Supporting Change Agents through Transparency

5.16.18

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VP of Communication & Marketing

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Agenda

• Overview of CIVHC and the CO APCD
• Review Public Reports available & future plans
  – Interactive
  – Spot Analysis
  – Data Bytes
• Open Discussion
Who We Are

Our Mission:
We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim.
Who We Serve

Change Agents:
Individuals, communities or organizations working to lower costs, improve care, and make Colorado healthier.
Focus Areas

Data Transparency
- Colorado All Payer Claims Database Administrator
- Provide public and custom data to advance the Triple Aim

Health Care Reimbursement
- Support new ways to pay for care that lower costs and improve outcomes through data, analytics, education and convening

Care Delivery
- Manage Healthy Transitions Colorado, a care transitions collaborative
- Work with organizations to expand access to Palliative Care
2008
CO APCD recommended by Blue Ribbon Commission for Health Care Reform

2010
CO APCD Legislation (HB 10-1330); CIVHC named administrator by HCPF

2012-2013
CO APCD operational; website goes live; begin providing custom data requests

2013-Present
Enhancements to CO APCD public data and infrastructure, data onboarding; expanded access to custom data; transition to new data vendor
The CO APCD

Colorado APCD Data & Covered Lives

- Health First Colorado*
- Medicare & Medicare Advantage
- 33+ Commercial Payers

- 750+ Million Medical, Pharmacy, & Dental Claims
- Approx. 4.3 Million Unique Lives
- Majority of Insured Coloradans

*Colorado's Medicaid Program

Updated April 2018
CO APCD Data Availability

Public Data
- Interactive Website
- Spot Analysis/Data Bytes
- Infographics and Other Publications

Non-Public Data
- Standard Reports
- Custom Reports
- Data Sets
Public Data

• Purpose:
  – **Educate** consumers and other stakeholders about health care issues
  – **Inform opportunities** for cost savings and improved health/care
  – **Support decision-making** & development of new programs or initiatives
  – **Track progress** across communities and as a state
Interactive Statewide Reports available at www.civhc.org:

- Cost of Care Report
- Quality Report
- Utilization Report
- Condition Prevalence Report

Planned Website Updates

- Facility Price and Quality Information – Summer 2018
Public Interactive Reports - Cost of Care

- Per Person Per Year Health Care Costs
- Breakouts by Payer Type from 2012-2016:
  - Outpatient, Inpatient, Professional, Pharmacy
  - Member Only, Health Plan Only, Combined
  - Demographics, Rural, Urban and County Level

### Health Plan and Patient Cost per Person per Year (PPTY), by Geography, Payer Type and Service Type

Select RURAL vs. URBAN:
- Statewide

### Health Plan and Patient Cost per Person per Year (PPTY), by Payer Type and Service Type

- All Payers
- Commercial
- Medicaid
- Medicare Advantage

### Health Plan and Patient Cost per Person per Year (PPTY), by Payer Type, Service Type and Geography

<table>
<thead>
<tr>
<th></th>
<th>All Payers</th>
<th>Commercial</th>
<th>Medicaid</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$3,925</td>
<td>$3,674</td>
<td>$3,406</td>
<td>$7,005</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$840</td>
<td>$759</td>
<td>$640</td>
<td>$1,988</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$879</td>
<td>$891</td>
<td>$895</td>
<td>$764</td>
</tr>
</tbody>
</table>

### Health Plan and Patient Cost per Person per Year (PPTY), Trends by Payer Type and Service Type

Select PAYER TYPE:
- All Payers
In general, expenses for rural Coloradans are higher.

