



Using the Minnesota All Payer Claims Database to Measure Investment in Primary Care

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

MN  **APCD**
All Payer Claims Database

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- Understanding primary care in Minnesota
 - Investment in primary care
 - Utilization of primary care
- Policy goals
 - Optimal care
 - Patient experience and outcomes
 - Population health
 - Spending

- Primary care orientation is associated with higher quality care. An emphasis on specialty care can lead to:
 - Fragmented, uncoordinated care and
 - Poorer outcomes
- How to measure investment in primary care?
 - The portion of health care dollars that go to primary care
 - However, there is no “standard” metric for defining and measuring primary care spending
 - Also, no benchmarks

- Some states have legislation directing reporting of primary care spending (as a proportion of all medical spending)
 - Washington
 - Oregon
 - Rhode Island
- Approach and methods vary, e.g.,
 - Definition of primary care provider (PCP)
 - +/- Pharmacy \$ in denominator
 - +/- Non-claims data

MDH Approach (high level)

First Round

How do we measure primary care investment in Minnesota?

- *And how do we interpret the results?*

Build upon the Milbank effort

Sought to replicate the RAND specs of the analysis

Leveraged the MN APCD for a preliminary analysis

Focused initially on 2014 commercial market space

Deeper Dive

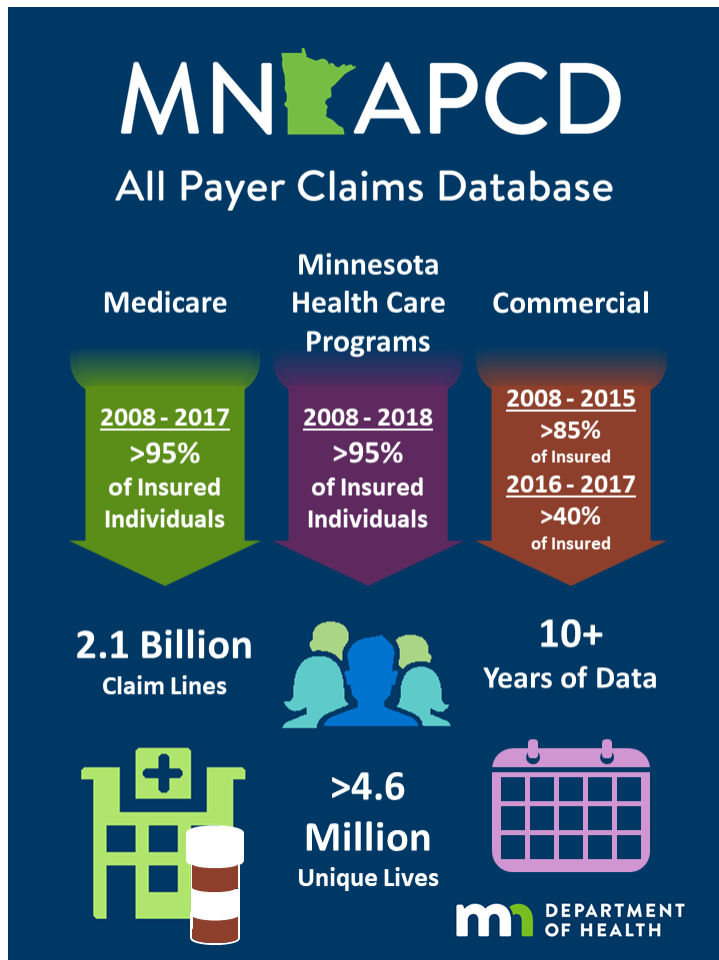
Expand to all payers, 2013-2015

What else do we want to know about primary care in MN?

How are other states approaching this?

