

CO APCD Advisory Committee

June 11, 2024



CENTER FOR IMPROVING
VALUE IN HEALTH CARE





Agenda

- Opening Announcements
- Operational Updates
- Quality & Analytics
- Public Reporting
- Public Comment and Member Open Discussion

Welcome New Committee Member!

- Dawn Tuttle
 - Director of Regulatory Affairs, Kaiser Permanente

Open Committee Positions

- Pharmacy benefit manager
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity



Next Steps for Chair and Vice Chair Elections

- No new nominations
- Next two years will continue with current structure:
 - Nathan Wilkes: Committee Chair
 - David Keller: Committee Vice Chair
- Please reach out to them or CIVHC staff with any committee structure or topic recommendations throughout the year





Operational Updates

Kristin Paulson, JD, MPH
CEO and President

Pete Sheehan
VP of Client Solutions & State Initiatives

Liz Mooney
VP of Research, Partnerships and Innovation

FY 23-24 Scholarship – Year End Summary

- **Applications Fully Approved**

- 25 projects have been approved totaling **\$498,313.20** of the \$500,000 total available, **99.67%** of the annual funds
- Average Scholarship award for the 25 approved projects is **\$19,932**

- **Comparison to last year**

- **+16.5%** in allocated funds, up from \$427,633 last year
- **+3** in number of approved projects, up from 22 last year
- **+2.5%** in avg dollars awarded per project, up from \$19,438



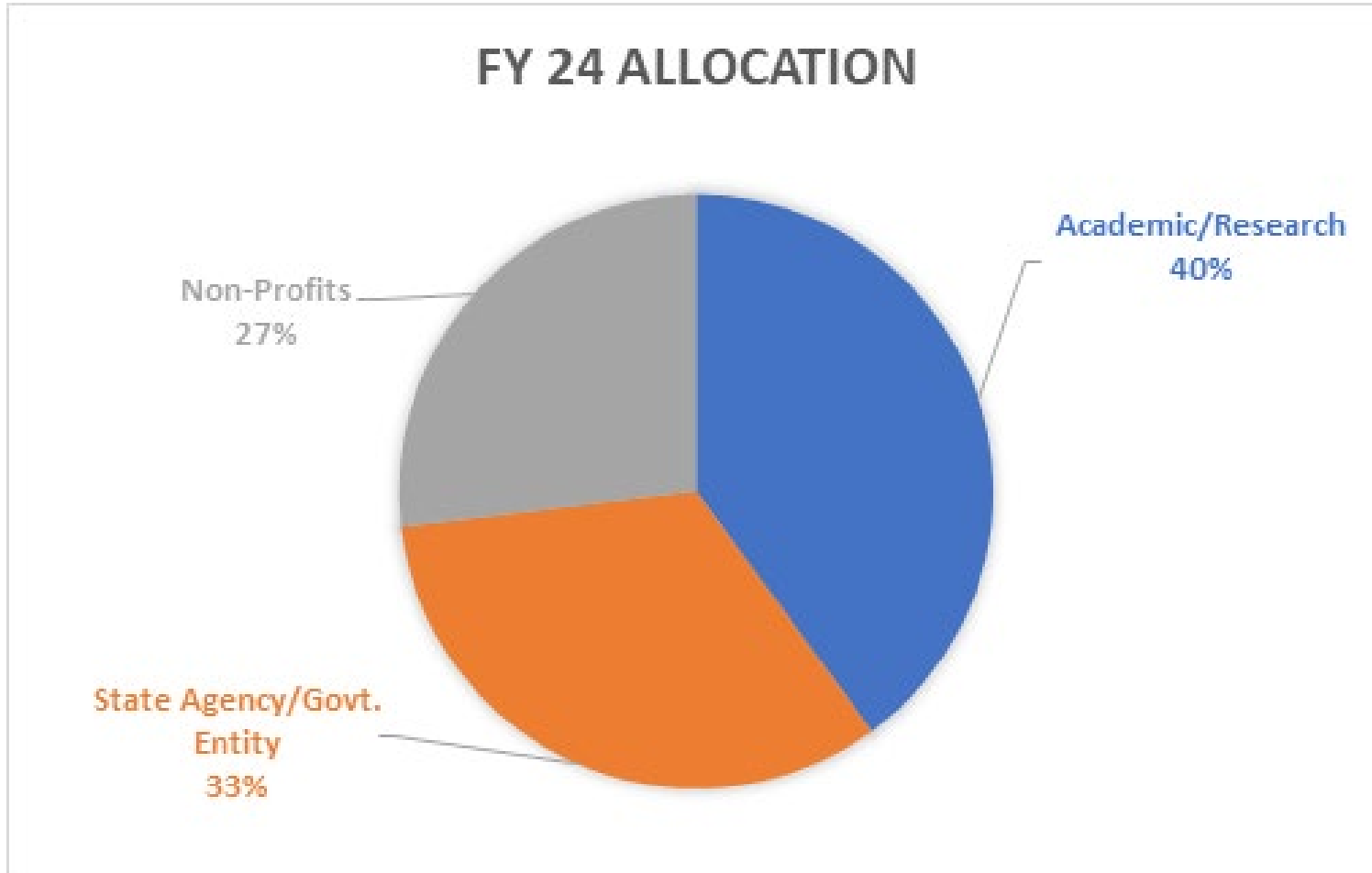
FY 23-24 Scholarship – Summary as of 6/10/2024

