



GAPCD
GEORGIA ALL-PAYER
CLAIMS DATABASE

Georgia All-Payer Claims Database

Advisory Committee Meeting

July 31, 2024

11:00 am to 12:00 pm

Welcome

E-mail Questions/Comments: apcd@opb.georgia.gov

Meeting Agenda

Topic	Presenter	Time
Opening Remarks	Elizabeth Holcomb, Chair	11:00 – 11:05
Project Updates	Jodi Wooten, OHSC	11:05 – 11:10
Analytics	Dr. Jon Duke, GTRI-CHAI	11:10 – 11:25
Data Requests and Governance	Dr. Jon Duke, GTRI-CHAI	11:25 – 11:40
Project Budget Update	Jodi Wooten, OHSC	11:40 – 11:43
Upcoming Activities and Next Steps	Elizabeth Holcomb, Chair	11:43 – 11:45
Meeting Adjournment	Elizabeth Holcomb, Chair	11:45

Committee Roster

Members / Credentials	Statutory Position Titles
Elizabeth Holcomb (Chair): Director, Office of Health Strategy and Coordination	Office of Health Strategy and Coordination Director
Senator Ben Watson, M.D.: District 1 State Senator, Senate Appropriations Health & Human Development Subcommittee Chair	Senate Appropriations Health & Human Development Subcommittee Chair
Representative Darlene Taylor: District 173 State House Rep., House Appropriations Health Subcommittee Chair	House Appropriations Health Subcommittee Chair
Chad Purcell: Chief Technology Officer, Georgia Dept. of Community Health	Department of Community Health Designee
Crysty Odom: (Retired) St. Mary's Foundation Director, St. Mary's Health Care System	Representative of Health Care Philanthropy – Governor Appointee
Vacant	Office of Insurance and Safety Fire Commissioner Designee
Gregory Esper, MD: Chief Clinical Financial Officer, Emory Healthcare	Representative of Medical Providers – Lt. Governor Appointee
Jon Duke, MD: Director, Center for Health Analytics and Informatics	GTRI Center for Health Analytics and Informatics Director
Kathleen Toomey MD, MPH: Commissioner of the Department of Public Health, State Health Officer	Department of Public Health Designee
Matthew Hicks: Sr. VP of Corporate Development, Sellers Dorsey & Associates	Hospital Industry Representative – Governor Appointee
Rick Dunn: Director, Governor's Office of Planning and Budget	Office of Planning and Budget Director
Vacant	Insurance Industry Representative – Speaker's Office Appointee

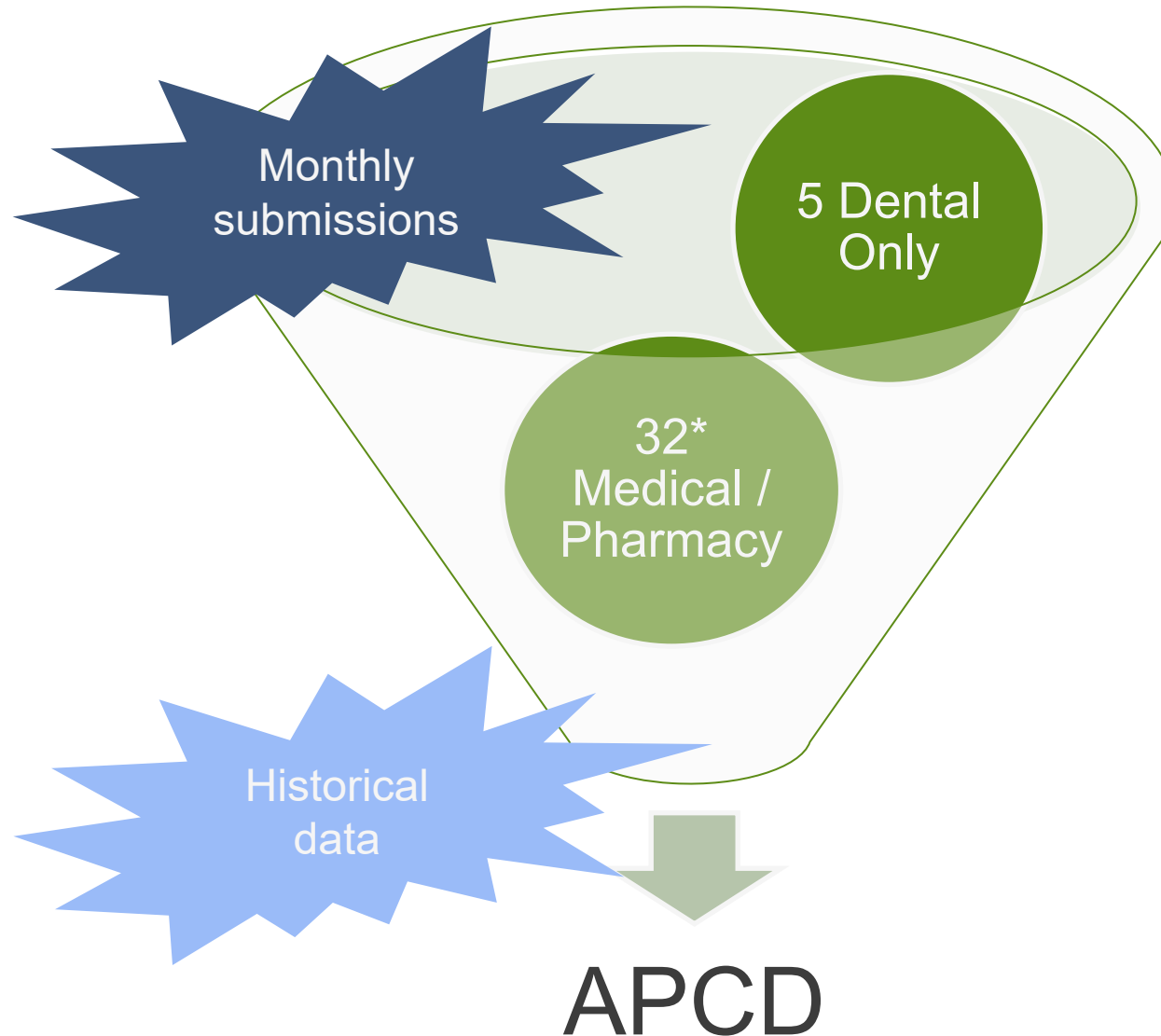
Key Milestones

Milestone	Date	Status
Rules and Data Submission Guide Published	February 2023	Complete
Submitter Registration Deadline	March 2023	Complete
APCD Portal in Production	April 2023	Complete
Mandatory Submissions – Health & Pharmacy	June 1, 2023	Exceptions
Initial Mandatory Submissions – Dental	December 1, 2023	Exceptions
Initial Analytic Use Cases	January 2024	Complete
Last Historical Mandatory Submissions - Dental	May 2024	Exceptions
Data Application Release	July 2024	Complete
Payer Onboarding Completed	December 2024	On Track

