CO APCD Advisory Committee

September 17, 2024

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Agenda

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

Open Committee Positions

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

Operational Updates

Kristin Paulson, JD, MPH
CEO and President

Paul McCormick
VP of Data Operations

Pete Sheehan
VP of Client Solutions & State Initiatives

Liz Mooney
VP of Research, Partnerships and Innovation

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FY25 Key Performance Indicators

Annual Goals

Service

85%

Customer Satisfaction

Credibility

95.0%

Submitter Quality Index(SQI)

Access

Returning Clients:
18

New Clients:
37

Reach

10% website use increase over FY24

FY25 Key Performance Indicators

Service: Customer Satisfaction

Customer Satisfaction
FY 25 Goal: 85%
45 Surveys

Service

As of 8/31
85.3%
8 Surveys

FY25 Key Performance Indicators

New and Returning Customers

Customers

FY 25 Goal
New: **37**
Returning: **25**

As of 8/31
New: **5**
Returning: **5**

FY 24 Benchmark using 2-year returning partner definition.

- **FY 24 = 18** returning customers
- **FY 24 = 37** unique new customer

KPI Definition Update – methodology modified to the following:

- **Returning Customer** – a unique individual (or group) who has received a deliverable in the past **5** fiscal years
- **New Customer** – an individual who has not had a contracted deliverable from CIVHC in the past **5** fiscal years

Benefits:

- New customers are important to securing a broader and more diverse client base needed for sustainability
- Research has shown returning customers spend more, and partner more often, providing a client strong base. They also help market to new customers.
- Research also indicates that **it costs 5x more to attract a new customer** than keep an existing one

FY25 Key Performance Indicators

Credibility: Submitter Quality Index (SQI)

Credibility

FY 25 Goal

95.0% SQI

YTD 9/16

95.0% SQI

Measures usability of data for analysis

Results

- July: 95.0%
- September: 95.0%
- YTD: 95.0%

KPI calculation

- Based on past two data warehouse refreshes
- September SQI reflects paid dates of March 2024 through June 2024
- FY 25 year-to-date reflects paid dates of January 2024 through June 2024

FY25 Key Performance Indicators

Total Website and Public Report Usage

Reach

Goal: 10% increase in usage

	FY 25 Goals (avg per mo)	Actuals (as of Aug)	% of Target
All Website Pages			
Total Views	14,000	13,566	97%
Unique Views	6,800	5,366	79%
Public Report Pages			
Total Views	2,800	3,267	117%
Unique Views	2,000	2,439	122%

FY 23/24 Successes
(July 1, 2023-June 30, 2024)

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FY 23-24 CO APCD Successes

Regulatory and Compliance	
SOP Development	Supported the completion of two SOPs focused on the data release application and Data Element Selection Form (DESF) finalization and piloted the new DESF with Human Services Research Institute (HSRI).
Medicare FFS State Agency DUA	Received approval of the State Agency Data Use Agreement (DUA) Amendment for continued receipt of Medicare Fee For Service data
Data Destruction Pilot	Successfully completed a data destruction pilot project, ensuring data security and compliance.
Federal Requests for Information Submitted	Responded to Federal Requests for Information (RFIs) for ERISA, CMS Medicare Advantage, and the CMS Research Identifiable Files

FY 23-24 CO APCD Successes

Analytics, Quality and Intake	
Contexture MPI	Implemented the Contexture Master Patient Index (MPI), enhancing patient data management.
Hospital System Crosswalk	Created a new Hospital System/Outpatient Facility crosswalk to support Shop for Care and many other reporting needs.
Data Mart	Loaded the largest number of Data Mart tables to data and finalized the Area Deprivation Index and Health Equity Map data sets, demonstrating increased tool utilization.
Medicaid Parity Projects	Completed the Medicaid Parity projects, including dental, Regional Accountable Entities (RAE), prescription drugs (Rx), Child Health Plan Plus (CHP+), and the HCPF Monitoring refresh report.
DSG 15 Rule Hearing	Successfully conducted the DSG 15 Rule hearing
Prescription Drug Affordability Board Data	All PDAB annual files passed submission and validation and were delivered successfully.
New Payers	Onboarded three new payers to the CO APCD.

FY 23-24 CO APCD Successes

Funding, Fulfillments and Partnerships	
Tiered Pricing Model	Completed extensive modeling and testing for the new tiered pricing model, including updating CIVHC's recommended billable hourly rate, and updated the internal pricing document (DEF) to use the new pricing model.
Scholarship Funds	Achieved a 99.67% allocation of Scholarship funds, supporting health care research and initiatives.
Health Equity Fund	Launched the CIVHC/Colorado Health Foundation (CHF) Equity Fund and approved two projects: Colorado Food Cluster and Youth Healthcare Alliance.
Data Access	Delivered over 75 non-public analytic reports and datasets to over 40 different state agencies and organizations and produced 12 major public reports.
Contract Consolidation and New State Partnerships	Streamlined operations by combined four state contracts into one in collaboration with HCPF and established new partnerships with the Office of Saving People Money on Health Care and the CDPHE Tribal Relations Division.

