



Better Through Benchmarking: Local and National Data to Help Communities Improve Health and Lower Costs

October 21, 2021



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

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



Presenters

Douglas McCarthy

Senior Research Advisor
The Commonwealth Fund

Ioana Crisan

Data Scientist
Human Services Research Institute

Maria de Jesus Diaz-Perez

Director of Research/Performance Measurement
CIVHC

Cari Frank

VP of Communication/Marketing
CIVHC



Agenda

- Overview of CIVHC and the CO APCD
- Results of the Commonwealth Scorecard
- Overview of new Community Dashboard for CO
- Initial results of new data
- Q & A



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



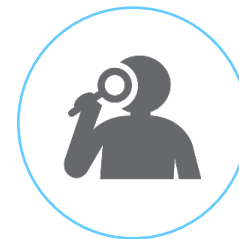
Government



Consumers



Employers



Researchers



Health Plans



Non-Profits

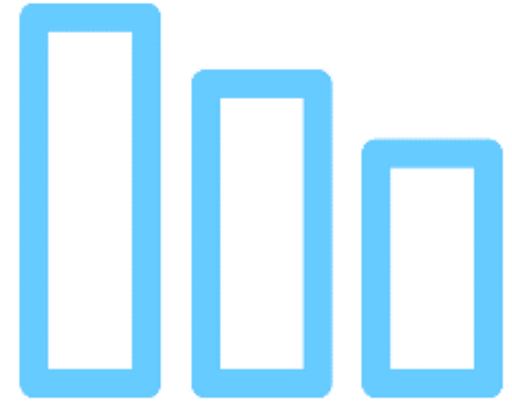


How We Inform



Public CO APCD Data

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



Non-Public CO APCD Data

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



What's in the CO APCD

<https://www.civhc.org/get-data/whats-in-the-co-apcd/>



Results from the 2020 Scorecard on State Health Care System Performance: **Colorado**

Presentation to the Center for Improving Value in Health Care

October 21, 2021

Douglas McCarthy, Senior Research Advisor



The
Commonwealth
Fund



Scorecard Purpose & Methods

- **Provides benchmarks and trends to inform action to assess and improve health care system performance**
 - 49 indicators organized into 4 dimensions
 - Equity dimension assesses subset of indicators by income
- **Draws on comprehensive, state-level data, which pre-date the COVID-19 pandemic**
 - National data sources: claims, surveys, vital statistics
 - 2- to 3-year trend data available for 43 indicators
 - Generally 2014 to 2018, but varies by indicator
- **Uses standardized scoring**
 - Each indicator is ranked on standardized (z-) score
 - Dimensions ranked on average of indicator scores
 - Overall rank based on average of dimension scores



Colorado



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Ranking Highlights^a

	National Rank		Rank Among Rocky Mountain States	
	2020	Change from baseline	2020	Change from baseline
Overall	6 of 51	+4	1 of 5	+1
Access & Affordability	24	+1	1	0
Prevention & Treatment	6	+19	1	+2
Avoidable Use & Cost	4	+1	2	+1
Healthy Lives	6	+3	1	+1
Income Disparity	13	+3	3	0

How Health Care in CO Has Changed^b



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Source: D.C. Radley, S.R. Collins, and J.C. Baumgartner, *2020 Scorecard on State Health System Performance*, The Commonwealth Fund, September 2020.

Relative Rank and Change in Performance: Colorado

Top-Ranked Indicators



- #1 Adult obesity
- #1 Hospital patient experience ratings
- #2 Preventable hospitalizations

Bottom-Ranked Indicators



- #38 Adults without a usual source of care
- #45 Suicide deaths
- #45 Alcohol-related deaths

Indicators that Improved Most



- Mental health care for children
- Treatment for mental illness in adults
- Improved mobility for home health patients

Indicators that Worsened Most



- Hospital 30-day mortality
- Adults without all recommended vaccinations
- Preventable hospitalizations

Colorado has opportunity to improve quality of care

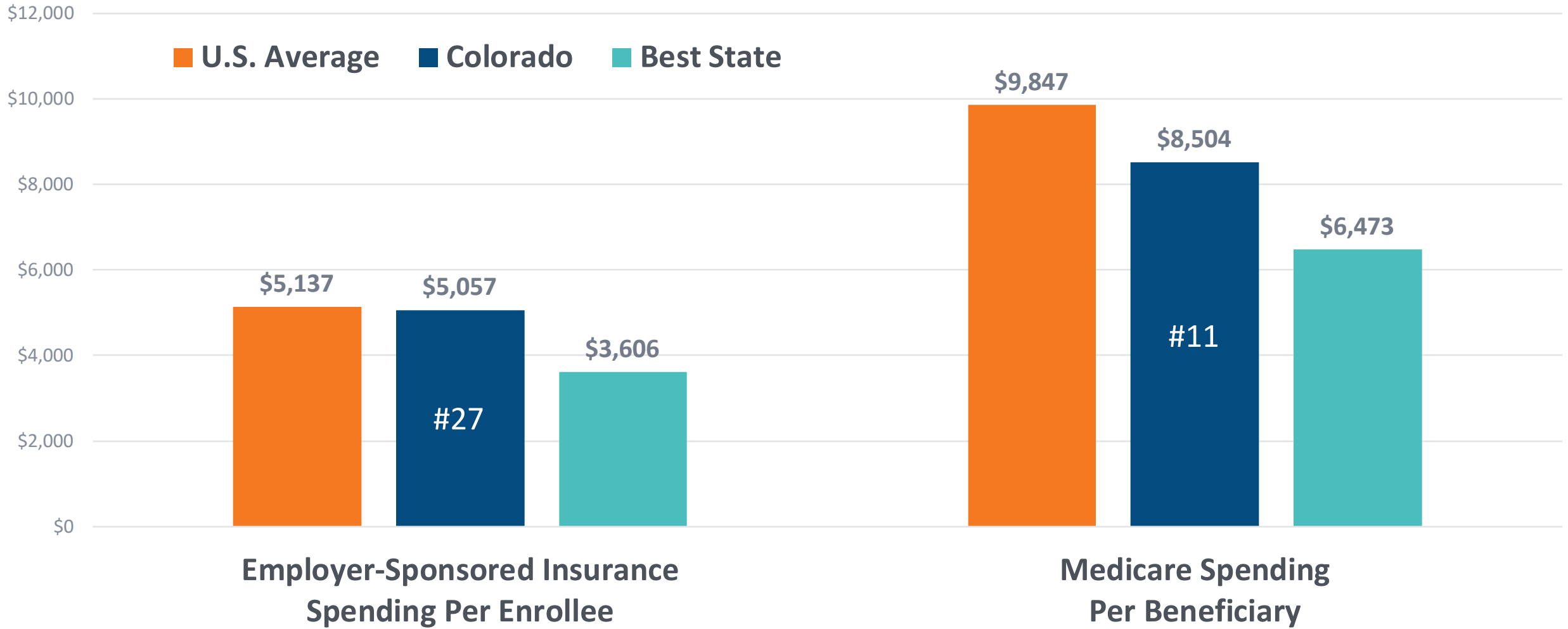
Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State rank	Data year	State rate	U.S. average	Change over time ^b
Prevention & Treatment					2020 Scorecard		Baseline		
Adults without all age- and gender-appropriate cancer screenings	2018	34	32	24	32	2014	32	32	Worsened
Adults without age-appropriate flu and pneumonia vaccines	2018	65	69	57	14	2014	58	63	Worsened
Diabetic adults without an annual hemoglobin A1c test	2017	11.3	10.7	6.5	22	2015	16.6	16.9	Improved
Elderly patients who received a high-risk prescription drug	2016	10.9	9.6	4.6	36	—	—	—	—
Children without a medical home	2018	49	52	41	18	2016	51	51	No Change
Children without age-appropriate medical and dental preventive care visits in the past year	2018	35	42	29	11	—	—	—	—
Children who did not receive needed mental health care	2018	11	18	5	8	2016	27	18	Improved
Children ages 19–35 months who did not receive all recommended vaccines	2018	25	27	16	17	2014	27	28	No Change