Project Updates

Jodi Wooten, OHSC

Submitter Update



Outstanding data

- Medical/Pharmacy
- DCH Medicaid
 - Luminare
 - Express Scripts*

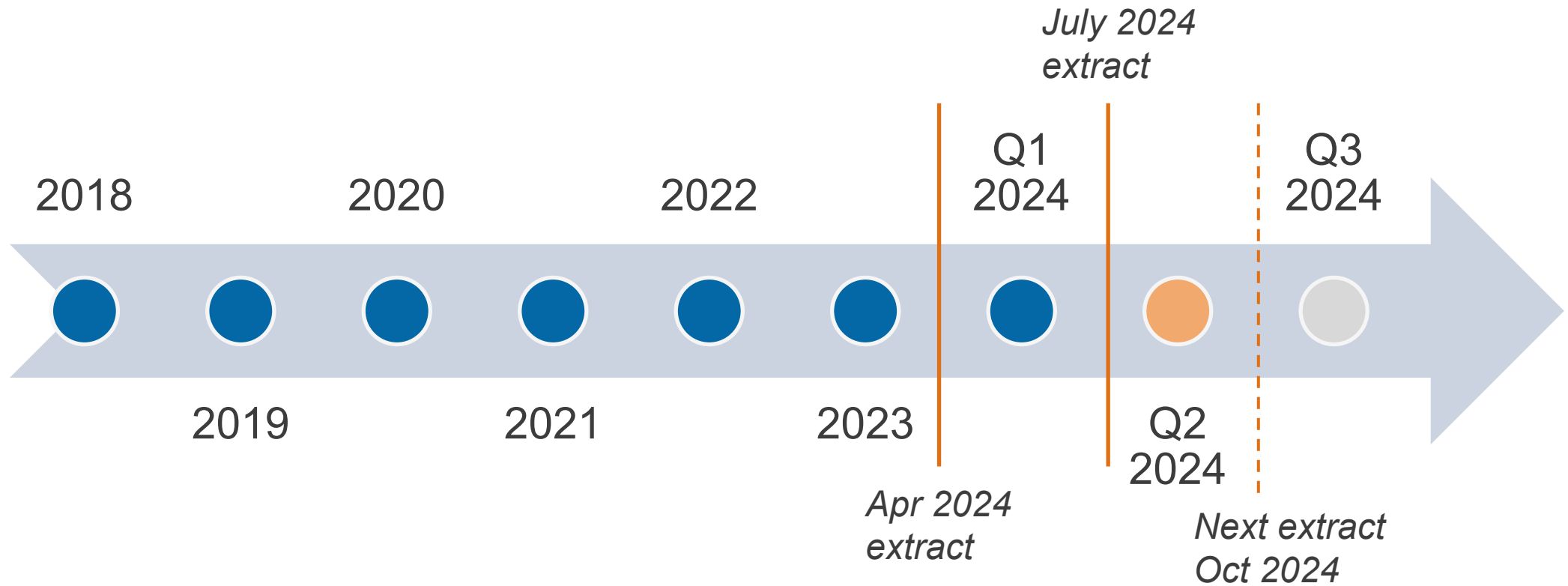
- Dental
- Delta Dental*
 - Guardian Group

- New!
- Merchants Benefit Administration
 - National Health

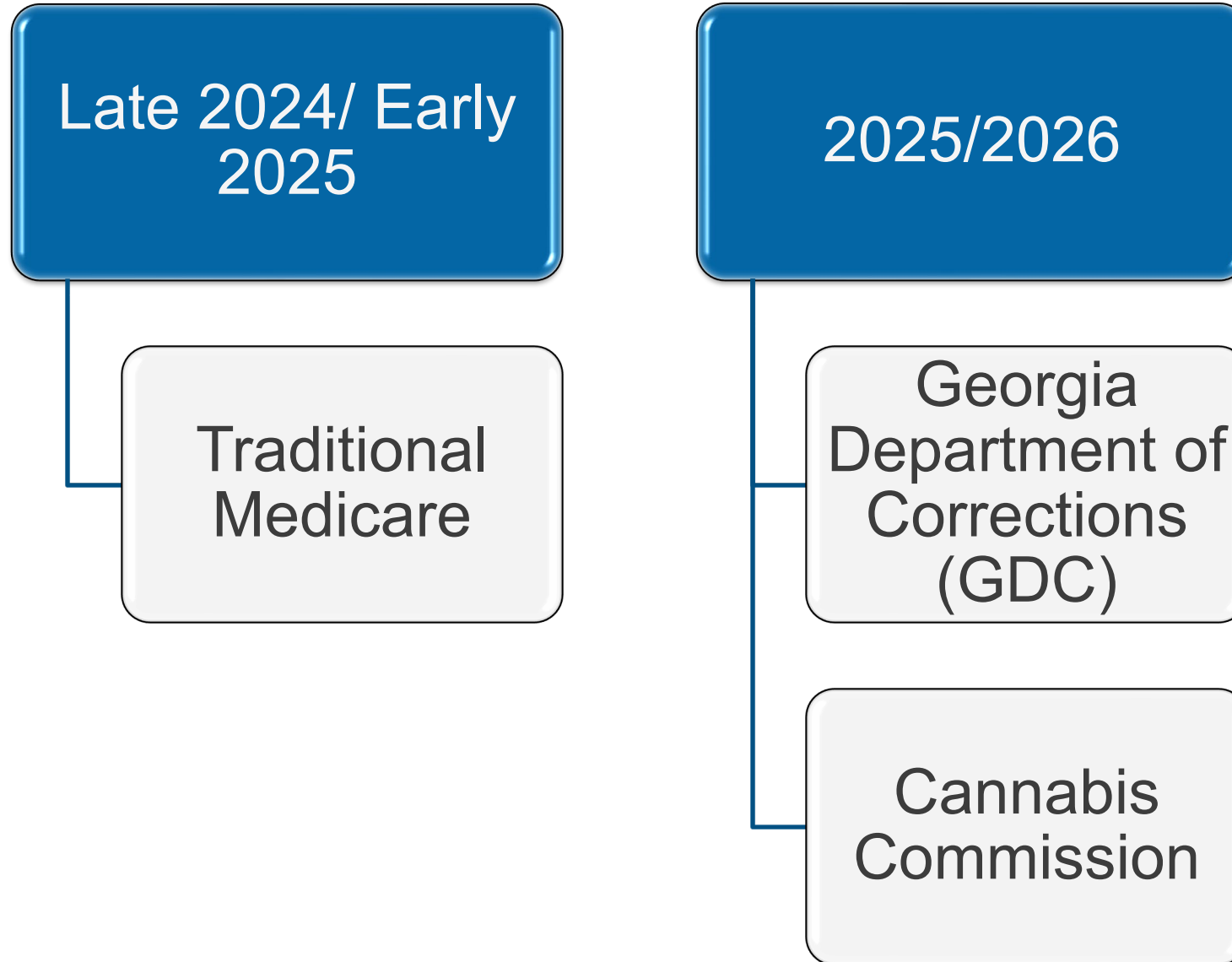
* monthly in tool / historical in process

Data in APCD tool

Medical/Pharmacy/Dental *



Planned Future Submitters



Analytics

Dr. Jon Duke, CHAI

The Latest APCD Stats (Q1 2024)

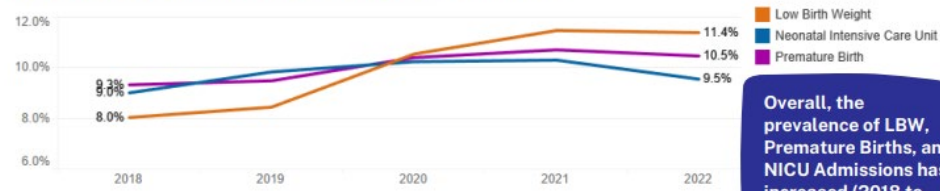
- **1.2 billion medical claims**
- **572+ million pharmacy claims**
- **52.5 million dental claims**
- **11.7 million patients**
- **Jan 2018 – Mar 2024**

New APCD Analytics: Infographics



Understanding infant health complications is crucial for reducing infant mortality and enhancing lifelong health outcomes. Low birth weight (LBW), premature births, and Neonatal Intensive Care Unit (NICU) admissions are key indicators of both early childhood and long-term health. This data, covering all live births in the Georgia All-Payer Claims Database (GA APCD) from 2018 to 2022, focuses on infants experiencing at least one of these conditions.

INFANT HEALTH, PREVALENCE RATES



Overall, the prevalence of LBW, Premature Births, and NICU Admissions has increased (2018 to 2022) in the GA APCD.

LOW BIRTH WEIGHT

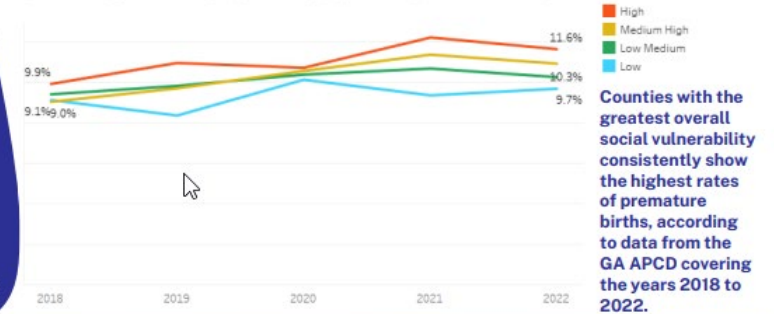
Low Birth Weight includes infants born at less than 2,500 grams or 5.5 pounds. Short-term

PREMATURE BIRTHS

Premature birth occurs when an infant is born before 37 weeks of pregnancy. It can often co-occur with Low Birth Weight. Premature birth is the leading cause of infant mortality, and can often lead to many short-term and longer-term health complications.