CO APCD Scholarship

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FY 23-24 Scholarship – Year End Summary

- **Applications Fully Approved**
  - 25 projects 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: $19,932

- **Comparison to previous year**
  - +16.5% increase in allocated funds
  - 3 more projects approved
  - 2.5% increase in avg dollars awarded per project

FY 24-25 Year-to-Date

- **Applications Fully Approved**
  - **2** projects have been submitted
  - **1** project has been approved for $17,024
  - **1** project is in review for $25,569
  - **$42,593** of the $500,000 total available has been requested, **8.5%** of the $500,000 annual funds available

- **Program updates:**
  - Updated CO APCD Scholarship Program information document available on the CIVHC website:
  - https://civhc.org/wp-content/uploads/2024/08/FY25-APCD-Scholarship-Information-v15.pdf

FY 24-25 Scholarship – Summary as of 9/10/2024

FY 25 Q1 Scholarship Requests Submitted				
Data Requestor Organization		**Scholarship**	**Requestor**	**Data/Project**
Academic/Research Requests	**Project**	**Amount**	**Amount**	**Total Cost**
	Sub-total	**$0**	**$0**	**$0**
State Agency/Govt. Entity Requests				
23.106.75REF01 OSPMHC	Long COVID Surveillance	$25,569	$6,392	$31,960
	Sub-total	**$25,569**	**$6,392**	**$31,960**
Non-Profit Requests				
24.50 Telluride	Telluride Area Health Care Services Utilization Study	$17,024	$4,256	$21,280
	Sub-total	**$17,024**	**$4,256**	**$21,280**
Approved	**Totals**	**$42,593**	**$10,648**	**$53,240**
Pending	**Totals**	**$25,569**	**$6,392**	**$31,960**

		Scholarship	Requestor	Data/Project
		Amount	**Amount**	**Total Cost**
	Total FY23 Scholarship Dollars Requested	$42,593	$10,648	$53,241
	Remaining Funds Available	$457,407		

Discussion – carryover from June meeting

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.

Summary of Scholarship Refresh Requests

- In FY 23 a total of $85,539 was allocated for refreshes, representing 20% of the $427,633 total dollars allocated, and 17% of the $500,000 available
- In FY 24 a total of $37,654 was allocated for refreshes, representing 7.6% of the $498,313 total dollars allocated
- So far in FY 25, $25,569 has been requested for data refreshes, representing 5% of the total available funds

FY 23 to 25 Scholarship Refresh Summary

CO APCD Scholarship Program				
Year	Project Number	Data Requestor	Project	Scholarship Award
Academic/Researchers				
FY 23	23.22	CU Anschutz	Linking CO APCD Data to CDPHE Cancer Registry	$14,811
FY 23	23.60	CU Anschutz	Linking CO APCD Data to CDPHE Cancer Registry	$18,228
			Subtotal	**$33,039**
			Subtotal Refreshes	**$33,039**
Govt. Entities				
FY 23	23.53	Legislative Request	So Kids Can Move Prosthetics bill	$12,628
FY 23	23.53a	Legislative Request	So Kids Can Move Prosthetics bill Phase 2*	$8,624
FY 23	23.106.50	CO Behavioral Health Admin	BHA Access to Care	$49,650
FY 24	24.106.50	CO Behavioral Health Admin	BHA Access to Care Refresh	$23,654
FY 24	23.106.75	Lt Govr's Offc - OSPMHC	Long COVID Surveillance	$19,062
FY 25	23.106.75REF01	Lt Govr's Offc - OSPMHC	Long COVID Surveillance Refresh	$25,569
			Subtotal	**$113,618**
			Subtotal Refreshes	**$49,223**
Nonprofits				
FY 23	23.03	Peak Health Alliance	Expanding PHA's ability to serve rural Colorado**	$17,500
FY 23	23.17	Peak Health Alliance	Expanding PHA's ability to serve rural Colorado - Refresh**	$17,500
FY 23	23.17.3	Peak Health Alliance	Expanding PHA's ability to serve rural Colorado - Refresh**	$17,500
FY 24	24.52	Peak Health Alliance	Expanding PHA's ability to serve rural Colorado - Refresh	$14,000
			Subtotal	**$66,500**
			Subtotal Refreshes	**$66,500**
			Total Refresh Requests	**$148,762**
* 23.53a provided additional data that was not included in the original request. It was not a refresh.				
** FY 23 Peak Health Alliance projects benefited from $10,500 in unused funds at the end of the fiscal year to cover their portion.				

Health Equity Fund

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Overview

- 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.

FY 24-25 Health Equity Fund – Summary as of 9/13/2024

FY 23-24 Approved Projects	Description
Colorado Food Cluster	Create dashboard to understand participant shopping behavior in CFC's food as utility program, offering free culturally appropriate food.
Youth Healthcare Alliance	Study demographics and utilization patterns of school-based health centers statewide.
Denver Indian Health & Family Services	Understand utilization patterns for AI/AN population to inform deployment of CDPHE mobile vaccination unit.
FY 24-25 Approved Projects (to date)	**Description**
Colorado Village Collaborative	Evaluate impacts of emergency shelter and case management services on homeless population in Denver metro area.
Denver Indian Center, Inc.	Understand top diagnoses facing AI/AN population in Colorado; for physician training.
West Mountain Regional Health Alliance	Needs assessment and dashboard development for public health information among WMRHA participant counties.
Project 1.27	Review of EchoFlex resiliency program for opportunities to improve data collection and analysis.
Colorado Safety Net Collaborative	Understanding impacts of the Medicaid unwind in Colorado.

CO APCD Data Warehouse Vendor RFP

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FY26 CO APCD Data Warehouse Vendor RFP

- Freedman Consulting conducted stakeholder interviews with key partners in June/July.
  - Currently drafting Request for Proposals to be released early October.
  - Responses will be due mid-January 2025 with finalist interviews in March and a final selection made in April/May.
  - Start date for the new vendor is July 1, 2025 with a year to transition vendors.
  - Developing plan to manage the vendor transition while executing on our existing deliverables.

