APCD CAB Presentation

November 10, 2020

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OHS
CONNECTICUT
Office *of* Health Strategy

Legislative Mandate

Legislative Mandate

Legislative Mandate – 19a-755a(5)(B)

The HITO will…

- Make data in the all-payer claims database (APCD) available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher strictly to enable such entities or individuals review health care services utilization, costs or quality
- Remove all identifiers for any such health information disclosure to comply with HIPAA privacy laws
- Disclose the data in a manner to protect the confidentiality in compliance with state and federal law.

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Data Release – Limited Data Set

Limited Data Set Identifiers

- ***Limited Data Set (LDS):***
  - 18 specific identifiers removed

- ***Covered Entity:***
  - Health care providers (so long as they transmit health data via a standard)
  - Health plans
  - Health care clearinghouse

- ***Covered Entity may disclose LDS data if:***
  - Purpose is research, health care operations or public health purpose, and…
  - LDS redacted 18 specific identifiers, and…
  - Recipient enters into data use agreement outlining specific safeguards

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Data Release – LDS Identifiers

Limited Data Set 18 Identifiers That Must be Removed

1. Names.
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP Code, and their equivalent geographical codes, except for the initial three digits of a ZIP Code if, according to the current publicly available data from the Bureau of the Census:
   - The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
   - The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers.
5. Facsimile numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Medical record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate/license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web universal resource locators (URLs).
15. Internet protocol (IP) address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

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Data Release – APCD Data Sets

APCD Data Sets

- ***Identified data set:***
  - Fully identifiable as submitted by the carriers
  - Housed in HI-TRUST environment at OnPoint Health Data
  - Access limited to OnPoint employees

- ***APCD Extract:***
  - Identified data provided to OHS in a simplified file structure in an "enclave"
  - Data enclave is housed in a Hi-TRUST environment at OnPoint
  - Access limited to specific OHS employees
  - Supports basic data releases

- ***Safe Harbor LDS (CT modified standard):***
  - LDS data redacted, except…
  - Dates are randomly hashed in a manner that hides actual dates while maintaining referential integrity (e.g., all dates incremented by 15 days)
  - Access limited to recipients approved by APCD Data Release Committee

APCD Administration

APCD Administration

- ***OHS is the APCD administrator:***
  - PA 17-2 transferred administration duties to the HITO in OHS
  - APCD Advisory Group designated a standing subcommittee of the HIT Advisory Council
  - OHS has operational responsibility for all APCD activities
    - APCD oversight and privacy operate under policies approved by the Access Health CT Board

Data Available

Data Submission Updates

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

Description	Available Dates
Commercial	1/1/2012-03/31/2020
Medicaid	1/1/2012-03/31/2020
Medicare	1/1/2012-9/30/2018(Medical), 1/1/2012-12/31/2016 (Pharmacy)

Thirteen main Submitters

CT APCD - Submitter List
Submitter Name
Aetna
Aetna Health Insurance HMO FI
Aetna Health Insurance HMO on ACAS FI
Aetna Life Insurance Company Aetna Student Health
Aetna Life Insurance Company HMO Medicare
Aetna Life Insurance Company Traditional
Anthem
Caremark, LLC.
Cigna
Cigna Health and Life Insurance Company, Inc. - West
Cigna Health and Life Insurance Company, Inc. - East
ConnectiCare
ConnectiCare
ConnectiCare, Inc - Medicare Advantage
Express Scripts
First Health Life and Health Insurance Company
Harvard Pilgrim
HealthyCT
United Health Group
eviCore (UHC - Oxford)
OptumHealth Care Solutions, Inc (Optum)
OrthoNet
Oxford Health Plans
UHC - Golden Rule
UnitedHealthcare Insurance - Medicare
UnitedHealthcare Insurance Company
WellCare Health Plans, Inc
Medicaid
Medicare

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CMS and Medicaid Data Use Agreements

- ***Medicaid***
  - OHS and DSS are collaborating to renew the Memorandum of Agreement that allows OHS to receive Medicaid Data. The agreement expires on 2/28/21.

- ***Medicare***
  - CMS has given OHS broad authority to use Medicare data for current in-flight projects and undefined future projects that align with OHS's mission and vision such as :
    - The Cost Growth and Quality Benchmarks
    - Primary Care Target
    - Web-based Cost Estimator
  - OHS's obtained extended data use of Medicare data through September 2021.

APCD Use Cases

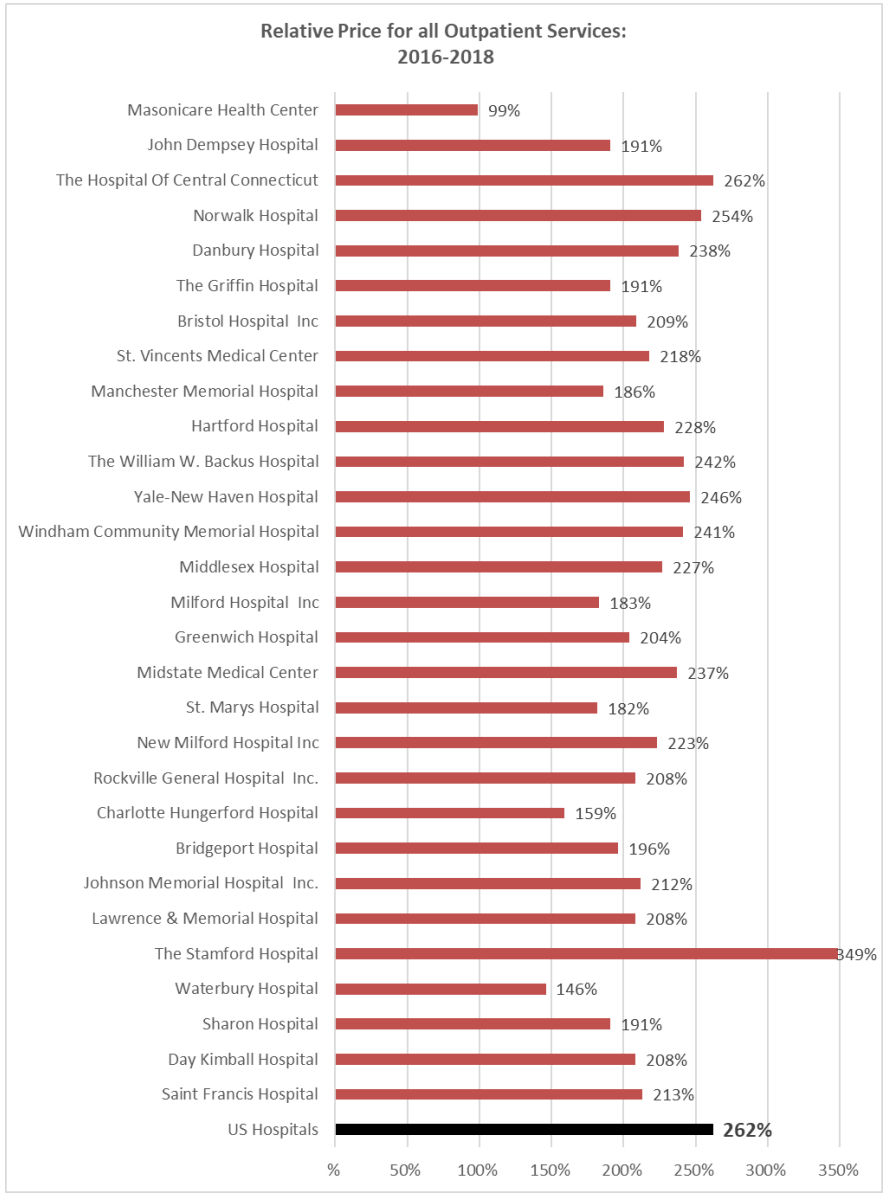
Rand Hospital Price Transparency 3.0

- The hospital price transparency study is the third in an ongoing employer-led initiative to measure and publicly report the prices paid for hospital care at the hospital- and service-line level
  - to enable employers to be better-informed shoppers for health plans and provider networks;
  - to hold hospitals, hospital systems, and health plans accountable for the prices they have negotiated;
  - to report hospital prices relative to a Medicare benchmark.

- The Rand Corporation utilized CT's APCD data sets in order to prepare a specific price report. This report includes summary price measures for CT hospitals, medical imaging and outpatient surgery providers.
  - The claims data includes both professional and facility claims for the CT providers

- The final report described the patterns observed in the price data supplied by OHS, specify analytic methods, and provide key takeaways for policy makers and health-plan administrators.

