Data to Drive Decisions Webinar Series

- What's in the CO APCD
- Race, Ethnicity & Socioeconomic Data to Inform Health Equity

May 20, 2021

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Presenters

Cari Frank, MBA

VP of Communication and Marketing

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Housekeeping

- All lines are muted

- Please ask questions in the Chat box

- Webinar is being recorded

- Will send slides and link to recording to participants within a week (also posted at civhc.org)

Agenda

- Quick overview of CIVHC and the CO APCD

- Purpose of the Data to Drive Decisions Webinar Series

- What's in the CO APCD?

- Current and Future Race/Ethnicity and Socioeconomic Data Collection

- Q & A

- Future topics, next webinar

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.

Clinicians

Hospitals

Government

Consumers

Employers

Researchers

Health Plans

Non-Profits

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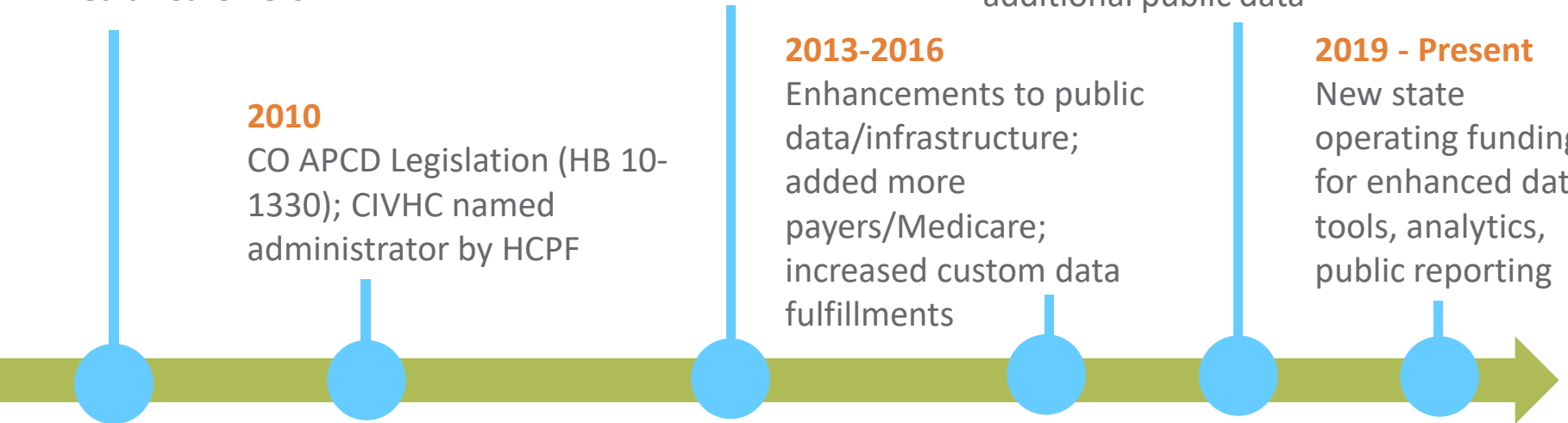
2013-2016
Enhancements to public data/infrastructure; added more payers/Medicare; increased custom data fulfillments

2017-2019
Transition to new data vendor; enhanced capabilities; launched new website and additional public data

2019 - Present
New state operating funding for enhanced data, tools, analytics, public reporting
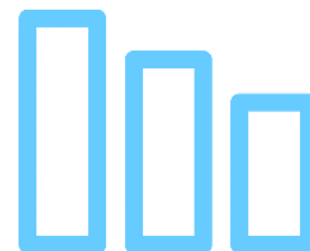
Data to Inform Decisions

Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications

Shop for high value health care services

Custom CO APCD Data

License data from the most comprehensive claims database in CO to address your Triple Aim project

Data to Drive Decisions Webinar Series

- **Purpose:** Demonstrate what the CO APCD contains and highlight capabilities

- **Audience:** More experienced health care audience/health data users
  - State agency partners, Legislators, Board, Advisory Committee Members, Data Users, Data Release Review Committee

- **Frequency:** Monthly, third Thursday of every month, 12-1

What's in the CO APCD

CO APCD Insights Dashboard

Covered Lives in the CO APCD

Percent of Insured Population*
in the CO APCD (2019)

