

Introduction to All Payer Claims Databases

September 17, 2012

Welcome

- **Alaska Health Care Commission**
- **Freedman Healthcare**
- **APCD Business Case Assessment**

Agenda

- **Purpose and components of Business Case Assessment**
- **Background**
- **What is an APCD?**
- **How can an APCD be useful?**
- **Process for establishing an APCD**
- **Lessons learned**
- **Next steps/Q & A**

Components of the Assessment

- **Learn about current data collection efforts and where gaps exist**
- **Hear from stakeholders about data needs regarding cost, quality, and utilization measurement**
- **Assess options for APCD or APCD-like data collection and analysis**
- **Propose options for managing and sustaining an APCD**

Health Care in Alaska

- **Total spending > \$7.5B (2010), 40% increase over 2005**
- **\$11,926 per employee, highest in the nation**
- **Health care prices much higher in Alaska, partly due to higher cost of living**
- **HCC solutions to transform Alaska's Health Care System**

HCC Recommended Solutions

- **Ensure best available evidence is used for making decisions**
- **Enhance quality and efficiency of care on the front-end**
- **Increase price and quality transparency**
- **Pay for value**
- **Build the foundation of a strong health care system**
- **Focus on prevention**

What is an APCD?

- **“We cannot manage what we cannot measure”**
- **Designed to address need for comprehensive information across health care settings**
- **Large aggregation of claims data from all (or most) payers**
- **Includes: Eligibility, Medical, Pharmaceutical, & Provider information**
- **Various governing structures across states**

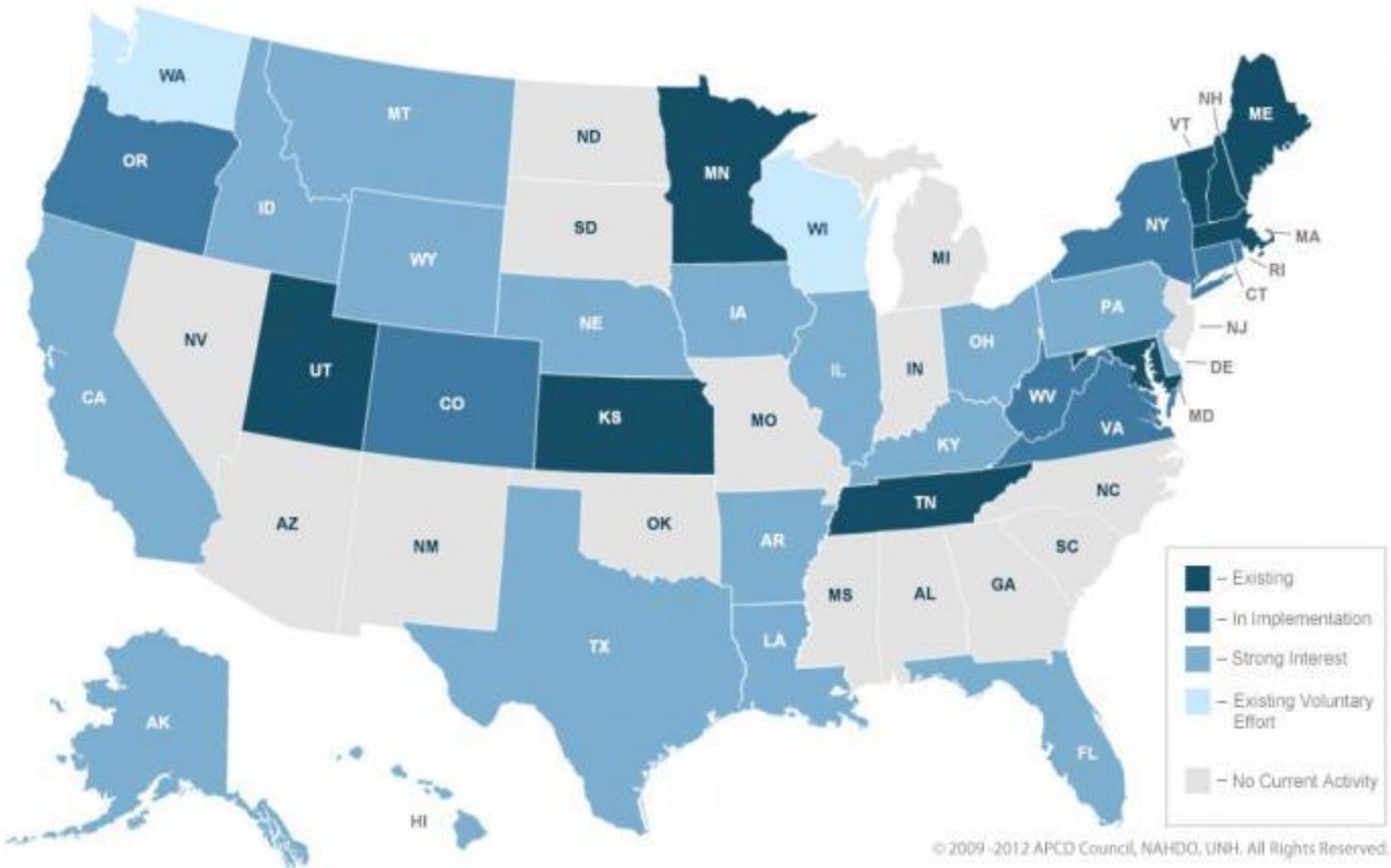
What does an APCD include?

