Data to Drive Decisions:
Improving Population Health in Colorado
July 15, 2021
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
• Improving Population Health in Colorado
  • Community Dashboard
  • Low Value Care
• 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

• **Frequency:** Monthly, third Thursday of every month, 12pm-1pm MT
Improving Population Health in Colorado
Community Dashboard
## Community Dashboard

**Select PAYER TYPE:**
- [ ] All Payers (not available for 2019)
- [x] Commercial
- [ ] Medicaid
- [ ] Medicare Advantage
- [ ] Medicare FFS

**Select YEAR:**
- [ ] 2019

**View by COUNTY or DOI REGION:**
- [ ] County

**Select specific COUNTY or REGION:**
- [ ] Adams

### County: Adams

#### Risk-Adjusted Cost of Care (Per Person Per Year)

<table>
<thead>
<tr>
<th>Service</th>
<th>Paid Amount</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost (Health Plan and Patient)</td>
<td>$5,082</td>
<td>$5,273</td>
<td>$5,155</td>
<td>$6,314</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$1,103</td>
<td>$1,007</td>
<td>$991</td>
<td>$1,153</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$1,294</td>
<td>$1,494</td>
<td>$1,372</td>
<td>$2,571</td>
</tr>
<tr>
<td>Professional</td>
<td>$1,873</td>
<td>$1,839</td>
<td>$1,860</td>
<td>$1,657</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$366</td>
<td>$1,039</td>
<td>$1,024</td>
<td>$1,194</td>
</tr>
</tbody>
</table>

#### Health Care Use (Per 1,000 Members)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Users</td>
<td>268</td>
<td>248</td>
<td>248</td>
<td>250</td>
</tr>
<tr>
<td>Healthy Users</td>
<td>184</td>
<td>197</td>
<td>196</td>
<td>200</td>
</tr>
</tbody>
</table>

#### Emergency Room Visits (Per 1,000 Members)

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Visits</td>
<td>154</td>
</tr>
</tbody>
</table>

#### Access

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Care</td>
<td>91.5%</td>
</tr>
<tr>
<td>Children and Adolescents Access to Care</td>
<td>84.8%</td>
</tr>
</tbody>
</table>

#### Quality of Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>66.2%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>71.9%</td>
</tr>
<tr>
<td>Diabetes HbA1c Testing</td>
<td>89.5%</td>
</tr>
</tbody>
</table>
Community Dashboard

• **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

• **Measures:**
  - Cost
  - Quality
  - Access
  - Utilization
Community Dashboard

New Measures

**NON-USERS**

*lower is better* | People with insurance who are not using health care services at all, including annual preventive well-visits which are recommended.

**HEALTHY USERS**

*higher is better* | People who are considered “healthy”, but are appropriately using their health insurance for well-visits, preventive and minor conditions.

**ADULT ACCESS TO CARE**

*higher is better* | Percentage of adults 20 years and older who had an ambulatory or preventive care visit in a time period as recommended by national guidelines.

**CHILDREN & ADOLESCENT ACCESS TO CARE**

*higher is better* | Percentage of children and adolescents 12 months to 19 years of age who had at least one visit with a Primary Care Practitioner (PCP) in a time period as recommended by national guidelines.
Community Dashboard Results

**COST**

Total Cost Per Person Per Year (PPPY) (2013-2017 only)

↑ +14%

**HEALTH CARE USE**

Healthy Users per 1,000

↓ -28%

Non-Users per 1,000

↑ +3%

**ER USE**

Emergency Room Visits per 1,000

↑ +5%

**LEGEND**

worse

better
Community Dashboard Results

**ACCESS**
- Access to Care (adults): +3%
- Access to Care (children & adolescents): -1%

**QUALITY**
- Cervical Cancer Screening: +19%
- Breast Cancer Screening (2014-2018 only): +9%
- Diabetes HBA1c Testing: +8%
Community Dashboard Next Steps

• New measures coming in fall 2021 based on stakeholder input:
  • AHRQ Hospital Admission for Ambulatory Care Sensitive Conditions (PQI90)
  • Well-Child Visits in the First 15 Months of Life
  • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  • Adolescent Well-Care Visits
  • Follow-Up After Emergency Department Visit for Mental Illness
  • 30-day hospital readmissions (per 1,000 persons)
  • Potentially avoidable ED visits among adults (per 1,000 persons)
  • Percentage of children under age 21 who received at least one dental service within the reporting year.
Community Dashboard Next Steps

• Working to determine how to incorporate key social and economic variables to assess health care inequities into future iterations such as:
  • Race and Ethnicity
  • Socioeconomic position indicators (education, household income, home values)
  • Housing characteristics
  • Access to transportation
Improving Population Health in Colorado
Low Value Care
What is “Low Value Care”?

• Care where the potential harm or cost is greater than the benefit to a patient

• Defined by Choosing Wisely guidelines, developed by American Board of Internal Medicine Foundation

• Contributing Factors
  • Fear of malpractice
  • Perception that patients want or expect tests or medications
  • Lack of information about the patient
  • Financial incentives of fee-for-service reimbursement
Why is Low Value Care Important?

A substantial amount of U.S. healthcare spending is on services that DO NOT make us healthier.

