



CENTER FOR IMPROVING
VALUE IN HEALTH CARE



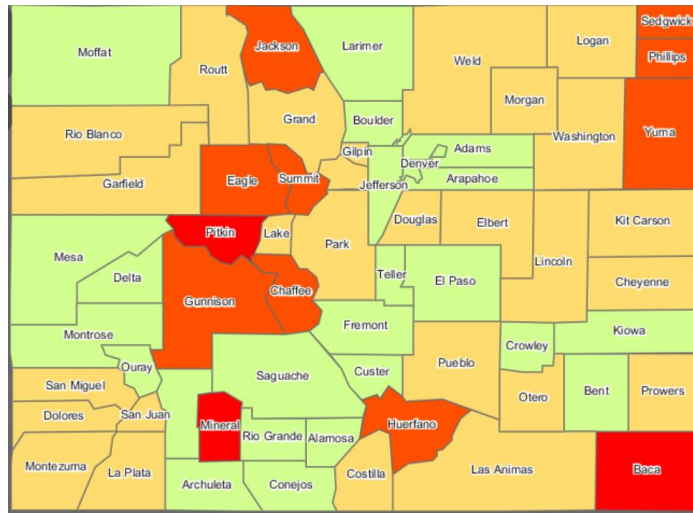
The Colorado APCD: Creating Transparency and Value for Colorado Stakeholders

**Dave Abernethy
October 29, 2015**

Who is CIVHC?

- Independent, non-profit, non-partisan
- Recommendation of Colorado's Blue Ribbon Commission on Health Care Reform (2008)
- Goals: Achieve Triple Aim + 1 for Colorado
 - Better health, better care, lower costs, and
 - Greater transparency and access to data
- Areas of Focus
 - All Payer Claims Database
 - Payment Reform
 - Delivery System Redesign

The Colorado All Payer Claims Database (APCD)



- Established by legislation in 2010
- CIVHC named Administrator by CO Department of HCPF
- Contains Claims from Medicare, Medicaid and Commercial plans
- Public reporting available on www.comedprice.org
- Custom reports and datasets too
- Sustainability model relies on revenues and foundation and research grants



Positive Impact of CO APCD

- More than 42,000 visitors to www.comedprice.org
- Over 50 articles/publications have referenced or used CO APCD data
- Communities, hospitals, health systems, health plans, physician groups, researchers and non-profits using the data to track trends and identify opportunities
- CIVHC has satisfied more than 40 requests for custom reports and analytic data sets through a HIPAA compliant data release process



Public Website

- www.comedprice.org
- Interactive Reports – Map and Tabular Views
 - Variation in Utilization and Spending
 - Compared to Expected Values – reflects risk adjustment
 - IP, OP, ER, Professional, Ancillary, Rx and % Generic
 - Readmissions – per 1,000 population, by admission type/service line and potentially preventable
 - Illness Burden, Provider Density
 - Prevalence of and costs to treat Chronic Diseases
 - Stratified by age group and gender
 - Geographic groupings by county, 3-digit zip and Health Statistics Regions (HSR)
- All Reports and Data are Available for Download

Colorado All Payer Claims Database

ADMINISTERED BY
CIVHC

Home

Maps

Reports

Resources

About
CIVHC

POWERED BY
TREO SOLUTIONS

Filter the Claims Data:

Select criteria below to filter the data from the APCD.

Type of healthcare metric:

Total Cost of Care (TCC)

What's this?

Type of payer data:

Private Insurer Only

What's this?

Show data for:

2009 2010 2011 2012

View by:

County

What's this?

Show metric as:

Actual value

% change from previous year

Display Results:

Select how you would like the results displayed.

Map | Data Sheet

Click on up to three counties on the Map below, for detailed reporting.

