



Georgia All-Payer Claims Database 2024 Administrator Annual Report

March 1, 2025

Reporting Period: January 2024 – December 2024

The Georgia Tech Research Institute (GTRI) is providing this report to the General Assembly, pursuant to O.C.G.A. § 31-53-49, detailing the status of the Georgia All-Payer Claims Database for the 2024 Calendar Year.

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1 Executive Summary

The Georgia All-Payer Claims Database (GA APCD) was created pursuant to O.C.G.A. § 31-53-40 et seq., through Senate Bill 482 in 2020, and is housed within the Office of Health Strategy and Coordination (“OHSC”), a division of the Governor’s Office of Planning and Budget. The goal of the GA APCD is to inform data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health. The Georgia Tech Research Institute’s Center for Health Analytics and Informatics (GTRI-CHAI) is named as APCD administrator in the APCD statute and charged with responsibilities including protecting patient privacy, determining the scope and process of data collection, and conducting APCD reporting and data dissemination.

The focus areas for calendar year 2024 were continued APCD implementation, launch of the APCD data request process, and performance of APCD-based analytic use cases. The GA APCD has been a collaborative effort led by the Office of Health Strategy and Coordination (OHSC) and GTRI-CHAI and supported by multiple entities including the Georgia Data Analytics Center (GDAC), Georgia Technology Authority (GTA) and Onpoint Health Data.

Major accomplishments of the GA APCD team in 2024 include:

- **Expansion of APCD Data:** The GA APCD now includes medical, pharmacy, and dental claims, accumulating over **1.5 billion medical claims, 705 million pharmacy claims, and 82 million dental claims.**
- **Launch of APCD Data Request Applications:** The APCD Data Request application opened in July 2024, providing access to row-level data for approved requesters. The Custom Reports application opened in December providing access to aggregate APCD data and reports.
- **Formation of the Data Release Review Committee (DRRC):** A panel of experts from across the state was formed to review data requests, ensuring alignment with APCD objectives.
- **Data Request Coordination:** The administrator worked with each applicant to refine study objectives, ensure compliance with all privacy and security policies, support review by DRRC, and perform final steps for data release.
- **Medicare Data Agreement:** The GA APCD successfully completed an application process to obtain Medicare claims data from the Centers for Medicare and Medicaid Services (CMS).
- **Execution of 12 Analytic Use Cases:** The APCD analytics team conducted analyses covering 12 use cases and released an array of dashboard, datasets, infographics, and reports on the GA APCD website.

The following report includes details on the aforementioned activities as well as required reporting as defined by O.C.G.A. § 31-53-49(a).

2 Introduction

In 2020, Senate Bill 482 amended Title 31, Chapter 53 of the O.C.G.A. to provide for the establishment of a Georgia All-Payer Claims Database (GA APCD). The objectives of the GA APCD include becoming a resource to inform data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health. Specific uses for the APCD as identified in O.C.G.A. § 31-53-44 include:

- Establishing baseline health care cost information;
- Monitoring and analyzing health care costs;
- Assessing population health;
- Measuring utilization of health care services;
- Identifying health disparities;
- Informing consumers of cost and quality of health care;
- Supporting the planning and evaluation of health care operations and care;
- Improving coordination of care;
- Enabling oversight of health insurance premium medical loss ratios; and
- Conducting waste, fraud, and abuse studies.

The APCD statute appointed the Georgia Tech Research Institute’s Center for Health Analytics and Informatics (GTRI-CHAI) as administrator for the APCD. The APCD administrator’s responsibilities, as enumerated in O.C.G.A. § 31-53-45(a), include reporting annually to the Governor and the General Assembly on the APCD implementation status, and any recommendations for statutory or regulatory changes that would help advance the APCD.

The APCD implementation has been a collaborative effort led by the Office of Health Strategy and Coordination (OHSC) and GTRI, supported by multiple entities. Collaborators include the Georgia Data Analytics Center (GDAC) and Georgia Technology Authority (GTA). Collaborator roles are shown in Table 1.

Table 1: GA APCD Collaborators

ORGANIZATION	GA APCD ROLE
Office of Health Strategy and Coordination	<ul style="list-style-type: none"> • Mandated to establish and implement the APCD
Georgia Tech Research Institute Center for Health Analytics and Informatics	<ul style="list-style-type: none"> • Statutory APCD administrator • APCD analytics and reporting
Georgia Technology Authority Technology Empowerment Fund	<ul style="list-style-type: none"> • Project assurance
Georgia Data Analytics Center	<ul style="list-style-type: none"> • Host and administer the APCD analytics environment

Onpoint Health Data	• Data collection vendor
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Over the past year, the APCD has expanded submissions of medical, pharmacy, and dental claims. The APCD has accumulated more than 1.3 billion medical claims, 705 million pharmacy claims, and 82 million dental claims, all while maintaining the highest levels of privacy and security. Deidentified medical data are available for over 60% of Georgians with pharmacy data available for over 80%. The quality of data received is robust, as demonstrated by the wide range of analytic use cases and data requests supported over the past year. These data will grow in the coming year as Medicare traditional claims data are added. The APCD is on track to become a transformative resource for the state of Georgia and its citizens. GTRI is pleased to submit this Administrator’s report for the 2024 calendar year.