In 2022, in the Georgia APCD, rural counties and urban counties had a similar prevalence of premature births, 10.4% and 10.5%, respectively.

PREMATURE BIRTHS AND SOCIAL VULNERABILITY

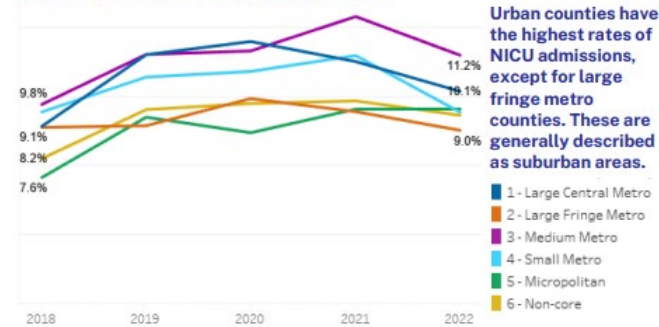


Counties with the greatest overall social vulnerability consistently show the highest rates of premature births, according to data from the GA APCD covering the years 2018 to 2022.

NICU ADMISSIONS

The Neonatal Intensive Care Unit (NICU) is a specialized area in a hospital designed to care for critically ill infants. Low birth weight, premature birth, congenital defects, infections, and other serious conditions can result in admission to the NICU.

NICU AND URBAN-RURAL STATUS

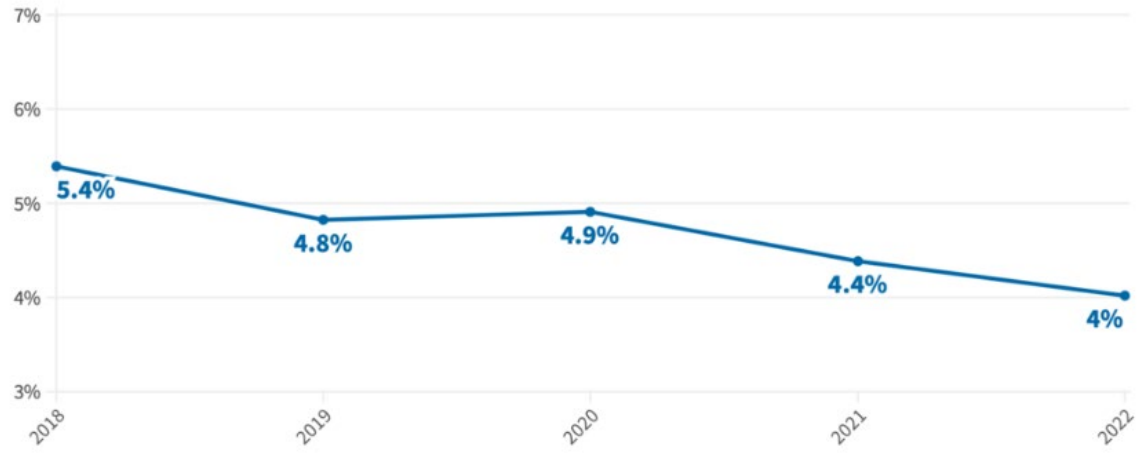


Urban counties have the highest rates of NICU admissions, except for large fringe metro counties. These are generally described as suburban areas.

Counties classified in the highest risk socioeconomic category of the Social Vulnerability Index had the highest prevalence of NICU admissions in 2022, with a rate of 10.0%. In contrast, counties ranked in the lowest risk category had a prevalence of 9.0%. This socioeconomic category includes factors such as income, employment, education, and housing costs.

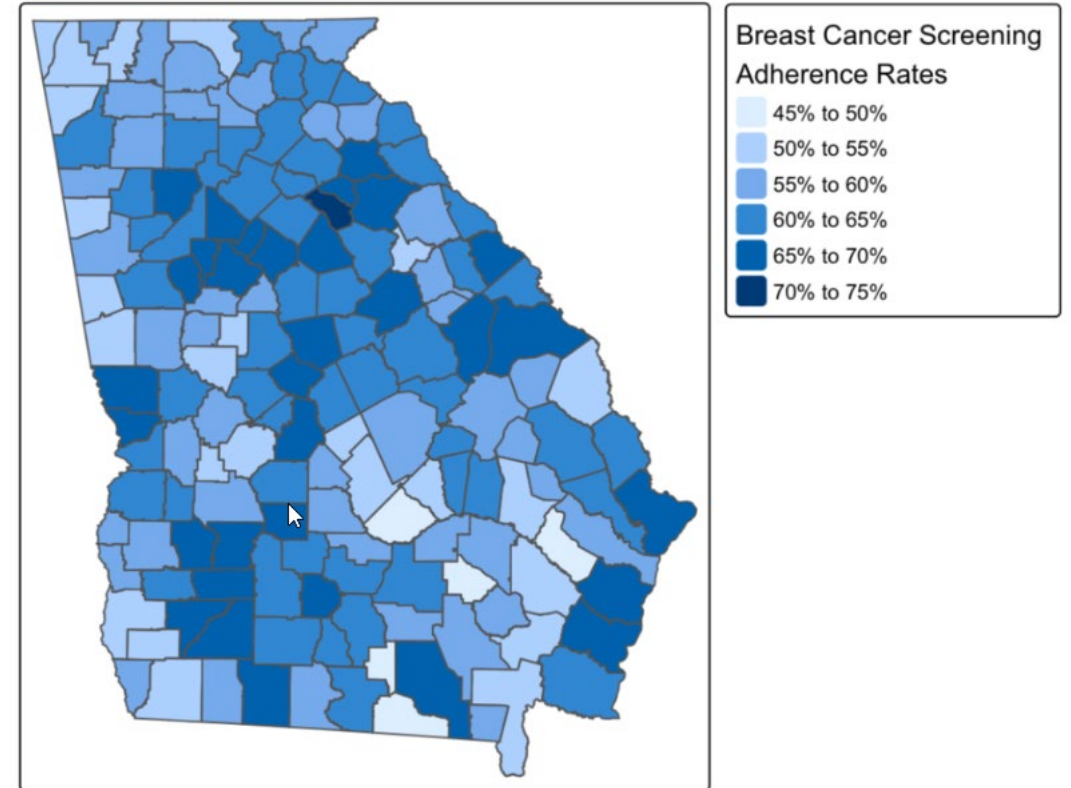
Low-Value Care: Opioids for Low Back Pain

Opioids for Low Back Pain Rates by Year
Georgia All-Payer Claims Database (2018-2022)



<https://apcd.georgia.gov/low-value-care-opioids-low-back-pain>

Adherence to U.S. Breast Cancer Screening Guidelines



<https://apcd.georgia.gov/breast-cancer-screening-rates>

New APCD Analytics: Datasets

drug_name	branded_vs_generic	base_year	subsequent_year	base_yr_rx_months	subsequent_yr_rx_months	yr_over_yr_percent_change	cumulative_percent_cha
ABILIFY	Branded	2018	2019	4,643	5,643		22%
ABILIFY	Branded	2019	2020	5,643	6,561		16%
ABILIFY							%
ABILIFY							%
ACETAMINOPH							%
ACETAMINOPH							%
ACETAMINOPH							%
ACETAMINOPH							%
ACETAMINOPH							%

**Georgia All-Payer Claims Database
Trends in Prescription Drug Dispensing
(2018-2022)**

drug_name	branded_vs_generic	base_year	subsequent_year	base_yr_rx_months	subsequent_yr_rx_months	yr_over_yr_percent_change	cumulative_p
OZEMPIC	Branded	2018	2019	2,038	30,485	1396%	1396%
OZEMPIC	Branded	2019	2020	30,485	103,700	240%	4988%
OZEMPIC	Branded	2020	2021	103,700	177,265	71%	8598%
OZEMPIC	Branded	2021	2022	177,265	305,590	72%	14895%