Export

Counties selected for reports:

Jefferson

Denver

Eagle

Create Report

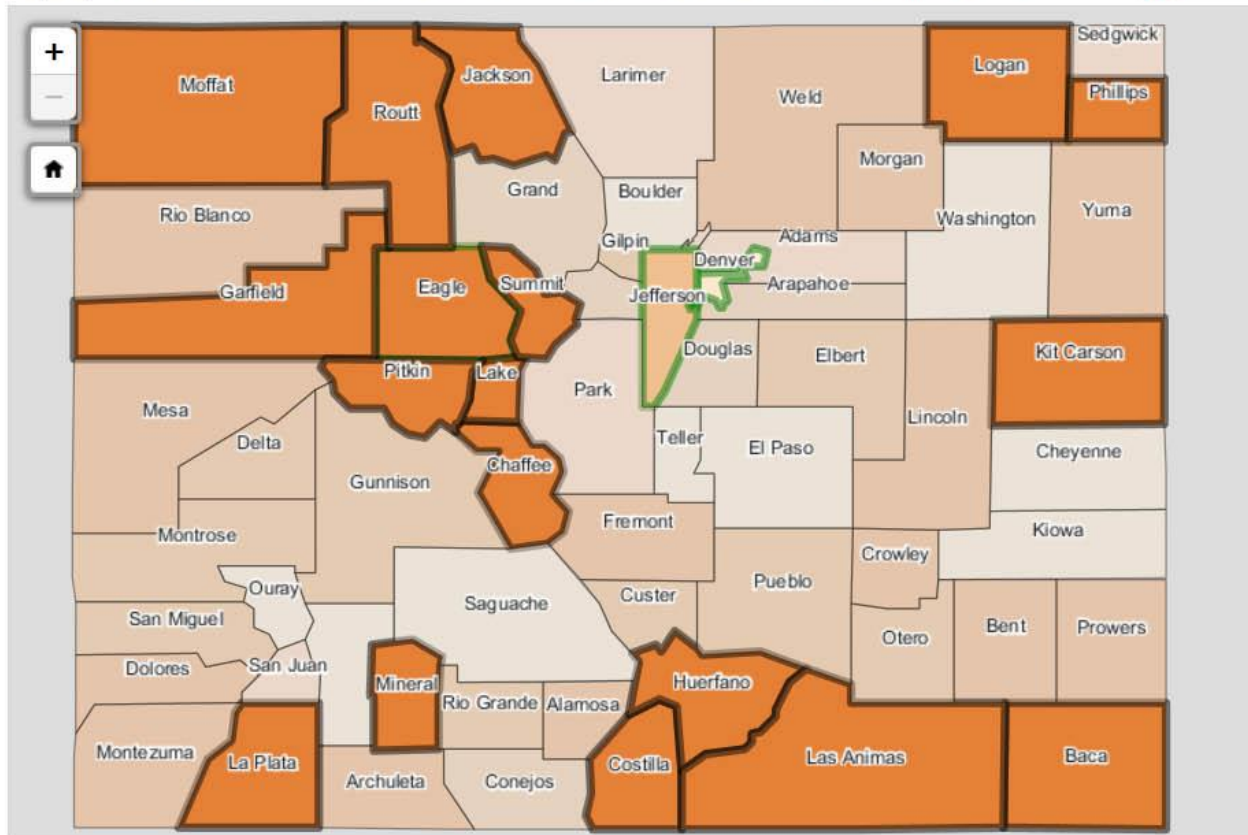
Help

- [Compared to Expected \(C2E\)](#)
- [Completeness Score \(C-score\)](#)
- [County Index](#)
- [Private Insurer](#)
- [Total Cost of Care \(TCC\)](#)

Legend

Total Cost of Care
Dollars Per Member Per Year

- Less than \$2,400
- \$2,400 to \$2,600
- \$2,600 to \$2,800
- \$2,800 to \$3,000
- \$3,000 to \$3,500
- Greater than \$3,500



Data For Consumers

- Comparative price/cost and quality information on a *named provider basis*
 - Help consumers make better informed care decisions
 - Better manage high deductible plans and MSAs
 - Encourage a transparent/accountable health care system
- Price/Cost and Quality Measures
 - Total median paid amounts – real people wanted one number
 - Publicly available quality indicators
 - Need clinical data and outcomes measures too
- Content:
 - Started with four Inpatient procedures – births and total joints
 - Adding:
 - Nine Outpatient procedures
 - Mild and Moderate complexity ER visits
 - 15 to 20 Imaging procedures
 - Physician office visits – five types