CO APCD in Legislation

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CO APCD Supporting Legislation in Colorado

- SB18-266 Controlling Medicaid Costs
- HB19-1233 Investments in Primary Care to Reduce Health Costs
- HB19-1174 Out of Network Health Care Services
- SB21-175 CO Prescription Drug Affordability Board
- SB21-1232 Standardized Health Benefit Plan CO Option
- SB22-040 Actuarial Reviews Health Insurance Mandate
- SB22-068 Provider Tool To View All Payer Claims Database
- HB22-1325 Primary Care Alternative Payment Models
- HB22-1370 Coverage Requirements for Health Care Products
- HB22-1278 Behavioral Health Administration

Committee Input

- Are you aware of upcoming legislation the CO APCD could support?

CO APCD Data Sets

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Types of CO APCD Data Sets

De-Identified Datasets

- No PHI
- Can be standard or custom
- 4 “standard” data sets – lower cost, faster turnaround time

Limited Datasets

- Contains at least one element of PHI, no direct identifiers
- Must go through additional review and approval

Fully Identifiable Datasets

- Contains one or more direct identifiers
- Must go through additional review and approval
- Must have IRB approval

Standard De-Identified Data Sets

- **Level 1:** For basic research, no payer or provider specific information
- **Level 2a:** Includes payer information
- **Level 2b:** Includes provider information
- **Level 3:** Suitable for researchers without a monetary interest from a payer or provider perspective.

More information is available here:
https://www.civhc.org/get-data/custom-data/products/standard-data-sets/

Standard De-Identified Data Sets – What's Included

Data Elements Included	Level 1	Level 2A	Level 2B	Level 3
Mental & Physical Health Info.	✓	✓	✓	✓
Paid Amounts (Plan & Member)	✓	✓	✓	✓
Diagnosis & Procedure Codes	✓	✓	✓	✓
Basic Member Demographics	✓	✓	✓	✓
Out-of-Network Flag	✓	✓	✓	✓
Prescription & Pharmacy Info	✓	✓	✓	✓
Dental Data	✓	✓	✓	✓
Payer-Specific Information		✓		✓
Provider-Specific Information			✓	✓

- **Data Set Features**
  - The most current 3 years of commercial data (including Medicare Advantage).
  - Data sets can be expanded to include additional years as well as Medicaid data.
  - Medicare Fee-for-Service available for Level 3
  - MS-DRGs
  - Sequencing
- **Delivery Timeframe**
  - Standard data sets can typically be delivered within 30 calendar days after the data licensing documents are signed.

Committee Input

- Are there any suggestions on ways to reach more audiences to promote standard or custom datasets?

Data Quality & Analytics

Alice Aguirre
Data Quality Manager

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Upcoming Changes Under DSG 16

- **DSG 16 draft sent to payers for review in September**
- **Rule Hearing will be held in November 2024**
- Proposed Changes and Additions Under DSG 16:
  - Addition of Formulary Tier field in the PC monthly file
  - Addition of PBM Registration Number in the ME monthly file
  - Discontinue usage of Insurance Product Type Codes (IPT) ‘18- Vision’ and ‘DN-Dental’
  - Addition of new Insurance Product Type Codes to capture Medicare Dual Special Needs Plans
  - Addition of PMPM fields in header tables for MC, PC, ME, MP, and annual files
  - Member Capitation File (CF) will be added to the annual file series

Automated Annual File Validation

- Through collaborative efforts with HSRI, CIVHC has created a semi-automated process for annual file validation
- Is being piloted for the 2024 APM annual file validation reporting year
- Will enhance CIVHC's annual file validation process through improved analytic quality checks and timeliness in delivery to submitters

Geocoding Annual Update

- **Geocoding:** Assigns latitude/longitude coordinates and census tract identifiers to member and provider addresses in the CO APCD
- Significantly enhances CIVHC's ability to incorporate demographic and socioeconomic information into reporting
- Allows CIVHC to tie external datasets to CO APCD data
  - American Community Survey
  - Area Deprivation Index
  - CDC Social Vulnerability Index
- Enables analyses like the Health Equity and Telehealth Equity Analyses
- CIVHC completed CO APCD geocoding for the first time in 2021
- Geocoding updated annually, most recent updated in July 2024

Committee Input

- Any suggestions for techniques CIVHC can use to better enforce annual file submission?

Public Reporting

Cari Frank, MBA
VP of Communication and Marketing

Clare Leather, MPH
Public Reporting Program Manager

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FY24 Public Reporting By the Numbers

18
Deliverables Completed

200+
Data Downloads

3.5K+
Hours Spent on Public Reports
(includes Comm/Marketing + Analytic hours)

Total Page Views:
31,711
Unique Users/Month:
1,895

Public Reporting Use Case Examples

Physician: Understand how much the average ER visit is reimbursed per patient both for hospital and freestanding ERs for patient access issues, particularly in Boulder and Poudre county

Researcher: Researching school-aged children in Colorado with chronic diseases and healthcare utilization to understand where the greatest needs are for care coordination between schools and healthcare systems

Digital Health Company: Evaluate drug rebates in the pharmacy supply chain

State Legislator: Using wildfire/ozone analysis information to allocate money for response to air quality health/safety impact