Rural Medicare Advantage patients pay nearly double the out-of-pocket costs annually compared to urban residents.
Public Interactive Reports - **Utilization**

- Unplanned Hospitalizations
- 30-Day Readmissions
- Outpatient Services
- ER Visits
- Observation Stays
- Pharmacy Scripts (all, and generic only)
Utilization Interactive Report Insights

**Emergency Room Visits**
- **6.3%**
  - Only Medicaid decreased (0.7%)

**Observation Stays**
- **3.7%**
  - Medicare Advantage decreased most (-10%)

**Unplanned Hospitalizations**
- **1.7%**
  - Only Medicare Advantage decreased (1.3%)

**30-Day Readmissions**
- **0.7%**
  - Only Commercial increased (7.3%)
Public Interactive Reports - Quality

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Appropriate Medication for Asthma
- Diabetes A1c Test

**Quality Measures, by Geography**

Select **RURAL vs. URBAN:**

- Urban

<table>
<thead>
<tr>
<th>Percentage (%)</th>
<th>Appropriate Medication for Asthma</th>
<th>Diabetes A1c Test</th>
<th>Breast Cancer Screening</th>
<th>Cervical Cancer Screening</th>
<th>Colorectal Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.3%</td>
<td>87.4%</td>
<td>66.4%</td>
<td>59.6%</td>
<td>34.2%</td>
<td></td>
</tr>
</tbody>
</table>
Quality Interactive Report Insights

- **89%** of Coloradans receive appropriate prescriptions for asthma, indicating the highest quality of care (all payers, statewide).
- Only **28%** of Coloradans get colorectal cancer screening, indicating the lowest quality of care (all payers, statewide).
- **58%** of Urban women in rural counties have a lower percentage of breast cancer screening than women in urban counties (all payers, statewide).
- **49%** of Rural women in rural counties have a lower percentage of breast cancer screening than women in urban counties (all payers, statewide).
- **25%** of urban diabetes patients do not receive their A1c test at least once a year (all payers, statewide).

The image also includes a section titled "Quality Measures in CO" with various statistics and icons, but the specific details are not fully visible in the provided image.
Public Interactive Reports – **Condition Prevalence**

- Asthma
- Breast Cancer
- Cervical Cancer
- COPD
- Colorectal Cancer
- Diabetes I & II
- Hypertension
Chronic Conditions Insights

Hypertension

12% of Coloradans were diagnosed with hypertension in 2015.

Hypertension is the disease diagnosed most frequently among insured Coloradans.

Hypertension is more prevalent in older age groups with marked differences between payer types.

Hypertension Prevalence in Adults, 35-64

- Medicaid: 16.5%
- Commercial: 8.6%

Depression

5.1% of Coloradans had a depression diagnosis in 2015.

Since 2012, depression has increased...

26% of All Payers

- 7.2% of females
- 3.7% of males

Depression is highest among mature adults, 35-64.
Cancer Insights

The cancers reported tend to be more prevalent in the older population (65+ yrs.)...

...with the exception of cervical cancer, which is more prevalent among women (35-64 yrs.).

Breast cancer is by far the cancer with the highest prevalence (0.79%), followed by prevalence of cervical cancer (0.21%).
**New Payer:** Medicare Fee for Service, **More Years:** 2012-2018

**Cost of Care:**
- Illness Burden Scores

**Utilization:**
- Professional Visits
- Potentially Preventable ER

**Quality:**
- Child Developmental Screening
- Appropriate treatment for children with Upper Respiratory Infection
- Diabetes Care Eye Exam

**Condition Prevalence:**
- Generalized Anxiety Disorder
- Teen Pregnancy Rates
- Asthma Exacerbations

*NEW Category: Patient Safety:*
- C-Section Rate
- Imaging for Low Back Pain

*NEW Category: Access to Care:*
- Child/Adolescent Access to Primary Care
- Adult Access to Preventive Care
### Planned Updates: Consumer Shopping

- **Service (Select):** Knee Arthroscopy
- **Location (Select Zip):** 80128

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Distance</th>
<th>Estimated Price</th>
<th>Quality</th>
<th>5-Star Hospital Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named Hospital A</td>
<td>1.5 m</td>
<td>$15,000</td>
<td>⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Named Hospital B</td>
<td>2.5 m</td>
<td>$17,000</td>
<td>⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Ambulatory Surgery Center A</td>
<td>2.8 m</td>
<td>$22,000</td>
<td>⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Ambulatory Surgery Center B</td>
<td>10 m</td>
<td>$11,000</td>
<td>⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
</tbody>
</table>
Public Reporting: Planned Consumer Shopping Services

