



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Public Data Available from the Colorado All Payer Claims Database on www.civhc.org

2018 Annual CO APCD Report – Highlights new reporting available, uses of data, status of the CO APCD, future planning, recommendations to the General Assembly and more. Past reports also available at <http://www.civhc.org/get-data/publications/>

STATEWIDE INTERACTIVE REPORTS:

Available at www.civhc.org/get-data/interactive-data

- **Cost of Care**– Search per person per year health care cost variation by county, payer type, demographics, trends, and more
 - [Cost of Care Insights](#)– Health care expenses rose an avg. of 6% from 2012-2015 across all services; highest percent change in pharmacy costs (27%)
- **Utilization of Services**– Search variation across the state for commonly used services like hospitals, ERs, & outpatient services.
 - [Utilization Insights](#) – Emergency room visits up 6.3% from 2012; readmissions and ER visits highest for Medicaid patients.
- **Quality of Care**– Search variation in the quality of care being provided across the state for chronic conditions and cancer screenings.
 - [Quality Insights](#) – Across all payers, 89% of Coloradans receive appropriate prescriptions for asthma, while only 28% get colorectal screenings as recommended.
- **Condition Prevalence**– Search variation across the state for frequent and costly conditions like asthma, diabetes, COPD, depression and some cancers among others.
 - [Condition Prevalence Insights](#) – Depression diagnoses have increased 26% across all payers since 2012 and 12% of Coloradans had a diagnosis of Hypertension in 2015.
 - [Cancer Prevalence Insights](#) – Breast cancer is the highest prevalence cancer (.79%) of those analyzed, followed by cervical cancer (.21%).

SPOT ANALYSES & DATA BYTES

Available at www.civhc.org/get-data/publications

Cost and Utilization Trends and Opportunities

- **Firearm Injury Trends and Costs** – Evaluates impact of firearm injuries in CO in terms of volumes and types of claims along with the associated cost to the health care system
- **In and Out of Network Costs** – Shows difference in median payments for in and out of network providers for three common procedures
- **Multi-State Total Cost of Care Analysis** – CO costs 17% higher than participating states due to higher utilization AND higher prices; \$48 million in savings potential for 102 practices analyzed
 - [Press Release](#)
 - [Webinar Recording](#)
- **Knee/Hip Payment Variation by Payer** – Commercial payments for hip/knee surgery are 232% higher than Medicare in parts of the state; \$21k difference between facilities for hip replacement, and \$28k difference between facilities for knee replacement.
- **Common Services Regional Price Variation** – Prices vary across CO depending on the type of service being provided, NOT volume or region. Shows payment variation for orthopedic surgery, colonoscopies and imaging services.
- **ED Severity Level Trends** – The percent of ED visits that are being billed at the highest severity level has increased since 2009 while low severity visits have decreased.

- **High Risk Pool Costs** – It takes nearly \$78,000 to cover one high-risk individual in Colorado annually compared to roughly \$2,000 per year for low-risk individuals.

Potentially Avoidable Services/Cost Savings Opportunities

- **Avoidable Emergency Department Use** – CO could save \$800 million annually if patients used doctor's offices and urgent care for non-emergencies
- **Free Standing Emergency Departments** – Patients using FSEDs more like urgent care than ERs; costs at least \$400 more at EDs than urgent care centers
- **Intraoperative Neuromonitoring** – \$8.2 million spent on only 130 claims; highest paid amount: \$142,030, most likely due to out-of-network provider
- **C-Section Reduction** – \$6.5 million in savings annually if C-sections were reduced by 10% (Healthy People 2020 goal); \$1.65 million for Medicaid, \$4.85 million for commercially insured

Quality of Care Opportunities

- **Colorado State Innovation Model Quality Measures** – Identifies how SIM practices compare to the rest of the state for Diabetes, Breast Cancer Screening, Asthma, and Hypertension

Condition Prevalence Trends and Opportunities

- **Hepatitis C** – Identifies patient demographics and shows percent of people getting new curative treatments for Hep C
- **Pre-existing Conditions** – Over 840,000 Medicaid and Commercially insured Coloradans (or 20%) have one or more pre-existing conditions
- **Medicaid Frostbite Claims with Amputation** – Shows the increase in the number of claims over time for people on Medicaid who had frostbite with a subsequent amputation
- **Medicaid Teen Pregnancy Trends** – Teen pregnancy in the Medicaid population decreased from 77/1,000 deliveries to 26/1,000 between 2009 and 2015

Prescription Drug Trends and Opportunities

- **Vimovo & Duexis** – Two over-the-counter combination drugs cost over \$1,000 more per month and have cost CO payers \$24 million from 2012-2016
- **Subsys Opioids** – From 2012-2016, CO payers spent \$17.5 million on Subsys fills, and approximately 78% or \$13.6 million worth did not have a cancer diagnosis as indicated from the FDA
- **Prescribing Opioids** – From 2012-2017, prescription fill rates and length of suggested dosage for Oxycodone, Percocet, and Vicodin are investigated

EXAMPLES of CO APCD USE CASES (CUSTOM DATA)

Hundreds of additional use cases available at www.civhc.org/change-agents/

- **Project Angel Heart** - Determined health care cost savings for critically ill patients who received their nutritional meal services.
- **Chronic Care Collaborative** - Multiple non-profits evaluated disease-specific pharmacy cost data to understand potential impact of rising medication cost on access and adherence.
- **Colorado State Innovation Model** - Collecting claims-based quality measures for physician groups working to integrate behavioral and physical health as part of the SIM evaluation.
- **Colorado Office of Behavioral Health** - Evaluating provider practices that have implemented Screening, Brief Intervention, and Referral to Treatment for substance use (SBIRT) to assess patient outcomes and determine whether any cost savings were realized.
- **Lockton** - Understanding the insurance and provider composition of various Colorado geographies in order to promote employer-provider connections and encourage a healthier competitive environment.
- **Oregon State University School of Pharmacy** - Compared opioid prescription and adverse outcome information between Oregon and Colorado to see if there was a correlation between the prescription restriction and opioid abuse.