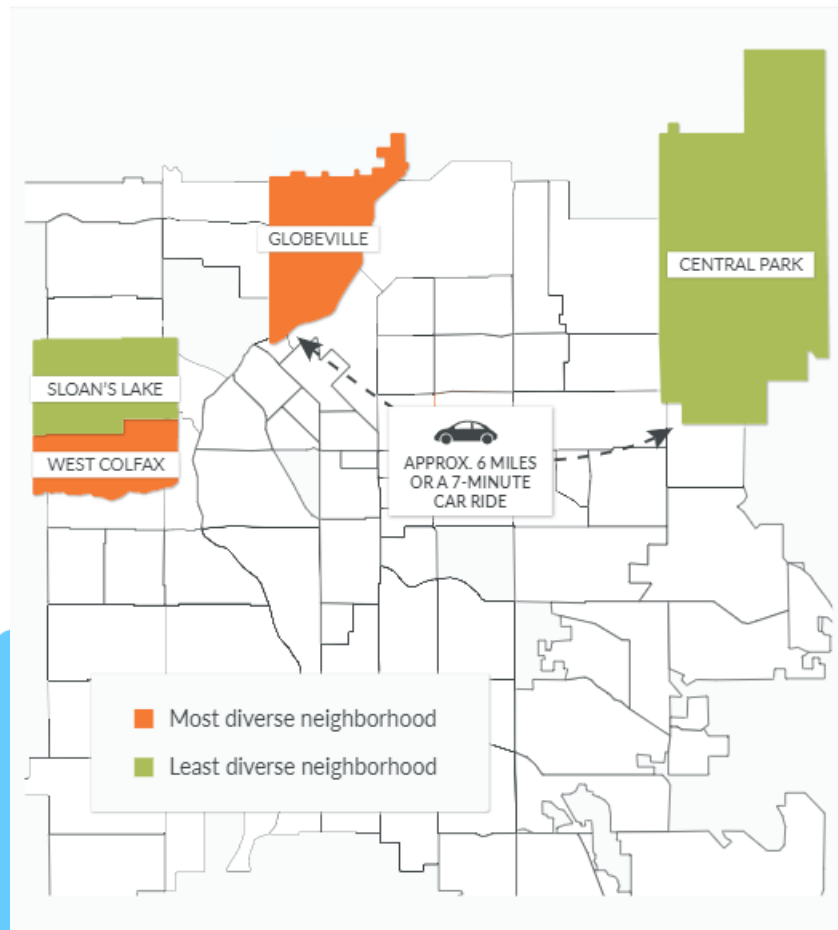
**6%** living below the poverty line



**1%** of residents had a potentially preventable ED visit

# Denver County Insights and Findings


In neighborhoods with **more diverse populations**, fewer adults access preventive care.



## GLOBEVILLE NEIGHBORHOOD

 **15,349** (population 2022)

 **Most Diverse**


 **57%** of adults did not receive preventive care

NEARBY

## SLOAN'S LAKE NEIGHBORHOOD

 **8,211** (population 2022)

 **Least Diverse**


 **27%** of adults did not receive preventive care

BORDERING

## WEST COLFAX NEIGHBORHOOD

 **33,853** (population 2022)


 **Most Diverse**

 **47%** of adults did not receive preventive care

## CENTRAL PARK NEIGHBORHOOD

 **30,000** (population 2022)

 **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

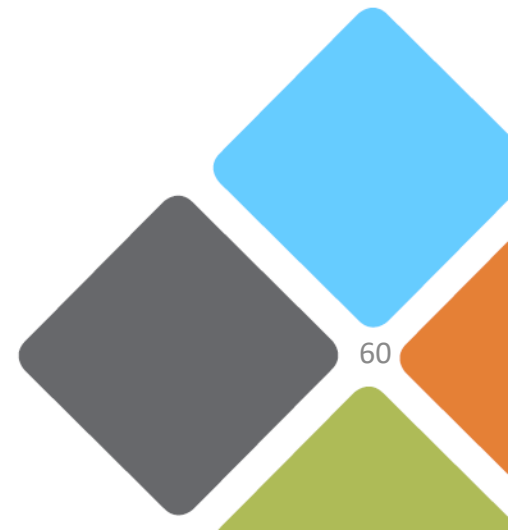
- CO APCD Insights Dashboard
  - Update June 2024
- Up to 400 hours of additional Public Reporting.  
Can include:
  - Data Bytes, Data Dives and other larger analysis partners/change agents/legislators need

# 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



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE



# Member Open Discussion



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

# 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 1<sup>st</sup>
- Nov 7<sup>th</sup>
- 2pm-4pm
- Virtual until otherwise noted