



CENTER FOR IMPROVING  
VALUE IN HEALTH CARE

# Public Data Available from the Colorado All Payer Claims Database (CO APCD) on [www.civhc.org](http://www.civhc.org)

## ANNUAL REPORT

Available (including past reports) at [www.civhc.org/get-data/publications/](http://www.civhc.org/get-data/publications/)

**2017 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.

## STATEWIDE INTERACTIVE REPORTS

Available at [www.civhc.org/get-data/interactive-data](http://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 Document** 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 Document** 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 Document** 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 Document** 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](http://www.civhc.org/get-data/publications)

### Cost and Utilization Trends and Opportunities

**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

## EXAMPLES of CO APCD USE CASES (CUSTOM DATA)

Hundreds of additional use cases available at [www.civhc.org/change-agents/](http://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.