

Connecticut's Healthcare Benchmark Initiative: Data Analytics Workgroup Meeting

November 15, 2023



Meeting Agenda

1. Welcome and Roll Call
2. Public Comment
3. Approval of the August 24th Meeting Minutes – Vote
4. Assessing the Representativeness of APCD Data
5. Wrap-up

Welcome and Roll Call

Welcome New Members!

- **Sarah Carr**, Office of the Healthcare Advocate (replacing Ted Doolittle)
- **Vijaya Gorty**, Director Solutions Management, Anthem/Carelon (replacing Alynne Mallory)
- **Katherine Villeda**, Policy Director, Health Equity Solutions (replacing Karen Siegel)

Public Comment

Vote: Approval of the August 24th Meeting Minutes

Assessing the Representativeness of the All-Payer Claims Database (APCD)

Background

- Performance against the Cost Growth Benchmark is assessed using aggregate data for all covered lives provided by insurers and public payers. However, these data do not allow for analysis of what is driving health care cost growth. For that, **OHS must use more granular (claims and/or encounter data) from the state's APCD.**
- The APCD does not include the commercial self-insured market (apart from the state employee health plan), which makes up over half the commercial market. **For this reason, hospitals have argued to OHS that the APCD data are not representative of commercial market spending.**

Analytic Approach (1 of 3)

- To assess whether the APCD is representative of the total commercial market, OHS performed an analysis to assess whether the inpatient hospital DRGs identified as representing a) the most discharges, and b) the most spending according to APCD data were the same as those identified through analysis of the hospital inpatient discharge database (HIDD).
 - The hospital inpatient discharge database contains *all* discharges, including discharges for patients with fully insured and self-insured commercial coverage.

Analytic Approach (2 of 3)

- OHS compared the top 10 DRGs in terms of total commercial discharges and the top 10 DRGs in terms of total commercial spending identified using APCD data to those identified using HIDD data.
- OHS performed the comparisons at the state level, as well as for two of the largest hospitals in the state: Hartford Hospital and Yale New Haven Hospital. The statewide-level results are being presented today.

Analytic Approach (3 of 3)

- The comparative analysis of discharge volume ranking is the best indicator of whether or not the data in the APCD provide an accurate representation total commercial market service mix.
- Analysis of spending compared *allowed amounts* (APCD) to *charges* (HIDD). Because the paid-to-charge ratio will vary by service and by payer, this analysis provides a somewhat less accurate indicator of the “fit” between the two data sources than comparison of discharge volume.

Highest Volume Services (Discharges): Statewide

DRG	Inpatient Service	Volume Rank (APCD)	Volume Rank (HIDD)
807	Vaginal Delivery without Sterilization or D&C w/o Major Complication	#1	#2
795	Normal Newborn	#2	#1
794	Neonate with Other Significant Problems	#3	#3
885	Psychoses	#4	#5
788	Cesarean Section without Sterilization w/o Major Complication	#5	#4
177	Respiratory Infections and Inflammations with Major Complication	#6	#6
897	Alcohol Drug Abuse or Dependence w/o Rehabilitation Therapy w/o Major Complication	#7	#16
806	Vaginal Delivery without Sterilization or D&C with Complication	#8	#8
871	Septicemia or Severe Sepsis w/o MV > 96 Hours with Major Complication	#9	#7
787	Cesarean Section without Sterilization w/ Complication	#10	#9

Highest Spend Services: Statewide

DRG	Inpatient Service	Spending Rank (APCD)	Spending Rank (HIDD)
177	Respiratory Infections and Inflammations with Major Complication	#1	#3
807	Vaginal Delivery without Sterilization or D&C w/o Major Complication	#2	#1
885	Psychoses	#3	#2
871	Septicemia or Severe Sepsis w/o MV > 96 Hours with Major Complication	#4	#4
790	Extreme Immaturity or Respiratory Distress Syndrome, Neonate	#5	#7
788	Cesarean Section without Sterilization w/o Major Complication	#6	#5
3	ECMO or Tracheostomy with MV >96 Hours or PDX Except Face, Mouth and Neck with Major OR Procedure	#7	#6
455	Combined Anterior and Posterior Spinal Fusion w/o Complication	#8	#14
621	OR Procedures for Obesity w/o Complication	#9	#19
219	Cardiac Valve and Other Major Cardiothoracic Procedures w/o Cardiac Catheterization with Major Complication	#10	#21

Note: APCD measures allowed amounts, and HIDD measures billed charges.

Discussion

Wrap-Up

Wrap-up

- Workgroup meetings will be held on the third Wednesday of each month, contingent on OHS having new analyses prepared for discussion.