An All-Payer Claims Database (APCD) for New Mexico

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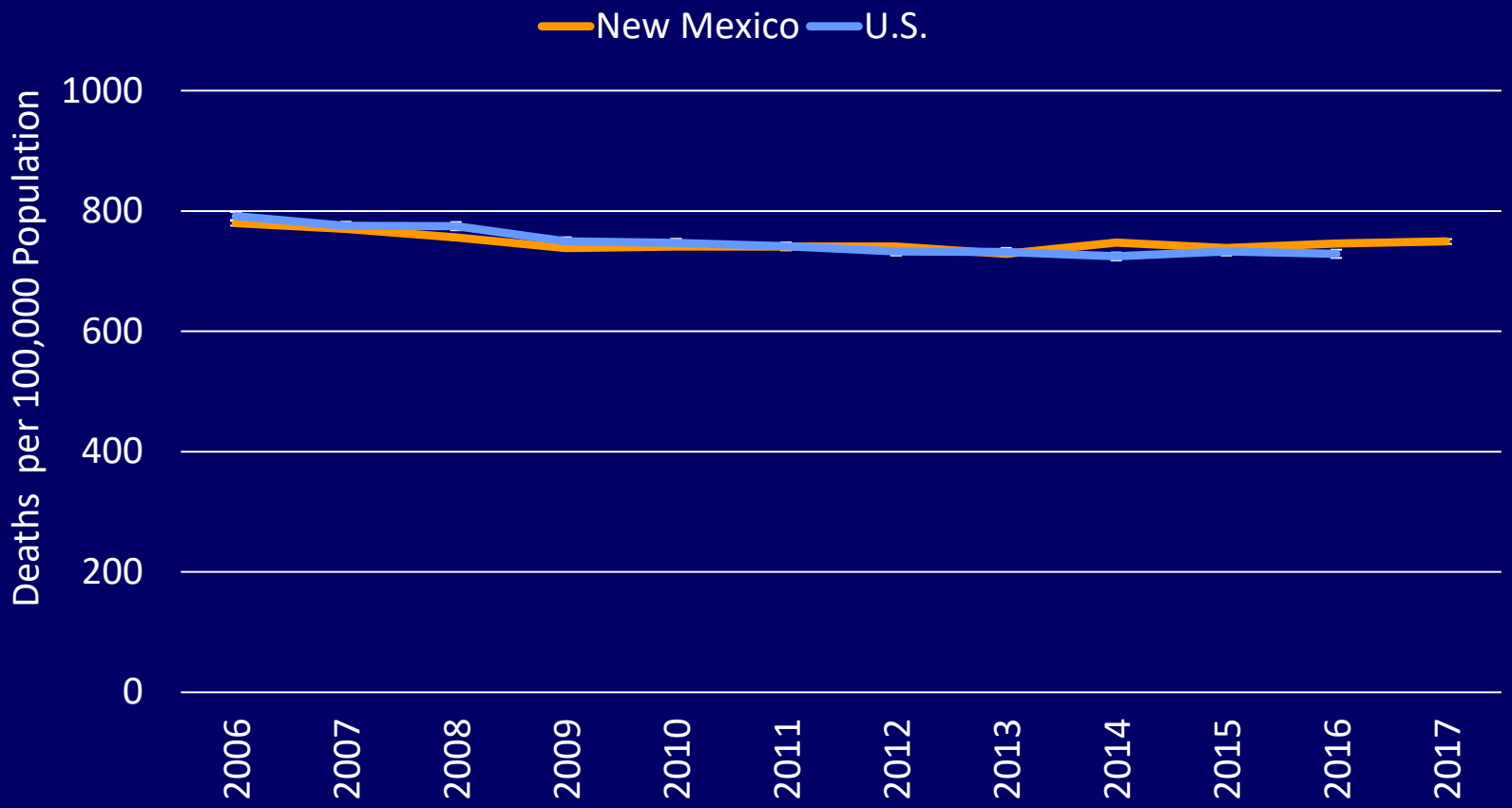
Objectives

- Describe NM health data needs
- Describe what an APCD is
- Describe how other states have used APCDs
- Propose NM APCD uses
- Describe APCD planning to date
- Discuss next steps