FY 24 Scholarship Requests Submitted YTD (6/10/24)					
Data Requestor Organization		Scholarship Amount	Requestor Amount	Data/Project Total Cost	Date Quarter Approved
Academic/Research Requests	Project	Amount	Amount	Total Cost	
24.15 Prosper (CU)	Predicting Operational Sustainability and Patient an	\$24,618	\$6,154	\$30,772	Q2
24.14 Dental ER (CU)	Pediatric ED Visits for Dental Conditions	\$15,971	\$3,993	\$19,964	Q2
24.09 UC Irvine	Employer Sponsored Healthcare and Access to Care	\$12,572	\$12,572	\$25,144	Q2
24.01 PTSD (CU)	The Cost of Delayed Diagnosis of PTSD	\$20,362	\$5,090	\$25,452	Q3
24.19 (CU)	Hearing Health Care Equity in Colorado	\$23,139	\$5,785	\$28,924	Q3
24.21 (CU)	Evaluating Health Disparities and Social Determinant	\$23,878	\$5,970	\$29,848	Q3
24.26 (CU)	Effects of Abortion Bans on Maternal Health Conditio	\$19,062	\$4,766	\$23,828	Q3
24.39 Michigan State University	Individual Insurance Market Analysis	\$12,572	\$12,572	\$25,144	Q3
24.04 University of Minnesota	Presentation and Quality of Care following the Colora	\$9,366	\$9,366	\$18,732	Q3
24.40 (CU)	Kidney Transplants - Disparities in Health Outcomes	\$29,478	\$7,370	\$36,848	Q4
24.47 (CU)	Autism Spectrum Disorder - Reuse Case	\$8,000	\$2,000	\$10,000	Q4
	Sub-total	\$199,018	\$75,638	\$274,656	
State Agency/Govt. Entity Requests					
23.106.75 CO State Governors Office	OSPMHC Long COVID Surveillance	\$19,062	\$4,766	\$23,828	Q1
24.107.45 CDPHE Insurance Covera	Insurance Coverage by Race/Ethnicity	\$8,378	\$2,094	\$10,472	Q2
24.106.10 Firearms Legislation	Firearms Analysis	\$24,024	\$0	\$24,024	Q2
24.106.05 Ozone Legislation	Wildfire and Ozone Impact on Health	\$24,332	\$0	\$24,332	Q2
24.107.35 CDPHE	Alzheimer's Disease & Dimentias State Plan	\$22,086	\$5,522	\$27,608	Q3
24.106.50 Behavioral Health Admin	Access to Care Report	\$23,654	\$5,914	\$29,568	Q3
24.37 Denver Regional Council of G	Fall Injury Related Analysis	\$22,803	\$5,701	\$28,504	Q3
24.106.75 Behavioral Health Admin	Performance Hub Data Set	\$21,034	\$5,259	\$26,293	Q4