ADVAIR							%
ADVAIR							%
ADVAIR							%
AIMOVIG							%
AIMOVIG							%
AIMOVIG							%
ALBUTEROL	Generic	2018	2019	305,681	474,499	55%	55%
ALBUTEROL	Generic	2019	2020	474,499	728,126	53%	138%
ALBUTEROL	Generic	2020	2021	728,126	1,267,364	74%	315%
ALBUTEROL	Generic	2021	2022	1,267,364	1,469,396	16%	381%
ALENDRONATE	Generic	2018	2019	280,740	301,994	8%	8%
ALENDRONATE	Generic	2019	2020	301,994	306,010	1%	9%
ALENDRONATE	Generic	2020	2021	306,010	346,056	13%	23%
ALENDRONATE	Generic	2021	2022	346,056	390,308	13%	39%
ALLOPURINOL	Generic	2018	2019	567,152	610,782	8%	8%
ALLOPURINOL	Generic	2019	2020	610,782	647,586	6%	14%
ALLOPURINOL	Generic	2020	2021	647,586	682,401	5%	20%
ALLOPURINOL	Generic	2021	2022	682,401	737,486	8%	30%

Georgia Tech Research Institute
Center for Health Analytics and Informatics
info.apcd@gtri.gatech.edu
<https://apcd.georgia.gov/>

<https://apcd.georgia.gov/trends-prescription-drug-dispensing-2018-2022>

Updated Dashboards

Overall Conditions
Prevalence Details
Cost Details

Condition

Hyperlipidemia

County

(All)

Year

2023

Sex

(All)

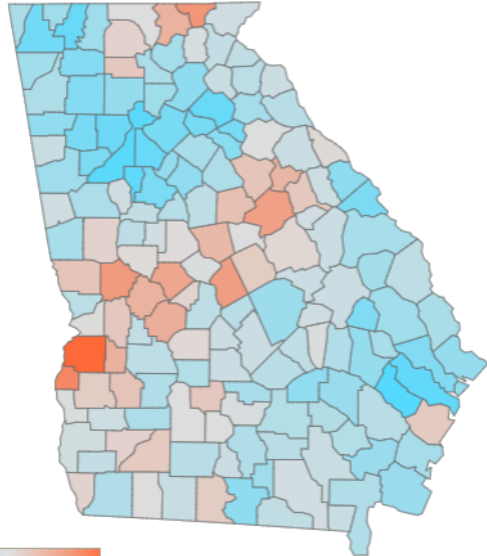
Age

(All)

Overall Prevalence

Hypertension	26.5%
Hyperlipidemia	24.9%
Osteoarthritis and RA	12.2%
Diabetes	11.6%
Depressive Disorders	10.5%
Anemia	9.3%
Hyperthyroidism	6.8%
Asthma	6.4%
Chronic Kidney Disease	6.0%
Ischemic Heart Disease	5.3%
COPD	4.5%
Cataracts	4.5%
Substance Use Disorder	4.4%
Congestive Heart Failure	3.5%
Glaucoma	3.5%
Atrial Fibrillation/Flutter	2.8%
Osteoporosis	2.3%
Pneumonia	1.3%
Breast Cancer	1.3%
Non-Alzheimer's Dementi	1.2%
Prostate Cancer	1.0%
Alzheimer's Disease	0.7%
Colorectal Cancer	0.4%
Lung Cancer	0.3%
Acute Myocardial Infarcti..	0.3%
Parkinson's Disease	0.3%
Renal Cancer	0.2%
Hip or Pelvic Fracture	0.2%
Endometrial Cancer	0.1%

Prevalence of Hyperlipidemia (2023)

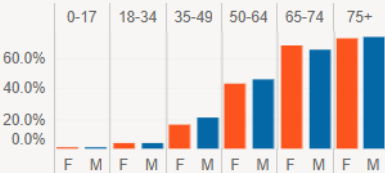


Prevalence

24.9%

The prevalence of Hyperlipidemia in this population is 24.9%.

Prevalence by Age and Sex



Medical Costs

\$362

Patients with Hyperlipidemia had on average \$11,308 in total costs for medical care, including \$362 for treatment of Hyperlipidemia.

Health Equity

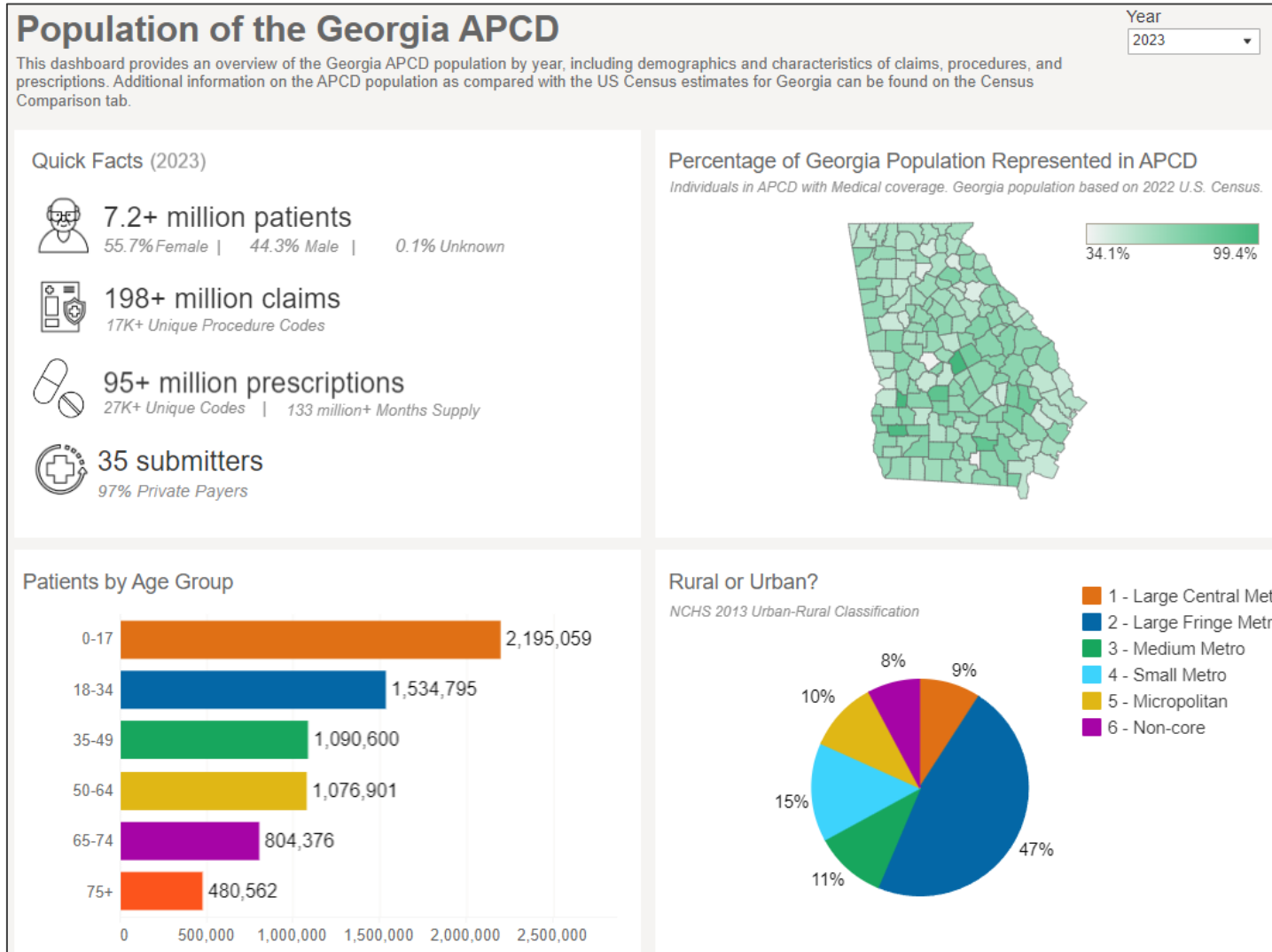
▲ 31%

Hyperlipidemia is 31% higher in rural counties compared to large metro counties.

Limitations

The Georgia APCD population differs from the actual Georgia population in a number of important ways (see Methods and Limitations below). As the APCD data expands in population size and years of coverage, this dashboard will be updated.

