### Fighting COVID—Using Claims Data for Tracking, Insights and Directing State Responses

Funding Opportunities and Analytic Ideas Wednesday July 22, 2020 2:00pm – 3:00pm

Freedman HEALTHCARE Tanya Bernstein, Principal Consultant, Freedman HealthCare Mary Jo Condon, Senior Consultant, Freedman HealthCare Why Are APCDs Especially Valuable for COVID Tracking, Insight and Response?



- APCDs cut across a state's geographic regions, healthcare settings, and payers
- APCDs show detailed healthcare utilization pre- and post-COVID-19 testing, whereas most existing State COVID reports and dashboards only show tests, hospitalizations and deaths
- All information is centralized and accessible, unlike EHRs
- If APCDs contain identifiable data, it can easily be linked to other available datasets

### The Funding Question



CMS is supporting States in their COVID tracking, analysis and response in two primary ways:

- 1. Emergency Federal Financial Participation (FFP)
  - Federal Regulation 45 CFR 95.624
  - States must submit letter that outlines the cost of COVID analytic services, a description of the work and what portion is in support of Medicaid priorities (i.e. cost allocation)
  - CMS has 14 days to respond (often responding in 24-48 hrs.)
  - Work can then begin immediately!
  - Full IAPD must be submitted within 90 days
- 2. CARES Act Funding
  - <u>Section 601(a) of the Social Security Act</u>
  - Dollars appropriated to States directly for COVID response
  - No cost allocation
  - Dollars must be spent by 12/31/2020



- What Years of APCD data are already fully-processed and available for analytics?
- Does your APCD contain direct identifiers that can be linked to other available COVID-19 data sources?
- What are the topics of interest to your state agencies and policymakers?
  - Tracking vulnerable populations and their access to care
  - Understanding the testing landscape
  - Identifying disparities in COVID treatment
  - Tracking the impact of COVID on healthcare system utilization
  - Tracking the impact of COVID on healthcare spending



# Examples and Ideas for Utilizing APCD Data for COVID tracking, insight and response

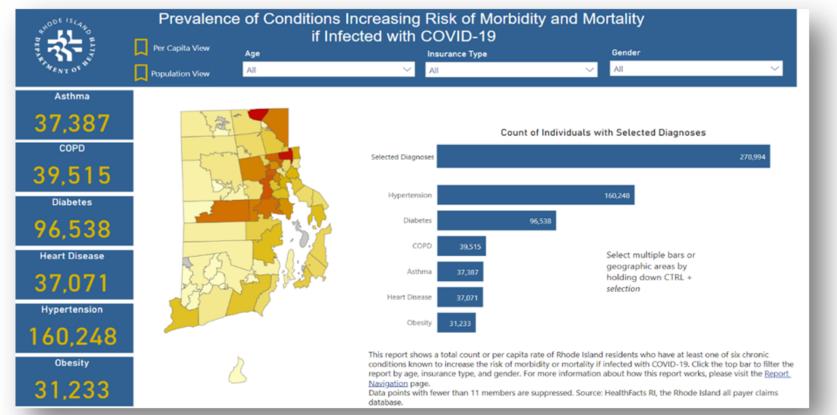
#### Pre-COVID-19 Data (APCD data from 2019 and earlier)



- Analysis of chronic condition prevalence and other COVID-19 risk factors
  - Which populations are at greatest risk of complications and should be targeted for outreach and education?
  - Do these populations have adequate resources (e.g. providers, ICU beds, ventilators, etc.)
  - What is the financial risk of this vulnerable population?
- Establish benchmarks for pre-COVID-19 utilization
  - Average insurance enrollment by line of business
  - Utilization of behavioral health services and medications to treat anxiety and depression
  - Utilization of healthcare in telehealth setting
  - Utilization of primary care
  - Rate of immunizations and other preventive services

### Example: Rhode Island





HealthFacts RI reports can be found on the RI Department of Health Website at: https://health.ri.gov/data/healthfactsri/

Ideas for Additional APCD Insights:

 Overlay information on hospital beds, ICU beds, ventilators to gain insight into resource availability

# Early COVID-19 Data (March-May 2020)



#### Prescription drug claims

- Changes in utilization of medications to treat anxiety and depression
- As the data supports, flag medications prescribed to treat COVID-19 and identify off-label use
- Medical claims
  - Average length of stay and cost of COVID-related admissions
  - COVID's impact on healthcare utilization (e.g. most common IP and OP procedures pre- and post-COVID)
- Compare data to previously established benchmarks
  - Proliferation and costs of telehealth services
  - Impact on overall healthcare spending
  - Impact on immunizations and other preventive services

### **Example: Massachusetts**



National industry reports find dramatic reduction in non-COVID-19 care in March and April 2020.

