Georgia All-Payer Claims Database (APCD) Advisory Committee

Minutes

Quarterly Meeting

Wednesday, April 10th, 2024 | 11:00 am – 12:00 pm

Virtual Meeting | apcd@opb.georgia.gov

Attendees

Committee Members

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

Supporting Leadership/ Facilitation Present

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

Georgia Technology Authority (GTA): Jake Star

Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI): Dr. Jon Duke, 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. 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 reminded 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 November minutes. There were no comments. Hearing no objection, the minutes from November were approved, and the committee roster was reviewed.

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Meeting Overview

Chair Holcomb gave an overview of the agenda for the meeting. The agenda included sharing detailed and findings from published use cases and an update on the data request and review process.

Advisory Committee Members Update

None to report.

Key Milestones

Chair Holcomb provided an update on key milestones for the APCD. She highlighted that there have been significant milestones since the last meeting in November, and the team has been focusing on publishing data analytics while continuing to collect data. She shared that the APCD published the third production data extract at the beginning of January, and the analytics team has released results for ten of the initial twelve use cases.

She also reminded the Committee that an e-mail was sent out in February to them with information and links to these use cases, and stated she would continue notifying the members of the committee when other publications go live on the website.

Chair Holcomb then gave an update on data collection stating that all milestones for medical and pharmacy data submissions have passed and production data continues to flow into the APCD. The final historical dental deadline is in May. She also mentioned there were a few mandatory submitters that have not submitted data, but explained further information would be given in the next slide by the Technical Project Manager, Jodi Wooten. She stated that the project budget continues to be on track through Fiscal Year 2025, but the APCD Team will need to start planning activities for FY26 now to assess any potential impact to the budget.

Chair Holcomb then asked the group if there were any questions regarding the project milestones. Hearing no questions, the presentation was turned over to Jodi Wooten.

APCD Payer Onboarding Progress

Mrs. Wooten gave an update on the mandatory submitters who have not submitted data to the APCD. The most significant outstanding submitter is the Department of Community Health, who is responsible for both the Medicaid and State Health Benefit Plan submissions. She explained that DCH held their eligibility and claim status submission until a formal data use agreement (DUA) was put in place at the end of January. After the DUA was signed, DCH experienced data formatting challenges incompatible with the data ingestion guidelines, which has further delayed the setup of data flow into the APCD. She stated that as of this presentation, the APCD has still not received a complete data submission from DCH for the Medicaid fee for service population.

Mrs. Wooten then reviewed the other outstanding submitters that are still missing data in the APCD, which included Trustmark, Express Scripts, Delta Dental and Guardian Life. Delays in data submission has been due to corporate transitions and issues with data mapping. The team continues to work with these submitters, providing assistance and guidance as needed.

APCD Data Timelines

Mrs. Wooten then gave an update on the data timeline and outlined how the data collection phase was broken out in various timelines by medical, pharmacy and dental data submissions with the goal to collect five years of historical data then collect data monthly going forward. The data in the APCD as of the committee meeting includes medical and pharmacy data from 2018 through quarter three of 2023. The next data extract from Onpoint is scheduled for Monday, April 15th, 2024. It will include five complete years of medical and pharmacy data and the addition of historic dental data from December 2020 through December 2023. After the extract is delivered, data sets will be refreshed, and current dashboards updated. New data will be added into the tool on a quarterly basis. Due to challenges already discussed, this extract will exclude data from three medical and pharmacy submitters and three dental submitters.

Future Submitters

Mrs. Wooten continued with an update on future APCD submitters. Medicare data will be purchased from the Centers for Medicare and Medicaid Services(CMS). Mrs. Wooten pointed out that CMS is rolling out changes to the way government agencies and third parties access and leverage Medicare claims data.The APCD project is working closely with other APCDs and the National Association of Health Data Organizations (NAHDO) to better understand the potential impact of these changes on project budget and data access timeline. The team is also collaborating with the Georgia Department of Corrections (GDC) to coordinate their data submission ahead of the December 2024 target date.

Then presentation was then turned over to Dr. Duke.