Total Death Rates

New Mexico, 2006-2017 and U.S., 2006-2016

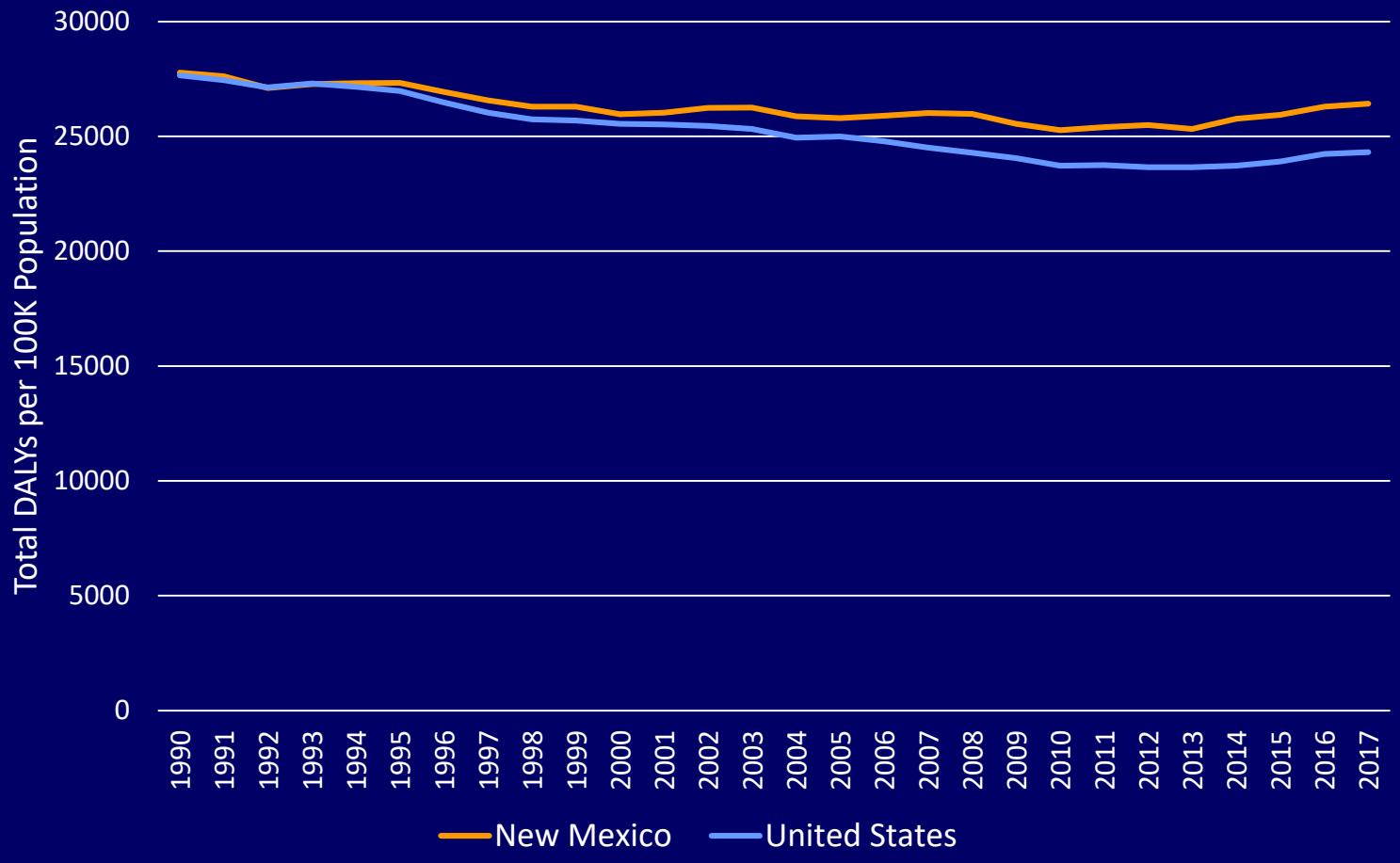


Rates have been age-adjusted to the standard U.S. 2000 population

Source: NMDOH, Bureau of Vital Records and Health Statistics; CDC WONDER

DALYs: NM vs. US Age-Standardized

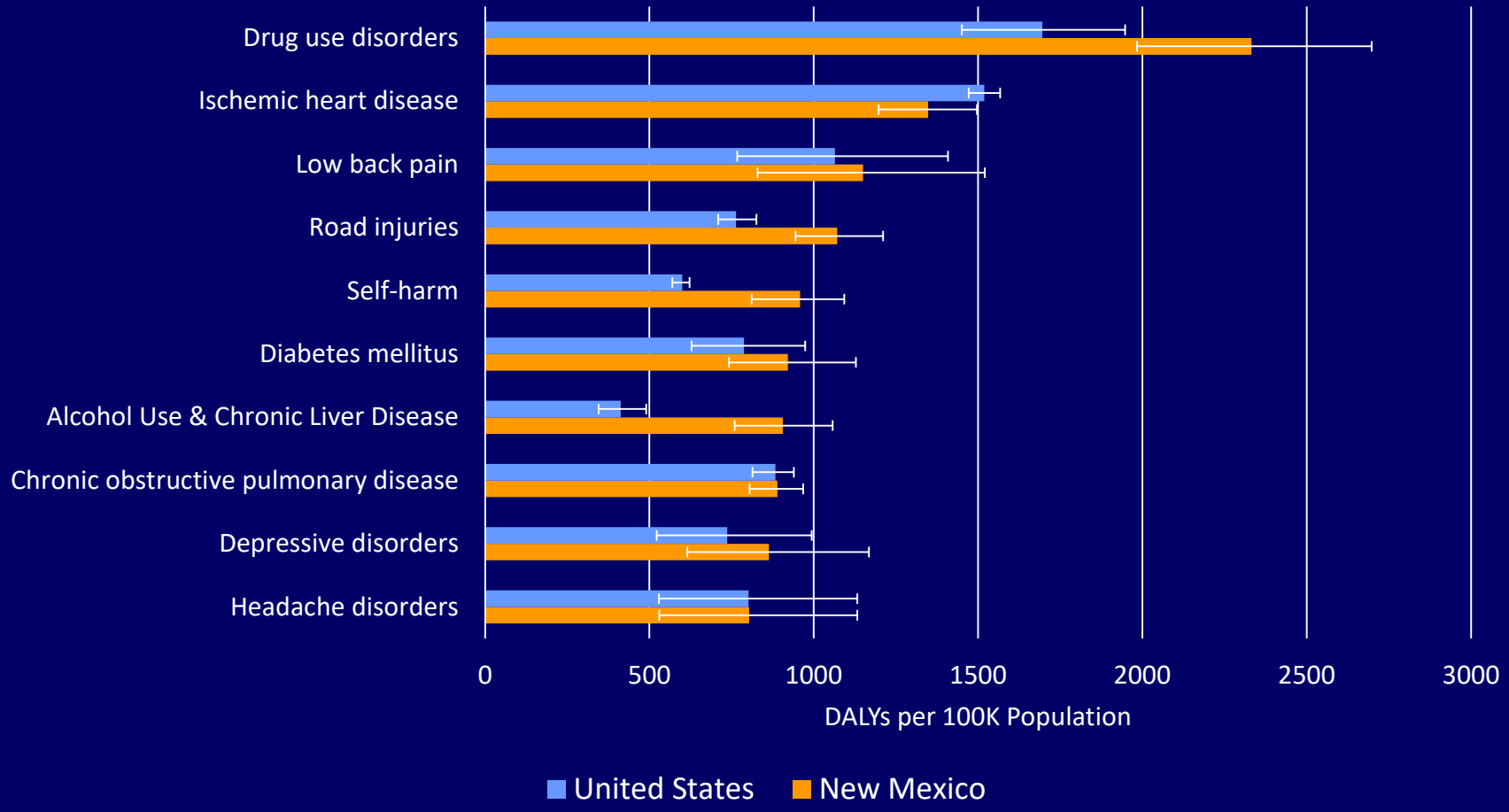
Total DALYs, 1990-2017



Source: University of Washington, Institute for Health Metrics and Evaluation, GBD Compare

DALYs: Top 10 Conditions Age-Standardized

New Mexico vs. US, 2017



Source: University of Washington, Institute for Health Metrics and Evaluation, GBD Compare

Available NM Population-level Health Data

- Births and Deaths
- Notifiable Condition
- Youth, Adult and Pregnancy Surveys
- Hospitalization and Emergency Department
- Prescription Monitoring Program
- Tumor Registry

Not Currently Available
NM Population-level Health Data

- Outpatient visits
- Non-controlled substance pharmacy data
- Medical records

What is an APCD?