Rand 3.0 Results – All Outpatient Services



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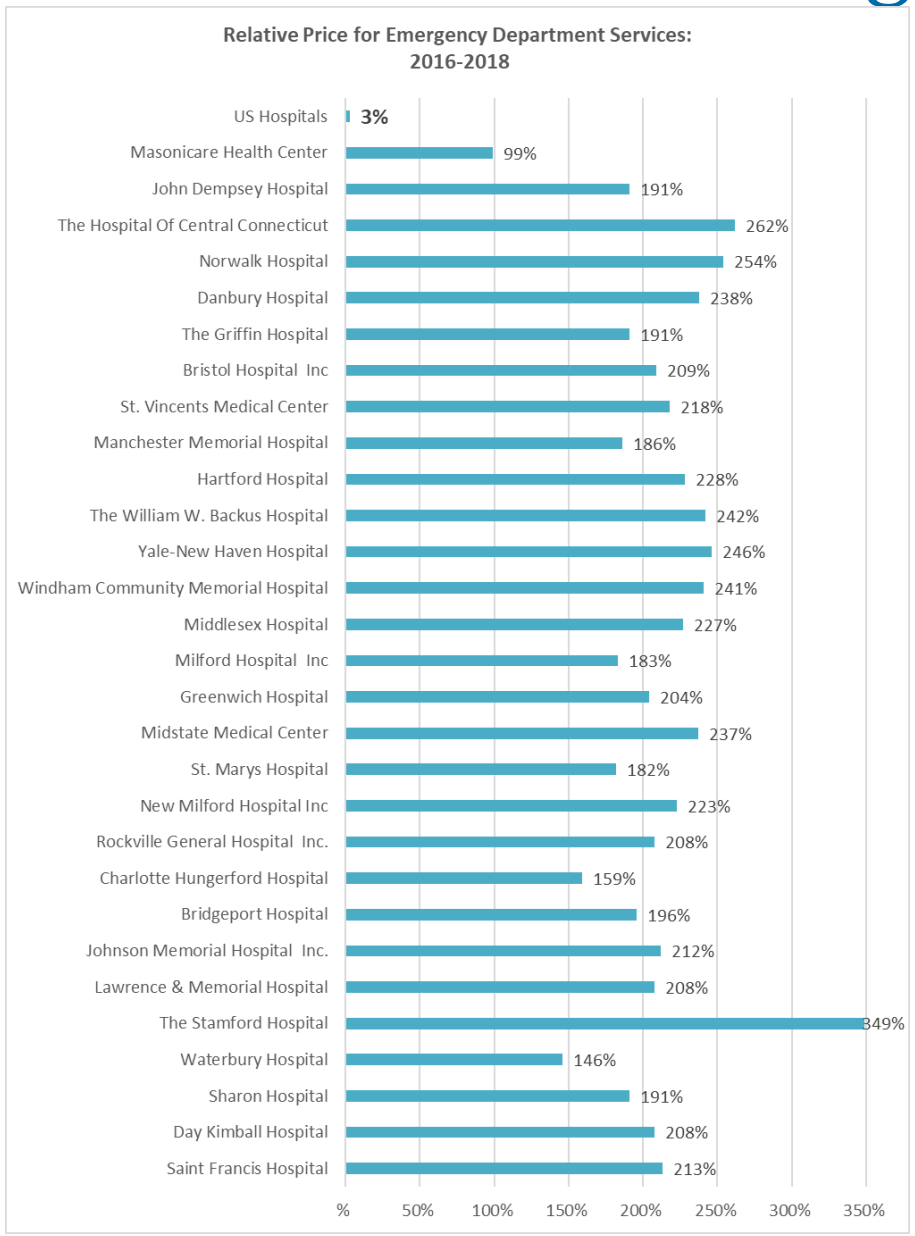
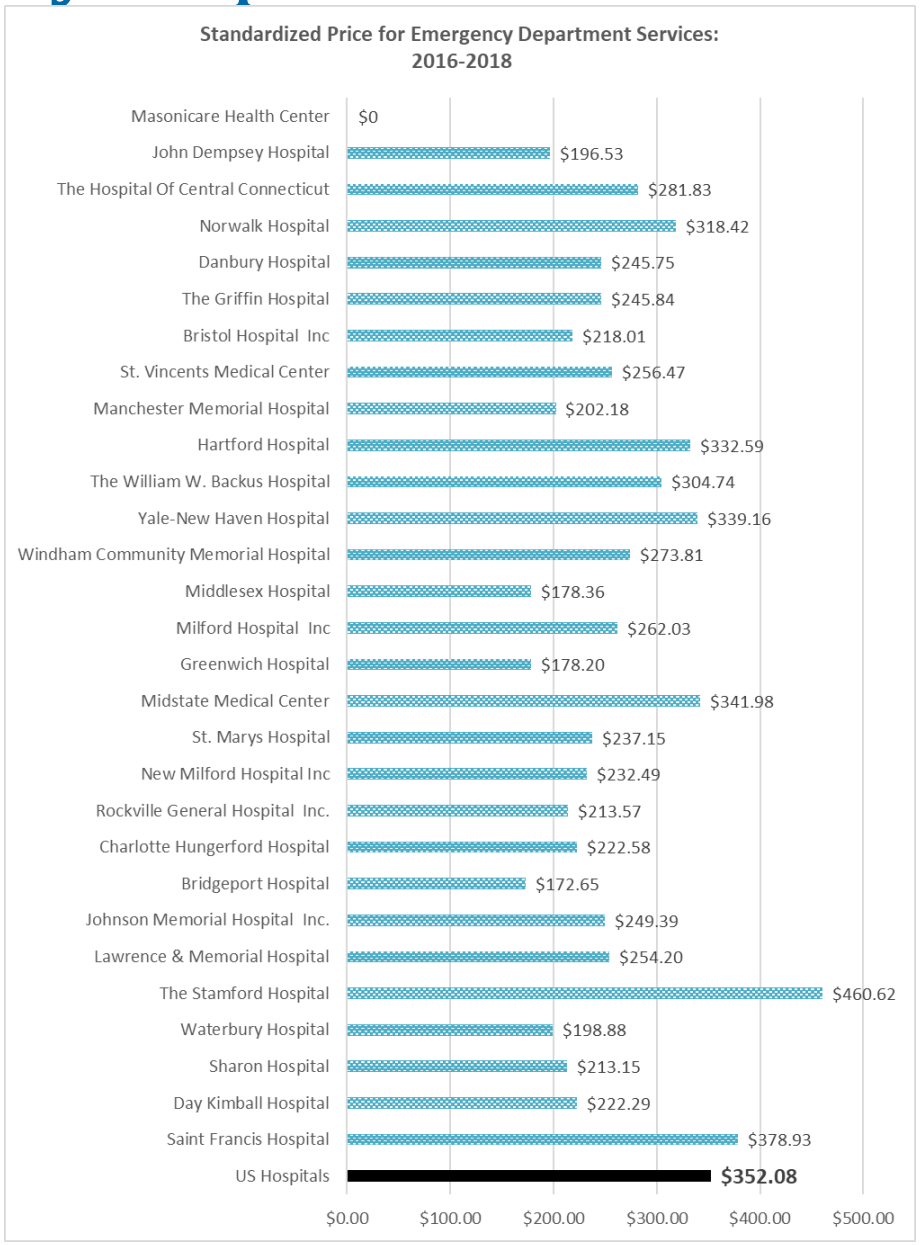
Rand 3.0 Results – Emergency Department Services





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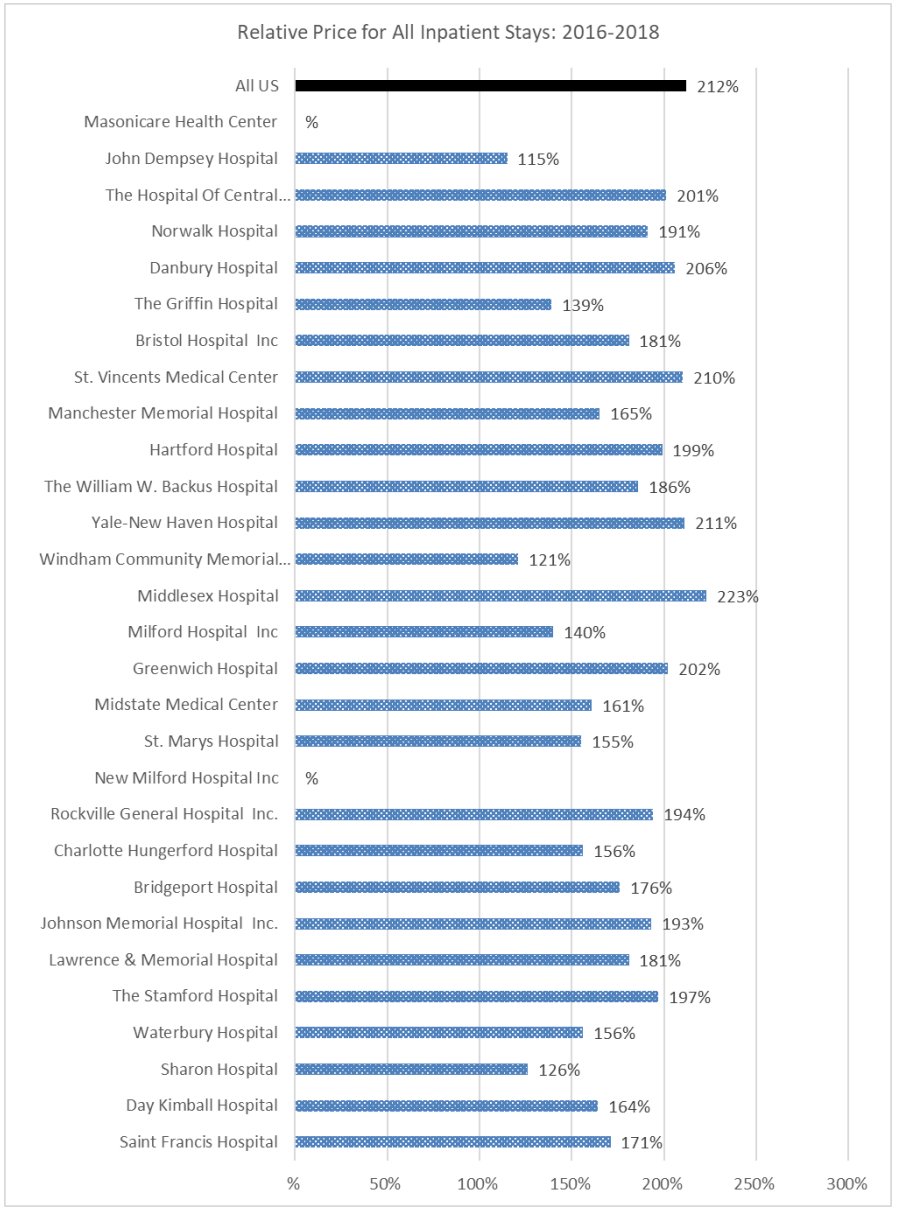
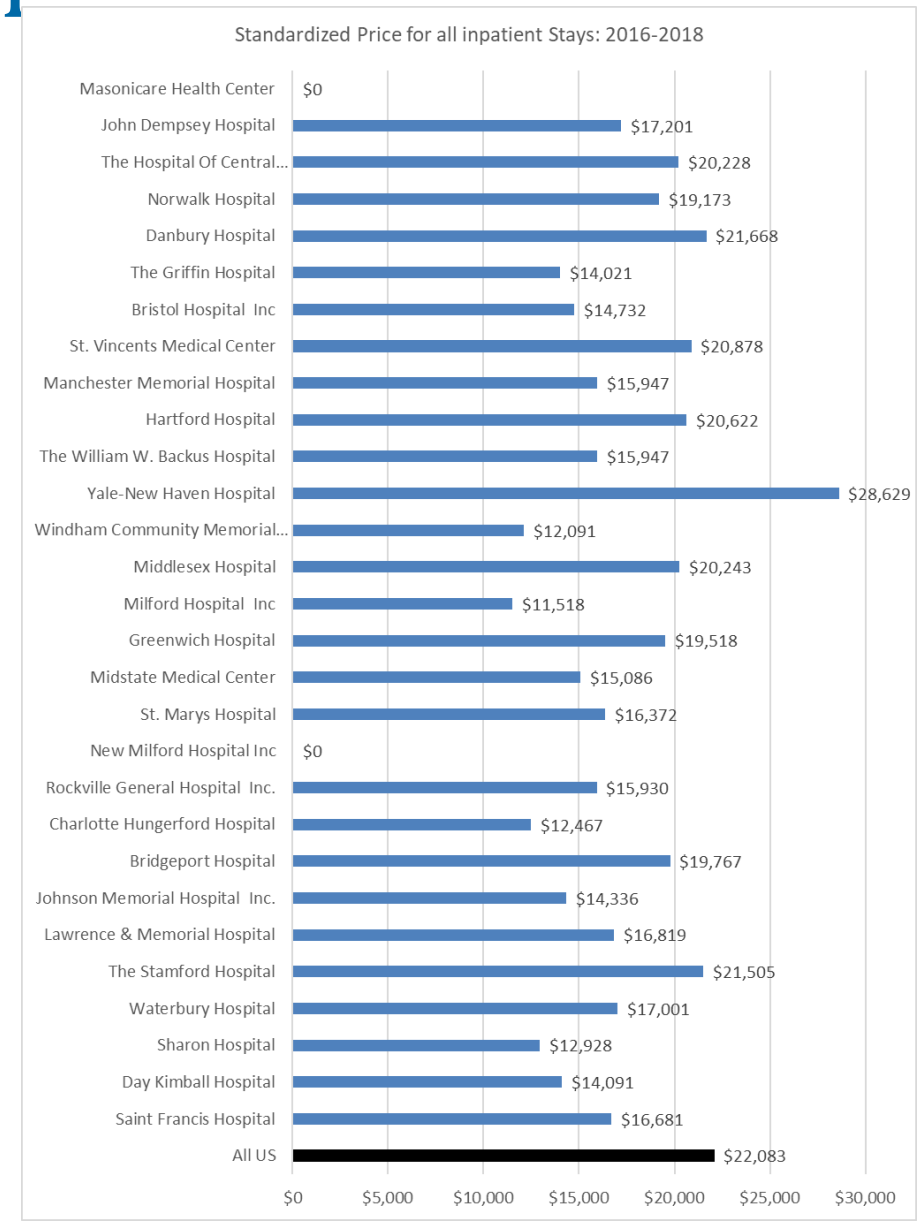
Rand 3.0 Results – All Inpatient Services