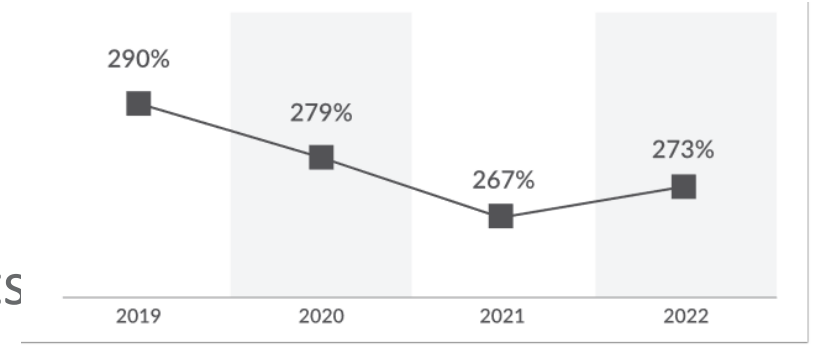
Health Care Consultant: Help derive estimates of reasonable value and help providers negotiate rates

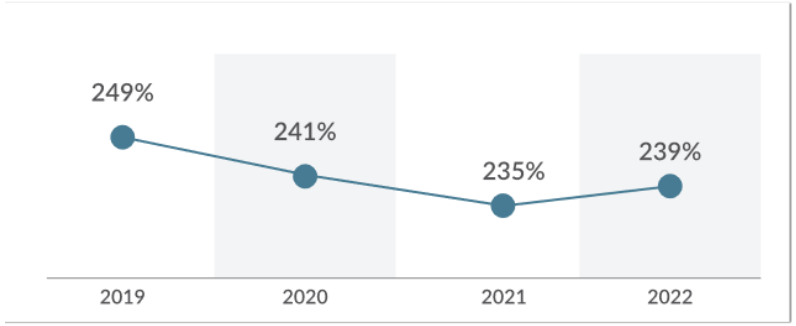
Public Reporting Successes - Accessibility

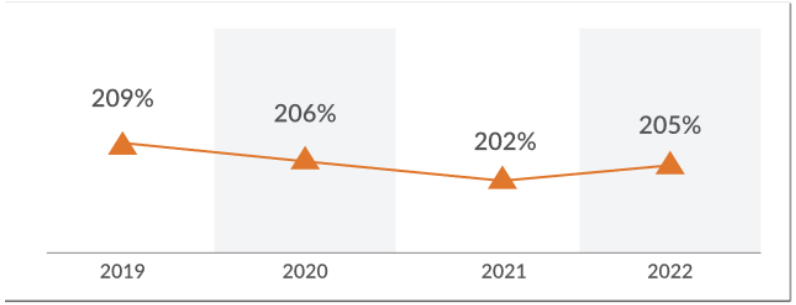
- **Restructured and standardized each public report page for ease of use, accessibility**
  - Overview info
  - Infographic or other support materials (issue brief, webinar, etc.)
  - Use cases for various audiences
  - Key Considerations
  - Detailed methodology
  - Interactive report
  - Download data option

Public Reporting Successes - Accessibility

- **Infographic Accessibility Standards Implemented**
  - Changed our color palette to ensure adequate color contrast
  - Created alternative text for graphic elements and charts
  - Prioritized essential information and avoided clutter
  - Used clear and consistent labeling for axes, data points, and legends
  - Chose appropriate chart types for the data being presented
  - Used graphic elements in place of solely using color to help differentiate between chart elements
  - Tested with ADA compliance tools







FY 24 Public Reporting Successes - Analytics

- Launched first of it's kind **Telehealth Equity Analysis**
  - Collaborated with Office of e-Health Innovation
  - Combined APCD data with ACS data
- New methodology for **Medicare Reference Based Pricing**
  - Used Milliman software in collaboration with Division of Insurance
  - More representative of actual hospital claim volume than RAND
- Created new **Hospital System Crosswalk** for **Shop for Care** that include outpatient clinics
  - 1500+ facilities were categorized!

Telehealth Equity Analysis

STATEWIDE Relationship Table

● Moderate relationship ■ Weak/No relationship

**The CO APCD does not contain Veterans Administration (VA) data, and Telehealth and In-Person rates from the CO APCD do not include any visits conducted through VA services.*

HEALTH CARE VISIT VS. SOCIAL FACTORS	People of Color	Limited English	Without H.S Diploma	Unemployed	Disability	Veterans*	Without Vehicle	Without Internet	Without Computer	Without Smartphone
Telehealth	■	■	■	■	■	●	●	■	●	●
In-Person	■	■	■	■	■	■	■	■	■	■

Medicare Reference Based Pricing

For Inpatient and Outpatient services combined,
the majority of hospitals received **2-3 times** Medicare payments,
and many received **3-5 times** what Medicare would pay.