All Payers

3,400,880

Unique Lives in the CO APCD
(Medical coverage only)

Population in the CO APCD by Payer Type

Medicare Advantage**	Medicare	Medicaid	Commercial***	
N/A	63%	100%	34%	**Fully Insured** 1,026,980
				Self Insured 326,230
375,480	557,540	1,272,880	1,349,410	
CO APCD Unique Lives	CO APCD Unique Lives	CO APCD Unique Lives	CO APCD Unique Lives	

* Estimates of the Percent of Insured Population in the CO APCD are based on comparisons to medical coverage estimates from Census data which includes federal plans such as VA, Tricare and Indian Health Services (which are not available in the CO APCD). Total covered lives across all types of coverage (medical, dental and pharmacy) in the CO APCD is approximately 4.5 million unique lives. For more information on what's in the CO APCD, visit our Insights Dashboard at www.civhc.org/get-data/what-in-the-co-apcd/.

** Number of people with Medicare Advantage is not available in the Census data and therefore percent coverage estimates are not included.

*** CIVHC estimates that the CO APCD currently contains approximately a quarter of the self-insured lives in

What's Missing

- Federal Programs
  - VA
  - Tricare
  - Indian Health Systems
- Uninsured
- Majority of ERISA-based self-insured employer plans
  - Unable to mandate these claims due to Supreme Court ruling
  - Capturing approximately 25% of self-insured Coloradans

What Does the Insights Dashboard Do?

- Provides trend information (2013-2020) on a variety of items that help answer common questions:
  - How many People are represented in the CO APCD and what type of coverage do they have (medical, dental, pharmacy)?
  - How many Payers submit to the CO APCD?
  - How many People do each of the Payers cover and what type of coverage?
  - What percent of the total and insured population is represented by County by Payer type?
  - How many Behavioral Health Services were provided in each year?

Additional Static Resources Available on the CO APCD Insights Page

- All data in the Insights Dashboard is available as an Excel file

- Race and Ethnicity Data Summary (Excel)

- Behavioral Health and Substance Use Disorder Claims Volume (Excel)

- Vision Claims Summary (Excel)

- Top 300 Dental Procedure Codes (Excel)

Behavioral Health/SUD Services

Substance Use Disorder Claims, Colorado All Payer Claims Database (CO APCD), 2017-2019

Total Claims	2017	2018	2019*	Total Sum of Claim Count
Commercial	85,032	98,217	101,114	284,363
Medicaid	74,400	114,862	185,811	375,073
Medicare Advantage	51,654	63,828	70,076	185,558
Medicare Fee-for-Service	113,462	119,974	N/A	233,436
Grand Total	324,548	396,881	357,001	1,078,430

Total Allowed Amount	2017	2018	2019*	Total Sum of Total Allowed
Commercial	$ 117,526,696	$ 146,119,761	$ 129,864,192	$ 393,510,648
Medicaid	$ 24,917,370	$ 32,302,030		
Medicare Advantage	$ 51,844,432	$ 60,429,245		
Medicare Fee-for-Service	$ 121,060,718	$ 120,088,582		
Grand Total	$ 315,349,215	$ 358,939,618		

*Medicare FFS claims were only available through Decembe[r]

Also includes similar Behavioral Health Services Only tab, and a list of all ICD-10 codes that are considered Behavioral-Health related.

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SUD Claims Collection

- Uses of SUD data expanded in CARES Act
  - Allows for increased research use of SUD data, not as broad as other PHI and claims data

- Working on project plan to begin collecting SUD data
  - Defining SUD data for purposes of data release requirements
  - Establishing business rules for IDing and partitioning SUD data
  - Requesting Medicare SUD file to supplement Medicare FFS data
  - Will be reaching out to Medicaid to work through submission process and ensure alignment of definitions.