3 APCD Data Overview

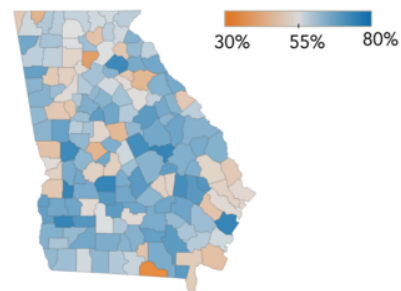
Figure 4 provides an overview of the contents of the APCD as of November 2024. The volume of APCD claims has grown over 50% since last year’s report, with the distribution of individuals represented in the database consistent with the overall Georgia population in terms of age, sex, and urban-rural status. The quality of data also remains high, with extensive quality checks performed alongside each quarterly extract. The data contains over 15,000 unique procedures, 12,000 medical conditions, and 13,000 medications.

During 2024, the APCD gained 10 submitters, expanding to a total of 39 submitters. Submitters worked diligently to submit new claims on a monthly basis. In addition to collecting claims from 37 private payers and the State Health Benefit Plan, the APCD began receiving Medicaid data submissions. Furthermore, the APCD successfully completed an application to obtain original Medicare claims data from the Centers for Medicare and Medicaid Services (CMS) Research Data Assistance Center (ResDAC). The expansion of the APCD to include Medicaid and traditional Medicare data will further improve its ability to represent the healthcare utilization of the Georgia population.

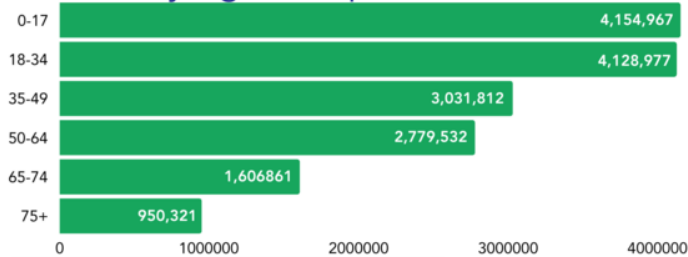
Quick Facts

- 1.52+ billion claims**
Including years 2018-2024
- 13.6+ million patients (2018-2024)**
53.1% Female | 46.4% Male
- 39 submitters**
95% private payers
- 64% of insured GA residents 2023 (medical)**
85% (pharmacy) | 50% (dental)

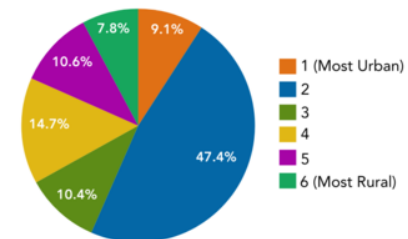
Percentage of GA Population*



Patients by Age Group



Rural or Urban?***



Limited data based on GA APCD as of January 2025, from years 2018-2024

* Population based on 2023, U.S. Census

** NCHS 2013 Urban-Rural Classification (https://www.cdc.gov/nchs/data_access/urban_rural.htm)

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Figure 1: GA APCD Snapshot

4 Statutory Reporting

Table 2 enumerates the required reporting areas per GA Code § 31-53-49(a).

Table 2: Statutory Reporting

Reporting Category	Reporting Requirements from § 31-53-49(a)	Status
Policy Development	<i>(1) Any policies established or revised pursuant to state and federal medical privacy laws, including the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended;</i>	During this reporting year, no formal policies pursuant to State and Federal health privacy laws were established or revised.
Data Requests	<p><i>(2) The number of requests for data and reports from the GAPCD, whether the request was submitted by a state agency or private entity, the purpose of the project, a list of the requests for which the administrator was advised that the release was consistent with rule and the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and a list of the requests not recommended for release</i></p> <p><i>(3) For each request recommended, the administrator must provide the federal regulation pursuant to which the use or disclosure was recommended, and whether a data use agreement or limited data set data use agreement was executed for the use or disclosure</i></p>	See Section 6.4.
Incident Reporting	<i>(4) A description of any data breaches, actions taken to provide notifications, if applicable, and actions taken to prevent a recurrence</i>	There were no data breaches or security incidents.
APCD Data Use	<p><i>(5) The uses of the data in the GAPCD</i></p> <p><i>(6) Public studies produced by the administrator</i></p>	See section 7.1.

Financials	<i>(7) The cost of administering the GAPCD, the sources of the funding, and the total revenue taken in by the GAPCD</i>	See section 5.1.
Data Recipients	<i>(8) The recipients of the data, the purposes of the data requests, and whether a fee was charged for the data</i>	Data use agreements for approved data releases were executed after the end of 2024 and will be included in the subsequent report.
Fee Schedule	<i>(9) A fee schedule displaying the fees for providing custom data reports from the GAPCD</i>	See Section 5.2.

5 Financials

5.1 Funding

The total funds implementation budget for APCD is \$13,767,967, and remains on track. To date, the total expenditures for the project amount to \$7,945,519. Federal matching funds for APCD implementation costs significantly supplement state funding.

Table 3: State Fiscal Year Funding Schedule

	FY22	FY23	FY24	FY25
State Funds Budget	\$2,815,000	\$1,230,000	\$ 800,000	\$800,000

Table 4: Total Project Spend

FUNCTION	2022 SPENT	2023 SPENT	2024 SPENT	TOTAL
Project Management	\$663,986	\$337,201	\$270,924	\$1,272,111
Data Collection Supplier	\$50,800	\$1,342,575	\$884,200	\$2,277,575
Administration & Analytics	\$905,687	\$1,587,706	\$1,232,512	\$3,725,905
Analytics Environment			\$662,544	\$662,544
Miscellaneous	\$4,884	\$2,500		\$7,384
Total	\$1,625,357	\$3,269,982	\$3,050,180	\$7,945,519

5.2 Fee Schedule

Table 5 gives price estimates for the non-public data product types offered by the Georgia APCD.