Avoidable hospital use is relatively low in Colorado

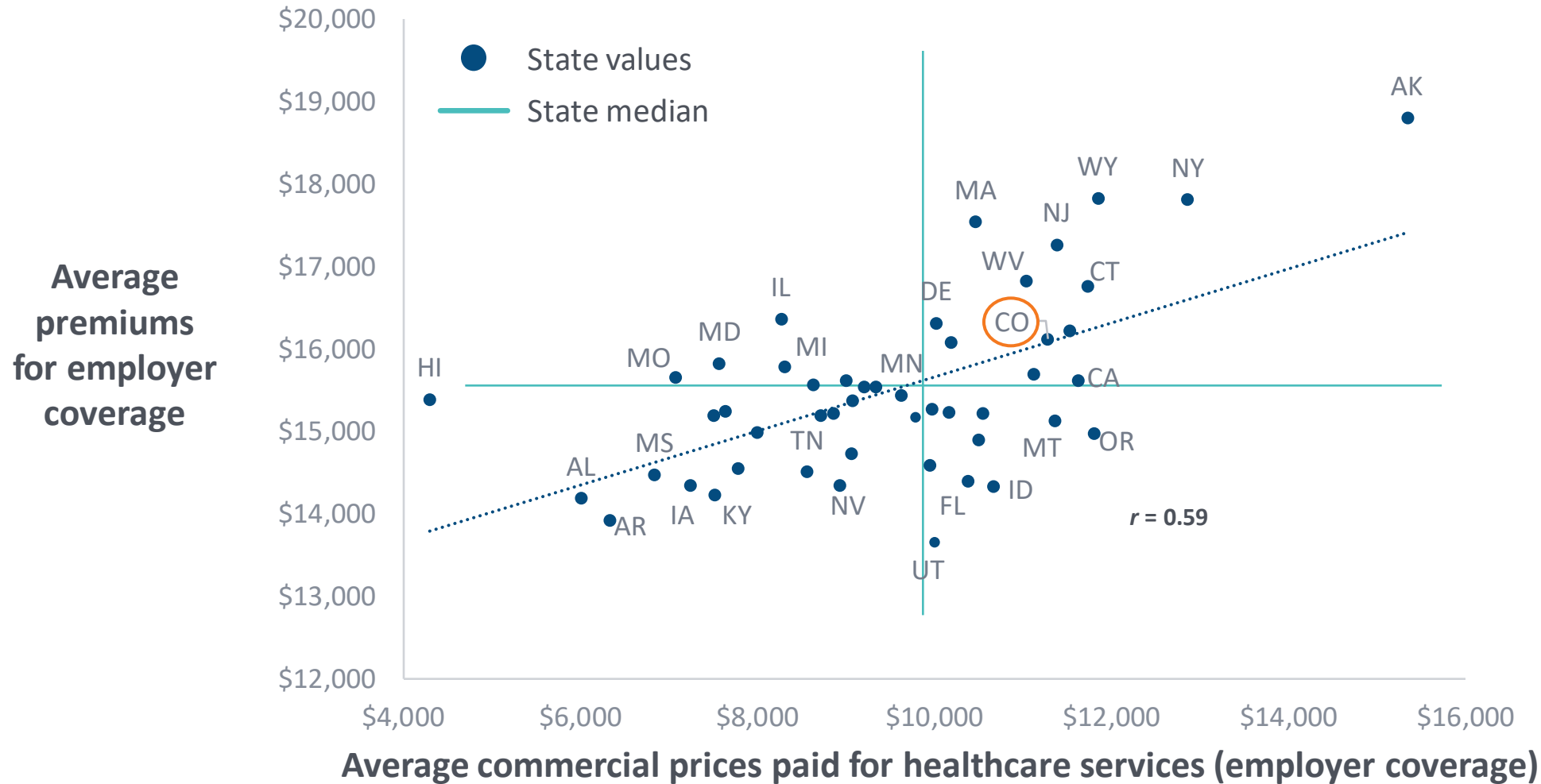
Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State rank	Data year	State rate	U.S. average	Change over time ^b					
Avoidable Hospital Use & Cost					2020 Scorecard					Baseline				
Potentially avoidable emergency department visits														
Ages 18–64, per 1,000 employer-insured enrollees	2017	110.9	149.5	84.2	11	2015	147.4	159	Improved					
Age 65 and older, per 1,000 Medicare beneficiaries	2016	174	189.4	140.9	15	2013	163.6	181.4	No Change					
Admissions for ambulatory care–sensitive conditions														
Ages 18–64, per 1,000 employer-insured enrollees	2017	6.1	6.8	6	2	2015	3.5	4.6	Worsened					
Ages 65–74, per 1,000 Medicare beneficiaries	2018	23.4	41.6	20.4	3	2014	27.7	44.7	No Change					
30-day hospital readmissions														
Ages 18–64, per 1,000 employer-insured enrollees	2017	2.8	3.2	2.3	4	2015	2.3	2.9	Worsened					
Age 65 and older, per 1,000 Medicare beneficiaries	2018	24.4	40	18.5	5	2014	26	42	No Change					



