



Georgia All-Payer Claims Database (GAPCD) Advisory Committee

Minutes

Quarterly Meeting

Thursday, November 30th, 2023 | 11:00 am – 12:00 pm

Virtual Meeting | apcd@opb.georgia.gov

Attendees

Committee Members

p	Dr. Gregory Esper	a	Mr. Rick Dunn	a	Commissioner Kathleen Toomey
a	Senator Ben Watson	p	Mr. Matthew Hicks	p	Ms. Elizabeth Holcomb (Chair)
p	Mr. Gregg Conley	p	Ms. Crysty Odom	p	Representative Darlene Taylor
p	Dr. Jon Duke	p	Mr. Chad Purcell		

(p)resent; (a)bsent

Supporting Leadership/ Facilitation Present

Office of Health Strategy and Coordination (OHSC): Elizabeth Holcomb, Anelia Moore, Colin Stauffer, Jodi Wooten

Georgia Technology Authority (GTA): Jake Star

Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI): Dr. Jon Duke, Megan Denham, Victoria Razin

Discussion Notes

Opening and Introduction

Ms. Elizabeth Holcomb, Director of OHSC and Chair of the All-Payer Claims Database Advisory Committee, welcomed everyone back to this quarter's meeting. Chair Holcomb conveyed her appreciation to share two updates on the APCD program and APCD Advisory Committee. The meeting was open to the public and hosted via zoom. Public comment was received by email at APCD@OPB.GEORGIA.gov which was monitored during the meeting. Committee members were encouraged to come off mute during the meeting for discussion.

Chair Holcomb informed participants that minutes from the previous meeting were emailed with the agenda in advance of the meeting, then asked if there were any questions or comments regarding the minutes. There were no comments. Hearing no objection, the minutes from August were approved, and the committee roster was reviewed.



Meeting Overview

Chair Holcomb gave an overview of the agenda for the day. Agenda included session standard topics, updates on submitter onboarding, progress of analytic use cases and data and details on the data request process.

Advisory Committee Members Update

None to report

Key Milestones

Mr. Stauffer provided an update on key milestones for the APCD. He acknowledged that the team's focus since the Advisory Committee met in August has been on executing the data collection and analytics strategy. The team has been onboarding and enabling payers for data collection, while also progressing analytic activities. Mr. Stauffer was pleased to report that the teams were mostly on schedule and have made tremendous progress in the last three months.

All milestones for historical and current data submissions have passed and production data continues to flow into the APCD and pass data validation checks. Mr. Stauffer outlined how the team has onboarded payers, hit the prescribed deadlines, and mapped the data to the specifications of the data submission guide to expedite the submission of data.

Mr. Stauffer explained to the audience the milestones with status delays. The June health and pharmacy data submission and January analytic use case delivery milestones are red status. June was the original target milestone date for payer data submissions. However, September 1st was recognized as the latest date for extension requests without potentially impacting analytic use case timelines. While most payers completed their data submissions by the revised September deadline, a small number of payers are still working to complete their submissions. Stauffer reiterated that the impact of this small number of commercial payers is negligible. Additionally, the December dental data submission milestone is yellow status.

Mr. Stauffer highlighted the drivers of delays in the data collection and analytic use case delivery milestones revolve around challenges related to the Department of Community Health, who is responsible for both the Medicaid and State Health Benefit Plan submissions. DCH will hold their Medicaid eligibility and claims data submissions until a data use agreement (DUA) is executed. OHSC has not received a draft of this DUA for review. The APCD began receiving SHBP data in November.

As a result of these delays, the GTRI team will not be able to complete many of their analytic use cases with targeted deliveries in January.

The initial dental submission falls the day after the advisory committee meeting. Mr. Stauffer told the committee that a few of the dental submitters will need more time to successfully submit their data and pass data validations but their data sets are not a dependency for the analytic use cases.



Mr. Stauffer then asked the group if there were any questions regarding the project milestones. There were no questions from committee members.

APCD Data Submission Milestones

Mr. Stauffer then moved to speaking about Data Submissions. He reminded the committee how the team has sequenced the data submission milestones for medical and pharmacy data. The goal is to collect five years of historical data then collect data monthly moving forward. He then gave an update on the progress of the medical and pharmacy milestones and an update on the first round of dental data submissions.

On the medical and pharmacy side, all data submission milestones passed, and all submitters were expected to have completed their data submissions going back to January 2018, where possible. In addition, ongoing monthly data submissions are coming in on a regular cadence. For dental submissions, the first milestone was the day following the meeting (Dec 1) for the submission of data from 12/1/2020 through 12/31/2022. The next milestones are January 2nd, 2024, for data from 1/1/2023 through 11/31/2023 and monthly production data, beginning with the November 2023 data submission. After that, the final milestone is May 1st, 2024, which will include all older historical data from 1/1/2018 through 11/30/2020.

