

# APCD Council

## CT APCD

July 29, 2019



# CT APCD Background

- ❑ ***The APCD was authorized by CGS Sec. 19a-755 during 2013:***
  - Submissions by carriers are mandatory (except self-insured claims)
  - Shall provide consumers cost and quality information
  - Shall provide data to agencies and external organizations for research
  
- ❑ ***APCD Advisory Council advises OHS with respect to the APCD:***
  - Two standing sub-committees focus on specific needs:
    - APCD Data Release Committee (DRC) - Oversees all APCD data release activities
    - APCD Data Privacy Committee - Established to advise and recommend actions and policies specific to data privacy
  
- ❑ ***APCD was initially launched within the CT Insurance Exchange:***
  - CT HIX is a quasi-public entity...created both opportunities and challenges
  
- ❑ ***APCD moved to Office of Health Strategy (OHS) during 2018:***
  - A key OHS strategy is to use data to drive fact-based policy...APCD a critical asset

# CT APCD Factoids

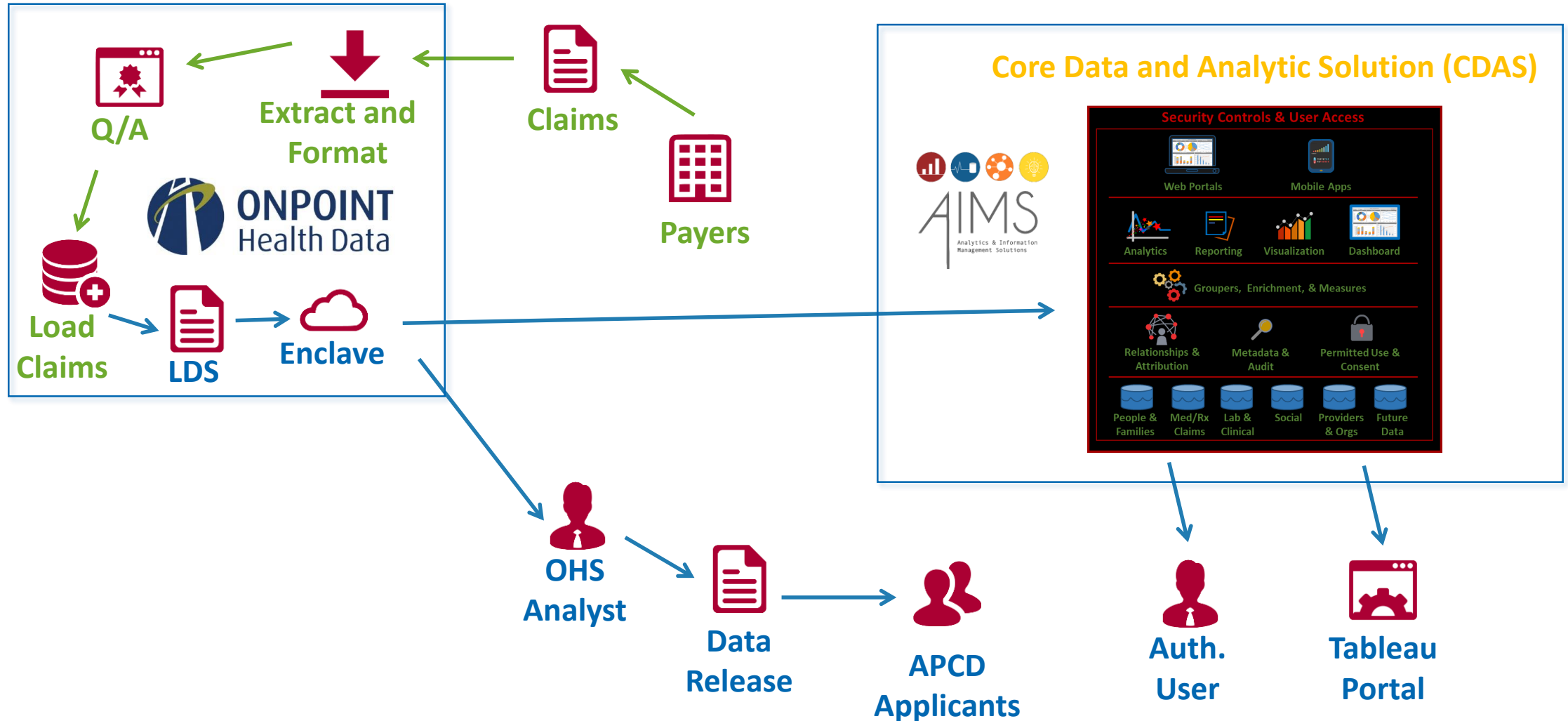
Description	Medical	Pharmacy	Dates
Total records	614.7M	252.9M	2012-to date
Medicaid in above	27.8M	7.9M	2016-2018
Medicare FFS in above	291.4M	62.7M	2012-2017 (med); 2012-2015 (phar)
New claims monthly	25M	9M	