**Imaging (CPT):**
- Bone density scan
- CT – abdomen/ pelvis with contrast
- CT – abdomen/pelvis without contrast, followed by contrast
- CT - head and brain without dye
- CT - head and brain with dye
- Mammogram - bilateral
- MRI - back
- MRI - brain stem without dye
- MRI - brain stem with and without dye
- MRI - knee
- MRI - pelvis
- MRI- shoulder, wrist, elbow
- Myocardial Perfusion Imaging
- Ultrasound - abdominal complete
- Ultrasound - Breast

**Surgical & Preventive (episodes):**
- Knee Arthroscopy
- Cataract Surgery
- Colonoscopy
- Breast Biopsy
- Gall Bladder Surgery
- Upper GI Endoscopy
- Tonsillectomy
- Knee replacement
- Hip replacement
- Vaginal birth
- C-Section
CO Costs 17% Higher Due to Price AND Utilization

Untangling The Cost Drivers

- **Colorado**: 17% above
- **Maryland**: 7% above
- **Minnesota**: 4% below
- **Oregon**: 16% below
- **Utah**: 0% (equal to average)

**Average of 300,000 for comparison population**

**Resource Use** -
- **Price** -

**Total Cost**
Table 2. Total (Inpatient, Outpatient, Professional, Pharmacy) Median Risk-Adjusted Per Member Per Month (PMPM) Cost by CO Division of Insurance Region

<table>
<thead>
<tr>
<th>Division</th>
<th>COST PMPM</th>
<th>UTILIZATION Compared to the CO Statewide Average*</th>
<th>PRICE Compared to the CO Statewide Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>$591</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>Greeley</td>
<td>$559</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>West</td>
<td>$547</td>
<td>2%</td>
<td>23%</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>$539</td>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>Pueblo</td>
<td>$455</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Boulder</td>
<td>$439</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Fort Collins</td>
<td>$424</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Denver</td>
<td>$403</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Colorado Springs</td>
<td>$390</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Statewide Average

*Statewide averages only reflect results for the respective divisions. Notes from page 24 of the document indicate that Colorado’s pharmacy costs were relatively high compared to other states, with an average of $437, while other states had significantly lower costs. For example, West Virginia had an average of $123 for pharmacy costs.
Physician Practice Cost and Utilization Comparison

16% of Practices are 
Low Price, High Utilization

21% of Practices are 
High Price AND High Utilization

32% of Practices are 
Low Price, Low Utilization

31% of Practices are 
High Price, Low Utilization
Vimovo/Duexis-CO has spent over $24 million on drugs available over-the-counter at a fraction of the cost.

**30-day Supply Costs**
- *Duexis Rx*: $1,400
- *Over The Counter*: $40
- *Vimovo Rx*: $1,500
- *Over The Counter*: $60

**Number of Vimovo and Duexis Prescriptions by Year (2012-2016, CO APCD)**

**Commercial**
- Duexis
- Vimovo

**Medicaid**
- Duexis
- Vimovo
$800 Million in annual potential savings statewide if people more appropriately used EDs

7 out of 10 Free-Standing ED & 3 out of 10 ED visits weren’t emergencies, and they cost $1000+ more
Spot Analysis: Payer Variation

Public Data

Colorado Hip/Knee Replacement Average Total Episode Payments
Medicare vs. Commercial

Analysis based on fiscal year 2013 Fee-For-Service Medicare claims and commercial payer claims in the Colorado All Payer Claims Database (CO APCD, www.comedprice.org). Prices have been rounded to the nearest thousand and reflect average paid “episode” amounts (initial procedure payments AND 90 day post-acute payments), using calculations similar to the Centers for Medicare & Medicaid (CMS) Comprehensive Care for Joint Replacement (CJR) methodology (https://innovation.cms.gov/initiatives/cjr).
Data Byte: Subsys

Colorado Subsys Total and Potentially Avoidable Spend (2012-2016, Medicaid and Commercial Payers, Colorado All Payer Claims Database)

Between 2012 and 2016, Colorado spent approximately $17.5M total on Subsys prescriptions, $13.6M of which was potentially avoidable.

