Topics

- Background
- Usage Examples
- Lessons Learned and Challenges
- Questions
Background
Welcome to the APCD Council!

The APCD Council, formerly known as the Regional All Payer Healthcare Information Council (RAPHIC), is a federation of government, private, non-profit, and education organizations focused on improving the development and deployment of state-based all payer claims databases (APCD). The APCD Council is convened and coordinated by the Institute of Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).

RAPHIC was first convened in 2006 by UNH, IHPP staff with the goal of engaging future users of the Maine and New Hampshire APCDs in a discussion about multi-state collaboration. Soon after, states across the country joined the group. Currently, there is participation from nearly a dozen states. NAHDO was established in 1986 to promote the uniformity and availability of health care data for cost quality and access purposes. In 2007, NAHDO forged a collaboration with RAPHIC to expand APCD data initiatives beyond the north east region and to lead fund raising for APCD products and conference support. Together, NAHDO and RAPHIC have been coordinating a multistate effort to support state APCD initiatives and shape state reporting systems to be capable of supporting a broad range of information needs.

In response to a shift from a regional to nationwide focus, RAPHIC has changed its name to the APCD Council. The APCD Council will continue to work in collaboration with states to promote uniformity and use of APCDs.
National Activities

- Standards Development
- Technical Assistance
- Web Resources
- Publications and Issue Briefs
- Annual Conference
- AHRQ USHIK Database
- Partners: APCD Council, NAHDO, States, Carriers, AHRQ, AHIP, National Council for Prescription Drug Programs (NCPDP), AcademyHealth State Coverage Initiatives, The Commonwealth Fund, NGA

Copyright 2009-2011 APCD Council, NAHDO, UNH
Technical Advisory Panel

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- America's Health Insurance Plans (AHIP)
- Individual Payers (e.g., Aetna, Cigna, Harvard Pilgrim Health Care, Humana, UnitedHealthcare)
- Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)
- Centers for Medicare & Medicaid Services (CMS)
- National Association of Health Data Organizations (NAHDO)
- National Association of Insurance Commissioners (NAIC)
- National Conference of State Legislatures (NCSL)
- National Governors Association (NGA)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- State Health Plan Associations - various
Backdrop 2005-11

- Increased Transparency Efforts
- Employer Coalitions
- Payment Reform
  - Patient Centered Medical Home
  - Accountable Care Organizations
- Health Information Exchange (HITECH)
- Health Reform (PPACA)
Definition of APCDs

- Databases, created by state mandate, that typically include data derived from medical, eligibility, provider, pharmacy, and/or dental files from private and public payers:
  - Insurance carriers (medical, dental, third party administrators (TPAs), pharmacy benefit managers (PBMs))
  - Public payers (Medicaid, Medicare)
Sources of APCD Data

- Commercial & TPAs & PBM & Dental & Medicare Parts C & D
- Medicaid FFS & Managed Care & SCHIP
- Medicare Parts A & B
- Uninsured & TRICARE & FEHB

Copyright 2009-2011 APCD Council, NAHDO, UNH
APCDs Are about Transparency

- In what geographies is public health improving?
- What percentage of my employees have had a mammogram?
- If emergency room usage in Medicaid is higher than in the commercial population, what are the drivers?
- What is the average length of time people are using antidepressant medications?
- How far do people travel for services? Which services?
- Hundreds of additional questions have been asked...
Usage Examples
Something for Everyone...

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD (Federal government, etc.)
Prevalence of Asthma by Age, NH Medicaid (non-Dual) and NH Commercial Members, 2005

SOURCE: NH DHHS

Copyright 2009-2011 APCD Council, NAHDO, UNH
**Episode Treatment Groups (ETGs) for Benign Conditions of the Uterus**

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed

**Preference Sensitive Care**

<table>
<thead>
<tr>
<th>BENIGN CONDITIONS OF THE UTERUS</th>
<th>HYSTERECTOMY</th>
<th>OTHER SURGICAL PROCEDURES</th>
<th>WITHOUT SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETG-Subclass</td>
<td>646</td>
<td>646</td>
<td>647</td>
</tr>
<tr>
<td>Number of Episodes</td>
<td>938</td>
<td>2,183</td>
<td>7,369</td>
</tr>
<tr>
<td>% with CT-Scan</td>
<td>11%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>% with Ultrasound</td>
<td>57%</td>
<td>67%</td>
<td>45%</td>
</tr>
<tr>
<td>% with Hysteroscopy</td>
<td>7%</td>
<td>48%</td>
<td>9%</td>
</tr>
<tr>
<td>% with Colposcopy</td>
<td>1%</td>
<td>2%</td>
<td>17%</td>
</tr>
<tr>
<td>% with Endometrial biopsy</td>
<td>20%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Average Payment per Episode</td>
<td>$11,074</td>
<td>$7,994</td>
<td>$1,273</td>
</tr>
</tbody>
</table>

The average episode payment for members with abdominal hysterectomy was $11,221, and the average payment for members with vaginal hysterectomy was $10,990. Of members with a hysterectomy, 66% had abdominal and 34% had vaginal hysterectomy. Other surgical procedures included hysteroscopy ablation, laparoscopic removal of lesions, myomectomy, and removal of ovarian cysts.