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2012 Facility Claim Paid Amounts

MS-DRG 470 - Major Joint Replacement or Reattachment of Lower Extreimity w/o MCC

Facility	Median	Range (1st & 3rd quartile)
Facility A	\$ 53,900	\$54,000 - \$62,000
Facility B	\$ 50,100	\$50,000 - \$58,000
Facility C	\$ 37,100	\$37,000 - \$39,000
Facility D	\$ 35,000	\$35,000 - \$37,000
Facility E	\$ 33,300	\$33,000 - \$35,000
Facility F	\$ 33,200	\$33,000 - \$48,000
Facility G	\$ 32,800	\$33,000 - \$35,000
Facility H	\$ 31,900	\$32,000 - \$45,000
Facility I	\$ 31,200	\$31,000 - \$33,000
Facility J	\$ 30,600	\$31,000 - \$33,000
Facility K	\$ 30,500	\$31,000 - \$32,000
Facility L	\$ 30,200	\$30,000 - \$31,000
Facility M	\$ 29,400	\$29,000 - \$29,000
Facility N	\$ 29,200	\$29,000 - \$33,000
Facility O	\$ 27,900	\$28,000 - \$32,000
Facility P	\$ 27,400	\$27,000 - \$35,000
Facility Q	\$ 27,400	\$27,000 - \$28,000
Facility R	\$ 24,100	\$24,000 - \$28,000
Facility S	\$ 22,200	\$22,000 - \$28,000
Facility T	\$ 22,000	\$22,000 - \$22,000
Facility U	\$ 21,400	\$21,000 - \$22,000
Facility V	\$ 18,000	\$18,000 - \$23,000
Facility W	\$ 17,900	\$18,000 - \$22,000
Facility X	\$ 15,100	\$15,000 - \$22,000

Public Website Updates

- September 2015
 - Addition of Medicare FFS as a separate category
 - 2013 claims data on utilization/cost side of site
 - Observation stay utilization rates – population level
 - Compared-to-expected rates for specific payer categories (Commercial, Medicaid, Medicare FFS)
 - Additional chronic disease measures – prevalence and costs
 - New preventive care quality indicators – population based
- Anticipated Early 2016 Release
 - Complete 2014 claims data
 - Update existing hospital specific information for IP procedures
 - Add ambulatory surgery, endoscopy and imaging centers
 - Add OP and imaging procedures with comparative price and quality data on a named facility basis
 - 60-day preview period, expected to start January 2016

APCD Data Release Process

- **Custom Report or De-Identified Data Set**
 - Focused on specific medical procedures, conditions or sub-populations of interest to various stakeholders
- **Limited Data Set**
 - May include 5-digit zip code or date of birth/service detail
 - Facilitate detailed analysis by geography or based on date information (e.g., Length of Stay, Intensity of Resource Use)
- **Patient Identifiable Information**
 - APCD claims information linked at the patient-level with clinical outcomes data from EHR/HIE
 - Facilitate detailed cost, quality and outcomes research



Potentially Transformative Uses

- Payment Reform
 - Episode of Care Analytics to Support Bundled Payments or Reference Pricing
 - Analysis of Specialty Care Referral Patterns and Cost/Quality Implications
- Delivery System Redesign
 - Palliative Care:
 - CO APCD data being used to estimate ROI
 - Encourage greater use of and reimbursement for PC
 - Care Transitions: Healthy Transitions Colorado
 - Share knowledge of and across similar initiatives
 - Reduce readmits, ER/ED, Observation stays, Costs