- Encrypted social security**
- Patient demographics (date of birth, gender, residence, relationship to subscriber)
- Type of product (HMO, POS, Indemnity, etc.)
- Type of contract (single person, family, etc.)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPC, CDT)
- NDC code / generic indicator / other Rx
- Revenue codes
- Service dates
- Service provider (name, tax id, payer id, specialty code, city, state, zip code)
- Prescribing physician
- Plan charges & payments
- Member liabilities (co-pay, coinsurance, deductible)
- Date paid
- Type of bill
- Facility type
- Other 835/837 fields

What is not included in an APCD?

- **Claims for the uninsured**
- **Denied claims**
- **Worker's compensation claims**
- **Test results from lab, imaging, etc.**
- **Capitation fees**
- **Provider affiliations**
- **P4P and PCMH payments**

APCD Development



How can an APCD be useful?

- **Public Reporting on Price and Quality**
- **Clinical Performance Improvement**
- **Information on quality and costs for decision makers**
- **Studying geographic variation**
- **Population Health Analysis**

» Comparison of Providers

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Cardiovascular Disease: Bypass Surgery

Bypass surgery involves transplanting a blood vessel from your leg or chest to the heart to get around (or "bypass") a blockage in the heart's blood supply. [\(more\)](#)

Diagnostic classification: Coronary Bypass with cardiac catheterization (APR-DRG 165); Coronary Bypass only (APR-DRG 166)

[Summarized Report](#)
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Quality of Care

[\(more\)](#)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Quality Rating	★★★	★★★	★★★
Statistical Significance	Not different from State Average Quality	Not different from State Average Quality	Not different from State Average Quality

Cost of Care

[\(more\)](#)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Cost Rating	\$	\$\$	\$\$\$
Statistical Significance	Below Median State Cost	Not Different from Median State Cost	Above Median State Cost

[Boston Medical Center](#)
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[Brigham & Women's Hospital](#)
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[Massachusetts General Hospital](#)
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Detailed estimates for Arthroscopic Knee Surgery (outpatient)

Procedure: [Arthroscopic Knee Surgery \(outpatient\)](#)

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 20 miles of 03301

Deductible and Coinsurance Amount: \$200.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments
CONCORD AMBULATORY SURGERY CENTER	\$507	\$2769	\$3276
CAPITAL ORTHOPAEDIC SURGERY CENTER	\$553	\$3177	\$3730
DARTMOUTH HITCHCOCK SOUTH	\$601	\$3609	\$4210
LAKES REGION GENERAL HOSPITAL	\$664	\$4178	\$4842
SPEARE MEMORIAL HOSPITAL	\$673	\$4264	\$4937
FRANKLIN REGIONAL HOSPITAL	\$681	\$4334	\$5015
CATHOLIC MEDICAL CENTER ³⁰	\$759	\$5036	\$5795

How can an APCD be useful?

