Presenters

Pete Sheehan  
VP of Client Services & State Initiatives  
CIVHC

Mark Gritz, PhD  
Director of Operations  
ACCORDS, University of Colorado School of Medicine

Stacy Fischer, MD  
Associate Professor, University of Colorado Anschutz Medical Campus

Danielle Kline, MPH  
Research Services Program Manager, University of Colorado Anschutz Medical Campus
Agenda

• CIVHC Overview

• About the CO APCD Scholarship Program

• Use Cases:
  • Stacy Fischer, MD & Danielle Kline, MS
    • Apoyo Con Carino (Support through Caring) – Improving Palliative Care Outcomes for Latinos with Advance Medical Illness – Stacy Fischer, MD & Danielle Kline, MS
  • Mark Gritz, PhD
    • CU School of Medicine eConsult Program
    • Rocky Mountain Network for Oral Health Integration (RoMoNOH)

• Q & A
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.

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.
How We Inform

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

Non-Public CO APCD Data
License data from the most comprehensive claims database in CO to address your specific project needs
What’s **IN** the CO APCD?

- **Over 1 Billion Claims (2013-2022)**
- 40 Commercial Payers, + Medicaid & Medicare (FFS/Advantage)
- 5.5+ Million Lives*, Including 1M (50%) of self-insured
- Over 70% of Covered Lives (medical only)*
- Trend information 2013-Present
What’s **NOT** In the CO APCD

**Federal Programs** – VA, Tricare, Indian Health Services

**Majority of** ERISA-based self-insured employers

**Uninsured and self-pay claims**

**Supplemental Info (incomplete)**
Scholarship Background

• The Colorado General Assembly has appropriated $500,000 to be used by the Department of Health Care Policy and Financing (HCPF) to offset the cost of licensing non-public data from the CO APCD for eligible organizations.

• The next round of funding begins July 1, 2023
Eligibility

• Non-profit organizations with annual revenues of $10 million or less
• Governmental entities including state, county local governmental entities (with the exception of HCPF, administrator of the program)
• Researchers affiliated with public, state-supported institutions of higher education

Eligible Projects

Data sets and reports that inform and support projects to improve the Triple Aim, and provide a benefit to the citizens of Colorado are eligible for consideration.

Examples include, but are not limited to:
• Evaluating benefit design and opportunities to reduce price variation
• Analyzing outcomes and cost benefit/return on investment of programs such as palliative care and community-based care transitions work
• Developing alternative payment options such as bundled payments or population based per member/month payments for ACOs or medical home models
## Licensing Fees and Applicant Responsibility

### Price Estimates by Product Type

<table>
<thead>
<tr>
<th>Produce Type</th>
<th>Price Range*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Reports</td>
<td>$2,500-$4,000</td>
</tr>
<tr>
<td>Custom Reports</td>
<td>$5,000-$25,000</td>
</tr>
<tr>
<td>Standard De-Identified Data Sets</td>
<td>$13,500-$24,000</td>
</tr>
<tr>
<td>Custom Limited Data Sets</td>
<td>$17,500-$30,000</td>
</tr>
<tr>
<td>Custom Fully Identified Data Sets</td>
<td>$20,000-$45,000</td>
</tr>
</tbody>
</table>

*Ranges are provided to assist with estimating costs, and are based on an annual review of the most recent projects. Actual data licensing fees will be determined by the scope of each data request.*
# Project Cost Responsibility of Requesting Organizations

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Portion Scholarship May Cover*</th>
<th>Requestor Responsibility*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-profit Organizations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Annual revenues less than $5M</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>• Annual revenue between $5M- $10M</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Governmental Entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Colorado-Based</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>• Federal and Out-of-State</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Researchers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Colorado-Based State-Supported Institutions of Higher Education</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>• Out-of-State Public Institutions of Higher Education</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Estimates only. Actual amount must be approved for each request.