FY 23-24 Scholarship – Summary as of 6/10/2024

Non-Profit Requests					
23.56 DARTNet Institute	Healthcare Services Needs and Availability among CO	\$20,129	\$3,552	\$23,681	Q1
23.66 Local First	Outmigration Report	\$14,137	\$2,495	\$16,632	Q2
24.505 COCA	Colorado Ovarian Cancer Alliance - Carol's Wish	\$46,124	\$8,140	\$54,264	Q2
24.03 HealthPrice Partners	Deductible Analysis	\$9,687	\$1,709	\$11,396	Q3
24.28 Cobalt	Impact of CO Constitutional Amendment Protecting R	\$29,845	\$5,267	\$35,112	Q4
24.52 Peak Health Alliance	24.52 PHA Refresh	\$14,000	\$3,500	\$17,500	Q4
	Sub-total	\$133,922	\$24,663	\$158,585	
Approved	Totals	\$498,313	\$129,557	\$627,870	
Pending	Totals	\$0	\$0	\$0	
		Scholarship	Requestor	Data/Project	
		Amount	Amount	Total Cost	
	Total FY24 Scholarship Dollars Requested	\$498,313	\$129,557	\$627,870	
	Remaining Funds Available	\$1,687			

FY23-24 Scholarship: Year-End Summary



- \$34,510 allocated to out-of-state projects
- \$48,356 allocated to legislative projects



Committee Input

- Should projects needing data multiple times (data refreshes) be considered appropriate for Scholarship funding?
- Examples:
 - Research projects that need longitudinal data two years apart
 - Projects that may need multiple data sets within the same year to track costs, utilization or access
- Should these projects seek sustainable funding for longer term or multiple data requests, or should they be eligible to receive Scholarship funding more than once?

Note: Funding for the CO APCD Scholarship Program is subject to state fiscal rules. Funds can not be committed beyond the current fiscal year.





What is the Health Equity Fund?

- The Health Equity Fund is a partnership between the CIVHC and CHF to increase community access to CO APCD data and CIVHC's research and evaluation services.
- The Fund is supported at \$1 million; we anticipate allocating \$250,000/year for four years
- The Fund will offset the costs of CIVHC services for community organizations in Colorado whose work is focused on promoting health equity.

The Health Equity Fund Supports

Projects that focus on health equity, in areas such as:

- Housing Access
- Food Security
- Maternal and Child Health
- Early Childhood Social-Emotional Development
- Resiliency / Recovery
- Physical and Mental Wellbeing
- Environmental Health
- Economic Mobility

For communities, including, but not limited to:

- American Indian and Alaska Native Serving Groups
- Coloradans of Color
- LGBTQ+ Coloradans
- Children and Youth
- Immigrants / Migrants
- Older Adults
- Individuals with Disabilities



Fund Application Process – CIVHC Internal Process

CIVHC/CHF Health Equity Fund Committee Composition & Role

Participant	Role
CHF Program Officer	Review applications, ensure alignment with CHF goals for Fund
CIVHC Director of Programs	Help present the project for the Committee and review applications
CIVHC Community Engagement Specialist	Help present the project for the Committee and review applications
CIVHC Director of Research and Evaluation	Review applications and scope level of effort
CIVHC Data Ops/JEDI Representative	Review applications, ensure alignment with CIVHC/JEDI community and equity goals
CIVHC RPI/Data Ops Program Assistant	Coordination of review meetings, discussion facilitation, follow up with prospective CBO partner
CIVHC VP of RPI	Review applications, ensure alignment with CIVHC goals for Fund
External participant (TBD)	Review applications with a lens from working with CBOs or on health equity issues

How is the Health Equity Fund Different than Scholarship?