**SOURCE: ONPOINT HEALTH DATA**
Members Receiving Preventive Services
COMPANY ABC (2005–2008)

SOURCE: NH Purchasers Group on Health
## Payment Rate Benchmarking

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Average Payment Including Patient Share, 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Plan 1</td>
</tr>
<tr>
<td>99203 Office/Outpatient Visit New Patient, 30min</td>
<td>$124</td>
</tr>
<tr>
<td>99212 Office/Outpatient Visit Established Patient, 10min</td>
<td>$51</td>
</tr>
<tr>
<td>99391 Preventive Medicine Visit Established Patient Age &lt;1</td>
<td>$111</td>
</tr>
<tr>
<td>90806 Individual psychotherapy in office/outpatient, 45-50min</td>
<td>$72</td>
</tr>
</tbody>
</table>

**SOURCE:** NH DHHS
### Detailed estimates for Arthroscopic Knee Surgery (outpatient)

**Procedure:** Arthroscopic Knee Surgery (outpatient)  
**Insurance Plan:** Anthem-HMO, Within 50 miles of 03301, Deductible and Coinsurance Amount: $50.00 / 10%

<table>
<thead>
<tr>
<th>Lead Provider Name</th>
<th>Estimate of What you Will Pay</th>
<th>Estimate of What Insurance Will Pay</th>
<th>Estimate of Combined Payments</th>
<th>Precision of the Cost Estimate</th>
<th>Typical Patient Complexity</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALEM SURGERY CENTER</td>
<td>$363</td>
<td>$2822</td>
<td>$3185</td>
<td>HIGH</td>
<td>VERY LOW</td>
<td>603.898.3610</td>
</tr>
<tr>
<td>CONCORD HOSPITAL</td>
<td>$383</td>
<td>$3006</td>
<td>$3389</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.228.7145</td>
</tr>
<tr>
<td>DARTMOUTH HITCHCOCK SOUTH</td>
<td>$398</td>
<td>$3135</td>
<td>$3533</td>
<td>LOW</td>
<td>MEDIUM</td>
<td>603.650.5000</td>
</tr>
<tr>
<td>LAKES REGION GENERAL HOSPITAL</td>
<td>$469</td>
<td>$3776</td>
<td>$4245</td>
<td>LOW</td>
<td>MEDIUM</td>
<td>603.527.7171</td>
</tr>
<tr>
<td>MARY HITCHCOCK MEMORIAL HOSPITAL</td>
<td>$509</td>
<td>$4135</td>
<td>$4644</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.650.5000</td>
</tr>
<tr>
<td>SOUTHERN NH MEDICAL CENTER</td>
<td>$522</td>
<td>$4254</td>
<td>$4776</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.577.2000</td>
</tr>
<tr>
<td>WENTWORTH DOUGLASS HOSPITAL</td>
<td>$524</td>
<td>$4266</td>
<td>$4790</td>
<td>MEDIUM</td>
<td>HIGH</td>
<td>603.742.5252</td>
</tr>
<tr>
<td>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</td>
<td>$548</td>
<td>$4483</td>
<td>$5031</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.436.5110</td>
</tr>
<tr>
<td>PORTSMOUTH AMBULATORY SURGERY CENTER</td>
<td>$596</td>
<td>$4918</td>
<td>$5514</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.433.0941</td>
</tr>
<tr>
<td>ST JOSEPH HOSPITAL</td>
<td>$619</td>
<td>$5129</td>
<td>$5748</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.882.3000</td>
</tr>
<tr>
<td>FRISBIE MEMORIAL HOSPITAL</td>
<td>$670</td>
<td>$5587</td>
<td>$6257</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td>MONADNOC COMMUNITY HOSPITAL</td>
<td>$701</td>
<td>$5867</td>
<td>$6568</td>
<td>LOW</td>
<td>HIGH</td>
<td>603.924.7191</td>
</tr>
<tr>
<td>EXETER HOSPITAL</td>
<td>$731</td>
<td>$6131</td>
<td>$6862</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.778.7311</td>
</tr>
<tr>
<td>FRANKLIN REGIONAL HOSPITAL</td>
<td>$816</td>
<td>$6898</td>
<td>$7714</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.527.7171</td>
</tr>
<tr>
<td>NEW LONDON HOSPITAL</td>
<td>$826</td>
<td>$6988</td>
<td>$7814</td>
<td>MEDIUM</td>
<td>VERY LOW</td>
<td>603.526.2911</td>
</tr>
</tbody>
</table>

