The CO All Payer Claims Database (APCD): Claims Data to Inform HIV and Hepatitis Analysis and Policy

NASTAD Data Integration Conference
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Who is CIVHC?

• Independent, non-profit, non-partisan
• Founded based on Recommendation of Blue Ribbon Commission on Healthcare Reform
• Administrator of the CO All Payer Claims Database (APCD)
• Triple Aim Mission:
What We Do

MISSION:
To cultivate and advance strategic initiatives that improve the health of Coloradans, contain costs, and ensure maximum value for health care received.
## Colorado APCD History

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>2008</td>
<td>• Recommendation of Colorado Blue Ribbon Commission for Health Care Reform</td>
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<td>2010</td>
<td>• Colorado Statute Creates multi-Stakeholder APCD Advisory Committee – NO GENERAL FUND DOLLARS</td>
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<td>2011</td>
<td>• APCD Rule Promulgated by CO Department of Health Care Policy and Financing (HCPF)</td>
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<td>2012</td>
<td>• Operations and Data Collection Begin</td>
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<td>Nov. 2012</td>
<td>• Public Reporting Website LIVE!</td>
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What is in the CO APCD Today?

Colorado APCD Data & Covered Lives

- Health First Colorado*
- Medicare & Medicare Advantage
- 21 Largest Commercial Payers**

510+ Million Medical & Pharmacy Claims
4.3 Million Unique Lives
80% of Insured Coloradans


*Colorado’s Medicaid Program
**Commercial claims in the CO APCD do not currently include all self-funded lines of business. Updated July 2016
CO APCD Public Reporting

- Available on [www.comedprice.org](http://www.comedprice.org)
- Interactive Reports – Map and Tabular Views
- Highlight Variation in:
  - Utilization and Spending/Cost
  - Quality – Preventive care and screening rates
  - Prevalence and cost of chronic disease
  - ER visits, Observation Stays, All-Cause Readmits, etc.
- Stratified by Age and Gender
- Grouped by County, Zip and Health Statistics Regions
- *We cannot understand what is not measured*
- *We cannot improve what we do not understand*
CO APCD Standard Reports

• Available by subscription thru www.comedprice.org

• Three Reports Developed:
  – Service Out-Migration Analysis
  – CPT4 Cost Analysis
  – Drug Cost Analysis
  – Cost estimates based on allowed amounts

• 25 additional reports are in development for release in spring/summer of 2017 – some chronic disease specific

• Extensive testing with external beta stakeholder partners to obtain feedback and support product refinement

• Goals are to:
  – Make information more widely available
  – Meet needs of stakeholders that lack analytic capability
• HIPAA-Compliant Data Release Process:
  – Custom Reports and de-Identified Data Sets
  – Limited Data Sets – may include dates specific to an individual and patient 5-digit zip
  – Patient Identifiable Data Sets
• CO APCD Rule Requires:
  – Written application describing purpose, methods, etc.
  – Review by Data Release Review Committee – DRRC
  – HIPAA-compliant Data Use Agreement
  – All requests for non-public release must:
    • Be consistent with APCD statutory purpose
    • Fully satisfy HIPAA, HITECH, FTC/DOJ Anti-Trust
    • Generate benefit for Colorado or Residents
Opportunity to expand treatment with less than 1% of Coloradans in analysis moving to the new curative treatment methods available (paid for by claims)
August 2016 - Convening of Stakeholders:

- American Liver Association
- Boulder County Public Health
- Center for Disease Analysis
- Colorado Association of Health Plans
- Colorado Department of Health Care Policy and Financing/Health First Colorado (CO Medicaid)
- Colorado Department of Public Health and the Environment
- Denver Colorado AIDS Project
- Denver Public Health
- Liver Health Connection
- Merck
- University of Colorado, Denver
CIVHC Partner Feature – Hepatitis C

• Stakeholder discussion to identify various perspectives on barriers to improved testing/screening and treatment
  ▪ Fundamental data are lacking on prevalence, testing, access to treatment and patient experience
  ▪ Education is necessary regarding the disease, who is at risk and availability of curative treatments
  ▪ Many patients don’t know they have the condition or that a potential cure exists
  ▪ Who are the at risk populations, how to ID and target?
  ▪ Resource limitations reduce the number of patients that can be treated, government interventions could help
• Completed literature review and stakeholder interviews
• Analysis based on CO APCD data will play a key role
• Goal: Provide an overview of Hepatitis C in Colorado that is as complete as possible:
  – Prevalence, testing/screening and treatment
  – By payer type, geography, age group, etc.
• Explore differences among key cohorts, e.g., baby boomers, IV drug users, behavioral health diagnoses, etc.
• Reflect the diverse perspectives of various stakeholders:
  – Public Health Department/Organizations
  – State Medicaid Agency
  – Consumer Advocacy Groups
Contact Information

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