County Level Profiles to Facilitate Community Assessments

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Session Agenda

• About CIVHC/Colorado All Payer Claims Database
• Health care claims data
• Other common health data sources
• Overview of health system measures:
  • Integrating health care and public health measures
• Building a county profile – interactive session
• Wrap up
Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: Better Health, Better Care, Lower Cost

We are:

• Non-profit
• Independent
• Objective
Who We Serve

Change Agents

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

Public CO APCD Data
Identify opportunities for improvement in your community through interactive reports and publications

Custom CO APCD Data
License data from the most comprehensive claims database in CO to address your specific project needs

Data Literacy
Attend data academies to learn how to use available data resources across the state and country

CIVHC Connect
Participate in convenings to discuss innovative ideas and programs aimed at transforming health care

Programs and Convening
Get involved with data, education, work groups, and convening around serious and advanced illness
History of the CO APCD

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

2013-2016
Enhancements to public data/infrastructure; added more payers/Medicare; increased custom data fulfillments

2017-Present
Transition to new data vendor; enhanced capabilities; launched new website and additional public data
What’s in the CO APCD

Health Insurance Payers
We receive claims from Medicaid, Medicare, Medicare Advantage, and over 37 commercial payers

Claims
The Colorado APCD has over 800+ million claims (Medical, Pharmacy, and Dental)

Unique Lives
The Colorado APCD represents over 4 million unique lives, and over 70% of insured Coloradans
What is Health Care Claims Data?

• Health insurance claims data is the information collected in order for health care services to get paid.
What’s in a Health Insurance Claim?

• Information related to:
  • Who received and who provided services
  • What services were provided
  • When services were provided
  • Why the services were needed (diagnosis)
  • How much was charged and how much was actually paid, and by whom
What is the Unique Benefit of Claims Data?

Claims help you understand how much actually gets paid for healthcare services.
What Else Can You Understand with Health Claims?

**Utilization**
Where and how often services are being used

**Quality**
If the care provided met national standards

**Condition Prevalence**
Overall health
Where Can You Get Claims Data

Patients

Providers

All Payer Claims Databases (APCD)

Health Insurance Companies
What Unique Benefits Does an All Payer Claims Database Provide?

• Includes private insurance, and represents the majority of insurance companies

• Identifies care for patients regardless of care setting (i.e. not just hospitalizations or office visits)

• Represents a large portion, if not the majority of a given population and geographic region

• Provides information across multiple years for individuals, regardless of changes in insurance

For more info on the benefits of APCDs, visit the Agency for Health Care Research and Quality: https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/apcd/index.html
What Can You Understand with an APCD?

**MACRO LEVEL**
- Populations/Demographics (M/F, Age Groups)
- Provider Types and Categories
- Payer Type (Commercial, Medicare, Medicaid)
- Total Paid

**MICRO LEVEL***
- Unique Patients
- Unique Providers
- Individual Payers
- Specific Services
- Zip Code Level Geography
- Specific Dates
- Copay, deductible, co-insurance, and payer paid amounts

*Must meet HIPAA and HITECH guidelines that protect patient information
What Kinds of Questions Can I ask with Claims Data from an APCD?

• How much does it cost to get an MRI in Denver County?
• What areas of Colorado have the highest prevalence of people with diabetes, and are they getting the care they need according to guidelines?
• Are people using their health insurance, and if so, for what services?
• Are prescription drug costs rising, and by how much annually?
• What are the top 10 conditions being treated in Emergency Rooms?
What Information is Not Typically Available in Claims Data?

- Plan benefit information (premiums, annual deductible information, etc.)
- Services paid out of pocket (flu shot, health fair screenings, etc.)
- Referral information
- Prescriptions issued but not filled
- Results of lab tests
- Medical history information
- Patient experience and decision-making information
Public CO APCD Data Resources

Available at www.civhc.org
Shop for Care

Comparing prices across Colorado providers for expensive procedures such as births, hip & knee replacements, and MRIs can help Coloradans realize significant cost savings.

