



HEALTH CARE
COST INSTITUTE

Leveraging Health Care Data to Inform Change

Katie Martin
President and CEO
September 26, 2023

HCCI is a mission-driven, non-profit at the nexus of data, analytics, and action.

We were founded in 2011 to leverage unique, high-quality data and extraordinary expertise in research and policy to give decisionmakers the tools they need to lower health care costs and increase value in the health care system.



To be able to lower health care costs, you first have to know what they are

- This where data comes in
- Data is a foundational first step to any policy change
- Helps policymakers understand how much is being spent on what



In health care, to know how much is being spent on what, there is no better source than claims data

- Most comprehensive source of real-world evidence
- Gold standard for timely, population-level information about the health care system
- Millions of doctors' visits, health care procedures, prescriptions, and payments by insurers and patients



Claims data have several advantages

- **Consistent** – standardized forms mean the same elements across the system
- **Accurate** – claims are used for payment, so strong incentives to submit correct information
- **Broad** – captures a wide range of interactions with the health care system

INPATIENT

Any Hospital: 021 Any Street, Anytown, NJ 08099
Any Hospital: 021 Any Street, Anytown, NJ 08099
Patient ID: 1234 Main Street, Anytown, NJ 08099
Admission Date: 11/10/09
Discharge Date: 11/10/09
Status: RESERVED

ICD-9	ICD-10	Rate	Units	Charges	Rate	Units	Charges
86.22	86.22	200.00	1	200.00	90.00	0.00	0.00
86.99	86.99	100.00	1	100.00	100.00	0.00	0.00

HEALTH INSURANCE CLAIM FORM

ATTENTION: FOR OUR CLAIMS CENTER, PLEASE PRINT CLEARLY AND LEGIBLY.

1. PATIENT INFORMATION: NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX, EMAIL, DATE OF BIRTH, SEX, RACE, ETHNICITY, MARITAL STATUS, OCCUPATION, EMPLOYER NAME, EMPLOYER ADDRESS, EMPLOYER PHONE, EMPLOYER FAX, EMPLOYER EMAIL, EMPLOYER TYPE, EMPLOYER ADDRESS, EMPLOYER PHONE, EMPLOYER FAX, EMPLOYER EMAIL, EMPLOYER TYPE.

2. PROVIDER INFORMATION: NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX, EMAIL, NPI, TAX ID, DEPARTMENT, CLINICAL SERVICE, SPECIALTY, LICENSE NUMBER, LICENSE STATE, LICENSE EXPIRES, LICENSE TYPE, LICENSE CATEGORY, LICENSE CLASSIFICATION, LICENSE STATUS, LICENSE TYPE, LICENSE CATEGORY, LICENSE CLASSIFICATION, LICENSE STATUS.

3. CLAIM INFORMATION: DATE OF SERVICE, PLACE OF SERVICE, REFERRAL SOURCE, REFERRAL DATE, REFERRAL PHYSICIAN, REFERRAL PHYSICIAN ADDRESS, REFERRAL PHYSICIAN CITY, REFERRAL PHYSICIAN STATE, REFERRAL PHYSICIAN ZIP, REFERRAL PHYSICIAN PHONE, REFERRAL PHYSICIAN FAX, REFERRAL PHYSICIAN EMAIL, REFERRAL PHYSICIAN TYPE, REFERRAL PHYSICIAN ADDRESS, REFERRAL PHYSICIAN CITY, REFERRAL PHYSICIAN STATE, REFERRAL PHYSICIAN ZIP, REFERRAL PHYSICIAN PHONE, REFERRAL PHYSICIAN FAX, REFERRAL PHYSICIAN EMAIL, REFERRAL PHYSICIAN TYPE.



And some limitations

- Only captures interactions – leaves out people who are uninsured, services that are provided outside of insurance (e.g. over the counter medications)
- Time lag
- Incomplete clinical information



In health care, to know how much is being spent on what, there is no better source than claims data