Further thinking about policy goals

Methods and Measures



Population: Minnesota residents in the MN All Payer Claims Database (MN APCD) with at least one month of medical enrollment between the years of 2013-2015

Primary Care Provider Definition (narrow to broad definitions):

- Nine generalist specialties in broad definition

Measures:

- Percent Total Spending on Primary Care Providers
 - \$\$ on primary care/ \$\$ for all health care
- Total Number of Primary Care Visits per Enrolled Member per Year

Groups:

- **Type of Insurance** - Private vs. Public
- **Age**
- **Resource Use** - Collapsed Resource Utilization Bands from Version 12.0 of the Johns Hopkins ACG System

Percentage of Spending on Primary Care

Average per Month* Primary Care Spending as a Percentage of Total Health Care Spending, Minnesota
All Payer Claims Data (APCD), 2013-2015

	PCP-A (Narrow)	PCP-B	PCP-C (Broad)
Overall	4.1%	5.9%	6.8%
Private Insurance	6.0%	8.5%	10.2%
Public Insurance	2.8%	4.0%	4.3%

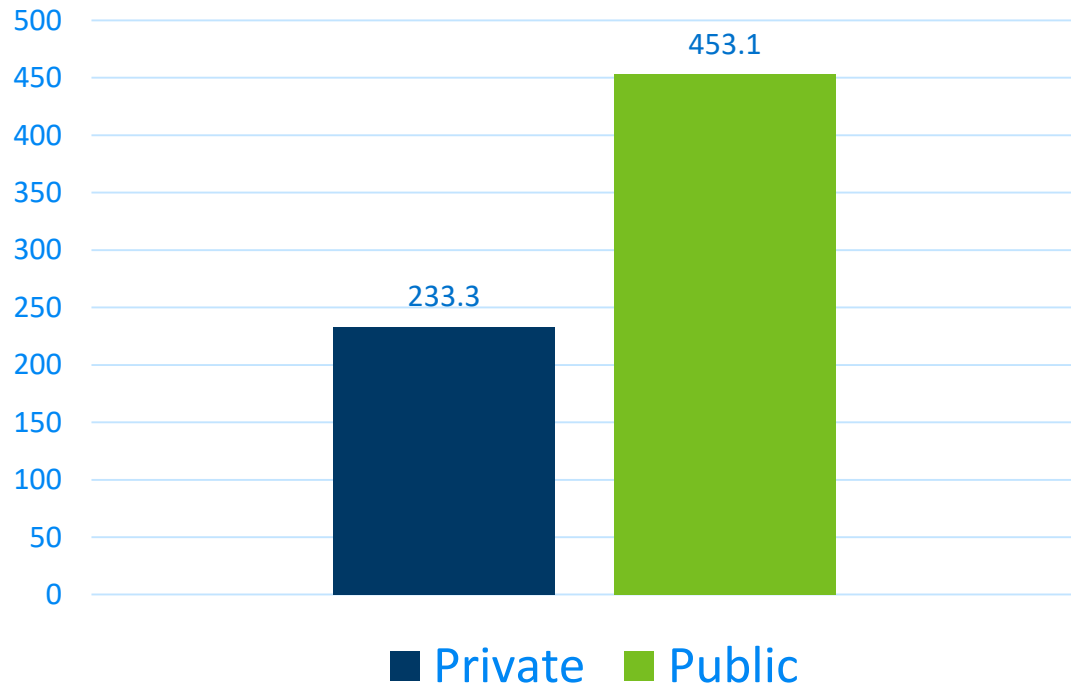
* Spending for members divided by total months of enrollment for each year.

