



Request for Information: Minnesota All Payer Claims Database (MN APCD) Uses and Priorities—an Informational Webinar

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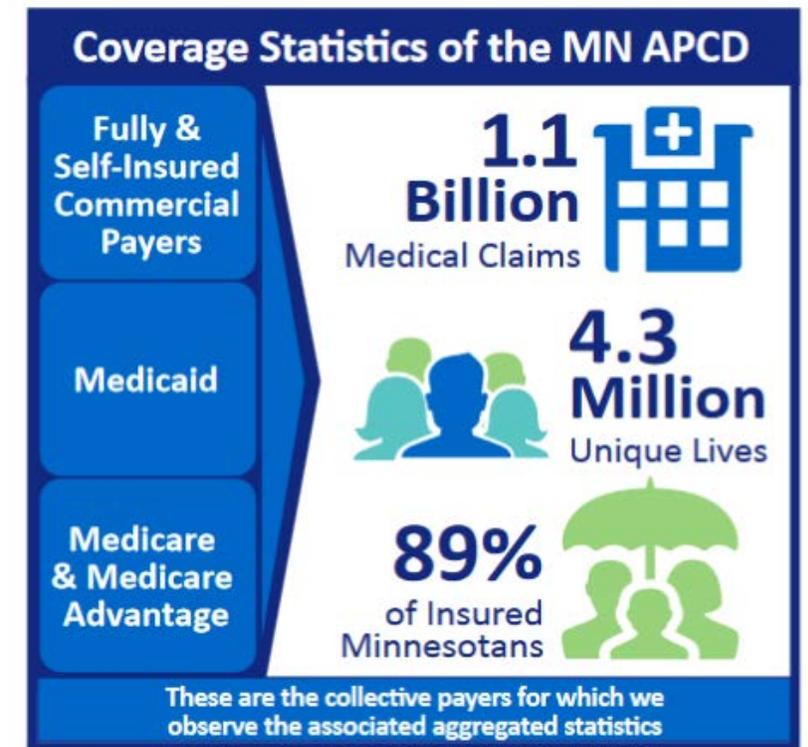
MN  **APCD**
All Payer Claims Database

Agenda

- Welcome and background
- Purpose and RFI overview
- Questions from audience

What is the MN APCD?

- Large scale data system that collects & integrates data from the process of paying for health care
 - Enrollment
 - Medical and Rx claims
 - Actual transaction prices
- Geographically rich detail for nearly all Minnesotans
 - Diagnosed conditions
 - Treatment (procedures/drugs) delivered
 - Servicing provider/type



Medical claims cover the period of 2009 through June 2015; unique lives are based on average monthly reports for 2013; insured Minnesotans were estimated using data from the 2013 Minnesota Health Access Survey; and Self-insured Commercial payers include third-party administrators.

The MN APCD Contains Only De-identified Information

What is in the data?

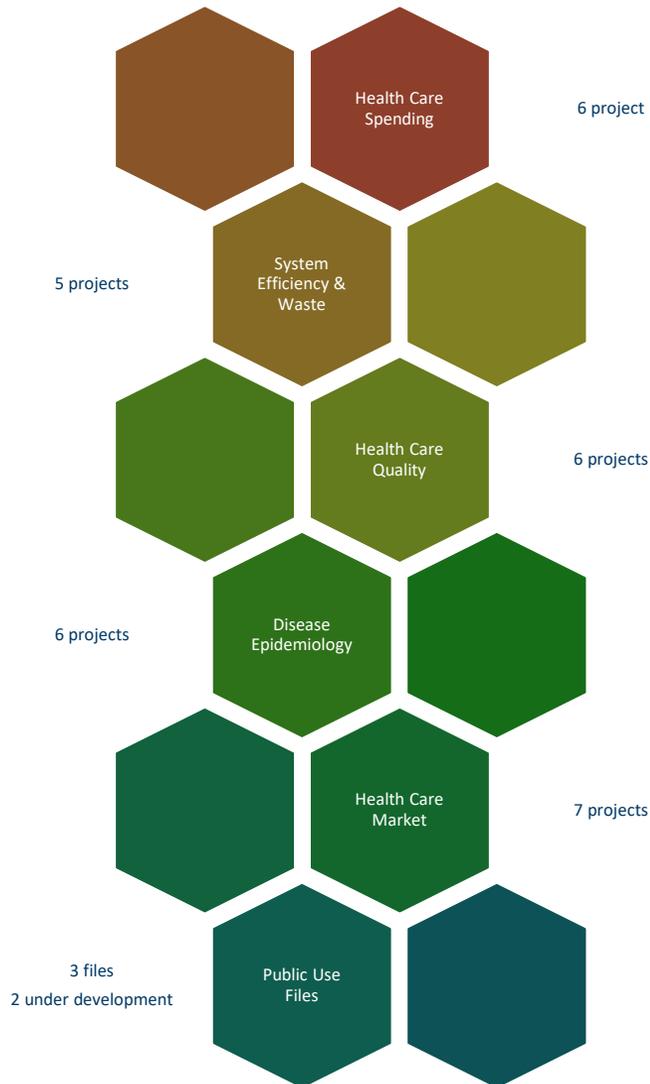
- Age at service date
- Patient 5-digit ZIP code
- Gender
- Diagnosis code & service procedure
- Data of patients
- Cost of service, including patient share
- Information on servicing/billing provider
- Health insurance payer

What is **NOT** in the data?