Can be combined with other data sources for even more robust analysis



Electronic Health Records



Cost Reports, Other Admin Data



Transparency Files



Clearinghouses



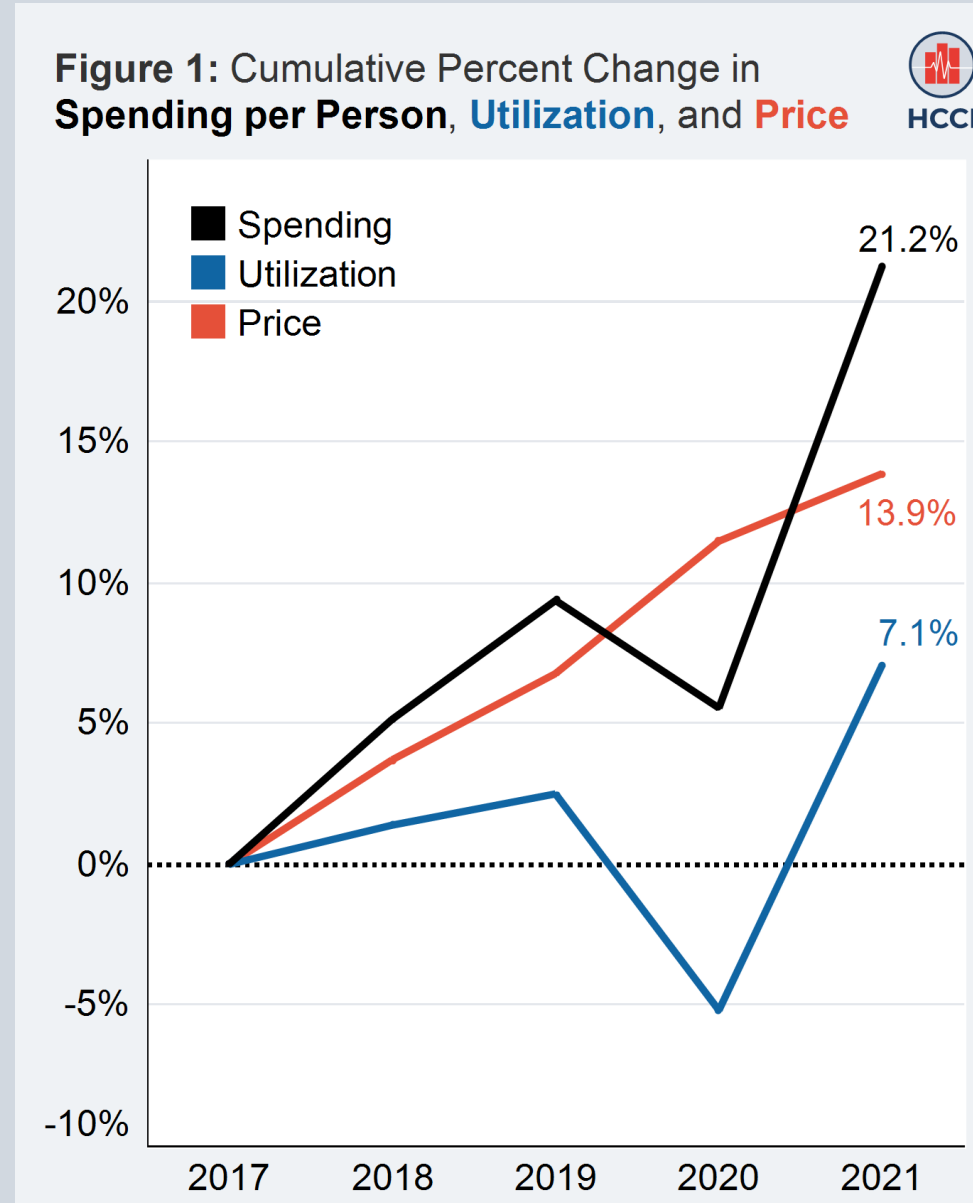
Patient/Disease Registries



Surveys

Once you have data, what can you do with it?

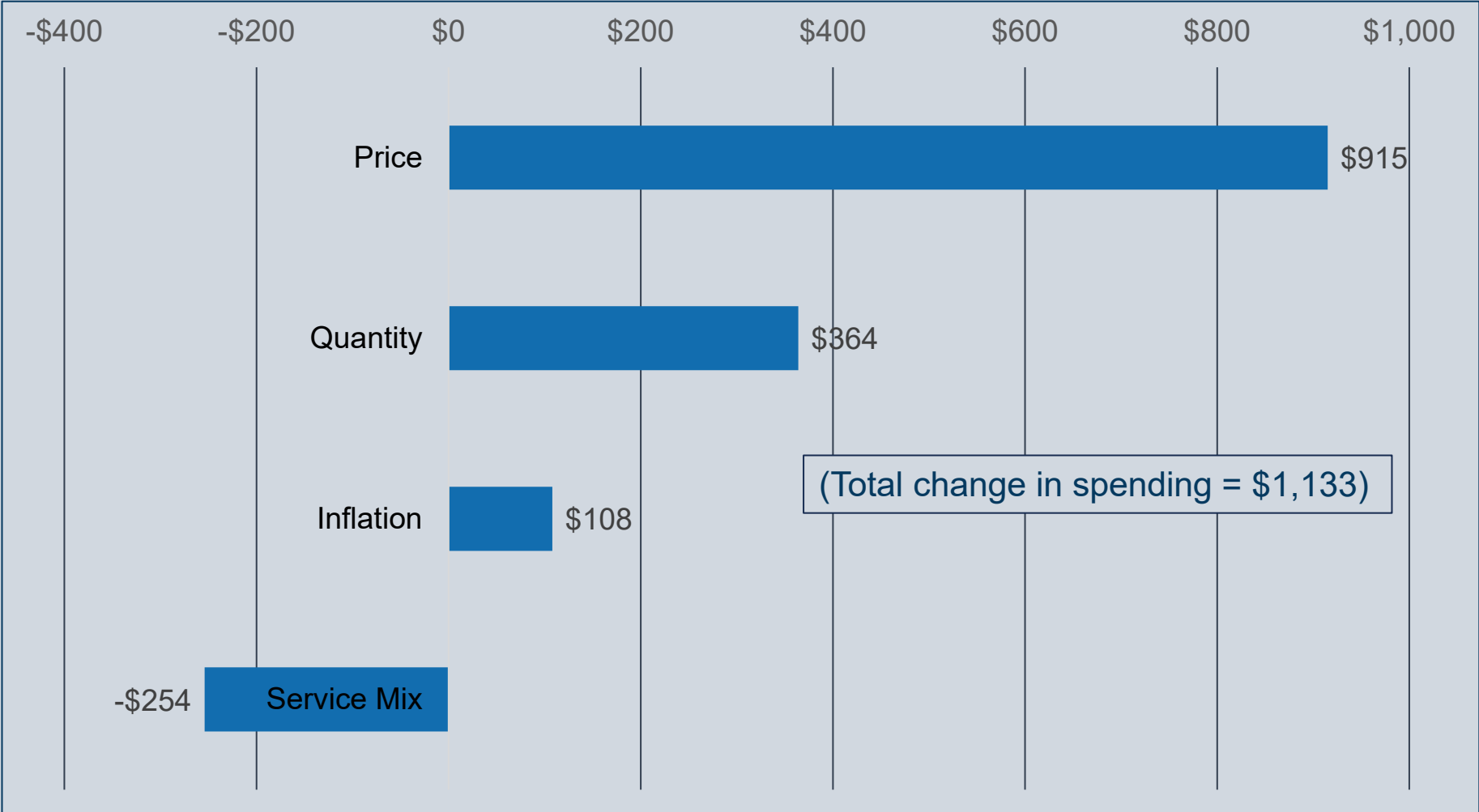
Identify Cost Drivers



Once you have data, what can you do with it?