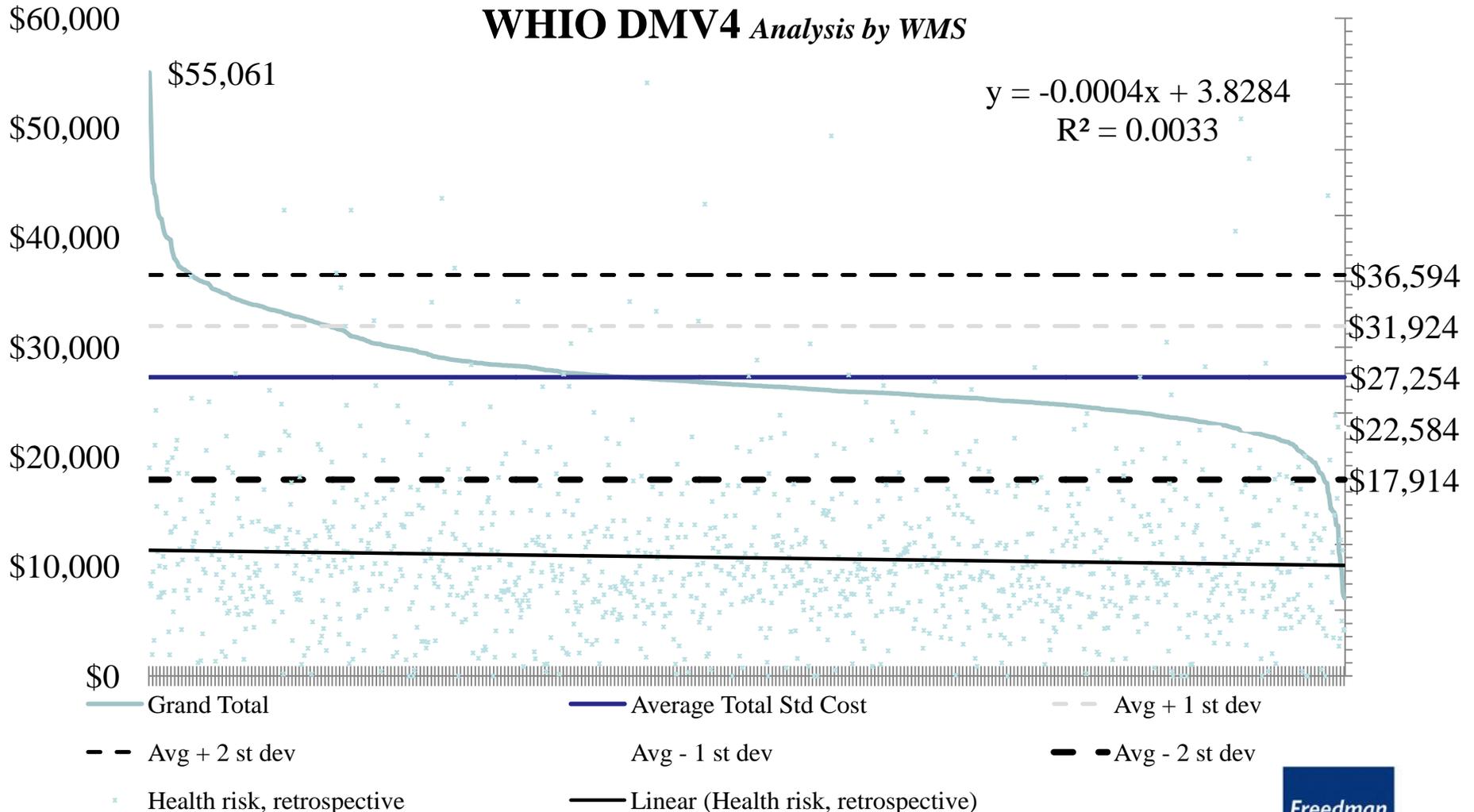
- **Public Reporting on Price and Quality**
- **Clinical Performance Improvement**
- **Information on quality and costs for decision makers**
- **Studying geographic variation**
- **Population Health Analysis**