Source: [http://www.nhhealthcost.org](http://www.nhhealthcost.org)
Range of Costs for Cardiac Valve Surgery by Hospital

- Beth Israel Deaconess Medical Center
  - $44,500 to $118,000
- Brigham and Women’s Hospital
  - $50,000 to $127,500
- Massachusetts General Hospital
  - $45,500 to $129,000

‡ There are no cost ratings for this procedure.

Legend
- 15th Percentile
- Median Value
- State Median
- 85th Percentile

Cost Ratings
- $ The hospital is among the least costly. This cost is lower than 85% of all hospitals in the state.
- $$ The hospital cost is below average. This cost is above 15% but below 50% of all hospitals in the state.
- $$$ The hospital cost is above average. This cost is above 50% but below 85% of all hospitals in the state.
- $$$$ The hospital is among the most costly. This cost is higher than 85% of all hospitals in the state.

Massachusetts Division of Health Care Finance and Policy • November 2009
CY 2011 Composite Hospital Score

Tier 1=Diamond, Tier 2=Asterisk
NH CHIS Medicaid Cardiovascular Disease

Report Type:
- Medicaid Adult Cardiovascular Disease Payments and Service Use by DX Group (4A)

Eligibility Category:
- All Elig Cat Groupings
- Total Medicaid Enrollment
- Low Income Child
- Low Income Adult

Health Analysis Area:
- All HAA Groupings
- State Total
- Berlin
- Claremont

Dx Group:
- Any Circulatory Disorder
- Coronary Heart Disease
- AMI
- Congestive Heart Failure

Medicare Eligibility Selection:
- All Members
- Only Members not Eligible for Medicare
- Only Members also Eligible for Medicare

Year: 2009

Source: http://www.nhchis.org

NH CHIS Commercial Cardiovascular Disease

Report Type:
- Commercial Adult Cardiovascular Disease Payments and Service Use by DX Group (4A)

Product Type:
- All Commercial Groupings
- Total Commercial Enrollment
- Health Maintenance Org (HMO)
- Indemnity

Health Analysis Area:
- All HAA Groupings
- State Total
- Berlin
- Claremont

Dx Group:
- Any Circulatory Disorder
- Coronary Heart Disease
- AMI
- Congestive Heart Failure

Year: 2009

Display Report
## Medical Home Pilot Preliminary Indicators Report

Total Costs by Practice Site vs. Non-Medical Home Sites

July 2009-March 2010 – Commercial Payers

<table>
<thead>
<tr>
<th>PRACTICE</th>
<th>TOTAL COST</th>
<th>TOTAL PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site #1</td>
<td>$1,664,702</td>
<td>$81</td>
</tr>
<tr>
<td>Site #2</td>
<td>$2,666,268</td>
<td>$104</td>
</tr>
<tr>
<td>Site #3</td>
<td>$3,596,334</td>
<td>$147</td>
</tr>
<tr>
<td>Site #4</td>
<td>$4,949,153</td>
<td>$74</td>
</tr>
<tr>
<td>Site #5</td>
<td>$4,314,375</td>
<td>$135</td>
</tr>
<tr>
<td>Site #6</td>
<td>$1,820,459</td>
<td>$148</td>
</tr>
<tr>
<td>Site #7</td>
<td>$911,153</td>
<td>$116</td>
</tr>
<tr>
<td>Site #8</td>
<td>$1,236,719</td>
<td>$87</td>
</tr>
<tr>
<td>Site #9</td>
<td>$2,628,653</td>
<td>$93</td>
</tr>
<tr>
<td>Total</td>
<td>$23,787,817</td>
<td>$103</td>
</tr>
<tr>
<td>Non-Medical Home Sites</td>
<td>$1,010,233,075</td>
<td>$144</td>
</tr>
</tbody>
</table>

*Notes: Preliminary data, excludes pharmacy, not risk adjusted, not annualized, and not adjusted for contractual differences*
## Burlington Hospital Service Area: Commercially Insured Under Age 65