3-5+ times | Medicare prices

26% **21 hospitals** received 3-5+ times Medicare prices

2-3 times | Medicare prices

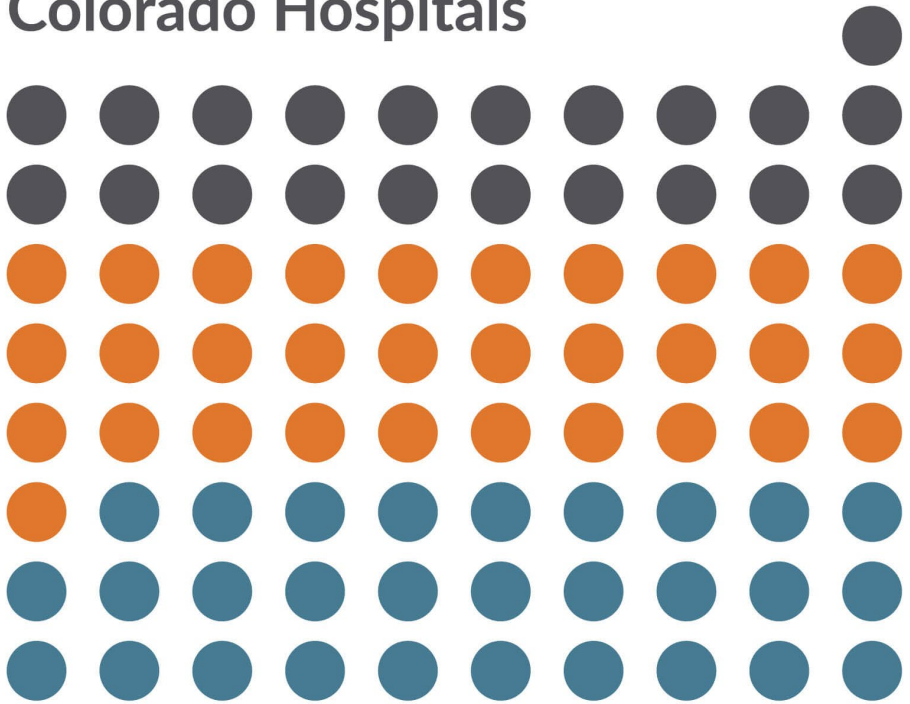
38% **31 hospitals** received less than 2 times Medicare prices

<2 times | Medicare prices

36% **29 hospitals** received less than 2 times Medicare prices

The majority of which (24) were Critical Access Hospitals

Colorado Hospitals



Medicare Reference Based Price Analysis Reach

- **Public News Service**
  - 151 Media outlets
  - 2.5M audience reach; 1K Spanish speaking audience reach
- **CIVHC Promotion**
  - **Distribution: 3,429**
  - **51%** open rate **(industry average, 25%)**
  - **19%** click rate **(industry average, 2.8%)**

Testimonial: "I think this is great, I appreciate the clarity and simplicity that it provides over such complicated data. The transparency provided with this data has the potential to help many actors across the state."

FY 24 Public Reporting Successes

- On-time delivery of **Provider Payment Tool**
- New methodology for **Shop for Care**
  - Over 200 more services/procedures available (265+ total)
  - Available in Spanish
- New measures in the **Community Dashboard**
  - Outpatient Visits, Inpatient Hospitalizations, Pharmacy Fills, Primary Care Visits, Total Utilization and Total Spending
- **Race and Ethnicity in CO APCD** updated
  - Valuable public data and aligns with our health equity values

Shop for Care

- Available free at civhc.org
- Over 260 shoppable services

Table of Contents | Laboratory Services | Phys & Occ Therapy | Surg, Diagnostic & Infusion

Mental & Behavioral Health | Radiology & Imaging | Obstetrics & Gynecology

Cardiology

Select Service: Cardiovascular stress test (CPT 93017)

Select Your Zip Code: 80001

Sort List By: Facility Name (A-Z)

Facility Name	Distance (Miles)	Price Estimate		Quality	
		Flat Fee		Patient Experience	Overall Hospital Quality
		Average Price	Price Range		
AdventHealth Avista	10.8	$350	$280-$460	★★★★☆	★★★★★
AdventHealth Castle Rock	29.5	$410	$280-$550	★★★★☆	★★★★★
AdventHealth Littleton	16.5	$410	$290-$550	★★★★☆	★★★★☆
AdventHealth Parker	24.2	$370	$240-$420	★★★★☆	★★★★★
AdventHealth Porter	10.9	$340	$320-$380	★★★☆☆	★★★★★
Aspen Valley Hospital District	102.5	$460	$440-$550	*	*
Banner Fort Collins Medical Center	49.8	$510	$500-$510	★★★★☆	★★★☆☆
Banner McKee Medical Center	42.3	$510	$500-$770	★★★☆☆	★★★★☆
Banner North Colorado Medical Center	46.8	$540	$500-$880	★★★☆☆	★★★☆☆

Provider Payment Tool

- All CPT and HCPCS codes per Senate Bill 22-068
- Updated annually

Procedure Prices (Non-Anesthesia) | **Procedure Prices (Non-Anesthesia)**

View Instructions

Select YEAR: 2022 | Select PAYER TYPE: Commercial | Select PLACE OF SERVICE: Outpatient

Select GEOGRAPHY TYPE: Statewide | Select GEOGRAPHY: Colorado | Select PROVIDER TYPE OR SETTING: Specialists and General Practitioners

Type in CPT®/HCPCS Code

Code Description	Cost Category	Average Payment	25th Percentile Payment	50th Percentile Payment	60th Percentile Payment	75th Percentile Payment
0001A: Intramuscular administration of single sev.	Flat Fee	$44	$40	$40	$41	$46
0002A: Intramuscular administration of single sev.	Flat Fee	$45	$40	$41	$41	$48
0003A: Intramuscular administration of single sev.	Flat Fee	$44	$40	$40	$41	$45
0004A: Intramuscular administration of single sev.	Flat Fee	$42	$40	$40	$41	$41
0202U-26: Test for detection of respiratory diseas.	Flat Fee	$29	$30	$30	$30	$30
0240U: Respiratory infectious agent detection by.	Flat Fee	$138	$143	$143	$143	$143
0241U-26: Respiratory infectious agent detection.	Flat Fee	$29	$24	$30	$30	$30

Public Reporting Successes

- **Legislative Requests – Data used to inform current/future legislation**
  - Firearm Related Injuries
  - Wildfire/Ozone Impact on Health
- **Wide media coverage for Firearm Related Injuries analysis**
  - Nearly **200 media outlets**
    - Estimated media reach: **2.2 million+**
    - Public News Service article: “Gun-related injuries on the rise among Colorado children” with 82K Spanish version audience reach
    - Colorado Sun, Colorado Public Radio, The Daily Sentinel, The Chronicle-News

Testimonial: “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.”

