Colorado APCD Overview:
University of California - Davis

June 16, 2021

David J. Dale, MHA
Agenda

• Brief APCD Introduction
• What Differentiates The CO APCD
• How We Work With Requestors
• Standard De-Identified Data Sets
• Concept of Multi-Use Case Data Set
• Supporting CO Employer Purchasing Alliances
All Payer Claims Database Overview

All Payer Claims Databases (APCDs) are large databases that typically include medical, dental, pharmacy claims collected from private and public payers.

Currently, 18 states have legislation enabling collection of health care claims data (www.apcdcouncil.org).

- The first was Maine, established in 2003
- Colorado APCD created in 2010 with HB-10-1330
- Center for Improving Value in Health Care (CIVHC)
- CIVHC appointed by HCPF to administer CO APCD
National APCDs

All-Payer Claims Databases (APCDs)
Collecting Health Care Data

All Payer Claims Databases (APCDs)
As of January 2018

Source: www.apcdcouncil.org

The publication was made possible by grant number UD3OA22893 from the Health Resources and Services Administration. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the HRSA.
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.
High Level CO APCD Introduction

• Data warehouse - claims data from 2013 to present
• Commercial, Medicaid, MA, Medicare FFS claims
  • 100% of fully insured Coloradans; an estimated 65% of self-funded lives
  • Representing 4.5 million unique lives across Colorado
• Pharmacy, medical, and dental claims data
• Current refresh includes paid to dates 2/28/21
  • Monthly data submissions and data warehouse updates every other month. Next update July 2021
High Level CO APCD Introduction

A few key aspects to highlight relative to the CO APCD:

- Rigorous data intake and QC processes to ensure data uniformity and completeness across submitting payers
- Patient data that spans care settings (IP, OP, ASC, SNF, etc.)
- Captures longitudinal care information on individuals – including across plan types, product types, lines of business & geography
- Demographic, diagnostic, procedural, and reimbursement information for approximately 4.5 million unique lives
- Capabilities that enable evaluation of impact of socio-economic and racial factors on health equity
What Differentiates The CO APCD?

• Center For Improving Value in Health Care (CIVHC)
  • Independent, Objective, Non-Profit

• Structure of CIVHC & CO APCD allow for significantly greater flexibility

• Custom analytics and custom data sets

• Proactive client engagement

• A focus on turning data into “actionable information”

• Sentiments from requestors working with APCDs
  • “The CO APCD team really listened and was flexible and creative in working with us to meet our project goals.”
  • “I felt I had a true partner working to advance the Triple Aim”
How We Serve

Public CO APCD Data
Identify opportunities for improvement in your community through interactive reports and publications

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

• Product types available for license include:
  • **Standard Reports**
    • Pre-defined set of data elements that provide insight to relevant market categories
  • **Custom Reports**
    • Static or interactive report containing data elements identified by the client and presented in an easy-to-use format
  • **Data Sets (custom or standard)**
    • Extract of data elements identified by the client that can be aggregated and analyzed by the requester
    • Comprehensive Data Element Dictionary (DED)
Types of CO APCD Data Sets

De-Identified Datasets

• No PHI
• Can be standard or custom
• 4 “standard” data sets – $13,000+ and short turnaround time

• Limited Datasets
  • Contains at least one element of PHI, no direct identifiers
  • Must go through additional review and approval

• Fully Identifiable Datasets
  • Contains one or more direct identifiers
  • Must go through additional review and approval
  • Must have IRB approval
Standard De-Identified Datasets

**Level 3:** Suitable for researchers without a monetary interest from a payer or provider perspective. *Can be paired with a finder file to identify a patient or study population.*

**Includes:** member and provider composites, member demographics, diagnoses and procedures, all costs (negotiated paid rates, member liability), out of network flag, pharmacy, and dental data; payer code, provider NPI, specialty, location, and more.
Recent Testimonials

“APCDs provide a critical source of information on health care use and costs, allowing analysis at the patient, provider or plan level. But accessing and working with this data can be challenging. Working with CIVHC to access the Colorado APCD was extremely easy and straightforward. The process was quick and they were collaborative and flexible and have provided great support. It has been a great experience.”