### Burlington Hospital Service Area Data

| 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 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 | Adj. Rate PER 1,000 |
|----------------------------------------------------------|-----------------|---------------------------------|---------------------|--------|--------|----------------|---------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Computerized Tomography (CT)                            | 91,200          | 5,000                           | 65.6                | 63.9   | 67.3   | 100.4          | 63.3          | 75.66               | 92.02               | 83.82               | 84.8               | 64.4               | 69.5               | 64.4               | 69.5               | 64.4               |
| Magnetic Resonance Imaging (MRI)                        | 91,200          | 5,100                           | 57.8                | 56.2   | 59.4   | 73.8           | 53.3          | 62.39               | 81.06               | 64.40               | 69.5               | 64.4               | 69.5               | 64.4               | 69.5               | 64.4               |
| Inpatient Hospitalizations                               | 91,200          | 4,025                           | 44.3                | 42.5   | 45.7   | 63.9           | 41.2          | 48.07               | 53.69               | 51.35               | 51.3               | 53.69               | 51.3               | 51.3               | 51.3               | 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               | 5.67               | 6.15               | 5.70               | 5.67               | 6.15               |
| Inpatient Hospitalizations for Ambulatory Care Sensitive Conditions | 91,200          | 175                             | 1.96                | 1.68   | 2.27   | 5.98           | 1.96          | 2.94                | 4.30                | 3.97                | 3.90               | 3.97               | 3.90               | 3.90               | 3.90               | 3.90               |
| Outpatient Emergency Department Visits                   | 91,200          | 14,478                          | 125.1               | 122.8  | 127.4  | 267.2          | 125.1         | 183.25              | 231.67              | 223.85              | 218.2              | 231.67              | 223.85              | 218.2              | 231.67              | 223.85              |
| 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               | 44.91               | 41.5               | 44.91               | 41.5               | 44.91               |
| Non-Hospital Outpatient Visits                          | 91,200          | 432,716                         | 4,799               | 4,784  | 4,813  | 4,887          | 4,782         | 4,813               | 4,887               | 4,782               | 4,813              | 4,887               | 4,782               | 4,813              | 4,887               | 4,782               |
| Chiropractic or Osteopathic Manipulation                 | 91,200          | 67,250                          | 745                 | 739    | 750    | 745            | 148           | 622.91              | 707.87              | 875.90              | 767               | 622.91              | 707.87              | 875.90              | 767               | 707.87              |
| 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               | 3.81                | 3.77               | 3.62               | 3.77               | 3.62               |

### Medical Expenditures (excluding pharmacy claims for prescription drugs)

<table>
<thead>
<tr>
<th>Area</th>
<th>2007/08 (millions)</th>
<th>Adjusted PMPM</th>
<th>Hospital/Facility Proportion</th>
<th>Physician/Other Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington HSA</td>
<td>1,094,378</td>
<td>2,557.7</td>
<td>50.7%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Highest VT HSA</td>
<td>1,094,378</td>
<td>2,557.7</td>
<td>49.3%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Lowest VT HSA</td>
<td>71,817</td>
<td>200.1</td>
<td>50.7%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Vermont</td>
<td>3,262,837</td>
<td>8,699.2</td>
<td>59.5%</td>
<td>40.5%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>5,400,270</td>
<td>52,604.2</td>
<td>60.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Maine</td>
<td>7,196,791</td>
<td>92,057.1</td>
<td>60.3%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Tri-State Combined</td>
<td>15,969,898</td>
<td>94,610.5</td>
<td>60.1%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>
Tri-State Variation in Health Services Utilization & Expenditures in Northern New England, June 2010

Source: State of Vermont

Copyright 2009-2011 APCD Council, NAHDO, UNH
Lessons Learned
and
Challenges
All Payer Road Map

Engagement
- Stakeholder Identification
- Education
- Partnerships
- Advocates

Analysis & Application Development
- Reporting
- Applications
- Meta Data

Technical Build
- Vendor Decision
- Maintenance
- Linkage to Other Data Sources

Governance
- Governance Model
- Structure
- Rules for Collection and Release
- Standards Adoption

Funding
- Initial Funding
- Revenue Model
- Sustainability

Copyright 2009-2011 APCD Council, NAHDO, UNH
Lessons Learned

• Form Payer Relationships
• Be Transparent and Document
• Understand Uses and Limitations
• Seize Integration & Linkage Opportunities
• Develop Local User Analytic Consortiums
• Determination of Process for Data Management and Data Analytic Contracting
APCD Challenges

- Completeness of Population Captured
- Collection & Release Standardization
- Provider as Unit of Analysis
- Non-Claim Payment Adjustments
- To-be-Developed Payment Methodologies
- Consistency Among State Databases
- Ability to Link to Other Sources
- State Revenue Models
- Federal Engagement
Questions and Answers

Contact Information

Patrick Miller (APCD Council)  patrick.miller@unh.edu
   603.536.4265

Denise Love (NAHDO)  dlove@nahdo.org
   801.532.2262

www.APCDCouncil.org
www.nahdo.org

for more resources in assisting states to move forward