



Using the Minnesota All Payer Claims Database (MN APCD) to Achieve Public Health Goals for Hypertension

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Acknowledgments

- Cardiovascular Disease Unit, MDH
 - Project Lead/Analyst
 - James Peacock
 - Emily Styles
- Health Economics Program, MDH
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 - Elizabeth Egan
 - Mike Burian

- 3 hypertension projects using the **MN APCD**
 - Project 1: State and local overview of the hypertension prevalence in Minnesota (report)
 - Project 2: Blood pressure medication adherence (dashboard, report)
 - Project 3: Pharmacist-provided Medication Therapy Management (MTM) for patients with hypertension (tailored summary of benefits and revenue)
- Key takeaways and outreach



Project 1: Geographic Variation in Hypertension in Minnesota, 2014

Hypertension Report

Key Findings

OVERALL

30.5% 

In 2014 in Minnesota, three out of every ten insured Minnesota adults had a diagnosis of hypertension.



Hypertension is more common in older age groups and more common in men than women.

Medicaid **22.0%**
Commercial Insurance **18.6%**

Hypertension is slightly more common in the low-income Medicaid population than the commercial insurance population.

Hypertension is more common in rural areas than metropolitan areas.



BY GEOGRAPHY

- The lowest levels of hypertension are in counties along the Twin Cities-Rochester-St. Cloud corridor.
- Hypertension prevalence is highest in northwest Minnesota across all age and insurance groups.
- All but one of Minnesota's 87 counties is home to more than 1,000 adults with hypertension.
- There are 18 counties with an estimated 10,000 adults or more with hypertension, including 11 counties located in Greater Minnesota, outside the 7-county Twin Cities metro.
- For younger adults aged 18 to 44 years, hypertension is most common in a large group of neighboring counties covering much of northern, east central, and west central Minnesota.
- For older adults aged 65 and older, hypertension is most common in parts of northwest and southwest Minnesota.
- In the 7-county Twin Cities metro area, prevalence of hypertension varies widely across short distances.
- Higher hypertension prevalence in the 7-county Twin Cities metro area is largely centered in Minneapolis and adjacent communities to the north, and in St. Paul and adjacent communities to the east.

- State and local overview of hypertension prevalence in Minnesota
 - First MN report to show hypertension estimates by local communities
- State and local public health and health system partners can use to address geographic disparities with tailored interventions
- Served as a frame for Project 2 (medication adherence)

<https://www.health.state.mn.us/data/apcd/publications.html>

County and ZIP Code Level Data

County	Number of Adults with HTN	All Adults, Age-Adjusted Prevalence	Age 18-44 Prevalence	Age 45-64 Prevalence	Age 65+ Prevalence	Medicare Prevalence	Dually-Eligible Medicare & Medicaid Prevalence	Medicaid Prevalence	Commercial Insurance Prevalence
MINNESOTA	968,626	25.4%	7.9%	34.3%	65.6%	63.7%	59.7%	22.0%	18.6%
Aitkin	4,603	29.0%	10.9%	40.3%	67.1%	65.9%	62.3%	27.1%	27.1%
Anoka	61,173	27.1%	8.5%	36.4%	68.3%	66.8%	58.3%	22.2%	20.3%
Becker	7,223	27.4%	9.1%	38.9%	65.1%	63.4%	63.7%	23.6%	22.5%
Beltrami	8,457	28.8%	10.3%	39.2%	67.9%	64.3%	62.9%	22.4%	22.1%
Benton	6,569	25.8%	8.1%	34.8%	66.1%	63.3%	55.2%	21.0%	18.1%
Big Stone	1,452	30.2%	11.1%	41.4%	69.7%	68.0%	68.0%	30.0%	25.2%
Blue Earth	10,345	25.4%	7.5%	35.0%	65.9%	63.8%	53.7%	18.3%	18.3%
Brown	5								
Carlton	7								
Carver	13								
Cass									
Chippewa									
Chisago	10								
Clay	5								
Clearwater									
Cook	1								
Cottonwood	7								
Crow Wing	15								
Dakota	64								
Dodge	7								
Douglas	8								
Faribault	3								
Fillmore	7								
Freeborn	4								
Goodhue	8								
Grant									
Hennepin	193								
Houston	3								