The Total Cost of Care Project

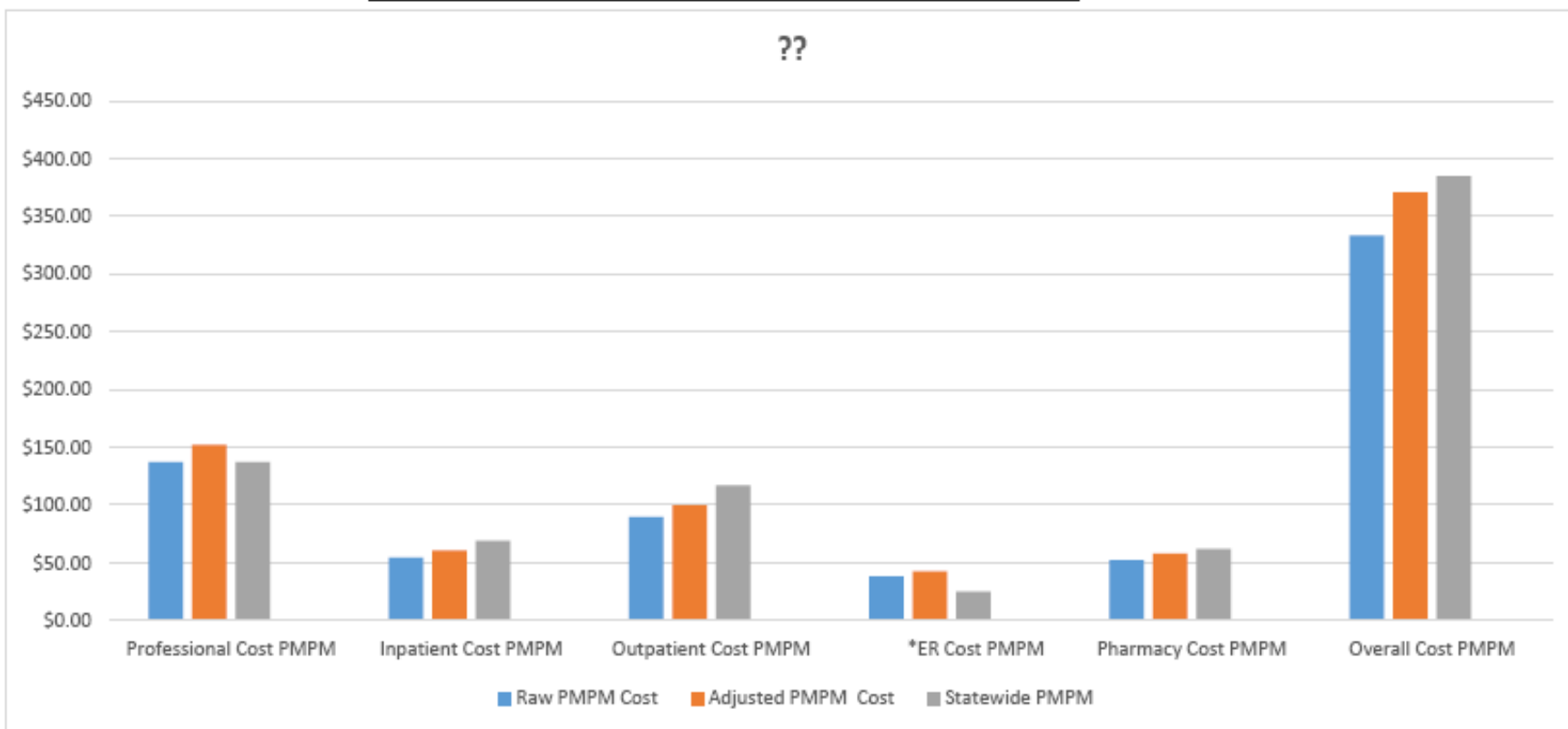
- Led by NRHI, Funded by RWJF
- Participants: Colorado, Maine, Minnesota, MHI (St, Louis), Oregon
- Purpose:
 - Implement an NQF-endorsed, Health Partners TCoC and RU measure set across multiple regions
 - Identify drivers of regional healthcare costs and develop strategies to reduce spending at the community level
 - Report results on an attributed patient and risk adjusted basis
 - **Develop Benchmarks – to facilitate meaningful comparisons**
- For the first time, PCP groups have comparative TCoC and RU information that allows a better understanding of relative performance

Physician Group Name:

