



CO APCD Advisory Committee

August 11, 2020



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Agenda

- Opening Announcements
- Operational Updates
- Data Quality
- Regulatory Update/Data to Support Legislation
- Highlight of Expanded Analytic Capabilities
- Public Reporting
- Discussion: Process for Election of Committee Officers





Operational Updates

Ana English, MBA ●

CIVHC President and CEO



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CO APCD Sustainability – Funding Sources FY 2020-2021

- **State Related Funding**

- Est ~\$4.2M total

- 90/10 –

- Est ~ \$500K for FY20

- if approved*

	FY20	Est based on current information
CMS – Federal Portion	\$ 1,009,617	\$ 908,655
CMS – State Portion	\$ 1,009,617	\$ 908,655
State General Fund	\$ 2,526,847	\$ 2,053,576
<i>StateTotal GF</i>	\$ 3,536,464	\$ 2,962,231
Scholarship Fund	\$ 500,000	\$ -
HCPF Direct Analytics	\$ 263,200	\$ 263,200
Other State Agencies	\$ 177,919	\$ 60,799
Total State Contracts	\$ 5,487,200	\$ 4,194,885
<i>Change from FY20 \$</i>		\$ (1,292,315)
<i>Change from FY20 %</i>		-24%

- **Non State Related**

- Stakeholders - Est ~\$750k total

- Grants - ~ \$130k

- Additional COVID related grant opportunities

- PPP Loan Forgiveness



Strategies to Replace Scholarship Funding

- Guidance provided to scholarship eligible organizations to seek alternative funding sources
- Strengthening relationships in the grant office at CU Anschutz to identify additional sources of funding for researchers
- Outreach to academic institutions/researcher to ensure that they are naming the CO APCD in their RFP's, RFQ's and grant requests when appropriate
- Outreach to academic institutions who have previously received CO APCD data to explore needs for data refreshes and additional analytics.
- Outreach campaign to schools of public health affiliated with major academic medical institutions nationally.
- Collaboration with a major local philanthropic organization to match organizations receiving grant funding with potential CO APCD data needs at a discounted cost

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Data Quality

Vinita Bahl, DMD, MPP ●
CIVHC VP of Data Analytics



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Payer Forum Update

- Create Payer Forum, an assembly of senior leaders from payer organizations that provides an opportunity to discuss
 - Important issues that arise with data submissions and their implications
 - Creation of additional standards for accuracy and timeliness of submissions to the CO APCD
 - Increasing ERISA-based employer voluntary submissions
 - How CIVHC can provide valuable reporting tools and insights to the payer community

Payer Forum Update (cont'd)

- Identified one key leader/executive representing each payer, sent invitations to participate in July
- September meeting being scheduled
- Complete development of high-level, standardized feedback report describing timeliness, completeness and quality of data submissions for distribution

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Regulatory Update and Data to Support Legislation

Vinita Bahl, DMD, MPP •

CIVHC VP of Data Analytics



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Data Submission Guide Updates

- DSG 11 updates to monthly files started in May 2020
- Alternative Payment Model and Drug Rebate Test files due July 15
 - All but one drug rebate file received
 - Validation check and payer feedback sent August 4
 - Quality and timeliness of submission much improved
 - Engaged Catalyst for Payment Reform (CPR) and Centers for Medicare & Medicaid Services to assist payers with proper classification of payments to APMs

Data to Support Legislation

Primary Care Payment Reform Collaborative

- Regular analysis of primary care spend, based on fee-for-service claims to assess changes and impact of COVID-19
- Support DOI regulation for increased primary care investment through alternative payment models (APM)
 - Principal vehicle for monitoring investment – CIVHC analysis of payer APM submissions
 - Work collaboratively with DOI, CPR and CMS to ensure payers classify provider payments to proper APM

Data to Support Legislation

Payment for Out-of-Network Services

- Supplement current fee schedules to include professional services that were introduced during COVID-19 pandemic
- Begin process of creating fee schedules for 2021

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Highlight of Expanded Analytic Capabilities

