

Origins & Uses of Minnesota's All Payer Claims Data (MN APCD)

**MDH, Home Care [and Assisted Living] Provider
Advisory Council
September 12, 2016**

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Goal

- **To assist the Advisory Council in making a recommendations to MDH for potential studies of the Minnesota All Payer Claims Data.**
- **By offering background information, describing current uses, and answering questions.**

2016 Laws of Minnesota—Regular Session, Chapter 179—H.F. No. 3142, Sec. 13:

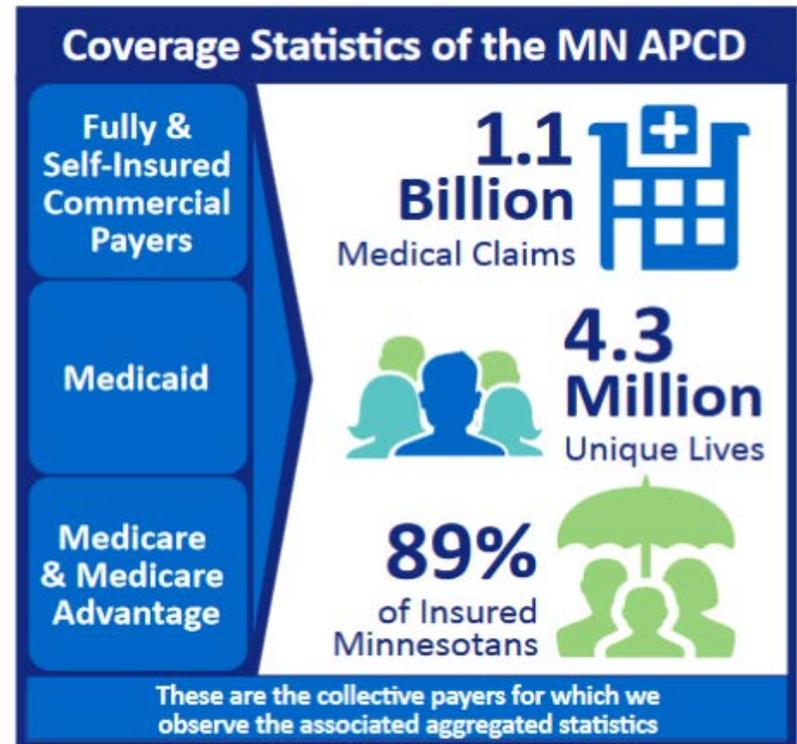
[At the commissioner’s request, the advisory council shall provide advice regarding regulations of the Department of Health licensed home care providers ... including advice on the following: ...] (7) recommendations for studies using the data in section 62U.04, subdivision 4, including but not limited to studies concerning costs related to dementia and chronic disease among an elderly population over 60 and additional long-term care costs, as described in section 62U.10, subdivision 6.

Overview

- MN APCD:
 - What is it?
 - What can it do for health policy?
- Origins of the MN APCD
- Authority for using the MN APCD
- Examples from current uses
- Lessons & next steps

What is the MN All Payer Claims Data?

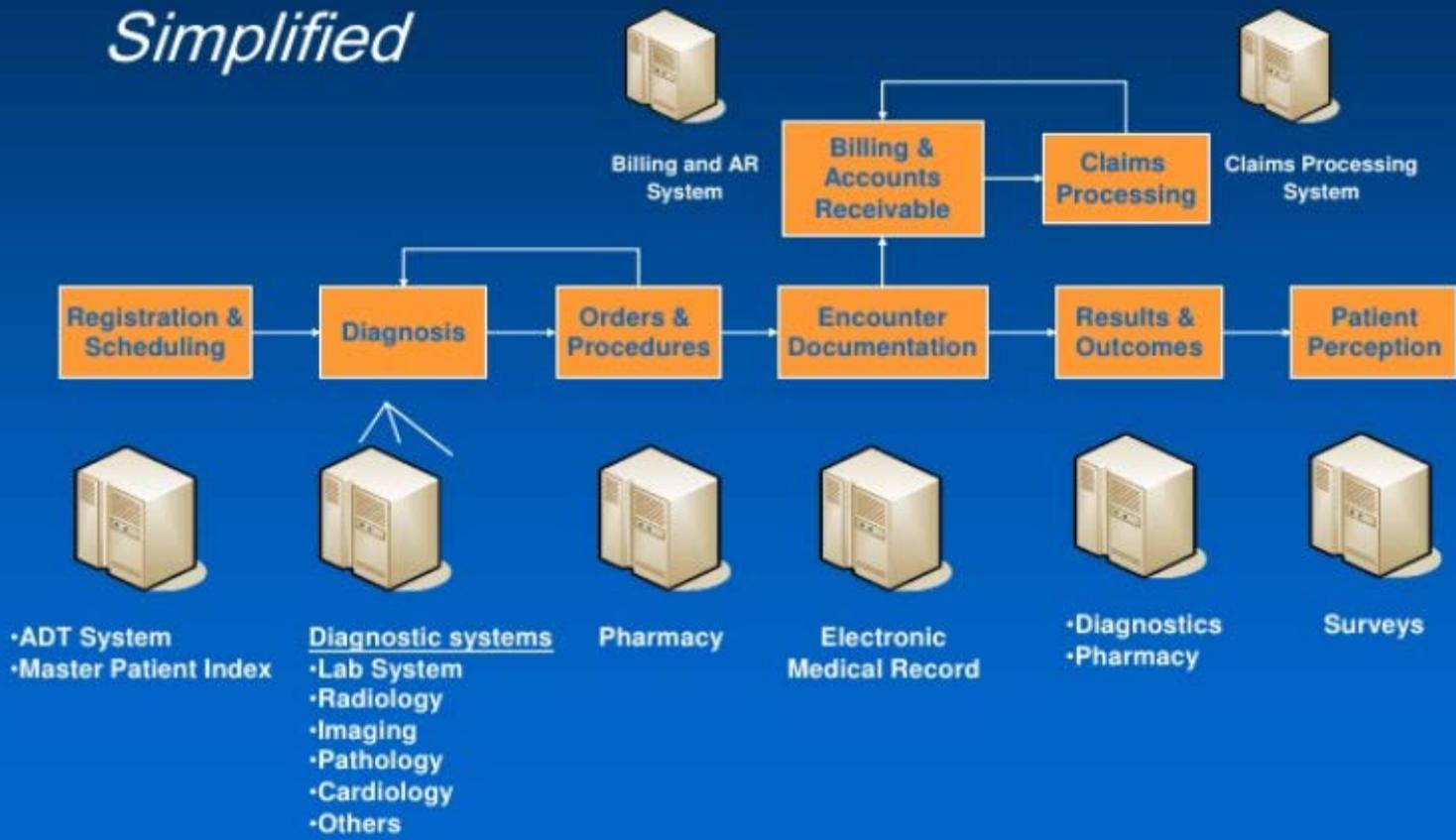
- Large-scale database that systematically collects and integrates claims data from different payers:
 - Enrollment information
 - Medical & pharmacy claims
 - Actual transaction prices
- Geographically rich detail on:
 - Diagnosed health conditions
 - Delivered health care services
- Some important limitations
 - Claims
 - Data thickness
 - Prices in claims ... are tricky