Yet spending is not as low as might be expected



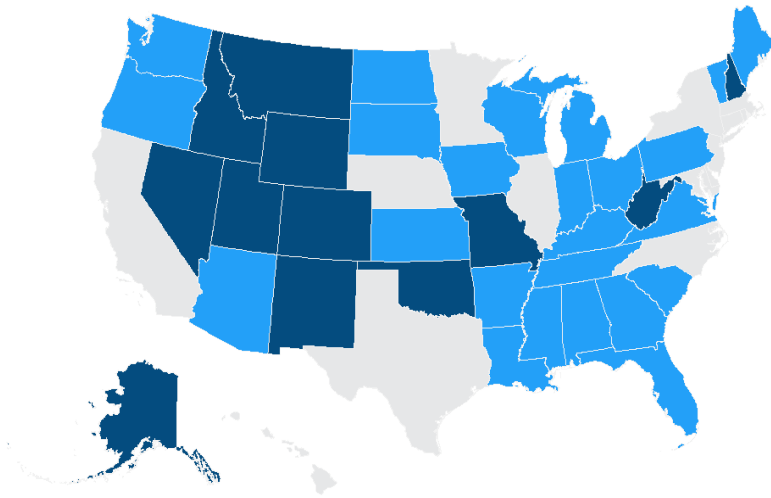
Higher premiums for employer coverage are associated with higher commercial prices for health care services



Regional variation in “deaths from despair”

Suicide

CO: 21.9 per 100k (Rank #45)

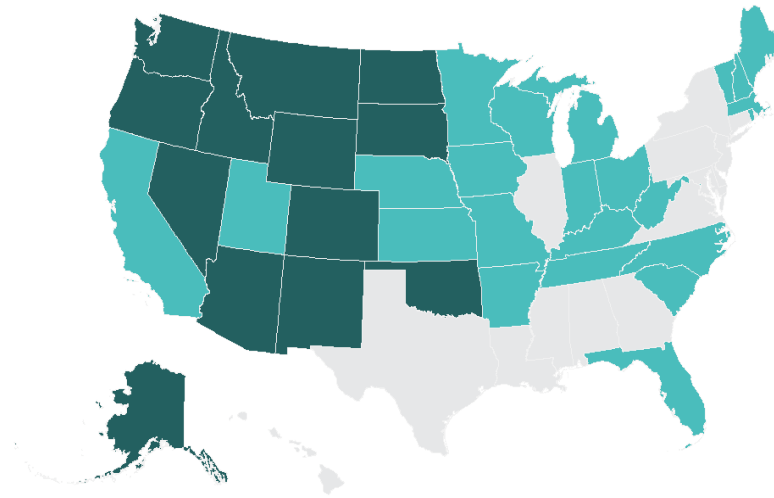


Age-adj. deaths per 100,000

- 7.5 – 13.7 (14 states)
- 13.8 – 19.3 (24 states)
- 19.4 – 25.2 (12 states)

Alcohol

CO: 16.7 per 100k (Rank #45)

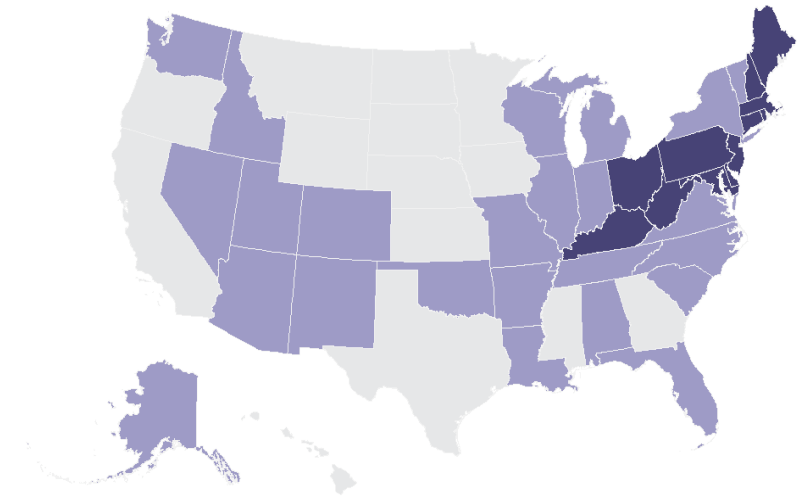


Age-adj. deaths per 100,000

- 5.7 – 7.8 (14 states)
- 8.6 – 13.0 (23 states)
- 13.6 – 32.7 (13 states)

Drug overdose

CO: 16.8 per 100k (Rank #20)