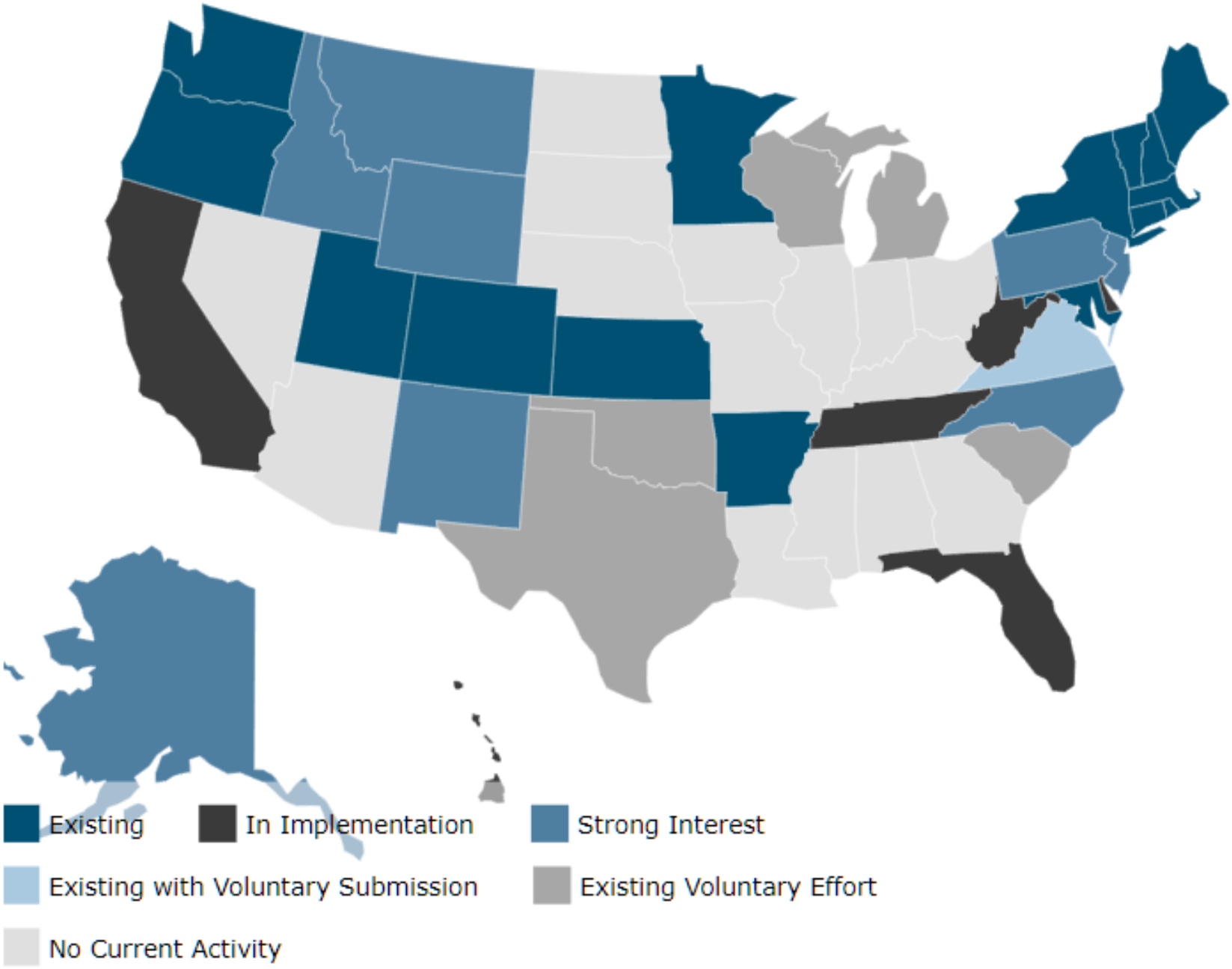
"All-payer claims databases (APCDs) systemically collect administrative data, including medical, pharmacy, and dental claims, eligibility files, and provider (physician and facility) files. These claims are created when an insured patient recieves [sic] care or fills a prescription, and include a record of what was provided, who provided it, how much was charged, and how much was paid. Data are submitted directly to a central point, often a state agency or its vendor." [https://www.chcf.org/publication/the-abcs-of-apcds/. Retrieved May 15, 2019]

Common Data Elements included in APCDs

- Encrypted SSN or ID#
- Type of product
- Type of contract
- Patient demographics
- Diagnosis, procedure and Drug codes
- Service provider
- Prescribing physician
- Health plan payments
- Member payment responsibility
- Type and date of bill
- Facility type
- Revenue codes
- Service dates

Data Elements not commonly included in APCDs

- Services provided to the uninsured
- Worker's compensation claims
- Tests results from lab work or imaging



How states are using an APCD

Stakeholder/endeavor	Use
Consumers	Consumer websites primarily focused on cost and quality.
Employers	Employer and purchasing coalition efforts.
Providers	Accountable care; organizations and quality.
Researchers	Academic and “think tank” research.
Population Health	Incidence, prevalence, quality and utilization.
Insurance Department	Regulatory and market use cases.
Medicaid	Comparisons between Medicaid and commercial populations.
Health Reform	Medical home, accountable care organizations and triple aim.

Source: APCD Showcase: States Leading by Example. https://www.apcdshowcase.org. Retrieved May 20, 2019.