- These two funding opportunities are separate but complementary
 - Focused on nonprofits + health equity projects
 - Not tied to Fiscal Year timing
- Recipients can only apply for one or the other in a given year (Health Equity Fund rule)
- The Health Equity Fund must be used to offset CIVHC services, but can be for non-CO APCD data, research or evaluation services
- Ex: Colorado Food Cluster
 - Phase I (non-APCD market research) – Equity Fund
 - Phase II includes CO APCD research – Org will seek HCPF Scholarship support for that portion of the evaluation





Health Equity Fund Projects

Approved to Date

- Colorado Food Cluster
- Denver Indian Health & Family Services
- Youth Healthcare Alliance

Presenting at June 2024 Health Equity Fund Review Committee

- Denver Indian Center
- Colorado Village Collaborative

Committee Input

- Are there questions or concerns over the differences between the CO APCD Scholarship and the Health Equity Fund?



Tiered Pricing Model Purpose

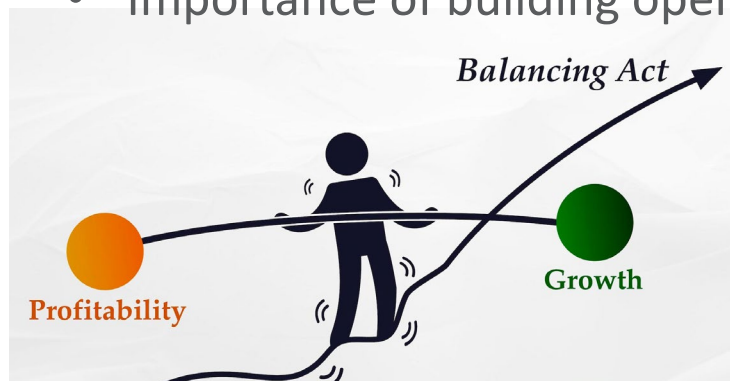
- To **update CIVHC's fee structure**, bringing it on par with other APCDs and similar data warehouses **to ensure long-term sustainability**.
- To **implement a model that provides access to data and services in an equitable manner**:
 - Organizations that have greater resources pay market rate fees
 - Smaller organizations, such as small non-profits, students, legislators & local governments receive discounts on fees
- To provide more **transparency in pricing** structures





What we are experiencing:

- Market research indicates CO APCD data licensing fees are significantly below peer organizations.
- Projects are more complex and require more time.
- More analysts are needed to meet increasing demands.
- The need to expand our compliance department.
- Medicaid Enrollment is decreasing due to end of Public Health Emergency, decreasing our federal match funding.
- Outgrowing current Data Management Vendor
- The need to grow and develop with changing technology
- Importance of building operating reserves



CO APCD 5-Tier Data Requestor Categories

Data Requestor Type	Definition
Commercial Entities	For-profit and private sector entities seeking to use the data to further a business objective or create a tool or product that will generate revenue to support business needs.
Nonprofit Organizations	Organizations designated as tax exempt by the IRS and work in support of a common good or provide a societal benefit.
Colorado Institutions of Higher Education and Affiliated Faculty/ Researchers	Accredited public and private higher education institutions based and operated in Colorado.
Out-of-State Institutions of Higher Education and Affiliated Faculty/ Researchers	Accredited public and private higher education institutions based and operating in the United States but outside of Colorado.
Students	Undergraduate, graduate, and PhD students pursuing degrees at accredited US private or public institutions of higher education. Note: CIVHC has primarily worked with PhD students.



5-Tier Discount Framework

Tier	Avg. Discount	Commercial Entities	Non-Profit Organizations	Government Entities	CO Academic Institutions & Researchers	Out of State Academic Inst & Researchers
1		> \$100 M				
2	16%	\$51-\$100 M	> \$100 M	Federal		X
3	25%	\$0 - \$50 M	\$20 - \$100 M	Non-CO State Govt	X	
4	34%		\$5M - \$20M	CO State Govt		
5	47%		< \$5M	County & Local	Students	Students
Scholarship Eligible		No	Yes < \$10 M	Yes	Yes 80%*	Yes 50%**

* A CO APCD Scholarship grant award typically covers 80% of costs non-profits, govt entities and in-state research projects.