Table 5: Fee Ranges for Non-Public Data Products

Product Type	Range of Fees
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

This information represents estimated pricing. Final fees are based on a number of factors including:

- 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)

The application fee for non-public data requests is shown in Table 6.

Table 6: Application Fees

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

6 Data Governance and Requests

The APCD has put in place rigorous and comprehensive data governance policies and procedures to ensure data utilization aligns with the GA APCD goals and objectives. Over the past year the team completed the broad objectives set forth by the APCD Data Governance Planning Team for standard operating procedures for request intake, initial review, full review by the Data Release Review Committee (DRRC), and completion of all necessary documentation to execute a Data Use Agreement. Key activities for the year included:

- Formalizing data request process and policies
- Establishing the Data Release Review Committee and initiating monthly meetings
- Opening applications for non-public data requests
- Accepting and reviewing data requests
- Opening applications for custom reports

6.1 Overview of GA APCD Data Access Mechanisms

The Georgia APCD is making publicly available a significant amount of data and information that should address the information needs of many Georgians, including on topics of healthcare costs, quality, and population health. Public data and reports can be accessed for free at <https://apcd.georgia.gov/data-reports/public-data>. Organizations needing additional information can request custom reports or non-public data. To meet an organization’s specific needs, the Georgia APCD analytics team can create custom reports and datasets that address a wide range of questions based on APCD data. Offerings include written reports, interactive dashboards, and custom datasets. For organizations that are familiar with analysis of medical

claims and have the necessary security and methodological expertise, non-public "claims-level" data can address questions not covered by public data releases.

In order to simplify the selection of data elements for requestors of non-public data, the Georgia APCD developed a set of standard data modules:

- Member Information
- Member Coverage
- Medical Claims
- Medical Claims Costs
- Pharmacy Claims
- Pharmacy Claims Costs
- Dental Claims
- Dental Claims Costs
- Provider Information
- Payer Information

The non-public data request application opened in July 2024, and the custom reports application opened in December 2024.

6.2 Data Request Process

The non-public data request process is shown in Figure 2. First, potential data requestors are encouraged to submit an application inquiry and work with the administrator to refine the request. Once the data requestor submits their application, the administrator team reviews the application and meets with the data requestor to offer further feedback and iteratively improve the application until it is ready for review by the Data Release Review Committee (DRRC). At this point, the data requestor receives a cost estimate, and the data requestor is invited to give a brief presentation to the DRRC. DRRC members have the opportunity to ask the data requestors questions regarding their applications, and then they evaluate the application based on the following criteria:

1. Do the research questions align with the objectives of the GA APCD?
2. Does the requestor have the experience, skills and infrastructure in place to support the research?
3. Are requests for sensitive data elements reasonable and minimum necessary?

If the request includes sensitive data elements that are not strictly necessary, the DRRC may recommend modifications to the request. The DRRC then makes a recommendation to the administrator regarding whether to approve the data request. The administrator makes the final decision regarding a data release.

In the next step, the data requestor is provided with a formal quote, and the data requestor and Office of Health Strategy and Coordination (OHSC) execute a Data Use Agreement (DUA). Once the DUA has been executed, the data are released.