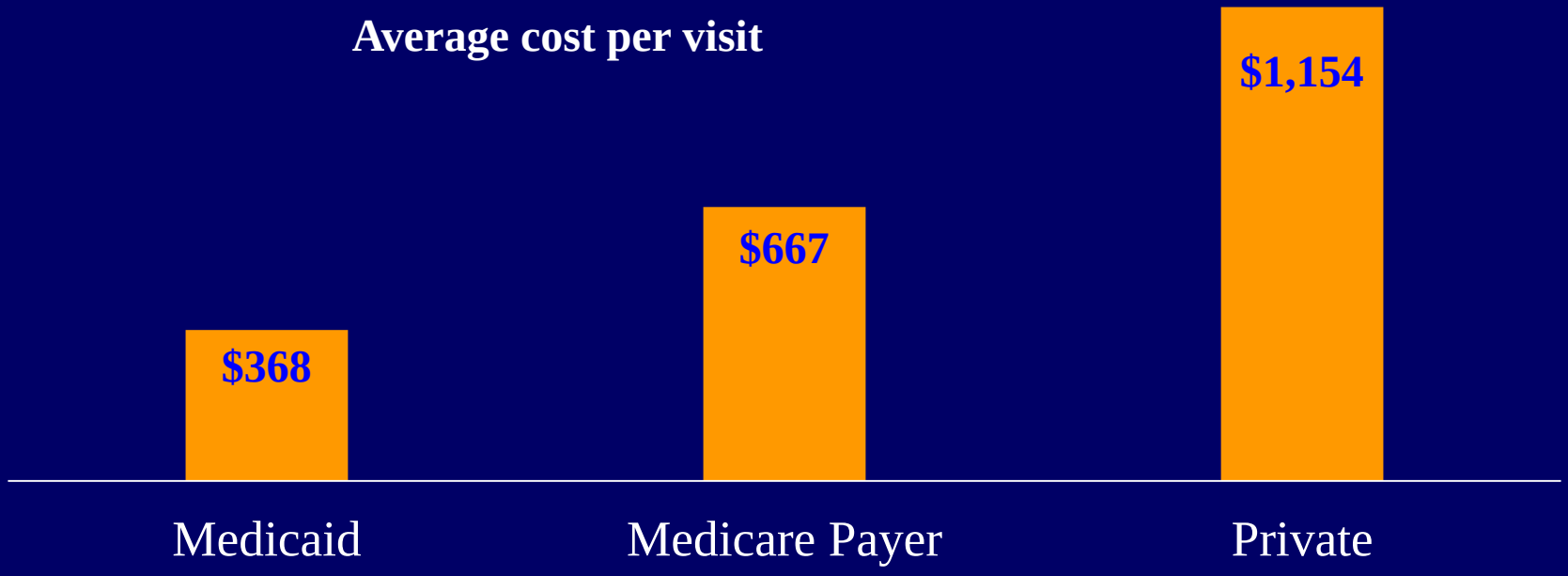
How states are using claims data to understand and improve care

- Tracking spending trends and health care cost drivers.
- Understanding prescription drug spending and use.
- Uncovering key drivers of the opioid epidemic.
- Estimating the prevalence and cost of chronic disease by type of health care coverage (e.g., Medicaid and commercial).

Adapted from: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. https://www.chcf.org/publication/the-abcs-of-apcds/. Retrieved May 20, 2019. Reprinted with permission from the California Health Care Foundation 2019.

Rhode Island Cost Study

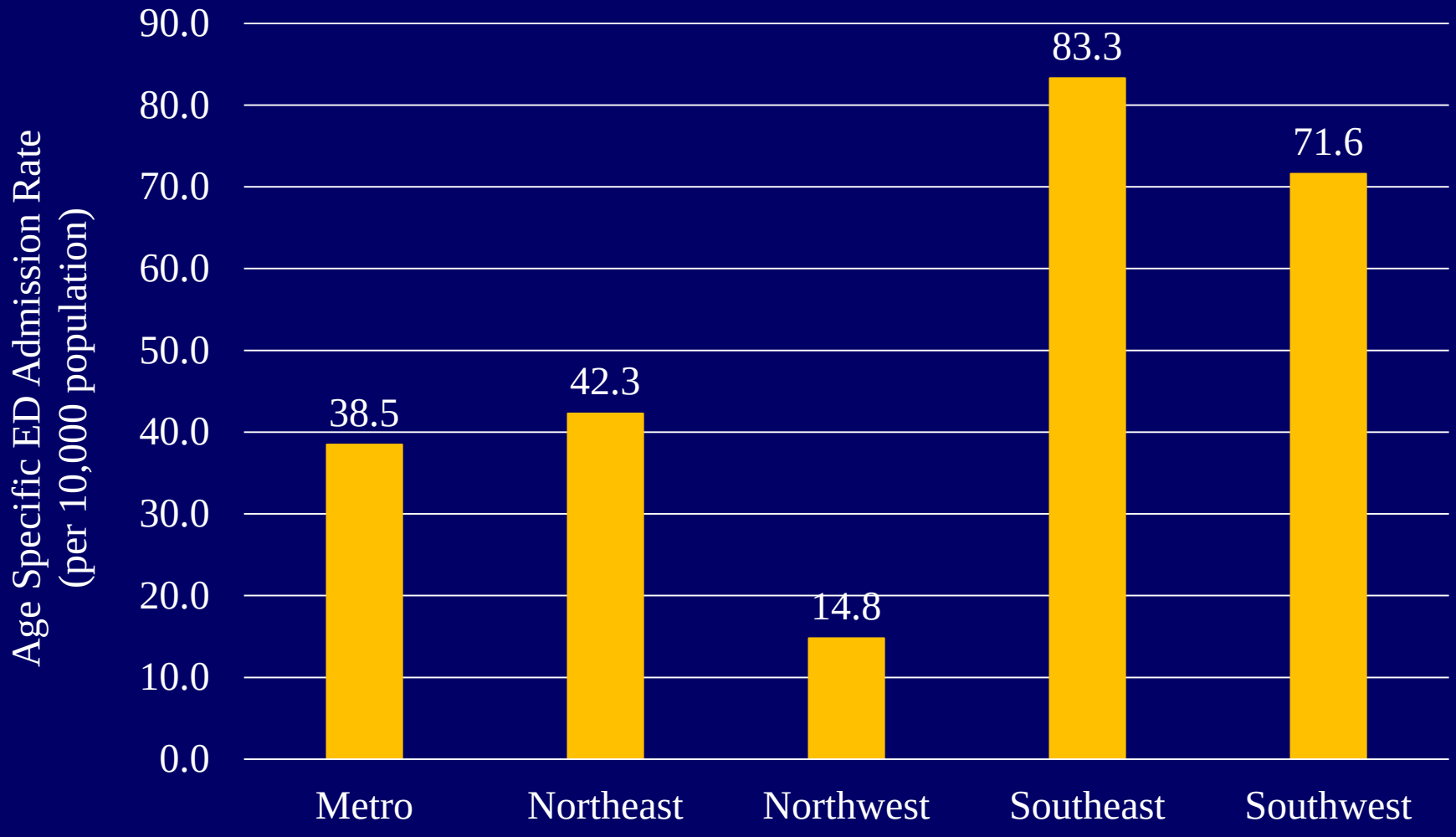
Cost of Potentially Avoidable Emergency Room Visits, Rhode Island, 2013-2014



Adapted from: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Potentially Preventable Emergency Room Visits, Rhode Island Dept. of Health, health.ri.gov. Reprinted with permission from the California Health Care Foundation 2019.

