

Informing Health System Change - Use of All-Payer Claims Databases

States with All-Payer Claims Databases (APCDs) have a long history of working to contain healthcare costs and improve health system performance using comprehensive, local, encounter-specific data. States are supporting the need for transparency in healthcare at the policy and consumer levels. States are documenting wide variations in costs and outcomes, and targeting opportunities for interventions to reduce this variation. The examples below illustrate some of the ways APCD data are being used to promote transparency and oversight of healthcare utilization, quality, and costs (see Figure 1). None of these reports would be possible without statewide APCD reporting programs.



Figure 1. APCD Showcase, <https://www.apcdshowcase.org/>

Promoting cost and quality transparency and protecting consumers. [New Hampshire's HealthCost](#), [Maine's CompareMaine](#), and [Maryland's Wear the Cost](#) websites make available provider-level price and quality information to consumers, health plan enrollees, and employers to promote healthcare comparison shopping. An example of this type of transparency tool shows the average cost for a C-section birth (see Figure 2).

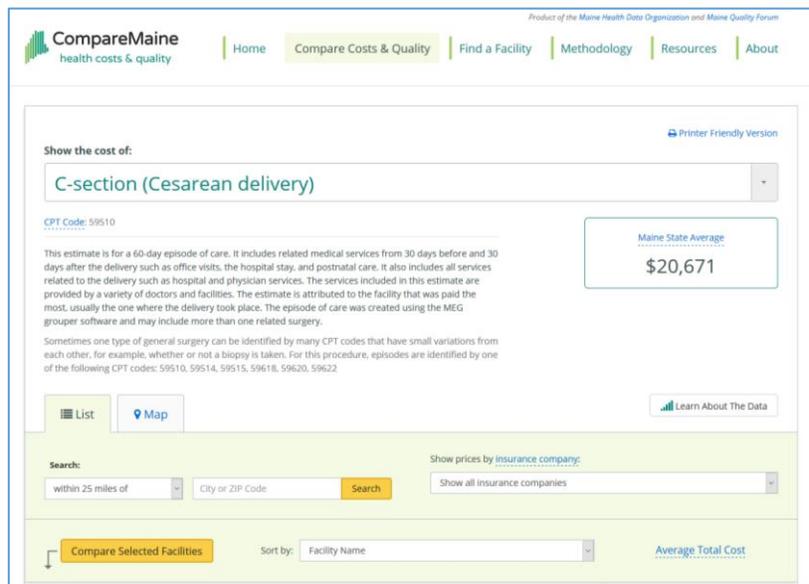


Figure 2. CompareMaine, <http://www.comparemaine.org>

Assessing geographic variations in price and utilization. The Oregon Health Authority publishes quarterly reports that compare per-member per-month costs and utilization, by service category, for commercially insured, public employees, and public payers (see Figure 3). Colorado APCD data has been analyzed to study price variation for common procedures among healthcare facilities. Maryland APCD data has been used to compare the unit-costs, utilization, per-member per-month costs, out-of-pocket and insurance payments, geographic variations, and physician access across geographic regions.