Summary by Service Category

Summary by Service Category	PCP Group		Colorado	PCP Group		
	Raw PMPM Cost	Adjusted PMPM Cost	Statewide PMPM Cost	TCI =	Price Index	x RUI
Professional Cost PMPM	\$137.19	\$152.43	\$137.19	1.11	1.11	1.00
Inpatient Cost PMPM	\$54.65	\$60.72	\$68.99	0.88	0.73	1.20
Outpatient Cost PMPM	\$89.56	\$99.51	\$116.95	0.85	1.04	0.82
*ER Cost PMPM	\$38.25	\$42.50	\$24.96	1.70	2.00	0.85
Pharmacy Cost PMPM	\$52.11	\$57.90	\$61.85	0.94	0.80	1.17
Overall Cost PMPM	<u>\$333.51</u>	<u>\$370.57</u>	<u>\$384.98</u>	<u>0.96</u>	<u>0.93</u>	<u>1.04</u>

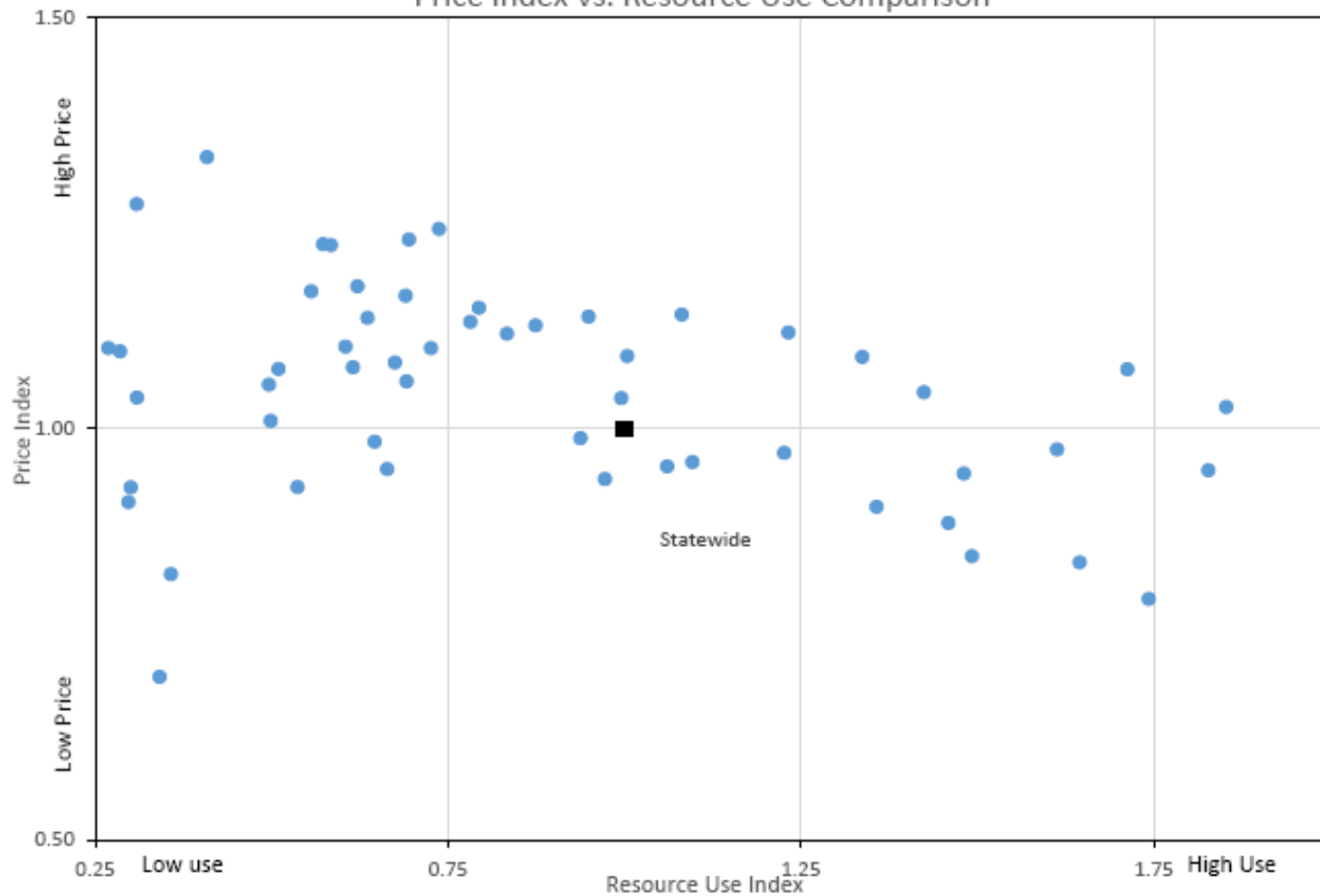
	Physician Group	Statewide
% Female	53	57
% Under 18	18	25
Attributed Members	1754	100,164
Risk Score	0.90	1.00