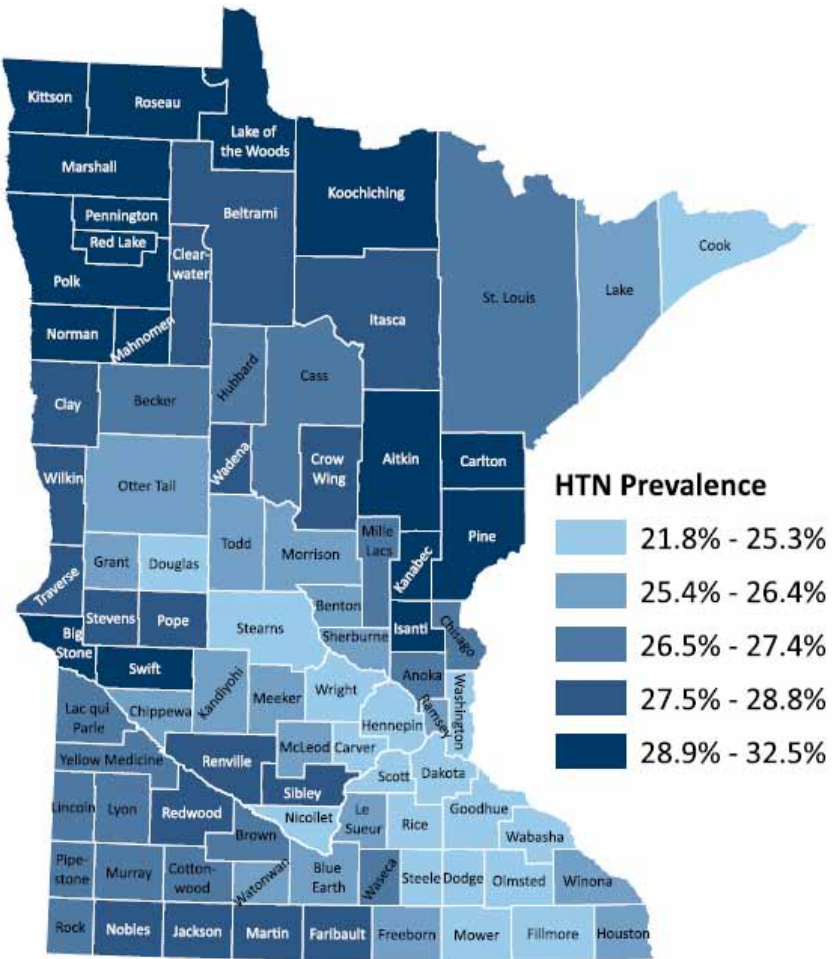
Zip Code	Primary City or Town	Number of Adults with Hypertension	All Adults, Age-Adjusted Prevalence	Age 18-44 Prevalence	Age 45-64 Prevalence	Age 65+ Prevalence	Medicare Prevalence	Dually-Eligible Medicare & Medicaid Prevalence	Medicaid Prevalence	Commercial Insurance Prevalence
-	MINNESOTA	968,626	25.4%	7.9%	34.3%	65.6%	63.7%	59.7%	22.0%	18.6%
55001	Afton	541	18.5%	3.6%	25.4%	54.8%	54.3%	-	20.0%	17.5%
55003	Booyport	458	23.0%	5.9%	29.4%	73.1%	72.2%	-	18.7%	15.8%
55005	East Bethel	687	27.3%	9.2%	36.3%	67.9%	64.9%	52.5%	20.3%	20.9%
55006	Braham	789	30.5%	11.6%	43.6%	69.7%	67.3%	57.8%	23.0%	25.6%
55007	Brook Park	524	29.0%	11.4%	39.5%	67.9%	65.6%	62.7%	24.6%	26.5%
55008	Cambridge	3,307	30.5%	12.4%	40.9%	70.2%	68.9%	62.0%	26.3%	23.7%
55009	Cannon Falls	1,633	25.6%	7.3%	36.0%	64.8%	63.5%	56.0%	23.3%	21.5%
55011	East Bethel	1,719	26.0%	8.2%	34.0%	66.3%	64.1%	52.4%	19.8%	21.4%
55012	Center City	369	23.4%	6.8%	30.0%	62.3%	62.4%	-	17.3%	19.8%
55013	Chisago City	1,361	25.2%	8.3%	32.6%	67.5%	67.4%	55.2%	23.5%	19.7%
55014	Lino Lakes	4,419	26.0%	7.8%	33.8%	67.8%	66.2%	58.2%	23.3%	20.0%
55016	Cottage Grove	5,623	26.2%	8.4%	34.3%	67.6%	65.8%	53.9%	22.9%	18.8%
55017	Dalbo	142	26.2%	-	36.2%	73.7%	66.3%	-	25.7%	20.9%
55018	Dennison	188	24.9%	8.3%	31.5%	65.7%	61.0%	-	-	22.1%
55019	Dundas	323	24.3%	8.3%	31.1%	62.6%	62.5%	-	17.5%	17.8%
55020	Elko New Market	433	22.3%	5.8%	28.8%	60.2%	57.5%	71.9%	23.6%	14.5%
55021	Faribault	5,129	25.8%	8.3%	34.0%	66.9%	65.4%	52.9%	19.8%	19.7%
55024	Farmington	4,092	25.7%	8.2%	32.7%	66.7%	63.8%	59.1%	20.9%	17.0%
55025	Forest Lake	4,462	25.7%	8.1%	34.5%	65.9%	63.8%	61.6%	21.8%	20.6%
55026	Frontenac	93	19.7%	-	25.0%	60.2%	58.9%	-	-	18.3%
55027	Goodhue	423	23.3%	5.6%	31.3%	66.1%	65.5%	67.7%	22.7%	15.4%
55029	Grandy	14	16.2%	-	-	-	-	-	-	-
55030	Grasston	308	30.2%	10.0%	39.0%	80.2%	77.2%	72.5%	24.1%	24.3%