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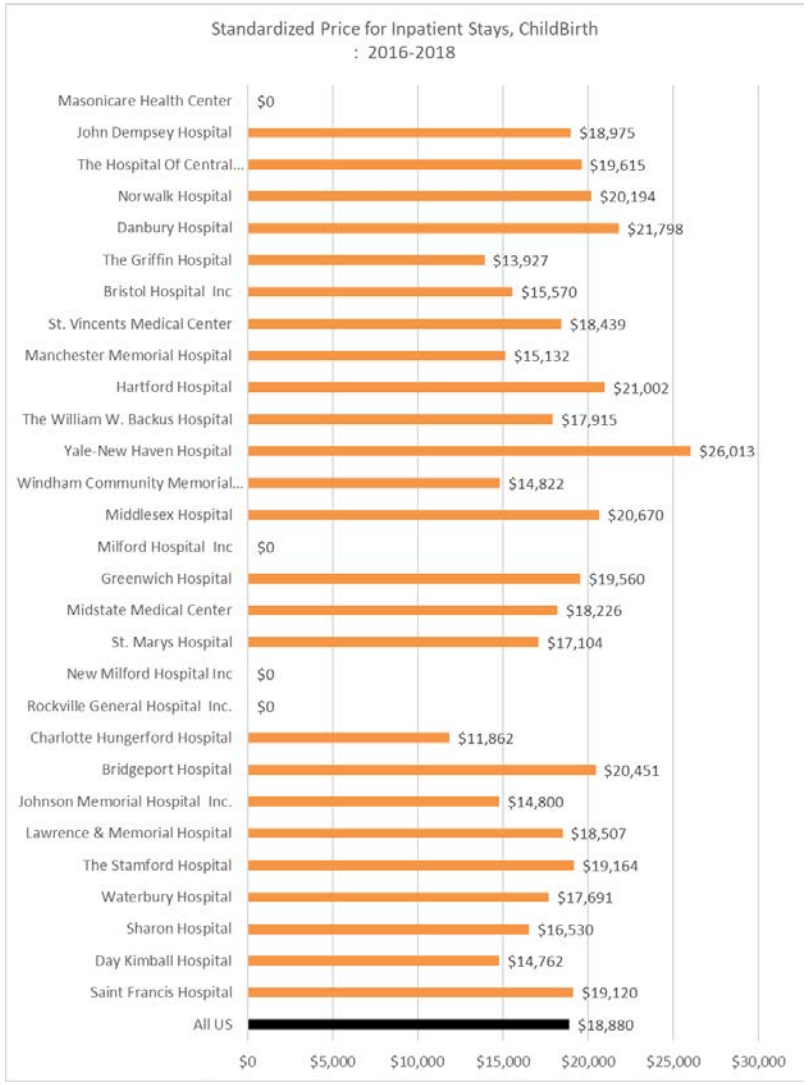
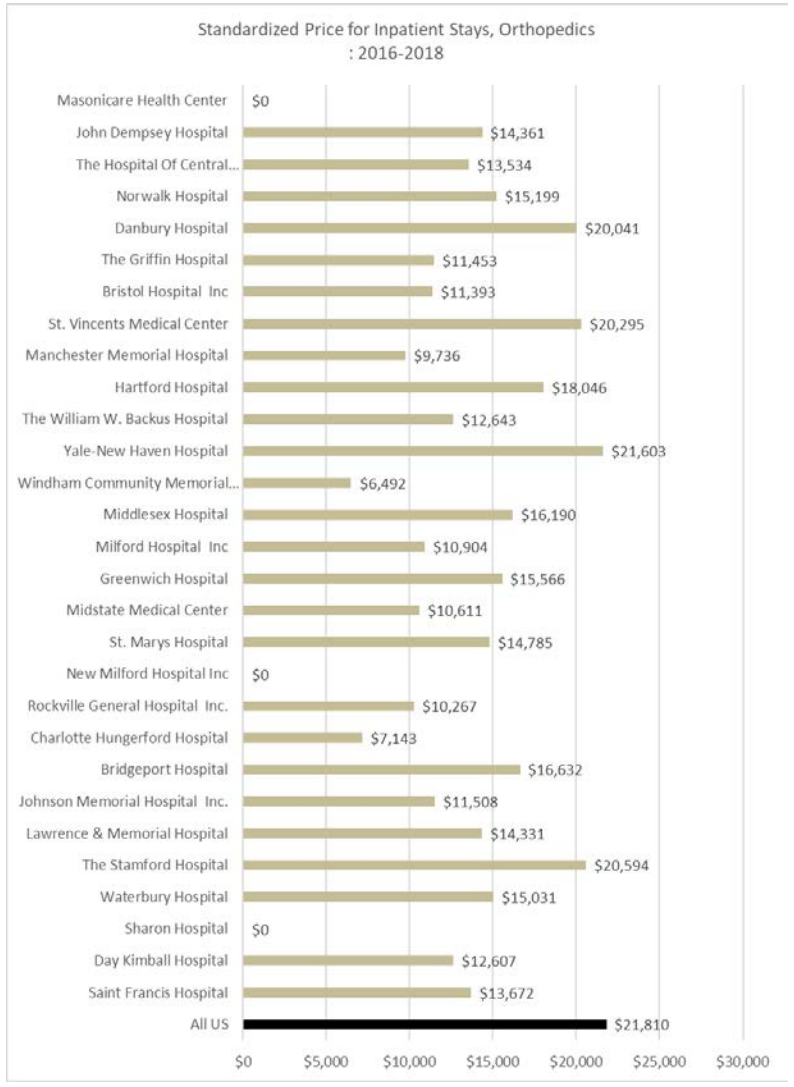
Rand 3.0 Results – Specific IP Services





