CIVHC: Developing an APCD, Consumer Engagement and Payment Reform

New York State Health Foundation
Leveraging Big Data to Create a Value-based Health System

March 3, 2015

Ana English, President and CEO, CIVHC
So... how do we collectively make the best use of it to make positive health care changes?

By Making it Accessible!
(As long as it is appropriate, efficient, value-added, and within privacy/security guidelines)
Who We Are

- Non-profit, non-partisan organization
- Founded out of recommendation from Blue Ribbon Commission on Healthcare Reform and Governor’s office
- Triple Aim Mission:
What We Do

We help Colorado:

Drive

Deliver

Buy

Value in Health Care
How We Do It

DATA
• We administer the Colorado All Payer Claims Database, the state’s most comprehensive source of health care cost, quality and utilization claims data.

CONSULTING
• We unlock information and insights that guide how health care gets delivered, used and paid for.

CONNECTING
• We bring together organizations and individuals who share our cause, to design and drive collective change.
Who We Do It For

Stakeholders Across the Spectrum of Care

- Health Care Providers & Facilities
- Businesses / Employers
- Health Care Advocacy Orgs
- Researchers
- Policy Makers & Government Agencies
- Consumers
- Health Insurers

Consumers

Policy Makers & Government Agencies

Researchers

Health Care Providers & Facilities

Businesses / Employers

Health Care Advocacy Orgs
Our Values

CIVHC STRATEGY

TRUSTED & OBJECTIVE

We exist to serve the needs of all our stakeholders, not one or more interest groups. Our work is unbiased, objective and trustworthy.

VALUE ORIENTED

Everything we do is meaningful, actionable, and identifies real opportunities to make positive change.

TRIPLE AIM DRIVEN

All of our work is grounded in our mission to improve care, improve health, and lower costs. We continually seek innovative opportunities to collectively achieve the Triple Aim.

CREDIBLE & COMPREHENSIVE

Our data and analytics are valid, accurate and the most comprehensive available. We continually explore opportunities to expand our data and its availability.

STAKEHOLDER FOCUSED

Everything we do is focused on meeting customer needs and improving health and health care. We strive to provide the best service and experience possible.

Strong, Profitable and Sustainable Business
Keys to Success

Effecting Change through Triple Aim Related Programs

Data and Analytics
Identifying Opportunities to Effect Change in Health Care

Sustainable Business Model
Increasing awareness and value through growing use of data and analytics

Health Care Delivery

Public Awareness: Increasing Health Care Transparency

Payment Reform

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Colorado APCD Data & Covered Lives

- Medicaid
- Medicare & Medicare Advantage
- *20 Largest Commercial Payers

330 Million Medical & Pharmacy Claims
3.5 Million Unique Lives
65% of Insured Coloradans


*Commercial claims in the APCD do not currently include self-funded lines of business.

Updated January 2015
Colorado’s All Payer Claims Database

- State mandate, 2010 legislation
- CIVHC named administrator by State Medicaid agency (HCPF)
- Claims data collected from public/private payers
- First aggregated public reports published in Q4 2012
- No general state funds, currently grant funded, targeting sustainability by 2016
The CO APCD Journey...

- **2008**: Blue Ribbon Commission Report recommends APCD
- **Mid-2010**: APCD bill, CIVHC named administrator by HCPF
- **2010/2011**: Developed initial data submission rules with payers, advisory committee and policy makers
- **4/2012**: APCD receives claims from 8 payers; database build begins; website development begins
- **11/2012**: Launch of public APCD website; highly aggregated cost, utilization, interactive maps and reports
- **Today**: 5 years historical data in APCD representing 3 million covered lives; consumer price info launched 7/31; Non-public release of cost, utilization, & quality data/custom reports/analytics to stakeholders
- **Future**: Continue to enhance data onboarding and ability to provide public and custom data available for detailed analysis to support reaching Triple Aim: better health, better quality, lower cost
APCD Oversight and Governance

- Colorado Governor/Legislature
- Appointed APCD Advisory Committee (SB 149)
- CIVHC Board of Directors
- APCD Administrator (Operations and Funding)
- Data and Transparency Committee
- Data Release Review Committee
- Colorado Department of Health Care Policy and Financing
Stakeholder Engagement and Governance

• “No surprises” approach to get buy-in/input from stakeholders early and often
• APCD Advisory Committee:
  – Legislative mandate
  – Broad representation
• Data and Transparency Advisory Committee
• Data Release Review Committee
• Stakeholder Groups:
  – CO Hospital Association and Ambulatory Surgery Center Association
  – CO Medical Society, Local Medical and Specialty Societies, Nurses, Community Health Centers
  – Consumer Groups, Policy Shops, etc.
  – State Government Agencies
Public and Custom Data Available

- Public Website: [www.comedprice.org](http://www.comedprice.org)
  - Aggregated county/state-level data
    - Of interest to policymakers, researchers, communities, etc.
  - Facility specific price/quality info
    - Of interest to consumers, employer purchasers, payers, providers

- Non-public datasets and custom reports
  - Of interest to providers, purchasers, researchers, policymakers, health plans, state agencies, non-profit stakeholders, etc.
Release of Custom APCD Data

Non Public Data Release Request Criteria

• Request must be consistent with the statutory purpose of the APCD
• Request must come from a state entity or organization and support Triple Aim for Colorado
  - Written request must detail purpose, methodology and qualifications of the entity
• Must execute a data use agreement to comply with HIPAA requirements

