The Power of Data:

Consumer Involvement and Accountability for Connecticut's All Payer Claims Database

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Connecticut Health Policy Project

What is an APCD?

- Claims databases, merged across payers
- Created by state mandate
- Typically include medical, pharmacy, and dental
- Eligibility and provider files
- Private and public payers:
  - private insurers, third party administrators
  - Medicaid, Medicare
  - Maine includes some uninsured patient claims
- Ten states now operating APCDs

How can it be used?

- Track use of health care services
- Evaluate performance of health care delivery system
- Evaluate efficiency of the system and providers
- Identify major drivers of cost trends, hot spots
- Assess the impact of programs and new initiatives
- Allows comparisons with other states
- Design solutions targeting problems, avoiding unintended consequences

Where is CT's APCD?

- Created in PA 12-166
- "collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care"
- For use by
  - Consumers for better decision making
  - State agencies, insurers, providers, employers, researchers, CT HIX
- To include medical, dental and pharmacy claims

Where is CT's APCD?

- Very early in development
- Regulations developed
- APCD Advisory Council
  - Primarily government officials
  - No consumer members
- Moved to health insurance exchange
- $6.6 million federal funds to develop
- Creating an independent structure
- Hiring staff

Why does Connecticut need one?

- Data in CT is fragmented in silos
- Lack of consistent, high quality, timely data is often cited as a barrier to progress
- ACA reforms driving system redesign with short time line
- Reform offers a historic opportunity to create a learning system
- Other states are building and using APCDs, it will be expected

Colorado All Payer Claims Database

CIVHC

POWERED BY TREO SOLUTIONS

Home | Map | Reports | About APCD | About CIVHC

Filter the Claims Data:

Select criteria below to filter the data from the APCD.

Type of healthcare metric: Total Cost of Care — What's this?

Type of payer data: All Current Payers — What's this?

Show data for: 2009 2010 2011

Display Results:

Select how you would like the results displayed.

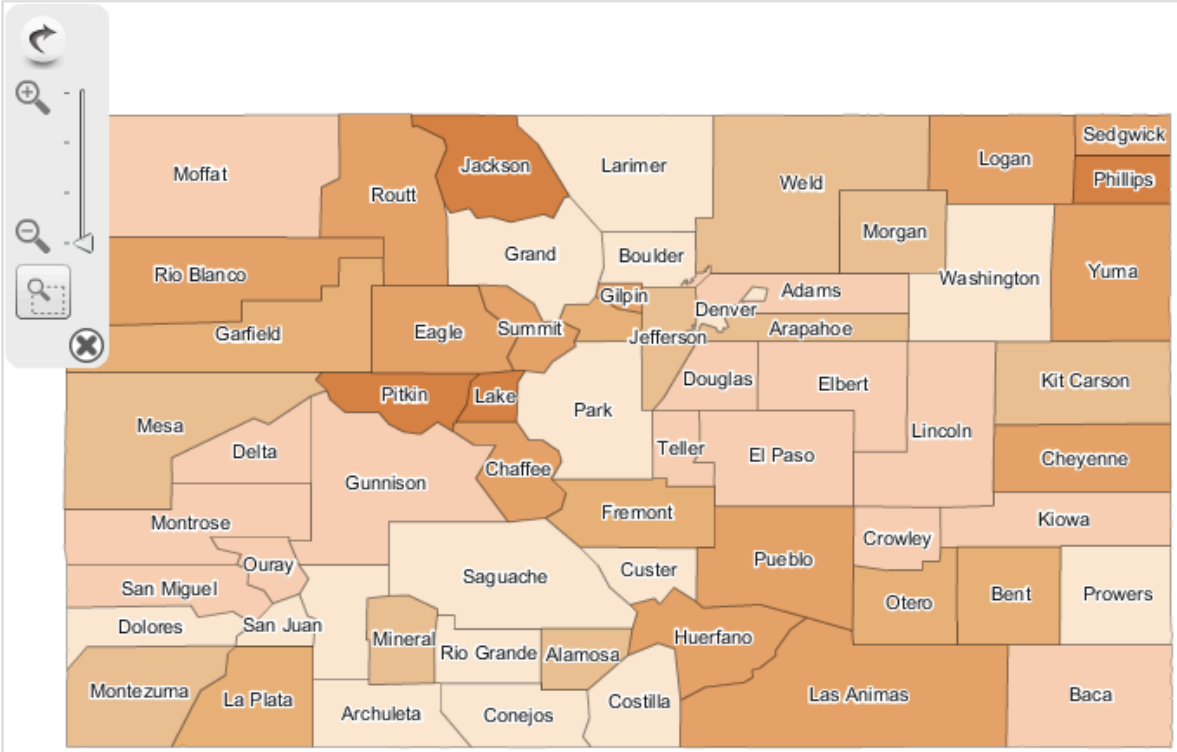
View by: County — What's this?

Show metric as: (•) Actual value ( ) % change from previous year

Map | Data Sheet

Click on up to three counties on the Map below, for detailed reporting.

Export



Counties selected for reports:

No areas selected.