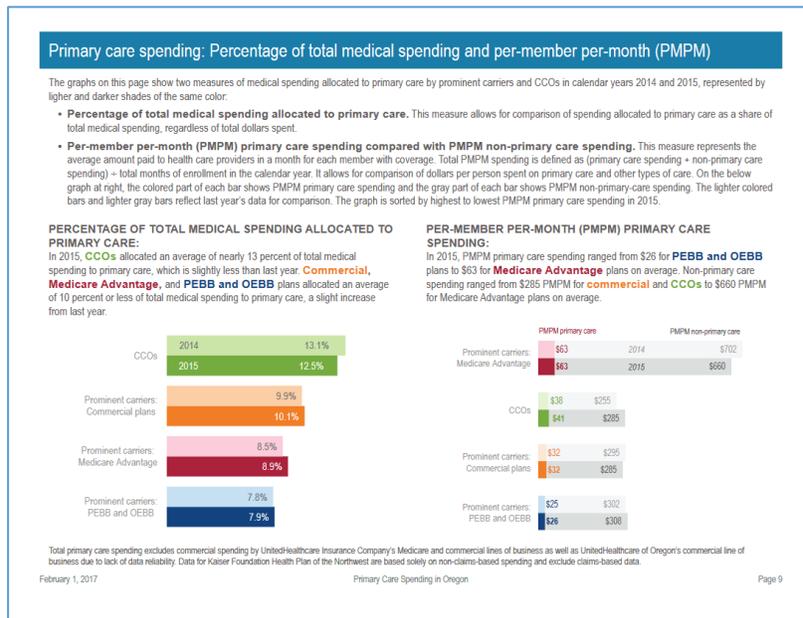


Figure 3. Oregon Health Authority, Primary Care Spending in Oregon, A Report to the Oregon State Legislature, February 2017.

<http://www.oregon.gov/oha/HPA/CSI-PCPCH/Documents/2017%20SB231-Primary-Care-Spending-in-Oregon-Report-to-the-Legislature.pdf>

Tracking healthcare spending drivers and trends. Massachusetts APCD data has been used to produce an annual report of trends in healthcare spending for commercial payers by category of service, type of episode, and geographic area. Rhode Island released a report of the top 15 clinical complaints and associated costs of potentially avoidable emergency room visits broken down by payer type. Minnesota's APCD data have been used to analyze prescription drug spending by therapeutic category and setting. Minnesota has also released a report estimating the use and cost of low value services in the state (see Figure 4).

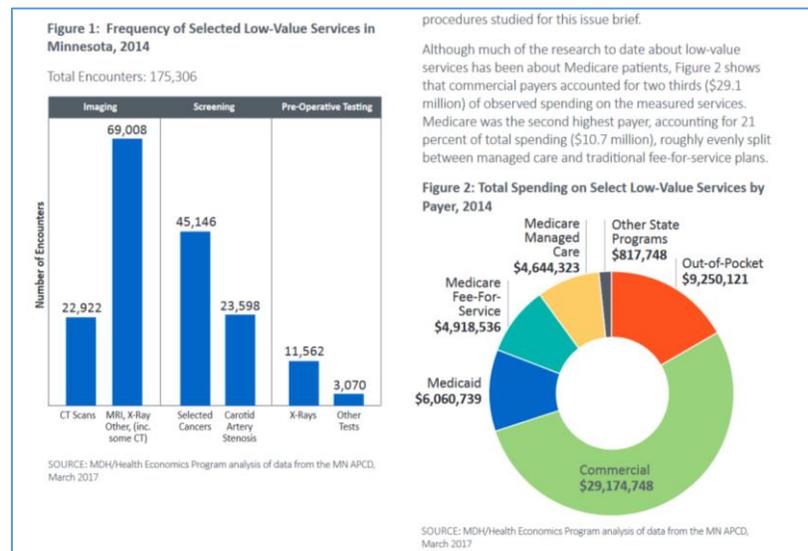


Figure 4. Analysis of Low-Value Health Services in the Minnesota All Payer Claims Database, March 2017

<http://www.health.state.mn.us/healthreform/allpayer/lvsissuebrief.pdf>

Promoting public health.

Organizations in Virginia and Utah have used APCD data to track opioid prescription claims across geographic areas and patient characteristics to understand and address trends (see Figure 5).