Data Analytics

Dr. Duke opened his presentation thanking the committee for their support and sharing that the analytics portion of the APCD project had officially launched. He then reminded the committee that the data is posted on the APCD website (apcd.georgia.gov), found under public data.

He walked the committee through the correlation of the data in the Georgia APCD compared to Georgia census data. He stated there has been 862 million claims from from 2018 through November 2023, covering 9.7M patients. He reminded the audience that the 9.7M patients represent five years of claims data and includes people moving in and out of Georgia, which means they also move in and out of the APCD. This represents 45% of insured Georgia residents for medical claims, 63% for pharmaceutical claims, and 23% for dental claims. He also showed that the data in the APCD aligns with the Georgia census data for gender, age, urban/rural and SVI Quartile. He reminded the audience that the dataset is missing a few key data sources including Medicaid and Medicare, as stated earlier in the presentation.

Dr. Duke then highlighted reports the team has recently published. The first report, which evaluated avoidable emergency department costs, was published at the beginning of 2024. The analysis identified 1.3 million visits as avoidable, representing $307 million in emergency department costs. Conditions included hypertension, asthma, and urinary tract infections which can be managed in a lower-level care environment. An estimated 13.2% of Georgia APCD ED visits were non emergencies, and 28.4% were emergencies that could have been treated in a different setting.

He then gave the committee a chance to ask questions about the data. The following questions were asked:

1st question: Do you have an idea of what the primary diagnosis or the primary diagnoses were for the emergency department visits?

Jon's answer: We can provide a breakdown to understand what conditions are highly avoidable & partially avoidable. For example, hyperglycemia, hypoglycemia and diabetics, there is an impact on how we consider dealing with that from a state perspective. The Billings model is aggressive in the expectation of percent avoidable. For example, there might be cases where we feel 100% of these could be avoided with the right primary care outpatient care. There are also cases (estimating 10-15%) where they might be flagged as avoidable, but they would need ED care, based on the patient. Further specifics can be provided.

Dr. Esper replied he would be interested in seeing that data.

2nd question: Do you have any way to Identify what part of these ED visits are related to the homeless or transient population? Considering the change in Atlanta with the Atlanta Medical Center closing, I am wondering what is happening to those folks?

Jon's answer: In this study, it does not stratify the data past conditions. However, we are considering a follow up that looks at demographic factors or certain information that we can identify information regarding housing and security. Regarding many other social determinants of health are limited to population level pieces. Others can be looked at the individual level.

3rd question: Do you have any way to identify if certain plans include more preventive care in their programs already?

Jon's answer: There may already be some things in the benefit designs of these programs that are submitting.

4th question: Do we look at the designs of the plans? Are we purely looking at data?

Answer: We have not looked at the designs of the plans. The data enables us to look at utilization of the plan, like for preventive care. However, we do not have a way to see how the plan is designed and what is offered. We could also extrapolate what proportion of the planned population received certain types of preventative care, so we are dependent on claims that went through, or the kind of overall coverage population as opposed to plan design.

<u>Condition Explorer Dashboard</u>

Dr. Duke resumed the presentation to highlight the Condition Explorer dashboard. The intent of this dashboard is to provide insights into the relative burden of chronic disease in Georgia. The dashboards include prevalence and related healthcare costs for 27 chronic diseases and cancers stratified by county, year, age, sex and urban rural classification. Users can explore the methods in terms of how the prevalence estimates were calculated and how the healthcare costs were calculated.

He then demonstrated how the user can drill down in the data giving examples of data by different counties and regions. He reminded the audience that the dashboard does not highlight treatment costs in that area. The data is based on where people live and the care they are getting in the different areas. He then highlighted the ability to drill down on hypertension and see the differences in the urban and rural classifications and by age group.

A question from the audience was asked about the Conditions Explorer database.

Question: It is not about the cost question itself, but so about where are where the data dictionary resides? So, if somebody like a health services researcher at Rollins School of Public Health was looking at the dashboard and they saw these costs, where is the data dictionary that says these are the costs and how they are calculated?