** Non-profit organizations with annual revenue above $10 Million will be reviewed on a case-by-case basis and Scholarship funding for approved projects shall not exceed 80% of the total cost of the project.
FY 23 Scholarship – YTD Summary

• Information about the Scholarship Program can be found here: https://www.civhc.org/scholarship/
  
  Updated documents for FY 24 will be posted in early July

• 22 projects approved for FY 23 totaling $417,333

• Average scholarship award is $18,969

• Average financial responsibility for data requestor is $4,963
<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Academic/Research Requests</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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td><strong>$73,126</strong></td>
<td><strong>$38,134</strong></td>
<td><strong>$111,260</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Agency/Govt. Entity Requests</th>
<th>Academic/Research Requests</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>State Legislator</td>
<td>23.53 Prosthetics - So Colorado Kids Can Move</td>
<td>$12,628</td>
<td>$0</td>
<td>$12,628</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td><strong>$253,809</strong></td>
<td><strong>$57,539</strong></td>
<td><strong>$311,348</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Approved & Delivered**

**Approved and in production**
## FY 23 Scholarship – YTD Summary

### Data Requestor Organization

<table>
<thead>
<tr>
<th>Academic/Research Requests</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Profit Requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Health Alliance</td>
<td>23.03 Expanding PHA’s Ability to Serve Rural Colorado</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
</tr>
<tr>
<td>Colorado Cancer Coalition</td>
<td>23.44 Lung Cancer Screening Environmental Scan</td>
<td>$14,450</td>
<td>$2,550</td>
<td>$17,000</td>
</tr>
<tr>
<td>Peak Health Alliance</td>
<td>23.17 Expanding PHA’s Rural Colorado - Refresh</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
</tr>
<tr>
<td>Vail Valley Partnership</td>
<td>23.47 Mountain Coalition Market Analysis</td>
<td>$15,660</td>
<td>$2,764</td>
<td>$18,424</td>
</tr>
<tr>
<td>Peak Health Alliance</td>
<td>23.17.3 Expanding PHA’s Rural Colorado Presence - Refresh</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
</tr>
<tr>
<td>Population Health Impact Institute</td>
<td>23.34 Resource Use, Incidence &amp; Prevelance of COVID19</td>
<td>$18,088</td>
<td>$3,192</td>
<td>$21,280</td>
</tr>
</tbody>
</table>

| Sub-total                  |                                              |                   |                 |                         |
|                           |                                              | $90,198           | $19,006         | $109,204                |

### Approved & Delivered

- $417,133 approved projects produced or in production
- 83.4% of available funds allocated
FY 23 Scholarship – Summary

FY 23 ALLOCATION

State Agency/Govt. Entity 61%

Academic/Research 17%

Non-Profits 22%
Proposed updates for FY 24 include:

• Capping allocations from eligible out-of-state entities at $50,000 total for all out-of-state projects

• Setting aside 10% of the annual program funds for Colorado State legislative requests
“CIVHC was able to provide me with a strong dataset that illustrates the revolving-door nature of mental health and self-harm visits in Colorado Emergency Rooms. Dire problems arise when people with serious mental illnesses do not receive adequate care and instead find themselves in a cycle of repetitive ER visits. I am working on policies to change this and bring greater mental health resources forward so people can get the treatment they need before they end up in crisis. Being able to reference real data when trying to address these situations is critical.”

~Representative Judy Amabile
Colorado House District 13
Apoyo con Cariño (Support through Caring): Improving Palliative Care Outcomes for Latinos with Advanced Medical Illness

COMIRB: 16-1270

PI: Stacy Fischer, MD

Project Manager: Danielle Kline, MS

Stacy Fischer, MD
CIVHC Webinar
June 22, 2023
Funding and COI

• This research was funded by the National Institute of Nursing Research (R01NR016467)
• The authors have no conflicts of interest to report
Purpose of the Study

• To conduct a multi-site randomized controlled trial testing the effectiveness of a patient navigator intervention to improve palliative care outcomes.
Background

• Disparities exist for Latinos across multiple outcomes at the end of life.
Methods

• Self-identifying Hispanic adults with serious non-cancer medical illness were randomized to control (educational materials) or intervention (educational materials and ~5 navigator visits)

• Measured outcomes:
  – 3-months: QOL, ACP, and symptoms
  – 6-months: Advance Directive documentation
  – 46-months or death:
    • Hospice utilization
    • Hospice length of stay
    • Aggressiveness of care at end of life
CIVHC Application

• 209 patients enrolled; 105 patients randomized to control and 104 patients randomized to the intervention group

• Built a matched dataset
• Provided the PHI from our consented study participants
• CIVHC provided claims data for those patients
• Matched (~80%)
What’s our question?

