



# The CO APCD Scholarship Fund & Use Cases

June 22<sup>nd</sup>, 2023



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

# Presenters



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# 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.



Clinicians



Hospitals



Government



Consumers



Employers



Researchers



Health Plans



Non-Profits

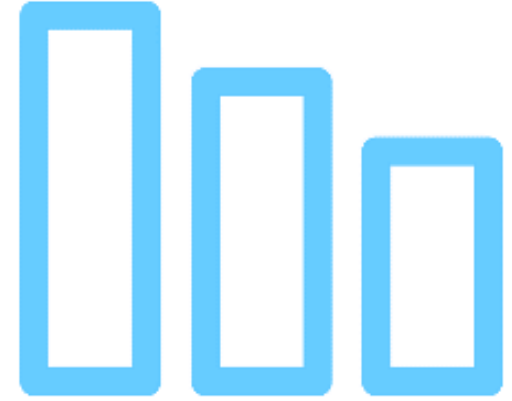


# How We Inform



## **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**

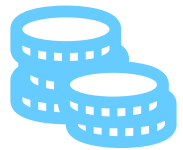
# What's **NOT** In the CO APCD



**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

Produce Type	Price Range*
Standard Reports	\$2,500-\$4,000
Custom Reports	\$5,000-\$25,000
Standard De-Identified Data Sets	\$13,500-\$24,000
Custom Limited Data Sets	\$17,500-\$30,000
Custom Fully Identified Data Sets	\$20,000-\$45,000

*\* 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.*

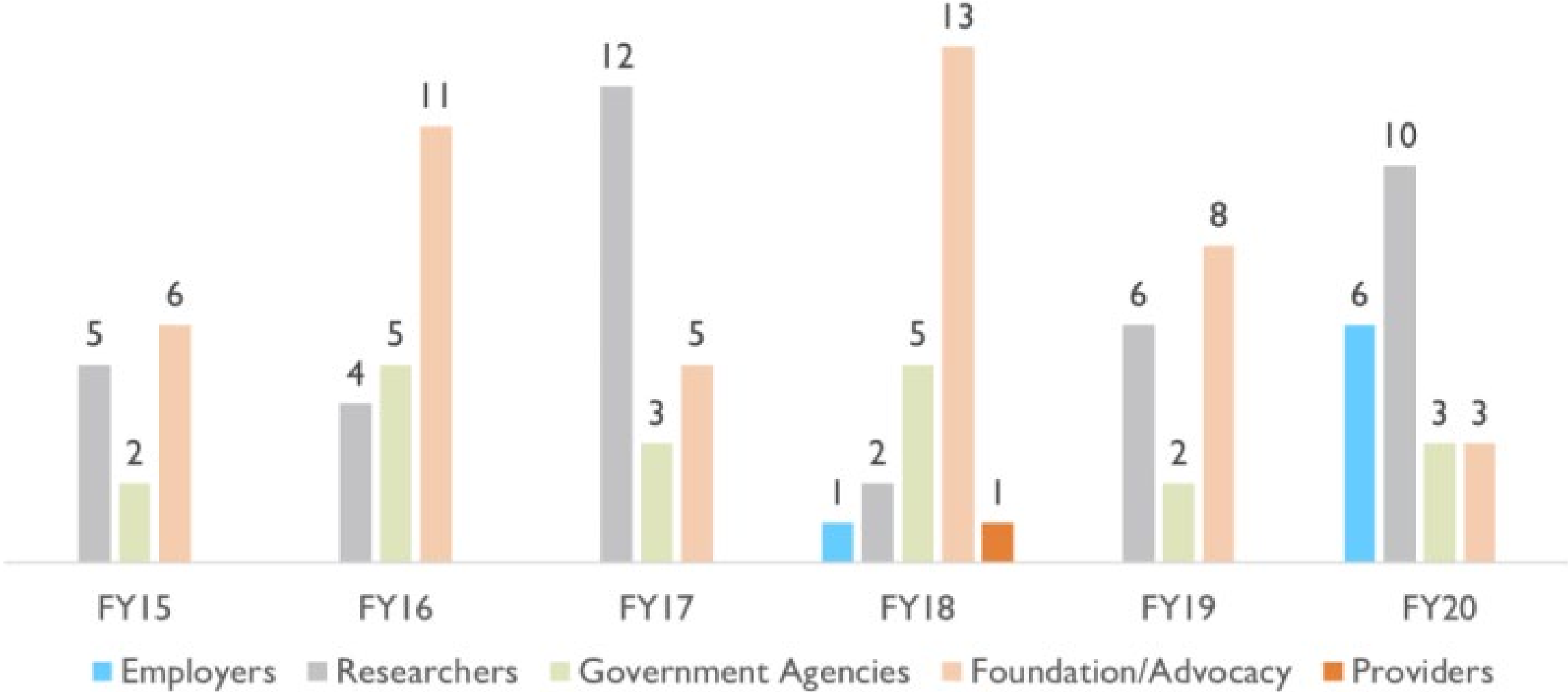
## Project Cost Responsibility of Requesting Organizations

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

\*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.