** A CO APCD Scholarship grant award typically covers 50% of costs for out-of-state research projects.



Summary & Goals

- Adjust fees to be on par with market rates.
- Implement an equitable model in which those with more resources pay more, and those with fewer resources pay less
- Continue to provide high quality and value services that improve health care and focus on quality, cost, utilization, and health equity
- Provide long term sustainability and increase operating reserves
- Ongoing quarterly review of pricing models



Tiered Pricing

Committee feedback and discussion on tiered pricing model to support long-term sustainability.



Pressures at the National Level

- U.S. House and Senate are pressing for more data transparency in health care, especially for Medicare Advantage; CMS recent RFI on MA data needs.
- ASPE and RAND recently completed a take on an aligned APCD application.
- AHRQ still expressing interest in pursuing a national APCD; still have legislation in the House.
- DOL and others, including national employers, are desperate for solutions to give them power to move health care costs.
- APCD's have entered recent conversations with SAMHSA, ONC, VA, OPM, and others.
- Multiple state-run efforts around aligned applications, measure development, data.

THE CHALLENGES ARE DIVERSE, BUT REQUIRE SIMILAR CAPABILITIES



Multi-State Data Set Initiative (Pilot)

Goals:

- Demonstrate ability to integrate APCD data across states.
- Determine use cases that can be addressed with aligned data.
- Initial development of aligned application, data governance, data use agreements.
- Begin research into needed tech requirements.
- Explore funding to stand up larger multi-state data set.





Multi-State Data Set Initiative (Pilot)

Progress to date:

- MOUs in place with CO, ME, VA for pilot work.
- Target use cases identified through focus group and partner interviews.
- Initial development of aligned application (building off ASPE/RAND work published 10/23), data governance, data use agreements.
- Aligned initial data documentation and determined first set of elements.
- Starting to work on dataset alignment within the CIVHC data environment.
- Ongoing funding conversations from public and private funders.
- Working with focus group researchers to test out the initial aligned data set for useability, determine additional data needs.
- Evaluating technical requirements and vendor options for larger solutions.

MSDI Use Cases

- Providing critical information for large, self-funded employers.
- State to state modeling and evaluation of:
 - Medicaid policy, state insurance mandates, equity issues in access and outcomes, quality and affordability measures, and more.
- Post-market pharmaceutical surveillance.
- Long COVID and COVID-complication research and treatment.
- Chronic disease prevalence, burden, and management.
- Payment reform research and efficacy evaluation.
- Rare disease research and orphan drug development and monitoring.
- And much, much more



Multi-State Data Set Initiative

YES

PRO

- Further CIVHC's Mission, Vision, Values for Colorado and beyond
- Supports long-term financial sustainability (if successful).
- Forward looking resource to support new work.
- Incentive, structure to get around ERISA pre-emption issue.
- Expands partnership capabilities.
- Elevates CIVHC's role in CO and US.

CON

- Not critical to current deliverables.
- Risk of failure to execute.
- Risk of unsustainable financial model.
- Requires substantial change to CIVHC business structure with increased complexity.
- Potential for non-alignment with State priorities.
- Legal challenges and lawsuits.





Multi-State Data Set Initiative

NO

PRO

- Decreased legal, technical, business, staffing risks.
- No existing resources to support development without add'l multi-year funding.
- Simplifies, reduces cost of technical needs for upcoming 3-5 years.
- Commits to current depth of execution on deliverables.
- Allows for clearer focus on existing deliverables and tasks.

CON

- Increased risk to current bus model; impact of loss of CO APCD/CIVHC to the State and partners.
- Increased momentum for a national solution – impact to revenue?
- Limits ability to address future health care priorities; may impact long term sustainability.
- Step down from APCD leadership.
- Limits CO APCD utility for pharma, rare drugs, COVID, etc.