Vinita Bahl, DMD, MPP ●

CIVHC VP of Data Analytics



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Review of FY20 Analytic Projects

Analytic Project	Project Description
Low Value Care	Measure the incidence and cost of services that offer no net benefit in specific clinical scenarios and can lead to patient harm
HealthPartners Total Cost of Care	Examine variation in risk-adjusted costs of care by geographic region, based on an aggregation of results for primary care practices in the region. Evaluate influence of price and utilization on costs.
Cost of Care	Identify services that contribute most to total health care expenditures and trends
Prescription Drug Expenditures and Rebates	Assess impact of drug manufacturer rebates and other compensation on prescription drug expenditures in Colorado

Review of FY20 Analytic Projects (cont'd)

Analytic Project	Project Description
Out-of-Network Fee Schedules	Develop fee schedules using CO APCD to support HBI9-1174, legislation to protect patients from surprise bills for services of out-of-network providers in in-network facilities and out-of-network emergency facilities
Alternative Payment Models (APM)	Measure the adoption of alternative payment models in Colorado
Primary Care Spend	Measure expenditures for primary care as a percentage of total medical expenditures to help develop investment targets. Include claims and non-claims-based payments under fee-for-service and APMs

Review of FY20 Analytic Projects (cont'd)

Analytic Project	Project Description
Episodes of Care	Create prototype analysis of costs for patients undergoing common surgical and diagnostic procedures across a continuum of care (pre-procedure, procedure and post-procedure). Evaluate influence of price, utilization and complications of care.
Opioid Prescribing Practices	Measure opioid prescribing practices based on CDC recommendations and by provider specialty

Project Focus

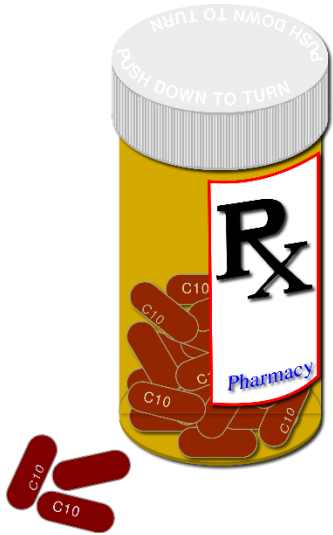
Analytic Project	Affordability	Quality
Low Value Care	√	√
Total Cost of Care / Cost of Care	√	
Prescription Drug Expenditures and Rebates	√	
Out-of-Network Fee Schedules	√	
Primary Care Spend	√	√
Alternative Payment Models	√	√
Episodes of Care	√	√
Opioid Prescribing Practices		√

Prescription Drug Costs and Rebates



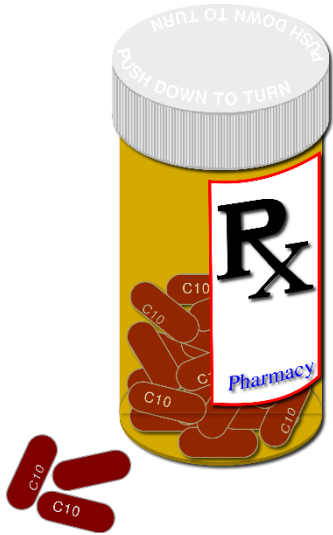
- Prescription drug expenditures fastest growing component of overall medical expenditures
 - Driven largely by specialty drugs, which constitute 2% of scripts, 48% of expenditures
 - By contrast, expenditures for generic drugs are decreasing
- Prescription drug rebates are substantial and have the effect of reducing the size and growth of overall drug expenditures

Prescription Drug Costs and Rebates (cont'd)



- Increases in rebates for non-specialty brand name and specialty drugs driving increases in spending for these expensive drugs
- Significant expenditures for specialty drug infusions in hospital outpatient settings; optimize site of care

Prescribing Patterns



- Two medication measures account for 30% of all low value care spending
 - Concurrent use of two or more antipsychotic medications
 - Opioids for treatment of acute low back pain
- Analysis of low value care medication measures and opioid prescribing practices highlights role of nurse practitioners and physician assistants
 - Acting as physician extenders or using a different approach to managing patients?