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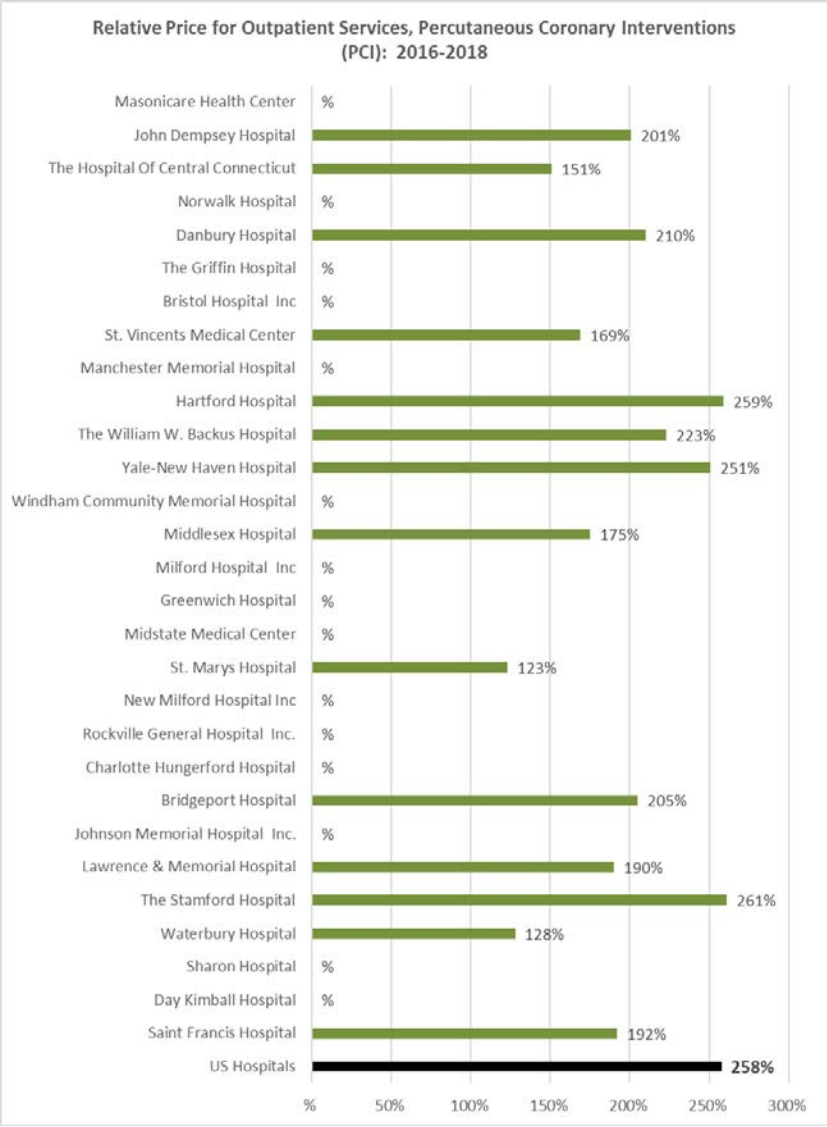
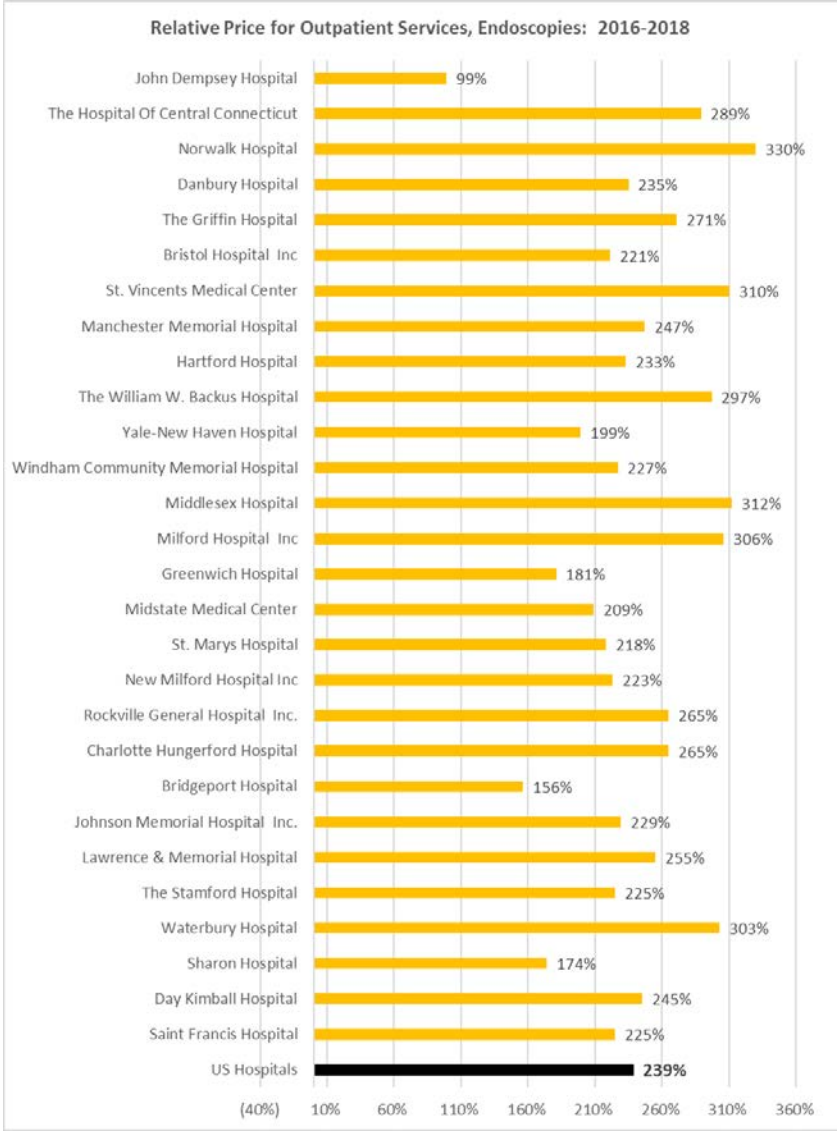
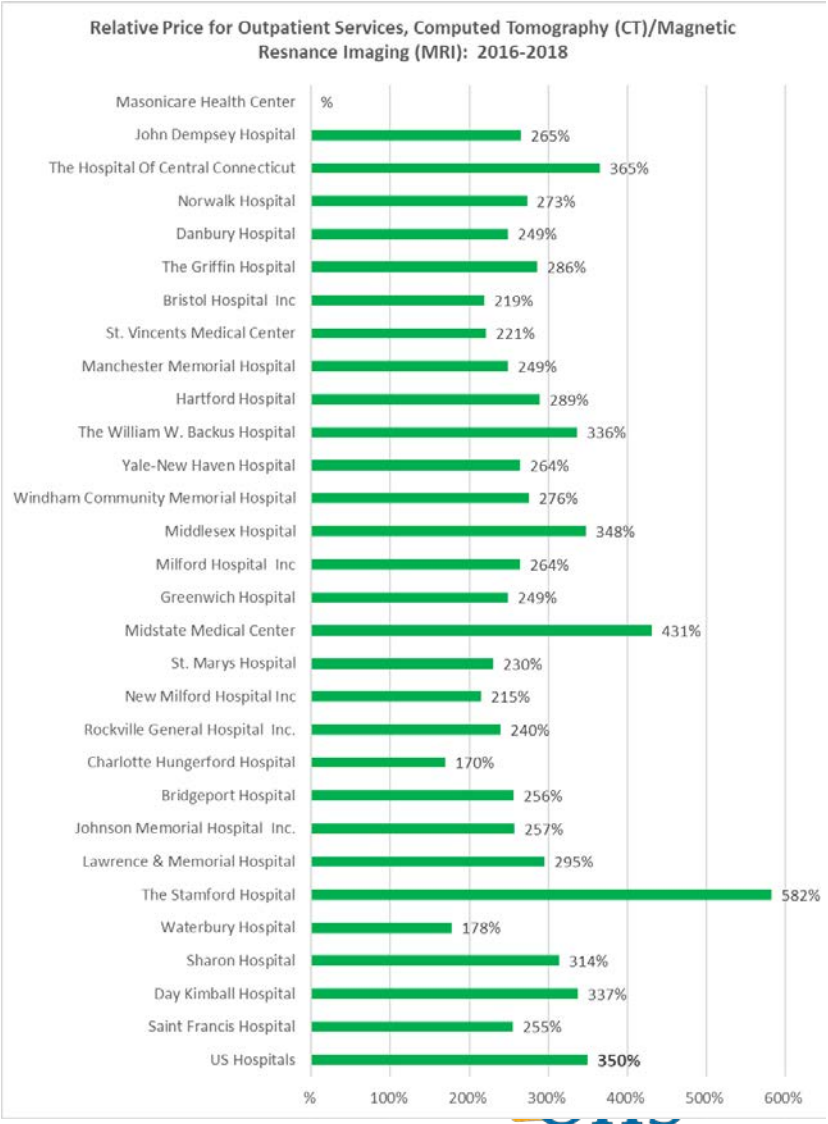
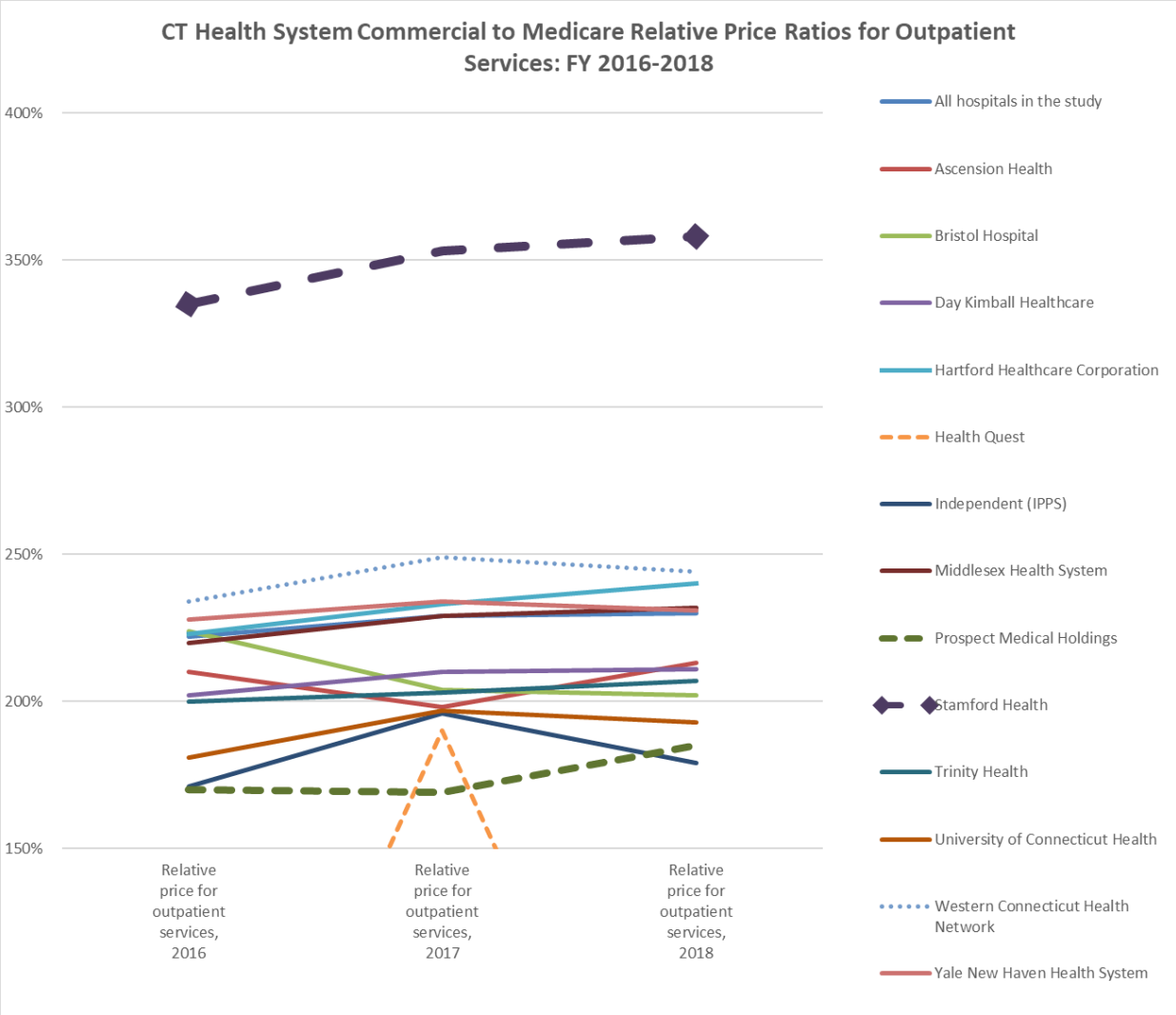
Rand 3.0 Results – Specific OP Services