Payer Onboarding Progress

Mr. Stauffer then presented an update on metrics for payers.

Of the 34 total payers expected to submit medical and / or pharmacy data, 30 submitters (88%) have submitted production data. The 4 pending submitters include 3 smaller commercial payers and DCH Medicaid. For dental data, due Dec 1st, several payers submitted test data, but only one payer successfully completed all the data validations as of meeting time.

Mr. Stauffer stated how the team continues to actively work closely with the pending payers to understand their challenges and help them complete their data submissions. He reminded the committee that the project is significantly ahead of the original plan which did not have payers being onboarded for close to two years.

Analytics: Data Demographics

Dr. Duke opened his presentation by explaining that the APCD currently contains two types of time periods. He explained the 1st type is data flowing in and being submitted and the 2nd type is data that is frozen and cut for analytics purposes. He then highlighted the following data submitted to the GA APCD as of September 1st which was sent to GTRI for analysis in October.



- ~560 million procedures (558 million claims for years 2020-2023)
- 8.7 million unique patients (56.8 % female / 43.1 % male)
 - Unique patients across a 3 yr period
 - Avg around 5.8 million unique patients per year
 - Unique patients represent 53% of the Georgia population based on 2022 consensus data.
 - Expect number to significantly increase once all data has been submitted
- 29 different payers represented in this data pull from Sept. (Dr. Duke pointed out we are now at 30 submitters as Mr. Stauffer stated earlier in the presentation)

He also presented the breakdown on patients by age group, population concentration and rural vs urban location. Dr. Duke highlighted the following:

- County breakdown: Data represents claims across most counties in GA.
- Age group: Data currently shows higher percentage of younger patients compared to overall distribution in Georgia, which may change when additional data is submitted, such as Medicare.
- Urban rural distribution: Data represents distribution across categories from Most Urban(1) to Most Rural (6).
- Gender distribution: APCD data currently shows a higher percentage of female patients than the percentage breakdown of females living in Georgia

Data Metrics

Moving to the next slide, Dr. Duke gave stats on some of the medical claims:

- 560M procedures spanning 34k different procedure types
- 660M diagnoses spanning 12k different conditions
- 283k prescriptions spanning 12k different medications
- 194k visits: 64% outpatient, 11% inpatient and 25% emergency

He then pointed out how the data in the slide can be utilized to show cost transparency information.

- Example 1: Low back MRI's or lumbar spine MRI's
 - Common procedure with over 53k done in 2022.
 - Prices submitted to the APCD vary
 - From \$215 to over \$20k
- Example 2: Hip replacement
 - Common surgery showing in the data
 - Prices submitted to the APCD vary
 - From \$1.8k to \$51k
- Dr. Duke explained how different considerations and factors exist when the data shows large ranges, so it is best not to look at cost in isolation. However, the examples can provide an idea of how to utilize the APCD for certain use cases in the future.

APCD Analytics Data Quality

Dr. Duke continued the presentation highlighting the data quality process. He explained how the GTRI team has developed an efficient cadence working in collaboration with Onpoint and the Georgia Data Analytics Center (GDAC). With the guidance of OHSC, data moves from Onpoint into the GDAC



environment where it is immediately transformed into a standard data model, called the OMOP common data. This model runs through a series of over 3,500 quality checks to ensure plausibility of the data in addition to consistency of formatting. If failures are discovered, GTRI determines the root cause of the issues and collaborates with Onpoint to troubleshoot. Overall, there has been a 98% pass rate for results generated through November 2023.

Dr. Duke then discussed how the team looks for data patterns to assess suitability for specific analysis. In an example, he showed how a data pull revealed patients born in the early 1880s and 1890s. This led GTRI to identify and rectify flawed information in the data.

Next, Dr. Duke showed more examples of how the team can assess suitability for specific analyses. As of the committee meeting, the APCD had received data from 2021-2022. Data submissions demonstrated a consistent match throughout the submissions.

Dr. Duke displayed another quality check for the analytics team that involved logical checks against data they expect to see for certain conditions. The team validated that the list of medications and symptoms recorded in the data were consistent with the condition.

Progress of Use Cases:

Dr. Duke provided an update on the 12 initial use cases targeted for release in 2024. These 12 use cases cover a range of topics for Cost and Utilization, Population Health, and Healthcare Quality.