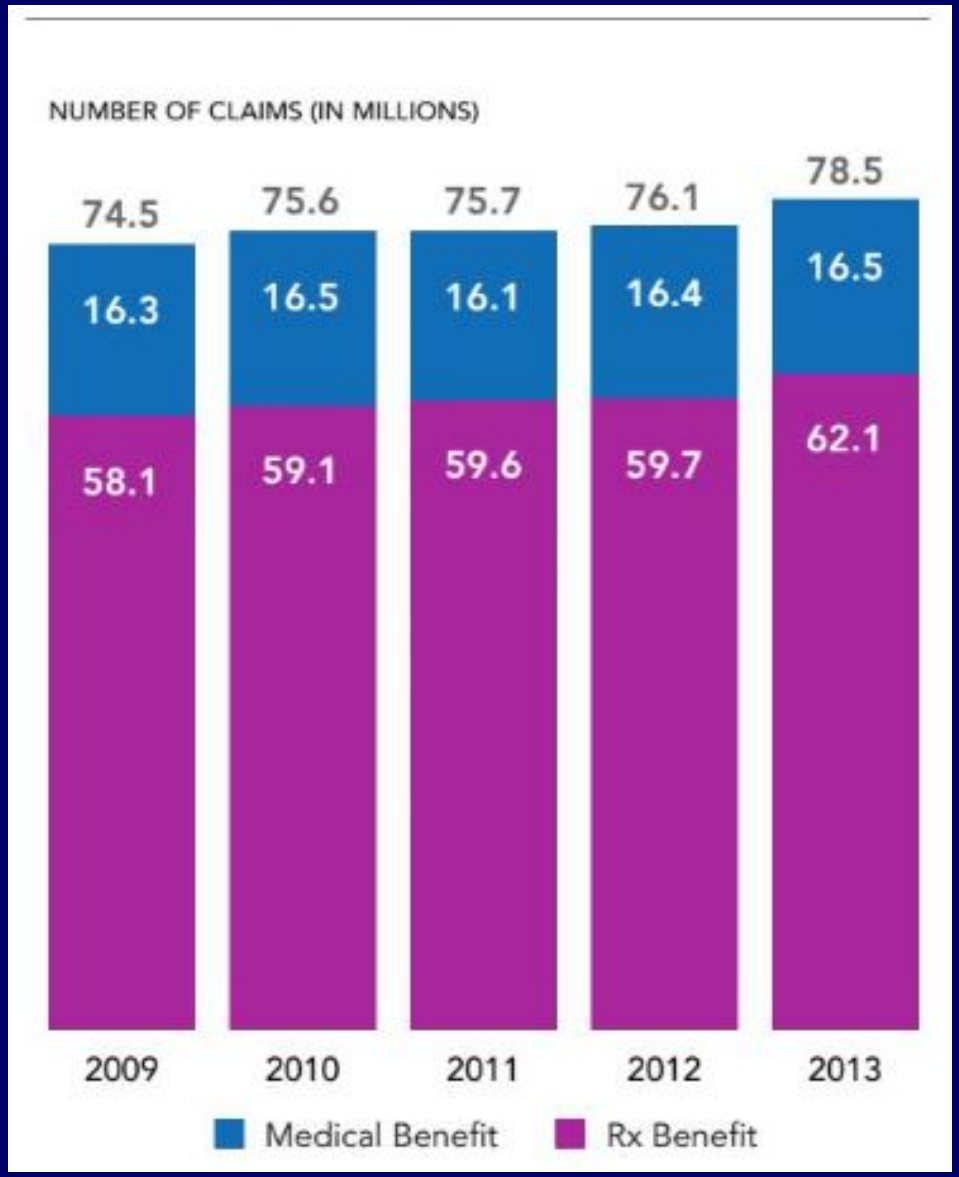
Alzheimer's Disease

Among New Mexico Adults Age 65+, by Health Region, 2017



SOURCE: Emergency Department Data, ICD-9 331.0 (2015); ICD-10 G30 (2016 and 2017)

Minnesota Spending on Prescription Drugs, 2009-2013



Adapted from: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Prescription Drug Spending Trends in MN, Minnesota Dept. of Health, Feb. 29, 2019, www.health.state.mn.us

(PDF). Reprinted with permission from the California HealthCare Foundation 2019.

Minnesota Opioid Study

Proportion of Prescriptions by Prior Procedure or Diagnosis, 2015		
Procedure or Diagnosis (within 90 days)	**Total**	**High-Dose (90+ MME per day)**
Surgery	51.7%	50.7%
Injury	7.3%	5.7%
Back pain	9.4%	12.2%
Other acute pain	1.0%	1.0%
Other chronic pain	13.0%	18.2%
Long-term opioid use	1.0%	1.1%
Other medical visit	7.4%	4.0%
No medical visit	9.3%	7.1%

Adapted from: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Stefan Gildemeister, Opioid Use in Minnesota: Analysis of Prescribing Patters & Chronic Use (presented at annual meeting of the National Association of Health Data Organizations, Oct. 2018), Minnesota Dept. of Health, Oct. 11, 2018, www.nahdo.org (PDF). Reprinted with permission from the California Health Care Foundation 2019.

Utah Opioid Study

Top Diagnosis Categories (CCS) at Initial Prescription for Chronic Users, Utah, July 1, 2014 to June 30, 2015		
Diagnosis	**Number/Percentage**	
Spondylosis; intervertebral disc disorders, other back problems	323	27.2%
Other non-traumatic joint disorders	71	6.0%
Other connective tissue diseases	67	5.6%
Medical examination/evaluation	58	4.9%
Headache, including migraine	56	4.7%
Osteoarthritis	44	3.7%
Other nervous system disorders	42	3.5%
Essential hypertension	42	3.5%
Diabetes mellitus without complication	30	2.5%
Rheumatoid arthritis and related disease	26	2.2%

Adapted from: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Utah Health Status Update: Initial Diagnosis of Opioid Naive Patients, Utah Dept. of Health, Sept. 2017, ibis.health.utah.gov (PDF). Reprinted with permission from the California Health Care Foundation 2019.

Colorado Chronic Condition Insights Study

Hypertension

12% of Coloradans were diagnosed with **hypertension** in 2015.

- **Hypertension** is more prevalent in older age groups with marked differences between payer types.