Data:

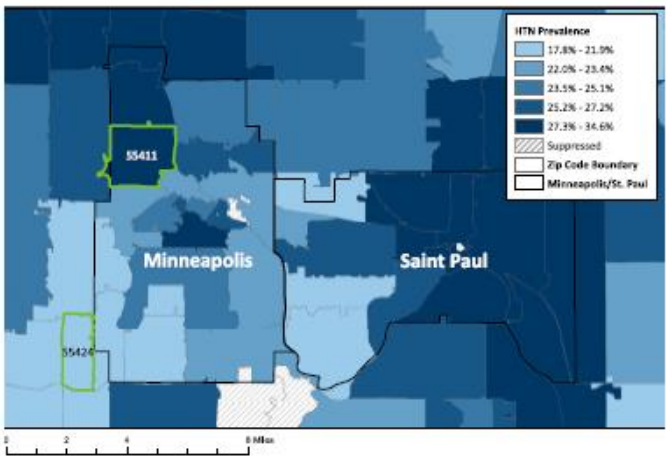
- Number with HTN
- Age-adjusted HTN prevalence
- HTN prevalence by:
 - Age group
 - Payer

MDH analysis of MN APCD data

Geographic Variation (1)



- The lowest levels of hypertension are in counties along the Twin Cities-Rochester-St. Cloud corridor.
- Hypertension prevalence is highest in northwest Minnesota across all age and insurance groups.