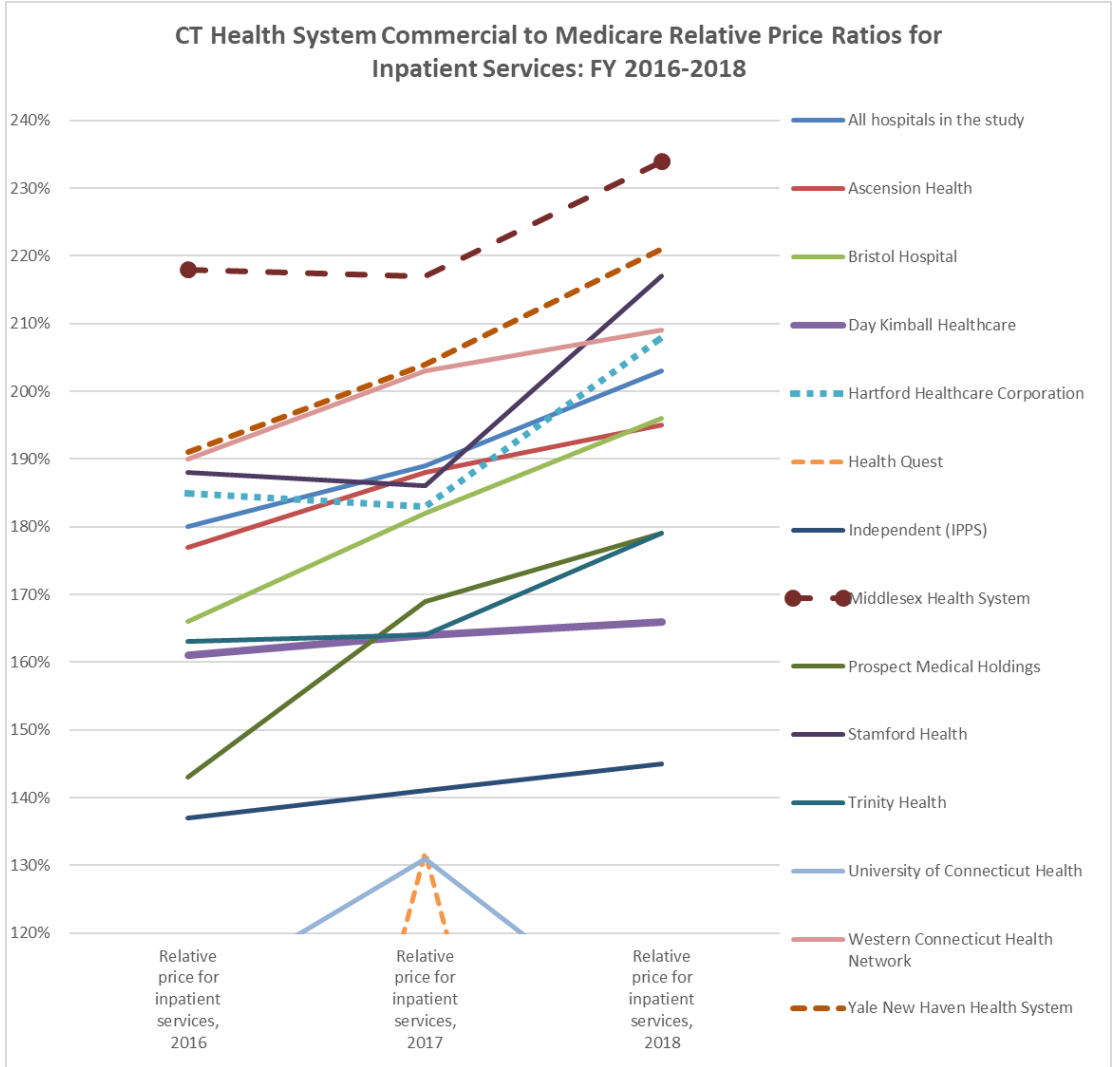






RAND 3.0 Results - CT Health Systems





Healthcare Affordability Standard

- This project's purpose is to develop metrics that can be used to gauge the minimums necessary to afford basic needs and health care coverage in CT

- Phase one: ***Define the Real Costs to Consumers***
  - Define a Baseline for Healthcare Coverage Comparison
  - Conduct a Targeted Review of Existing Research/ Data on Healthcare Costs
  - Develop calculations of total cost of healthcare to individuals and families including out-of-pocket expenses and family share of premiums, stratified by risk and demographic factors.

- Phase Two: ***Build and Test CT Healthcare Affordability Standard Calculator***
  - Provide an interactive online tool to research affordability costs across the State

APCD Cost Estimator

Background

Legislative Charge: C.G.S. 19a-755b charged OHS to utilize APCD or healthcare claims information collected from payers to provide consumers in Connecticut with cost and quality of care information to enable consumers to make more informed healthcare decisions;

Goals:

1. Measure and report service price variation within Connecticut using APCD data
2. Present price transparency results in a manner that satisfies both consumers and subject matter experts
3. Produce information iteratively while providing opportunity for feedback
4. Maximize current and long-term value of information

Cost-Growth Benchmark

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.

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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)

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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
- OHS 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.

COVID-19 Hospitalization Susceptibility

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

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

Preliminary Definition of "At Risk"

- According to the CDC and World Health Organization
  - Older Adults
- People "at risk" include those suffering:
  - Chronic obstructive pulmonary disease (COPD)
  - Asthma
  - Cancers
  - Diabetes
  - Acute myocardial infarction (AMI), atrial fibrillation (AF), ischemic heart disease, heart failure
  - Stroke
  - Functional disabilities