Committee Input

- Feedback and discussion about the Multi-State Data Initiative





Data Quality & Analytics

Alice Aguirre
Data Quality Manager



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Upcoming Changes Under DSG 15

- Rule Hearing was held in **November 2023**
- Updated Rule and DSG 15 went into effect **March 1**
- Monthly test file submission from **6/3 – 6/21**
- Annual test files are due **July 1**
- Additions to the 2024 CO APCD Rule:
 - Vision Claims Data – Payers will begin mandated submission of vision claims
 - Wholly Denied Claims – Payers will begin required submission of wholly denied claims across all claim types



Upcoming Changes Under DSG 16

- Additions to monthly Membership Eligibility & Provider Files:
 - Addition of a Vision Coverage field
 - Updates to the Regional Accountability Entity (RAE) Indicator
 - Addition of a Provider Health System Affiliation field
- Updates made to Annual Files across all file types to include data reporting clarification.
 - APM Control Total File:
 - Addition of a Percent of Providers Participating in at Least One APM field



Committee Input

- What additional updates to future DSGs might be helpful?





Public Reporting

Cari Frank, MBA

VP of Communication and Marketing

Clare Leather, MPH

Public Reporting Program Manager



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Public Reporting Releases

Recent Releases

- Ozone and Wildfire Impact on Health
- Firearms Injury Analysis
- Medicare Reference Based Pricing
- Prescription Drug Rebates Analysis
- Race and Ethnicity in the CO APCD
- Use of Social Needs Z Codes in the CO APCD



Remaining Public Reporting Releases FY 24-25

- Shop For Care
- CO APCD Insights Dashboard
- Draft of Community Dashboard



Public Report Usage July 2023 – May 2024

- Total

- FY average pageviews per month: 2561
- FY average unique users per month: 1805

**175+ Data
Downloads
for FY24!**



Firearms Injuries Analysis Overview

Total Volume
7,000+ claims for firearm injuries in 2022, representing the highest total claim volume in the last seven years.

Total Cost
\$8.4M in health care payments made for firearm injuries across all payers in 2022.