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.

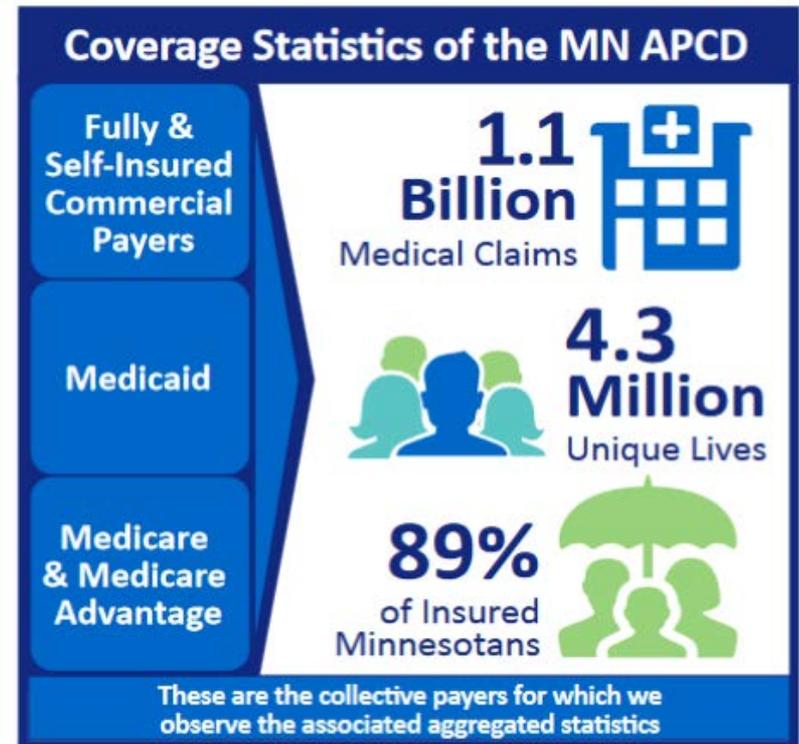
The Healthcare Process

Simplified



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Data Composition and Use Context

- **Some constraints:**

- Claims for payers not subject to Minnesota laws are currently excluded (Tricare, VA, Workers Compensation, Indian Health Services)
- Medicare substance abuse data are missing from a certain point forward
- When patients' contact information differs over time, maintaining linkage can be challenging

- **Claims ... are claims:**

- Only what is paid for is coded (dementia, Alzheimer disease)
- Diagnosed prevalence
- Some costs that are not service-specific are part of the claim (e.g., education funding)
- Other costs that are services-specific may not be included in a claim (e.g., withholds, incentive payments)

Home/Assisted Living Services in the MN APCD

- Services that represent a “covered benefit”
- Are paid for by data submitters to the MN APCD
- Any associated copays/deductibles for those services
- For the years since 2009 (w/some potential new gaps starting in 2016)
- Covering care across:
 - The spectrum of coverage and
 - The spectrum of providers.
- Outcome measures as long as they are claims based, e.g., utilization, infection, adverse drug event, etc.

Origins of the MN APCD

MN APCD: Origin & Its (Somewhat) Circuitous Path

Phase I Development

Phase II Provider Transparency

Phase III Health Policy Research



Legislative Focus

- Provider transparency
- Public Health
- Quality measurement
- Delivery system reform
- Payment reform

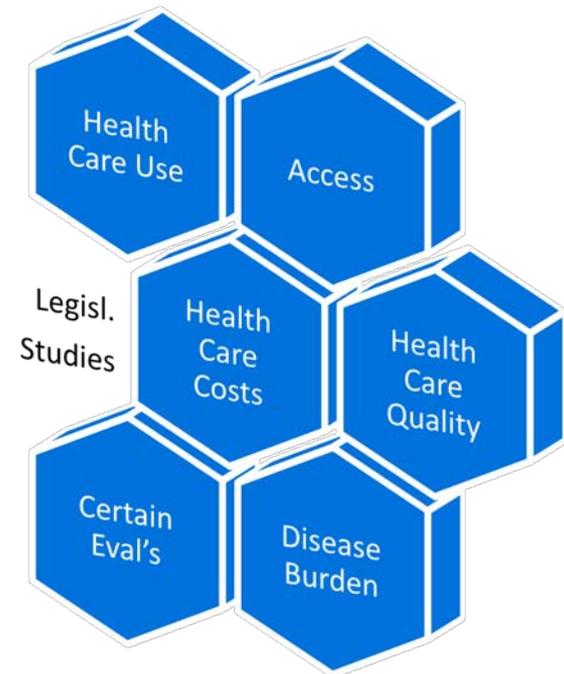
Data Access to the MN APCD, 2016

- Legislature took an intentionally cautious approach to providing access to the data
 - Users are MDH and its contractors
 - Only for certain authorized uses
- Momentum towards broader use:
 - 2014 workgroup discussed potential expanded use models – wide-ranging perspectives
 - 2015 workgroup provided input on creation of Public Use Files (PUFs)
 - First PUFs made available in 2016:

www.health.state.mn.us/healthreform/allpayer/publicusefiles

Permitted Uses of the MN APCD Through 2019

- Access limited to MDH for specific, but broad authorized uses
- Limits on the granularity of published data
(identifying of individual providers not permitted)
- Public Use File process begun in 2016
 - Three initial files
 - Evolving set of content and vintages of data