- Patient name
- Date of birth
- Social security number
- Patient Address
- Test results
- Race/ethnicity
- Detail on income
- Clinical data from electronic records

- MDH has collected this data under statutory direction since 2010
 - MN Stat 62U.04
 - Contains historic data through 2009
 - Initially collected to support transparency about value in the delivery system
- Since 2014, data use has been refocused by the Legislature, focusing on:
 - Specific evaluation studies (Health Care Homes and State Innovation Model)
 - Hospital readmission rates and trends (with Reducing Avoidable Readmissions Effectively or RARE campaign)
 - Variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations
 - Trends in health care spending for specific chronic conditions and smoking exposure

Currently MN APCD Supports More Than Thirty Projects



The screenshot shows the website <http://www.health.state.mn.us/healthreform/allpayer/publications.html>. The page features the Minnesota Department of Health logo and navigation links for HOME, TOPICS, and ABOUT US. The main content area is titled "MN APCD All Payer Claims Database" and lists several publications:

- Publications**
 - Home
 - Public Use Files
 - Work Groups
 - Data Collection
 - Publications
 - Request for Information
- Related Sites**
 - Health Economics
 - Health Reform
- Publications Using the MN APCD**
 - [Treated Chronic Disease Costs in Minnesota - a Look Back and a Look Forward \(PDF\)](#)

This report describes the results of the Minnesota Department of Health's (MDH) work in developing estimates of the health care costs directly associated with selected chronic conditions and smoking. (December 2017)
 - [Analysis of Low-Value Health Services in the Minnesota All Payer Claims Database \(PDF\)](#)

This issue brief presents the first-ever look at a selection of 18 low-value services in Minnesota in 2014. The issue brief presents estimates of use and spending on

On the right side of the page, there is a "Share This" button and a "Questions?" section with contact information: "For more information about All Payer Claims Database please contact: health.apcd@state.mn.us."

Figure 18: Annual Health Care Spending Attributed to Selected Chronic Conditions and Smoking Exposure, Projected from 2009 for Selected Years



Source: Mathematica Policy Research

Note: "p" indicates a projected year. Attributed costs for 2009 and 2014 are estimated from historical data. Estimates and projections are expressed in current (versus real) dollars.

FIGURE 5: Average Cost per Drug Claim in Minnesota by Claim Type

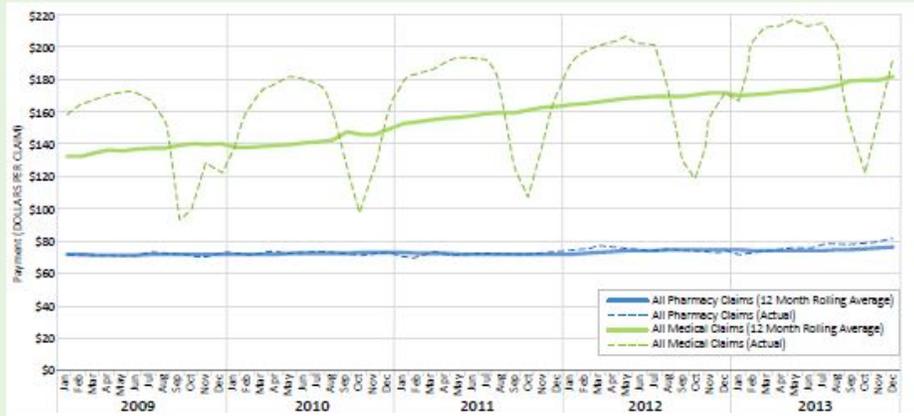
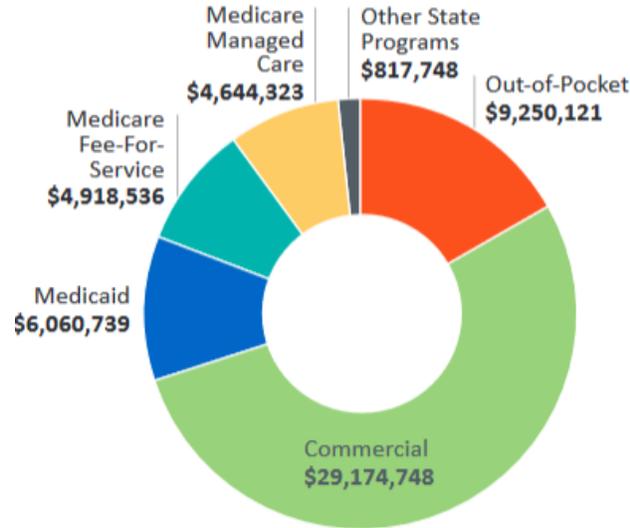
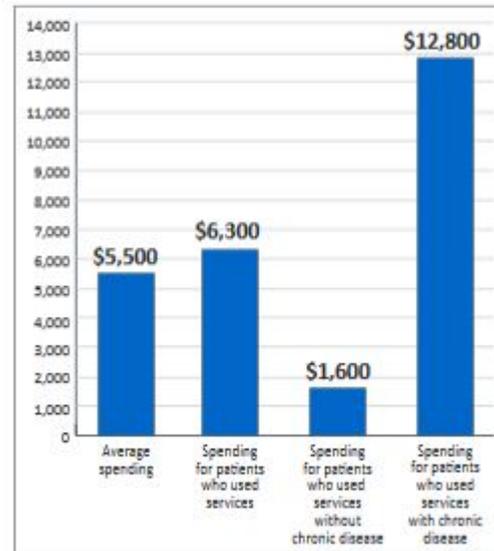