## Entities Reporting Data

- Caremark
- Express Scripts
- United Health
- ConnectiCare
- Aetna
- Anthem
- Cigna
- WellCare
- Harvard Pilgrim
- Healthy CT

Note: CT population is 3.6M

# APCD Data Flow



Note: CDAS functions both as the core of the statewide HIE and an health analytic platform

# Quality Scorecard



- ❑ **SIM sponsored program to deliver transparent quality scores:**
  - Derived from APCD data enriched with CAHPS scores
  - Focused on 15 quality measures determined by the CT Health Quality Council
  
- ❑ **Launching HealthScoreCT website:**
  - SIM Quality Scorecard
  - Consumer transparency
  - APCD landing page



# Consumer Transparency

## Report 1

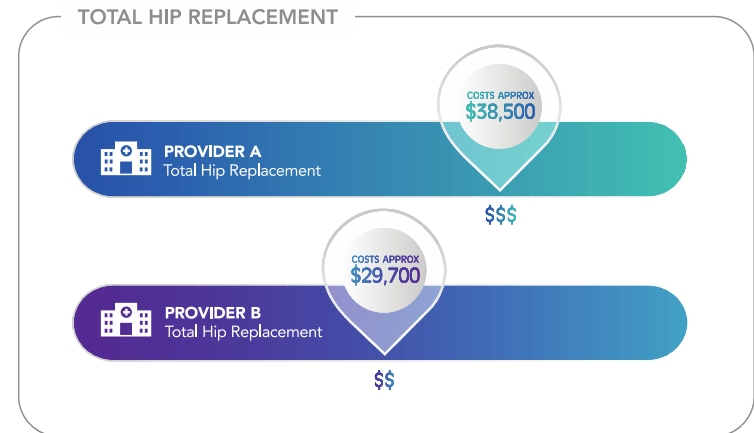
- *Introduction, methodology and exclusions published*
- *Approximately 15 services reported at statewide level including median, 25/75th percentile, and range*
- *Dedicated section to showcase results with health literacy in mind*

## Report 2

- *Everything in Report 1 plus:*
- *All 51 services reported*
- *Prices published for each facility, but facility names remain anonymous*
- *Additional content added to promote healthcare literacy*

## Report 3

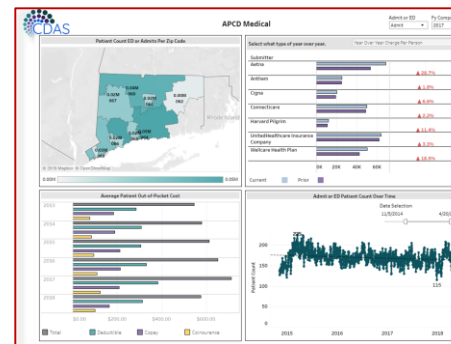
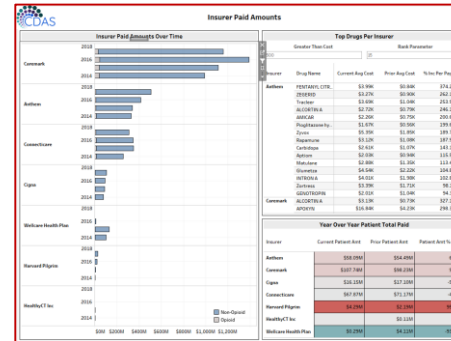
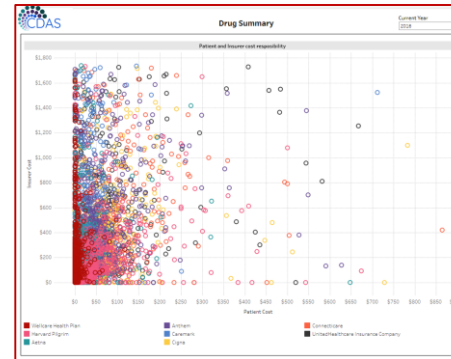
- *Everything in Report 2 plus:*
- *Facility names published*



# CDAS and APCD



Note: Examples are using test data



❑ **Open architecture:**

- API-based interfaces
- Readily available tooling:
  - Azure
  - Hadoop
  - Informatica
  - Tableau

❑ **Core function is identity management:**

- Foundation for both HIE and analytics

❑ **Loading LDS initially to drive priority assessments:**

- CGS PA 18-41 – pharmaceutical cost reporting
- CT Health Care Cabinet – statewide health cost containment initiatives

# Contacts



**Allan Hackney, CISM CISRC**  
**Health Information Technology Officer**

allan.hackney@ct.gov

+1-860-310-9708

**Health IT Office Website:**

<https://portal.ct.gov/OHS/Services/Health-Information-Technology>