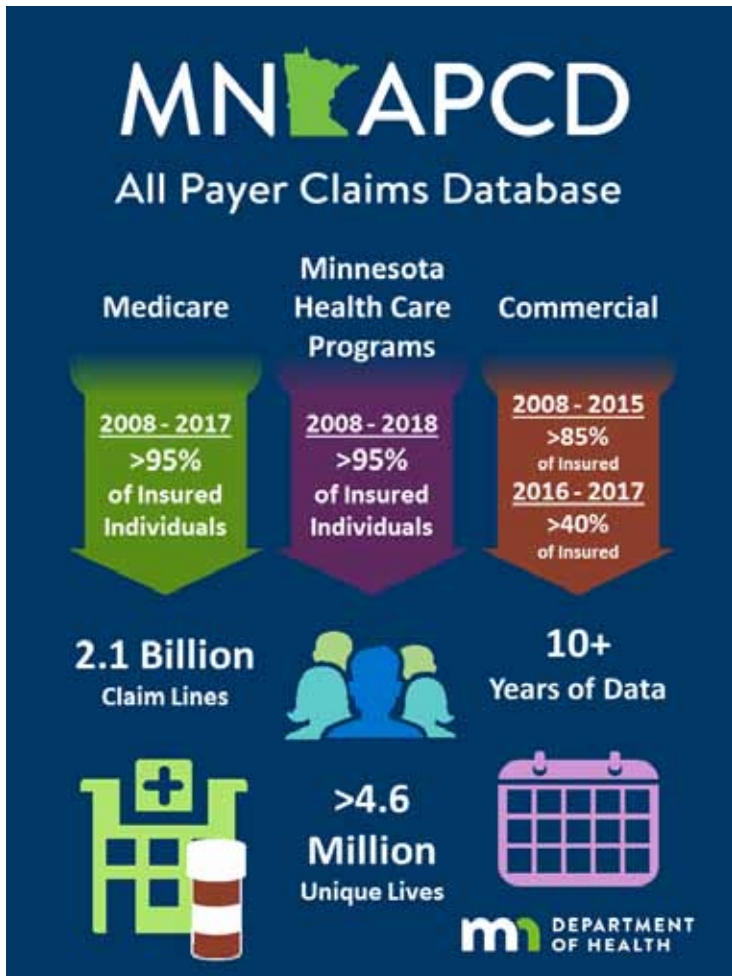
- In the 7-county Twin Cities metro area, HTN prevalence varies widely across short distances

Geographic Variation (2)



- 18 MN counties had 10,000 adults with hypertension
- 11 of these are in Greater MN (outside 7-county Mpls-St. Paul metro area)

MN APCD and Comparison with BRFSS



	Behavioral Risk Factor Surveillance System (BRFSS)	Minnesota All Payer Claims Database (MN APCD)
Source of HTN information	Self-report (awareness)	Dx and Rx codes (treated prevalence)
Source of study sample (population)	Sample of a small proportion of Minnesotans	Before 2016, over 90% of insured Minnesotans
Geographic granularity	State-level estimates	Can show data at county level and for most ZIP codes



Project 2: Blood Pressure Medication Adherence

Blood Pressure Medication Adherence

Disease Prevention and Management Indicators

Indicator	Date of Most Recent Measure	Current Measure
Optimal Vascular Care	2017	61.4%
Controlling High Blood Pressure	2017	78.2%
High Blood Pressure Prevalence	2017	24.3%
High Cholesterol Prevalence	2017	25.1%
Blood Pressure Medication Adherence	2015	ACE/ARB: 78.3% Diuretics: 72.7%

Use pharmacy claims data from MN APCD to calculate **Proportion of Days Covered (PDC)** as a measure of blood pressure medication adherence