- Once established, will reach out to private plans to work through submission requirements

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Dental Code Claims Volume

CPT- CDT Code	Procedure Description	Service Year *Please note: full calendar year 2020 was not available at the time of this analysis, therefore should not be compared with previous years, nor should assumptions be made on trends that include 2020.								
		2012	2013	2014	2015	2016	2017	2018	2019	*2020
D0120	periodic oral evaluation - established patient	53,128	395,896	566,890	541,636	386,483	602,132	727,270	730,610	567,336
D1110	prophylaxis - adult	47,402	352,555	506,405	471,698	348,497	522,862	619,650	637,326	507,739
D0274	bitewings - four radiographic images	23,056	171,953	243,172	231,309	167,311	255,708	306,960	314,131	264,384
D0220	intraoral - periapical first radiographic image	17,785	132,727	184,580	175,248	123,020	205,367	260,640	277,337	248,861
D1120	prophylaxis - child	15,098	112,083	147,627	154,892	90,754	168,126	212,727	187,852	124,246
D1206	topical application of fluoride varnish	6,338	68,908	98,875	121,691	78,200	165,630	229,364	228,022	180,382
D0230	intraoral - periapical each additional radiographic image	9,747	76,587	103,132	98,584	70,784	123,123	162,411	175,992	158,425
D0150	comprehensive oral evaluation - new or established patient	9,799	74,813	102,315	99,935	64,063	102,738	123,123	127,433	104,144
D2392	resin-based composite - two surfaces, posterior	8,545	64,699	79,274	79,861	54,846	92,360	115,893	114,954	90,303
D0140	limited oral evaluation - problem focused	8,766	64,597	89,414	83,615	54,647	86,100	101,886	107,719	101,161
D0210	intraoral - complete series of radiographic images	7,338	52,917	73,378	70,395	47,327	78,695	97,695	102,070	83,741
D1351	sealant - per tooth	8,386	59,373	70,724	71,142	37,062	72,939	94,438	79,342	52,529
D2391	resin-based composite - one surface, posterior	8,595	60,059	66,387	63,069	41,415	67,858	82,018	81,439	62,641
D4910	periodontal maintenance	5,712	44,350	60,627	56,281	42,287	66,072	80,944	91,182	74,457
D0272	bitewings - two radiographic images	7,636	53,843	66,879	65,248	36,443	67,203	84,356	72,463	49,855
D0330	panoramic radiographic image	5,027	38,799	53,837	53,826	35,863	56,482	69,543	70,079	57,665
D2150	amalgam - two surfaces, primary or permanent	9,026	55,746	56,418	53,892	23,304	60,518	72,890	55,773	33,500
D1208	topical application of fluoride - excluding varnish	145	63,232	67,661	57,833	28,629	46,358	50,881	43,444	30,100
D8670	periodic orthodontic treatment visit	6,217	44,479	47,109	41,526	55,687	73,719	43,494	14,335	12,818

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Top 300 Dental Codes, Volume in the CO APCD
Released April 2021

Vision Claim Volume

Vision Claims in the CO APCD
Released April 2021

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*Please Note: 2020 does not include full runout, and only includes claims paid through October 2020.

PAYER TYPE	SERVICE YEAR	CLAIM COUNT
Medicare Advantage	2012	2,629
Commercial	2012	4,326
Medicaid	2012	101,119
All Payer Total	2012	108,074
Medicare Advantage	2013	3,110
Commercial	2013	4,809
Medicaid	2013	121,804
All Payer Total	2013	129,723
Medicare Advantage	2014	4,727
Commercial	2014	5,461
Medicaid	2014	151,819
All Payer Total	2014	162,007
Medicare Advantage	2015	7,436
Commercial	2015	7,762
Medicaid	2015	168,845
All Payer Total	2015	184,043
Medicare Advantage	2016	7,096
Commercial	2016	6,738
Medicaid	2016	193,511
All Payer Total	2016	207,345

Frequency of Insights Dashboard Updates

- Plans to update every 6 months

- Next update will occur after the July 2021 refresh and will include full 2020

- Will continue to add elements to the dashboard, please send feedback to info@civhc.org with ideas
  - Age and gender distribution
  - Number of people covered by self-insured employer plans
  - Break outs by large group, small group, individual plans

