UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:

The Critical Role of Information in Health System Reform

December 2010

In Utah, health system reform continues to move forward at a remarkable pace. We are now three years into the implementation of state-designed health reforms as well as developing a plan for how to deal with the up-coming federal reforms. Many of the state-designed health reforms rely critically on having accurate and useful information available to decision makers. Utah's health system reform efforts also include many efforts to make information more available.

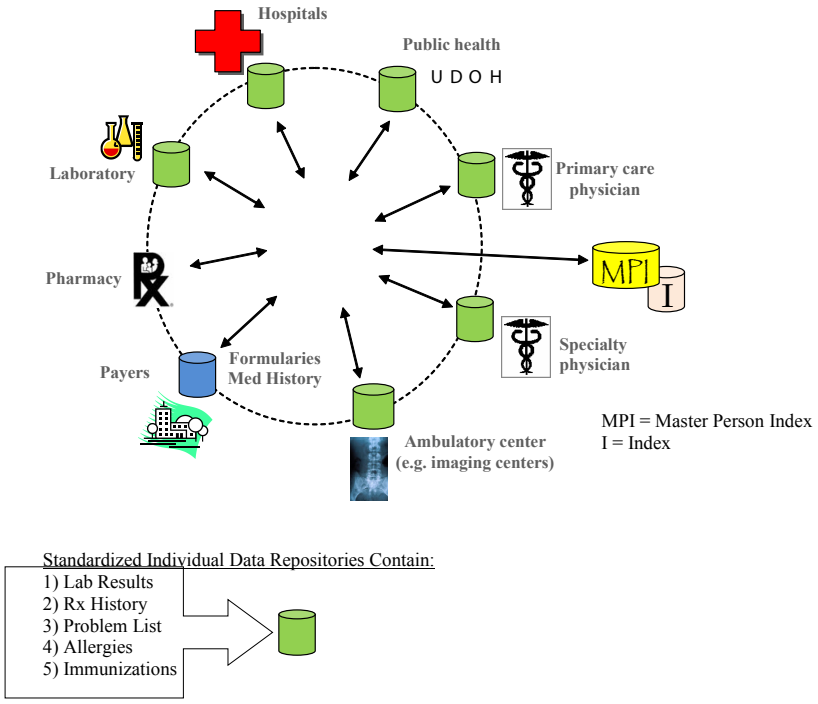
In Utah, the common element connecting these efforts is the importance of empowering consumers to make better decisions regarding their health, health care, and health care financing. For example, the Clinical Health Information Exchange (cHIE) will make it easier for patient information to be shared across health care providers allowing patients and providers to work together to make better decisions about treatments and recommendations.

As participants in the health care system have better information and make better choices and decisions, the end result will be a more efficient system that produces a healthier population. Hence, it is critical that health system reform efforts also ensure that better information is available to more users of the health care system.

- **The Utah All Payer Claims Database (APCD) is fully capable of identifying for each patient episodes of care (EOC), defined as a complete course of care from the initial diagnosis through treatment and follow-up.**
- **Utah is the first in the country to analyze episodes of care derived from statewide health insurance claims.**
- **As health system reform moves forward, information about cost and quality of care will become much more readily available to patients and others using the system.**

Clinical Health Information Exchange (cHIE)

Figure 1. The Clinical Health Information Exchange contributes to improved health care by allowing patient information to be shared more easily across providers



One of the crown jewels of Utah's health system reform effort is the Utah All Payer Claims Database (APCD). The APCD receives healthcare claims data (inpatient, outpatient, and pharmacy) from insurance carriers and other payers in the state of Utah. The database is fully capable of identifying for each patient episodes of care (EOC), defined as a complete course of care from the initial diagnosis through treatment and follow-up. For example, in the context of maternity, the EOC would begin with the first prenatal visit and include all other visits, pharmacy claims, lab tests, special procedures, delivery of the baby, and postpartum care of the mother.

At present, the Utah APCD contains claim information for approximately 1.68 million unique patients in the state of Utah, representing well over half of the current population. In terms of medical claims, the APCD currently has in production over $15 billion in charges and over $6 billion in actual payments. In addition, there are over 28 million

pharmacy claims that generated $1.2 billion in payments.

With such a deep and rich source of health care data, the APCD is capable of answering critical questions, such as:

- Medically, what happened to the patient during the episode of care for a specific condition?
- When, and where did those events happen?
- How much did it cost?
- Who paid for what (including the patient's out-of-pocket cost)?
- Which costs were not covered (including denied claims)?
- What other influences impacted the outcome (such as disease burden, co-morbidities, demographics, environmental issues, access to specialists, etc.)?
- What impact did preventive care (or the lack thereof) have on the outcome?
- Were relevant standards of care met?
- How do consumers migrate between or across commercial and public plans?