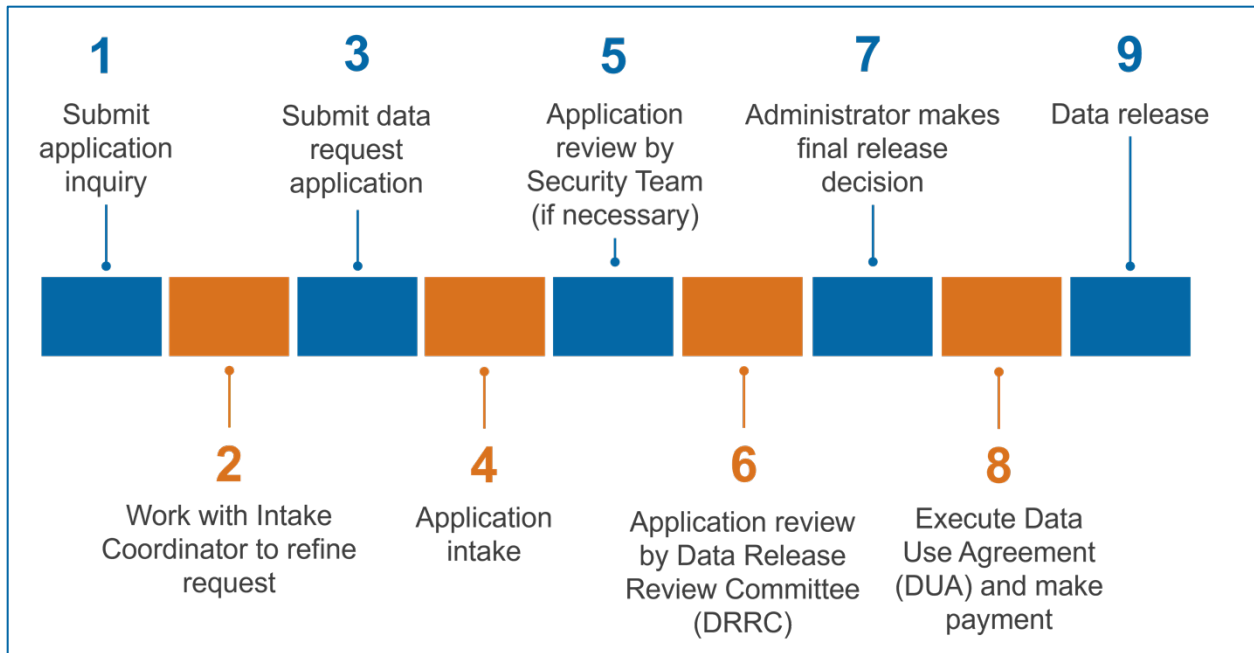


Figure 2: Non-Public Data Request Process

6.3 Data Release Review Committee

The DRRC was established in 2024 and is responsible for reviewing data request applications, ensuring that data requests align with the intent and objectives of the GA APCD, and making recommendations to the APCD administrator for the release of data. The DRRC is comprised of experts on the topics of health data and informatics, health services research, analytic methods, data privacy and security, research ethics, Institutional Review Board (IRB) and regulatory processes, and antitrust regulations. The inaugural DRRC members are as follows:

- **Amanda Abraham, PhD:** Professor in Public and International Affairs, University of Georgia
- **James Cannady, PhD:** Principal Research Scientist, Georgia Tech Research Institute
- **Neal Dickert, MD, PhD:** Cardiologist, Associate Professor of Medicine, Emory University School of Medicine
- **Becca Hallum, JD:** Associate General Counsel and Vice President of Healthcare Improvement Programs, Georgia Hospital Association
- **Elizabeth Holcomb, JD, MPH:** Director, Georgia Office of Health Strategy and Coordination
- **Ian Juliano, MBA:** CEO, Trella Health
- **D’Andrea Morning, JD, CHC, CCEP, CHPC:** Vice President, Corporate Compliance/Chief Compliance and Privacy Officer, Grady Health
- **Elizabeth Overton, MPH:** Corporate Director, Clinical & Performance Analytics, Emory University School of Medicine
- **Robert Palmer, PhD, MSN, RN:** Director, Informatics, Georgia Department of Public Health

- **Janani Rajbhandari-Thapa, PhD, MPH:** Associate Professor, Director of Inclusive Excellence, Director of Economic Evaluation Research Group, Director of Obesity and Weight Management Certificate, College of Public Health, University of Georgia
- **Rebecca Roussele, BA, CIP:** Assistant Vice President for the Human Research Protection Program, Emory University Institutional Review Board
- **Daphanie Scandrick-Keit, BBA:** Executive Director, Office of Analytics and Program Improvement, Georgia Department of Community Health
- **Nicoleta Serban, PhD:** Professor of Pediatric Research, School of Industrial and Systems Engineering, Georgia Tech
- **Angela Bauer Snyder, PhD, MPH:** Director of Health Policy and Financing, Research Professor, Georgia Health Policy Center, Georgia State University
- **Richard Starr, BS:** Director of Research Operations for Health Data Management, Protected Health Data Infrastructure, Georgia Tech
- **Wendell Strickland:** President and CEO, Strongside Solutions
- **Sara Turbow, MD, MPH:** Associate Professor of Medicine; Program Director, Public Health and General Preventive Medicine Residency & Fellowship Program; Division of General Internal Medicine, Department of Medicine; Division of Preventive Medicine, Department of Family & Preventive Medicine; Emory University School of Medicine

6.4 Data Requests

The Georgia APCD received eight data request applications in 2024 (Table 7). Five of these applications have been reviewed by the Data Release Review Committee (DRRC), one application was withdrawn, and two have not yet been reviewed. Three applications were recommended for approval with modifications to protect data privacy by limiting each data release to the minimum data necessary. Examples of modifications include replacing full dates of service with years of service, replacing 5-digit zip codes with the first three digits of the zip code, and removing certain sensitive data categories. All data requests that were recommended for release were consistent with the *Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended*, and with *42 Code of Federal Regulations (CFR) Part 2*.

Table 7: Non-Pubic Data Requests

Requestor Type	Purpose	Recommended for Release
State agency	Assessing the impact of the GA Senate Bill 46 on syphilis testing patterns among pregnant women in Georgia	Recommended
Industry non-profit	Studying behavioral health services utilization and cost drivers	Recommended with modifications
Academic	Analysis of myalgic encephalomyelitis and chronic fatigue syndrome post-Covid infection	Recommended with modifications
Academic	Postpartum care utilization for teen births in Georgia	Recommended with modifications
Health insurer	Comparing health care payment rates for one health insurer versus the commercial market	Not recommended

Academic	Analyzing trends in phototherapy access in Georgia for cutaneous T-cell lymphoma	Review pending
Academic	Analyzing life-threatening pregnancy complications	Review pending
Academic	Examining Statewide Trends in ECMO Utilization and Outcomes in Georgia	Request withdrawn

7 APCD Data Analytics

7.1 Use Cases

The GA APCD administrator executed a robust set of use cases in 2024 based on the priorities set forth by the APCD Use Case Workgroup the previous year. The use cases defined by the Workgroup are listed in Table 8.