Race/Ethnicity Data

Colorado APCD Race Data

April 2021
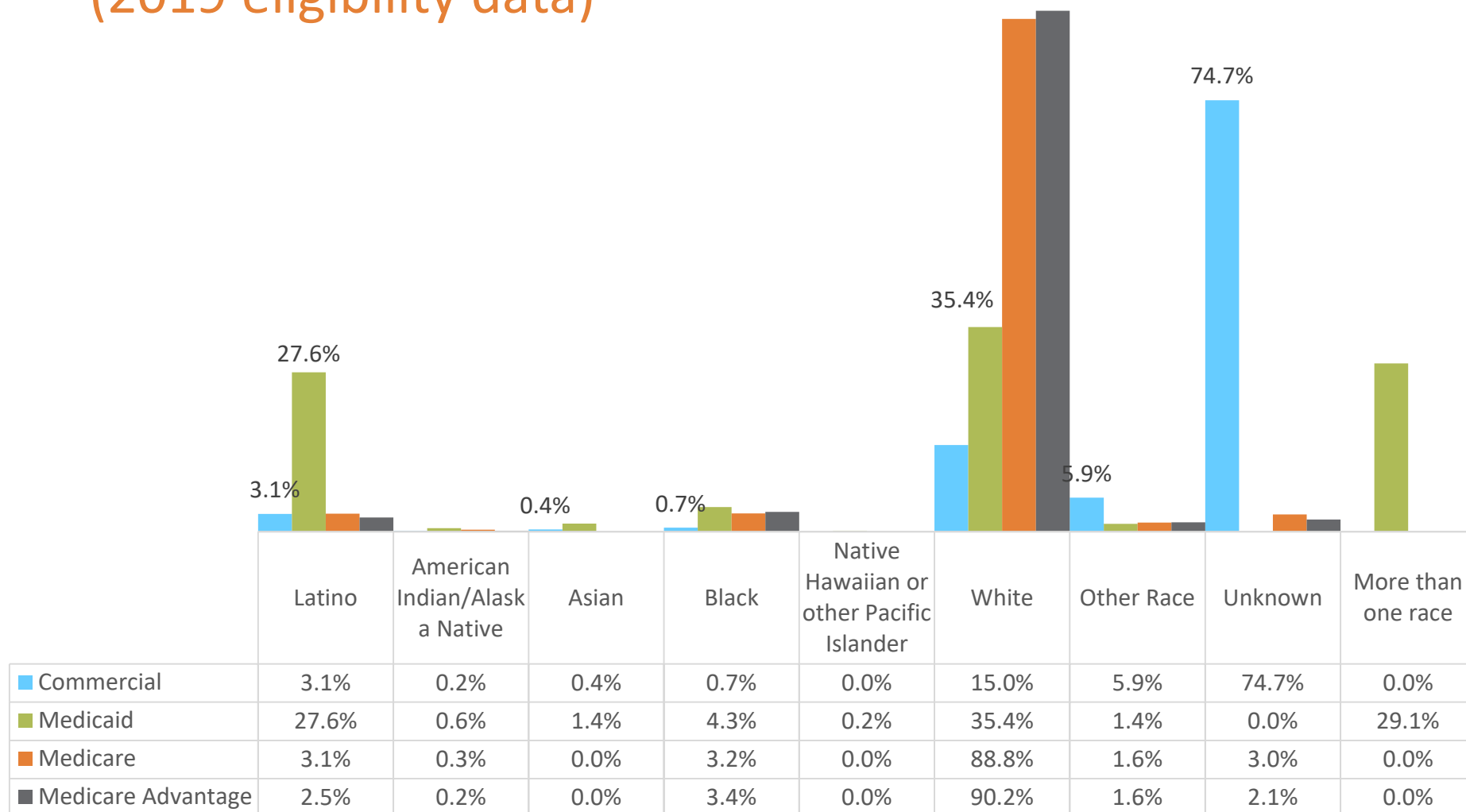
		2019		2020	
Notes:	*Multiple race category is only submitted by Medicaid.* Medicare FFS is submitted annually and is only available in the CO APCD for 2019.				
Payer Type	**Race**	**Member Count**	**Percent**	**Member Count**	**Percent**
Commercial	American Indian/Alaska Native	6607	0.22%	4791	0.16%
Commercial	Asian	11734	0.39%	9015	0.29%
Commercial	Black/African American	20683	0.69%	17825	0.58%
Commercial	Native Hawaiian or other Pacific Islander	894	0.03%	606	0.02%
Commercial	Other Race	260858	8.74%	212536	6.89%
Commercial	Unknown/Not Specified	2437482	81.70%	2573096	83.47%
Commercial	White	245372	8.22%	264938	8.59%
Medicaid	American Indian/Alaska Native	9229	0.61%	9175	0.66%
Medicaid	Asian	21704	1.43%	23447	1.69%
Medicaid	Black/African American	65220	4.29%	68287	4.91%
Medicaid	Hispanic/Latino	129760	8.54%	92133	6.63%
Medicaid	Multiple*	727073	47.86%	662050	47.62%
Medicaid	Native Hawaiian/Other Pacific Islander	2635	0.17%	2639	0.19%
Medicaid	Not Provided	123978	8.16%	85081	6.12%
Medicaid	Other/Unknown	21374	1.41%	15321	1.10%
Medicaid	White	418358	27.54%	432204	31.09%
Medicare	American Indian/Alaska Native	1186	0.30%	NA	NA
Medicare	Asian	5061	1.28%	NA	NA
Medicare	Black/African American	5138	1.30%	NA	NA
Medicare	Native Hawaiian or other Pacific Islander	123	0.03%	NA	NA
Medicare	Other Race	34452	8.72%	NA	NA