- Adherence based on 80% threshold

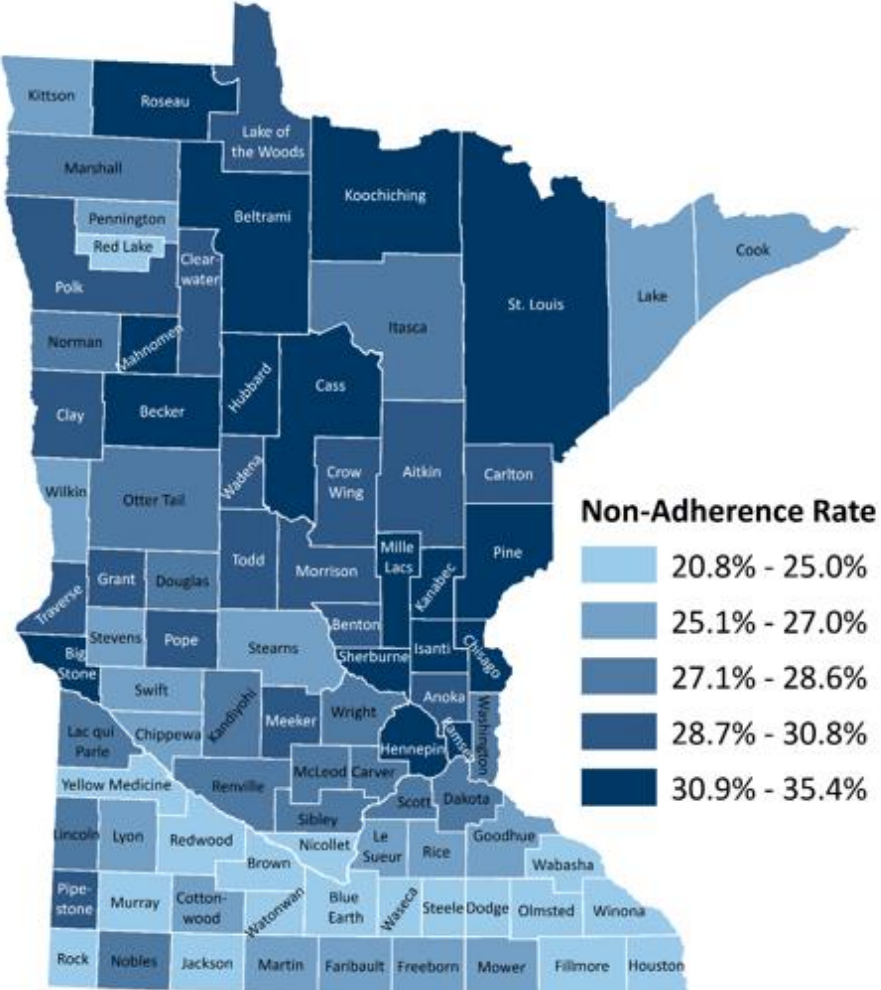
MDH Cardiovascular Health Indicator Dashboard

- Adherence

Forthcoming state report

- Non-adherence by age, sex, payer, geography

Forthcoming State Report



Age Group	Number Taking BP Meds	Percent Non-Adherent
All ages	849,258	29.2%
18-44 years	91,421	49.4%
45-64 years	356,381	27.6%
65-85 years	401,456	26.0%

Non-Adherence by Type of Insurance

Adults aged 18 to 85, 2015

Insurance Type	Percent Non-Adherent
Medicare	26%
Dual Eligible	37%
Medicaid	51%
Commercial	25%

MDH analysis of MN APCD data

Included Minnesotans with any months enrollment and 2 or more claims for blood pressure medication

- Proper adherence to blood pressure medication has positive impact on patient health
- Medication adherence can be measured from claims data
 - BUT...
 - It is only one measure
 - There are other important medication issues
 - Reasons for non-adherence include side effects
 - May indicate safety issues for patient

- The reports for Projects 1 and 2 include recommendations for:
 - Individuals
 - Health care providers
 - Pharmacists
 - Provide Medication Therapy Management services to patients experiencing adherence challenges, side effects, or those struggling to reach their blood pressure goal
 - Payers
 - Communities