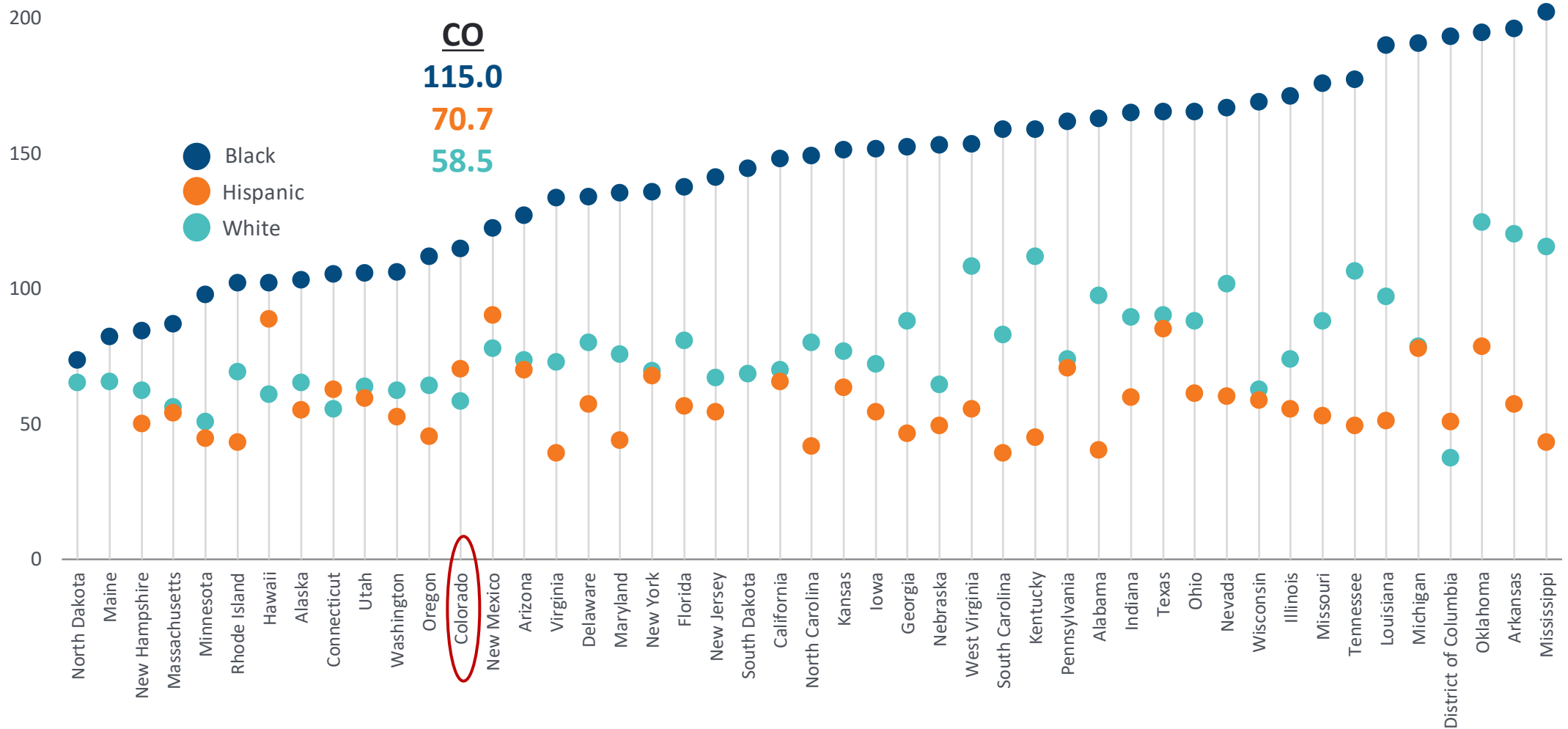


Age-adj. deaths per 100,000

- 6.9 – 14.3 (14 states)
- 14.6 – 27.5 (24 states)
- 27.9 – 51.5 (12 states)

Black people are more likely to die early from treatable conditions

Mortality amenable to health care: deaths per 100,000 population



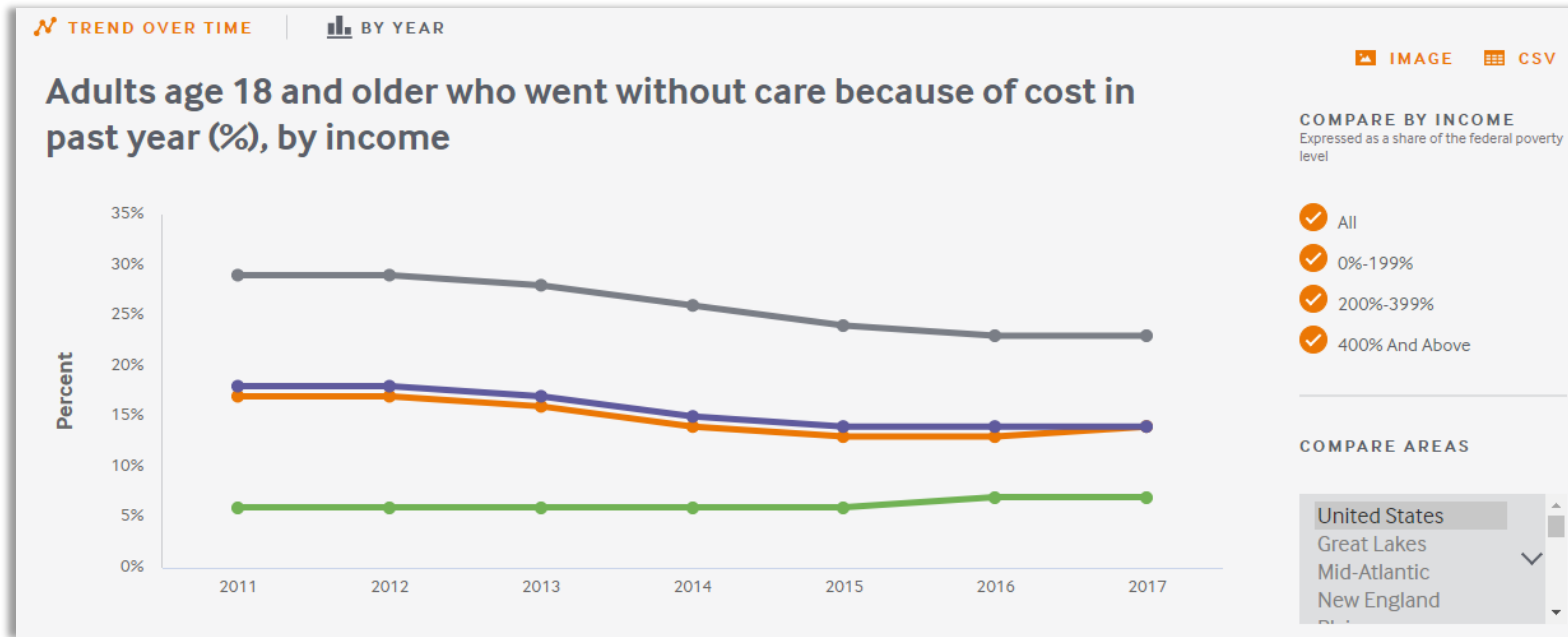
Estimated Impact of State Improvement^c

Colorado could expect the following gains if performance in the state improved to the level of the top performing state for each indicator:

261,649	more adults and children would be insured
217,010	fewer adults would skip needed care because of its cost
251,692	more adults would receive age- and gender-appropriate cancer screenings
8,704	more children (ages 19–35 months) would receive all recommended vaccines
395	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
85,316	fewer employer-insured adults and elderly Medicare beneficiaries would seek care in emergency departments for nonemergent or primary-care-treatable conditions



Visit the Fund's Health System Data Center



Interactive tools & sub-population analysis



Community Dashboard Updates



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Community Dashboard Demo

Overview/Definitions | Regional/County Profiles | **Cost** | Quality | Utilization/Access

Instructions | **Cost of Care Per Person Per Year (Risk-Adjusted) | Colorado** | [Download] [Refresh]