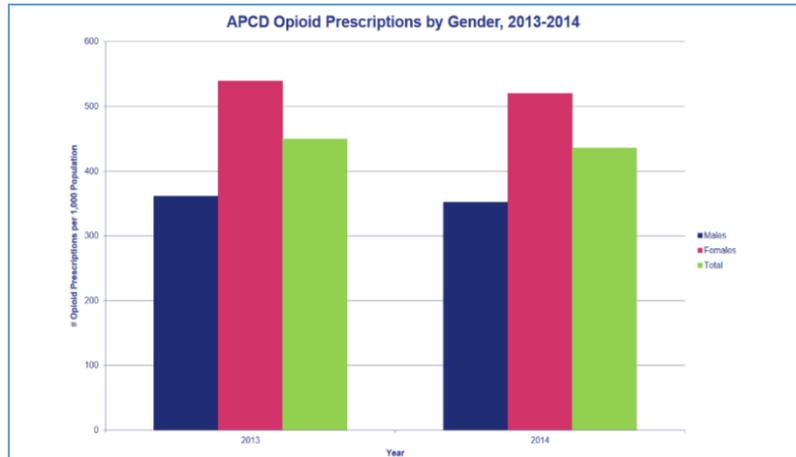


Figure 5. APCD Opioid Prescriptions by Gender, 2013-2014, HealthInsight Utah, Transparency Advisory Group, April 2016.

Assessing the impact of policy changes. Researchers at the Arkansas Center for Health Improvement (ACHI) are using APCD data to understand the impact of Medicaid expansion efforts in Arkansas, using commercial claims data as a comparator to Medicaid claims data (see Figure 6).

Medicaid and Commercial Payer Price Differences for Outpatient Procedures by Provider Type

Provider Type	Weighted Medicaid Average Price	Weighted Commercial Average Price	Absolute Difference	Relative Difference (Percent)
Primary Care Physician	\$53.07	\$100.67	\$47.60	89.69%
Advanced Practice Nurses (APN)	\$41.90	\$68.19	\$26.29	62.75%
Cardiologists	\$61.49	\$126.36	\$64.87	105.49%
General Surgery	\$52.74	\$109.72	\$56.98	108.05%
Obstetrician / Gynecologist (OB/GYN)	\$48.84	\$92.72	\$43.88	89.85%
Oncologist	\$62.56	\$120.35	\$57.79	92.37%
Ophthalmologists	\$44.47	\$118.05	\$73.58	165.46%
Orthopedists	\$50.75	\$98.23	\$47.49	93.57%
Psychologists / Psychiatrists	\$44.25	\$91.92	\$47.67	107.74%

Notes: Weighted Commercial and Medicaid Average Prices were based on the most common CPT procedures billed for outpatient services. Only CPT procedures that were represented both in Commercial and Medicaid claims are included in the weighted averages. Relative difference percent calculated as (Commercial – Medicaid)/Medicaid x 100.

ACHI

Figure 6. Medicaid and Commercial Payer Price Differences for Outpatient Procedures by Provider Type, 2014. Arkansas Center for Health Improvement. Presented at the NAHDO Annual Meeting, 2017.

These are only a few examples of the ways that state APCD data is used; this information is the basis on which consumers, employers, and policy decisions are made. The APCD Council, maintains a [web-based inventory of APCD uses](https://www.apcdshowcase.org/) which can be found at <https://www.apcdshowcase.org/>.

“Analytic interoperability,” or the ability to share and replicate methods and compare results across states, was a key theme highlighted during [the 2017 NAHDO Annual meeting](#). The APCD Council will continue to facilitate this effort and foster analytic interoperability for state APCDs in 2018.

About the APCD Council

The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based all payer claims databases (APCDs). The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO). The Council's work focuses on shared learning amongst APCD stakeholders, early stage technical assistance to states and catalyzing states to achieve mutual goals. For more information, find the APCD Council at www.apcdouncil.org and follow us on Twitter @APCDCouncil.

For more information or to reach the APCD Council, please e-mail us at info@apcdouncil.org.

Referenced Websites

<https://www.apcdshowcase.org/>

<https://nhhealthcost.nh.gov/>

<http://www.comparemaine.org/>

<http://www.oregon.gov/oha/hpa/analytics/pages/index.aspx>

<http://www.civhc.org/get-data/interactive-data/statewide-metrics/cost-of-care/>

<http://mhcc.maryland.gov/transparency/Default.html>

<http://www.mass.gov/anf/docs/hpc/apcd-almanac-chartbook.pdf>

http://www.health.state.mn.us/healthreform/allpayer/20160229_rxtrends.pdf

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https://www.nahdo.org/sites/nahdo.org/files/NAHDO%20Analytic%20Workshop%20Blog_Final.pdf

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Publication Date: March 27, 2018