Overall Percent
53% claim rate increase from 2016-2022

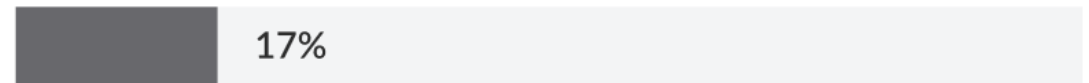


Firearm Injury Type Breakdown 2022 All Payers

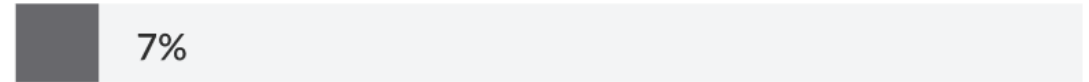
Unintentional: 5,229 claims



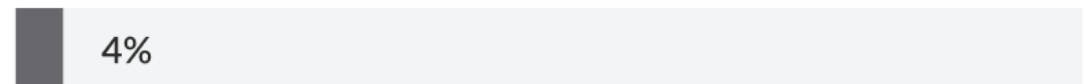
Assault: 1,252 claims



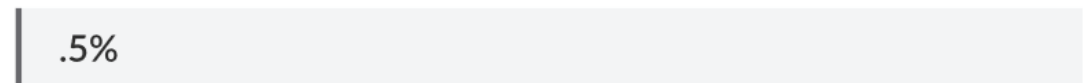
Undetermined: 515 claims



Self-Harm: 264 claims

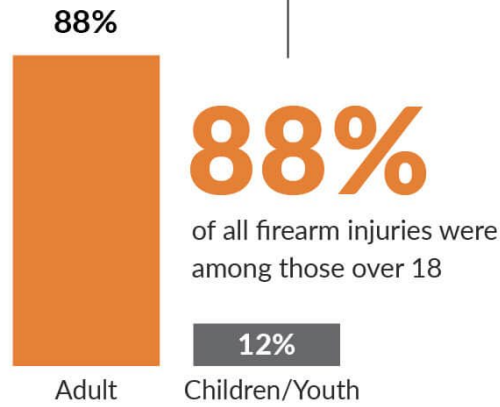


Other: 34 claims



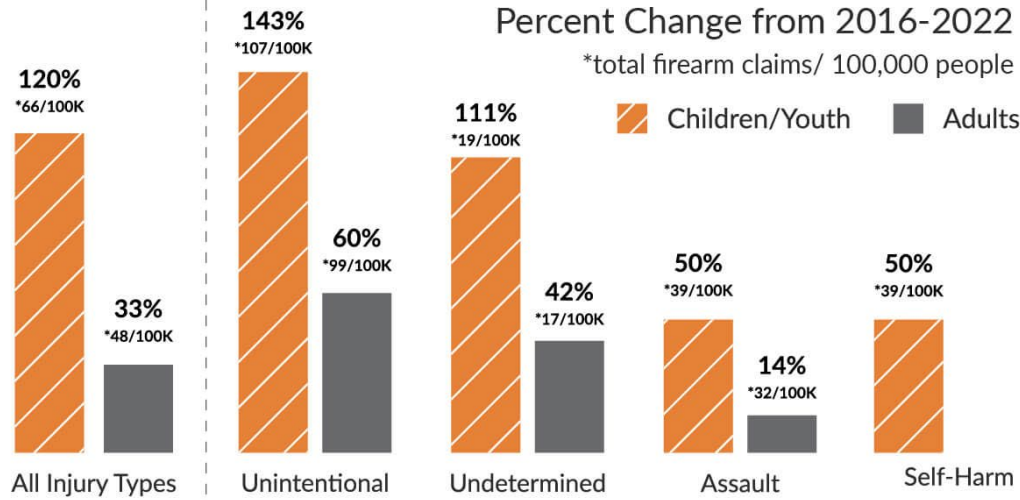
Percent Firearm Injuries by Age
2016-2022 All Payers

Adults Account for Majority of Firearm Injuries



Injury Type by Age
2016-2022 All Payers

From 2016-2022 firearm injuries increased in every injury type the most for children and youth. The largest percent increases were for **unintentional** and **undetermined**.



For adults, every category saw a percent rate increase EXCEPT self-harm. Unintentional injuries increased most significantly.