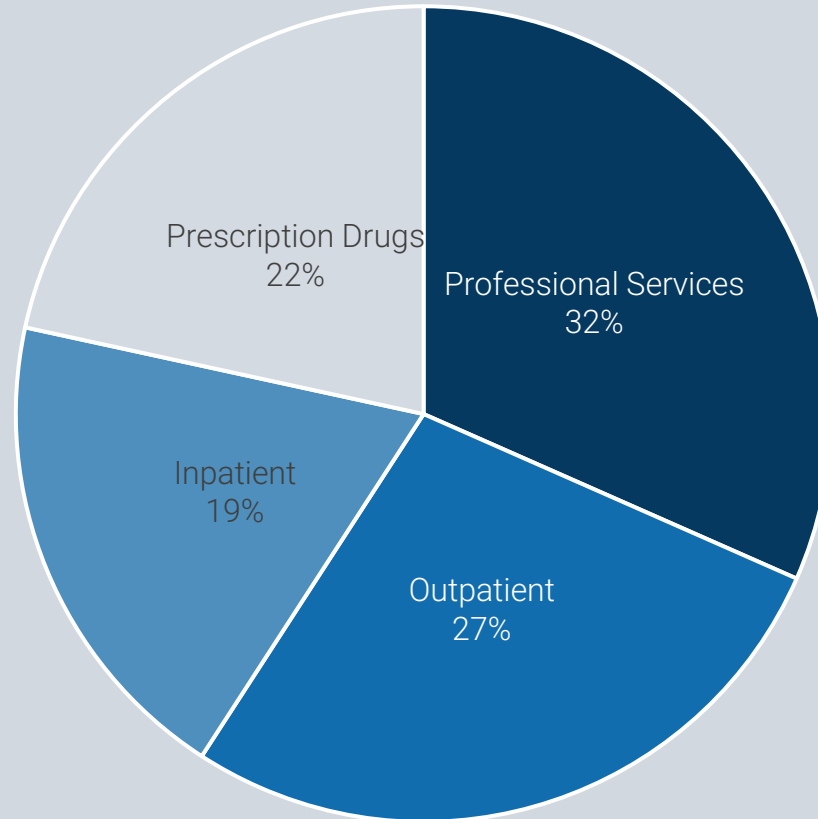
Identify Cost Drivers

Change in overall health care spending per person by factor, 2017-2021



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Identify Cost Drivers