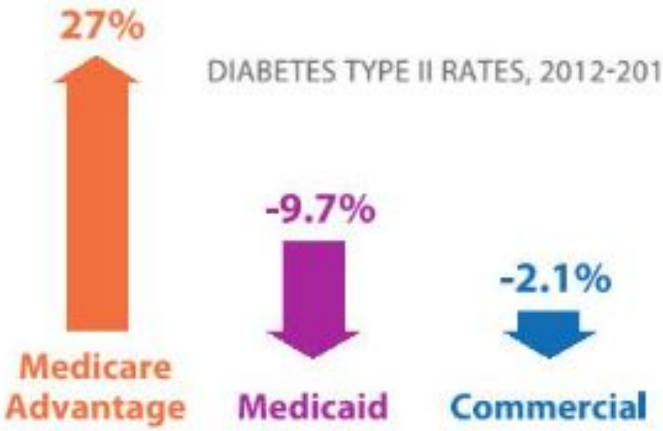
HYPERTENSION PREVALENCE IN ADULTS, 35–64

Diabetes Type II

4.8% of Coloradans had a **diabetes type II** diagnosis in 2015.

- Overall, **diabetes type II is up 10%** since 2012.

DIABETES TYPE II RATES, 2012-2015



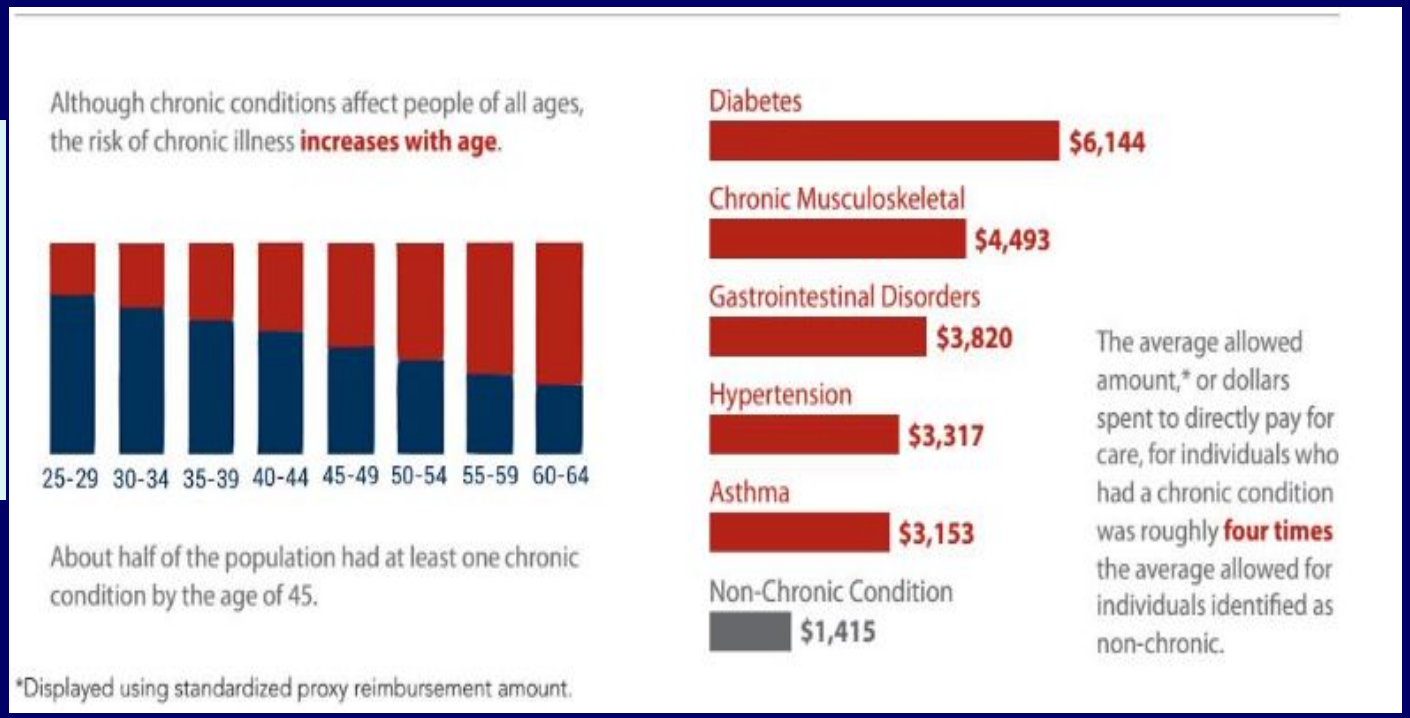
Source: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Chronic Conditions in Colorado, Center for Improving Value in Health Care, www.civhc.org (PDF). Reprinted with permission from the California Health Care Foundation 2019.

Virginia Top Chronic Conditions Study

Top Chronic Conditions, Virginia, 2015*

- Hypertension
- Asthma
- Diabetes without coronary artery disease
- Chronic musculoskeletal disorders
- Gastrointestinal disorders

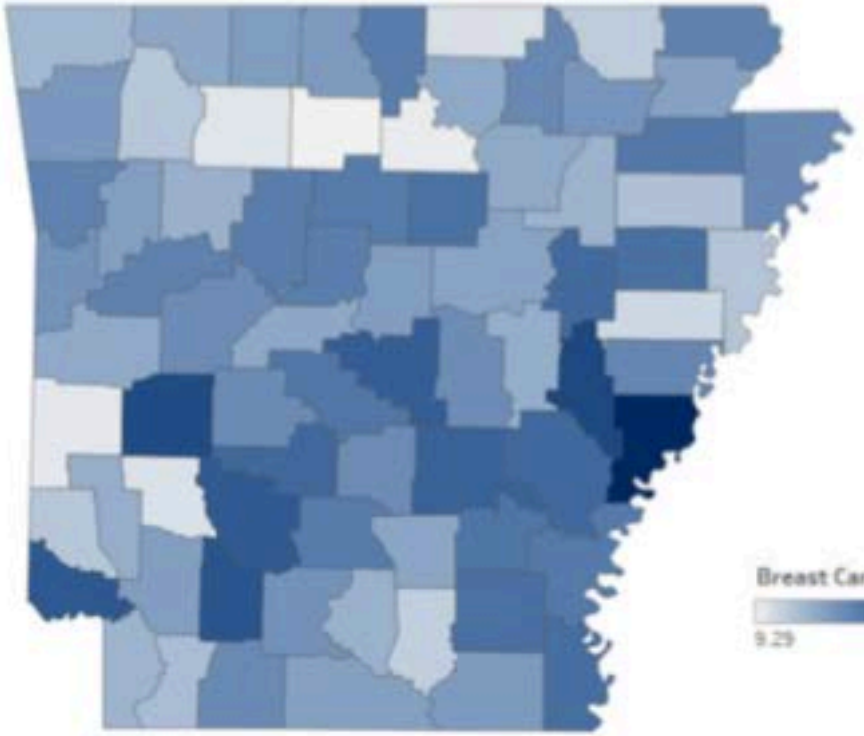
*Accounted for more than 50% of individuals with a chronic condition.