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

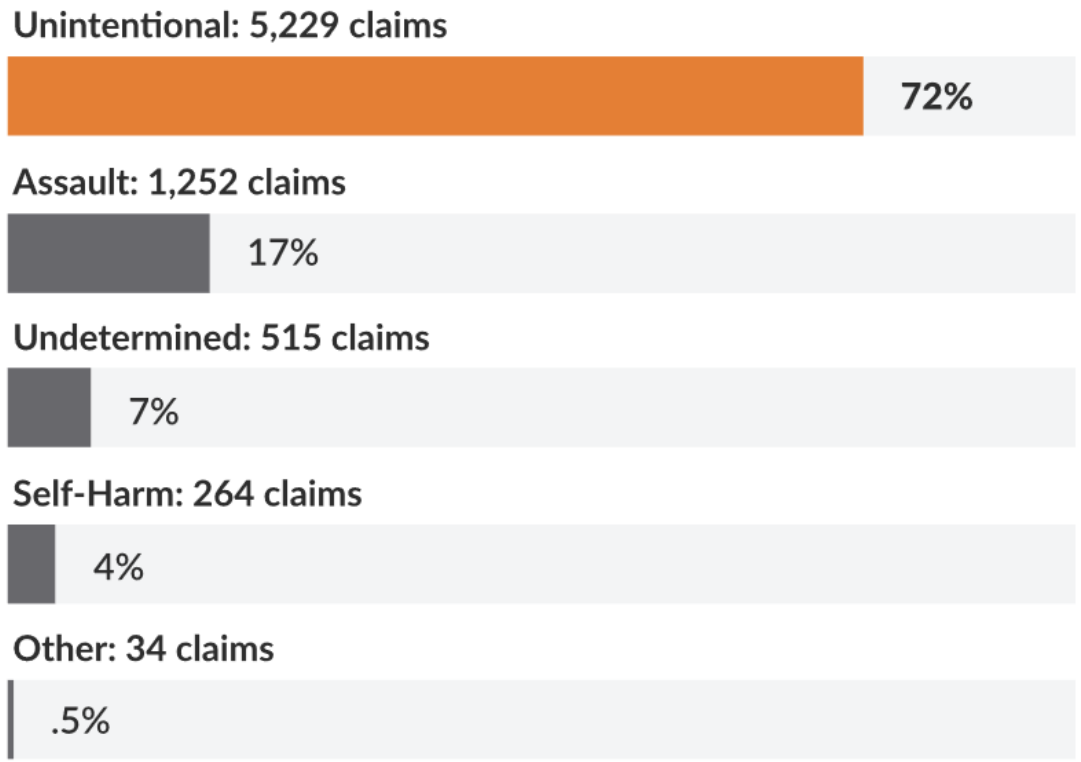
$8.4M in health care payments made for firearm injuries across all payers in 2022.

Overall Percent

53% claim rate increase from 2016-2022

Firearm Injury Type Breakdown

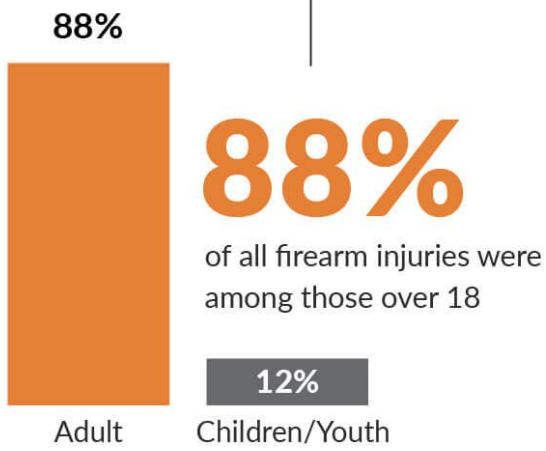
2022 All Payers



Firearm Injury Trends: Age

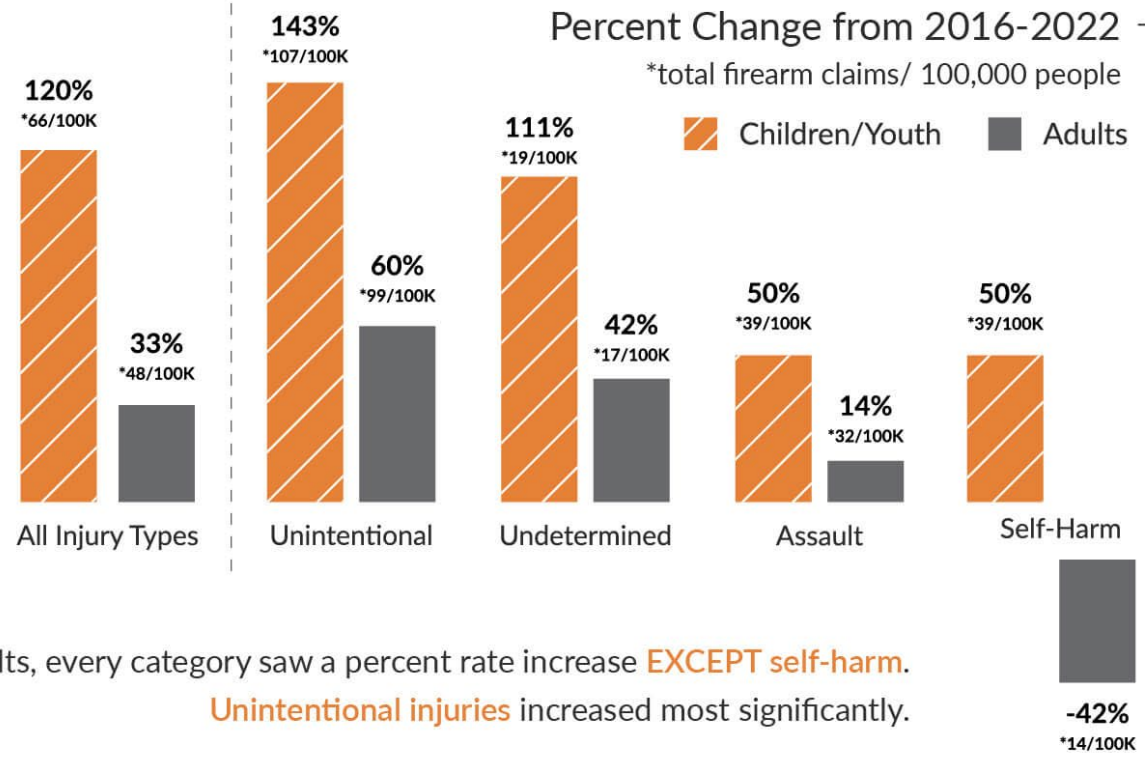
Percent Firearm Injuries by Age
2016-2022 All Payers