Updated Dashboards

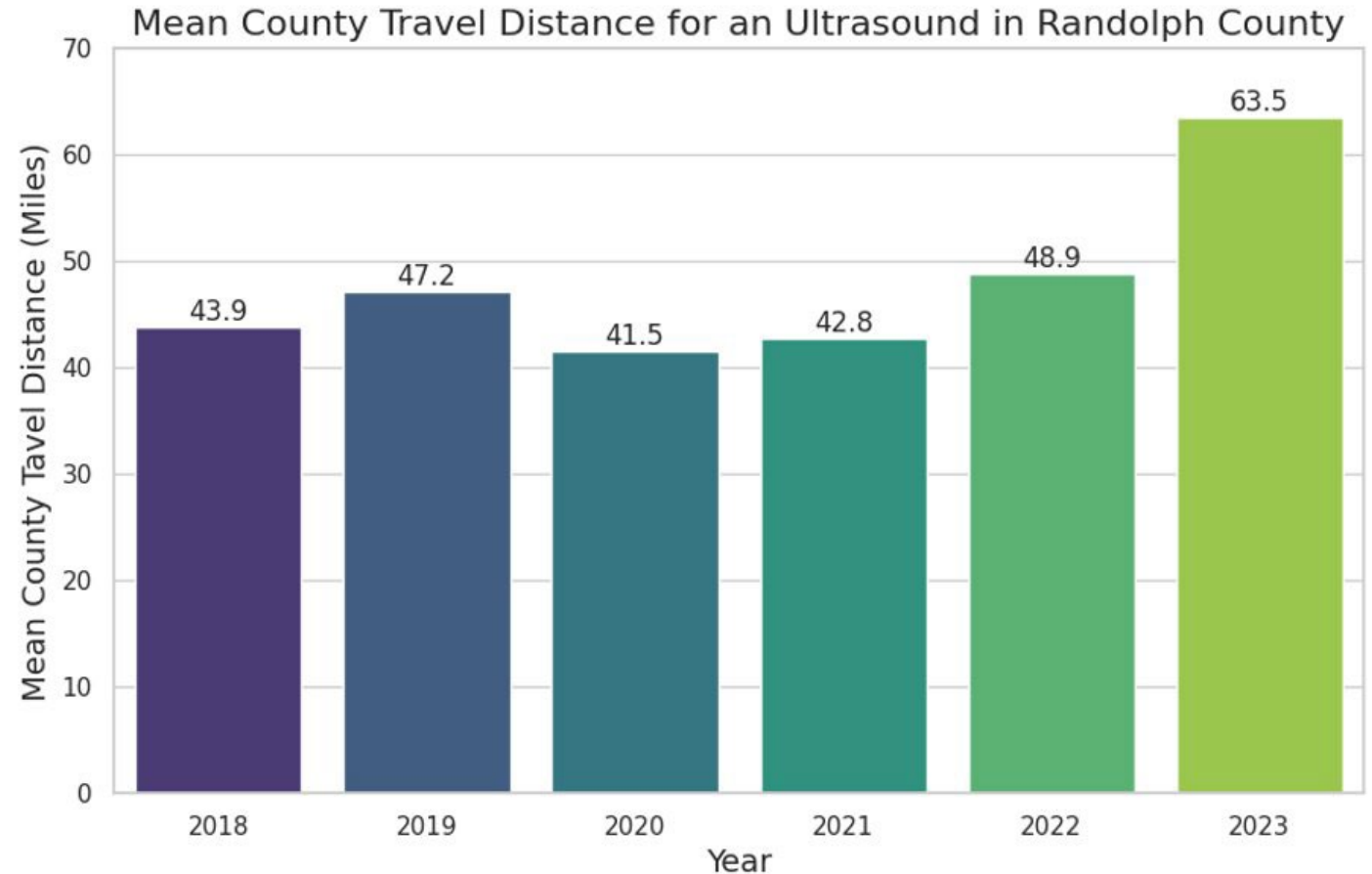
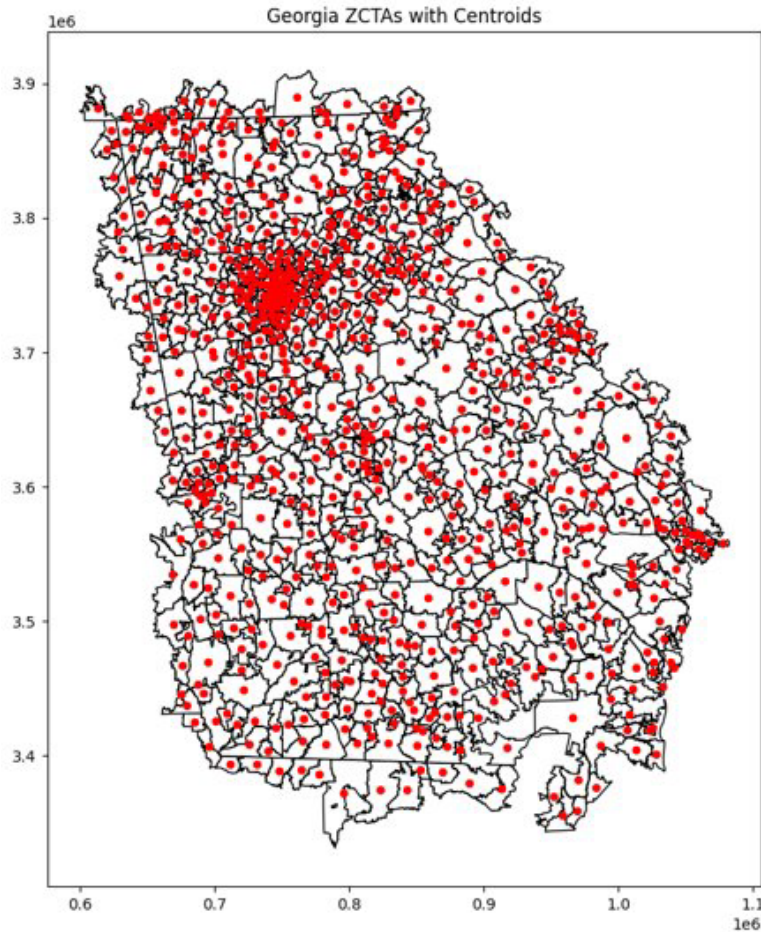


Building APCD Analytics Capabilities

- We have previously integrated a wide range of data sources into APCD analytics such as:
 - Census-based demographics
 - Education
 - Housing
 - Income
 - Employment
 - Crime
 - Social vulnerability index (SVI)
 - Area deprivation index (ADI)