CPT 27447/ETG ID 676

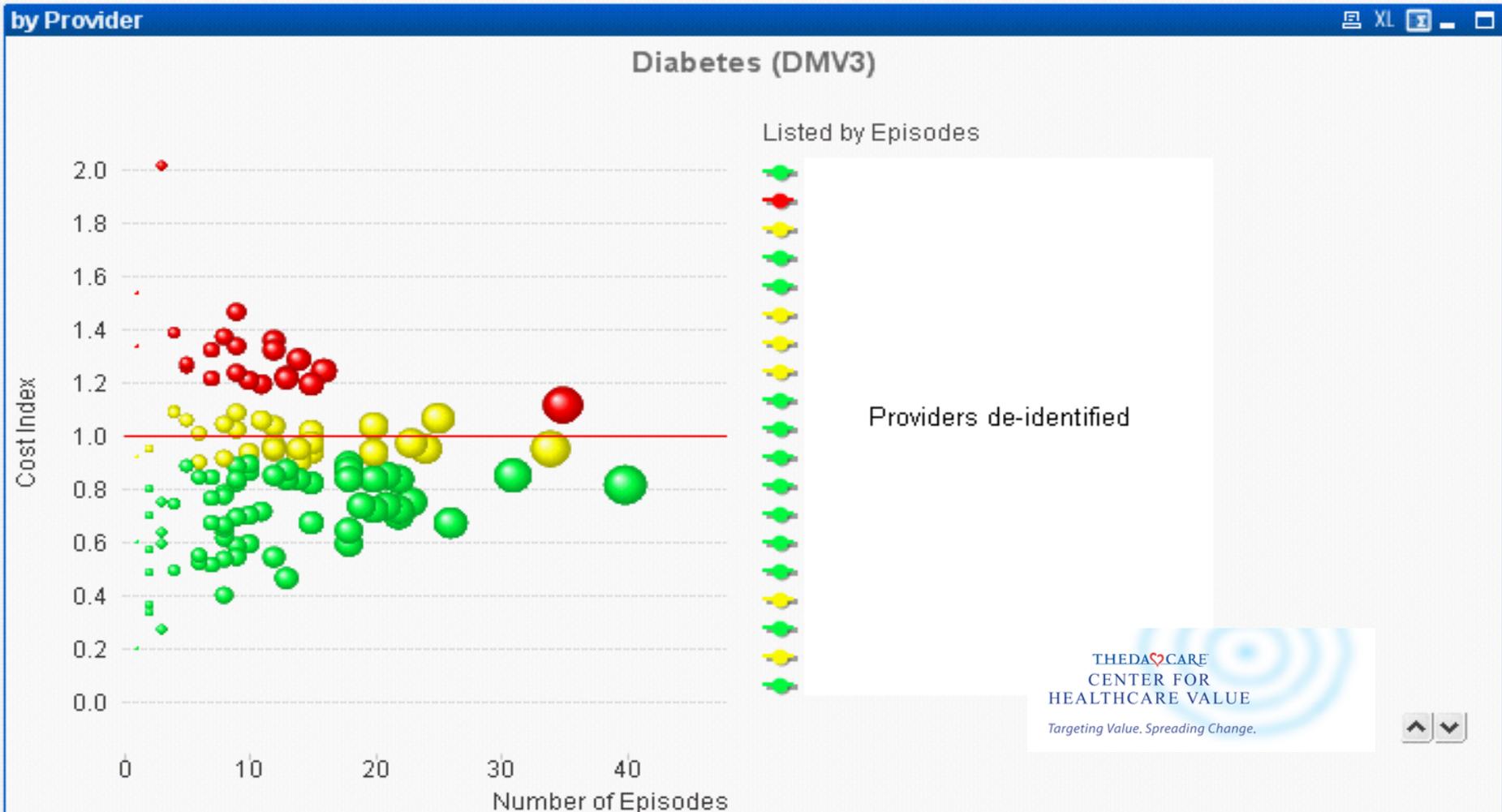
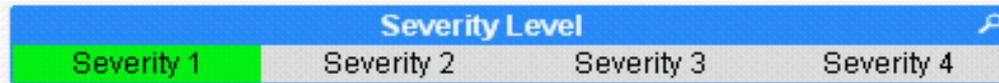
KNEE REPLACEMENT EPISODES