Abbreviations: PCP Primary Care Providers

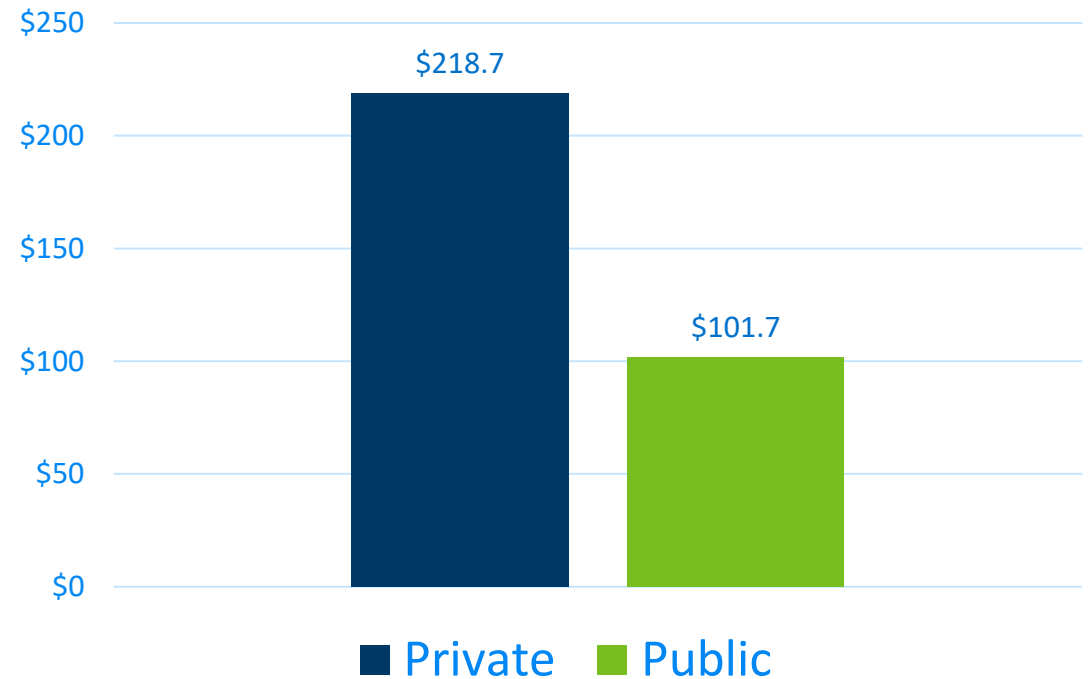
Source: Minnesota All Payer Claims Data, 2013-2015