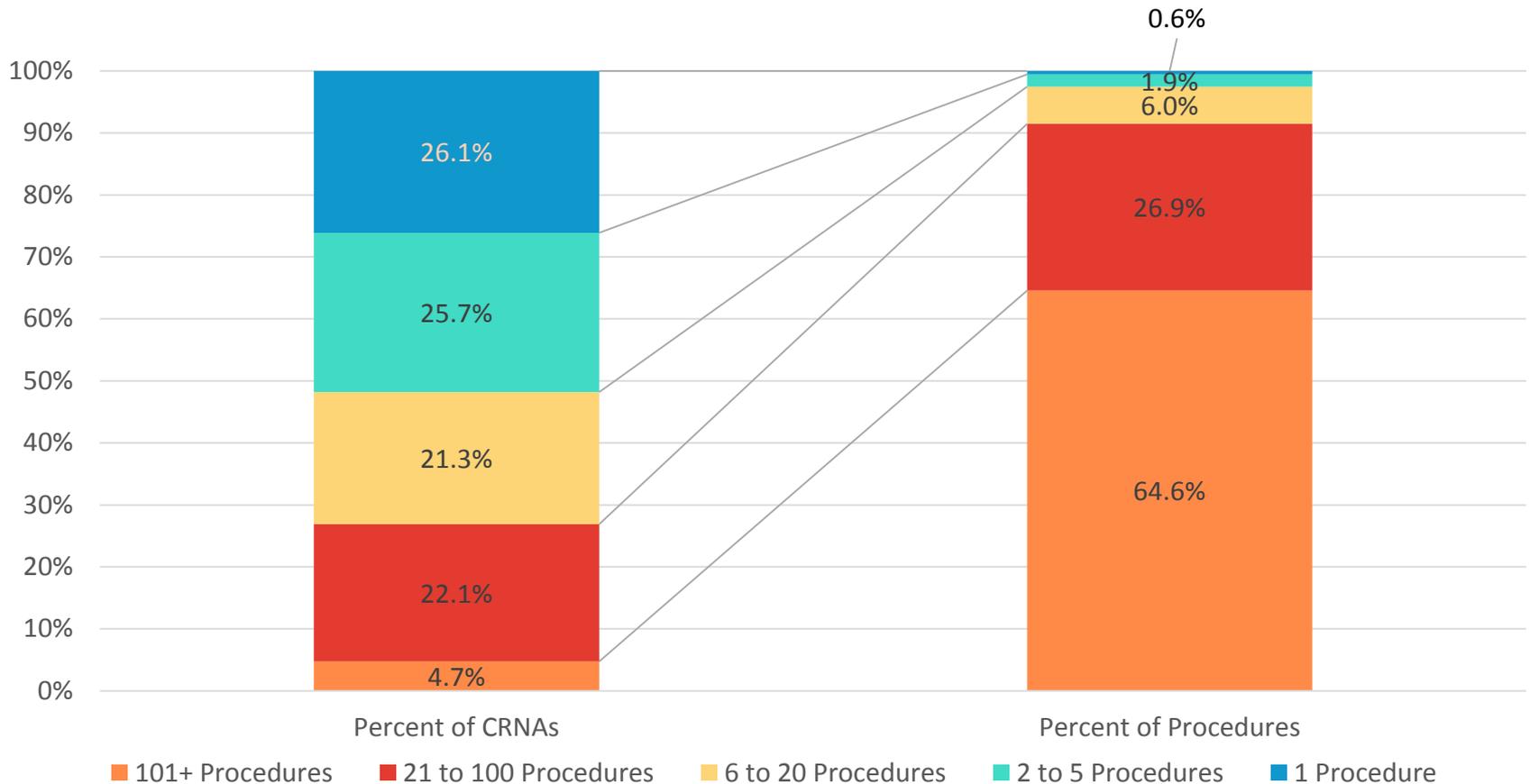
How Have We Prioritized our Work to Date?

- Established methods, rather than conduct R&D
- Doable projects for the available timeline (Aug '14 to Jul '16)
- Analysis aimed at broad audiences that establish a proof-of-concept
- Applied research that fills critical information gaps in health policy
- Kick the tires & assess data quality