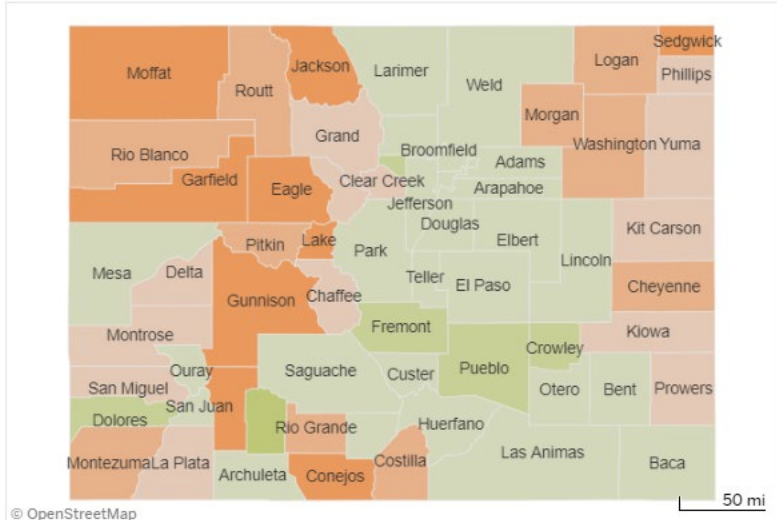
Select **MEASURE:**
 Select **GEOGRAPHY TYPE:**
 DOI Region
 County
 Select **GEOGRAPHY:**
 Adams
 Select **YEAR:**
 2020
 2019
 2018
 2017
 2016
 2015
 2014
 2013

Health Plan and Patient: Total

County: **Adams** | Urban



All Counties

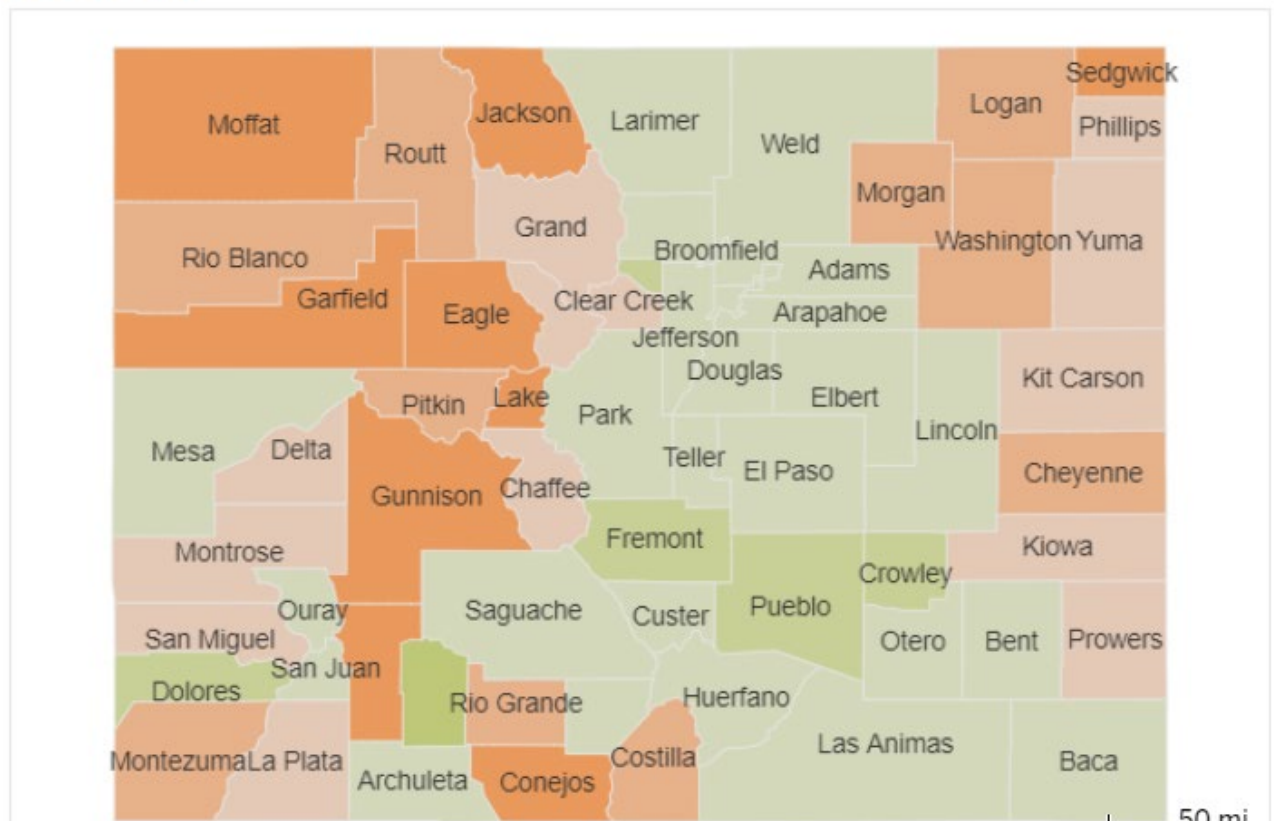


© OpenStreetMap
 For this measure, lower values are better; green shading on the map indicates lower cost of care compared to orange shading. \$3,301 [Color Scale] \$9,362

Select **PAYER TYPE:**
 All Payers
 Commercial
 Medicaid
 Medicare Advantage
 **Medicare FFS

Notes: (1) Total cost Per Person Per Year (PPPY) values do not equal the sum of the PPPY values for Inpatient, Outpatient, Professional and Pharmacy service categories because not all members are eligible for both medical and pharmacy services. (2) "n/a" indicates that the value is unavailable due to one of the following: a) measure methodology, b) data unavailable at the time of the analysis (**Medicare FFS data was not available for 2020), or b) data was suppressed due to low volume. For more information, please refer to the methodology document.

All Counties



© OpenStreetMap
 For this measure, lower values are better; green shading on the map indicates lower cost of care compared to orange shading. \$3,301 [Color Scale] \$9,362

New Measures: Well Child Visits, Showing Positive Trends

WELL-CHILD VISITS

First 15 Months,
6 or More Visits

 **+34%**

16-30 Months,
2 or More Visits

 **+7%**



New Measures: Ambulatory Sensitive Conditions and 30-Day Hospital Readmissions, Showing Positive Trends



HOSPITAL UTILIZATION

Potentially Preventable
Hospital Vists

↓ -31%

30-Day All-Cause
Hospital Readmissions

↓ -25%



New Measure: Follow-Up after Emergency Department Use for Mental Health Reasons Showing Positive Trends

Mental Health
ED Visits
(Follow-Up Within 30
Days)