Source: The ABCs of APCDs: How states are using claims data to understand and improve care. California Health Care Foundation. November 8, 2018. Chronic Conditions in Virginia, Virginia Health Information, 22.vhi.org (PDF). Reprinted with permission from the California Health Care Foundation 2019.

Prevalence of Breast Cancer in Arkansas

January 2016 through September 2017



This map graphically depicts county-level variability in the percentage of women ages 45-64* who received treatment for breast cancer across Arkansas.

*covered by carriers participating in the Arkansas All-Payer Claims Database

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.
1401 W Capitol Avenue, Suite 300 • Little Rock, Arkansas 72201 • (501) 526-2244 • www.achi.net

Source: https://www.apcdshowcase.org/content/prevalence-breast-cancer-Arkansas. Retrieved May 19, 2019.

Possible Uses of NM APCD

- Substance Use Disorder – screening and brief intervention utilization
- Suicide – depression prevalence and antidepressant use
- Methamphetamine OD – outpatient treatment utilization
- Opioid OD – connect diagnosis to PMP data

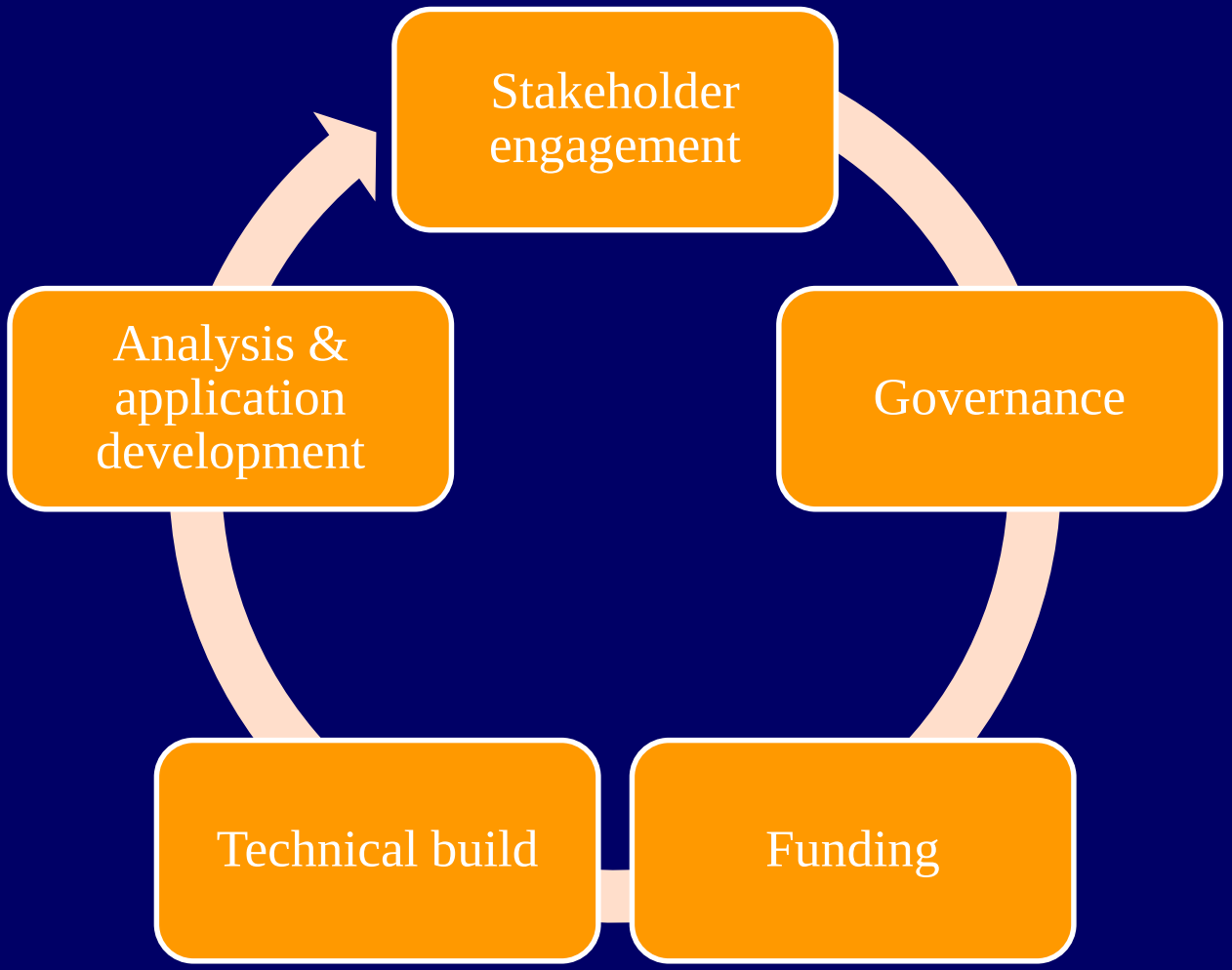
Possible Uses of NM APCD

- Hypertension – prevalence and treatment
- Heart disease – use of medications for secondary prevention
- Rhematoid arthritis – prevalence and tx
- Primary care visits/population by county
- Ratio of primary care visits to ED visits

What resources exist for APCD implementation?

- APCD Council – a workgroup led by National Association of Health Data Organizations (NAHDO) and University of New Hampshire.
  - Numerous resources for APCD implementation (including an extensive handbook)
  - Facilitates communication between states with APCDs.
- Other states with APCDs
- Vendors who specialize in APCDs
  - Several vendors exist that work with different states
  - Individual states do not have to “reinvent the wheel”

APCD Development Framework



Adapted from: Porter, J., Love, D., Costello, A., Peters, A. and Rudolph, B., *All-Payer Claims Database Development Manual: Establishing a Foundation for Health Care Transparency and Informed Decision Making*, APCD Council and West Health Policy Center, February 2015.