Race and Ethnicity Data in CO APCD

- Data do not yet fully represent the race/ethnicity distribution in the CO APCD

- Describe the state of data collection and capture of race and ethnicity information in the CO APCD.
  - Race and Hispanic Indicator - became <u>required</u> for payers to submit to the CO APCD in September 2019.
  - Remaining Race and Ethnicity fields are <u>voluntary</u>.

- Race and Ethnicity data collected using guidelines provided by the U.S. Office of Management and Budget (OMB).
  - Five minimum race categories
  - One ethnicity (Hispanic/Latino)

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Race/Ethnicity Data in the CO APCD
(2019 eligibility data)

	Latino	American Indian/Alaska Native	Asian	Black	Native Hawaiian or other Pacific Islander	White	Other Race	Unknown	More than one race
Commercial	3.1%	0.2%	0.4%	0.7%	0.0%	15.0%	5.9%	74.7%	0.0%
Medicaid	27.6%	0.6%	1.4%	4.3%	0.2%	35.4%	1.4%	0.0%	29.1%
Medicare	3.1%	0.3%	0.0%	3.2%	0.0%	88.8%	1.6%	3.0%	0.0%
Medicare Advantage	2.5%	0.2%	0.0%	3.4%	0.0%	90.2%	1.6%	2.1%	0.0%

Next Steps

- Working with payers to capture more complete race and ethnicity data

- Updating the Data Submission Guide
  - Specific to race/ethnicity fields
  - Adding language barrier

- Geocoding the CO APCD

What is Geocoding?

- Assignment latitude/longitude coordinates and census-based geographic identifiers to member and provider addresses in the CO APCD

- We utilized an external tool, Geocodio, to complete this process

Why Geocode the CO APCD?

- "Racism and socio-economic disparities are the primary drivers of health inequities"

- Significantly enhances CIVHC's ability to incorporate information about determinants of health (e.g. race, ethnicity, income, housing) into existing and future CO APCD analyses

- Supports more precise geographic analyses and linking to external, public datasets such as the US Census Bureau