Figure 2: Total Spending on Select Low-Value Services by Payer, 2014



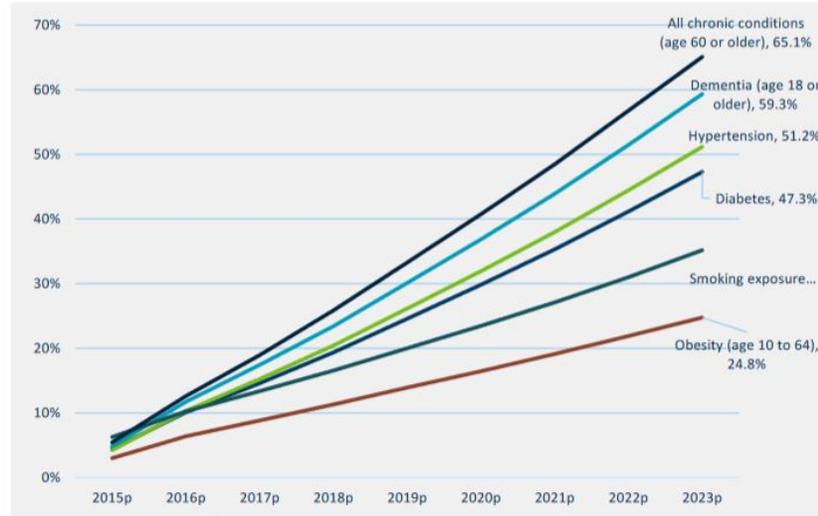
SOURCE: MDH/Health Economics Program analysis of data from the MN APCD, March 2017

FIGURE 5: Average Per-Person Spending by Level of Health Care Use (2012)



SOURCE: MDH Health Economics Program, analysis of chronic conditions and associated health care spending in 2012, MN APCD (2015)

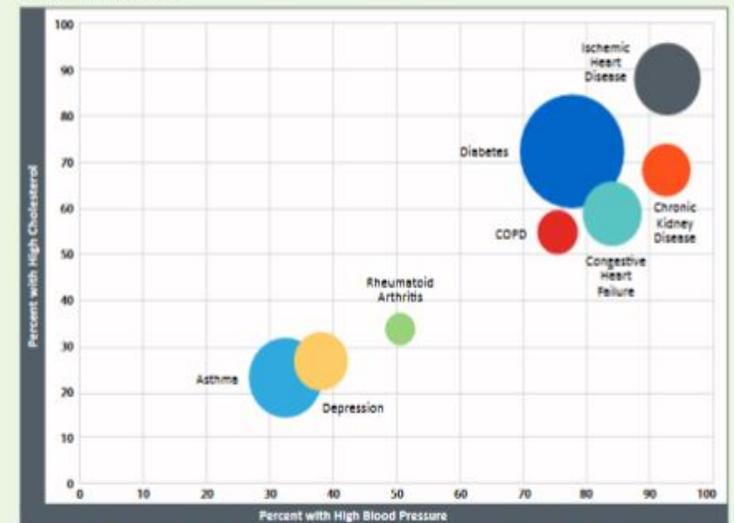
Figure 17: Cumulative Percent Change in Projected Health Care Spending Attributed to Selected Chronic Conditions and Smoking Exposure



Source: Mathematica Policy Research, November 2017

Note: "p" indicates a projected year. Estimates and projections reflect current dollars.