Approximately 78% of all Subsys fills DID NOT have a cancer diagnosis.

Subsys is a powerful opioid drug FDA-approved specifically for the management of persistent pain in adult cancer patients. Prescriptions filled includes all Medicaid and commercially insured members in the Colorado All Payer Claims Database (CO APCD) regardless of the length of coverage. Cancer diagnosis information reflects the percent of Coloradans represented in the CO APCD with continuous eligibility who did not have a cancer diagnosis within the three months prior to filling their first Subsys prescription. Cancer diagnoses were defined using ICD9 codes between 140 and 239 and ICD10 codes between C00 and D48. Total cost reflects actual paid amounts by health insurance payers and patients, prior to discounts or rebates, and potentially avoidable cost estimates are based on the average percent of claims without a cancer diagnosis from 2012-2016.
Public Data

Data Byte: Pre-Existing Conditions

Number of Coloradans with Pre-Existing Conditions, Colorado All Payer Claims Database, 2016

- Medicaid: 439,000
- Commercial (Non-Exchange Plan): 362,000
- CO Health Exchange Plan: 41,000
- Total: 840,000

20% of Commercial and Medicaid patients or over 840,000 Coloradans have a pre-existing condition(s)

Data reflects the approximate number of Coloradans represented in the Colorado All Payer Claims Database (CO APCD) with a diagnosis of one or more of 10 common pre-existing conditions in 2016 including HIV, psychiatric disorders, asthma, psoriasis, diabetes, osteoarthritis, cancer, fibromyalgia, high blood pressure/heart disease, and obesity. Numbers represent individuals under the age of 65 at the time of service. Commercial numbers do not include members who purchased insurance through the CO Health Exchange, Connect for Health Colorado. Does not include Coloradans on a Medicare Advantage or Medicare Fee-for-Service plan.
Data Byte: High Risk Pools

1 High Risk Individual = 41 Low Risk Individuals

**Public Data**

- **Colorado**
  - High Risk: $77,900
  - Low Risk: $1,900

- **New Hampshire**
  - High Risk: $79,900
  - Low Risk: $2,570

- **Virginia**
  - High Risk: $63,280
  - Low Risk: $2,150

Data reflects 2015 allowed amounts for commercial claims for individuals under 65 included in the Colorado, New Hampshire, and Virginia state All Payer Claims Databases (APCD). Virginia methodology reflects proxy allowed amount dollars. Pharmacy costs are not included. Data was provided by the state APCD administrators or data users to the APCD and published by the National Academy for State Health Policy in their blog High Risk Pools Déjà vu – Lessons from States, Questions for Policymakers, January 31, 2017.
Data Byte: ED Severity Level Trends

High Severity going up over time for Commercial

EMERGENCY DEPARTMENT SEVERITY-LEVEL TRENDS COMMERCIAL, 2009-2016

Data reflects claims received from commercial health insurance payers for Emergency Department visits (defined by inclusion of one of the five codes above) contained in the Colorado All Payer Claims Database from 2009-2016. Commercial claims in the CO APCD represent large group, small group, and individual claims for all years and some self-insured data in 2015 and 2016.
Spot Analyses:
- Quality Measures (Asthma, Breast Cancer, Diabetes, Hypertension)
- Hepatitis C
- Geographic Payment Variation for Common Health Conditions
- C-Section Rates

Data Bytes:
- Frostbite with Subsequent Amputation
- EpiPen Prescription Cost Trends
- Teen Pregnancy Trends
Better Health, Better Care & Lower Costs

Together, We Can Change the Trajectory of Our Health Care System
Non-Public Data

Data Recipients (View all on Change Agent Gallery at civhc.org)
Custom Data Options

• **Standard Reports and Datasets**
  – Excel or Tableau, interactive, multiple filter/view options

• **Custom Reports**
  – Answers specific analytic question, available in Tableau or Excel

• **Data Extracts**
  – Secure delivery of a flat data file for analysis by the recipient
Questions

Comments

Concerns
Contact Info

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  – Vice President of Communication & Marketing
• Maria de Jesus Perez-Diaz, mdiaz@civhc.org
  – Director of Public Reporting

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