Building New APCD Analytics Capabilities

- Distance to care

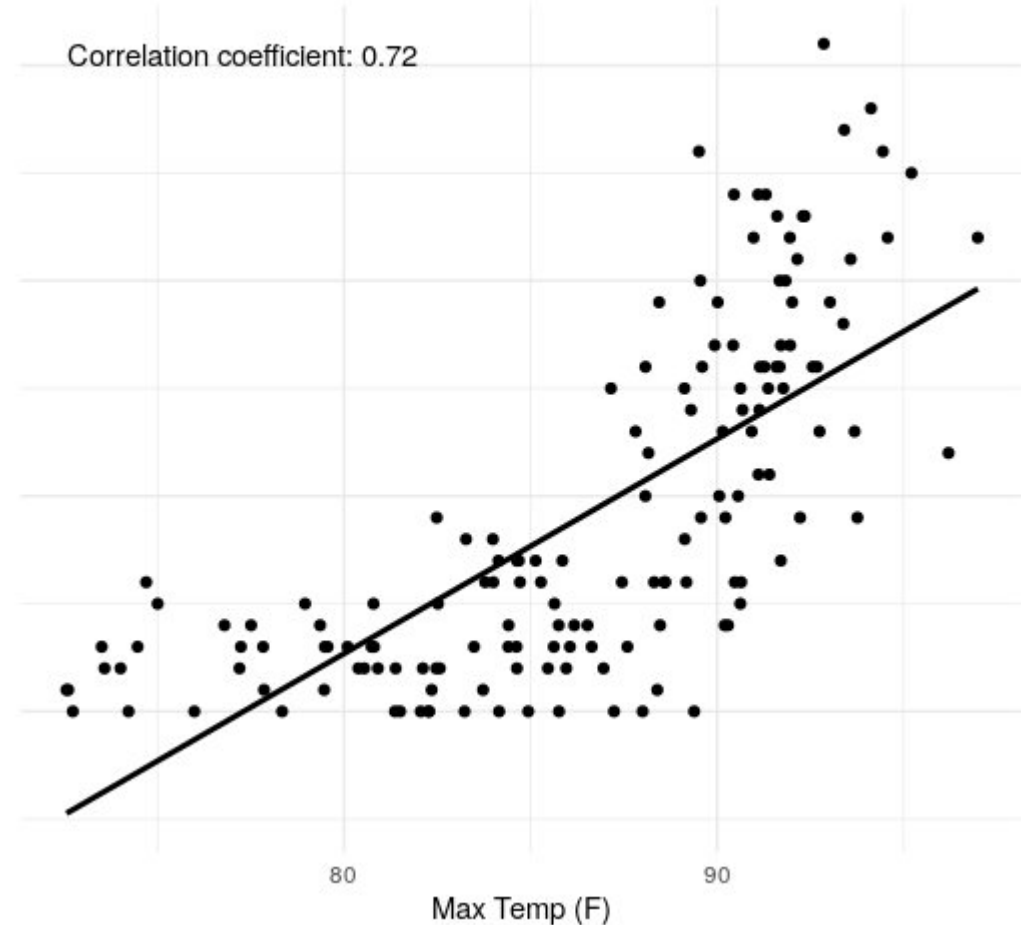


Building New APCD Analytics Capabilities

- Weather

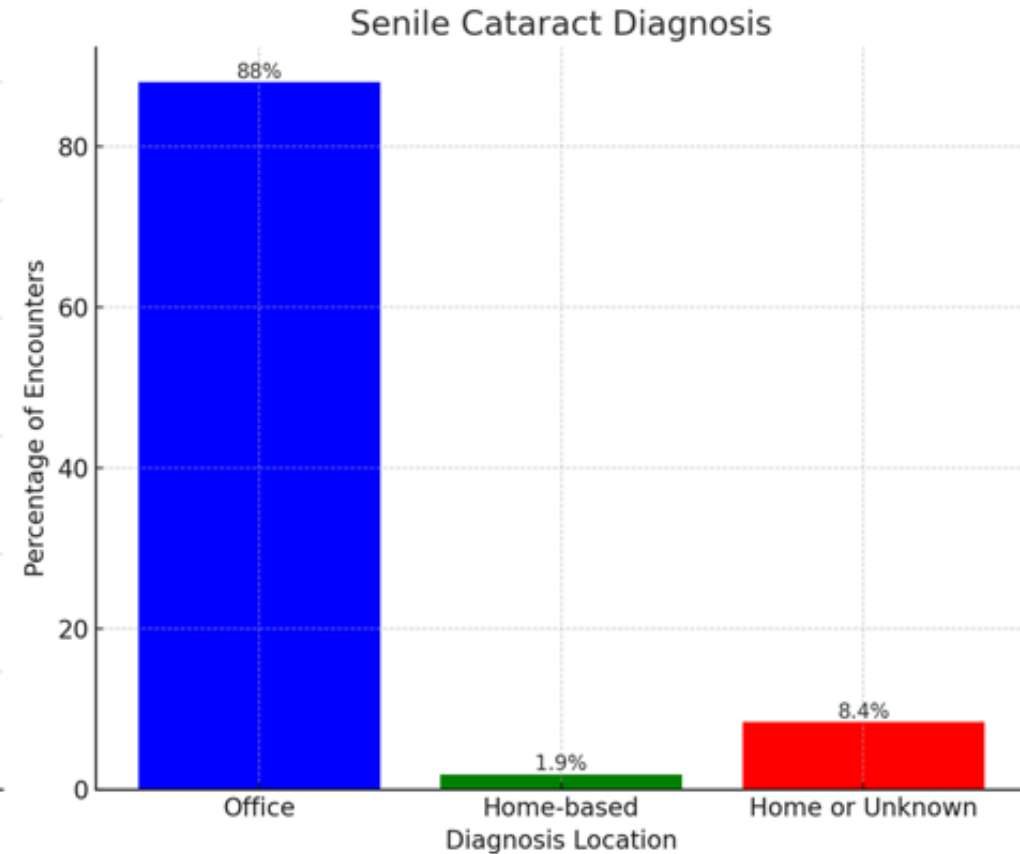
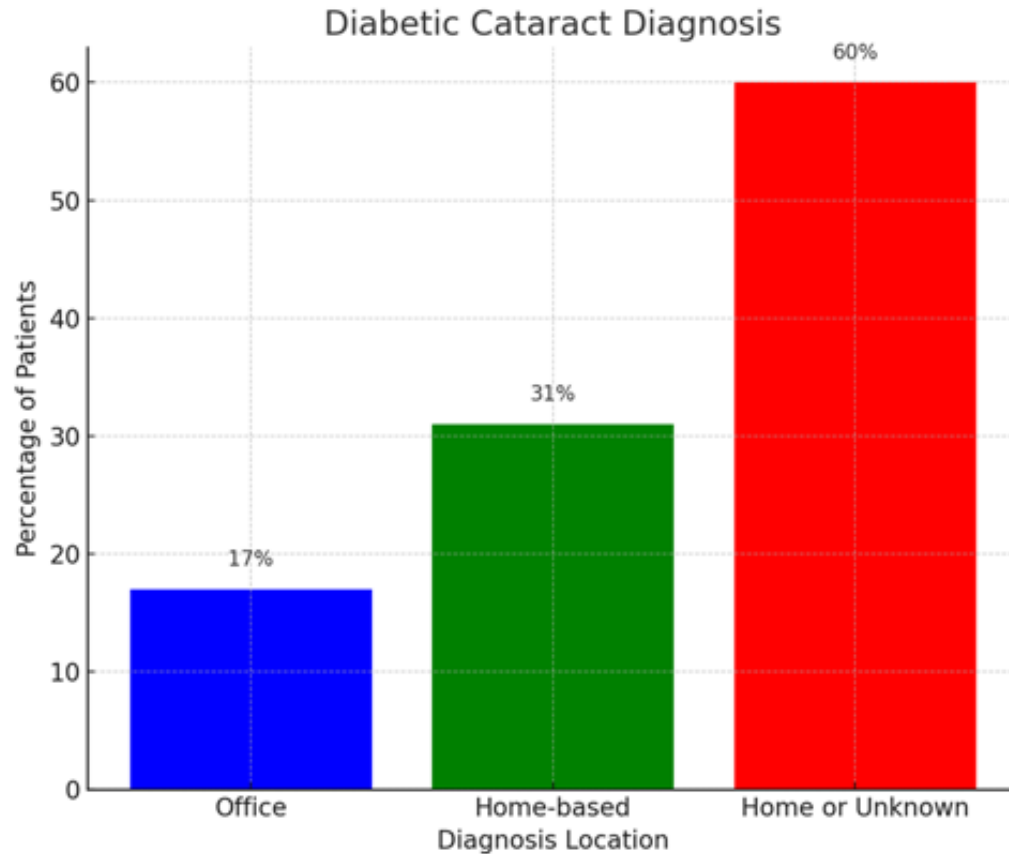


Max Temp (F) and Heat Related Illness
May-Sept 2023



Building New APCD Analytics Capabilities

- Unusual Claims Patterns



APCD Analytics FY24 Use Cases Completed

UC1:
Total Costs of
Care

UC5:
Median Negotiated
Rates

UC9:
Behavioral Health
Trends

UC2:
Chronic Disease
Costs

UC6:
Pharmaceutical
Costs

UC10:
Maternal and
Infant Health

UC3:
Avoidable ED
Costs

UC7:
Chronic Disease
Trends

UC11:
Opioids in Low
Back Pain

UC4:
Behavioral Health
Costs

UC8:
Cancer Trends

UC12:
Preventive
Screening Rates

FY25 Use Case Planning

- FY25 Use Case WG will kick off next month
- Will formulate new and expanded use cases for the coming year
- Please contact us with your input and recommendations for the work of the APCD analytics team