Other Key Observations



- Low value care expenditures in 2017 were \$140 M (or \$358 M using less conservative estimate); similar to Virginia on per member basis
- Procedure episode costs substantially influenced by facility prices for the procedure itself; complications of care observed
- Cost of care analysis shows expenditures for outpatient surgery increasing faster than for many other services

Other Key Observations (cont'd)



- Measurement of primary care spend and adoption of alternative payment models needs refinement
 - Last year's results indicate very large portion of payments to providers are fee-for-service
- Variation in risk-adjusted total costs of care by region, due to differences in costs by primary care practice

Where Might We Go from Here?

- Prescription drug costs
 - Release public report of prescription drug expenditures and trends and impact of rebates
 - Conduct detailed analysis to examine opportunities for specialty drug cost savings through site of care optimization
 - Conduct analysis of opportunities to increase generic substitution
- Further examine prescribing practices of NPs and PAs

Where Might We Go from Here? (cont'd)

- Find means to engage providers and other stakeholders in effort to reduce **low value care**
- Expand analysis of variation in costs for common surgical and diagnostic procedures based on **episodes of care** and supplement with key quality measures
- Improve measurement of **alternative payment models and primary care spend**
- Conduct detailed analysis of changes in **expenditures for outpatient surgery**
- Examine **risk-adjusted costs for primary care practices** in geographic regions where costs are high

Analyses Examining COVID-19

- Initial efforts
 - Identify populations at-risk for severe disease
 - Evaluate impact of temporary cessation of elective procedures
 - Examine trends in use of telemedicine services
- Possible new, near term analyses
 - Medication use for mental health; opioid use
 - Specific analyses of use of telemedicine for pandemic response, maintaining continuity of care
 - Impact on payments by service category (e.g., acute care hospital)
 - Variation in payments for COVID-19-related services

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Public Reporting

Cari Frank, MBA ●

CIVHC VP of Communication and Marketing

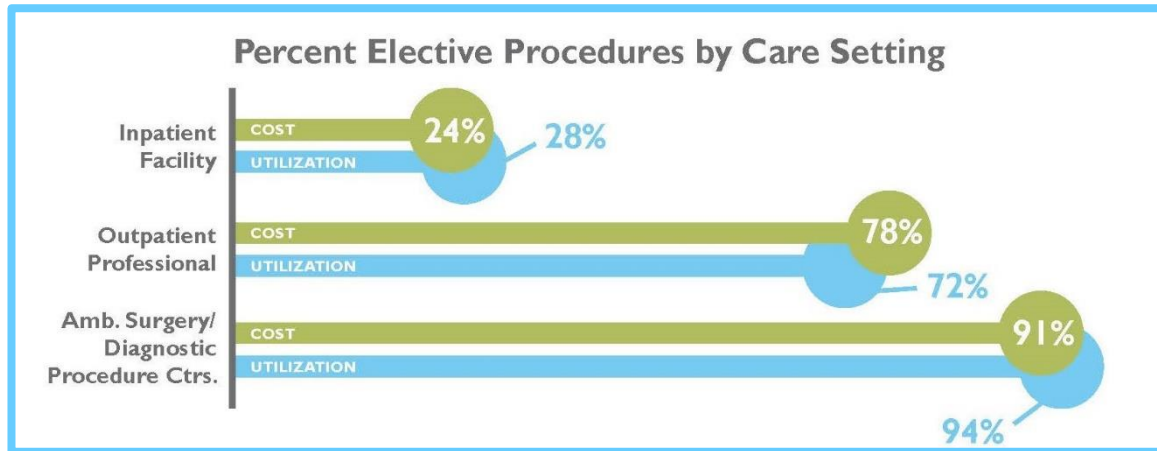
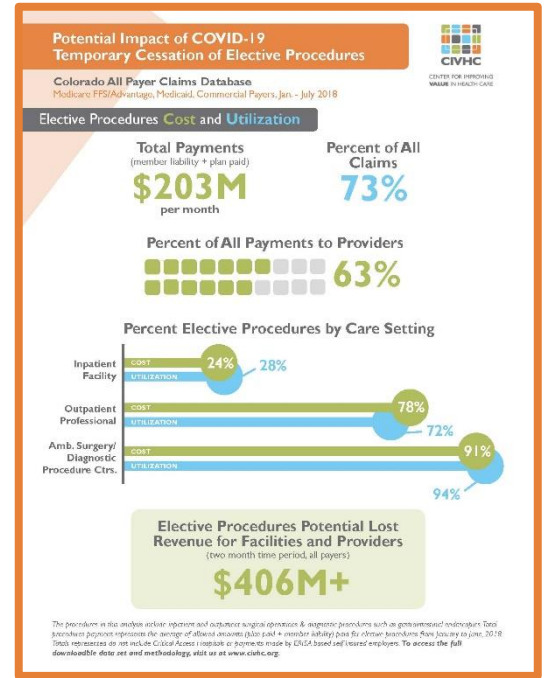