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: 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

Wildfire and Ozone Impact on Health Analysis

Purpose of the Study

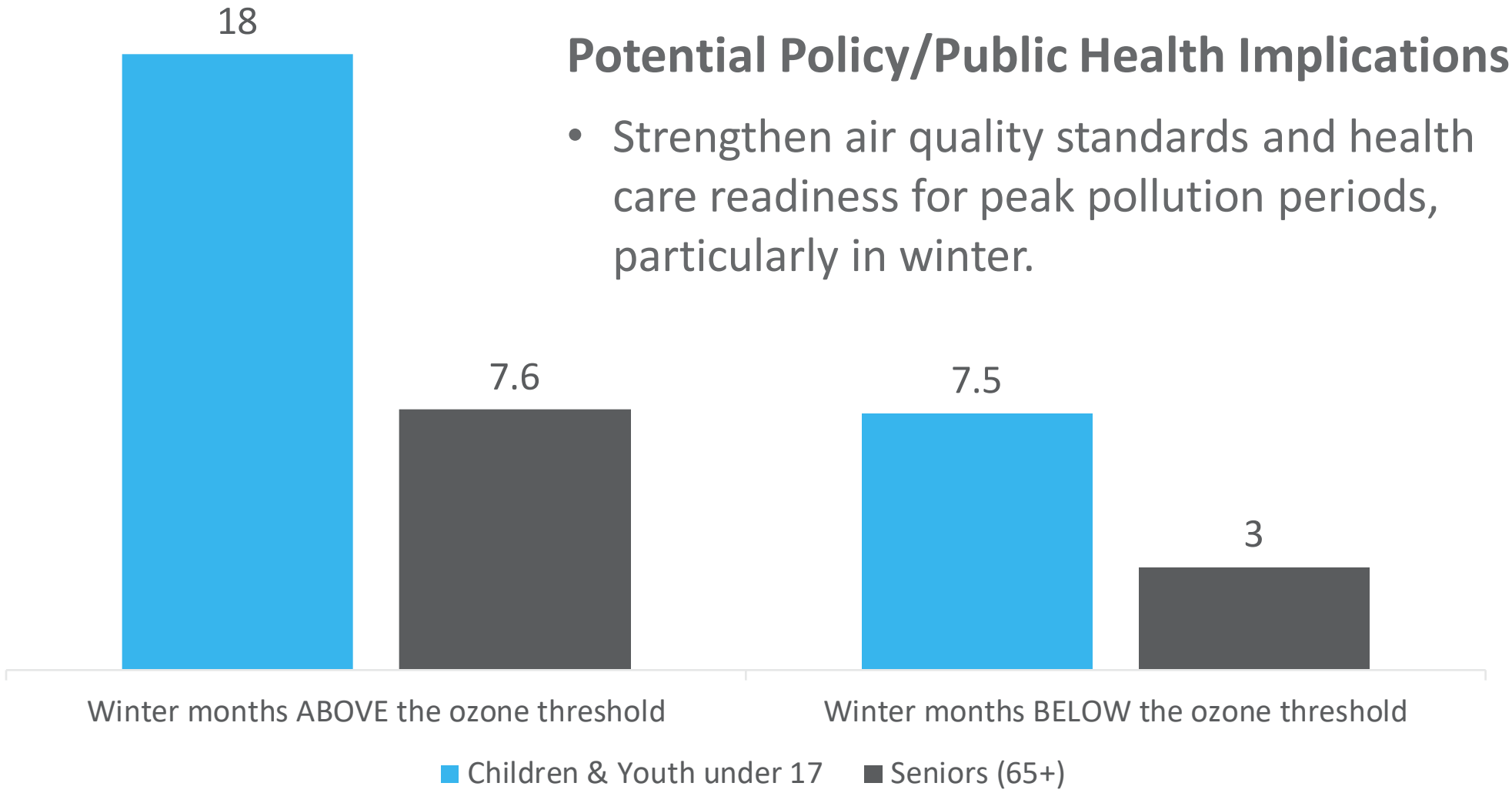
- Investigate the impact of air quality on emergency department (ED) visits
- Provide data-driven insights to inform legislative and public health discussions
- Support general public understanding of health impact of spike pollutant events

Study Design

- 2018 and 2019 (high frequency of wildfires, not exacerbated by COVID)
- Isolated to cost and utilization of ED visits for principle diagnosis of respiratory and cardiovascular conditions
- Geographic county trends, age group breakouts, payer variation
- Air quality data from the EPA for wildfire and ozone pollutants

Testimonial: "Fascinating stuff and perfect use of APCD data. Nice work."