Answer from Dr. Duke: It is found in the methods section. So, if a researcher is just using the dashboard and they are not using the APCD data, then the methods section for the Condition Explorer will describe how those are calculated. For example, pharmacy data is not included. Those are medical claims that are highlighted very explicitly in the methods. It also talks about individuals. So, for example, individuals who have net negative costs for the year where we know there are adjustments. They do not include people who do not live in Georgia, but they are in the city. So, the methods section which is on the Condition Explorer dashboard homepage describes how those are calculated for researchers that will be using the APCD.

Dr. Duke then resumed the presentation and addressed the role social determinants of health play in each condition. Focusing on hypertension, he highlighted how housing shows in the data. Looking at emergency department, there is information related to social determinants and how it factors into the dashboard. Looking at Georgia as a whole, hypertension is 46% higher in counties with a greater percentage of people at or below 150% of the poverty line. Hypertension is 26% higher in counties with a greater percentage of people without a high school diploma. The dashboard provides information to understand what some of the influences of social determinants of health on that condition could be. For example, if someone looks at depression or diabetes, they will see very different numbers here and their influence. The team thinks it is important to make those perspectives available because it raises important questions to explore in more detail.

Dr. Duke then walked through the costs in the dashboard which include medical claims costs and total cost of medical care. Dr. Duke demonstrated the cost for medical claims for the treatment of hypertension. The costs shown include outpatient and inpatient services, but not pharmacy costs. Patients with hypertension average $13,153 in costs.

A committee member then asked a question:

Question: Do you have a measure to break it down by area deprivation index or some other element for a social determinant of health? Because I am noticing this piece in the South, SE and SW component etc.

Answer: Yes. We can do SVI based stratification like how the example is presented. I don't think we've added it yet to the dashboard, but we have that data and can stratify by SVI quartile. The data is showing the cost of care for hypertension, and the data shows ages 0 to 17 have a very high-cost total cost of care which might be surprising since you imagine that older patients have many more problems. Why would someone who is very young have such high levels? But if you think about the rarity of a diagnosis of hypertension in a very young person, it's extremely likely that someone with hypertension in that age group has a more complicated medical scenario. Maybe has a few medical problems, hospitalizations, other factors that are leading to significantly high costs. So, when you look at this it is likely that that is a relatively small number of individuals who have high drivers of cost related to the care that they've received.

Dr. Duke then highlighted the blog posts on the Georgia APCD website that provide the opportunity to review questions for analyzing data.

Update on Data Use Cases

Dr. Duke gave an update on the twelve initial use cases, for which ten have data. The use case publications include reports, data sets, snapshots, and the Condition Explorer. He mentioned that the team just published a report on preventative screening for breast cancer and rates across Georgia. Additionally, a use case regarding pharmaceutical costs would be published next. He reiterated they want the APCD to produce information of value and of use for different stakeholders.

He then announced the APCD Use Case Working Group would reconvene to support the development of the next round of use cases.

Data Request Process

Dr. Duke reminded the audience there are many avenues for accessing Georgia's APCD data and information through the dashboards, public use files, and reports. For prospective data users whose research topics are not in the public files, they can request nonpublic data extracts or custom reports. In the next few months, the team will be publishing materials about the fee schedule for data requests. The application will open in July 2024.

Data Request Committee

Dr. Duke commented on the amazing data governance planning team who has been setting the ground rules and planning how the data review process will be conducted. He reminded the audience it will be an ongoing process so they are looking for members to be part of the Data Request Review Committee (DRRC) to serve as reviewers as requests come in. The team will be looking for stakeholders with expertise of

various skills sets ranging from informatics, whole services, research methods, privacy ethics, IRB, and antitrust. He referred the audience to his email and encouraged them to contact him if they are interested or have someone to refer.

Closing Remarks:

Chair Holcomb thanked Dr. Duke and his team for their work. She then communicated that during the next few months, the team will continue to work with the few outstanding data submitters and support the submission of ongoing monthly production data to ensure the APCD has complete data. For analytics, the GTRI team will release two more use cases in May and will start development of another round of use cases for FY25. The team will also finalize the data access processes and make that process publicly available before the end of the calendar 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 Quarter 4 of 2024.