

Committee Board Members: Michelle Anderson, Kim Bimestefer, Charlie Brennan, Kate Davidson, Rick Doucet, David Ehrenberger, Adam Fox, Sarah Hassell, Philip Lyons, Tom Rennell, Ty Tilghman, Chris Underwood, Nathan Wilkes, Aida Zygas

CIVHC Staff: Alice Aguirre, Sarah Ford, Cari Frank, Darcy Holladay Ford, Rachel Jardim, Nicole Kuzmich, Clare Leather, Paul McCormick, Liz Mooney, Twanisha Parnell, Kristin Paulson, Lucia Sanders, Pete Sheehan, Stephanie Spriggs, Sauntice Washington, Amanda Kim, Chris Dalton, Dagmar Velez, Dustin Moyer, Hannah Witting, Lindsay Wilkins, Maggie Muller, Martha Meyer, Mohammad Dakkak, Tran Giang, Lauren Beaudin, Val Garrison

Public: Jonathan Handsborough, Eriko Mori

*These notes cover only the discussion of the Committee and such information required to put questions in context.
Please refer to the presentation and materials for more information.*

****These Notes Were Generated by AI and Edited for Accuracy****

Topic	Discussion	Action Item
Staff Updates, Scholarship Program, and Data Access	<ul style="list-style-type: none"> Sauntice Washington will be taking over Stephanie Spriggs' role as administrator for the CO APCD Advisory Committee Twanisha Parnell joins CIVHC as CFO, and Liz Mooney joins as VP of Research, Partnerships, and Innovation Pete Sheehan, VP of Client Solutions and State Initiatives, provides an update on the APCD Scholarship Program, including the \$500,000 allotted for data access and the eight projects approved so far. Sheehan provides an update on the allocation of funds for IT projects and legislative requests, with \$188,398 approved so far and \$311,602 remaining for the rest of the fiscal year The Advisory Committee is informed of an initiative to review and potentially change the pricing model to better serve partners and stay on pace with future needs 	
Data Submission Guide Changes for Health Care Analytics	<ul style="list-style-type: none"> Kristin Paulson provides an update on the Data Submission Guide (DSG) 15, including changes to the CO APCD Rule and the addition of new fields for vision claims and wholly denied claims 	
Public Reporting	<ul style="list-style-type: none"> Over 64,000 people visited CIVHC's public reporting pages from January to November 2023, with over 48,000 unique users CIVHC VP of Communications and Marketing Cari Frank highlights new and upcoming public reports, including the Telehealth Equity Analysis and Provider Payment Tool 	
Public Reporting: Health Equity Analysis	<ul style="list-style-type: none"> Frank discusses the Telehealth Equity Report analyzing telehealth visit rates in Colorado counties, comparing in-person visit rates to telehealth visit rates and examining the 	

	<p>relationship between social factors and access to telehealth services</p> <ul style="list-style-type: none"> ○ The report looks at multiple social factors, including transportation, unemployment, internet access, and disability to understand how these factors impact a person's ability to access telehealth services. • Frank highlights gaps in telehealth access, including lack of providers in rural areas and limited areas for those without smartphones or computers <ul style="list-style-type: none"> ○ Question: Is there data in the report showing in-person visits that could have been telehealth or converted from a telehealth visit, and is there data showing how weather correlations may have affected appointment status? <ul style="list-style-type: none"> ▪ Frank confirms the data does not include this information and notes these could be important factors to consider for future analyses • Frank mentions that payment parity is an issue in telehealth, with some payers not covering the same amount for in-person and telehealth services • Frank also mentions that denied claims are a problem, with some payers denying claims more often than others • Network adequacy and telehealth facility fees are complex issues that need further analysis 	
Public Reporting: Provider Payment Tool	<ul style="list-style-type: none"> • Public Reporting Program Manager Clare Leather presents the Provider Payment Tool, a robust report with unique sections for anesthesiology and a payment calculator • Leather highlights various use cases for the Provider Payment Tool, including understanding costs for self-insured employers, benchmarking payments for health insurance payers, and identifying opportunities for cost reduction and increased access to care for state agencies and policymakers • The tool can answer a wide range of questions, such as comparing commercial insurance payments for office visits between different providers, and can be used to slice and dice data in various ways to provide valuable insights 	
CIVHC 2023 Perception Survey Results	<ul style="list-style-type: none"> • Director of Research Darcy Holladay Ford presents the results of the perception survey • The survey was distributed to 4,000 respondents, with 85 responses (68% from Colorado) • The majority of respondents had positive feedback, and presented good feedback on CIVHC's potential barriers and suggestions for further work • Respondents valued CIVHC's data and mission, with 89% feeling CIVHC is achieving its mission • Respondents cited personal experience and impact of CIVHC's work as the largest reasons for using CIVHC reports (50%), followed by benchmarking and decision-making (25%) • Quotes from respondents highlighted CIVHC's platform as a leader in health care data collection and reporting, with one 	

	<p>stating “CIVHC has a solid platform and works to ensure data are accurate and available.”</p> <ul style="list-style-type: none"> • 80% of respondents perceive CIVHC as non-partisan, with concerns about board composition and funding influencing perceptions • Timeliness and usability are the biggest challenges for researchers and policymakers, with cost being a less significant issue • Committee highlights the importance of data quality and accessibility, citing CIVHC’s efforts to improve data quality and address limitations in claims data • Committee also notes that 80% of respondents were unaware of CIVHC or other data licensed options, indicating a need for better education and awareness around data licensing fees • Frank emphasizes the importance of making data accessible and actionable for specific communities, particularly in the health equity space • CIVHC is rebuilding its public reporting pages to provide more specific use cases • The team is working to improve data quality by dedicating a QC team, developing user guides, and improving technical usability • Team is also working to integrate APCD data with other sources, including electronic medical records and registries, to provide a more comprehensive view of health care 	
Committee Discussion: Use and Integration of AI	<ul style="list-style-type: none"> • Frank mentions that CIVHC is starting an internal work group to explore using natural language processing (NLP) to improve the usability of their database • Nathan Wilkes adds to the discussion by asking about opportunities for leveraging AI tools to create a more intuitive and dynamic interface for asking questions and getting answers from publicly available data, while also acknowledging the risks involved in using these technologies • Wilkes also raises concern about AI-driven analysis of data without transparency, suggesting the need for restrictions on how data is used • CIVHC’s Compliance team is involved in building permissive use cases and auditing capabilities to ensure data is used accurately and securely 	
	There were no further comments/questions. Please refer to the slide deck for more information about what was presented.	