# Stakeholders Who Received CO APCD Scholarship Funds By Year



# 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**

# FY 23 Scholarship – YTD Summary

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
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
	<b>Sub-total</b>	<b>\$73,126</b>	<b>\$38,134</b>	<b>\$111,260</b>
<b>State Agency/Govt. Entity Requests</b>				
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
	<b>Sub-total</b>	<b>\$253,809</b>	<b>\$57,539</b>	<b>\$311,348</b>

Approved & Delivered

Approved and in production

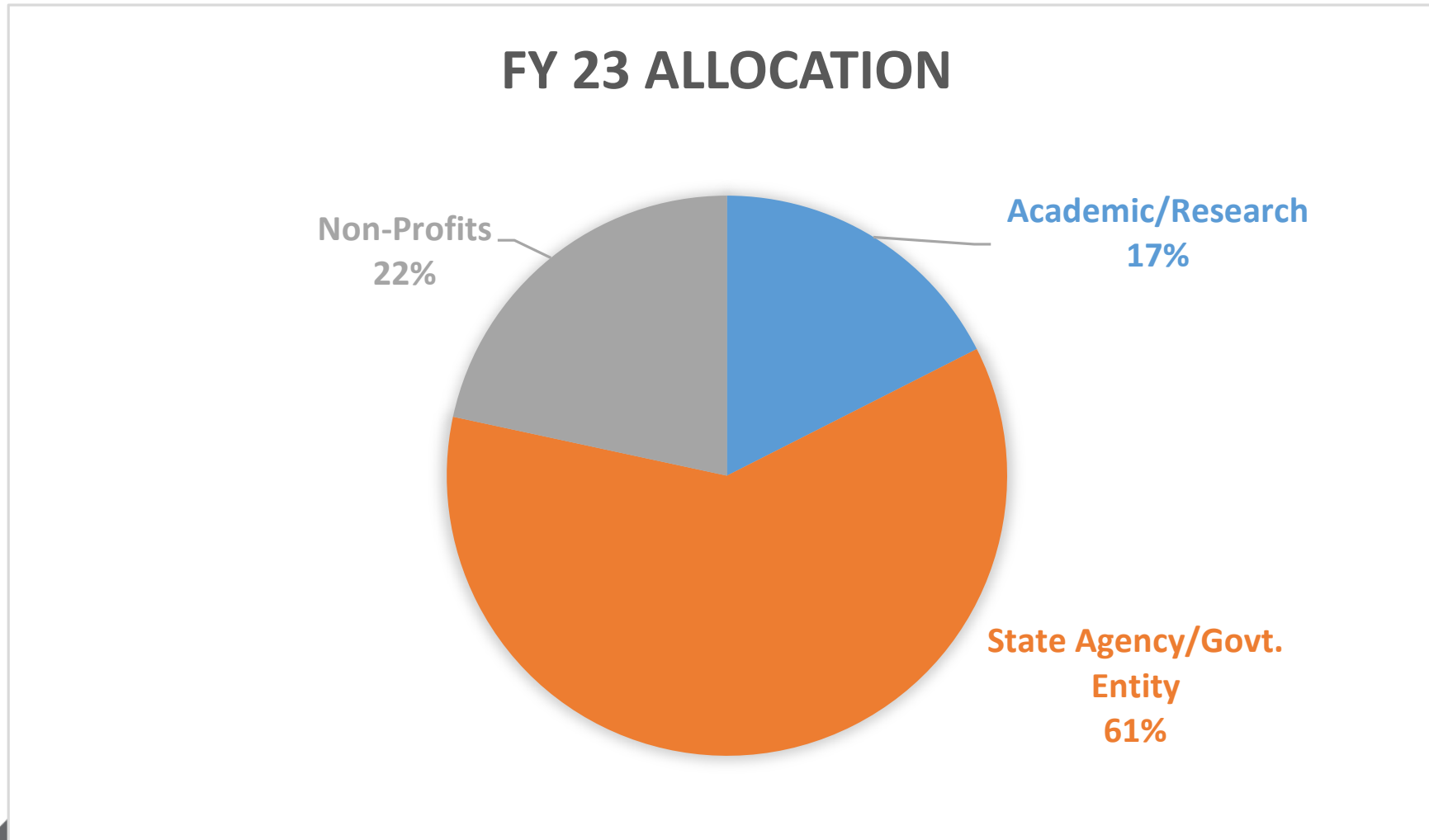
# FY 23 Scholarship – YTD Summary

Data Requestor Organization Academic/Research Requests		Project	Scholarship Amount	Requestor Amount	Data/Project Total Cost
<b>Non-Profit Requests</b>					
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
		Sub-total	\$90,198	\$19,006	\$109,204
Approved & Delivered					
Approved and in production		Totals	\$417,133	\$114,679	\$531,812

- **\$417,133 approved projects produced or in production**
- **83.4% of available funds allocated**



# FY 23 Scholarship – Summary



# FY 23 Scholarship – Summary

**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**

# Legislative Use Case

*“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



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# Funding and COI

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- The authors have no conflicts of interest to report



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# 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.