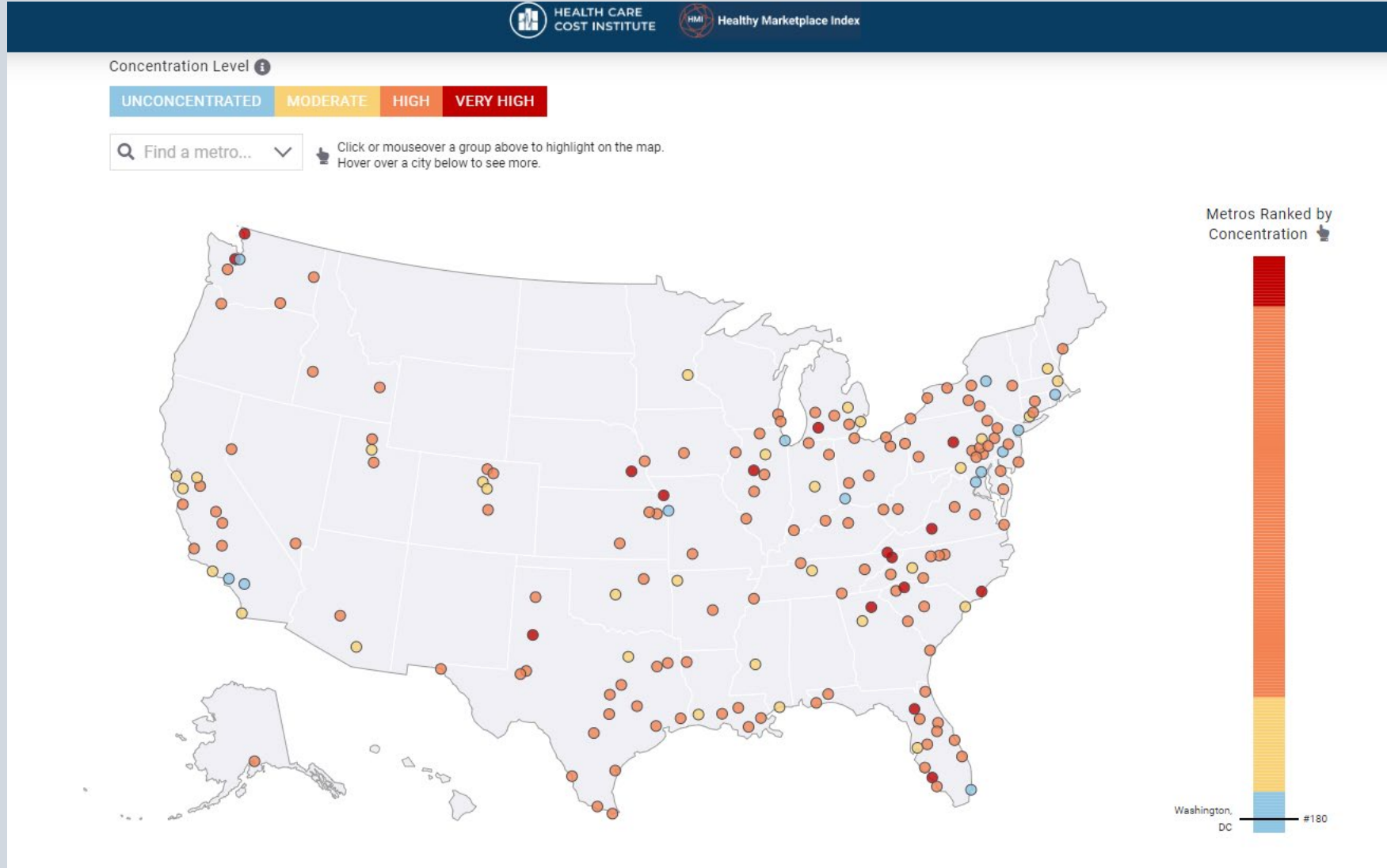


2021
Per person spend = \$6,467



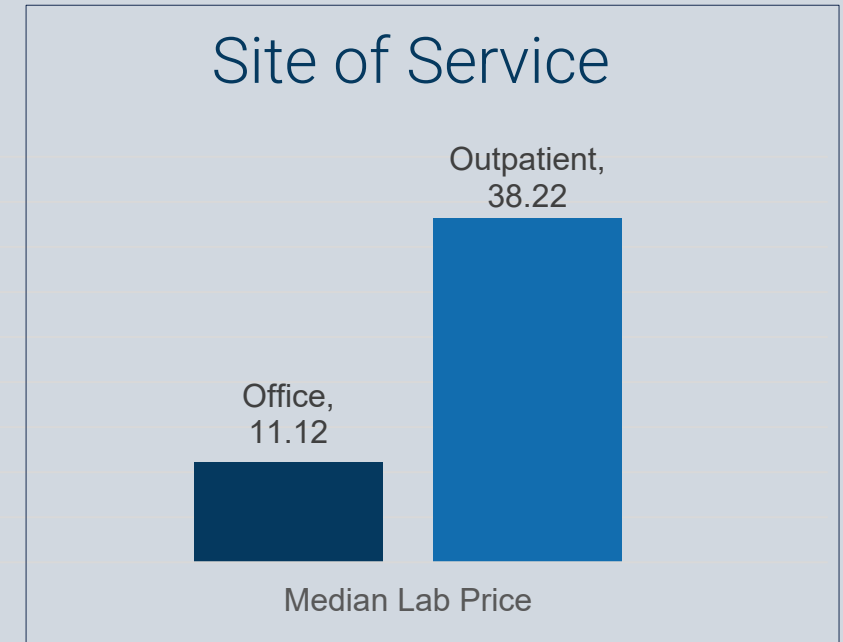
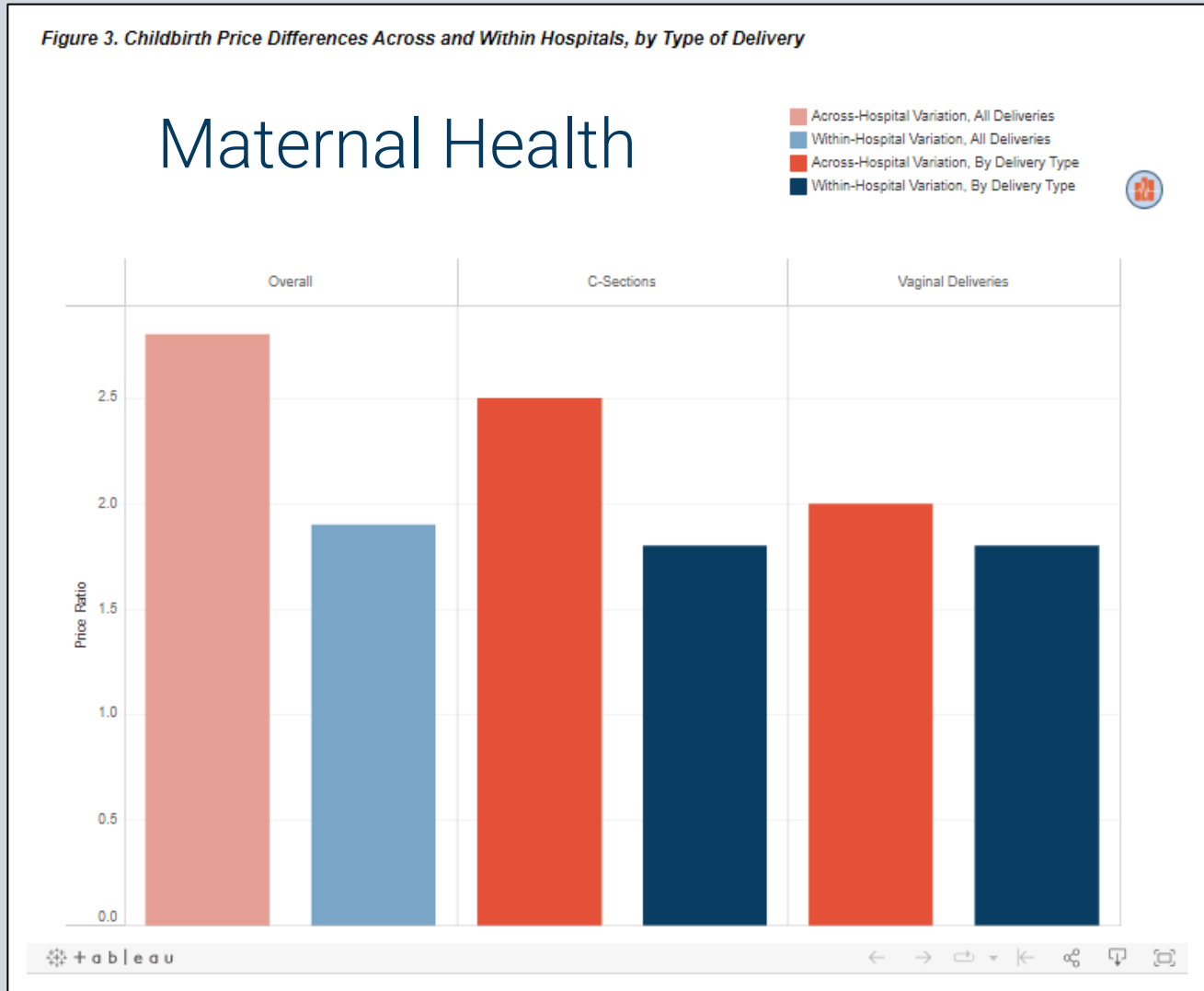
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Identify Cost Drivers