$3.5 TRILLION

$935 BILLION

$345 BILLION

LOW-VALUE CARE

Unnecessary, inefficient services, failure of care delivery & coordination

WASTE

Administrative Complexity, Fraud, Pricing Failure, Low-Value Care

TOTAL

Hospitals, Clinical Services, Insurance, Equipment, Drugs

Graphic Source
Introduction

• With support from HCPF (Colorado Medicaid Dept), CO APCD data was run through the Milliman MedInsight software tool

• The initial results summarize include 48 measures of low value care from 2015 through 2017

• Currently in the process of providing a second file to Milliman for 2018-2020 data
Methods

• Only patients with ‘Sufficient History’ are included
• Different low value care services cause different levels of potential harm
• Services are classified as ‘necessary’, ‘likely wasteful’, and ‘wasteful’
  • We defined low value care as ‘likely wasteful’ and ‘wasteful’ services
• Spending for low value care results are reported as the allowed amount (plan and patient paid amounts) for the specified services
# Measurement Methods

<table>
<thead>
<tr>
<th></th>
<th>Volume of services measured (A)</th>
<th>Volume of services that are low value (B)</th>
<th>Low Value Index (B/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of Low Value Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Members with Low Value Services</strong></td>
<td>Number members with a measured service (C)</td>
<td>Number members with a low value service (D)</td>
<td>Percent members with a low value service (D/C)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spending for Low Value Services</strong></td>
<td>Spending for services measured (E)</td>
<td>Spending for low value services (F)</td>
<td>Percent low value care spending (F/E)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statewide Results and Trends

The total spend for the 48 services measured was:

$1.3B

Of the total, $140M was for low value care (identified as likely wasteful or wasteful).

$17.4M were patient out of pocket costs.

- Necessary = Clinically appropriate.
- Likely Wasteful = The appropriateness of the services is questionable.
- Wasteful = The services were very likely unnecessary.

Between 2015-2017....

- there was an 11% increase for individuals who received at least one low value care service.
- there was a 9% decrease in spending, but low value service utilization remained stable.
- there was an 18% increase in the patient paid portion of the cost of low value care.
Impact on Coloradans

Of the eligible individuals in the CO APCD:

4.1M Eligible Lives

1.36M received at least one of the 48 services measured.

53% of those individuals received at least one low value service (likely wasteful or wasteful).
# Highest Spend Low Value Services

## Measures with the Largest Low Value Care Spending

<table>
<thead>
<tr>
<th>Cost per Service</th>
<th>Spending in Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent Use of Two or More Antipsychotic Medications</td>
<td>$25.1</td>
</tr>
<tr>
<td>Opioids for Back Pain</td>
<td>$18.6</td>
</tr>
<tr>
<td>Peripherally Inserted Central Catheters in Stage III-V CKD Patients</td>
<td>$18.0</td>
</tr>
<tr>
<td>Coronary Angiography</td>
<td>$6.8</td>
</tr>
<tr>
<td>Imaging Tests for Eye Disease</td>
<td>$6.3</td>
</tr>
<tr>
<td>Routine General Health Checks</td>
<td>$5.9</td>
</tr>
<tr>
<td>Preoperative Baseline Laboratory Studies</td>
<td>$5.7</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>$5.5</td>
</tr>
<tr>
<td>Vertebroplasty</td>
<td>$5.0</td>
</tr>
<tr>
<td>Headache Image</td>
<td>$4.6</td>
</tr>
<tr>
<td>Annual EKGs or Cardiac Screening</td>
<td>$4.5</td>
</tr>
<tr>
<td>Cardiac Stress Testing</td>
<td>$4.0</td>
</tr>
<tr>
<td>Renal Artery Renasc.</td>
<td>$3.8</td>
</tr>
</tbody>
</table>

The top 3 services accounted for **44%** of total low value service spending.

**Use of two or more antipsychotics**

**Opioids for back pain**

**Cen. catheters in stage III-V CKD patients**
Results by Insurance Type

The highest proportion of spending for low value services varied by payer type:

- **Medications** (prescriptions, concurrent medication use, etc.)
- **Procedures and Imaging Tests** (X-rays, screenings and tests, surgical procedures, etc.)
- **Procedures** (screenings and tests, surgical procedures, etc.)

**Medicare** and **Medicaid**

**Commercial**

**Medicare Advantage**

---

**Spending for Low Value Care Services as a Percentage of Spending for All Measured Services by Insurance Type, 2017** *(Lower Percentage is Better)*

- Commercial: $471, 10.3%
- Medicaid: $264, 14.7%
- Medicare: $375, 7.9%
- Medicare Advantage: $192, 12.3%

---

**Volume of Low Value Care Services as a Percentage of All Measured Services by Insurance Type, 2017** *(Lower Percentage is Better)*

- Commercial: 43.1%
- Medicaid: 42.7%
- Medicare: 25.1%
- Medicare Advantage: 28.3%
Results by Division of Insurance Region

Percentage of Low Value Spending by DOI Region, 2017
*(Lower Percentage is Better)*

Low Value Care Index by DOI Region, 2017
*(Lower Percentage is Better)*
Key Considerations

• Care is complex and using claims data to measure appropriate care is an imperfect science

• While a claim may appear as a low value service, there may be instances where it is clinically appropriate based on other factors such as family history, etc.

• Routine annual check ups are controversial as a low value care service and can provide benefits such as a deepened relationship with primary care providers
Interactive Report Demo

Available at: www.civhc.org/get-data/public-data/focus-areas/low-value-care/
Population-Specific Low Value Care Reports Available

• Employer-Specific Reports
  • Can be generated for a single employer or multiple employers
  • For employers with insufficient volume, can be produced at the county-level
  • Promotes employee education and value-based benefit design

• Other Stakeholder Possibilities
  • Providers
  • Hospitals
  • Payers
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/
Upcoming Webinars

• **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

• **September and beyond** – topics TBD