Firearm Injury Trends: Age

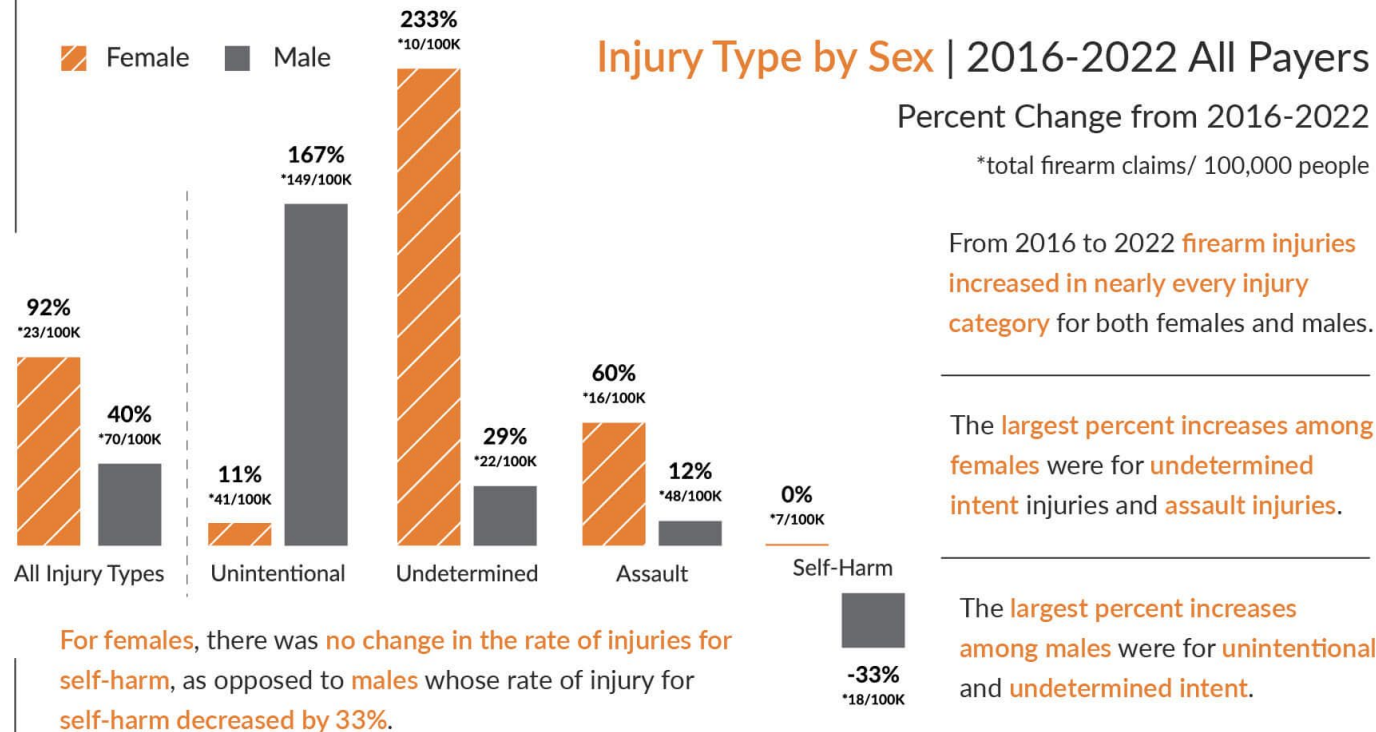


Overall, by Sex

In 2022, compared to women, the rate of firearm injuries for men were:

- **3X** more in total
- Almost **4X** more for **unintentional** injuries
- **3X** more for **assault** injuries
- **2.5X** more **self-harm** injuries

2016-2022 All Payers
Overall, the rate of firearm injuries is higher among men.



Firearm Injury Trends: Sex



Firearm Injury Trends: Rural/Urban

Rural vs. Urban

2016-2022 All Payers

In general, rural counties have a higher rate of firearm injuries than urban counties.

In 2022, compared to urban counties, rural counties had rates that were:

- **8X** higher for **self-harm** injuries
- **5X** higher for **undetermined intent** injuries
- **2X** higher for **assault** injuries
- **2X** higher for **unintentional** injuries



Firearms Analysis Impact

- Public News Service
 - 112 Media outlets
 - 1.8M audience reach; 82K Spanish speaking audience reach
- Colorado Sun
- Colorado Public Radio
- Direct quote from Change Agent:

“Just wanted to send a shout-out for CIVHC's role in positioning the topic of gun injuries as a health issue. I'm hopeful it will prompt some meaningful change.”



Public Reporting FY25-26

Quarter 1 (July – September)

- Translation of latest version of Shop for Care into Spanish

Quarter 2 (October - December)

- Telehealth Services Analysis
 - Data 2020 – 2023
 - New Rural/Urban Breakouts
- Provider Payment Tool
 - Telehealth modifiers and updated filtering options
- Alternative Payment Models
 - Prospective payments and new tab dedicated to Primary Care



Public Reporting FY25-26

Quarter 3 (January - March)

- Prescription Drug Rebates
- Top 15 Drugs Rebated and Top 50 Drugs Analysis
- Medicare Reference Based Pricing

Quarter 4 (April - June)

- CO APCD Insights Dashboard
- Z Codes in the CO APCD
- Community Dashboard
 - New Quality measures





Member Discussion & Public Comment



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2024-2025 Meeting Schedule

2024

- Sept 17, Dec 10
- 2pm-4pm
- Virtual unless otherwise noted

2025

- March 11, June 10
- 2pm-4pm
- Virtual unless otherwise noted