PCP Visits and Spend by Insurance Type

Mean Number of PCP* Visits per 100 Members per Year by Insurance Type



Mean Spend per PCP* Visit by Insurance Type

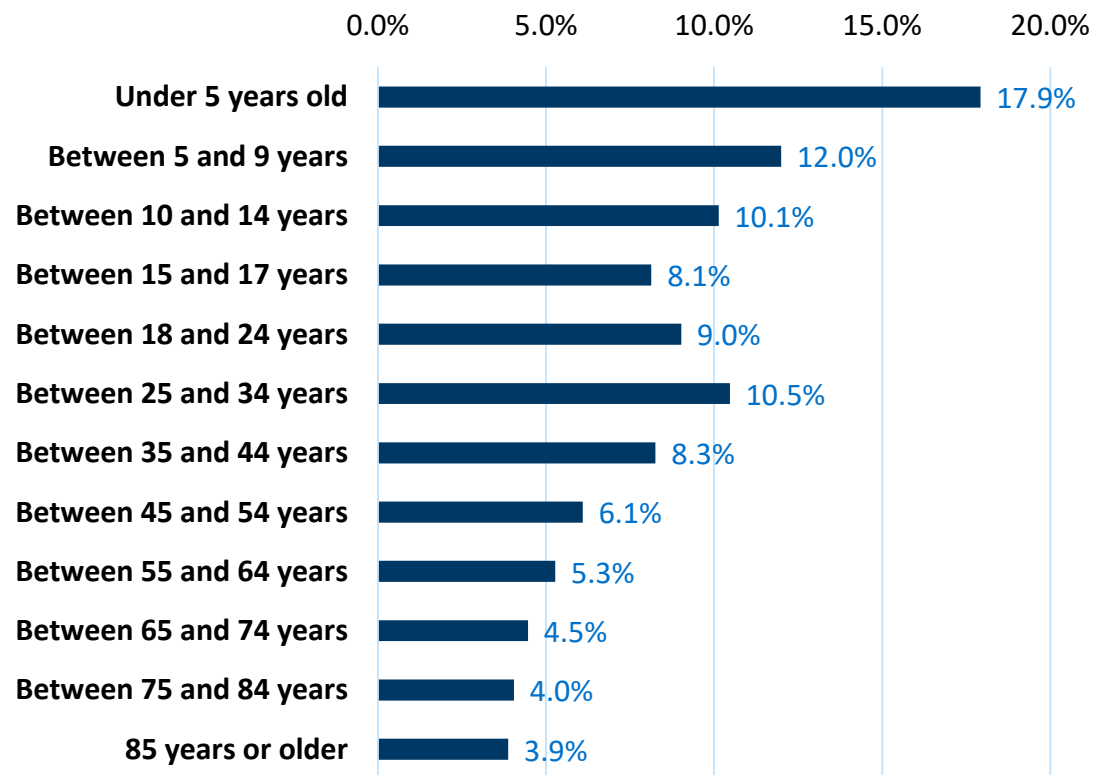


* Broad definition

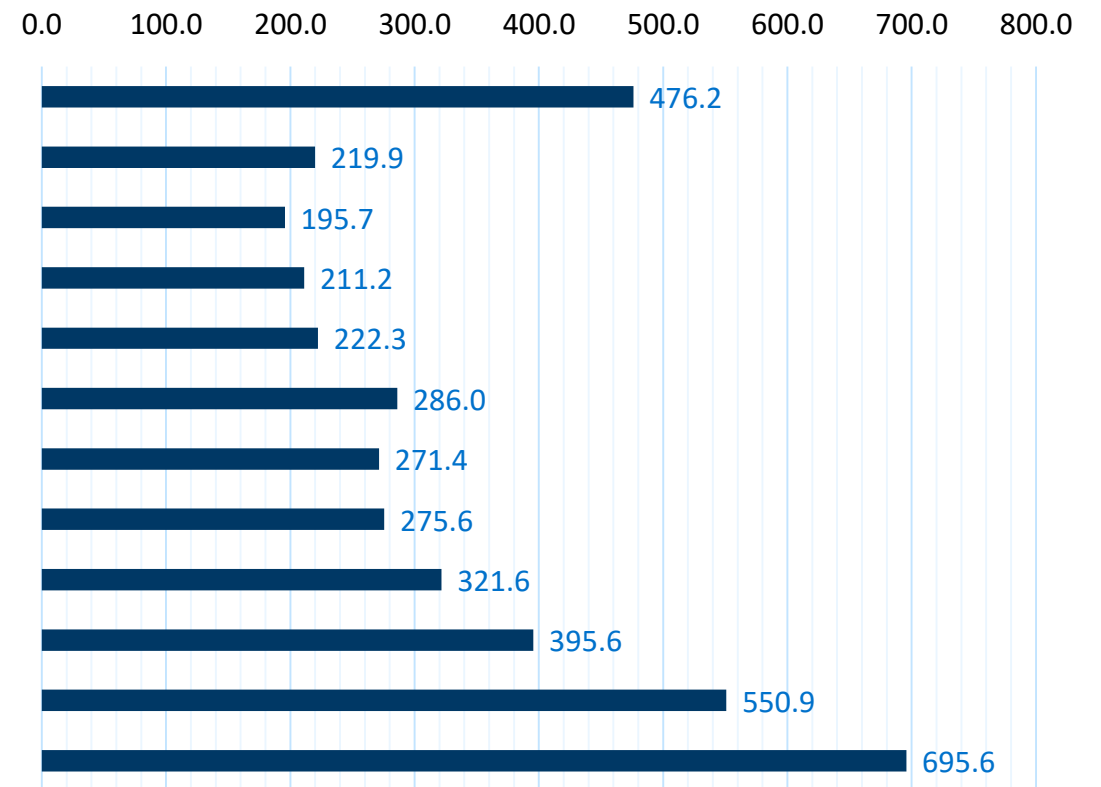
Source: MDH analysis of Minnesota All Payer Claims Data, 2013-2015