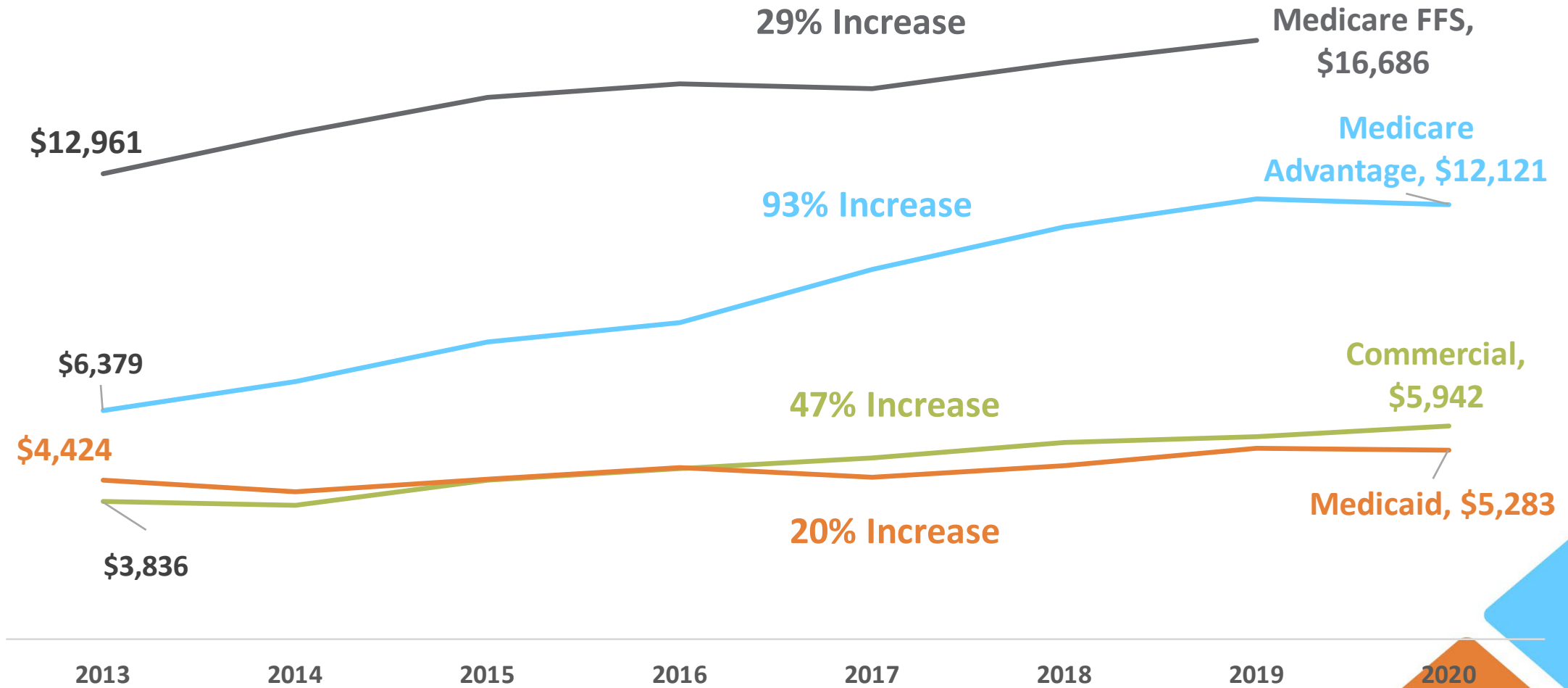
Health Care Costs Continue to Rise

 COST PER PERSON PER YEAR (PPPY)



Medicare Advantage Had the Highest % Increase in Total Cost Per Person Per Year

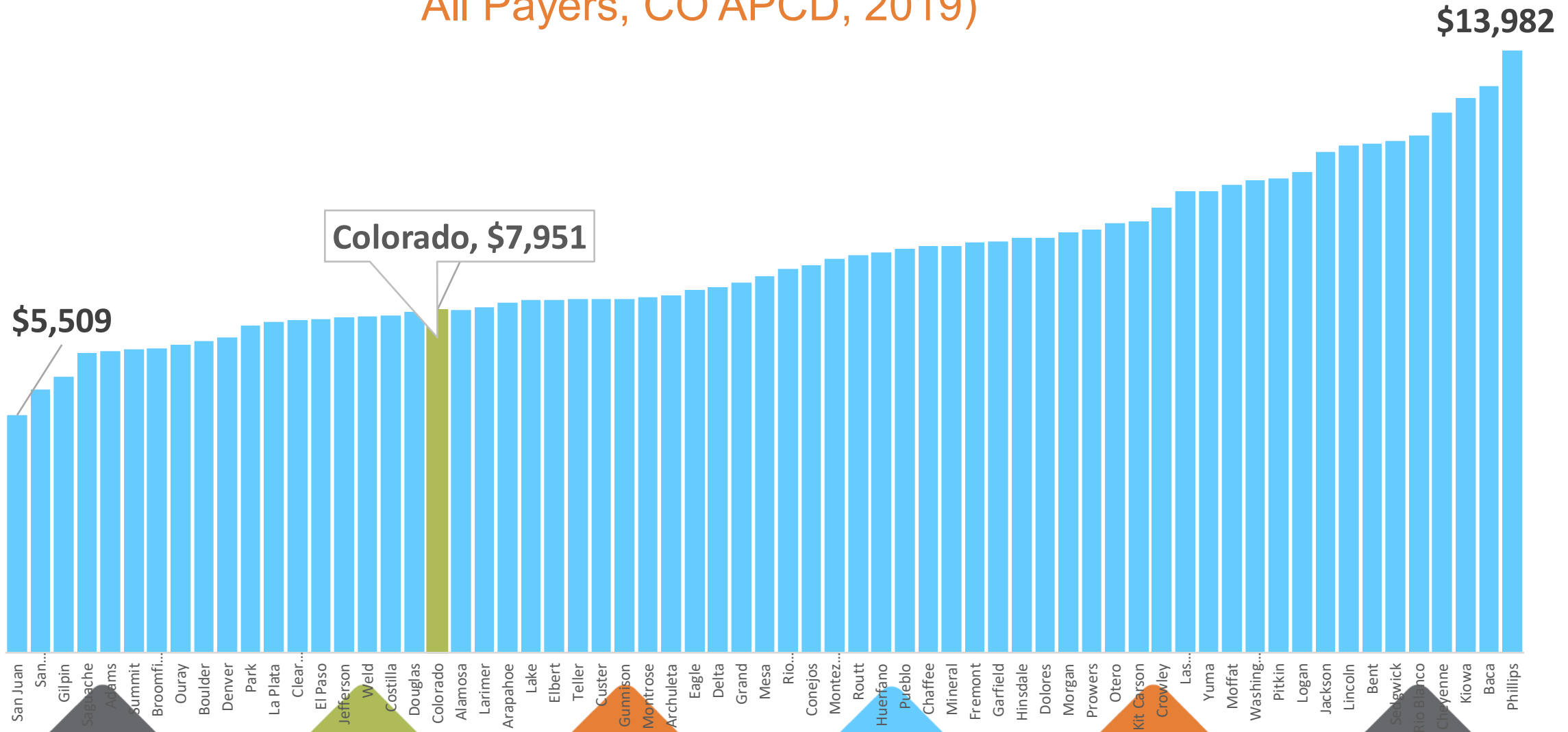
(Health Plan + Patient Paid Amount, By Payer, CO APCD, 2013-2020)



