Data to Drive Decisions:
Resources to Chart COVID’s Impact in Colorado
June 17, 2021
Presenters

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Director of Research and Performance Measurement

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Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page on civhc.org
Agenda

• Quick Overview of CIVHC and the CO APCD
• Purpose of the Data to Drive Decisions Webinar Series
• COVID-Related Analyses Using CO APCD Data
  • High Risk Populations for severe COVID
  • Impact of Elective Procedure Cessation
  • Trends in Telehealth Utilization
• 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.
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:** Highlight available data and capabilities and get feedback from stakeholders
• **Audience:** More experienced health care audience/health data users
• **Frequency:** Monthly, third Thursday of every month, 12pm-1pm MT
Resources to Chart COVID’s Impact in Colorado
Data and Support at the Onset of COVID-19

• CIVHC collaborated with partners about how the CO APCD data could inform response
  • Division of Insurance
  • Colorado Department of Public Health and Environment
  • Office of eHealth Innovation
  • CIVHC Board of Directors
  • CO APCD Advisory Committee

• Began work on analyses designed to help understand, plan for, and minimize the impact of the virus on Coloradans

• Advance Care Planning resources
Population at Risk of Severe COVID-19

**Purpose:** Identify counties with concentrations of people at higher risk of severe illness to help with resource planning.

- Helps state and communities understand the impact that COVID-19 transmission may have in certain areas.
- This analysis was used by the Governor's Expert Emergency Epidemic Response Committee (GEEERC) to help plan for vaccine allocation and distribution.
High-Risk Population Definition

Centers for Disease Control identify the following groups as having a high-risk for severe COVID-19 disease:

• People 65 and older
• People living in Nursing Homes and Long Term Care facilities

People of all ages with underlying conditions, particularly if not well-controlled:

• Chronic lung disease or moderate or severe asthma
• Serious heart conditions
• Immunocompromised conditions (e.g., cancer treatment, smoking, immune deficiencies, among others)
• Severe obesity
• Diabetes
• Chronic kidney disease
• Liver disease
Operationalization of CDC criteria

• Count of unique “alive” persons in 2019
• Payer type based on primary medical insurance during the most current year.
• Living in Colorado - County assignment based on member’s most recently reported address.
• Counted as residents of Nursing home or Long term care if they had a claim within a 6-month look back period where they were patients in those facilities.
• Chronic conditions were identified using CMS Chronic Condition Categories – presence of relevant diagnoses within previous 3 years.
Populations at Risk for Serious Illness from COVID-19

Available here: www.civhc.org/covid-19/populations-at-risk-for-serious-illness-from-covid-19/
Cessation of Elective Procedures

• March 23, 2020 - Governor Polis issued an order for temporary cessation of all elective and non-essential procedures

• Analysis supports those seeking to understand the financial impact that cessation period may have on cost and utilization

• Procedures identified as elective include inpatient and outpatient surgical and diagnostic procedures such as gastrointestinal endoscopies.

Cessation of Elective Procedures

• Critical Access Hospitals were exempt from the cessation order and provided separately

• Breakouts include:
  • 2018 and 2019, January – June (and month by month)
  • All Payers, Commercial, Medicaid, Medicare Advantage, Medicare Fee-for-Service (only available for 2018)
  • Elective Procedures Only
  • Elective and Potentially Elective Procedures
  • Claim Volume, Total Paid Amount, Plan Only Amount
    • Inpatient (Facility and Professional)
    • Outpatient (Facility and Professional)
    • Ambulatory Surgery Centers & other Free-Standing Centers
Cessation of Elective Procedures

**Colorado All Payer Claims Database**
Medicare FFS/Advantage, Medicaid, Commercial Payers, Jan. - July 2018

**Elective Procedures Cost and Utilization**

<table>
<thead>
<tr>
<th>Total Payments (member liability + plan paid)</th>
<th>Percent of All Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>$203M per month</td>
<td>73%</td>
</tr>
</tbody>
</table>

