



## Initial Uses of APCD Data

The APCD Use Case Workgroup convened three times and generated a wide array of potential analyses for prioritization. We conducted a survey following the final Workgroup session (results attached) which confirmed the areas of interest but did not indicate universally agreed upon top choices. GTRI-CHAI and OHSC thus took the priority categories identified by the Workgroup and cross-referenced with the following additional factors:

- Known mandates based on statute and funding source
- Timeline of payer onboarding and impact on data availability
- Level of effort required for conducting the proposed use cases
- Quality of findings from similar analyses performed by APCDs across the country

Based on this process, we derived 12 analyses to be performed in the first round, which we believe reflect the priorities of the Workgroup and the SB 482 legislation. The proposed analyses are summarized on the following pages.

The projected timeline for APCD analytics implementation includes plans to begin generating reports for lower complexity analyses by January 2024 and to complete analyses for the initial priority Use Cases by January 2025. During that time, we will work with the Use Case Workgroup, as well as the Advisory Committee, to define the next phase of studies. We will also be facilitating additional analyses by other state agencies and approved research organizations through the APCD Data Request process.

At the Advisory Committee meeting, we welcome the Committee's input and feedback on the proposed use cases.

## Proposed APCD Analyses

Category	Sub-Category	Analysis	Summary
Cost and Utilization	Total Costs of Care	Total Costs of Care, overall population	This analysis will look at total costs of care for the overall population, with breakdowns by service type (e.g., inpatient, outpatient, pharmacy, other services) as well as demographics and geography (eg urban-rural). The analysis will also include YoY trends in total costs of care. Here is a representative <a href="#">example</a> of this type of analysis.
Cost and Utilization	Chronic Disease Costs of Care	Total costs of care, patients with DM, HTN, CVD, CHF	This analysis will look at costs of care for specific chronic disease populations. The analysis will include patients with diabetes mellitus, hypertension, coronary vascular disease, and congestive heart failure. Costs will be looked at by service type, demographics, and geography as well as YoY trends.
Cost and Utilization	Avoidable Costs	Potential Avoidable ED Visits	This analysis will examine rates of emergency department visits for outpatient appropriate conditions that do not warrant emergency care. The analysis will examine by condition category and YoY trends. Here is a detailed list of <a href="#">conditions to be analyzed</a> . This analysis also contributes to the Medicaid Recoveries objective of the APCD. The application for CMS matching funding included anticipated savings to the Medicaid program by utilizing APCD data. Reducing avoidable ED visits was one such category cited in the application.
Cost and Utilization	Behavioral Health Costs of Care	Medical costs for Behavioral Health and Substance Use Disorders	This analysis will look at trends in costs of care for behavioral and mental health as well as substance use disorders. Costs will be examined by service type, demographics, and geography as well as YoY trends. Here is a <a href="#">detailed list of condition codes</a> to be analyzed.
Cost and Utilization	Surprise Billing / Reimbursement Rates	Median Contracted Rates by Billing Code	This analysis will provide data on median contracted rates by billing code (CPT, DRG). The results can be used 1) by the Office of the Commissioner of Insurance and Safety Fire in their responsibility to mediate Surprise Billing disputes; and 2) by Medicaid analysts and other researchers seeking to understand reimbursement gaps between Medicaid and commercial payers for similar services

Cost and Utilization	Pharmaceutical Costs	Prescription Drug Use and Spending	This analysis will look at top pharmaceutical costs by individual drug and by therapeutic classes. We will also look at brand vs generic expenditures.
Population Health	Chronic Disease Trends	Prevalence trends: DM, HTN, CVD, and CHF	This analysis will look at YoY trends in the prevalence of 4 chronic diseases: diabetes, hypertension, coronary vascular disease, and congestive heart failure. We will look at disease-specific complications as well as characterization by demographics, geography, and social vulnerability index.
Population Health	Cancer Trends	Prevalence trends: lung, colorectal, pancreatic, breast, prostate, liver	This analysis will look at YoY trends in the prevalence of 6 categories of malignant neoplasms: lung, colorectal, pancreatic, breast, prostate, and liver. We will conduct characterization by demographics, geography, and social vulnerability index.
Population Health	Behavioral Health Trends	Prevalence trends: behavioral and substance use disorders	This analysis will look at YoY trends in the prevalence of behavioral and substance use disorders. We will conduct characterization by demographics, geography, and social vulnerability index. Here is a <a href="#">detailed list of condition codes</a> to be analyzed.
Population Health	Maternal Health	Prevalence of low birth weight, premature birth, NICU	This analysis will look at YoY trends in the prevalence of premature births, low birth weight infants, and infants requiring care in the neonatal intensive care unit. We will conduct characterization by demographics, geography, and social vulnerability index.
Health Care Quality	Low-Value Care	Opioid Use in Low Back Pain	This analysis will analyze rates of opioid prescribing for patients with low back pain, a well-documented example of low value care that has limited benefit to back pain and can lead to negative health consequences.
Health Care Quality	Preventive Screening	Geographic variation in USPSTF recommended screenings	This analysis will look at YoY rates of compliance with cancer screening guidelines as defined by the US Preventive Services Task Force. We will conduct characterization by demographics, geography, and social vulnerability index.