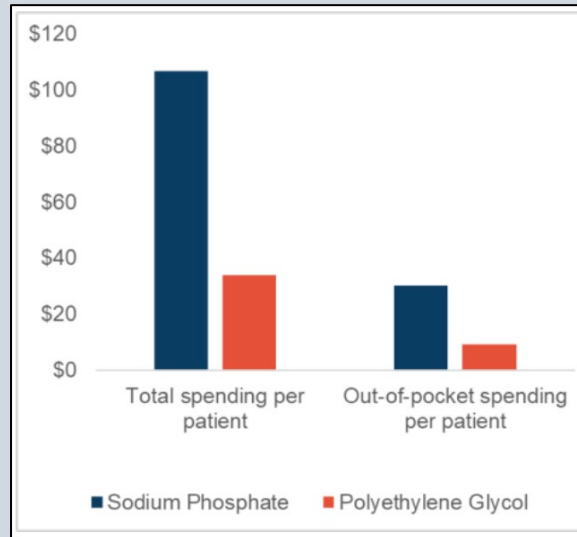
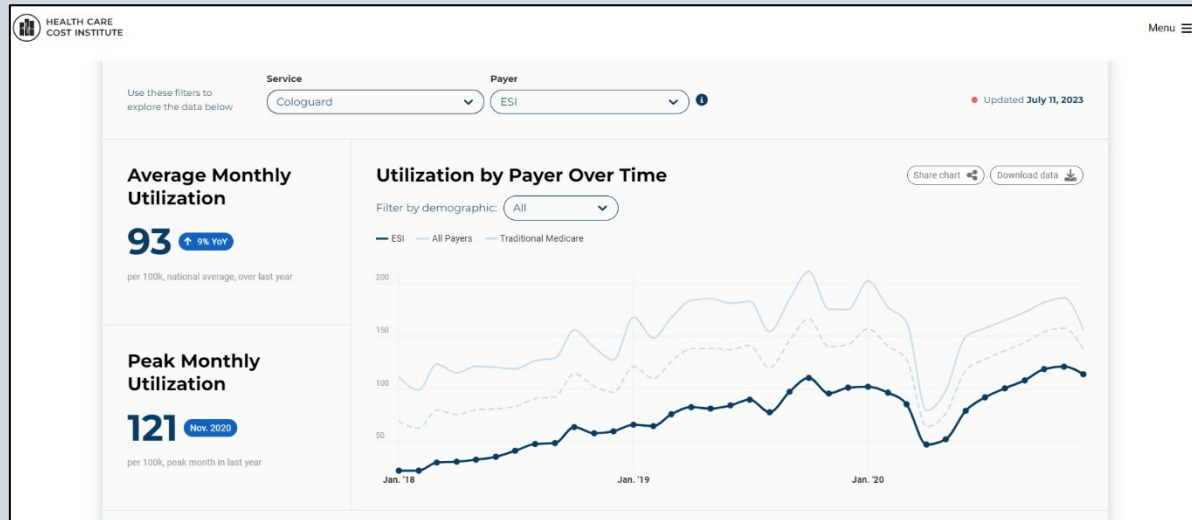
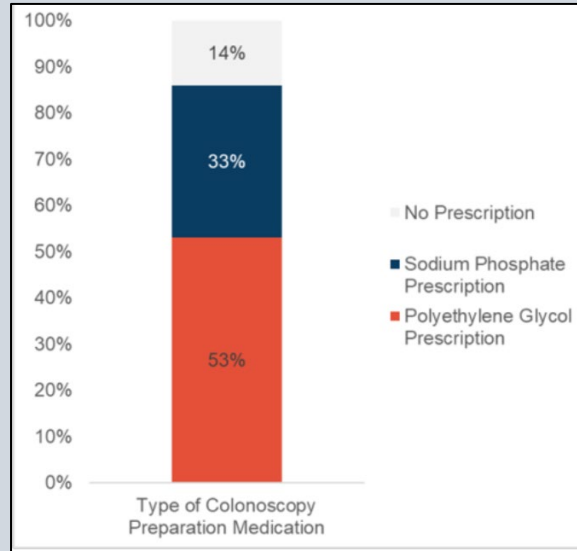
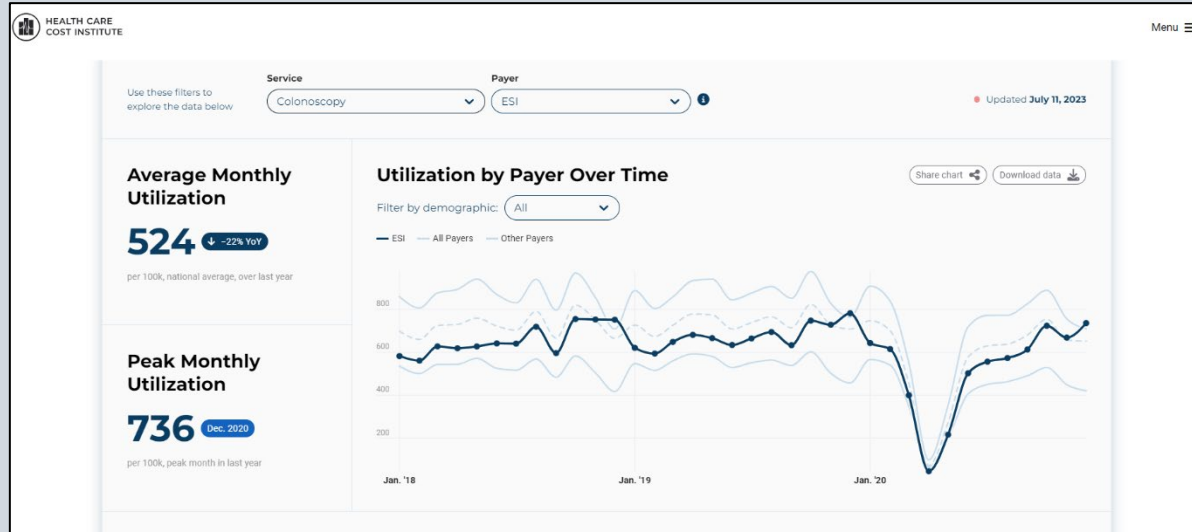
Once you have data, what can you do with it?

