



Recommendations on APCD Data Use

Approved by the APCD Use Case Workgroup
For Review and Consideration by the APCD Advisory Committee

Introduction

The Office of Health Strategy and Coordination (OHSC) convened the All-Payer Claims Database (APCD) Use Case Workgroup to develop recommendations for consideration by the APCD Advisory Committee on the uses of APCD data and the processes for ensuring appropriate use and release of APCD data. The Use Case Workgroup was convened for five meetings between December 2021 and June 2022, during which the following topics were discussed:

- Types of research and analytics that can be supported with APCD data (use cases)
- Types of data needed for different use cases (data elements and data sets)
- Opportunities to combine APCD data with other data types for additional use cases
- Considerations for prioritizing APCD use cases
- Considerations for permitting access for external users and entities to APCD data
- Processes to ensure requests for the use of APCD data are appropriately reviewed
- Processes to ensure APCD data is managed appropriately upon release for an approved purpose
- Considerations for providing ongoing stakeholder support to the Advisory Committee
- Considerations for ensuring reports are meaningful and made regularly to the Advisory Committee

This workgroup's discussions have been synthesized into six recommendations on APCD data use. A set of additional recommendations on access and release of APCD data have been jointly developed for the Advisory Committee by the Use Case Workgroup and the Data Privacy, Security, and Access Workgroup.

Recommendations Related to Uses of APCD Data

Recommendation #1: Measure what matters most.

Keep the focus on priority objectives of the state.

Section 31-53-44 of the Official Code of Georgia Annotated states that the objectives of the APCD “shall be to facilitate data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health through the understanding of health care expenditure patterns and operation and performance of the health care system.” The Use Case Workgroup recommends a **phased approach to implementation, focusing on use cases that align with the following state priorities:**

1. identifying health disparities,
2. assessing population health,
3. monitoring and analyzing healthcare costs,
4. supporting surprise billing documentation, and
5. developing a consumer-facing portal to provide price transparency and support comparison shopping for health services.

Recommendation #2: Look back to see more clearly.

Include historical claims in the APCD, starting before January 2020.

The usefulness of an APCD is contingent on data quality and data sufficiency. Historical data is critical for creating a comprehensive picture of healthcare in the state. Among state APCDs that collect retrospective data, it is common for the data to date back two to three years prior to the establishment of the APCD. Historical data will be especially critical in the wake of the COVID-19 pandemic. Population health trends (both physical and behavioral), health outcomes, increased utilization of telehealth, and impact of government subsidies for care of patients with COVID-19 represent a small portion of topics that will need to be analyzed to fully understand and support the needs of the citizens of Georgia. The Use Case Workgroup recommends **the APCD include historical data for years prior to January 2020**, before the COVID-19 pandemic. This will support the ability of researchers and policy analysts to benchmark trends in utilization and costs prior to the pandemic and look at health disparities before, during, and after the pandemic.

Recommendation #3: Provide services your customers need.

Ensure Georgia's APCD provides risk adjustment and data enhancement services.

Risk adjusted data is essential for many APCD use cases to bring value to state agencies, policymakers, researchers, payers, providers, and others. Risk adjustment is a process of applying disease categories to patients, and attaching "numerical weights" to those conditions, so disease burden can be taken into consideration when making assessments about cost and quality of services and to assist in population health and epidemiology studies. The Use Case Workgroup recommends **the APCD apply consistent and uniform risk adjustment methodologies to all APCD data, for all payers as well as other data enhancement services.** When risk adjustments are applied in the APCD, it provides a uniform way for all users to consider disease burden in their work and improves interpretation and comparison of studies across investigators. Applying risk adjustments to APCD data prior to releasing data for a study or for quality analysis, for example, assures risk adjustments are done consistently, and lowers the burden for individual requestors to apply risk adjustment to data they have received.

While applying consistent and uniform risk adjustment to all APCD data is a priority, the Workgroup also recognizes that value can be added by seeking greater understanding of the variations in risk adjustment methodologies deployed across different payers. The Workgroup recommends that OHSC convene a workgroup to explore the appropriate methods for gathering this information but acknowledges that this effort may take an extended period of time. As such, and consistent with Recommendation #4 below, this information would not be included in the initial phase of the APCD launch.

Recommendation #4: Walk before you run.

Build the APCD with claims data initially (medical, pharmacy, and dental); allow submission of additional data elements and data sets over time.

The implementation timeline of the APCD follows a phased approach to onboarding payers and integrating data sets. The Use Case Workgroup recommends the APCD's initial focus be applied to receiving standard claims data feeds (medical, pharmacy, dental) along with payer enrollment and provider data files. Supporting alternative payment models (such as bundled services or capitated payments) and measuring health outcomes against total cost of care requires clinical data to be combined with data on healthcare payments, whether those are for claims, encounters, bundled services, or are capitated for populations. While it is a goal for the APCD to support these types of use cases, implementing these in phases will help ensure APCD data quality. The Use Case Workgroup recommends the APCD Administrator **1) focus on initially obtaining (by 2025) medical, pharmacy and dental claims data, along with payer enrollment and provider data files from all mandated payers, and 2) convene a workgroup by 2024 to plan for expanding APCD data beyond claims data, including data on social determinants of health.** A measured approach to APCD data collection will allow

conformance issues with claims data to be addressed before other data types are added and will give the APCD data collection vendor time to test and validate most functionality needed for claims data processing (collection, validation, transformation, matching, extraction, etc.) prior to ingesting data from diverse contributors in less standard formats. This strategy will also allow the Georgia APCD team to leverage lessons learned from rigorous system testing and from experiences of states currently working on adding alternative payment models and other data sets to existing APCDs.

Recommendation #5: Listen to your users.

Engage consumers in a user-centered design approach to ensure the APCD consumer price transparency and quality portal meets the needs of users.

Adoption and use of the consumer pricing transparency and quality portal will depend on:

1. consumer awareness of the availability of a price transparency and quality tool, and
2. the usefulness of information in the portal to consumers making healthcare decisions.

The Use Case Workgroup recommends the APCD take **a user-centered design approach for developing the consumer price transparency and quality portal** by engaging diverse groups of consumers to provide input on the initial presentation and usefulness of available information and continuing to incorporate user input as additional features are rolled out through the creation of a standing workgroup. The Use Case Workgroup recognizes that the usefulness of a comparative consumer portal depends on sufficient data to ensure accuracy of price variations and quality measures over time and acknowledges the portal may initially demonstrate limited utility. The Use Case Workgroup also recognizes the complexity of including quality metrics and recommends the consumer transparency portal initially include links to existing quality measurement websites (for providers and hospitals) until quality measure data can be more fully incorporated directly into the APCD.

Recommendation #6: Leverage your experts.

Extend the lifespan of workgroup(s) or form standing sub-groups to support the APCD Advisory Committee and the APCD Administrator.

The Use Case Workgroup recognizes the importance of engaging private and public sector partners to provide input when government agencies are tasked with developing new programs and implementing technology to support programmatic goals. Once the APCD is operational, and the value of data analytics can be demonstrated, it is expected additional data sources will be incorporated to support increasingly complex use cases. As the APCD matures and evolves, **the Use Case Workgroup**

recommends ongoing support for the APCD Advisory Committee, and the Administrator, be provided through the continuance of workgroups and standing sub-groups.