SINGLE KNEE, SINGLE ADMISSION, SEVERITY 1

WHIO DMV4 *Analysis by WMS*



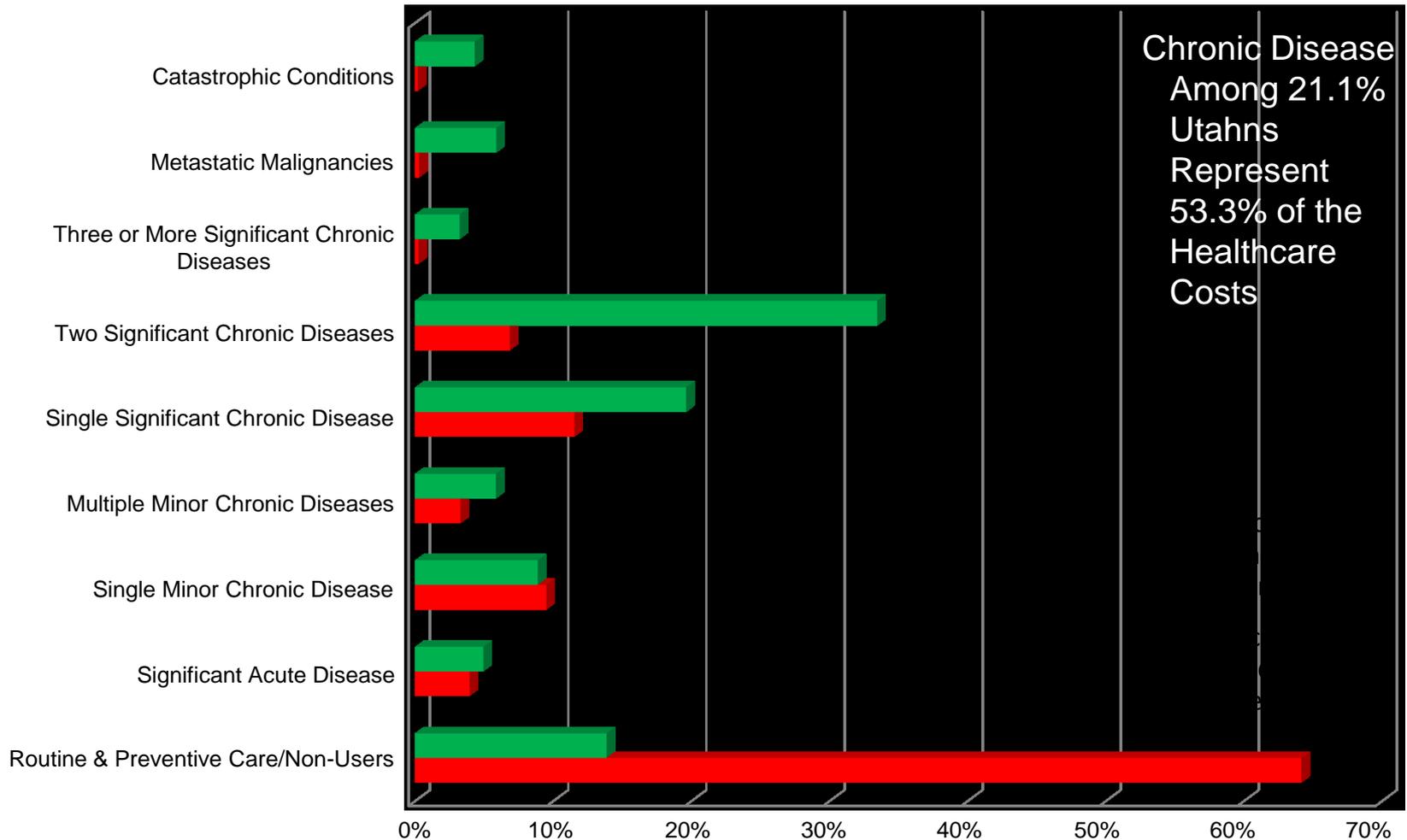
ETG by Provider – Diabetes Severity 1 Cost



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Where are Utah Healthcare Dollars Going?



Legend: Green bars represent proportion of spending; Red bars represent proportion of patient population