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COVID-Related: Temporary Cessation of Elective Procedures

Elective Procedures Potential Lost Revenue for Facilities and Providers
 (two month time period, all payers)

\$406M+



Shop for Care Update

- 2018 data
- 11 new episodes
- Additional facilities
- New quality measure
- Price breakdown

Shop for Health Care Services						
		View Imaging Procedures		View Other Procedures		
Select Service:	Breast Biopsy					
Select Your ZIP Code:	80001					
Sort List By:	Closest Distance					
Facility Name	Distance (Miles)	Price Estimate			Quality	
		Average Price	Price Range	Price Breakdown	Patient Experience	Overall Hospital Quality
SCL Lutheran Medical Center Wheat Ridge	2.3	\$6,010	\$2,480–\$6,820	99%	★★★★★	★★★★★
Red Rocks Surgery Center	6.8	\$4,660	\$2,820–\$4,900	93%	—	—
HealthOne North Suburban Medical Center	6.9	\$4,680	\$3,340–\$5,290	92%	★★★★	★★★★
SCL St Joseph Hospital	7.8	\$5,360	\$3,790–\$7,690	93%	★★★★★	★★★★★
Centura Health St Anthony Hospital	8.1	\$1,890	\$1,710–\$2,280	94%	★★★★★	★★★★★
HealthOne Rose Medical Center	9.5	\$4,840	\$4,540–\$6,280	89%	★★★★★	★★★★★
Centura Health St Anthony North Health Campus	10.8	\$2,240	\$1,880–\$3,270	97%	★★★★★	★★★★★
Centura Health Porter Adventist Hospital	10.9	\$1,900	\$1,590–\$2,680	87%	★★★★★	★★★★★
SCL Health Good Samaritan Medical Center	11.8	\$4,060	\$3,200–\$6,910	97%	★★★★★	★★★★★

Upcoming: Community Dashboard

- Cost, utilization, quality & access info in one report
- 2019 data
- By DOI or County
- Soft launch in June
- Publication in August

County: Denver				
COST OF CARE (PER PERSON PER YEAR)	Paid Amount/ Rate	Statewide	Urban Counties	Rural Counties
Total Cost (Health Plan and Patient)				
Inpatient	\$1,771	\$1,790	\$1,730	\$2,199
Outpatient	\$1,430	\$1,672	\$1,548	\$2,526
Professional	\$1,953	\$2,272	\$2,296	\$2,112
Pharmacy				
Health Plan Only Cost				
Inpatient	\$1,431	\$1,340	\$1,332	\$1,395
Outpatient	\$1,263	\$1,456	\$1,361	\$2,107
Professional	\$1,315	\$1,660	\$1,645	\$1,762
Pharmacy				
Patient Only Cost				
Inpatient	\$55	\$60	\$58	\$72
Outpatient	\$166	\$215	\$186	\$416
Professional	\$272	\$325	\$323	\$341
Pharmacy				
UTILIZATION (PER 1,000 MEMBERS)				
Non-Users	253	235	236	229
Healthy Users	158	150	151	148
Emergency Room Visits	385	352	351	361
ACCESS AND QUALITY				
Adult Access to Care	72.4%	77.3%	77.0%	79.2%
Children and Adolescents Access to Care	65.3%	75.8%	75.3%	79.2%
Breast Cancer Screening	65.9%	65.6%	66.6%	59.2%
Cervical Cancer Screening	59.7%	56.4%	57.7%	46.9%