Table 8: 2024 Use Cases

COST AND UTILIZATION	POPULATION HEALTH	HEALTHCARE QUALITY
<ul style="list-style-type: none"> • Total Costs of Care • Chronic Disease Costs of Care • Avoidable Emergency Department Costs • Behavioral Health Costs of Care • Median reimbursed rates for No Surprise Billing • Pharmaceutical Trends 	<ul style="list-style-type: none"> • Chronic Disease Trends • Cancer Trends • Behavioral Health Trends • Maternal/Infant Health 	<ul style="list-style-type: none"> • Low-Value Care • Preventive Screening

In the sections below, we highlight example artifacts ranging from dashboards to infographics to datasets that were publicly released by the APCD analytics team. All artifacts are available on the APCD website at <https://apcd.georgia.gov/data-reports/public-data>.

7.1.1 Condition Explorer for Chronic Disease, Cancer, and Mental Health

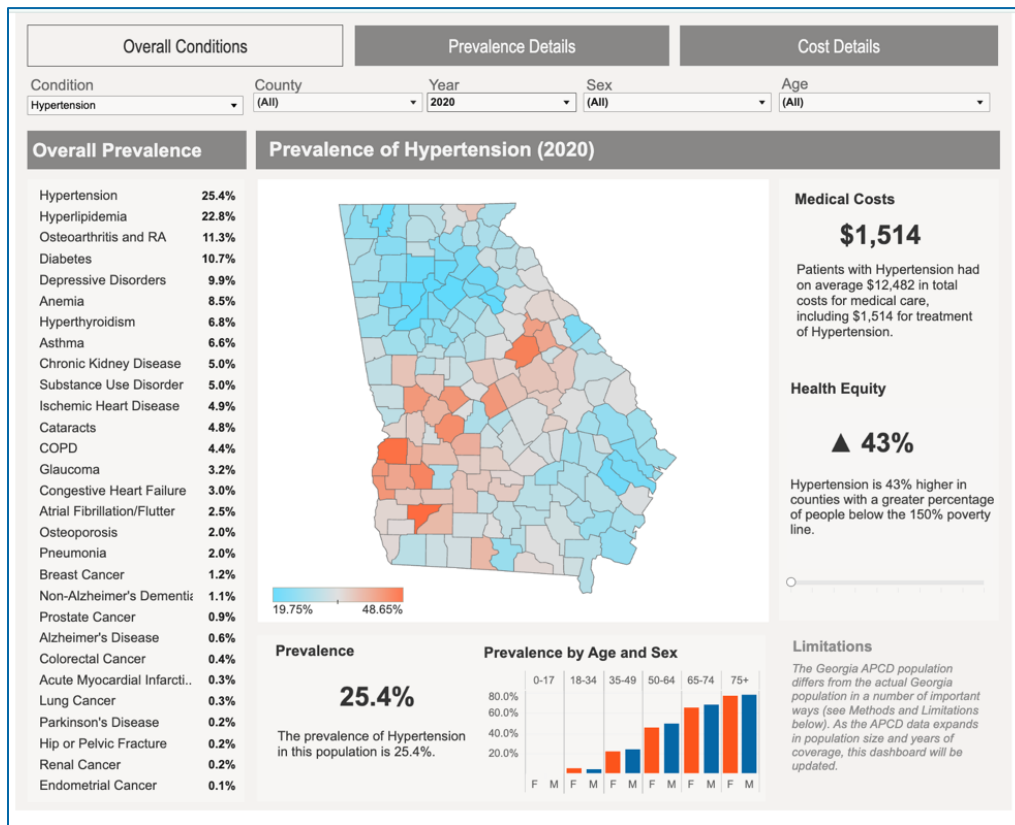


Figure 3: GA APCD Condition Explorer

The Georgia APCD Condition Explorer is a tool designed to provide broad and deep insights into the most prevalent healthcare conditions across the state. The tool was developed by aggregating and standardizing Georgia all-payer claims data, which enables detailed exploration of trends related to chronic conditions, cancers, and mental health. The interactive dashboard includes detailed information on disease prevalence and costs which can be stratified by county, region, urban-rural status, sex, age group, and year. The work involved extensive user testing, clinical phenotyping, data analytics, and visualization to ensure usability for stakeholders, including policymakers and health systems. This interactive dashboard provides a place for users to identify trends, better understand differences in populations across the state, and support data-driven policy decisions in Georgia. The dashboard is accessible at <https://apcd.georgia.gov/condition-explorer>.

7.1.2 Infant Health Outcomes

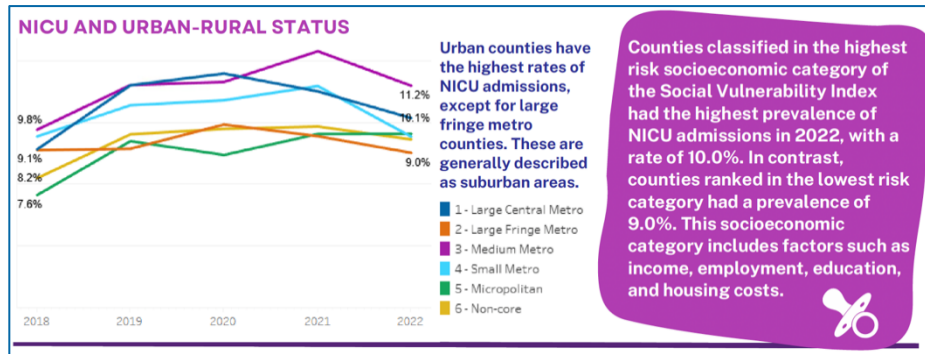


Figure 4: Rates of NICU Admissions by Urban-Rural Status

The APCD use case on infant health outcomes highlights critical indicators such as low birth weight (LBW), premature births, and Neonatal Intensive Care Unit (NICU) admissions from 2018 to 2022. GTRI-CHAI analyzed these data and explored variations including urban-rural differences, social vulnerability impacts, and trends in prevalence rates over time. The findings show that urban counties typically exhibit higher NICU admissions and LBW rates, while counties with greater social vulnerability have consistently higher rates of premature births and NICU admissions. The results are available in a downloadable infographic at <https://apcd.georgia.gov/infant-health-outcomes>.