• Does the intervention group have fewer hospital admissions, visits to the ER, and cost in the 6 months following the intervention than the control group?
Cost Effective Analysis

- Specialty Palliative Care has demonstrated the ability to lower costs in seriously ill populations
- TEST whether the lay patient navigator intervention will improve quality of life, pain and symptom management, and result in decreased costs for Latinos with serious illness living in rural and urban areas
- CONDUCT a cost analysis of the patient navigator intervention by comparing direct costs of the intervention and cost and utilization of health care system resources for all participants
- HYPOTHESES:
  - Participants randomized to the intervention will have lower costs in the 6 months following study enrollment compared to participants in the control arm
  - Decedent participants randomized to the intervention will have lower costs in the last 3 months of life compared to decedent participants in the control arm
Results

• Coming soon!
• Working on cost analysis with Dr. Adam Atherly at VCU
References


Data to Drive Decisions Webinar:
The CO APCD Scholarship
June 22, 2023
Mark Gritz
mark.gritz@cuanschutz.edu
Overview

• Two projects using the Colorado All Payer Claims Database (CO APCD) with different mechanisms to identify the CO APCD members
  1. CU School of Medicine electronic Consultation Program (eConsult)
  2. Rocky Mountain Network for Oral Health Integration (RoMoNOH)

• Learning Objectives
  1. Understanding lessons learned from scholarship applications.
  2. Understanding lessons learned from data requests involving a finder file.
  3. Understanding lessons learned from data requests focused evaluation of programs on members served by Federally Qualified Health Centers.
eConsult Program

• eConsult program provides asynchronous telehealth communication exchanges initiated by a primary care provider with a specialist provider.
• Aims to increase access to specialty care by eliminating or improving efficiency of face-to-face specialty visits.
• Two specific aims:
  1. Does the eConsult program increase access to specialty care?
  2. Does the eConsult program reduce cost of care compared to patients with a traditional referral for a face-to-face consult?
RoMoNOH

• Aims to improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease in community health centers (CHCs).

• Primary goal of APCD analysis is to assess the financial impact to Medicaid of early preventive oral health services on caries-related treatments.

• Two specific aims:
  1. What is the cost effectiveness of preventive oral health services provided by a medical/dental provider on early childhood caries in CHCs?
  2. What is the ROI to Medicaid of practice facilitation and an oral health learning collaborative on early childhood caries and caries-related treatment?
Scholarship Application Lessons Learned

- Fully answer the “how” questions in Part I of the Data Release Application:
  1. How will the project benefit Colorado or Colorado residents?
  2. How will the project meet one or more of the Triple Aim criteria? (Go ahead and discuss the additional quadruple aim criterion)
  3. How will the project contribute to ensuring everyone, regardless of demographics, has access to the care they need when they need it?

- For NIH grant writers, this is your “Significance” section

- Include findings from prior studies and highlight how the APCD will strengthen the evidence-base for the “how” questions
Finder File Lessons Learned

- Ensure your IRB has reviewed and approved the use of a finder file and linkage of APCD using Personally Identifiable Information (PII)
- Provide as much relevant PII as available in the finder file
- Ensure your computing platform has adequate cybersecurity protections and these are fully described in your data management plan
Provider Attributed Members Lessons Learned

• Utilize the CIVHC client services team
• Communicate your population identification/attribution plans to the client services team
• Ensure your computing platform has adequate cybersecurity protections and these are fully described in your data management plan
Questions? Suggestions?

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/