

APCD Data Release Committee Meeting

October 13, 2020



Agenda

Welcome & Call to Order	Dr. Patricia Checko	1:00 PM
Public Comment	Attendees	1:05 PM
Review and Approval of the June 9, Minutes	Committee Members	1:10 PM
APCD Data Updates	Adrian Texidor	1:15 PM
APCD Data Use Updates: Governor Lamont Executive Order No. 5; COVID-19 Hospitalization Susceptibility	Olga Armah, Adrian Texidor, Jesse Drummond	1:25 PM
APCD Application Requests	Adrian Texidor	2:30 PM
Survey Update	Dr. Patricia Checko	2:35 PM
Application Review Update	Dr. Patricia Checko	2:40 PM
Wrap up and Meeting Adjournment	Dr. Patricia Checko	3:00 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

June 9, Meeting Minutes

APCD Data Update

Adrian Texidor

Updated Data

- Updated commercial, Medicaid, and Medicare claims data is delivered to OHS on a quarterly basis.
- At this point in time, OHS has claims data for the following time periods:

Claims Source	Dates
Commercial	1/1/2012-03/31/2020
Medicaid	1/1/2012-3/31/2020
Medicare	1/1/2012-12/31/2019 (Medical), 1/1/2012 - 12/31/2018 (Pharmacy)

CMS and Medicaid Data Use Agreement Status

❑ *Medicaid*

- ❑ OHS and DSS are renewed renew the Memorandum of Agreement that allows OHS to receive Medicaid Data.
- ❑ Medicaid have agreed in principle to provide OHS with a comprehensive Medicaid dataset from the State of CT's Medicaid Data Warehouse. OHS and DSS are currently working out the mechanics of receiving the claims paid by both the State of CT and Medicaid.

❑ *Medicare*

- ❑ With the sunset of the SIM Program OHS must submit a new DUA Package to CMS by 8/21/20.
- ❑ The DUA will remain the same. Three things will change:
 - The project name will change to have no reference to SIM;
 - OHS will pay for continued access to Medicare Data;
 - OHS will received Medicare Claims Data on an annual basis.
- ❑ OHS's obtained extended data use of Medicare data through September 2020.

APCD Data Uses Update

Adrian Texidor, Olga Armah, and Jesse Drummond(OnPoint)

Governor Lamont's Executive Order #5 Directs Connecticut's Office of Health Strategy to:

1. Develop annual **healthcare cost growth benchmarks** by December 2020 for CY 2021-2025.
2. Set **targets for increased primary care spending** as a percentage of total healthcare spending to reach 10% by 2025.
3. Develop **quality benchmarks** across all public and private payers beginning in 2022, including clinical quality measures, over/under utilization measures, and patient safety measures.
4. Monitor and report annually on healthcare spending growth across public and private payers.
5. Monitor accountable care organizations and the adoption of alternative payment models.

Cost Growth Benchmark: Recommendation

- The Technical Team has tentatively recommended cost growth benchmarks for the five years, using a **20/80 weighting of projected CT Potential Gross State Product and CT Median Income**. The resulting value of the benchmark would be **2.9%**.
- The Technical Team recommended increasing the benchmark value for the first two years, before settling at 2.9% for the latter years.
 - 2021: 3.4% (Base Value + **0.5%**)
 - 2022: 3.2% (Base Value + **0.3%**)
 - 2023 – 2025: 2.9% (Base Value)

Analytic framework

Domain	Initial work, 2020	Extensions
Sample	Commercial	Medicaid, Medicare
Types of claims	Medical	Pharmacy, dental
Complexity	Simple	More complex
Focus areas	Spending (Total, PMPM, change over time, OOP) Spending by category of service Utilization and spending per unit Out-of-pocket spending Chronic conditions	Avoidable hospital use Low value services Market concentration Quality Price variation
Stratifications and data enrichment	Demographic groups (age and gender), region, payer, populations defined by presence of chronic condition	Provider groups Episodes of care Adjust spending for medical risk Social determinants of health
Opportunities	Regions, populations, services, and/or conditions driving costs	More specific services and trends Variation among providers in practice patterns and spending
Actionability	Descriptive, background, establish trust in data Identify initial set of cost drivers & opportunities to reduce costs	More complex, specific, controversial, and actionable topics possible Identify more specific drivers and opportunities Promote accountability



Data Use Strategy

- Using APCD data, OHS will examine cost drivers and cost variability to help identify opportunities for achieving the cost growth benchmark
- A contractor – Mathematica – will perform the initial analysis, to be completed by the end of 2020.
- Supplemental analyses will include out-of-pocket spending, and stratification of spending by demographic data, chronic conditions, and zip code.
- The strategy will incorporate many of the recommendations made by the Cabinet’s 2018 Cost Containment Data Workgroup.

Questions and perspectives of this Advisory Body

- What questions do you have about this initiative?
- What concerns do you wish to share today?

COVID-19 Hospitalization Susceptibility

Adrian Texidor and Jesse Drummond(OnPoint)

Use Cases

- With states, identify areas of concern (high numbers of people at risk / beds available)
- Relevant now but also ongoing monitoring – What happens later?
- Potential issues with deferred care for chronically ill patients
- Evaluation of impact of COVID-19 as time goes on

Who Are the Populations of Concern?

- According to the CDC and World Health Organization
 - Older Adults
 - People with serious medical conditions:
 - Heart Disease
 - Diabetes
 - Lung Disease
 - High Blood Pressure
 - Cancer

Preliminary Definition of “At Risk”

- Definition included people with:
 - Chronic obstructive pulmonary disease (COPD)
 - Asthma
 - Cancers
 - Diabetes
 - Acute myocardial infarction (AMI), atrial fibrillation (AF), ischemic heart disease, heart failure
 - Stroke
 - Functional disabilities

APCD Application Requests

Adrian Texidor

Survey Update

Dr. Patricia Checko

Update on Application Review Update

Dr. Patricia Checko

Wrap up and Adjournment