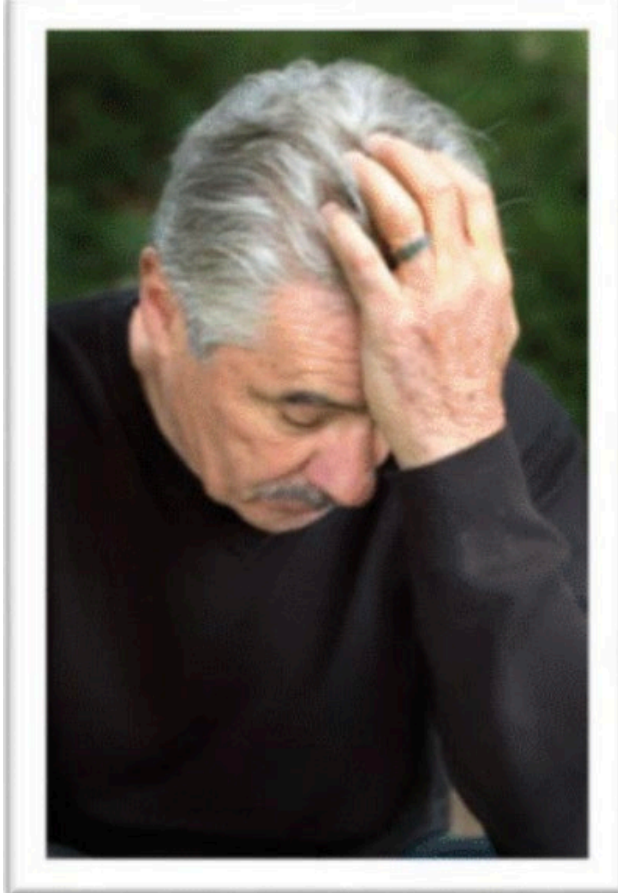


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# Background



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



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# 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



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# 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%)



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# 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?



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# 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



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# Results

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



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# References

1. Wright AA, Keating NL, Balboni TA, Matulonis UA, Block SD, Prigerson HG. Place of death: correlations with quality of life of patients with cancer and predictors of bereaved caregivers' mental health. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* 2010;28:4457-64. Smith AK, McCarthy EP, Paulk E, et al. Racial and ethnic differences in advance care planning among patients with cancer: impact of terminal illness acknowledgment, religiousness, and treatment preferences. *Journal of Clinical Oncology* 2008;26:4131-7.
2. Romero LJ, Lindeman RD, Koehler KM, Allen A. Influence of Ethnicity on Advance Directives and End-of-Life Decisions. *JAMA* 1997;277:298.
3. Morrison RS, Morrison EW, Glickman DF. Physician reluctance to discuss advance directives. An empiric investigation of potential barriers. *Archives of Internal Medicine* 1994;154:2311-8.
4. McKinley ED, Garrett JM, Evans AT, Danis M. Differences in End-of-Life Decision Making Among Black and White Ambulatory Cancer Patients. *Journal General Internal Medicine* 1996;11:651-6.
5. Shepardson LB, Younger SJ, Speroff J, O'Brien RG, Smyth KA, Rosenthal GE. Variation in the Use of Do-Not-Resuscitate Orders for Patients with a Stroke. *Archives of Internal Medicine* 1997;157:1841-7.
6. Wenger NS, Pearson ML, Desmond KA, et al. Epidemiology of Do-Not-Resuscitate Orders.

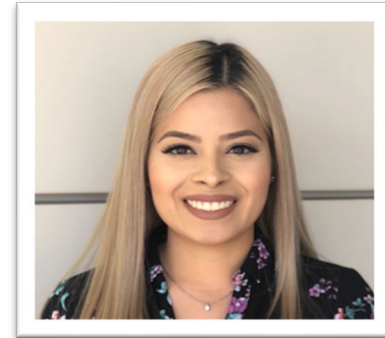


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# Questions?



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Data to Drive Decisions Webinar:  
The CO APCD Scholarship  
June 22, 2023  
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University of Colorado  
Anschutz Medical Campus

# 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](mailto:info@civhc.org)



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Recording will be posted here:

[www.civhc.org/about-civhc/news-and-events/event-resources/](http://www.civhc.org/about-civhc/news-and-events/event-resources/)