PCP Percentage of Spend and Visits by Age

Percentage of Spending on PCP* by Age



PCP* Visits by Age per 100 Members per Year

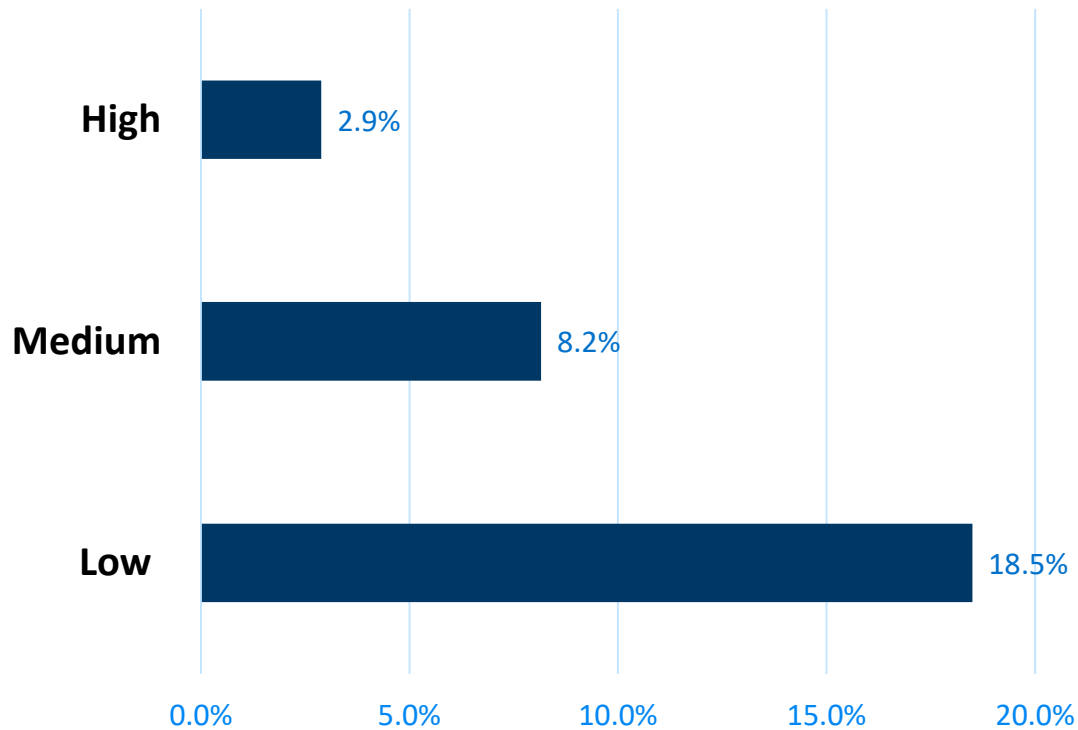


* Broad definition

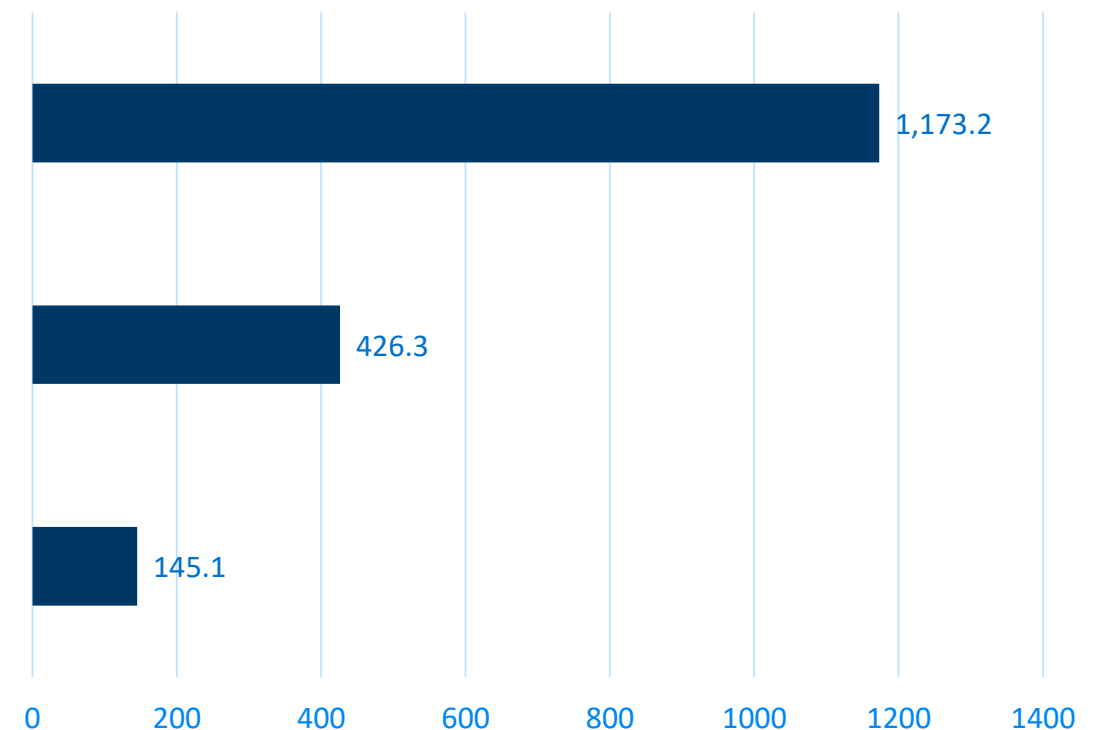
Source: MDH analysis of Minnesota All Payer Claims Data, 2013-2015

PCP Percentage of Spend and Visits by Illness Burden

Percentage of Spending on PCP* by Illness Burden



Mean Number of Visits per 100 Members per Year for PCP* by Illness Burden



* Broad definition

Source: MDH analysis of Minnesota All Payer Claims Data, 2013-2015

Key Findings

- During 2013-2015, primary care spending as a percentage of total health care spending among insured Minnesotans was 6.8 percent, using the broad definition of primary care provider
- Primary care spending as a percentage of total health care spending was lower among Minnesotans with public insurance compared to those with private commercial insurance.
 - However, residents with public insurance had more primary care visits than those with private insurance.
 - In addition, public insurance paid less per primary care visit than private insurance.
- Older Minnesotans and those with a greater burden of illness had lower primary care spending as a percentage of total health care spending, but had more primary care visits than younger and healthier residents.

Policy and Next Steps

- Consider other sources of data in addition to MN APCD (claims only) to more fully capture primary care spending and investments
- As advocates and policy makers consider access, delivery and spending on primary care, focusing solely on primary care spending as a percentage of total health care spending provides an incomplete picture of investment in primary care
 - What additional measures help to complete the picture?
 - How will COVID-19 impact these measures?
 - What amount of primary care is optimal, for which groups, and how do we achieve this without increasing overall spending on health care?
- Next steps: More conversations with MDH colleagues and stakeholders

Thank You

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Health Economics Program: www.health.state.mn.us/healtheconomics

MN All Payer Claims Data: <https://www.health.state.mn.us/data/apcd/index.html>

Findings by Age for Primary Care Providers

For PCP providers, broad definition which included OB/GYNs, there was a small peak in percentage of spend and mean number of claims during prime child-bearing years.