Patients at High Risk by Zip – All Members

ONPOINT Health Data

At-Risk Members and Hospital Beds by Zip

Select age group

- (All)
- Under 18 years
- 18 to 64 years
- 65-79 years
- 80+ years

Select Payer Type

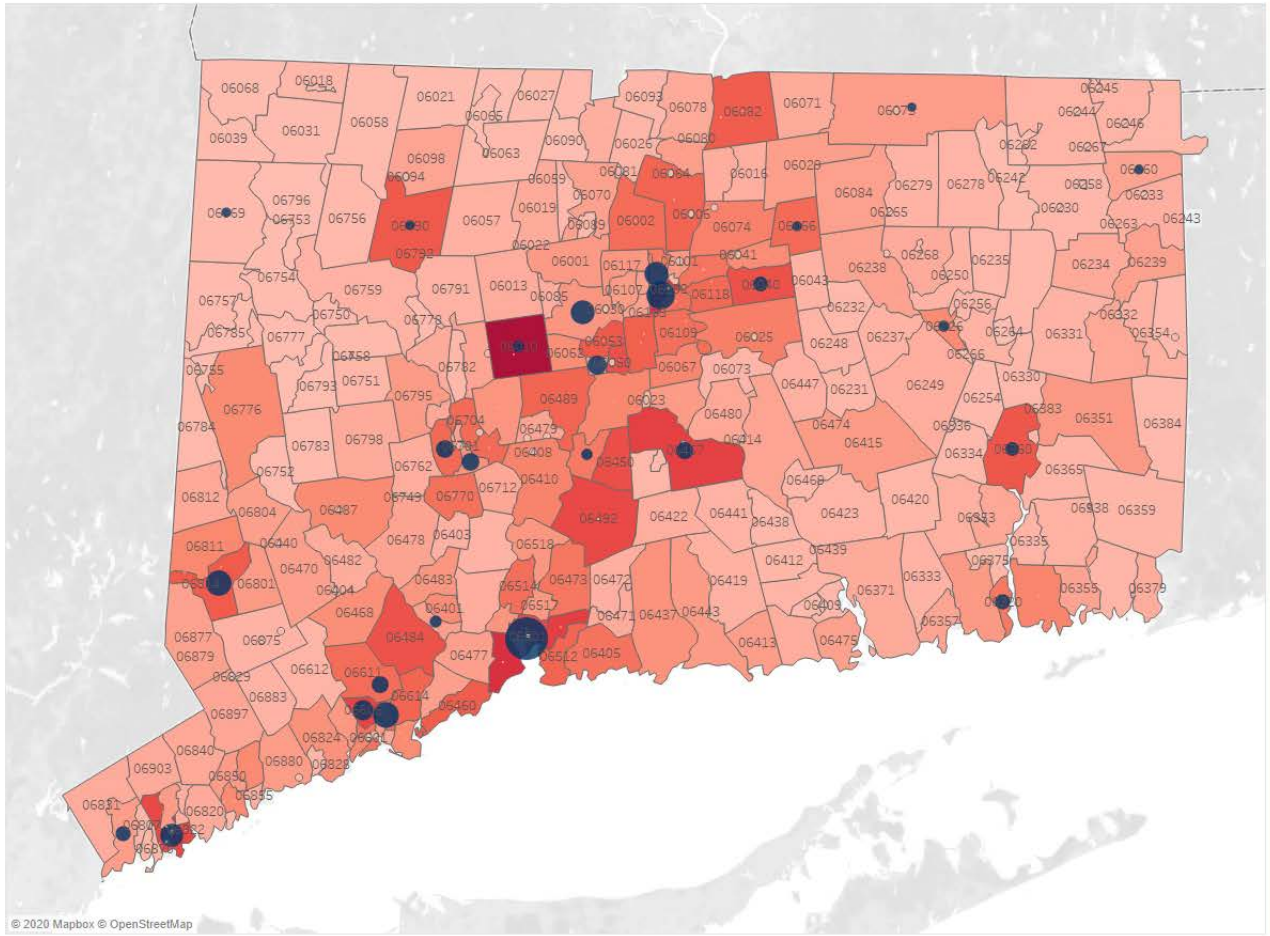
- (All)
- ALL
- COMMERCIAL
- MEDICAID
- MEDICARE

Zip Shading: # At-Risk Members

11 — 7,372

Bubble Sizing: # Hospital Beds

0
500
1,000
1,500
2,139



Statewide

Total Member Count
1,999,094

At-Risk Members
346,982

Total Beds
10,860

At-Risk Members per Bed
32.0

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Patients at High Risk by Zip – Medicaid, 65+

ONPOINT Health Data

At-Risk Members and Hospital Beds by Zip

Select age group

- [ ] (All)
- [ ] Under 18 years
- [ ] 18 to 64 years
- [x] 65-79 years
- [x] 80+ years

Select Payer Type

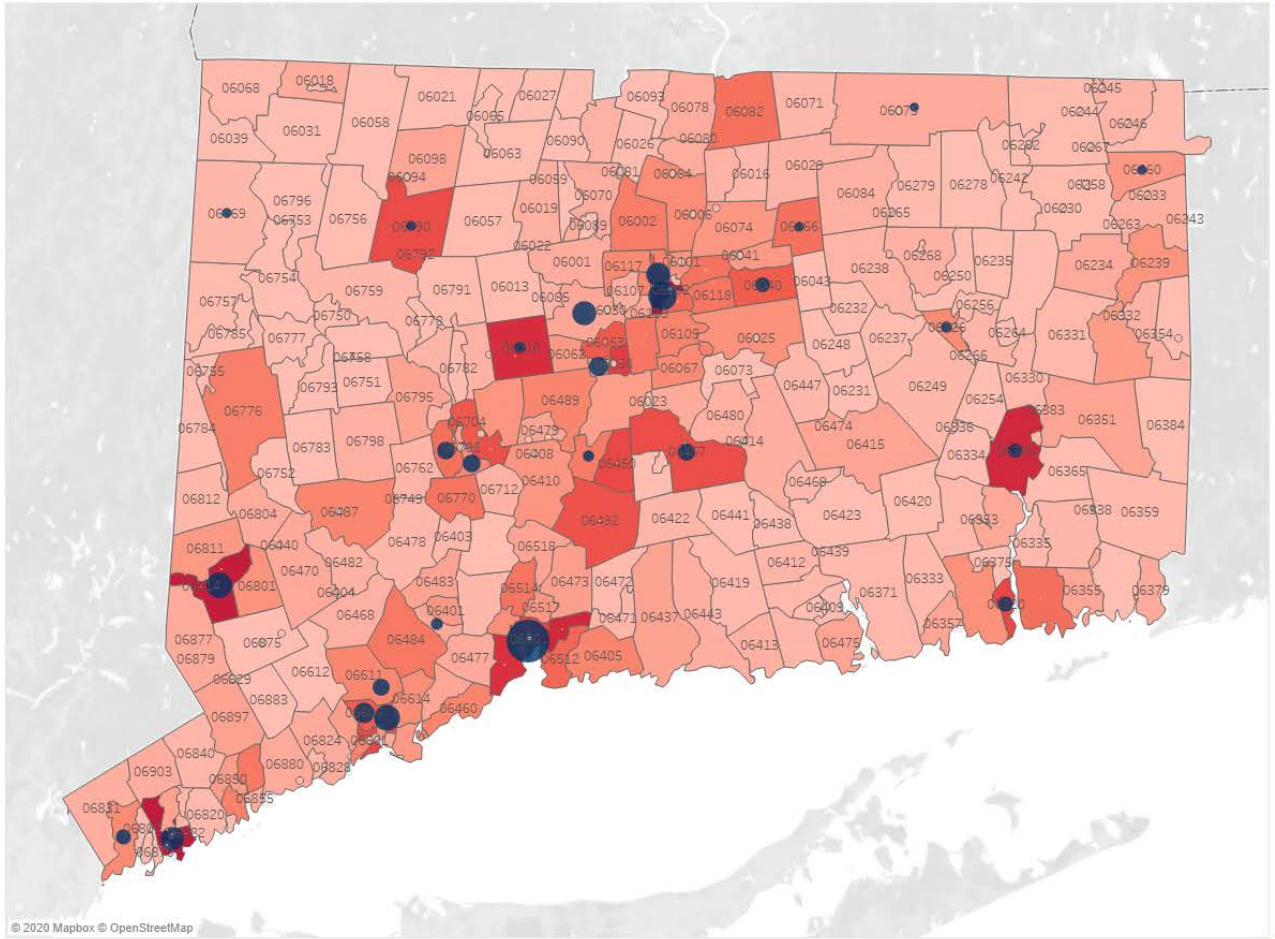
- [ ] (All)
- [ ] ALL
- [ ] COMMERCIAL
- [x] MEDICAID
- [ ] MEDICARE

Zip Shading: # At-Risk Members

11.0 — 757.0

Bubble Sizing: # Hospital Beds

0
500
1,000
1,500
2,139



Statewide

Total Member Count
68,680

At-Risk Members
33,086

Total Beds
10,860

At-Risk Members per Bed
3.0

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Patients at High Risk by Zip – Commercial, All Ages

ONPOINT Health Data

At-Risk Members and Hospital Beds by Zip

Select age group

- [x] (All)
- [x] Under 18 years
- [x] 18 to 64 years
- [x] 65-79 years
- [x] 80+ years

Select Payer Type

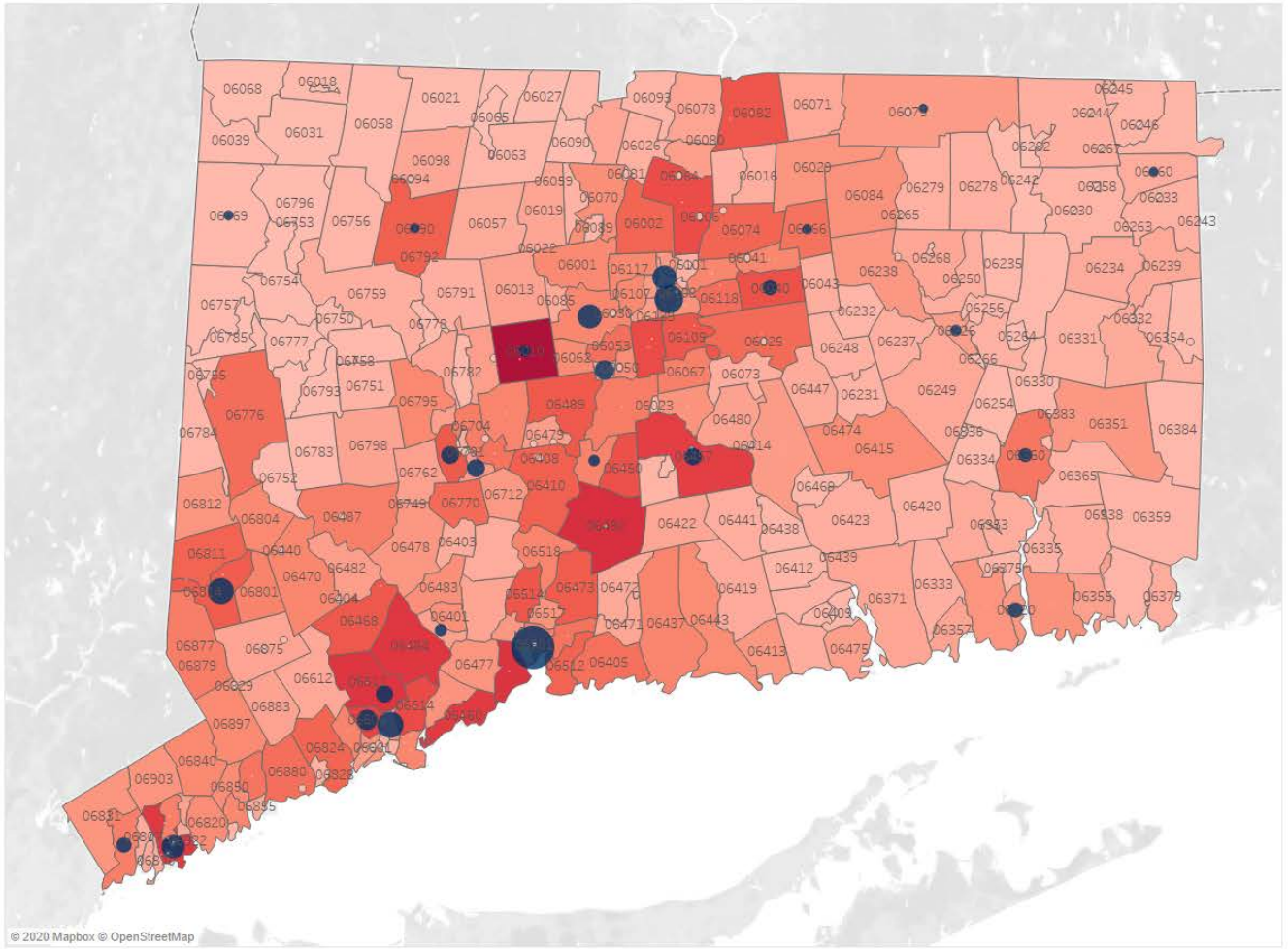
- [ ] (All)
- [ ] ALL
- [x] COMMERCIAL
- [ ] MEDICAID
- [ ] MEDICARE