7.1.3 Low-Value Care: Opioids for Low Back Pain

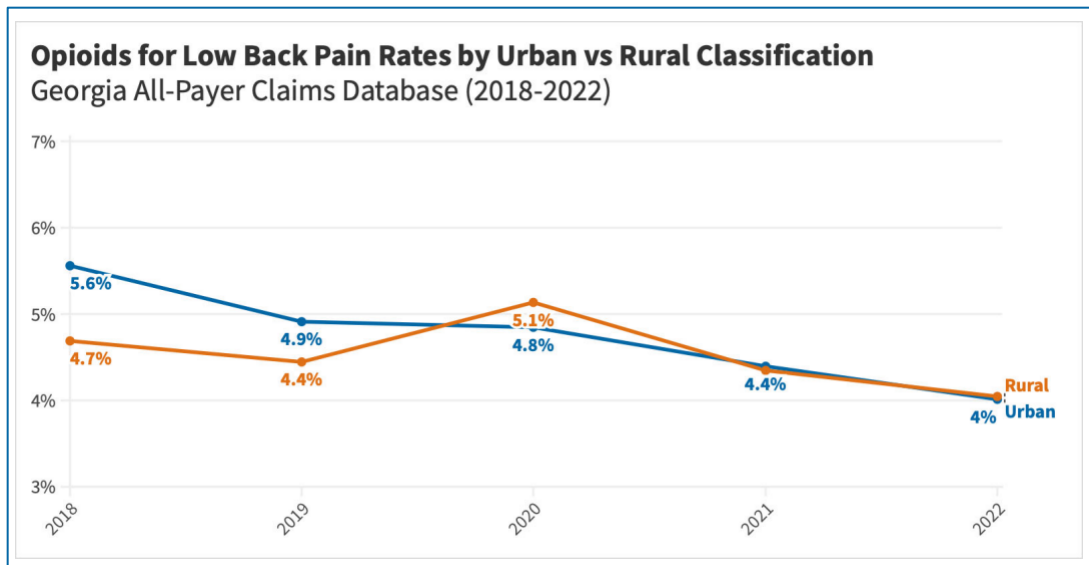


Figure 5: Rate of Opioid Prescribing for Low Back Pain

Inappropriate opioid prescribing for low back pain remains a significant challenge and risk for opioid addiction despite evidence-based guidelines recommending non-opioid treatments as the first line of care. This use case research leverages the GA APCD to analyze opioid prescribing

patterns for low back pain, focusing on instances where alternative, evidence-based treatments are recommended. By identifying areas of low-value care, the study aims to highlight opportunities for improving adherence to best practices, reducing unnecessary opioid use, and addressing the risks associated with inappropriate prescribing. Findings showed a decreasing rate of opioid prescribing from 2018 to 2022, consistent with national trends. A detailed report on this analysis can be found at <https://apcd.georgia.gov/low-value-care-opioids-low-back-pain>.

7.1.4 Prescription Drug Dispensing Trends

Drug	Base Year	Subsequent Year	BaseRx Month S	Rx Months Sub	Year over Year Change	Cumulative C
OXYCONTIN	2018	2019	27,770	23,440	-16%	-16%
OXYCONTIN	2019	2020	23,440	20,666	-12%	-26%
OXYCONTIN	2020	2021	20,666	13,564	-34%	-51%
OXYCONTIN	2021	2022	13,564	11,877	-12%	-57%
OZEMPIC	2018	2019	2,038	30,485	1396%	1396%
OZEMPIC	2019	2020	30,485	103,700	240%	4988%
OZEMPIC	2020	2021	103,700	177,265	71%	8598%
OZEMPIC	2021	2022	177,265	305,590	72%	14895%

Figure 6: Excerpt from Prescription Drug Dispensing Dataset

Prescription drugs are a significant driver of cost in Georgia and throughout the nation. The APCD analytics team explored trends in prescription drug dispensing at retail pharmacies between the years of 2018 and 2022. The resulting dataset, containing information on over 450 of the most highly prescribed and costly medications, was made publicly available for use by policymakers, researchers, and consumers. This dataset highlights the rapid growth of high-cost medications such as GLP1 inhibitors as well as the transitions that occur in drug dispensing when generic medications become available. This dataset is available at <https://apcd.georgia.gov/trends-prescription-drug-dispensing-2018-2022>.

