

# Healthy Aging Data Profile



CENTER FOR IMPROVING  
VALUE IN HEALTH CARE

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# Presenters

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# Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page at: [civhc.org](https://civhc.org)





# Who We Are



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

## 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.

## Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.

## We Are

- Non-profit
- Independent and objective
- Service-oriented



# 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 Serve



## 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

- Administrator of the Colorado All Payer Claims Database
- Research & Evaluation Services
- Program Focus Areas: Advance Care Planning, Palliative Care, Aging
- Community Engagement





# All Payer Claims Databases



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# All Payer Claims Databases (APCD) Overview

APCDs are large databases that typically include medical, dental, pharmacy claims collected from private and public payers. Advantages over single-payer or population-based databases include:

- Capturing longitudinal care information on individuals
- Patient data that spans care settings
- Data from most or all insurance companies in state
- Demographic, diagnostic, procedural & reimbursement information (total charges, plan paid, and patient responsibility)
  - Useful for policy, research, clinical and health system performance, evaluation, population health management, system redesign, payment reform, and more

Currently, 19 states have some form of an APCD



# What's in the CO APCD



**Over 1 Billion Claims** (2013-2022)

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**Over 70%** of Covered Lives (medical only, 2021)

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**5.5+ Million Lives\***, Including 1M of self-insured

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**48 Commercial Payers, + Medicaid & Medicare\***

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**Trend information** (2013-Present)

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*\*Reflects 2022 calendar year only*

# What's not in the CO APCD



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

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**Uninsured and self-pay claims**

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

# What Gets Submitted to the CO APCD?



**Medical Claims**



**Professional Claims**



**Dental Claims**



**Pharmacy Claims**



**Eligibility Files**




## **Non-Claims Data (annual files)**

- Alternative Payment Models
- Drug Rebates
- Value-Based Pharmaceutical Contracts (2022)
- Prescription Drug Affordability Bill fields (2022)



# Public Reports

- Shop for Care
- Community Dashboard
- Drug Rebates
- Low Value Care
- Alternative Payment Models
- Medicare Reference Pricing
- Telehealth Services Analysis
- Health Equity Analysis
- Provider Payment Tool
- Additional Excel Files on Varying Topics



Instructions

Procedure Prices (Non-Anesthesia)

↻ →

Select YEAR:

2021

Select PAYER TYPE:

Commercial

Select PLACE OF SERVICE:

Outpatient

Select GEOGRAPHY TYPE:

Statewide

Select GEOGRAPHY:

Colorado

Select PROVIDER TYPE or SETTING:

Specialists and Osteopathic Providers

Type in CPT/HCPCS Code

\* Indicates Statewide Values are displayed due to low volume.

^ Indicates DOI Values are displayed due to low volume.

CPT/HCPCS Code and Description	Payment Type	Average Payment	25th Percentile Payment	50th Percentile Payment	60th Percentile Payment	75th Percentile Payment
0001A - 59: Intramuscular administration of single ...	Flat Fee	\$42	\$40	\$40	\$40	\$40
0001A: Intramuscular administration of single seve..	Flat Fee	\$32	\$19	\$40	\$40	\$40
0002A: Intramuscular administration of single seve..	Flat Fee	\$39	\$35	\$40	\$40	\$41
0003A: ADM SARSCOV2 30MCG/0.3ML 3RD	Flat Fee	\$43	\$40	\$40	\$41	\$42
0004A: ADM SARSCOV2 30MCG/0.3ML BST	Flat Fee	\$39	\$40	\$40	\$40	\$41
0202U: Test for detection of respiratory disease-ca..	Flat Fee	\$289	\$174	\$255	\$255	\$417
0240U: Respiratory infectious agent detection by ..	Flat Fee	\$130	\$143	\$143	\$143	\$143
0241U - 26: Respiratory infectious agent detection ..	Flat Fee	\$28	\$24	\$30	\$30	\$30
0241U: Respiratory infectious agent detection by ..	Flat Fee	\$133	\$140	\$143	\$143	\$143
0376T: INSERT ANT SEGMENT DRAIN INT	Flat Fee	\$281	\$86	\$340	\$358	\$421
0402T: Collagen cross-linking treatment of disease..	Flat Fee	\$1,835	\$1,233	\$1,457	\$1,596	\$2,518
0502F: SUBSEQUENT PRENATAL CARE	Flat Fee	\$0	\$0	\$0	\$0	\$0
0504T: Analysis of data from CT study of heart blo..	Flat Fee	\$146	\$105	\$120	\$125	\$230

Codes with less than 30 claims statewide are not available.



## CIVHC Program and Community Engagement

Focus on bringing partners together in a non-partisan, non-biased space with the goal of creating positive change around key healthcare challenges.

# Palliative Care

- Statewide Definition
- Education and awareness
  - State of Palliative Care Report
  - Palliative Care Map of Providers
- Working with state and national partners to improve access to PC services
  - Engaged in efforts to create a CO Medicaid Palliative Care Benefit



# Advance Care Planning

- Statewide, Bi-Monthly Advance Care Planning Workgroup
- Created training modules first responders to better understand and use advance directives
  - Funded by a donation from Tomorrow's Choices
  - Co-created with South Metro Fire to ensure accurate and relevant training
- In 2018, CIVHC became the administrative home for the Colorado Medical Orders for Scope of Treatment (MOST) Program.
- Training and other tools to support appropriate use of the MOST form.
  - Partnered with Telligen, CO's QIN-QIO to get training out to Assisted Living Communities, Nursing homes, skilled nursing and state survey teams.