Cost and Utilization

- Total Costs of Care
- Chronic Disease Costs of Care
- Avoidable Costs
- Behavioral Health Costs of Care
- Median Rates for Surprise Billing
- Pharmaceutical Costs

Population Health

- Chronic Disease Trends
- Cancer Trends
- Behavior Health Trends
- Maternal and Infant Health

Healthcare Quality

- Low-Value Care
- Preventive Screening

Dr. Duke highlighted how the use case to review median rates for surprise billing is one of the driving factors behind the APCD across states, including Georgia. The APCD team will work with the Office of the Commissioner of Insurance as the data for surprise billing is collected, since it is one of the key initial use cases.

Dr. Duke also explained that different deliverables may be used depending on the use case. Results may come in the form of reports, data sets, or interactive dashboards. Each of the use case results could use a mix of these mediums which will be made available on the Georgia APCD website.



Next Steps for Data Analytics Team

Dr. Duke walked through the next steps which include beginning the publication of use case artifacts in January of 2024, establishing an analytics library, tool development, and facilitating the use and reuse of some of the approaches and data sources that will be applied. GTRI will also prepare for data release activities, expanding beyond the creation of materials, making sure both the dissemination and the communication around data release is effective. Lastly, Dr. Duke expressed that the team will continue to grow Georgia's role as a national leader in the APCD analytics.

Dr. Duke then paused the presentation to allow time for questions. There were no questions from committee members.

Stakeholder Engagement

Dr. Duke highlighted how the team has focused on to not only getting the word out to key stakeholders, but also preparing for what is ahead. He highlighted that latest information describing mechanisms for data access is published on the APCD website, which can be accessed at <https://apcd.georgia.gov/>.

He described how the team has been connecting with prospective data users, including researchers and policymakers. Additionally, many of expressed interest have reached out to inquire about APCD data and how reports can be used. He also described the ongoing engagement with data submitters and the national APCD community.

Dr. Duke also highlighted that the GA APCD has become a very visible part of the National Association for Health Data Organizations (NAHDO), which is the national APCD community. The team is active in presenting, engaging, learning, and contributing back to the organization. As we approach 2024, the focus will be on employer engagement for voluntary submissions, which is a key piece of making the APCD successful. The team feels there is value for employers, the APCD, and the state of Georgia to have self-insured employers engaged in submitting to the APCD. The team also plans to put together town halls for different stakeholders.

Dr. Duke then paused the presentation to allow time for questions regarding stakeholder engagement. There were no questions from committee members.

Data Access and Governance

Dr. Duke mentioned that the team has been fortunate to collaborate with other states and national collaborators to discover best practices for data governance and learn about applications other states have developed to ensure that APCD data is used responsibly and effectively to achieve goals. Having brought information from APCD's across the country together, the APCD team has worked with subject matter experts in Georgia and with the data governance planning team to develop policies.



Dr. Duke highlighted the individuals who make up the data governance planning team. The individuals represent state agencies, health systems, insurers, public health academic researchers, policy experts, and IRB privacy experts. The expertise from this group aids the administrator in establishing policies that keep the needs of the stakeholders in mind and document best practices. This will ensure users that the data in the APCD is used responsibly by protecting privacy and other factors, while still ensuring the effectiveness of the database.

Dr. Duke highlighted how the APCD data will be accessed. The APCD website will have dashboards, public use files/data sets and public reports. In situations when public information is not sufficient, a process will be created to request either non-public data extracts or custom reports. Public data for the use cases that were highlighted earlier in the presentation are scheduled to be released to the public in early 2024.

Dr. Duke then explained the process for non-public data extracts and custom reports, which will require an approval process. A fee schedule will be established in 2024 and fees vary by organizational size and type. For example, a large industry or a corporate organization may have a different fee for data release than a smaller or academic entity.

Closing Remarks:

Chair Holcomb thanked the team for all their work with the project. She then communicated that during the next few months, the team will continue to focus on enablement and delivery. For submitter onboarding, the team will continue to work closely with all submitters to assist them in successfully submitting clean and complete data to the APCD. She stated that she cannot emphasize enough the importance of these activities and the amount of effort required from all parties involved. For analytics, the GTRI team will progress use case delivery activities now that they have real production data and will finalize the data request processes to make that process information publicly available before the end of the year.

Chair Holcomb then opened the floor for any questions from the Committee. There were no questions from the committee.

Adjournment

Hearing no questions, Chair Holcomb thanked all the attendees for their active participation and valuable contributions throughout the day's discussion. She reiterated the intention to hold the next Advisory Committee meeting in February 2024.