Zip Shading: # At-Risk Members

11 — 1,986

Bubble Sizing: # Hospital Beds

0
500
1,000
1,500
2,139



Statewide

Total Member Count
861,686

At-Risk Members
106,576

Total Beds
10,860

At-Risk Members per Bed
9.8

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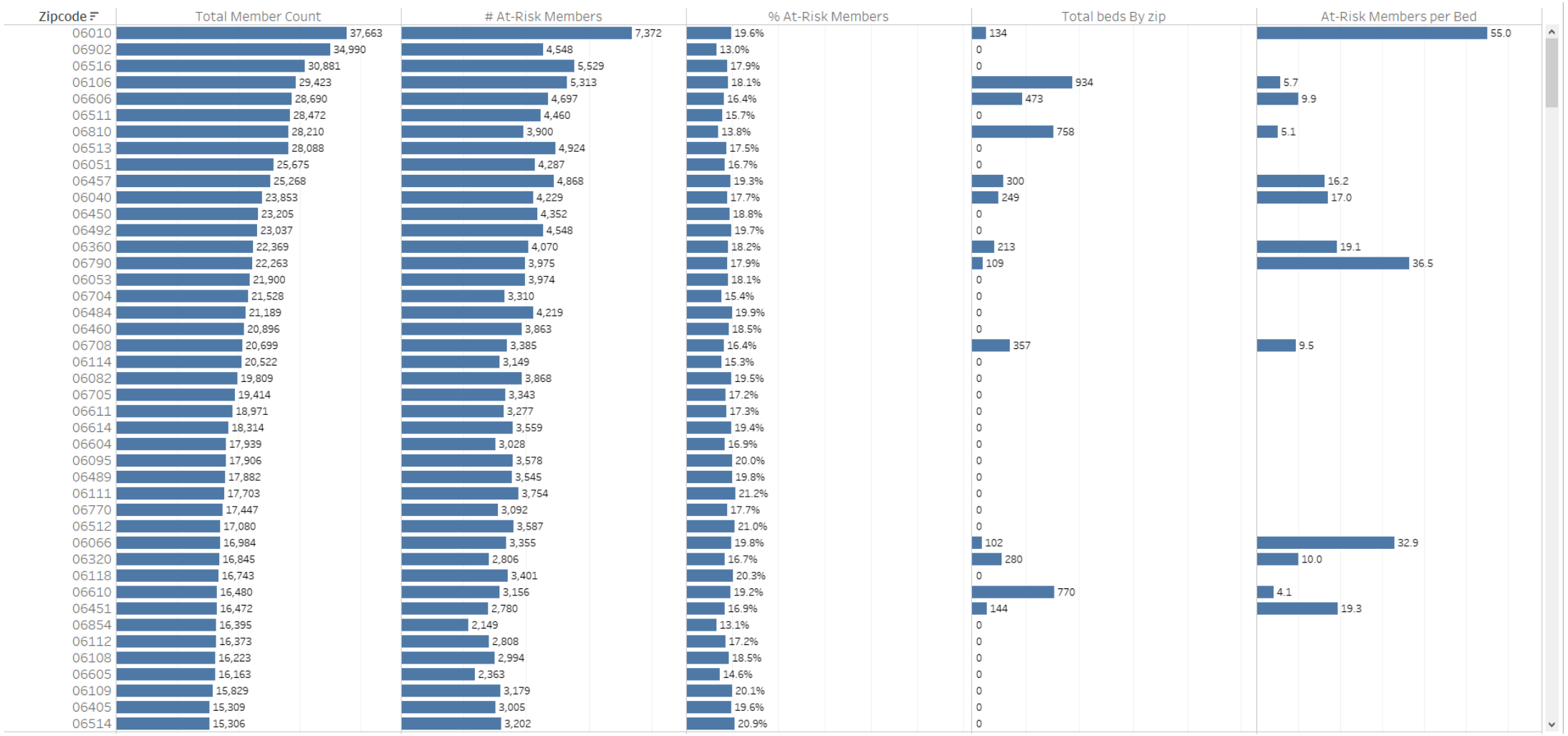
Patients at High Risk Metrics by Zip – All Members



Zipcode	Total Member Count	# At-Risk Members	% At-Risk Members	Total beds By zip	At-Risk Members per Bed
06010	37,663	7,372	19.6%	134	55.0
06902	34,990	4,548	13.0%	0	
06516	30,881	5,529	17.9%	0	
06106	29,423	5,313	18.1%	934	5.7
06606	28,690	4,697	16.4%	473	9.9
06511	28,472	4,460	15.7%	0	
06810	28,210	3,900	13.8%	758	5.1
06513	28,088	4,924	17.5%	0	
06051	25,675	4,287	16.7%	0	
06457	25,268	4,868	19.3%	300	16.2
06040	23,853	4,229	17.7%	249	17.0
06450	23,205	4,352	18.8%	0	
06492	23,037	4,548	19.7%	0	
06360	22,369	4,070	18.2%	213	19.1
06790	22,263	3,975	17.9%	109	36.5
06053	21,900	3,974	18.1%	0	
06704	21,528	3,310	15.4%	0	
06484	21,189	4,219	19.9%	0	
06460	20,896	3,863	18.5%	0	
06708	20,699	3,385	16.4%	357	9.5
06114	20,522	3,149	15.3%	0	
06082	19,809	3,868	19.5%	0	
06705	19,414	3,343	17.2%	0	
06611	18,971	3,277	17.3%	0	
06614	18,314	3,559	19.4%	0	
06604	17,939	3,028	16.9%	0	
06095	17,906	3,578	20.0%	0	
06489	17,882	3,545	19.8%	0	
06111	17,703	3,754	21.2%	0	
06770	17,447	3,092	17.7%	0	
06512	17,080	3,587	21.0%	0	
06066	16,984	3,355	19.8%	102	32.9
06320	16,845	2,806	16.7%	280	10.0
06118	16,743	3,401	20.3%	0	
06610	16,480	3,156	19.2%	770	4.1
06451	16,472	2,780	16.9%	144	19.3
06854	16,395	2,149	13.1%	0	
06112	16,373	2,808	17.2%	0	
06108	16,223	2,994	18.5%	0	
06605	16,163	2,363	14.6%	0	
06109	15,829	3,179	20.1%	0	
06405	15,309	3,005	19.6%	0	
06514	15,306	3,202	20.9%	0	