Enabling External APCD Research

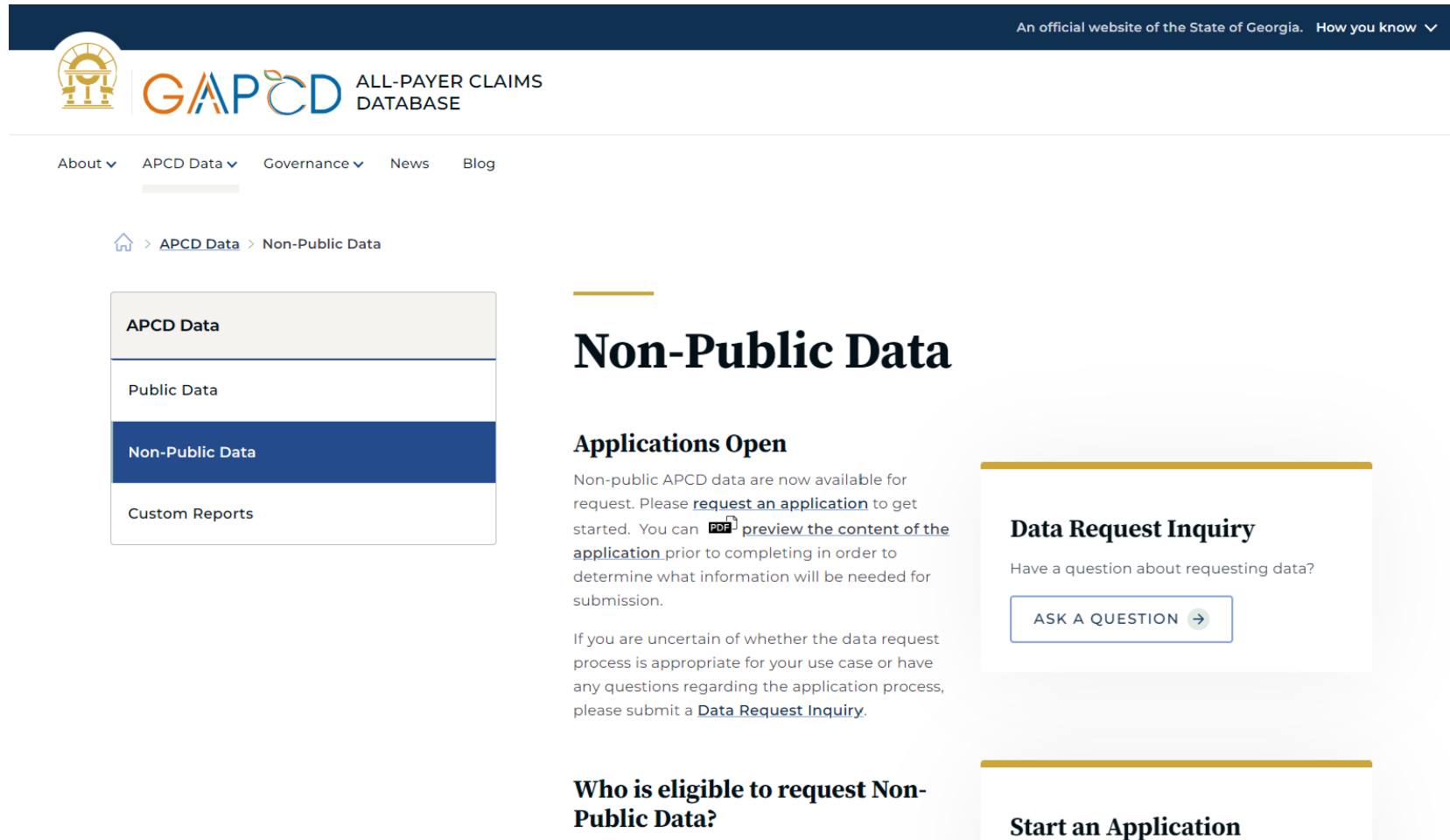
- In addition to conducting analyses to support public use cases, the APCD Analytics team plays a key role in the data request process
- External requesters come to the APCD with a wide array of skills and infrastructure
- The APCD Analytics team's work includes
 - Working with requesters to ensure that their requested data matches their stated goals
 - Evaluating requests to ensure "minimum necessary" data are being requested
 - Building patient cohorts to match request specifications
 - Generating export datasets and removing sensitive data
 - Evaluating requester data management plans
 - Conducting ongoing audits and review of data management

Data Access and Governance


Dr. Jon Duke, CHAI

Data Request Applications are Open!

Visit <https://apcd.georgia.gov/data-reports/non-public-data>



An official website of the State of Georgia. How you know ▾

 **GAPCD** ALL-PAYER CLAIMS DATABASE


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APCD Data
Public Data
Non-Public Data
Custom Reports

Non-Public Data

Applications Open

Non-public APCD data are now available for request. Please [request an application](#) to get started. You can  preview the content of the [application](#) prior to completing in order to determine what information will be needed for submission.

If you are uncertain of whether the data request process is appropriate for your use case or have any questions regarding the application process, please submit a [Data Request Inquiry](#).

Data Request Inquiry

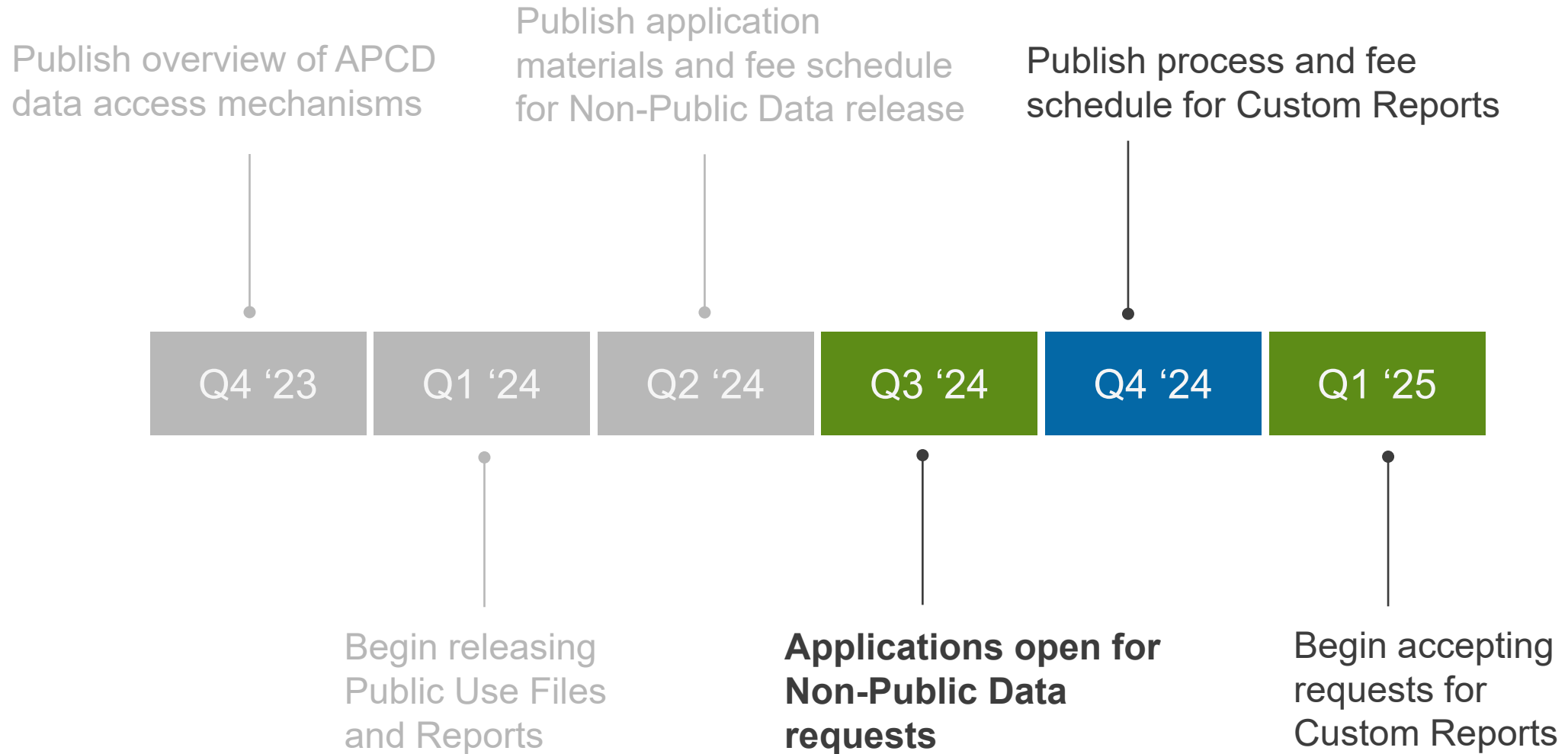
Have a question about requesting data?