Potential Analysis After Geocoding

Before

- Geographic analyses at the DOI region, county, and zip code levels

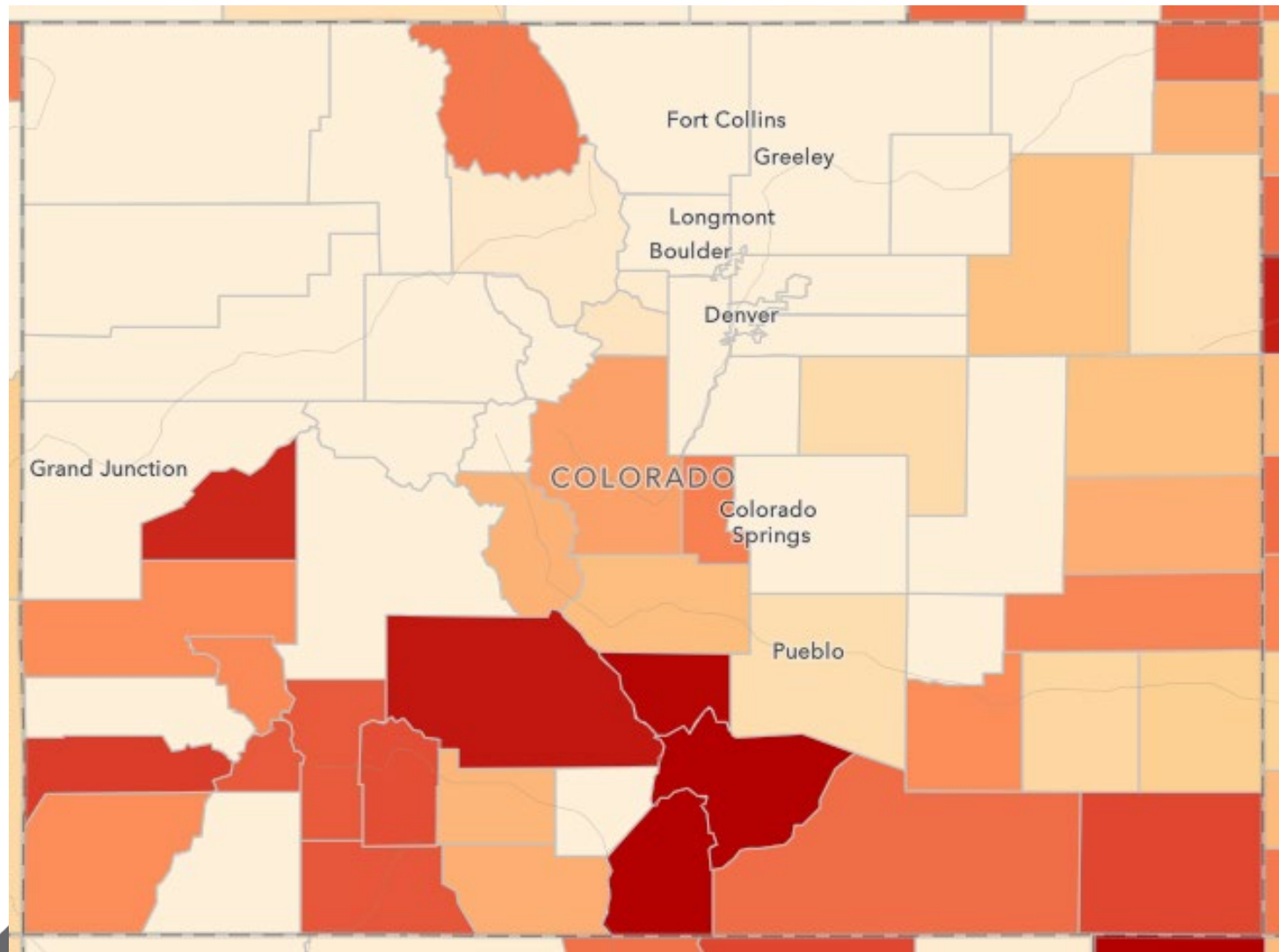- Distance analyses using zip code centroids