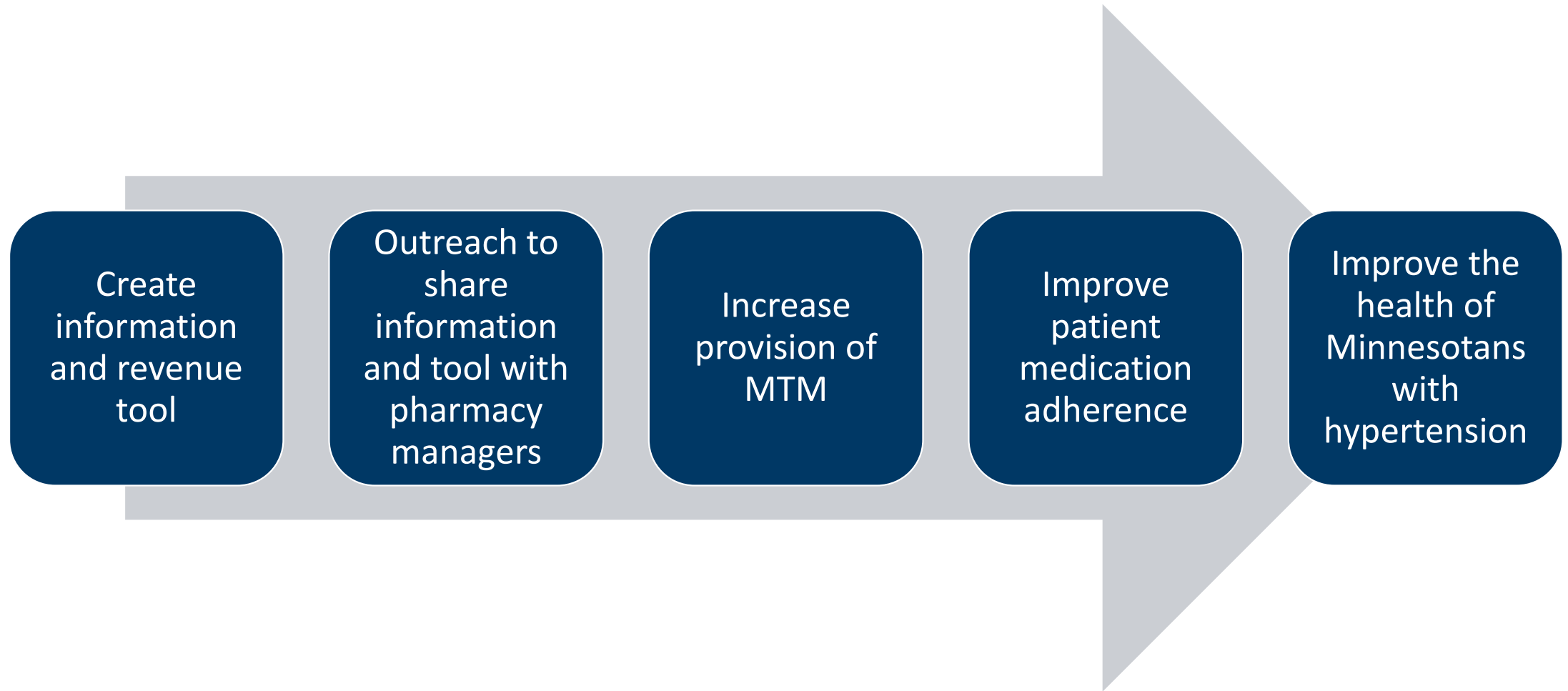


Project 3: Pharmacist-Provided Medication Therapy Management

Medication Therapy Management

- MTM visits with a pharmacist may improve hypertension medication adherence and reduce the number of emergency department visits, inpatient stays, and length of hospital stay
- Pharmacist-provided MTM is a covered benefit for Minnesotans with Medicare, Medicaid, and certain commercial health plans
 - Not all community pharmacies have been providing this service
- Outreach to pharmacy managers in Minnesota
 - Eligibility criteria for Minnesota Medicaid recipients have relaxed some and pharmacists may not know how large this group is

MTM and Public Health Goals for Minnesota



- Aggregate counts of eligible patients at ZIP code level and assign to PCSA and counties
 - Patient population (informed by Projects 1 and 2)
 - Minnesota Health Care Programs
 - Johns Hopkins ACG[®] System to identify hypertension cases in MN APCD
 - Minnesota Medicaid eligibility requires at least one other chronic condition
 - Non-adherent to blood pressure medication(s)
 - No previous MTM
 - Estimate revenues per MTM visit from claims for MHCP
 - Conservative estimate of patients who could benefit from MTM