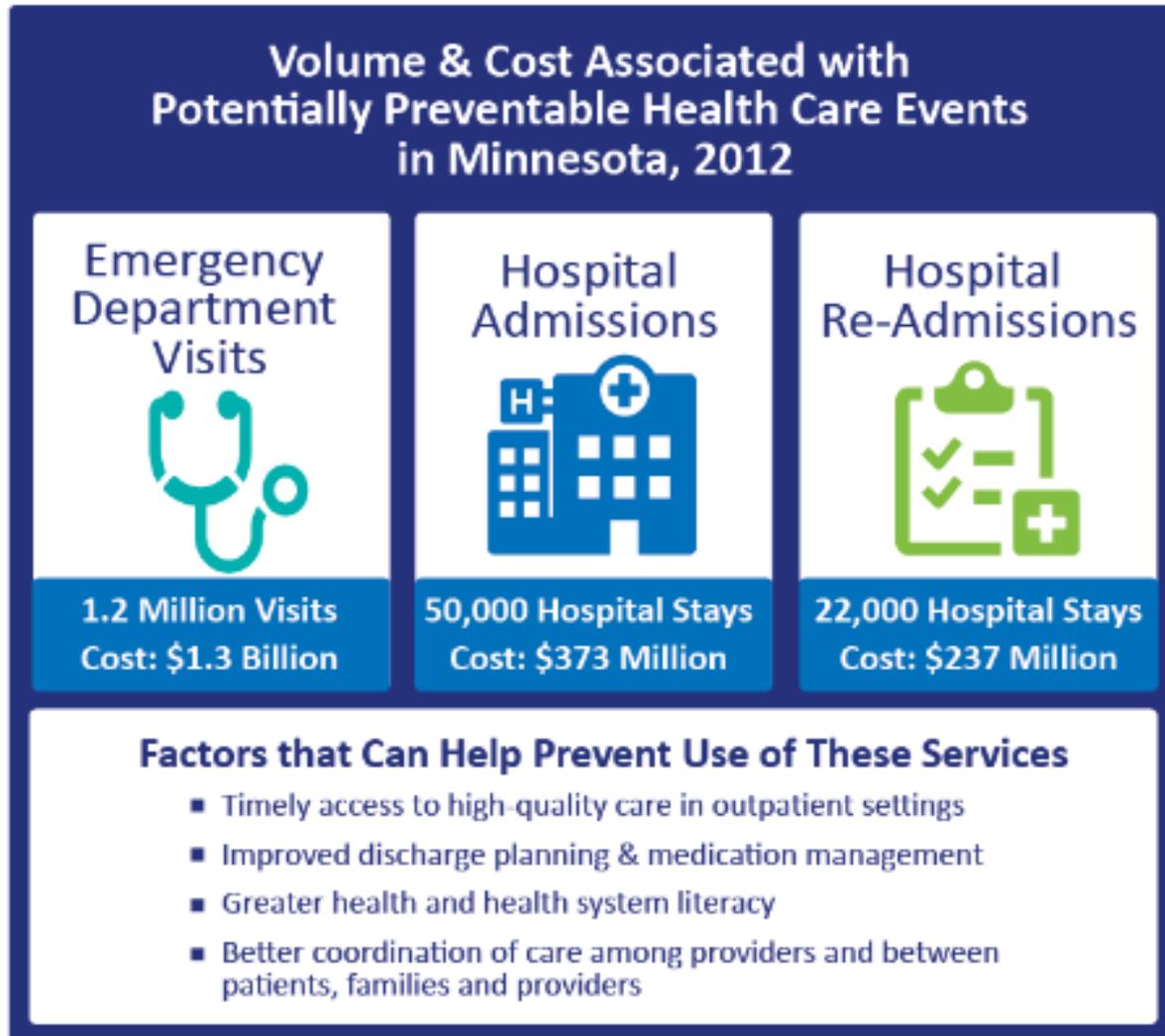
MN APCD: Some Use Cases

Pain Management Services in MN: CRNAs

Number of Procedures (11,600) Performed by CRNAs (253)