**Percent of All Payments to Providers**

63%
Cessation of Elective Procedures

Colorado All Payer Claims Database
Medicare FFS/Advantage, Medicaid, Commercial Payers, Jan. - July 2018

Elective Procedures Cost and Utilization

Percent Elective Procedures by Care Setting

- Inpatient Facility:
  - Cost: 24%
  - Utilization: 28%

- Outpatient Professional:
  - Cost: 78%
  - Utilization: 72%

- Amb. Surgery/Diagnostic Procedure Ctrs.:
  - Cost: 91%
  - Utilization: 94%

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

$406M+
Telehealth Services Analysis

• **Purpose:**
  • Understand how telehealth services are impacting the health care delivery system pre-, during, and post- COVID-19
  • Supports allocation of resources to enhance telehealth in areas most vulnerable to severe illness
  • Initial request from Office of eHealth Innovation
Telehealth vs. Telemedicine

- **Telemedicine** - electronic exchange of medical information using *synchronous interactions* (e.g., telephone, interactive visual communications)

- **Telehealth** - broader scope of services that includes *asynchronous* telecommunication like management services through a patient portal and remote monitoring of weight, blood pressure, and other measures

  - CMS includes transitional care management in its definition of telehealth which is also included in the analysis
Telehealth Services Analysis

• Provides pre- and post-COVID data to enable evaluation of the impact of COVID on telehealth services. Breakouts include:
  • County
  • Demographics (age, M, F)
  • Payer Type
  • Provider Type
  • Diagnosis Type
  • Type of Telehealth Visit
Telehealth Services Analysis

SNAPSHOT
Telehealth In Colorado
Colorado All Payer Claims Database, 2021

Telehealth Services March - July 2019 & 2020

2019
58K Total Services
- Commercial 26K
- Medicaid 18K
- Medicare Advantage 14K

2020
2.3M Total Services
- Commercial 575K
- Medicaid 1.4M
- Medicare Advantage 314K

3900%
Telehealth Services Analysis

SNAPSHOT

Telehealth In Colorado

Colorado All Payer Claims Database, 2021

Telehealth Services March - July 2019 & 2020

Top Diagnosis Categories

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Mental Health Conditions</td>
<td>36%</td>
</tr>
<tr>
<td>Respiratory Conditions</td>
<td>10%</td>
</tr>
<tr>
<td>Circulatory Conditions</td>
<td>6%</td>
</tr>
<tr>
<td>Counseling</td>
<td>6%</td>
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</tbody>
</table>

Top Diagnosis Categories

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<tr>
<td>Mental Health Conditions</td>
<td>51%</td>
</tr>
<tr>
<td>Endocrine/Nutritional Conditions</td>
<td>7%</td>
</tr>
<tr>
<td>Musculoskeletal Conditions</td>
<td>6%</td>
</tr>
<tr>
<td>Nervous System Conditions</td>
<td>6%</td>
</tr>
</tbody>
</table>
Telehealth Services Analysis

SNAPSHOT

Telehealth In Colorado

Telehealth Services March - July 2019 & 2020

2019

Top Service Providers

- Primary Care: 40%
- Behavioral Health: 31%
- Internal Medicine Subspeciality: 6%
- Remote Weight Loss Service: 5%

2020

Top Service Providers

- Behavioral Health: 35%
- Primary Care: 22%
- Federally Qualified Health Centers / Rural Health Clinics: 6%
- Home Health: 5%
Telehealth Services Analysis

Available here: www.civhc.org/covid-19/telehealth-services-analysis/
Telehealth Services Analysis

• Form for data download here: www.civhc.org/covid-19/telehealth-services-analysis/

• What’s Coming
  • Updates with more months of data
  • Comparisons between overall health care utilization trends and telehealth trends
Impact of COVID-19 on In-Person and Telehealth Visits
Upcoming Webinars

- **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 and Data to Support Employer Alliances
Questions? Suggestions?

Reach out to info@civhc.org

Connect with CIVHC on Facebook, LinkedIn, and Twitter

Recording will be posted here: www.civhc.org/about-civhc/news-and-events/event-resources/