Dr. Jack Needleman
Chair, Department of Health Policy and Management
UCLA Fielding School of Public Health
March 2021
Multi-Use Case Data Set

• Initial Use Case and Data Set
  • Licensing Fee covers up to 3 use cases
  • Can be structured in ways that make sense to UC Davis

• Scheduled refreshes of data set
  • Annual refresh; other options available
  • Delivery of updated file after each refresh

• New Use Cases As They Come Up
  • Establish protocols and additional licensing fees
  • Data Set Stored on UC Davis Servers

*Sample parameters for discussion
Multi-Use Case Data Set

• Easy access to a clean, credible, comprehensive, and actionable claims data set.

• Ability to quickly address wide ranging and diverse research questions
  • Stream-lined process to submit new use cases for CIVHC compliance review
  • Estimated turnaround for new use case approval is within 2 weeks

• Discounted licensing fee structure and significant savings opportunity includes:
  • Up to 3 hours of support from CIVHC analysts per use case

• Enhanced usability and familiarity with data over time

*Sample parameters for discussion
Framework & Process For Releasing Data

- HIPAA / HI-TECH
- Anti-trust Guidelines
- Benefit to Coloradans
- Advance the Triple Aim
  - Lowering costs, improving quality, improving population health

High Level CO APCD Application Process:

- Defining project scope on CO APCD Application
- Identify specific research questions
- Delineate specific data elements being requested (i.e. our DED)
- Internal analyst team and compliance review
- Approval, document signature, production (~ 45 days)
Supporting Colorado Employer Purchasing Alliances

David J. Dale, MHS
CIVHC Health Data Solutions Consultant
CO Employer Led Purchasing Alliances

1. Peak Health Alliance
   • Summit county initially in 2020; now 7 rural counties in 2021

2. The Colorado Purchasing Alliance (TCPA)
   • State-wide initiative expected to launch 2021 along front range

3. Valley Health Alliance (VHA)
   • Coalition of 6 self insured employers in Roaring Fork Valley
   • Different approach – primary care physicians & pop health

CIVHC support for the alliances includes:
• Reference based price analysis (Rand 2.0 data)
• Comprehensive CO APCD data sets for cost analyses
• Custom analytics from CIVHC
Employer/Standard Reports Available

Available for employers with sufficient claims volume, for counties, and for multi-employer purchasing groups.

• Percent of Medicare – (Rand 2.0 and updated with 2018 data)
• Potentially Avoidable ED Visits – (NYU algorithm)
• Top 5 Procedure Cost Analysis – (Prometheus episode grouper)
• Low Value Care – (Milliman software)
• Top 5 Chronic Conditions Cost Analysis – (Prometheus episode grouper)
• Cost Driver Analysis
• Pharmacy Cost Analysis
## Custom OP Procedure Pro Forma Cost Analysis Report (Sample Data)

<table>
<thead>
<tr>
<th>Surgical Category</th>
<th>Hospital Based</th>
<th>Free Standing Facility</th>
<th>Potential Total Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Claims</td>
<td>Average Cost</td>
<td>Claims</td>
</tr>
<tr>
<td>Endoscopy Procedures on the Esophagus</td>
<td>2,511</td>
<td>$1,765</td>
<td>9,699</td>
</tr>
<tr>
<td>Endoscopy/Arthroscopy Procedures on the Musculoskeletal System</td>
<td>732</td>
<td>$4,562</td>
<td>8,249</td>
</tr>
<tr>
<td>Endoscopy Procedures on the Rectum</td>
<td>3,304</td>
<td>$1,344</td>
<td>26,270</td>
</tr>
<tr>
<td>Laparoscopic Procedures on the Appendix</td>
<td>407</td>
<td>$5,509</td>
<td>35</td>
</tr>
<tr>
<td>Laparoscopic Procedures on the Biliary Tract</td>
<td>465</td>
<td>$6013</td>
<td>480</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10,279</td>
<td>$3.4 M</td>
<td>49,385</td>
</tr>
</tbody>
</table>

Sample Data Only: Representative of actual findings, but modified for presentation purposes.
Thank you!

Questions?

David J. Dale, MHA
Health Data Solutions Consultant
ddale@civhc.org