Create Report

Help

Resources

Data Completeness Score (C-score)

Glossary

All Current Payers
Completeness Score (C-score)
County
Index
Total Cost of Care

Legend

Total Cost of Care
Dollars Per Member Per Year

- Less than $2,400
- $2,400 to $2,600
- $2,600 to $2,800
- $2,800 to $3,000
- $3,000 to $3,500
- Greater than $3,500

www.cohealthdata.org

an official NEW HAMPSHIRE government website

NH HEALTH COST

Home | Health Costs for Consumers | Health Costs for Employers | FAQs and Methodology | Resources | Contact Us

Thursday, June 06, 2013

- Pricing of Health Care Services
  - A Deeper Explanation
- Health Costs for Insured Patients
- Health Costs for Uninsured Patients

Detailed estimates for Basic Office Visit, 18-49 yrs old

Procedure: Basic Office Visit, 18-49 yrs old
Within: 20 miles of 03301

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Typical Patient Complexity	Contact for Patient Financial Services
MICHAEL WALSH	$68	$58	VERY LOW	603.228.8383
PEMBROKE WELLNESS CENTER	$68	$58	MEDIUM	603.485.7788
MANCHESTER COMMUNITY HEALTH CENTER	$74	$63	LOW	MANCHESTER COMMUNITY HEALTH CENTER 603.626.9500
SUNCOOK FAMILY HEALTH CENTER	$77	$65	VERY HIGH	603.485.7861
CONCORD FAMILY MEDICINE	$79	$67	LOW	CONCORD FAMILY MEDICINE 603.228.0071
FAMILY CARE OF CONCORD	$79	$67	LOW	FAMILY CARE OF CONCORD 603.228.7400
PITTSFIELD MEDICAL CENTER	$79	$67	MEDIUM	603.435.8336
				BAY MEDICAL ASSOCIATES

http://www.nhhealthcost.org

The **Connecticut Center for Patient Safety** works to

Promote patient safety

Improve the quality of health care

&

Protect the rights of patients.

10% of deaths in this country are the result of health care harm

- 250,000 preventable deaths a year from health care harm.
- 100,000 from error,
- 100,000 infections,
- 19,000 unnecessary surgery,
- 15,000 radio over exposure and the remaining from medication interaction – chaotic prescribing.

We need this money

- Annually $700 billion in healthcare costs that do not improve outcomes
- 1/3 of the annual $2 trillion is squandered on unnecessary hospitalizations, unproved treatments, new expensive devices no better than the less expensive old one
- For every hospital acquired infection – add at least another $60,000

What is it that we know? Maybe others could help me

- Consumers Report
- Consumers Union Safe Patient Project
- American Federation of Teachers
- National Committee for Quality Assurance
- LeapFrog Group
- Childbirth Connection

“you should talk to……”

As data becomes available, we are beginning to learn more

Everyone believes they are doing a good job because they are working hard….

But everyone can work better

APCD can address whether or not they are working well – and cost effectively

recommendations

- APCD involve non conflicted consumers and patient safety stakeholders in the design and development of reports
- Establish a patient safety collaborative to publish an annual report: data can provide evidence for system change, improved outcomes and decrease harm
- Increase public education on patient safety
- Become the trusted data source for the state.

Just think if we could

- Better understand the outliers in care provision and provide education for them
- Establish best practices for things like knee and hip replacement
- Better understand failures behind medication reconciliation
- Decrease over use of potentially harmful tests.

Bioscience Connecticut

Health Disparities Institute

Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.

Martin Luther King Jr.

Brenda Shipley

June 11, 2013

Key Findings – Other States

- States are using APCDs to identify and reduce health disparities.
- Data capture most useful to health disparities work is race, ethnicity, and primary language.
- Self-reported data at the point of enrollment/eligibility more reliable than observed data at point of encounter.
- MA standardized data collection of race, ethnicity, and language preference and mandated its collection by all healthcare organizations in 2006.

Key Findings – Other States

- The difference between the best states – MA & MD – and the worst in terms of using the APCD was whether or not the health equity stakeholders had technical resources to access and analyze data.

- MD has a Health Disparities Collaborative, uses the APCD to calculate cost of health disparities, and plans to use racial and ethnic data to evaluate hospital performance.

Key Findings – Connecticut

Lack of meaningful path to participation

+

Opportunity to engage

Recommendations

- Mandate all payers collect demographic data at point of enrollment that minimally includes race, ethnicity, and primary language.
- Convene a Health Disparities Data Collaborative across silos of health equity stakeholders to inform the design and use of the APCD.
- Address three core areas for disparities data analysis and reporting: quality, outcomes, and costs.
- Develop shared services initiatives for stakeholders lacking resource capacity to access, mine, and analyze data for disparities program work.

CT's Health Equity Community

- Is moving forward on recommendations.
- Has convened a health disparities data collaborative of academic, government, and community organizations.
- Is working with APCD staff to ensure the APCD's usefulness to identify and reduce health disparities.

Challenges reported by APCD states

- Constructing effective, credible governance structures
- Prioritizing data uses
- Integrating technology with current structures
- Sustainable funding
- Political, stakeholder support
- Clear data submission expectations
- Privacy and security concerns – consumer, payer

Governance recommendations

- Develop an independent governance structure
- Address timing concerns of access to data
- Public education effort
- Clear processes on submission, completeness, access to and acceptable uses of data
- Meaningfully engage consumers, patient safety, health equity and other stakeholders in collaboration to develop policies and in access decisions

Access findings

- Consumers have little to no information about costs or quality
- No timeline for consumer access to APCD in CT
- Stakeholders suggested many uses, particularly care delivery and payment reform, identify best practices, evaluate policy changes, reduce overtreatment
- Concerns about privacy, security and option not to be included

Access and reporting recommendations

- Develop web-based, consumer portal with quality and cost tools to drive better consumer decision-making
- Create a public process to define reports
- Hire really smart analysts to mine data tracking whole health system priorities
- Public review and comment on all identifiable uses, track compliance, with strong penalties for violations
- Educate public users, including workshops

Contact

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