# Aging and Older Adults

CIVHC has been engaged with multiple statewide efforts to create a state where everyone can age well and have age-friendly services.

- Colorado Commission on Aging, Established in 2022 through HB22-1035
- Alzheimer's Disease and Related Dementia Action Coalition (ADRDAC)
- Age Friendly Health Systems
  - Uses 4Ms to meet the needs of older adults
    - What **M**atters, **M**edication, **M**entation, **M**obility
- Colorado Center for Aging
  - Focused on advocacy and legislation impacting older adults
- Strategic Action Planning Group on Aging (SAPGA)
  - Created in 2015 and sunset in 2022







# Lifelong Colorado

- On September 18th, 2018, CO Governor John Hickenlooper declared CO as the 3<sup>rd</sup> state to join the AARP Network of Age-Friendly States and Communities.
- 8 Member organizations and 17 interested community partners to support this work
- Insights from AARP, DRCOG, SAPGA, DOLA, HCPF, CML, CCI
- Foundation support: Next Fifty and Rose Community Foundation
- Recommendation to Create a Data Dashboard to inform the work

# Other State Examples

- California Master Plan on Aging Dashboard
- Northeastern state Healthy Aging Data Reports (CT, MA, RI, NH)
- Minnesota: Aging Data Profiles
- New York City: interactive map of aging
- Florida: Elder Needs Index Maps
- America's Health Rankings Senior Report



# Goals of the Colorado Aging Data Profile

- Measures that can track trends overtime
- Aggregate data that can be or already is shared publicly
- Data to be broken out by:
  - County
  - Age Ranges (60-64, 65-69, 70-74, 75-79, 80-84, 85+)
  - Demographic (rural, urban, frontier)
- Relevant to the work that is happening across the state
- Based on feedback from partners



# Other Data Sources

- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- The Elder Index™
- National Housing Preservation Database (NHPD)
- Health Resources & Services Administration (HRSA)
- U.S. Bureau of Labor Statistics (BLS)
- State departments: CDHS, HCPF, CDPHE, CDHE, CDLE, DOLA, DORA



# CIVHC developed 15 measures from data in the CO APCD

% Diagnosis of Alzheimer's Disease or related dementias	% of Coloradans with traumatic brain injury	% of CO dually eligible for Medicaid and Medicare?	% of each insurance type (Medicare, Medicaid, Commercial)	# of physician visits within year
# of ER visits/1000 persons annually	# Medicare Part D monthly prescription fills/person/year	# of home health visits/year	# of inpatient hospital stays/1,000 persons	% of inpatient hospital discharges with 30 days readmission
% receiving Medicaid LTSS	# of those receiving hospice services	# of dialysis treatments	% with an average of 3+ medications	% of population with 4+ (out of 15) chronic conditions



# Measure 1: Alzheimer's Disease or related dementias

- The percentage of CO APCD members aged 60 and older who had Alzheimer's disease or related dementia in 2021.\*
- **Use Case:** Planning for services and care needed to support those with ADRD.

Member Age Group	# with Alzheimer Disease or Related Dementia	Distinct Eligible Members	Percent of Total Eligible Population
60-64	809	236,758	0.34%
65-69	1,801	301,417	0.60%
70-74	3,204	240,637	1.33%
75-79	4,872	148,423	3.28%
80-84	6,031	89,505	6.74%
85+	11,391	83,596	13.63%
Statewide	28,108	1,100,423	2.55%



# Measure 6: Emergency Room Visits in 2021

The rate of distinct emergency room visits (inpatient or outpatient) per 1,000 CO APCD members aged 60 and older in 2021.

**Use Case:** This data can be used overtime to demonstrate whether efforts to reduce unnecessary ED visits are successful.

Member Age Group	Distinct ER Visits	Distinct Eligible Members	Rate of Distinct ER Visits per 1,000 Covered Lives
60-64	716,600	236,758	3,027
65-69	987,230	301,417	3,275
70-74	1,050,141	240,637	4,364
75-79	918,754	148,423	6,190
80-84	770,629	89,505	8,610
85+	965,915	83,596	11,555
Statewide	5,409,269	1,100,423	4,916



# Measure 15: 4 or more Chronic Conditions in 2021

Percentage of Members with 4 or more of the 15 CMS common chronic conditions.

**Use Case:** Understanding the disease burden across the state and help to target efforts to better manage chronic disease in areas with high occurrences of individuals with multiple chronic conditions.

Member Age Group	Distinct Members with 4+ (out of 15) Chronic Conditions	Distinct Eligible Members	% of Total Eligible Population
60-64	50,827	236,758	21%
65-69	84,775	301,417	28%
70-74	86,952	240,637	36%
75-79	64,605	148,423	44%
80-84	43,470	89,505	49%
85+	41,615	83,596	50%
Statewide	372,244	1,100,423	34%





# What is next?

- Compile additional data related to:
  - Housing
  - Demographics (i.e., Income, Education, Language, Race/Ethnicity)
  - Economic Security
  - Health Care Staffing Levels
  - Overall wellbeing
- Highlight key insights
- Publish in online dashboard

# Questions and Feedback



Reach out to:

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