7.1.5 Avoidable Emergency Department Costs

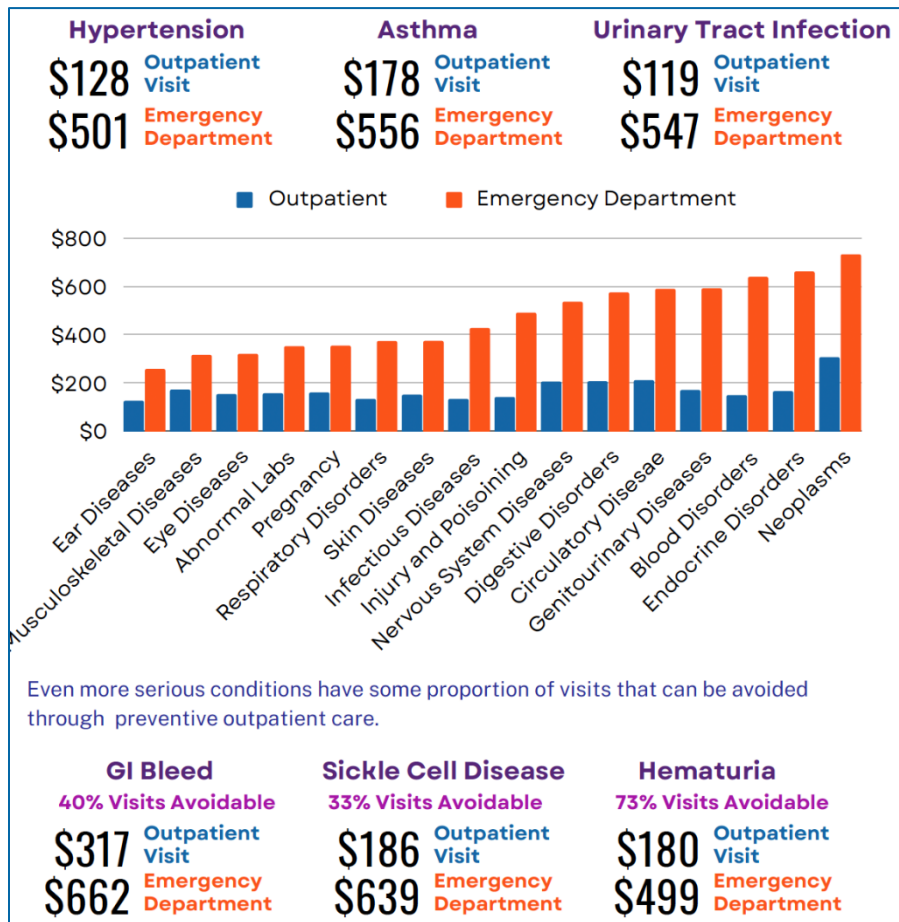


Figure 7: Avoidable Emergency Department Costs

Avoidable emergency department costs represent a significant portion of health care expenditures. Based on analysis of medical claims using well-established methodologies, the APCD analytics team determined that over 40% of emergency department (ED) visits in 2022—roughly 1.3 million visits—were potentially avoidable. This represents over \$300 million in unnecessary healthcare costs. The team utilized the Billings classification system to classify ED visits, focusing on those that could have been managed in lower-acuity care settings or prevented with primary care visits. The analysis revealed potential cost-saving opportunities by addressing common conditions such as urinary tract infections and hypertension through outpatient care. This research underscores potential areas to reduce unnecessary ED utilization and healthcare spending. This use case is available in a downloadable infographic at <https://apcd.georgia.gov/avoidable-emergency-department-costs>.

7.1.6 Adherence to U.S. Breast Cancer Screening Guidelines

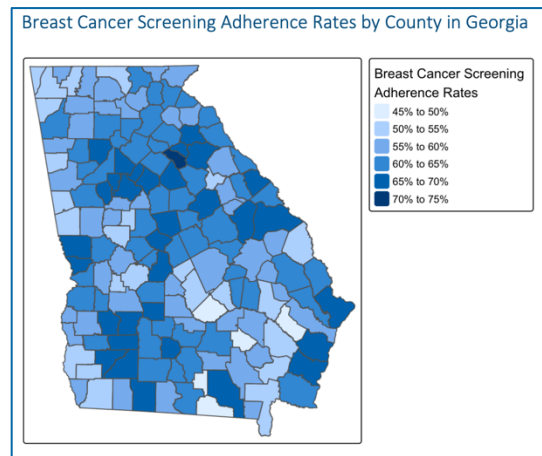


Figure 8: Breast Cancer Screening Adherence Rates by County

Breast cancer is the second leading cause of cancer death among women, making early detection through routine screening a critical public health priority. The GA APCD analytics team analyzed adherence to mammography guidelines for women aged 50-74 as established by the US Preventive Services Task Force. Findings showed that women in urban areas had consistently higher screening rates than women in rural areas, with some narrowing of these differences in 2022. In contrast, social vulnerability index did not show a consistent effect on mammogram rates. County-level mapping highlighted potential factors of access, with higher adherence in areas with greater density of mammography facilities. These insights underline the importance of targeted interventions to improve adherence and access to care. Details on this analysis can be found at <https://apcd.georgia.gov/breast-cancer-screening-rates>.

7.2 Use Case Workgroup

In 2024, the administrator worked closely with the Office of Health Strategy and Coordination to conduct a second iteration of the APCD Use Case Workgroup. The Workgroup reviewed a broad array of potential analyses and prioritized target use cases based on state needs and data availability. High priority areas included health cost transparency, rural access to care, adoption of telemedicine, and provider workforce.

In addition to use cases defined by the Use Case Workgroup, the Office of Health Strategy and Coordination has led engagement with state agencies to identify additional use cases that would be served by the data housed in the APCD.

7.3 APCD Analytics Environment

The APCD Analytics environment is a cornerstone to the success of the project. With the tremendous support of the Georgia Data Analytics Center (GDAC), the APCD team has built a robust environment and processes for securely receiving, processing, analyzing, and disseminating APCD data. The quarterly ingestion of APCD data, including the source claims and all derivative rows and tables, exceeds 8.5 billion records. This tremendous technical lift is carried out rapidly and consistently in a production environment.