Look for specific opportunities to intervene



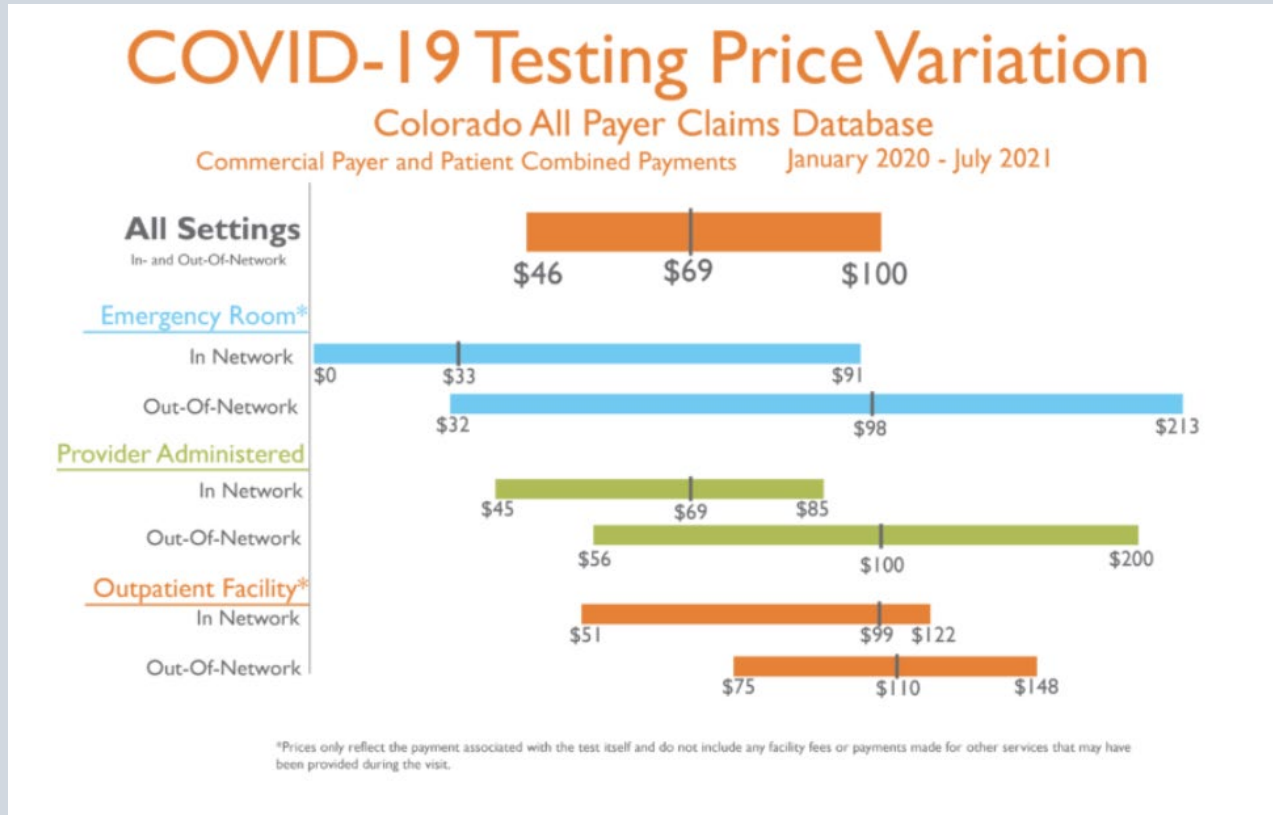
Once you have data, what can you do with it?

Understand the kind of care people are getting



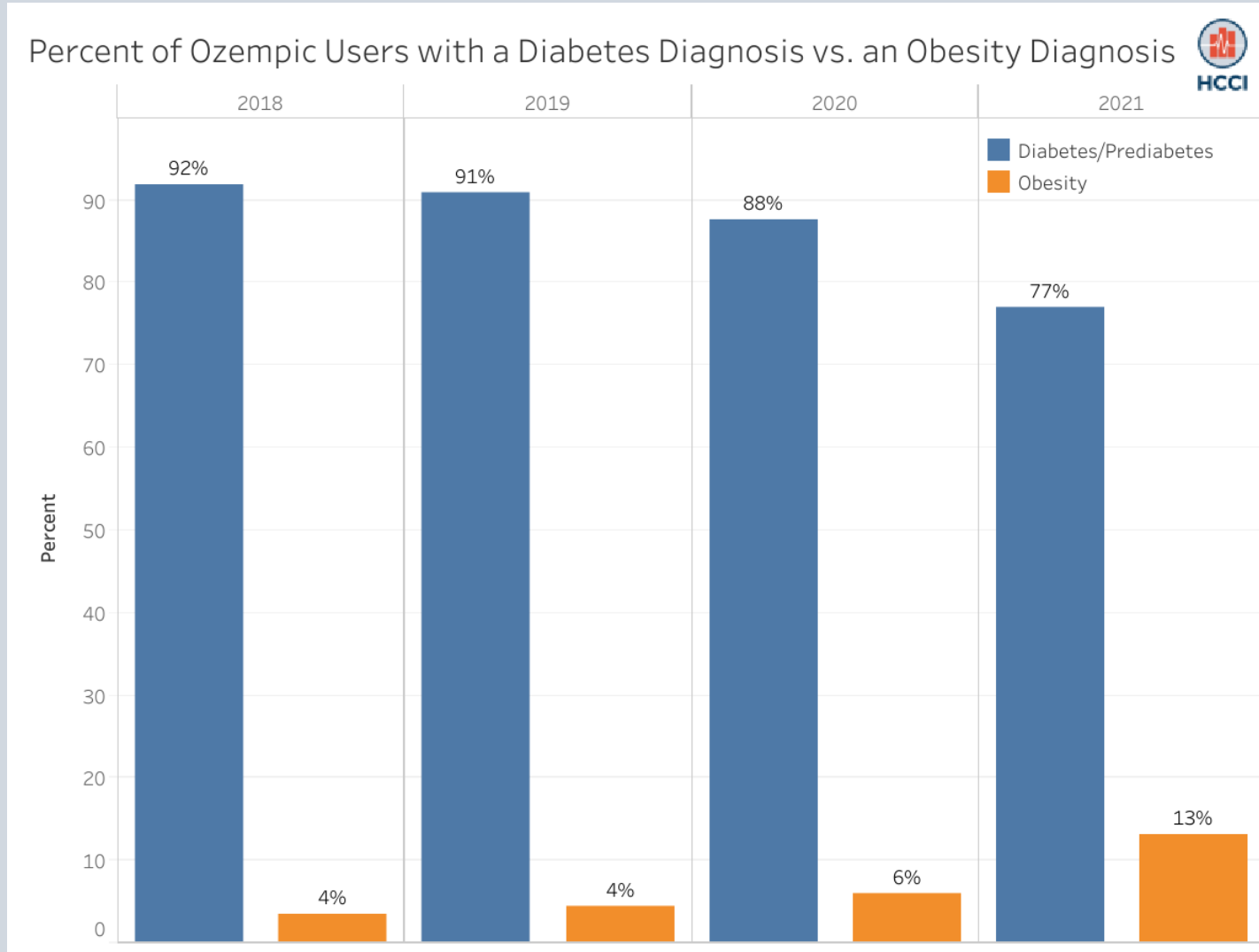
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Once you have data, what can you do with it?