Use this tool to shop for prices and quality by named providers
Interactive Population Health Reports

• What Data is Available?
  • **Colorado Cost, Utilization, Quality, and Condition Prevalence information**

• All reports include:
  • Trend information
  • **Payer Selections**: Medicaid, Medicare Advantage, Commercial
  • **Geographical Selections**: Rural & Urban, County-level, Health Statistics Regions
Cost of Care

Understanding how costs differ across the state helps communities, policy makers, and others begin to identify solutions to reduce variation.

What cost information is available?

• Per Person Per Year Information by Service Category:
  • Inpatient
  • Outpatient
  • Professional
  • Pharmacy
Quality of Care

Understanding and addressing inequities in the quality of care provided across Colorado starts with understanding where disparities exist.

What quality information is available?

• Measures:
  • Appropriate Medication for Asthma
  • Diabetes A1c Test
  • Breast Cancer Screening
  • Cervical Cancer Screening
  • Colorectal Cancer Screening
Utilization of Services

Understanding where patients are accessing services is an important first step toward ensuring consumers understand where to go for care.

What utilization information is available?

- **Services:**
  - Unplanned Hospitalizations
  - 30-Day Readmissions
  - Emergency Room Visits
  - Observation Stays
  - Outpatient Services
  - Pharmacy Scripts (All)
  - Pharmacy Scripts (Generic Only)
Condition Prevalence

Understanding and addressing inequities in the quality of care provided across Colorado starts with understanding where disparities exist.

What condition information is available?

• Conditions:
  • Asthma
  • Breast Cancer
  • Cervical Cancer
  • Colorectal Cancer
  • Lung Cancer
  • Congestive Heart Failure
  • COPD
  • Depression
  • Diabetes Type 1
  • Diabetes Type II
  • Hypertension
Topic-Specific Analytics

- Publications, infographics, and data extracts available at civhc.org
- Released monthly (or more frequently)
- Sign up for notifications on the civhc.org website

**Recent release:**

![Graph showing opioid prescribing trends in CO from 2009 to 2017.](image-url)
Other Commonly Available Sources of Health Data
Survey Data

Self-reported experience and decision-making helps answer questions like:

- How happy are patients with the care they receive at a particular hospital or doctor’s office?
- Why do patients with common colds go to the ER versus and urgent care or doctor’s office?
- Does cost impact whether patients decide to fill their prescriptions or access health care services?
- Why don’t people eligible for subsidies buy health insurance?
Electronic Health Records and Health Information Exchanges

Clinical records that help doctors and others with access understand questions like:

• Does this patient have family history of hypertension?
• What tests have been performed on this patient in the last month and what were the results?
• How many women have cholesterol levels over 200?
Surveillance and Registry Data

Surveys or reported information focused on specific conditions that can answer questions like:

• When was the last outbreak of measles in Colorado?
• How many deaths in rural areas have occurred as a result of drug overdoses?
• What’s the rate of flu vaccination across the state?
Measuring Health Systems

Integrating health care and public health measures
Vital Signs for the Course of Health and Health Care

Health Care Measures

Healthy People
- Length of life
- Quality of life
- Healthy behaviors
- Healthy social circumstances

Care Quality
- Access to care
- Prevention
- Safe care
- Appropriate treatment
- Person-Centered Care

Care Cost
- Affordability
- Sustainability

Engaged People
- Individual engagement
- Community engagement

Care Access

The ability to receive care when needed is a critical precondition for effective system performance.

• **Best measure:**
  • Unmet care need (NHIS, CAHPS, Medical Expenditure Panel Survey)

• **Related priority measures:**
  • Usual source of care
  • Delay of needed care
  • **Lack of health insurance**

Preventive Services

Appropriate use of preventive services is important to improving health status and outcomes as well as efficiency in the delivery of care.