ED Visit Rate/1,000 lives More than Double in Winter Months Above Ozone Threshold



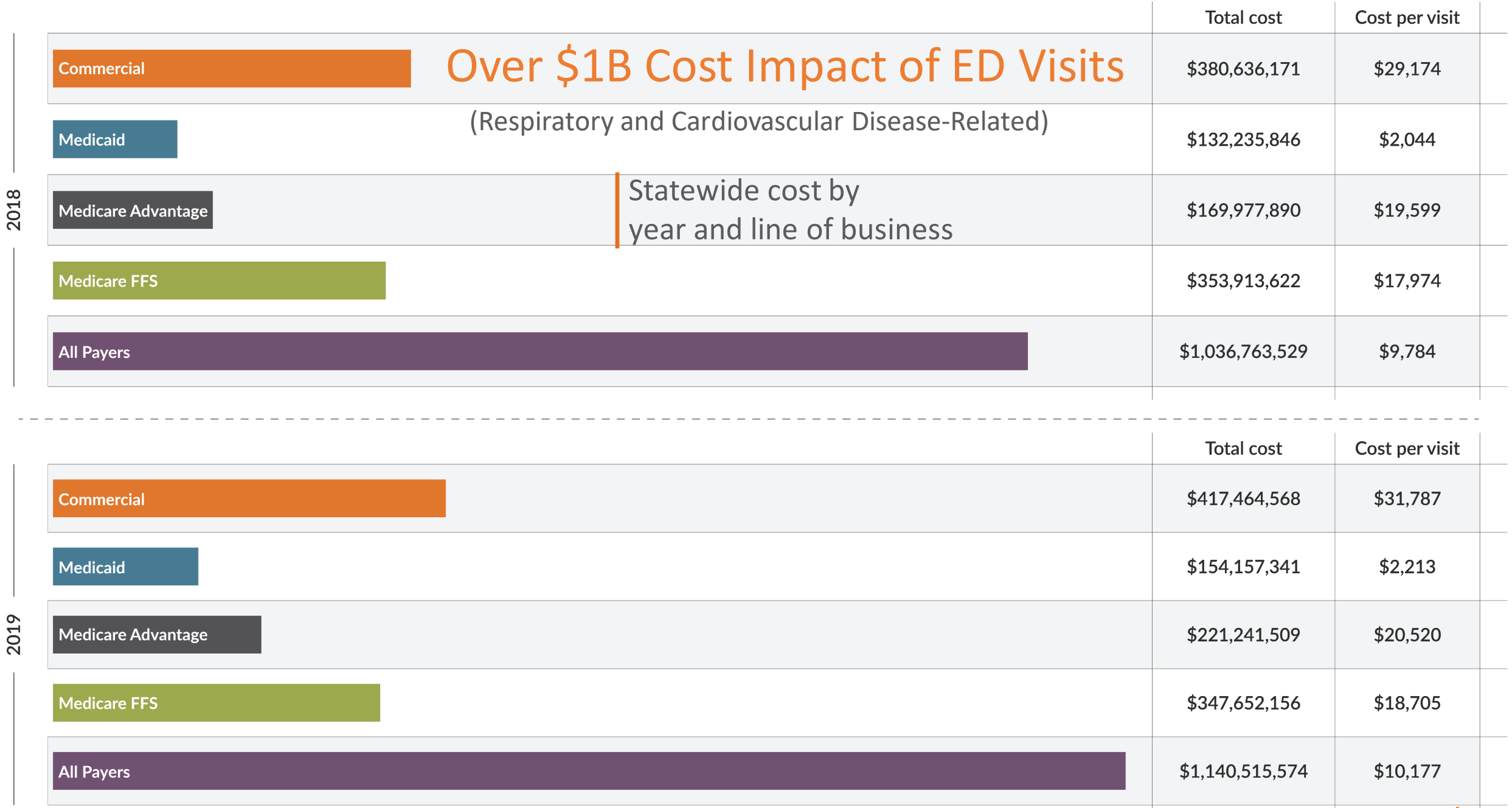
Potential Policy/Public Health Implications

- Strengthen air quality standards and health care readiness for peak pollution periods, particularly in winter.

Over $1B Cost Impact of ED Visits

(Respiratory and Cardiovascular Disease-Related)

Statewide cost by year and line of business



Public Reporting Roadmap FY 25

Quarter 1 (July – September)

- Translation of latest version of Shop for Care into Spanish **(Complete)**

Quarter 2 (October - December)

- Ambulance in-network vs. out-of-network analysis (legislative requests)
- Telehealth Services Analysis
  - Data 2020 – 2023
  - New Rural/Urban Breakouts
- Provider Payment Tool: Telehealth modifiers and updated filtering options
- Alternative Payment Models

Public Reporting FY 25

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
- Social Needs, Z Codes in the CO APCD
- Community Dashboard
  - New Quality measures

Committee Input

- Are there other topics we should consider?
- What other avenues should we explore to promote public data?
- Committee support for public report usage

Member Discussion & Public Comment

CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE

2024-2025 Meeting Schedule

- Dec 10, 2024
- March 11, 2025
- June 10, 2025
  - 2pm-4pm
  - Virtual unless otherwise noted