



**CO APCD Advisory Committee
Meeting Notes
August 2, 2022**

Committee Attendees: Michelle Anderson, Amie Baca-Oehlert, Josh Benn, Kyle Brown, Rick Curtsinger, David Ehrenberger, Kaye Kavanagh, David Keller, Kristi Labarge, Jessica Linart, Phillip Lyons, David Ornelas, Tom Rennell, Miranda Ross, Chirs Underwood, Nathan Wilkes

CIVHC Attendees: Alice Aguirre, Eddy Costa, Ana English, Sarah Ford, Spencer Fortier, Cari Frank, Valerie Garrison, Greg Gillespie, Amanda Kim, Clare Leather, Paul McCormick, Kristin Paulson, Paul Timmerman, Sauntice Washington

Additional Attendees: Brandon Arnold, J Handsborough, Eriko Mori, Dustin Moyer, Cecilia Saffold, Greg Warren

These notes cover only the discussion of the Committee and such information required to put questions in context. Please refer to the presentation and materials for more information.

Topic	Discussion	Action Item
Solidify CIVHC's role as neutral administrator regarding public releases of CO APCD data	<ul style="list-style-type: none"> • Background information from out last meeting: We discussed the need for neutrality and non-reliable disclaimer for public data bytes due to them being potentially politically charged. As well as a confidentiality policy for the review committee. <ul style="list-style-type: none"> ○ Question for the committee discussion: What are some ideas of ways we keep ourselves out of the political crossfire that could occur from these data bytes? <ul style="list-style-type: none"> ▪ We can attach a disclaimer that states what the data is intended for and that we are not responsible for additional analysis of our data. This is intended to be a crisis communication plan. ▪ We want to keep in mind that anyone can pull de-identified data from our website and create their own analysis. 	<ul style="list-style-type: none"> • CIVHC will wordsmith the disclaimer and send it out to the committee for review.
CO APCD Quality & Analytics: Development of Master Patient Index	<ul style="list-style-type: none"> • The goal for the master patient index is to identify people over time and across payers. Currently working with contexture's MPI called Verato. This will allow us to do analysis that we can't currently do, but where we do have some of similar data, like for race and ethnicity, we can use the Verato data as a quality check against that, we can also use it as a quality check against our American Community Survey data. <ul style="list-style-type: none"> ○ Are they checking this against patient reported data? Are they collecting data on children? <ul style="list-style-type: none"> ▪ We are unsure if they check against patient reported data. To our knowledge they do not release data on children. 	

Public reporting:
APMs

- There was a slight decrease in APMs for Medicaid from 2018 to 2020. Medicare Advantage saw a tiny increase in APMs over the last couple of years, and for commercial there was a decrease from 22% to 11%.
 - What exactly is in the APMs? What aren't we capturing?
 - We currently do not collect specifics for what is included in each category submitted as an APMs by the payers. We are looking into what specific types of payments (i.e. to specific payers) is driving some of the trends we're seeing.
- If we are trying to get to know how many dollars are at risk, we have to be careful focusing on claim level APM data because claims data isn't all encompassing. Also, we do not include Pharmacy APMs in the collection.
- How do we calculate the ROI of an APM model?
 - We don't have a way to measure the ROI of an APM through our current collection process.