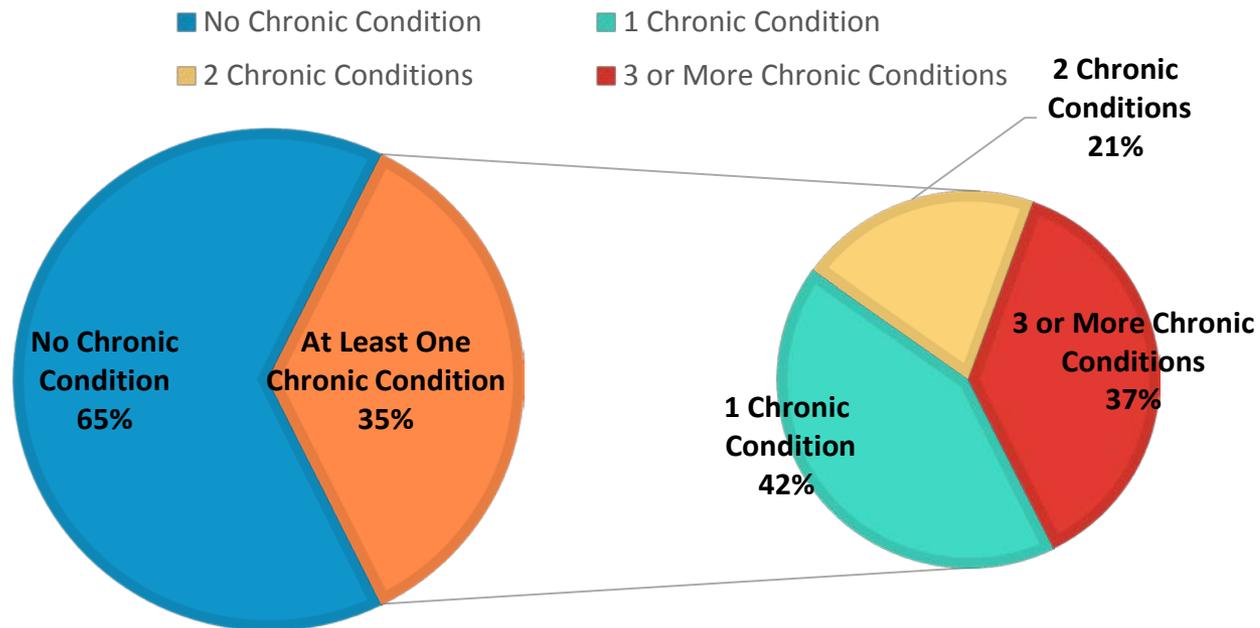


Potential Preventable Health Care Events

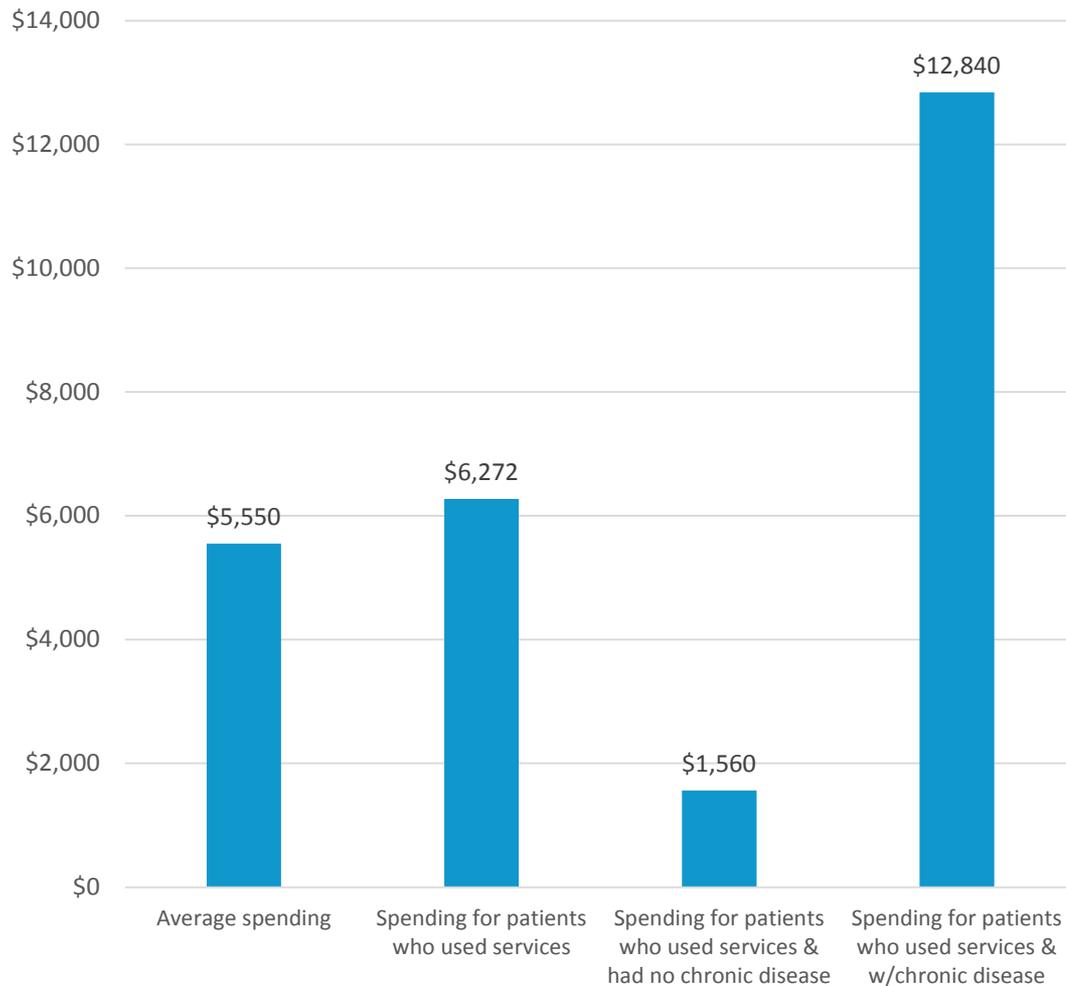


Preliminary Study Findings

- More than one in three (35.4 percent) of insured Minnesota residents had at least one chronic condition (over 1.6 million individuals) in 2012.
- More than half of these residents had more than one chronic condition.



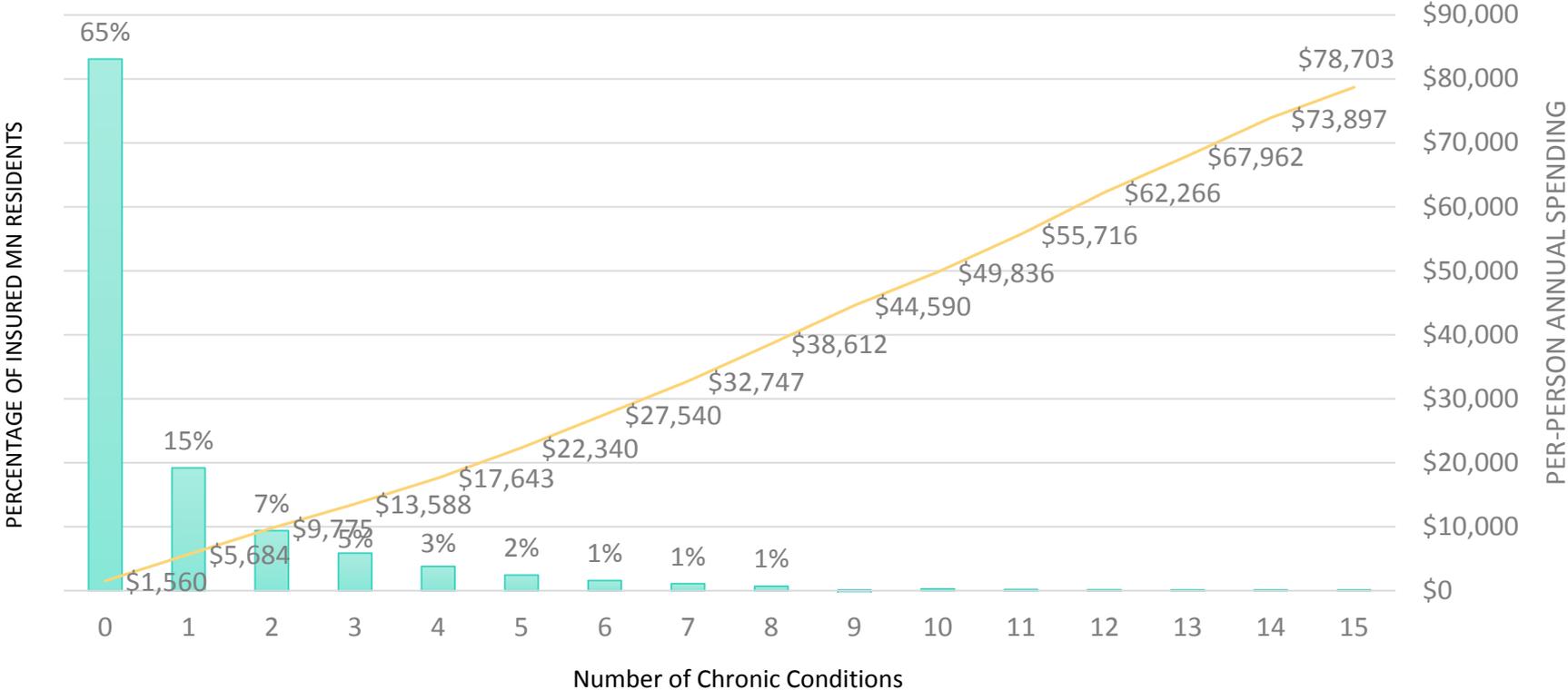
Health Care Spending in Minnesota, With & Without Chronic Conditions, 2012