Worksheet Shared with Pharmacy Manager of Pharmacy X

PCSA Code	PCSA City	Store Locations	MN Health Care Program Patients w/ HTN and no MTM	Percent of Patients targeted	1 visit only	Initial Visit Revenue (99605)	Average Added Time (99607)	Total 1 Visit Revenue	More than 1 visit	Initial Visit Revenue (99605)	Follow-up Visit Revenue (99606)	Average Added Time (99607)	Total Revenue	Total Hours of Billable Service	% Annual FTE
MN00_ADA	Ada	Ada	<30	100											
MN00_AITKIN	Aitkin	McGregor	585	100	269	\$ 13,988	\$ 5,901	\$ 19,889	316	\$16,432	\$ 28,762	\$ 19,188	\$104,159	619	30%
MN00_ALEXANDRIA	Alexandria	Alexandria, Osakis	866	100	398	\$ 20,696	\$ 8,731	\$ 29,427	468	\$24,336	\$ 42,596	\$ 28,417	\$154,202	917	44%
MN00_ANNANDALE	Annandale	Annandale	227	100	104	\$ 5,408	\$ 2,281	\$ 7,689	123	\$ 6,396	\$ 11,195	\$ 7,469	\$ 40,438	241	12%
MN00_AURORA	Aurora	Hoyt Lakes	133	100	61	\$ 3,172	\$ 1,338	\$ 4,510	72	\$ 3,744	\$ 6,553	\$ 4,372	\$ 23,689	141	7%
MN00_BAGLEY	Bagley	Bagley, Clearbrook	166	100	76	\$ 3,952	\$ 1,667	\$ 5,619	90	\$ 4,680	\$ 8,192	\$ 5,465	\$ 29,575	176	8%
MN00_BEMIDJI	Bemidji	Bemidji	719	100	331	\$ 17,212	\$ 7,261	\$ 24,473	388	\$20,176	\$ 35,315	\$ 23,559	\$127,996	760	37%
MN00_BENSON	Benson	Morris	243	100	112	\$ 5,824	\$ 2,457	\$ 8,281	131	\$ 6,812	\$ 11,923	\$ 7,954	\$ 43,251	257	12%
MN00_CROOKSTON	Crookston	Crookston, Fertile, Red Lake Falls	223	100	103	\$ 5,356	\$ 2,259	\$ 7,615	120	\$ 6,240	\$ 10,922	\$ 7,286	\$ 39,679	235	11%
MN00_DETROIT LAKES	Detroit Lakes	Detroit Lakes	630	100	290	\$ 15,080	\$ 6,361	\$ 21,441	340	\$17,680	\$ 30,946	\$ 20,645	\$112,154	666	32%
ND02_FARGO	Fargo ND	Mahnomen	307	100	141	\$ 7,332	\$ 3,093	\$ 10,425	166	\$ 8,632	\$ 15,109	\$ 10,080	\$ 54,670	325	16%
MN00_FERGUS FALLS	Fergus Falls	Fergus Falls, Fergus Falls	482	100	222	\$ 11,544	\$ 4,870	\$ 16,414	260	\$13,520	\$ 23,665	\$ 15,787	\$ 85,799	510	25%
MN00_FOREST LAKE	Forest Lake	Forest Lake	638	100	293	\$ 15,236	\$ 6,427	\$ 21,663	345	\$17,940	\$ 31,401	\$ 20,948	\$113,616	676	32%
MN00_GRAND RAPIDS	Grand Rapids	Grand Rapids	666	100	306	\$ 15,912	\$ 6,712	\$ 22,624	360	\$18,720	\$ 32,766	\$ 21,859	\$118,595	705	34%
MN00_GRANITE FALLS	Granite Falls	Granite Falls	97	100	45	\$ 2,340	\$ 987	\$ 3,327	52	\$ 2,704	\$ 4,733	\$ 3,157	\$ 17,249	102	5%
MN00_HIBBING	Hibbing	Hibbing	782	100	360	\$ 18,720	\$ 7,897	\$ 26,617	422	\$21,944	\$ 38,410	\$ 25,624	\$139,211	827	40%
		Hincklev.													

MDH analysis of MN APCD data

- Projects 1 and 2 describe hypertension prevalence and medication adherence in Minnesota
 - Report that summarizes findings and action items
 - Supplement provides data at county and ZIP code levels
- Project 3 applies and translates the data to share with pharmacists and promote MTM

Thank You

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

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