For a limited or fully identifiable data request:

• An extensive application must be completed
• The Data Release Review Committee (DRRC) must review and advise on request
APCD Privacy, Security & Anti-trust

• Privacy
  – Data release processes driven by HIPAA Privacy and Security rules

• Security
  – Encrypted, role-based, and limited access

• FTC/DOJ Guidelines
  – Statements of Antitrust Enforcement Policy in Health Care, Statement 6
Data Issues/Challenges

• Self-funded data *Coming soon!*
• Medicare restrictions
• Hospital/Provider concerns
• National competition
• Assessing the health care system needs to be more than just claims but it is a great start
• Claims data can be messy
• Lag time in collecting/processing
CIVHC is considered the “model” for other states to follow

- Quasi Public-Private organization
- Strong Governance Model
- Stakeholder Transparency focus – versus solely for internal state use.
- Public and Non-Public Use
- Sustainability Model
- Focus on Accessibility
- Expanding data set and uses
- Overarching requirement – Must benefit Coloradoans
How the APCD Supports Consumer Engagement
Find Prices for Medical Services

Search for comprehensive prices for select hospital-based services.

Step 1: Service
Step 2: Location
Step 3: Insurance

Find Costs and Utilization by Geography

Search for health care costs and utilization of services by county and ZIP Code.

Choose one of the most viewed selections.

- Total Cost of Care (TCC)
- TCC Compared to Expected (C2E)
- Percent Generic Scripts
- 30 Day All Cause Readmissions (per population)
- ER Visits
- Diabetes Prevalence
- Asthma Prevalence
- Illness Burden

View all Maps or Reports

www.comedprice.org
What’s Different About comedprice.org?

- Prices based on *actual payments*, not charges
- Prices include payments for the entire health care service (hospital, physician, lab, etc.)
- Prices represent median amounts paid by 20 private health insurance payers & Medicaid
For all facilities displayed, including Good Samaritan and St. Joseph Hospital, prices reflect median payments made by health plans and patients. These payments include facility, physician and ancillary payments. Prices reflect 2012 data available on www.comedprice.org.
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## Future Plans – Consumer Site

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Facility/Provider Types</th>
<th>Health Care Services (Prices by name facility)</th>
<th>Payers</th>
<th>Year Represented</th>
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<tbody>
<tr>
<td><strong>Planned for 2015</strong></td>
<td>• Ambulatory Surgery Centers</td>
<td>• Emergency Room Visits • Knee Arthroscopy • Breast Biopsy • Skin Lesion Removal • Gall Bladder Removal • Hernia Repair • Kidney Stone Removal • Tonsillectomy • Colonoscopy</td>
<td>• Additional display of Medicare prices</td>
<td>• 2013</td>
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<td></td>
<td>• Endoscopy Centers</td>
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<tr>
<td><strong>Planned for 2016</strong></td>
<td>• Imaging Centers</td>
<td>• Imaging Services (CT Scans, MRIs, Ultrasounds, X-Rays) • Annual preventive visits • Various types of primary care visits including new patient and mild to moderate complexity exams</td>
<td>• Self-funded claims added</td>
<td>• 2014</td>
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<td>• Physician Groups</td>
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Consumer Transparency – Next Steps

• Additional round of Consumer Focus Groups/Feedback to begin in Q1 2015
• Outreach to employers, physician groups and other organizations to promote website and make available through their digital sites
• Work with digital development orgs to create apps (e.g. ER visit prices combined with wait times and driving directions) or other tools and resources
Uses of Custom APCD Data

- Site: www.comedpriceshowcase.org
HCPF Scholarship Fund

• $500,000 in funding available
• Eligible organizations:
  – Non-profits & research organizations with annual revenues of less than $5 million/year
  – State agencies
• Funding available through June 2015, expected continuation in FY16.
• 13 projects have been awarded as of February 2015.
Using the APCD to Support New Payment Models
Why Payment Reform?

• Impetus for new payment models:
  – Wide price variation
  – Wide variation in quality/outcomes

• Price & Quality Transparency:
  – Employers Frustrated!!
  – National Center of Excellence Model: Wal Mart, Lowes
    • Sending employees across country for hearts, spines, joints, organ transplants.
  – Employers will/are driving change nationally and in Colorado
    • CIVHC developing reports to show employers price variation in their markets so they may design benefits to encourage employees to choose high value providers.
CIVHC Payment Reform Goals

• CIVHC is dedicated to helping move providers toward bundled payments and global/prospective payments.
• Want to bring about lasting changes in the delivery system that allow providers to provide the care in a patient centric manner.
• Patient Centered Medical Homes (PCMH) and initiatives like Comprehensive Primary Care Initiative (CPCI) are steps along the way but not the end solution.
Updated version at
http://www.civhc.org/Resources/PaymentReform/CIVHC-Resources.aspx/
How CIVHC Can Help

• Actionable data is first step toward care redesign
• Need comparative risk adjusted data sets
• Isolate group practice and measure total cost of care against region
• Data can show cost variation and isolate higher costs of care by service line
• Base knowledge is total cost of care PMPM
• Examples of some reports
Contact Information

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Stay Connected!

• Join our email list (from the www.comedprice.org or www.civhc.org home page)
• Follow CIVHC on social media:
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  Facebook.com/CIVHC
  LinkedIn (linkedin.com/company/2096991)