Upcoming: Telehealth (COVID support)

- Supports understanding past and future trends in telehealth use
- Will be updated regularly with data refreshes
- Publication in August



Telehealth in Colorado

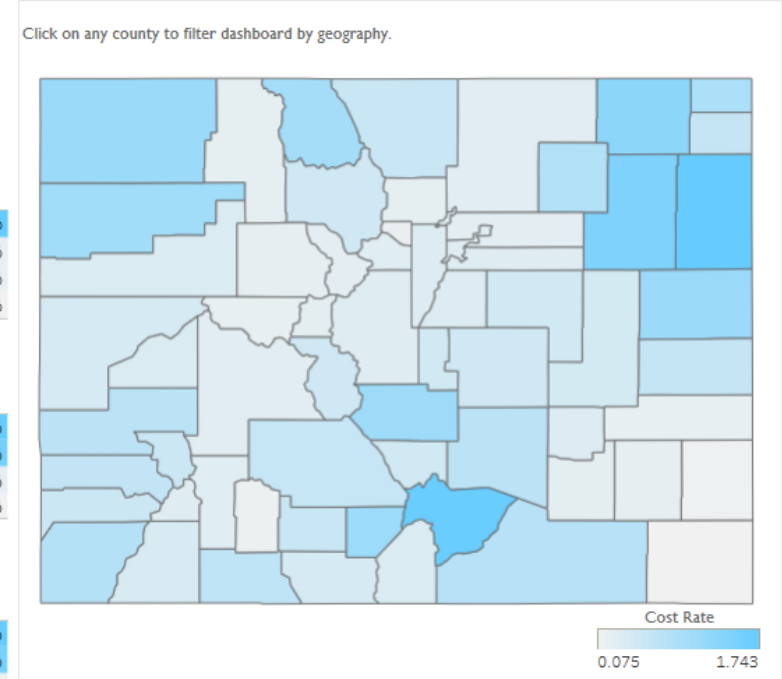
Choose Time Period: January 2018 February 2020 Choose Payer Type: (All) Choose a Telehealth Service Category: (All) Choose Cost or Utilization: Cost

Total Services:	390K	Total Payments:	\$31,199K
Utilization Rate:	58 services per 1,000 members	Cost Per Member:	0.39 per member per month(PMPM)

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	61%	0-17	10%
		18-44	35%
Male	39%	45-64	26%
		65+	29%

Where do patients receiving telehealth services live?



Why are patients accessing telehealth?

Top Diagnosis Categories	
Mental Illness	45%
Respiratory conditions	8%
Circulatory conditions	8%
Counseling	5%

What services are being provided?

Top Procedure Categories	
Office or Other Outpatient E&M Services - Establis..	29%
Transitional Care E&M Services	27%
Telephone Services	16%
Psychiatry Services and Procedures	15%

Who is providing telehealth?

Top Service Provider Taxonomies	
Behavioral Health	41%
Primary Care	36%
Remote Weight Loss Service	4%
Internal Medicine Subspecialty	3%

Source: Colorado All Payer Claims Database (CO APCD), 2018

Additional Upcoming Releases

- Spot Analysis Series
 - Prescription Drugs in Colorado
 - Overview of Spending on Prescription Drugs
 - Tracking Drug Rebates
 - Specialty vs Brand vs Generic Drug Utilization
- Shop for Care Trend Report
- NBER Stakeholder Convening Sept 17th: Medicaid Provider Quality Analysis

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Potential Committee By-laws

- For consideration
 - Election process for chair
 - Term limits for chair
 - Creation of vice-chair
 - Nominating committee for vacant positions
 - Term limits for all positions
 - Other?



Next Meeting

9am – 11am

November 10