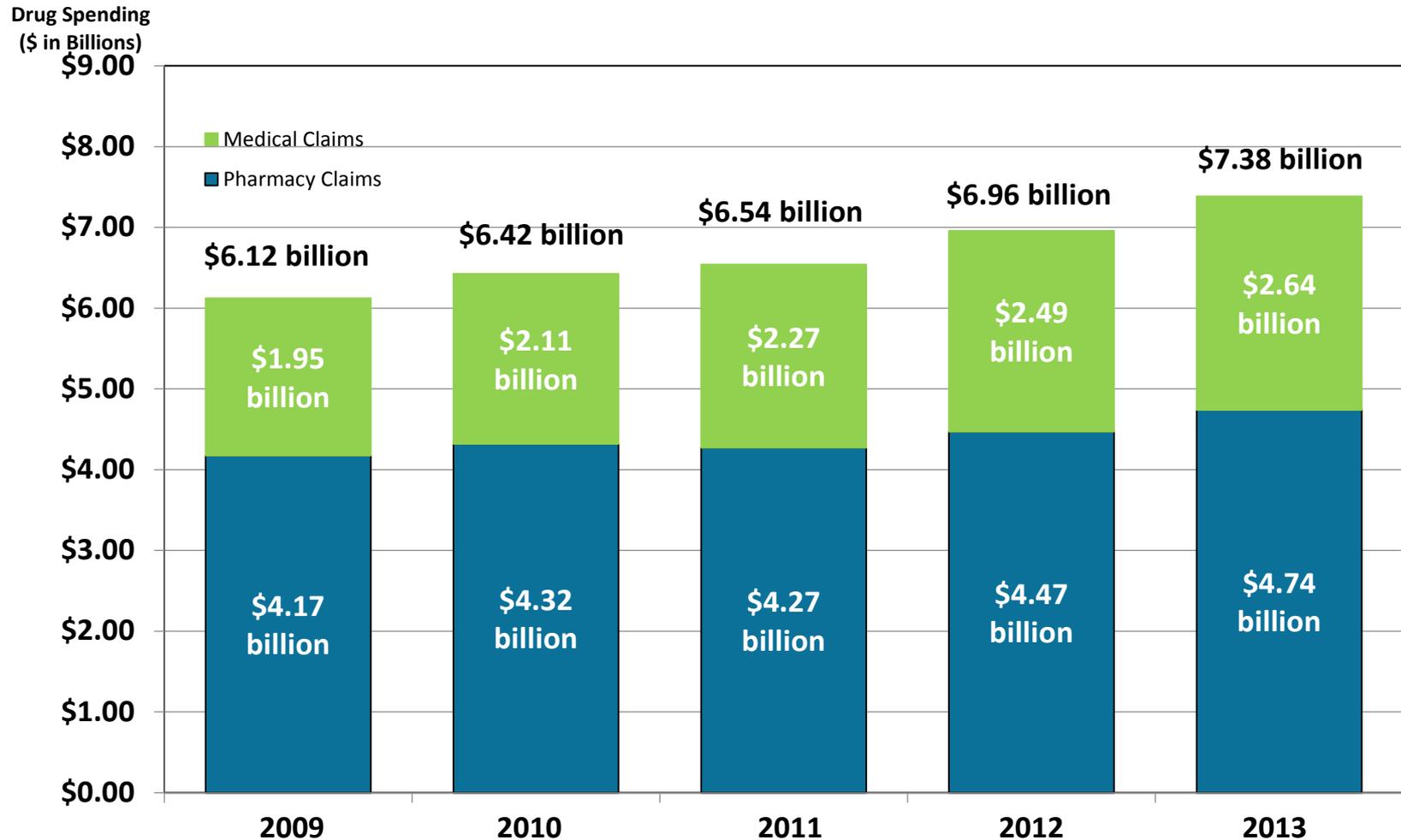
- The presence of chronic conditions contributes significantly to annual per-person health care spending.
- On average, spending for health care services and prescription drugs for Minnesota residents in 2012 was about \$5,550.
- Spending for residents who did not have a chronic condition was approximately \$1,560.
- Residents who had at least one chronic condition spent an average of \$12,840 on health care.

Spending for Multiple Chronic Conditions, 2012

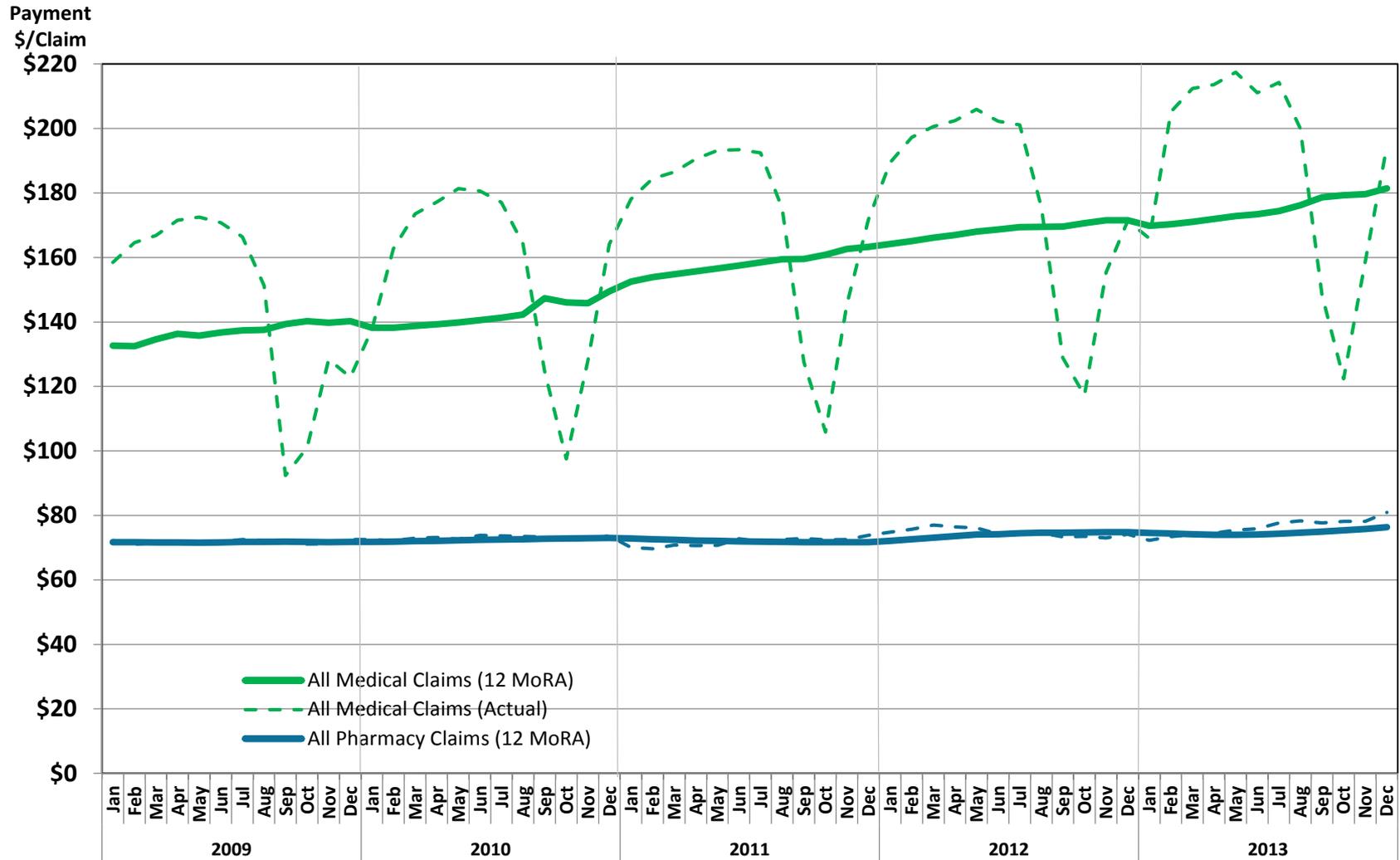
- People with at least one chronic condition (about 35.4 percent of Minnesotans) accounted for the vast majority of health care spending in 2012, or 83.1 percent.
- Each additional chronic condition added an additional annual amount of \$4,000 to \$6,000 to residents' total healthcare spending in 2012.