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Vermont

Burlington Hospital Service Area: Commercially Insured Under Age 65

Burlington Hospital Service Area Data						Vermont			New Hampshire	Maine	Tri-State Combined
Utilization Measure	Average Members	Number of Services or Procedures	Adj. Rate PER 1,000	95% LCL	95% UCL	Highest VT HSA	Lowest VT HSA	Adj. Rate PER 1,000			
Computerized Tomography (CT)	91,200	5,885	65.6	63.9	67.3	100.4	63.3	75.66	92.02	83.82	84.8
Magnetic Resonance Imaging (MRI)	91,200	5,180	57.8	56.2	59.4	73.8	53.3	62.39	81.06	64.40	69.5
Inpatient Hospitalizations	91,200	4,025	44.3	42.9	45.7	63.9	41.2	48.07	53.69	51.35	51.3
Inpatient Readmissions Within 30 Days	91,200	302	3.38	3.01	3.79	9.13	3.27	4.73	5.67	6.15	5.70
Inpatient Hospitalizations for Ambulatory Care Sensitive Conditions	91,200	175	1.96	1.68	2.27	5.98	1.96	2.94	4.38	3.97	3.90
Outpatient Emergency Department Visits	91,200	11,478	125.1	122.8	127.4	267.2	125.1	183.25	231.67	223.99	218.2
Potentially Avoidable Outpatient Emergency Department Visits	91,200	1,478	16.1	15.2	16.9	50.8	16.1	30.74	43.35	44.91	41.5
Non-Hospital Outpatient Visits	91,200	432,716	4,799	4,784	4,813	4887	3872	4561.97	5053.43	4512	4705
Office-Clinic Visits	91,200	305,860	3,395	3,383	3,407	3683	2974	3338.45	3757.71	3254.27	3442
Chiropractic or Osteopathic Manipulation	91,200	67,250	745	739	750	745	148	622.91	707.87	875.90	767
Hysterectomy, Females Age 20-64	34,741	141	4.09	3.44	4.83	11.37	3.38	5.79	7.19	6.94	6.78
Back Surgery, Age 20-64	67,850	201	3.01	2.61	3.46	4.32	1.81	3.01	3.81	3.77	3.62

Medical Expenditures (excluding pharmacy claims for prescription drugs)					
Area	Member Months	Payments (millions)	Adjusted PMPM	Hospital/Facility Proportion	Physician/Other Proportion
Burlington HSA	1,094,378	\$257.7	\$240	50.7%	49.3%
Highest VT HSA	1,094,378	\$257.7	\$301	69.8%	49.3%
Lowest VT HSA	71,817	\$20.1	\$240	50.7%	30.2%
Vermont	3,262,837	\$869.2	\$261	59.5%	40.5%
New Hampshire	5,409,270	\$1,684.2	\$317	60.0%	40.0%
Maine	7,196,791	\$2,057.1	\$284	60.3%	39.7%
Tri-State Combined	15,868,898	\$4,610.5	\$291	60.1%	39.9%

<http://www.bishca.state.vt.us/sites/default/files/Act49-Tri-State-Data-Compendium.pdf>

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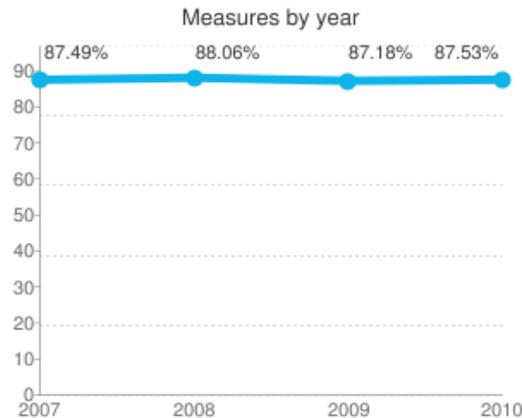


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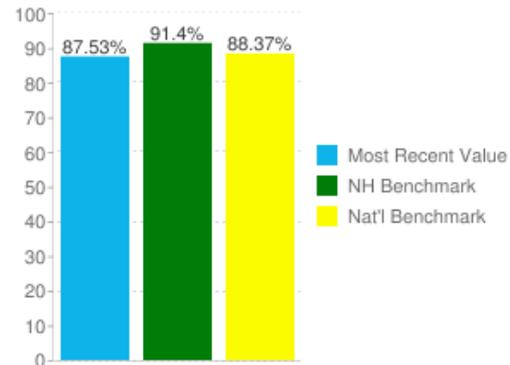
Medicaid Report Card

Results for: Use of Appropriate Medications for People with Asthma (ASM)