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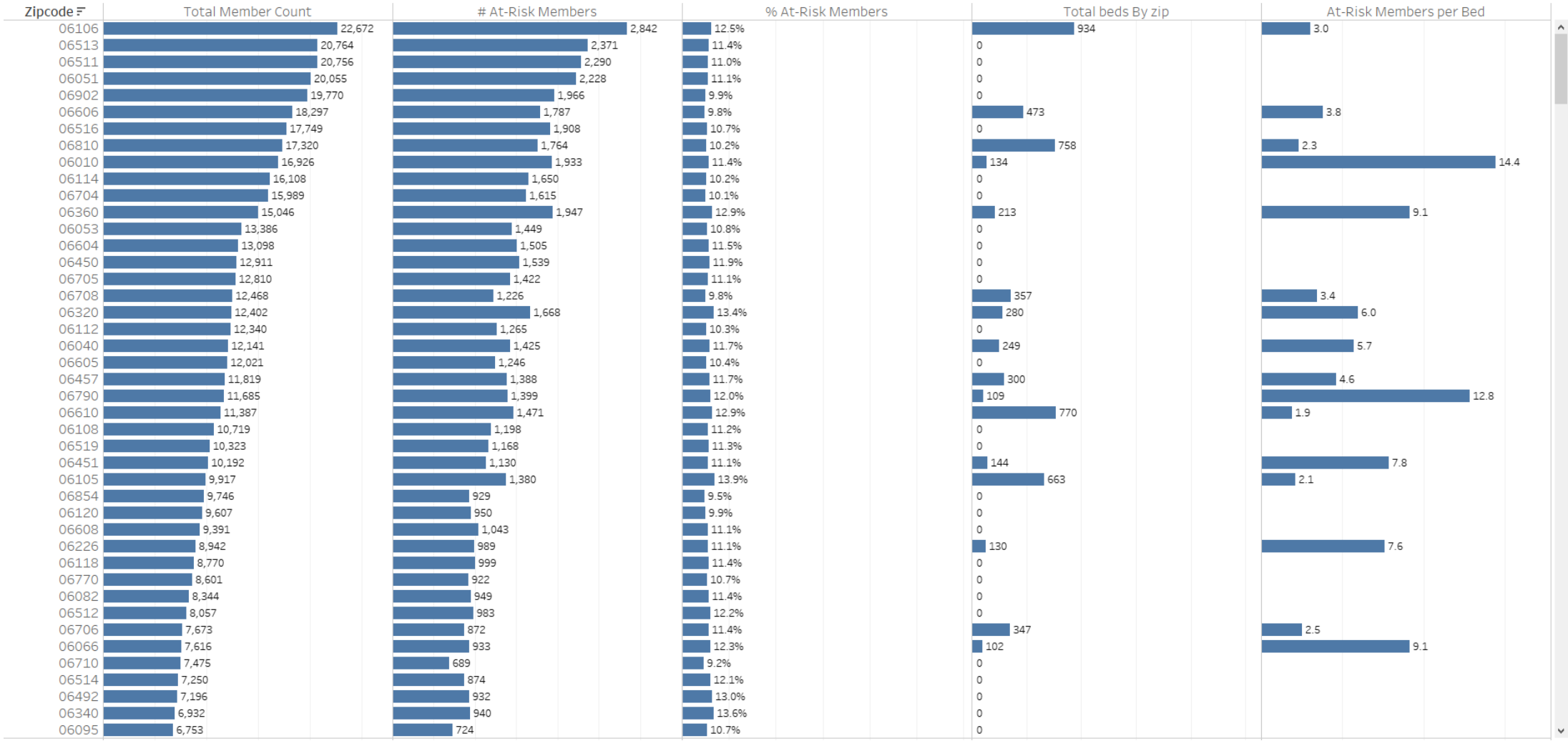
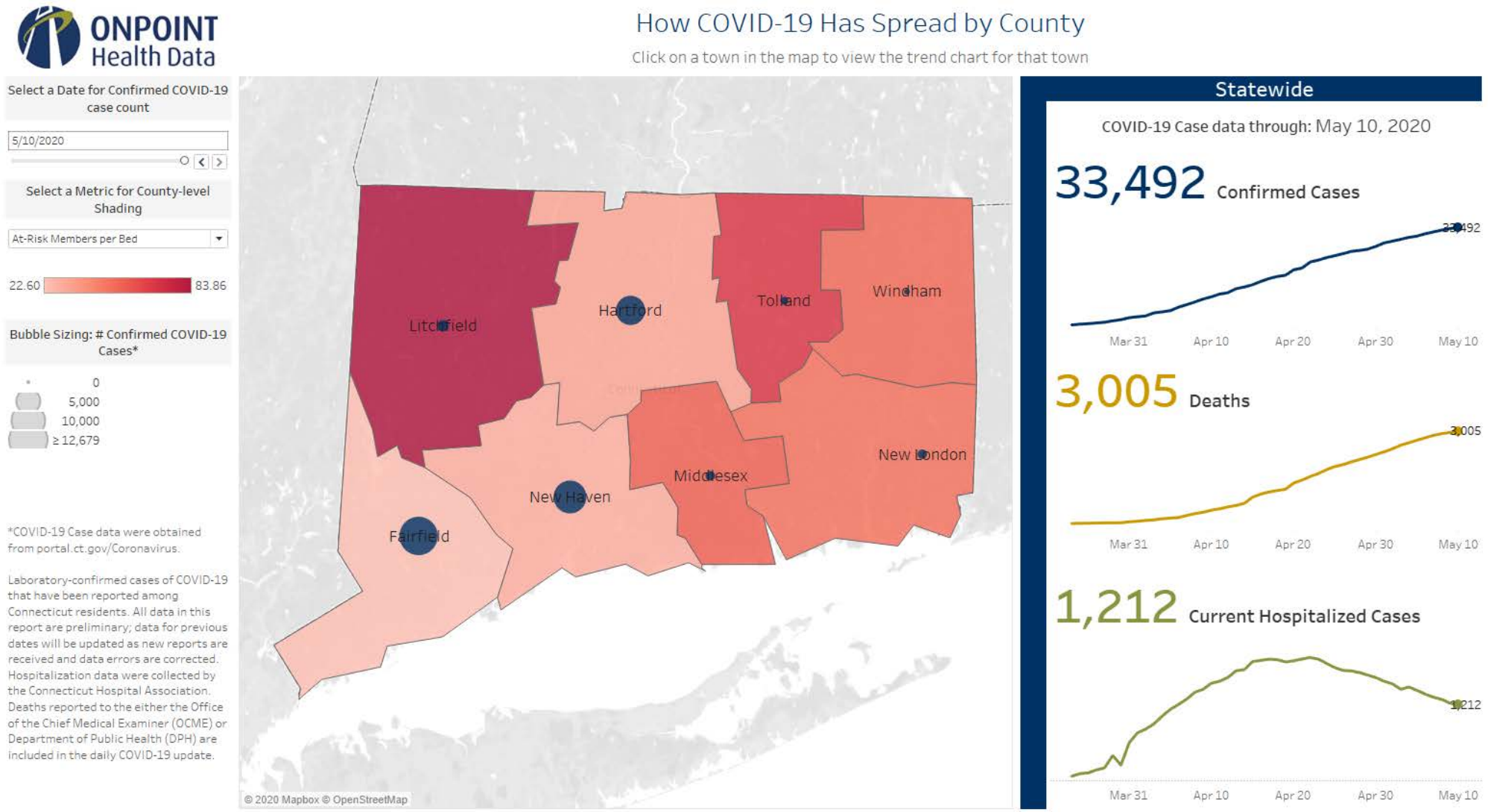
Patients at High Risk Metrics by Zip – Medicaid, All Ages



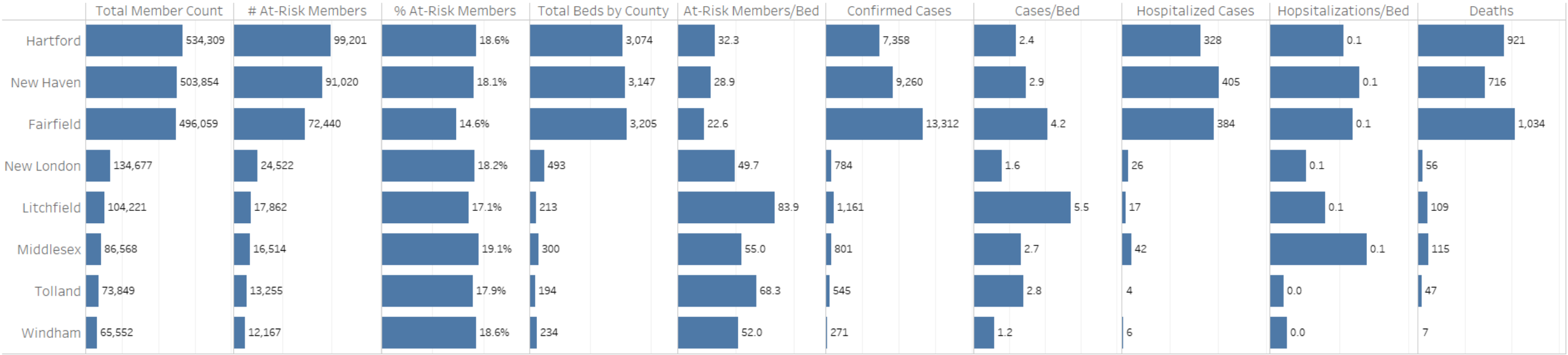
Zipcode	Total Member Count	# At-Risk Members	% At-Risk Members	Total beds By zip	At-Risk Members per Bed
06106	22,672	2,842	12.5%	934	3.0
06513	20,764	2,371	11.4%	0	
06511	20,756	2,290	11.0%	0	
06051	20,055	2,228	11.1%	0	
06902	19,770	1,966	9.9%	0	
06606	18,297	1,787	9.8%	473	3.8
06516	17,749	1,908	10.7%	0	
06810	17,320	1,764	10.2%	758	2.3
06010	16,926	1,933	11.4%	134	14.4
06114	16,108	1,650	10.2%	0	
06704	15,989	1,615	10.1%	0	
06360	15,046	1,947	12.9%	213	9.1
06053	13,386	1,449	10.8%	0	
06604	13,098	1,505	11.5%	0	
06450	12,911	1,539	11.9%	0	
06705	12,810	1,422	11.1%	0	
06708	12,468	1,226	9.8%	357	3.4
06320	12,402	1,668	13.4%	280	6.0
06112	12,340	1,265	10.3%	0	
06040	12,141	1,425	11.7%	249	5.7
06605	12,021	1,246	10.4%	0	
06457	11,819	1,388	11.7%	300	4.6
06790	11,685	1,399	12.0%	109	12.8
06610	11,387	1,471	12.9%	770	1.9
06108	10,719	1,198	11.2%	0	
06519	10,323	1,168	11.3%	0	
06451	10,192	1,130	11.1%	144	7.8
06105	9,917	1,380	13.9%	663	2.1
06854	9,746	929	9.5%	0	
06120	9,607	950	9.9%	0	
06608	9,391	1,043	11.1%	0	
06226	8,942	989	11.1%	130	7.6
06118	8,770	999	11.4%	0	
06770	8,601	922	10.7%	0	
06082	8,344	949	11.4%	0	
06512	8,057	983	12.2%	0	
06706	7,673	872	11.4%	347	2.5
06066	7,616	933	12.3%	102	9.1
06710	7,475	689	9.2%	0	
06514	7,250	874	12.1%	0	
06492	7,196	932	13.0%	0	
06340	6,932	940	13.6%	0	
06095	6,753	724	10.7%	0	

OHS CONNECTICUT Office of Health Strategy

Patients at High Risk and Confirmed Cases by County



Patients at High Risk Metrics by County – All Members



Utilization During COVID-19

Questions and perspectives of this Advisory Body

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