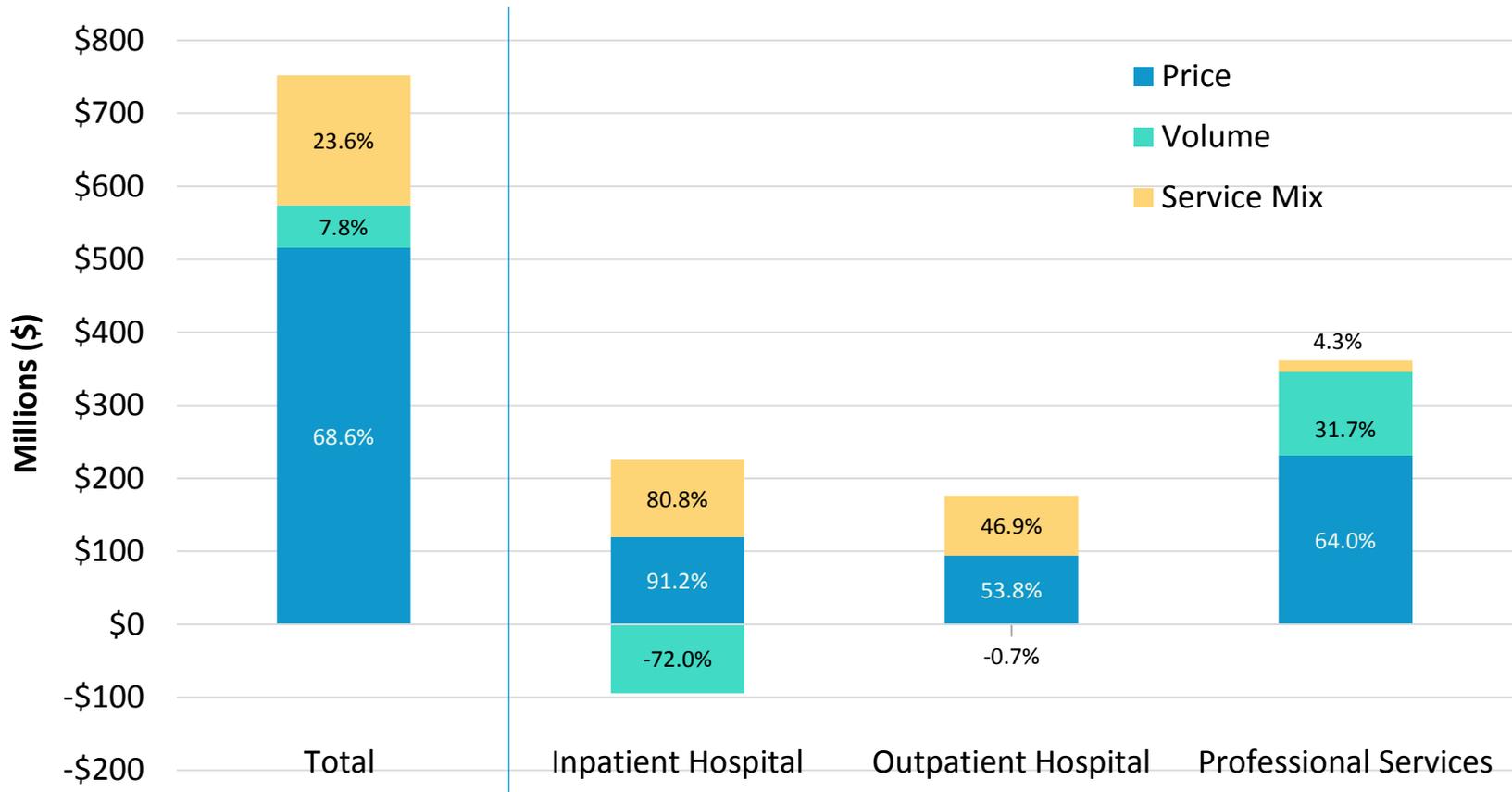
Spending on Prescription Drugs in Minnesota



