



# Current Uses of the Minnesota All Payer Claims Data Set (MN APCD) - August, 2015

## Background

In 2008, Minnesota law required the Minnesota Department of Health (MDH) to develop a health care claims data system that incorporates health care use information and costs for all major payers of health care services.<sup>1</sup> This data was initially intended to help create a system of greater transparency of provider cost and quality. In 2014, the Minnesota Legislature redirected MDH's efforts in the use of the MN APCD to six specific purposes:

1. Evaluation of the performance of the Health Care Homes program;
2. Studying hospital readmission rates and trends, in collaboration with the Reducing Avoidable Readmissions Effectively (RARE) campaign;
3. Analysis of variations in health care costs, quality, utilization and illness burden based on geographical areas or populations;
4. Evaluation of the State Innovation Model (SIM) testing grant received by the Departments of Health and Human Services;
5. Conducting a one-time study of chronic pain management procedures (completed in January, 2015);
6. Assessing the feasibility of conducting state-based risk adjustment in the individual and small group health insurance markets.

In 2015, the Legislature directed MDH to use the MN APCD to study trends in health care spending for certain

chronic conditions and risk factors,<sup>2</sup> with a report due to the Legislature in early 2016.

## Current Activities

In early 2015, MDH released a legislative report examining the provision of chronic pain management services in Minnesota from 2010 through 2012. The report includes a description of the volume, geographic distribution, facility type, and provider type/specialty of the rendering provider. In July 2015, MDH released findings from a study on Potentially Preventable Health Care Events (PPEs), detailing the volume and cost of such events in 2012 as a baseline for future research.<sup>3</sup>

MDH is in the process of conducting a number of additional studies under the legislative directive to study variations in cost, quality, utilization and disease burden in Minnesota. These studies are all designed to help policymakers, providers, employers, public health organizations, health plans, and other stakeholders better understand opportunities for improvement in how we deliver and pay for care in Minnesota.

- **Chronic Disease Atlas:** Study of prevalence and cost of the most frequent chronic conditions in Minnesota for patients with a diagnosed condition.
- **Low-value Services:** Analysis of the volume of health care services and procedures commonly viewed as contributing little value to health outcomes of patients.

<sup>1</sup> [www.health.state.mn.us/healthreform/legislation/sf3780article4.pdf](http://www.health.state.mn.us/healthreform/legislation/sf3780article4.pdf)

<sup>2</sup> Laws of MN, 89<sup>th</sup> Legislature, 2015 Regular Session, Chapter 71—S.F.No 1458, art. 8, sec.9;  
<https://www.revisor.mn.gov/laws/?id=71&year=2015&type=0>

<sup>3</sup> [www.health.state.mn.us/healthreform/allpayer/publications.html](http://www.health.state.mn.us/healthreform/allpayer/publications.html)

- **Pediatric Health Care Use Atlas:** Study of utilization of health care services for children, including the use of prescription drugs by kids diagnosed with Attention Deficit Hyperactivity Disorder and behavioral health diagnoses.
- **Prescription Drug Spending in Minnesota:** Analysis of spending for pharmaceutical products across the system of care delivery in Minnesota, including the impact of new specialty drugs.
- **Opioid Drug Use in Minnesota:** Study of prescription use of opioid drugs for treatment of acute and chronic pain.
- **Health Care Cost Drivers:** Study of the factors that underlie health care spending growth in Minnesota.
- **Traumatic brain injury and diabetes readmissions:** Studies of health care utilization associated with patients diagnosed with diabetes or a traumatic brain injury.

Reports resulting from these analyses will be available online throughout late 2015 and early 2016:

[www.health.state.mn.us/healthreform/allpayer/publications](http://www.health.state.mn.us/healthreform/allpayer/publications)

### APCD Public Use Files

In 2015, the Minnesota Legislature also directed MDH to develop and make available Public Use Files of summary data from the MN APCD. These files, which are to be made available at little or no cost by March 1, 2016, would contain data that is aggregated at a high enough level to ensure that individual patients, providers or payers are not identifiable. MDH was also directed to convene a workgroup to provide technical guidance into the development of Public Use Files. The workgroup will be convened in the Fall of 2015.

### Data Quality

An important area of MDH's efforts associated with the MN APCD concerns studying and documenting data quality with a focus on data accuracy, consistency and reliability. This is particularly important work for two reasons: (1) A complete understanding of data quality is key to continuously improving data over time, when paired with the development of new logic checks and data intake procedures. (2) As MDH is preparing to

make Public Use Files available for independent research in the community, it is essential that researchers have a full understanding of data quality to guide the careful development of research studies and make appropriate statistical adjustments to the data. As part of each study that MDH is conducting, data quality is assessed and potential improvement opportunities are identified. In addition to this ongoing work, MDH is using three primary strategies to assess and document data quality in the MN APCD:

#### 1. Data Monitoring and Reporting by Data

**Aggregation Vendor:** MDH is working with Onpoint Health Data on preparing an annual data monitoring report. This report will contain a summary of data validation processes and a presentation over time of key metrics for data that have been flagged as complete and accurate.

**2. Independent analysis of quality domains for the MN APCD:** MDH has retained Fair Health to conduct a number of independent analyses of domains of data quality.

**3. Data Quality Reports for Study on State-based Risk Adjustment:** As part of this effort, the analytic vendor for the study (Milliman) will issue independent reports of data quality and summarize its findings in the report to the Legislature in early 2016.

The reports on data quality are expected to be published in late 2015.



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