- Best measure:
  - Childhood immunization rate

- Related priority measures:
  - Colorectal cancer screening
  - Breast cancer screening
  - Influenza immunization
  - BMI screening and follow-up
  - Tobacco screening and cessation counseling

Patient Safety

Avoiding harm is a primary obligation of the health care system

• Best current measure:
  • Hospital Acquired Infection rate

• Related priority measures:
  • Wrong-site surgeries
  • Pressure ulcers
  • Medication reconciliation
  • Patient safety measures
  • Unnecessary care

Appropriate Treatment: Evidence-Based Care

Ensuring that care is delivered based on the best evidence available

• Best current measure:
  • Preventable hospitalizations

• Related priority measures:
  • Hypertension and diabetes control
  • Cardiovascular risk control
Care Match with Patient Goals

Ensure that the health care system responds to the needs and values of patients.

• Best current measure:
  • CAHPS composite measure patient-clinician communication

• Related priority measures:
  • Shared decision-making
  • Patient rating of providers
  • End-of-life care
  • Likelihood of recommending
## County-Level Public Data Sources

<table>
<thead>
<tr>
<th>Site/Project</th>
<th>Data Sources</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Rankings (countyhealthrankings.org)</td>
<td>Variety of sources (e.g., Census, BRFFS)</td>
<td>Based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors: health behaviors, clinical care, social and economic factors) and policies and programs.</td>
</tr>
<tr>
<td>CDPHE/Colorado Health Indicators</td>
<td>Census, BRFFS</td>
<td>Health Equity Model that looks at population health outcomes over the life course as a result of social determinant of health (economic opportunity, physical environment and social factors) and health factors (behaviors and conditions) framed by policies and cultural norms.</td>
</tr>
<tr>
<td>Center for Improving Value in Health Care (civhc.org)</td>
<td>Claims data, collected monthly in the CO All Payer Claims Database</td>
<td>Cost, utilization of services, condition prevalence, quality, low value care, reference-based pricing, etc.</td>
</tr>
</tbody>
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Building a County Health Profile

- Overview of dashboard and suggested resources

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Morgan County</th>
<th>State</th>
<th>Comparison to State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Coverage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>8.00%</td>
<td>3.40%</td>
<td>-15%</td>
</tr>
</tbody>
</table>

| **Access, General, Mental & Oral Health** | | | |
| **General Health** | | | |
| Primary Care Physician ratio | 1,770:1 | 1,230:1 | 44% |
| Adults 18+ with one or more regular providers | 77.30% | 76.30% | 1% |
| Has a usual source of care | 87.9% | 84.2% | 4% |
| Days of Poor Physical Health (out of past 30) | 3.6 | 3.4 | 6% |
| Low Birth Weight | 9.0% | 8.3% | 1% |
| Premature Death | 8300 | 59000 | 41% |

| **Mental Health and Depression** | | | |
| Mental health provider ratio | 470:1 | 300:1 | 57% |
| Needed mental health in past 12 mo but didn’t get it | 9.3% | 11.8% | -21% |
| Days of Poor Mental Health (out of past 30) | 3.5 | 3.3 | 6% |
| Suicide (10th leading cause of death/100,000) | 16.3 | 19.1 | -15% |
| Depression | 6.3% | 5.1% | 25% |

| **Oral Health** | | | |
| Dentist ratio | 1,260:1 | 1,260:1 | 2% |
| Adult Tooth Loss | 43.4% | 37.0% | 17% |
| Child Poor Oral Health | n/a | 5.7% | n/a |

| **SocioEconomic Factors and Health Behaviors** | | | |
| Access to Healthy Foods (Rate per 10,000) | 1.4 | 1.2 | 17% |
| Violent Crime (/100,000) | 203 | 326 | -38% |
| Children in Poverty | 15% | 12% | 25% |
| Teen births (/1000) | 33 | 22 | 77% |

| **Chronic Condition, Quality and Prevention** | | | |
| Arthritis | 18.3% | 22.6% | -19% |
| Asthma | | | |
Individual or Group Working Session

• Build your own dashboard using the template!
• Blank Excel document available at:
  • www.civhc.org/phir2019
Wrap-Up

• Discussion of findings
  • Was there any data that surprised you?
  • Were there other measures you would have added or did add?
  • Additional data that would be helpful that wasn’t available?
Thank You & Contact Information

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Join our email list at www.civhc.org for regular updates on new data releases!