FIGURE 3: Percent of MN Residents with Specific Chronic Conditions Who had Co-occurring High Blood Pressure or High Cholesterol (2012)



Thirty-three percent (33%) of residents with high blood pressure had high cholesterol, seventy-two percent (72%) of residents with high cholesterol had high blood pressure. SOURCE: MDH Health Economics Program, analysis of chronic conditions and associated health care spending in 2012, MN APCD (2015).

¹⁸ Neuhoff, M., Sen A. Health care expenditures for adults with multiple treated chronic conditions: estimates from the medical expenditure panel survey, 2008. *Proc Chronic Dis* 2013; 10:120171. DOI: <http://dx.doi.org/10.5888/pcd10.120171>.

- Review RFI information
- Address questions about how to respond
- Webinar not a forum to receive RFI responses

RFI Purpose:

To help inform MDH's selection and prioritization of health research topics that use the Minnesota All Payer Claims Database (MN APCD)

Specifically, MDH is seeking input about:

- Ideas for extending current MDH research activities
- Ideas for new research areas for investigation
- Principles for prioritizing research studies

Who Should Respond?

MDH invites responses from individuals and organizations who are interested in improving our shared understanding of key health policy issues in Minnesota that are broadly related to:

- Health insurance and care access
- Health care services use and cost
- Disease burden
- Population health

Who Should Respond?

MDH welcomes responses from a wide range of stakeholders, including but not limited to:

- Patients or patient advocates
- Researchers
- Health care providers
- Health insurers
- Employers
- Data scientists
- Data and technology organizations
- Community organizations
- Media

Context for Responses

Data included in the MN APCD:

- Comprehensive claims data that include about 89 percent of Minnesotans with insurance
- Private insurance, Medicare, and Medicaid data
- Medical and pharmacy claims data
- Inpatient, outpatient, and long-term care sites data
- Multi-year data, from 2009-2016, making longitudinal studies possible across de-identified patients
- Minnesota resident and provider ZIP code data to support studies on geographic patterns and variation

Context for Responses

Data not included in the MN APCD:

- Race, ethnicity, or language data
- Personal identifiers (name, address, Social Security number)
- Health care claims for patients covered by Veterans Affairs, Tricare, Indian Health Service, or for the uninsured
- Dental claims

1. Ideas for extending current research activities
2. Ideas for new research areas
3. Principles for prioritizing research studies
4. Additional comments
5. Information about responders

RFI Questions: 1 and 2

A1. What *follow-up to these studies or more detailed research questions* should MDH consider?

A2. What *new research questions or research categories* should MDH pursue with the MN APCD?

B. Why is the follow-up work important?

C. How would this work benefit Minnesotans?

D. Who should MDH consider as a study collaborator(s) to provide additional expertise?

E. What capabilities and resources currently exist at the state or national level that could help support the follow-up work?

F. What new data variables or data linkages would be needed in the MN APCD to conduct this follow-up work?

G. Which parts of the work should be made available as summary data tables for Public Use Files (PUFs)?

1. Ideas for extending current research activities
2. Ideas for new research areas
3. Principles for prioritizing research studies
4. Additional comments
5. Information about responders

How to Respond

Please respond to the RFI via online survey or email:

- [Online survey](https://survey.vovici.com/se/56206EE314B1670D) (<https://survey.vovici.com/se/56206EE314B1670D>)
- [Email](mailto:health.apcd.rfi@state.mn.us) your responses (health.apcd.rfi@state.mn.us)

Summary of Results

MDH will summarize results from RFI responses and post them to the [RFI webpage](http://www.health.state.mn.us/healthreform/allpayer/rfi.html) in early March 2018
(<http://www.health.state.mn.us/healthreform/allpayer/rfi.html>).

MDH will not post responder names or organizations.

[RFI webpage](http://www.health.state.mn.us/healthreform/allpayer/rfi.html) (<http://www.health.state.mn.us/healthreform/allpayer/rfi.html>).

[RFI document](http://www.health.state.mn.us/healthreform/allpayer/apcdrfi.pdf)

(<http://www.health.state.mn.us/healthreform/allpayer/apcdrfi.pdf>).

[Respond via online survey](https://survey.vovici.com/se/56206EE314B1670D) (<https://survey.vovici.com/se/56206EE314B1670D>).

Responses accepted through January 31, 2018.

[Email](mailto:Health.APCD.RFI@state.mn.us) questions about how to respond (Health.APCD.RFI@state.mn.us).

[Email](mailto:Health.APCD.RFI@state.mn.us) responses (Health.APCD.RFI@state.mn.us).

[Email](mailto:Health.APCD.RFI@state.mn.us) to arrange a discussion (Health.APCD.RFI@state.mn.us).

Questions about responding to the RFI?

Please send questions via chat tool.

Thank you!