[ASK A QUESTION →](#)

Who is eligible to request Non-Public Data?

Start an Application

Timeline for Data Access



Who can apply for non-public data?

Types of data requestors include :

- Researchers
- Government entities
- Providers / health systems
- Payers
- Industry
- Employers

Data requesters must be affiliated with an organization

Components of the Application

Requester and Project Team Information	Information about the requesting organization, project team, and collaborators/subcontractors. Covers qualifications and prior experience using claims data.
Project Information	Detailed project description covering background, purpose, goals, and objectives, and how the project aligns with the objectives of the APCD.
Distribution of Report or Product	Intended products or reports and plans for publishing or disseminating findings
Type of Data Request	Specify whether request is for aggregate data, de-identified row-level claims data, or limited claims data. Also explains what information related to sensitive conditions, if any, is needed. For aggregate data requests, this section includes description of aggregate data sought.
Data Element Selection	<i>(For row-level claims data requests only)</i> Specifies which standard data modules are being requested (and/or what data is sought that is not covered by standard modules). Lists years of data requested.
Methodology	Description of planned analytics methods.
Cohort Selection	High-level description of the target population.
Data Privacy	Techniques for protecting data privacy, plans for external data linkage.
Data Security	Plans for data destruction and, for requests for non-sensitive data, descriptions of data management in lieu of a full Data Management Plan.
Acknowledgments	Acknowledgment of need to obtain pre-approval prior to disclosure or publication of APCD data outputs.

High-Level Requirements for Receiving Data

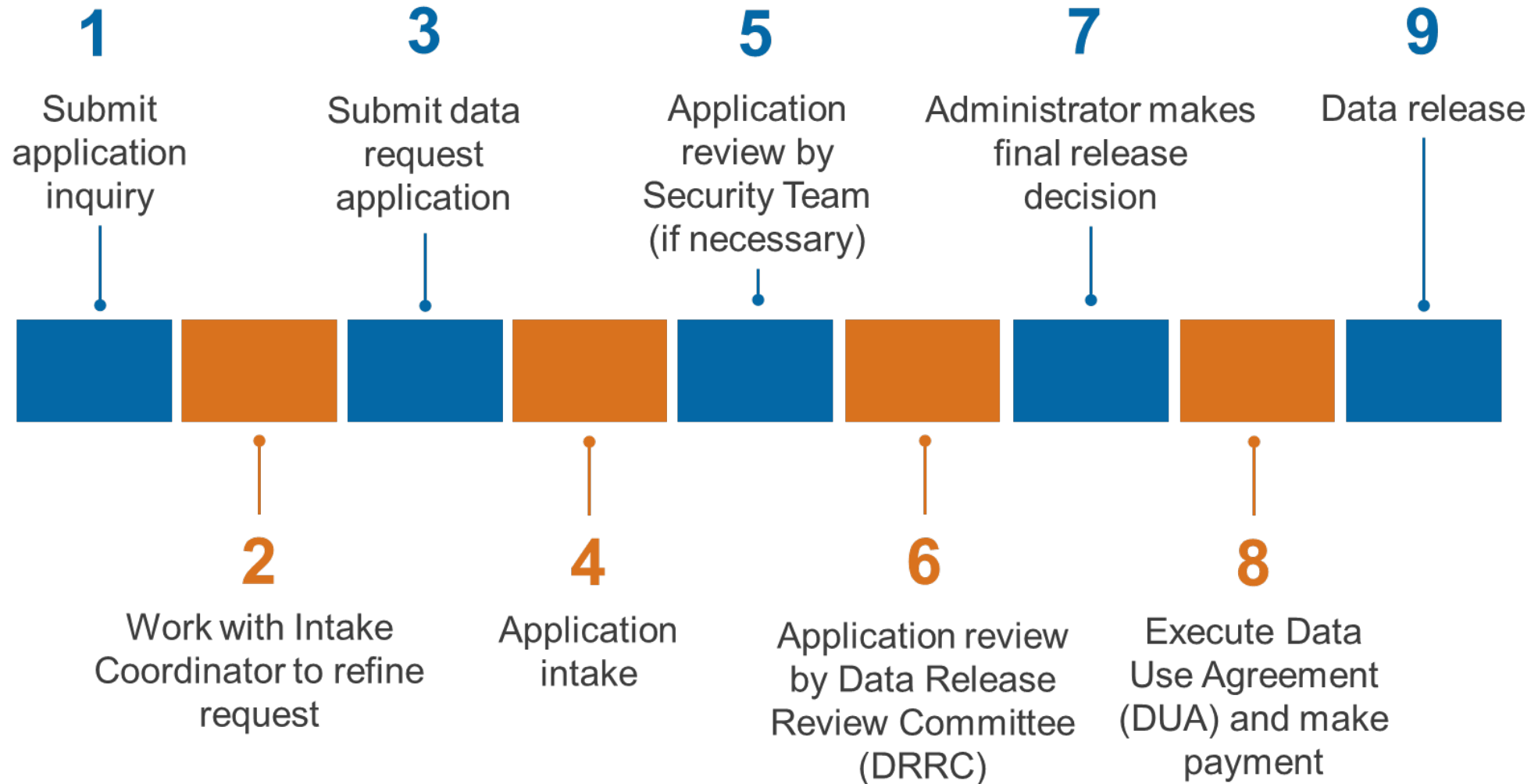
- Purpose
 - Request aligns with Georgia APCD objectives
 - Data use will benefit the public
- Requester characteristics
 - Methodological expertise to analyze the data
 - Security infrastructure to protect data
- Requested data
 - Limited to minimum data necessary to answer a research question
 - Justification required for certain data elements

How are these criteria assessed?

- APCD data requests are evaluated by the Data Release Review Committee (DRRC)
- The DRRC has broad expertise in health data analytics, privacy, security, research ethics and regulatory processes, and other critical areas relevant to the APCD
- The DRRC meets monthly to review applications and make recommendations to the administrator

Subject Matter Expertise	Stakeholder Groups
• Health data and informatics	• Research organizations
• Health services research	• State entities
• Analytic methods	• Payers
• Data privacy and security	• Health systems
• Research ethics	• Provider organizations
• IRB and regulatory processes	• Industry
• Antitrust regulations	• Employers

Data Request Process



Data Access Fees

Data Access Fees

Product Type	Estimated Range of Fees
Standard Report	\$750 - \$8,500
Custom Report	\$2,500 - \$20,000
Aggregate Data Set	\$2,500 - \$20,000
De-identified Data Set	\$5,000 - \$25,000
Limited Data Set	\$7,500 - \$30,000
Limited Data Set (OMOP)	\$10,000 - \$45,000

Application Fee

Requestor Type	Application Fee
Academic	\$150
Non-Profit	\$150
For-Profit	\$300

Factors in Determining Data Access Fee

- Years of data requested
- Types of data (medical, pharmacy, dental, provider, payer)
- Level of customization (complexity of criteria including diagnoses, procedures, medications, demographics)
- Inclusion of sensitive data or protected health information
- Administrative support required
- Technical assistance required
- Organizational type (non-profit, commercial, academic, government)

Application Inquiries

- In the 3 weeks since opening, we have had **7 requests for applications** and several additional information inquiries
- We have not received any completed application submissions, but have been in contact with requesters to ensure all information needs are met
- At present, requesters can expect a ~30-60 day turnaround time for new data requests

A Note for State Agencies

- If you are a Georgia state agency interested in working with APCD data, please contact OHSC Director Elizabeth Holcomb at elizabeth.holcomb@opb.georgia.gov

Questions?

Project Budget Update

Jodi Wooten, OHSC

Advanced Planning Document (APD) Revisions

APD

- Document changes will be submitted to the Centers for Medicare and Medicaid Services (CMS) to approve federal funding
- Originally approved in February 2022 and required to be revised annually

Updates planned

- Costs incurred to date
- Future spend

Key Takeaway

- Not anticipating requesting additional state funds during this year's budget development

Upcoming Activities and Next Steps

Elizabeth Holcomb, OHSC

Adjournment

Next Meeting – Oct 2024