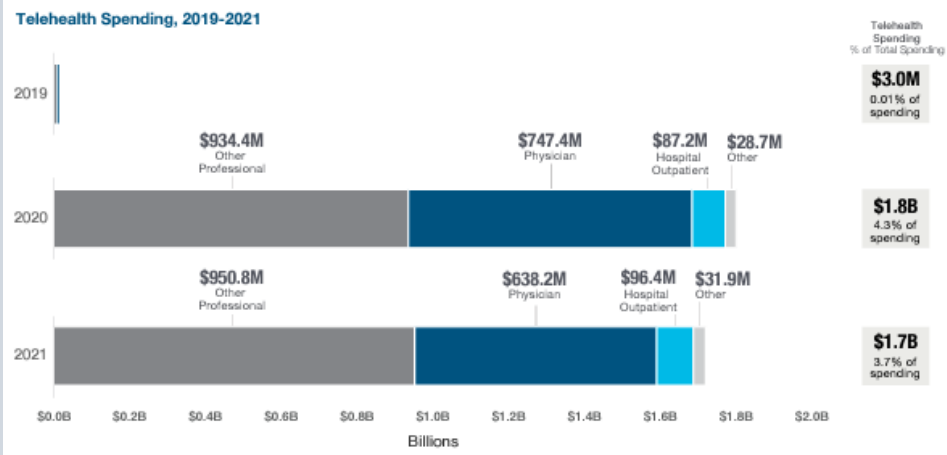
Look for specific opportunities to intervene



Once you have data, what can you do with it?

See the impact of policy changes

Components of Total Health Care Expenditures: Telehealth Spending



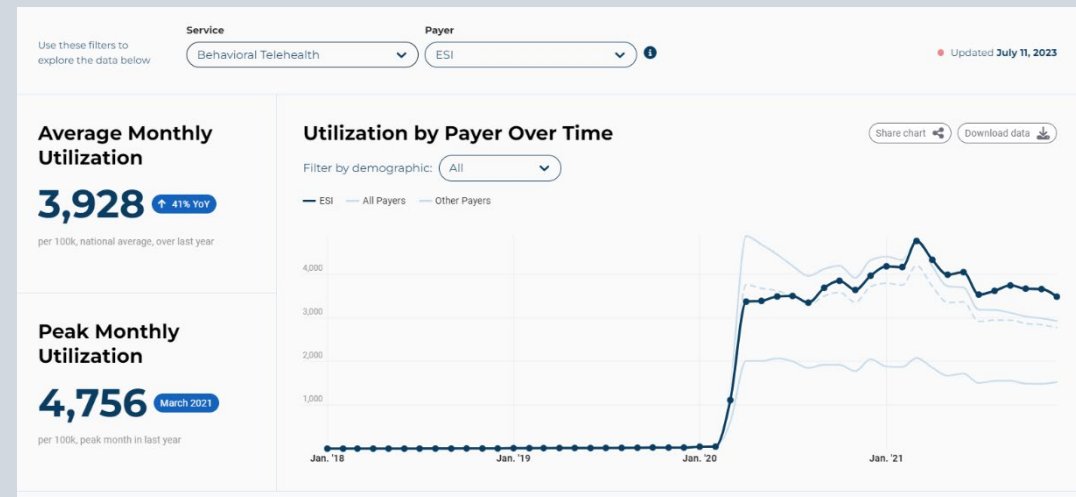
Telehealth Spending as a Percentage of Total Service Category Spending, 2021



Populations included: Commercial, MassHealth FFS, PCC, ACO-B, MCO/ACO-A, Medicare Advantage
Represents 84.9% of overall THCE membership

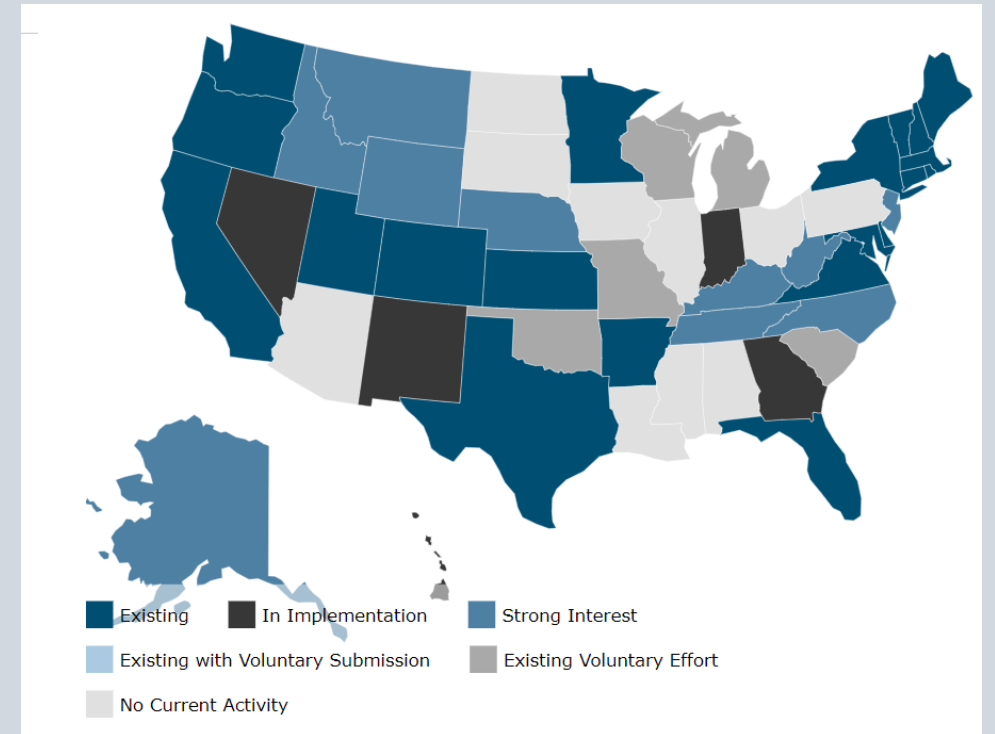
Source: Payer-reported data to CHIA

Notes: The included populations represent 84.9% of overall THCE membership. Aetna and Cigna were excluded due to data quality concerns. Not all payers reported telehealth spending by service category for CY 2019, but those who did not report by service category reported \$2.4 million in telehealth spending in 2019; this total is not included in the graph above. Percent changes are calculated based on non-rounded expenditure amounts. Please see [databook](#) for detailed information.



Where Can I Find Data for My State?