NM State Incentive Model

- One year funding from CMS in 2015
- Joint project of DOH and HSD
- APCD workgroup facilitated by the APCD Council resulting in a plan for a NM APCD in March 2016

Engagement

- Policy makers
- Payers
- Health care providers
- Employers and employer coalitions
- State agencies
- Consumers
- Researchers
- Health Information Exchange (HIE) and Health Insurance Exchange (HIX) systems.

Source: Porter, J., Love, D., Costello, A., Peters, A. and Rudolph, B., *All-Payer Claims Database Development Manual: Establishing a Foundation for Health Care Transparency and Informed Decision Making,* APCD Council and West Health Policy Center, February 2015.

Health Information System Act

- Provided much of the data related authority for the Health Policy Commission
  - Hospitalization, ED, outpatient, cost data
- Act was tied to DOH in 2012
- In 2015, health cost transparency aspects and HIS Advisory Group added to Act
- HIS Act currently provides DOH with the authority for an APCD
  - Specific claims data reporting rules will need to be developed

IT C2 Funding and other Funding

- $900,000 to DOH in 2019 legislative session for an APCD project – can be spent until 6/30/21
- HB 548 - $275,000 “to study health care”

Technical Build

- List of payers
- The Common Data Layout for All Payer Claims Databases developed by the APCD Council in 2018 will be the basis of the NM data requirements
- Medicare data

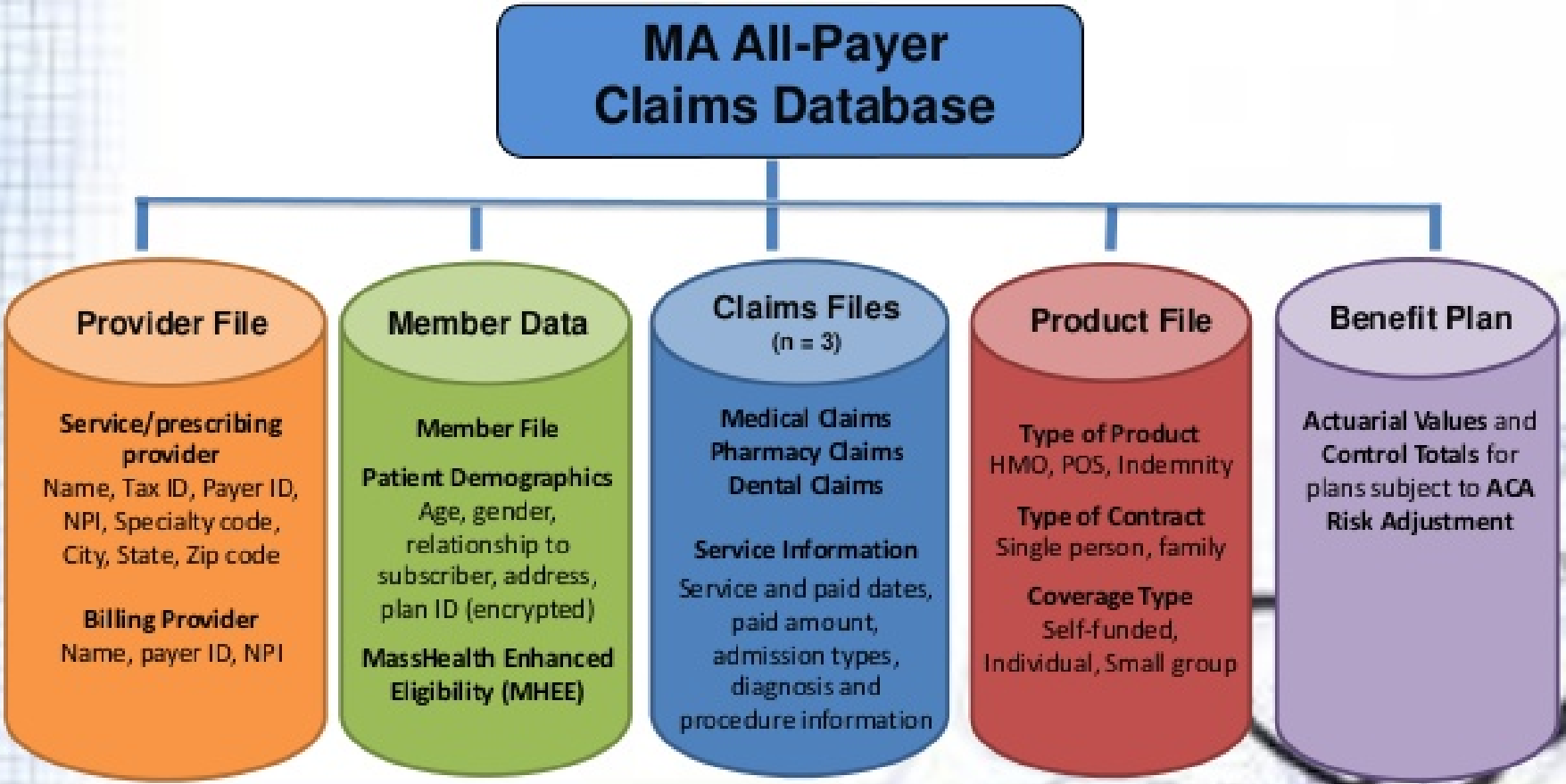
Source: Porter, J., Love, D., Costello, A., Peters, A. and Rudolph, B., *All-Payer Claims Database Development Manual: Establishing a Foundation for Health Care Transparency and Informed Decision Making*, APCD Council and West Health Policy Center, February 2015.

Analysis and Applications Development

- What information, if any, will be shared
- With whom data reports will be shared
- When data and reports will be shared
- Restrictions to public release and access
- In what formats data will be released

Source: Porter, J., Love, D., Costello, A., Peters, A. and Rudolph, B., *All-Payer Claims Database Development Manual: Establishing a Foundation for Health Care Transparency and Informed Decision Making*, APCD Council and West Health Policy Center, February 2015.

Massachusetts



Next Steps

- Continue state agency APCD working group
- Submit new C2 funding proposal later this month
- Stakeholder engagement process
- Develop draft APCD regulations
- Develop APCD specifications for RFP
- Issue RFP and select vendor

Conclusions

- An APCD would be a critical addition to available NM health data, particularly in the areas of outpatient visit, pharmacy and cost data
- The major long-term benefit of an APCD for NM would be to help understand and improve the health care system in order to improve the health of the NM population