Costs Vary Widely Across Counties

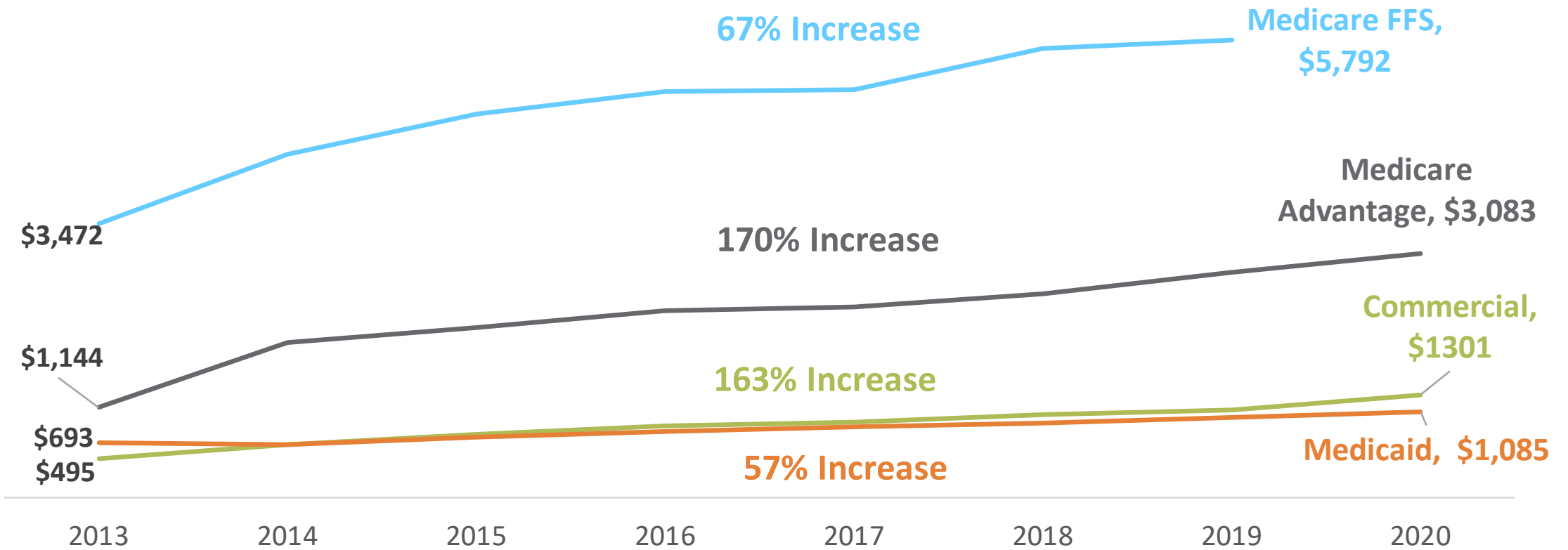
Per Person Per Year (Health Plan + Patient Paid Amount,
All Payers, CO APCD, 2019)

Per Person Per Year Total Cost
(Health Plan + Patient)



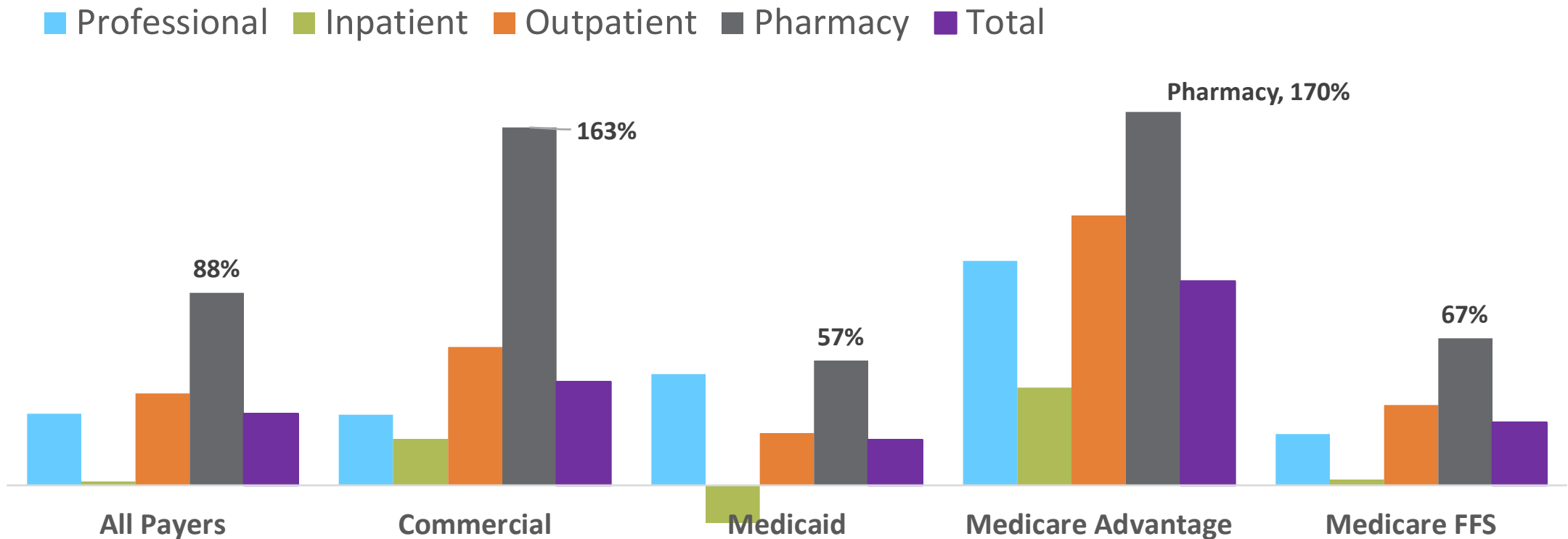
Pharmacy Costs Continue to Rise

(Per Person Per Year, Health Plan + Patient Paid Amount, CO APCD, 2013-2019)