- **State All Payer Claims Databases**
 - Only in a subset of states
 - Only a portion of employer-sponsored insurance data
- **CMS Medicare and Medicaid Data**
 - Does not include commercial insurance
- **Private Multipayer Claims Databases like HCCI**
 - Only a portion of employer-sponsored insurance data
 - Charge a fee for access



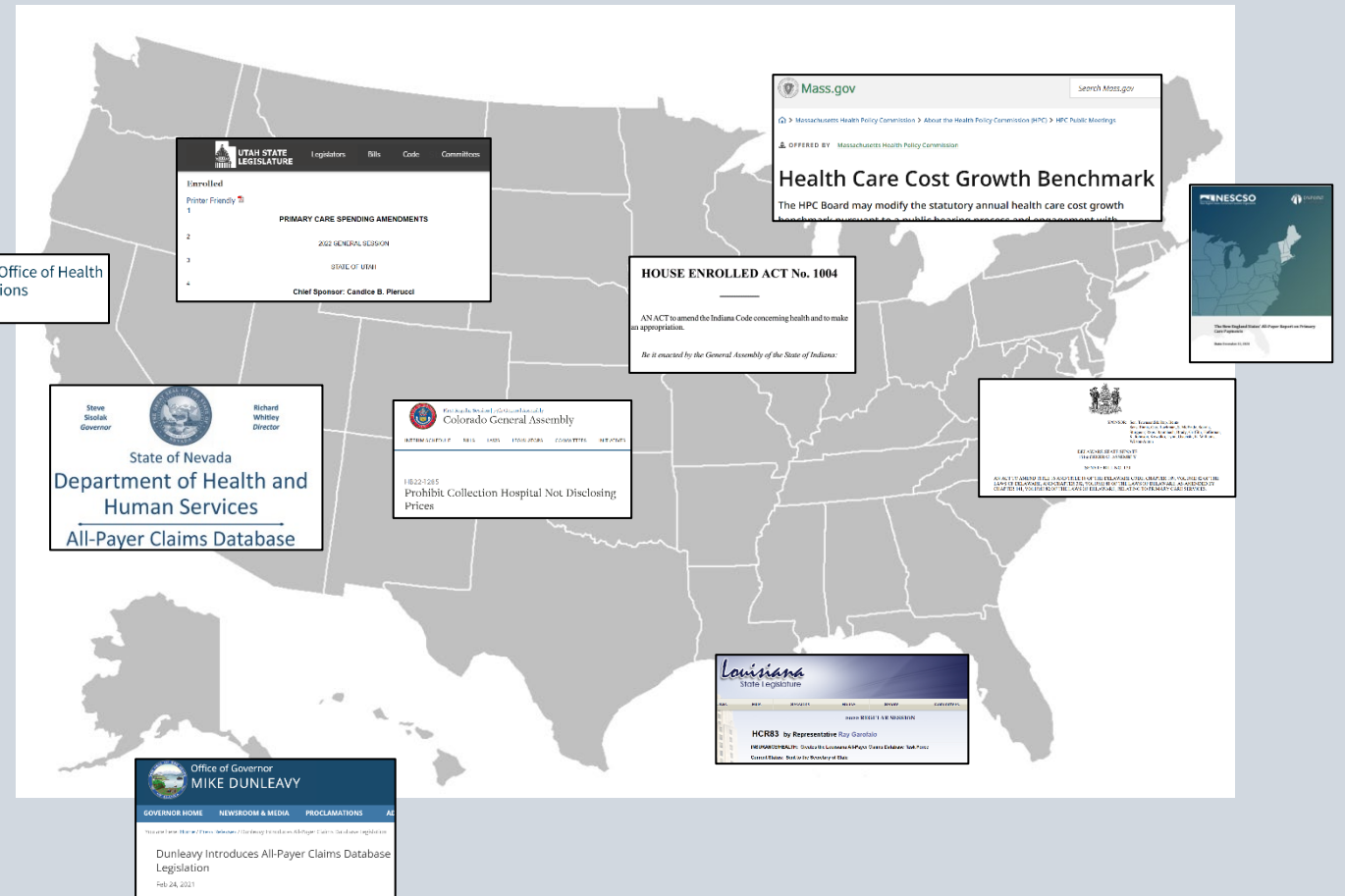
Status of APCD Legislation, Source: APCD Council

There is not a national repository for health care claims data that covers all payers.



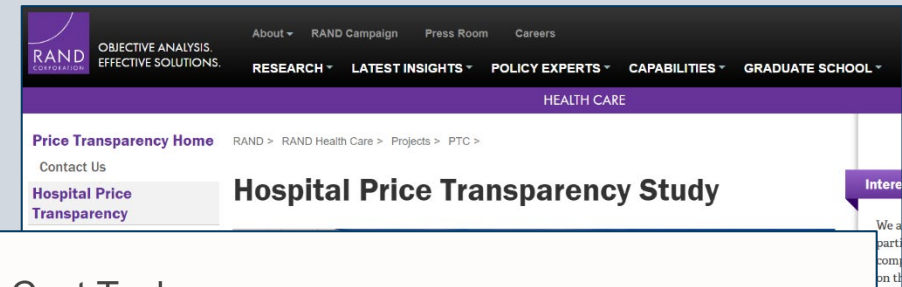
State Cost Containment Efforts and Strong Data Infrastructure go Hand in Hand

- Cost Growth Targets/Benchmarks
- Addressing Facility Fees
- Investing in Primary Care
- Price Transparency Compliance
- All Payer Claims Database Legislation



How can you leverage health care data to inform change?

- Don't overlook the importance of data
 - Whatever policy change you want to pursue, start with the data
 - Always ask what and who is in the data and what and who are missing
- Look for the data nerds
 - We are everywhere
 - Ask us your questions
- Introduce/Support policies that make data available



Organization	Website
Arkansas Center for Health Improvement	http://www.achi.net/
Arkansas Department of Health	https://humanservices.arkansas.gov/
California Department of Health Care Access and Information	https://hcai.ca.gov/
Center for Health Information Analysis for Nevada	https://chiaunlv.com/index.php
Center for Healthcare Data Research, Univ of Texas School of Public Health	https://sph.uth.edu/research/centers/chcd/
Center for Improving Value in Health Care	https://www.civhc.org/
Connecticut Office of Health Strategy	https://portal.ct.gov/OHS
Delaware Health Information Network	https://dhin.org/
Florida Agency for Health Care Administration	http://ahca.myflorida.com/
Georgia Office of Health Strategy and Coordination	https://opb.georgia.gov/ohsc



Thank you!

Questions?