*ER is a subset of Outpatient.



Price Index vs. Resource Use Comparison



Definitions

Average Risk Score:	a weighted average of all enrollees' individual risk scores which is based on the demographics and disease burden of the population.
TCI (Total Cost Index):	a risk-adjusted measure of the cost effectiveness of managing patient health care relative to the Colorado average and reflects both the volume and price of services provided.
Price Index:	a risk-adjusted measure of the price component of managing patient health care and is affected by fee schedules, referral patterns and site of service.
RUI (Resource Use Index):	a risk-adjusted measure of the volume of health care services used to manage patient health care relative to the Colorado average.
Raw Per Member Per Month (PMPM):	the total amount paid, by both the health plan and the patient (for all attributed patients) divided by the total number of member months.
Adjusted PMPM:	the Raw PMPM amount risk adjusted based on the Johns Hopkins ACG System. This facilitates comparisons to other PCP groups by taking into account differences in disease patterns, age and gender.



TCoC Phase II

- Two additional participants: Utah and Maryland
- Features of phase II:
 - Build out reports to include additional detail and more actionable information
 - Perform trending analysis of results for 2012 – 2014
 - Assess impact of alternative risk adjustment and attribution methodologies
 - Explore application of measure set to Medicare and Medicaid
 - Continue physician outreach and engagement activities
 - Additional focus on employer engagement
 - Identify options for sustainability

Additional Report Detail

- Overview Page
 - Patient panel demographics
 - Incidence of Chronic Disease
- Professional Services:
 - By Service Line/Category
 - Primary vs. Specialty Care distribution
 - Top Categories/Service Lines
 - Preventive Care and Screening Measure rates
- ER/ED
 - Rates per 1,000
 - Potentially preventable visits

Additional Report Detail

- Outpatient Services
 - Service Category, e.g., surgery, ER/ED, radiology, pathology, behavioral health, etc.
 - Rates per 1,000 by Clinical Classifications (CCS)
 - Radiology – MRI, CT, X-ray, PET, diagnostic and therapeutic categories
- Inpatient Services
 - Service Category, e.g., surgery, medical, maternity, mental health, etc.
 - Admission rates, patient days/LOS
 - Ambulatory Sensitive Conditions
 - Top DRGs – surgery, non-surgical, maternity, etc.



Challenges

- Data Acquisition and Restrictions on Use/Reuse
 - Self-funded plans – ERISA, ASOs and TPAs
 - Medicare FFS – CMS
- Privacy and Security, HIPAA and HITECH compliance
- FTC/DOJ Anti-Trust Safety Zone Guidelines
- Data Submission Quality and Completeness Issues
- Data Processing and Aggregation Challenges
 - Master Provider List
 - Master Patient Index
 - Comprehensive “Event” Prices



Some Closing Thoughts:

- Healthcare costs are crushing our national economy
- Cannot begin to understand/fix what isn't measured
- Like politics, healthcare is local
 - RHICs, APCDs and similar groups are doing great and innovative work in their respective states, regions, etc.
 - ***Success (meaningful change) requires leveraging stakeholder trust relationships built over years!!!***
- Meaningful/comparable benchmarks are difficult
 - May be possible/more useful in some cases...
 - Understanding of relative performance can be a powerful motivator



Contact Information

- Dave Abernethy, Vice President, Analytics & Data Operations, dabernethy@civhc.org
- Join our APCD email list (www.cohealthdata.org home page)
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