Measures by Year



Benchmarks

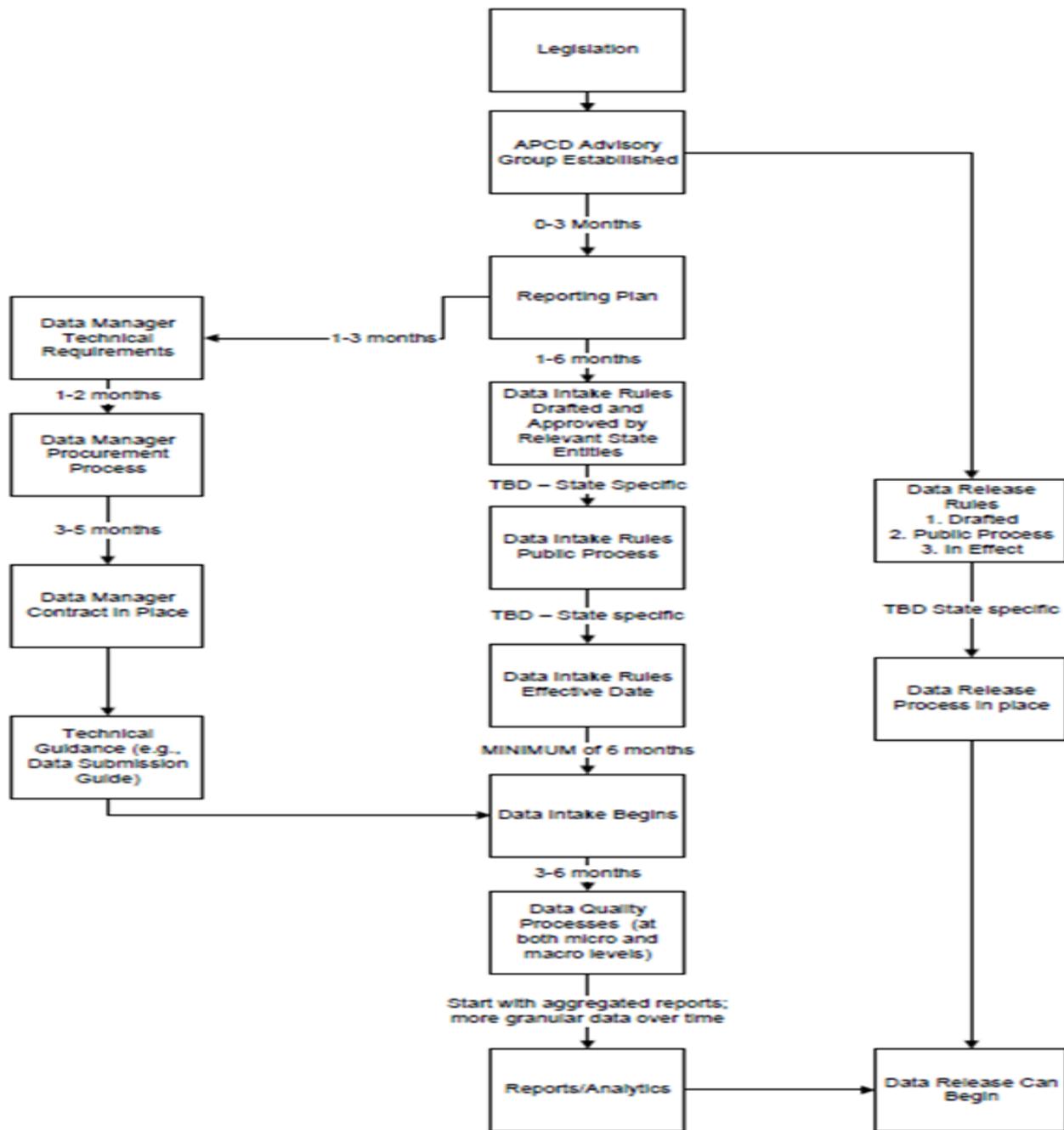


Data

Year	Measure Numerator	Measure Denominator	Measure Value	NH Benchmark	National Benchmark
2010	1,565	1,788	87.53%	91.4%	88.37%
2009	1,380	1,583	87.18%	89.9%	88.57%
2008	1,542	1,751	88.06%	90.7%	86.9%
2007	1,385	1,583	87.49%	91.3%	

Process for Establishing an APCD

- **APCD Advisory Board**
- **Data Collection authority**
- **Data collection rules**
- **Data release rules**
- **Technical build**



Lessons Learned

- **Convene stakeholder group**
- **Legislative authorization**
- **Establish criteria for release and use of data**
- **Work closely with health plans**
- **Create a tiered approach for reporting**
- **Embrace transparency**
- **Develop sustainability plan**
- **Build unique member id**
- **Include robust privacy and security measures**

Next steps

- **Hold focus groups and interviews with various stakeholders**
- **Accept other forms of feedback (email: ptrivedi@freedmanhealthcare.com)**
- **Summarize findings from meetings and present at October 11th HCC meeting**
- **Write draft report**
- **Incorporate feedback and finalize recommendations**

Q&A

- **What questions do you have about APCDs?**
- **How can these data help your organization?**
- **Could this approach (an APCD) to healthcare improvement make sense in Alaska?**
- **Do you have any specific concerns you would like to discuss?**