After

- Geographic analyses at the **census tract** level

- Distance analyses using **latitude and longitude** coordinates
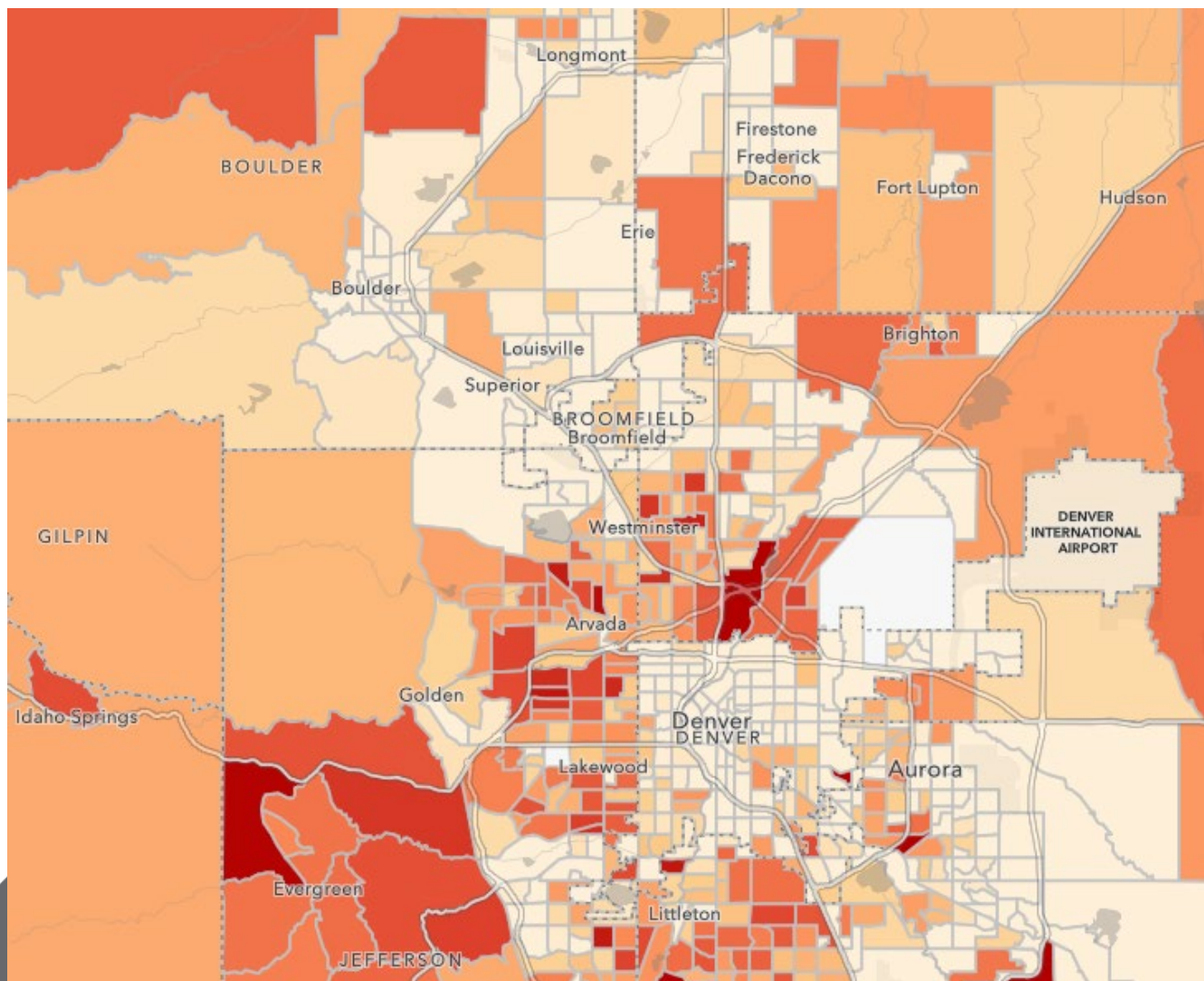
Prevalence of High Cholesterol by County:
Source: CDC

Prevalence of High Cholesterol by Census Tract:
Source: CDC

So much potential!

- **Demographics:** race, ethnicity, language preference

- **Physical environment:** air pollution, water quality, traffic volume, measures of the food environment, homeownership, commute type/length, access to exercise

- **Social & economic:** education level, income, unemployment, income inequality, poverty, children eligible for free or reduced lunch, measures of social associations and segregation, crime rates

- **Health behaviors:** smoking prevalence, physical activity

- **Access to care:** physical distance to providers, provider-to-patient ratios, % uninsured

Timeline

- **As of the May data warehouse refresh:** all geocoded address information (i.e. geographic identifiers, lat/long) has been incorporated into the data warehouse

- **Near future:** Integrate some aggregated social and economic indicators into the data warehouse. Until then, CIVHC analysts can incorporate these data on an ad hoc basis.

- **Annual processing:** Geocoding to be run annually on **new** addresses submitted to the CO APCD

Census tract-level information may be the gold standard but most of the survey data of interest are available at the zip code and county levels

Questions?

Next Meetings and Topics

- Registration links will be emailed

- **June 17** – Data to Combat COVID-19 and Exploring Post-Pandemic Telehealth Services Utilization

- **July 15** – Improving Population Health - Low Value Care in Colorado and County/DOI-Specific Metrics in the Community Dashboard

- **August 19** – Efforts to Transform the Way Care Is Delivered and Paid for in Colorado: Medicare Reference Based Pricing, Alternative Payment Models, and Drug Rebates