- Hospitals (March 2020 versus March 2019)
  - Drop in discharges (-16%), patient days (-15%), OR minutes (-26%) and ED visits (-14%)
  - Reduction in revenue: inpatient (-14%); outpatient (-19%)
  - Median occupancy rate fell from 65% to 53%
- Physician Office Visits (through April 12)
  - Overall net reduction: -64%
    - Would be closer to -80% but telehealth has backfilled 1 in 5 lost visits; 30% of visits are now remote
    - Drop varies by specialty
- Prescription Drugs (through April 3)
  - New prescriptions: -27% overall
  - Office-based drug administration: -65%
- Laboratory/Diagnostic Tests (through April 3)
  - Reductions across all settings, with -70% in office-based testing

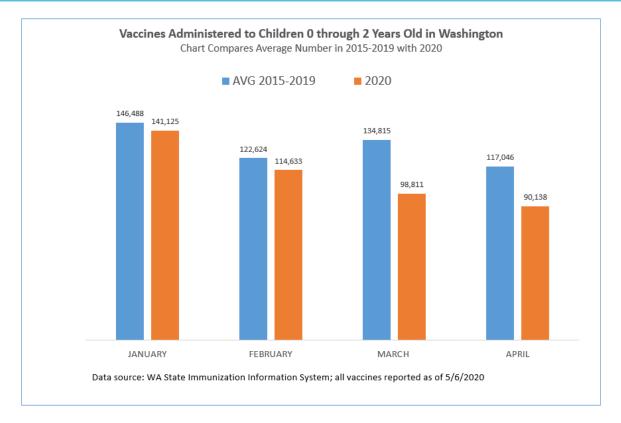
Physician visits by specialty, decline relative to 3/1/2020

19%	Ophthalmology
-75%	Otolaryngology
-71%	Dermatology
-665	Surgery
-63N	Urology
-63%	Pulmonology
-62%	Pediatrics
-615	Gastroenterology
-615	Cardiology
-61%	Orthopedics
49%	Adult Primary Care
-47%	Oncology
-46%	Endocrinology
-45%	Obstetrics/Gynecology
-30%	Behavioral Health
49% -47% -46% -45%	Adult Primary Care Oncology Endocrinology Obstetrics/Gynecolog

Source: Commonwealth Fund/ Phreesia database of 50,000 providers comprising 1 million visits weekly

### **Example: Washington State**





Ideas for Additional APCD Insights:

- Assess changes in child vaccination rates by payer type
- What geographic regions showed the greatest reduction in immunization rates?

COVID-19 Data (June – Dec 2020)



#### **Clinical impacts:**

• Are people delaying routine medical care, switching to telehealth, or foregoing care altogether?

#### **Efficacy and efficiency of telehealth:**

- What types of services are conducive to telehealth? (e.g. what types of telehealth visits required in-person follow-up?)
- How does telehealth compare to in-person visits in regards to medical trajectory and downstream costs?

#### Treatment paths and disparities in treating COVID-19

#### Healthcare utilization and cost of COVID-19 survivors

#### Insurance enrollment and provider impacts:

- How has COVID-19 impacted insurance enrollment and rate of uninsured
- How has COVID-19 impacted providers' patient makeup
- What type of care is being sought in urban/rural, community/teaching hospital, primary care/specialist settings





- Determine which data is fully-processed and ready for analytics
- Identify topics of interest, engage stakeholders
- Determine whether data is linkable to other available COVID datasets
- Develop specifications for COVID-related analyses to show APCD value in providing insights in time of emergencies



## Questions?

### **Additional Resources**



APCD Journal – contains information on COVIDrelated codes (testing, diagnosis, telehealth) and related analyses