In addition to the data itself, the APCD analytics team has developed a set of value-added libraries and tools to expedite specific common types of analyses such as geospatial analysis, demographic stratification, provider specialty stratification, and cost analytics.

8 Outreach

This year the APCD administrator has worked to increase the visibility of the APCD, particularly among potential users of APCD data. Outreach efforts have included giving presentations to government and community organizations, academic researchers, and other stakeholders who could benefit from APCD data. The administrator has also worked closely with data submitters. In addition, the GA APCD remains actively involved with the broader APCD community through participation with the APCD-Council and the National Association for Health Data Organizations (NAHDO).

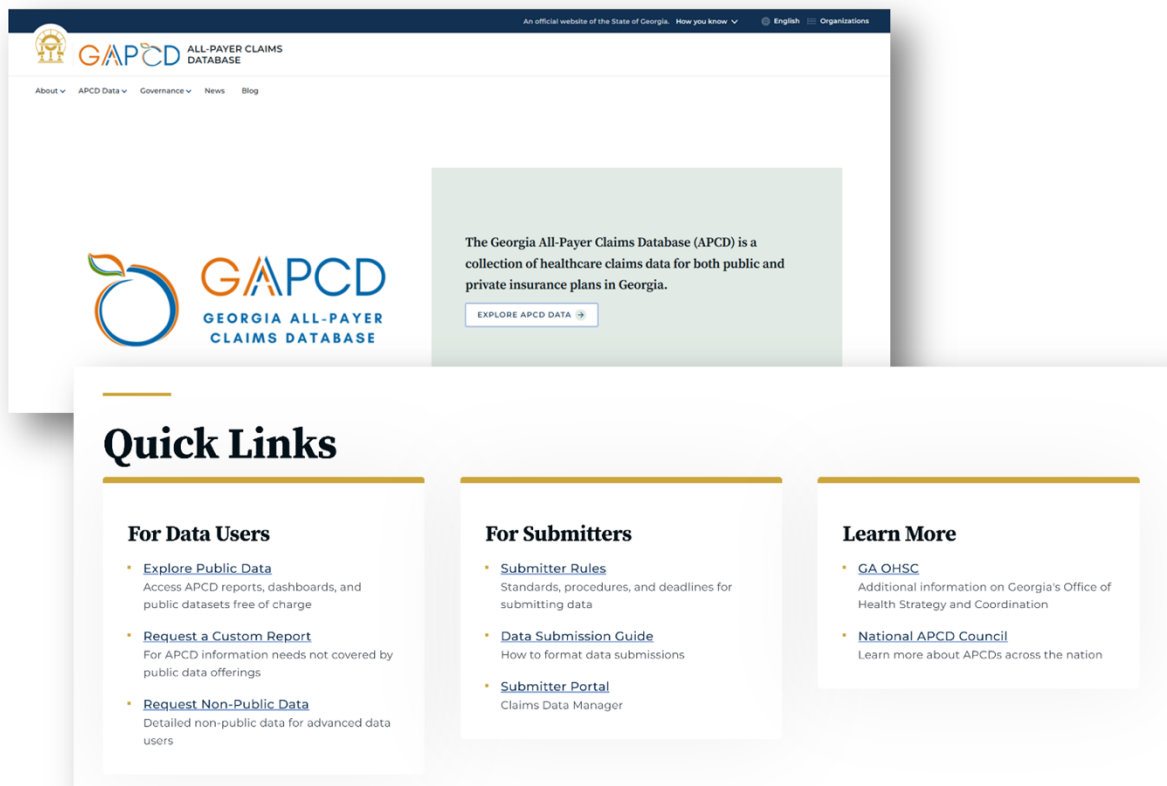


Figure 9: Georgia APCD Website (<https://apcd.georgia.gov>)

The APCD website <https://apcd.georgia.gov> is the primary resource for the Georgia public, APCD data submitters, data users, and prospective data requestors to obtain information about the Georgia APCD. Users can access public data, reports, and interactive dashboards from the Public Data page (<https://apcd.georgia.gov/data-reports/public-data>). Prospective data requestors can learn about the APCD's Non-Public Data Offerings and obtain a data request application from the Non-Public Data page (<https://apcd.georgia.gov/data-reports/non-public->

[data](#)) and Custom Reports page (<https://apcd.georgia.gov/data-reports/custom-reports>). The website also includes information such as Submitter Rules, the Data Submission Guide, archived Advisory Committee presentations, and links to virtually attend upcoming Advisory Committee meetings.

9 Conclusion

With over a billion records securely housed, a robust process for requesting access to data and ensuring the appropriateness of those requests, and the release of numerous public reports, datasets, and dashboards on topics of importance to the state of Georgia and its citizens, the APCD is emerging as a significant resource for the state. The success of this work is a testament to the strong collaboration of the GA APCD team and the clear vision set forth by the APCD legislation. In the coming year, the APCD will see further growth including the significant addition of Medicare traditional claims data. The team will rapidly expand our support of data requesters from government, academia, and industry, ensuring that these valuable data are available to support policy and other healthcare decision-making. Finally, the team will be launching a major health price transparency tool designed for healthcare consumers.

The administrator would like to thank the entire Georgia team, the APCD Advisory Committee, the Data Release Review Committee, workgroup members, submitters, and stakeholders for their work in advancing the GA APCD.