Average Cost Per Claim



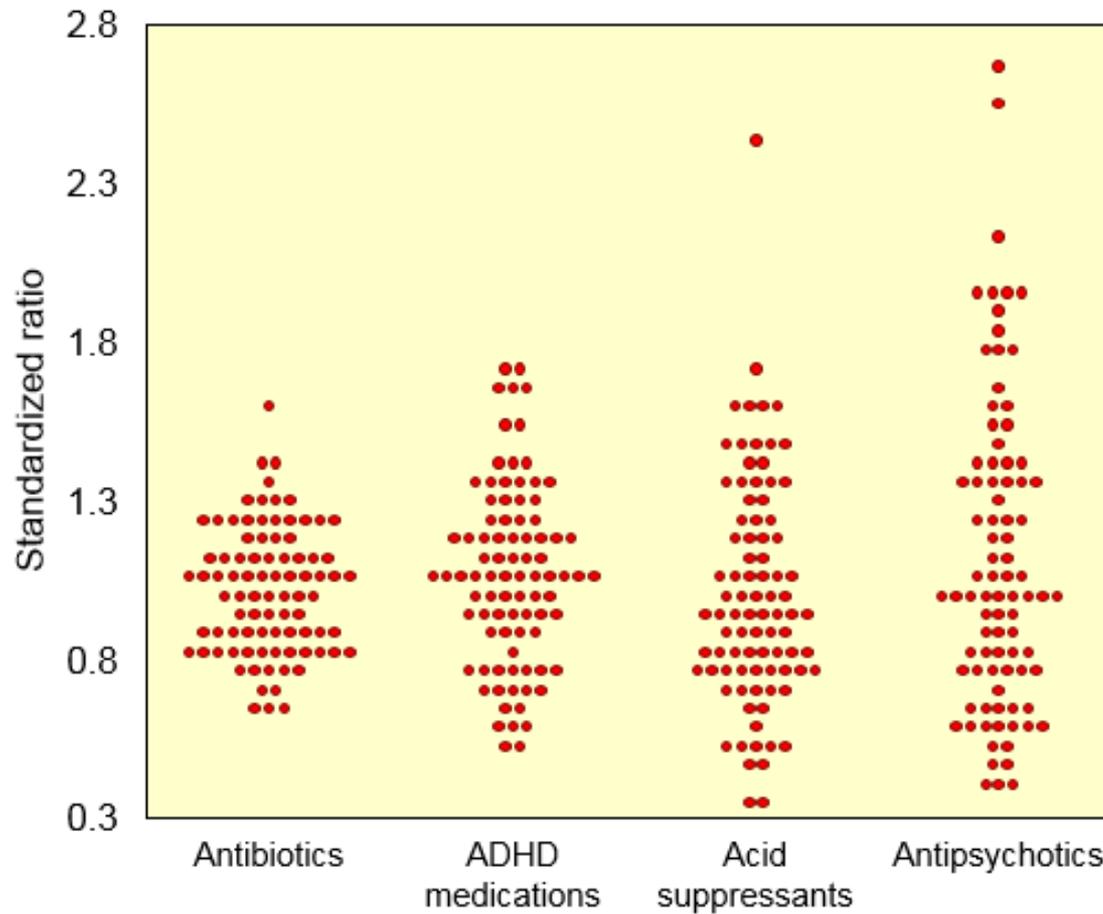
Cost Drivers in MN's Commercial Market, 2011 to 2013



Source: Mathematica Policy Research analysis of Minnesota commercial all-payer claims data, in: MDH/Health Economics Program "Minnesota Health Care Spending and Projection: 2013", Report to the Minnesota Legislature, March 2016.

Pediatric Health Care Use in MN, 2013 to 2014

(Systematic Coefficient of Variation, MN Counties)



Lessons & Next Steps

Lessons from the Use of Data for Research

- Engagement w/stakeholders (clinicians, trade associations, advocacy organizations & media) is essential:
 - To getting the story told - appreciating the value of the findings
 - Understanding the politics of data use
 - Translating it to delivery system reform implementation
- Marketing & branding is important
- Methodological rigor and the ability to “telling a story” helps w/critics and getting coverage
- Poorly written headlines sometimes give you the most tweets
- And, yes, social media matters

All Payer Claims Database
 Home
 Public Use Files
 Work Groups
 Data Collection
 Publications
 Related Sites
 Health Economics
 Health Status

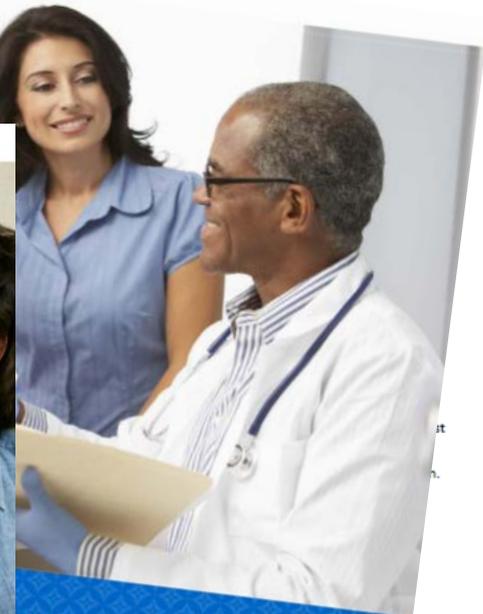
MNAPCD
 All Payer Claims Database

Public **Stefan Gildemeister** @StefanG_at_HEP · Feb 27
 MDH Commissioner pens article on HEP study about chronic conditions bit.ly/1QmS5od bit.ly/20swqkY



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

Background
 In 2008, MDH Department claims data informati services. a system quality. MDH's chronic conditions and risk factors,² with a report due to the Legislature in early 2016.



MNAPCD All Payer Claims Database
 Minnesota All Payer Claims Database
 State Repository of Health Care Claims Data
 MARCH 2016

MDH Minnesota Department of Health
 Minnesota Department of Health | Health Economics Program
 85 E. 7th Place, Suite 220, Saint Paul, MN 55101
 (651) 201-3330 | www.health.state.mn.us/health/economics

MNAPCD Payer Claims Database
 CHRONIC CONDITIONS IN MINNESOTA:
 New Estimates of Prevalence, Cost and Geographic Variation for Insured Minnesotans, 2012
 JANUARY 2016

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MNAPCD All-payer Claims Database

Next Steps

- Work in Process, A Selection:
 - Pediatric health care use (small area variation on 13 measures)
 - Individual/small group market:
 - Should MN elect to operate its own risk adjustment process?
 - What are the related health policy questions?
 - Low value services
- Upcoming Work:
 - Research collaboratives: e.g. analysis of readmissions for heart failure w/RARE Campaign
 - Variation in prices/spending for certain services/procedures
 - Study on the cost of cancer
- RFI to seek community input on prioritizing new study topics
... subject to available funding

Contact Information

- MDH – Health Economics Program
 - www.health.state.mn.us/health/economics
- Minnesota All Payer Claims Data (MN APCD)
 - www.health.state.mn.us/healthreform/allpayer/
- Minnesota Health Care Market Statistics
 - www.health.state.mn.us/divs/hpsc/hep/chartbook
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