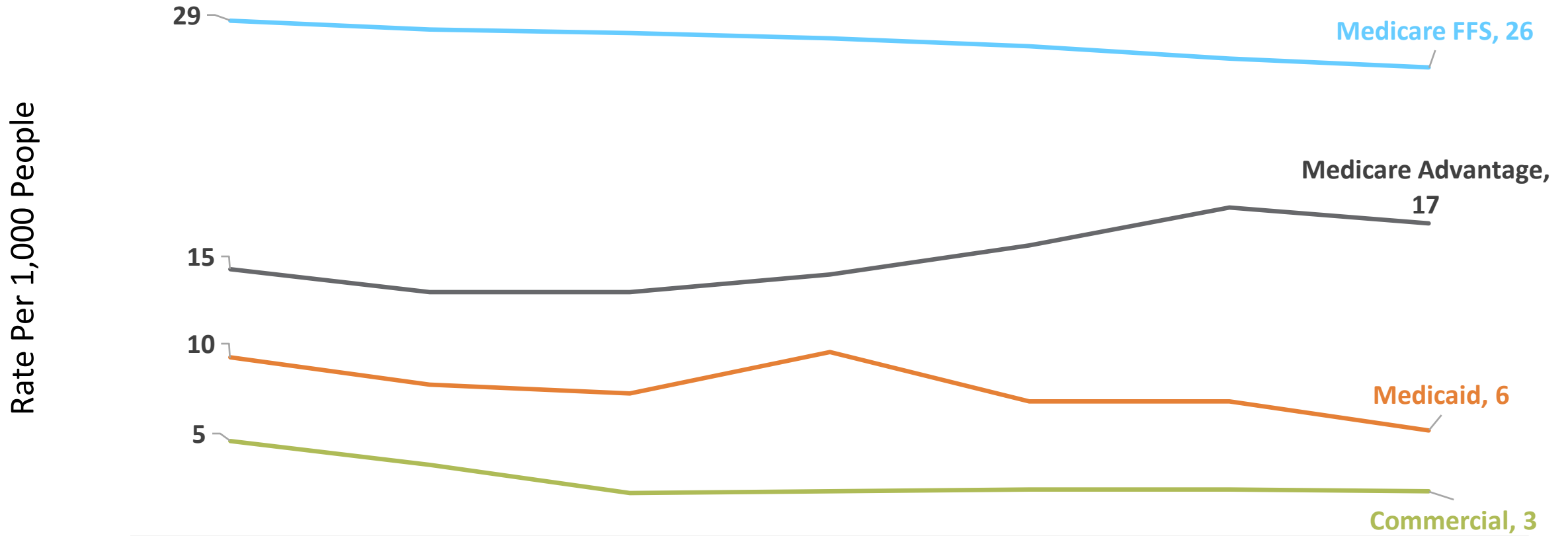
Pharmacy - Highest % Increase in Health Care Spending by Service Category Across All Payers

(2013-2019 % Increase, Total Health Plan + Patient Paid Per Person Per Year Costs, CO APCD)



30-day Hospital Readmissions Dropped Across Most Payers

(All Cause, Rate Per 1,000 People, CO APCD, 2013-2019)



2013

2014

2015

2016

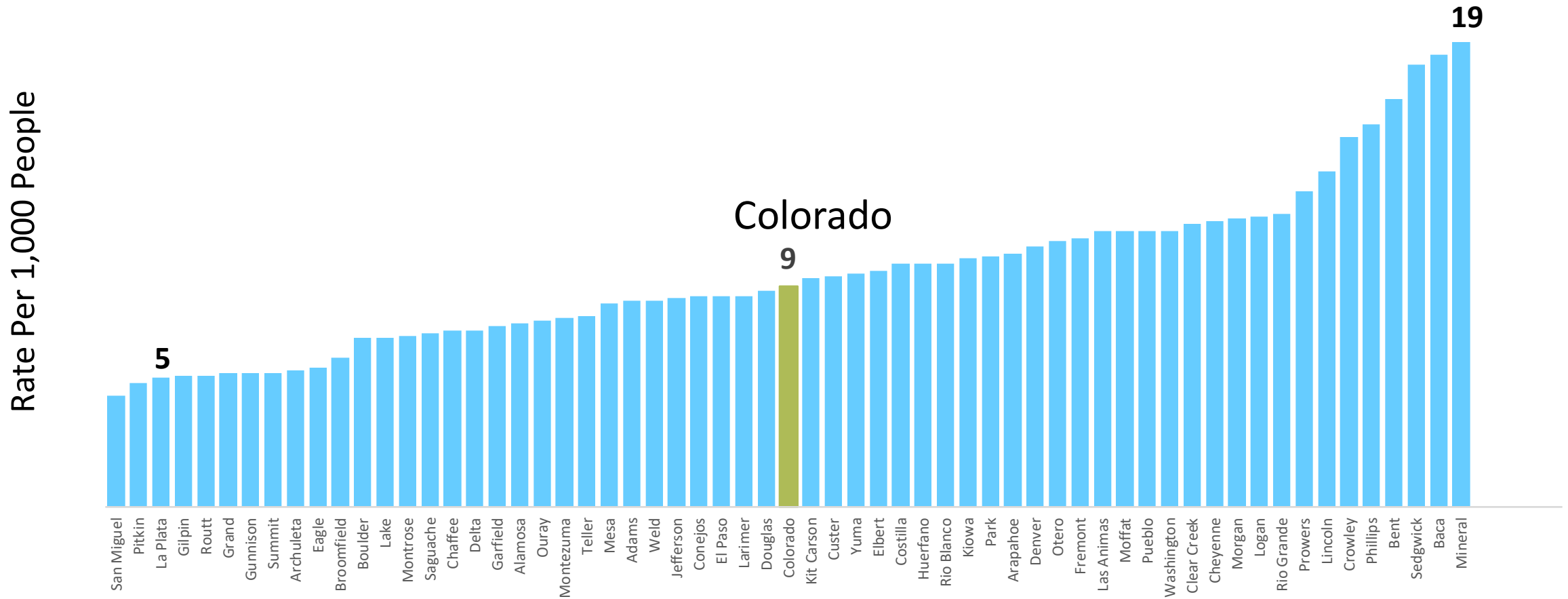
2017

2018

2019

30-day Hospital Readmissions Vary Widely Across Counties

(All Cause, Rate Per 1,000 People, All Payers, CO APCD, 2013-2019)



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

November 18, 12-1MT – Center of Excellence on Health System Performance – Key Findings for Colorado