Other states have APCDs; however, Utah is the first in the country to analyze episodes of care (EOC) derived from statewide health insurance claims. Some of the specific features that put it ahead of other APCDs around the country include the depth of detail collected, the collection of enrollment data along with claims, the inclusion of actual payments along with billed charges, and the ability to identify individual patients and track them across different payers or systems.

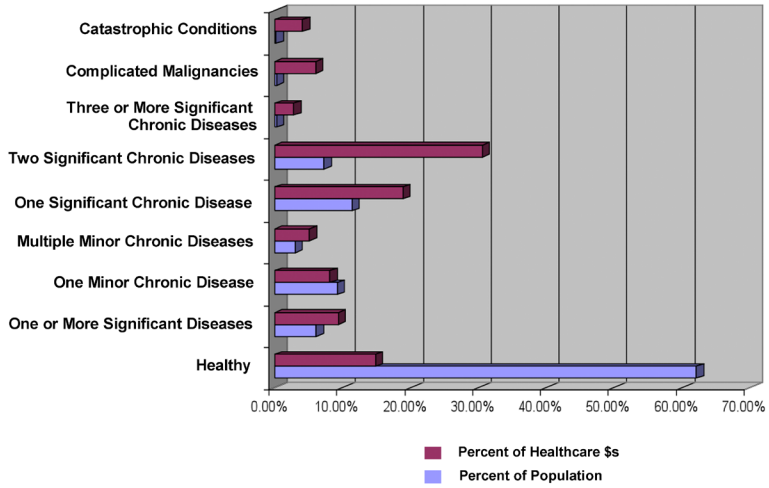
As health system reform moves forward, the APCD will be a valuable tool to inform and support the rest of the health system reform efforts. Primarily, information about cost and quality of care will become much more readily available to patients and others using the system. This information will feed into one of the major components of the Utah Health Exchange that will be designed to be an unbiased source of information about cost and quality of providers and insurers.

In addition to this valuable function, the APCD will also be a critical resource for the smooth function of the Utah Health Exchange. The data it contains can facilitate the implementation of the risk adjustment mechanisms, making it much easier and more accurate for insurers to account for selection and risk. The type of data in the APCD may have other useful applications to the exchange.

The measures being taken in Utah to reform the health care system require that consumers have better information in order to make better decisions about their health, health care, and health financing. The Utah Department of Health is trying to provide leadership in making available to the markeplace the type of information that consumers need.

Utah All Payer Claims Database (APCD)

Figure 2. The Utah All Payer Claims Database provides valuable information on cost and quality of health care. In this example we can see the significant amount of health care spending that goes to treat chronic disease.



Graph from report to the Utah Health Systems Reform Task Force, presented 6/20/10, http://www.utahatlas.health.utah.gov/presentations.html
Data derived from the Utah All Payer Claims Database

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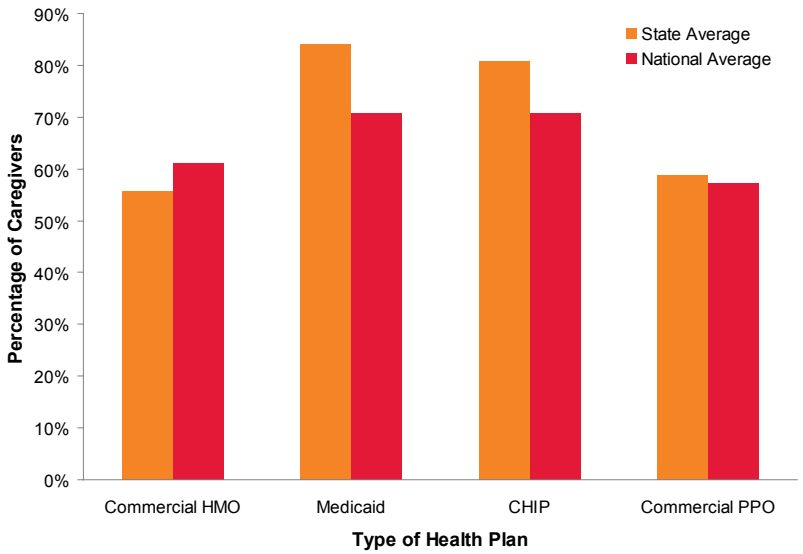
Breaking News, November 2010

HMO and PPO Consumer Satisfaction

Three aspects of health care are typically monitored to gauge the overall effectiveness of the health care delivery system, including the cost, the quality, and the satisfaction of health care consumers. The Utah Health Data Committee has collected data on a variety of HMO (Health Maintenance Organization) and PPO (Preferred Provider Organization) performance measures since 1996. While much emphasis is placed on the cost and quality data, the importance of consumer satisfaction should not be minimized.

Percentage of Caregivers That Rated Their Child's Health Plan With an 8, 9, or 10 by Type of Health Plan, Utah, 2010



CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures an individual's satisfaction with their own, or their children's health plan. This year for both HMOs and PPOs, CAHPS was utilized to measure the caregiver's satisfaction with their children's health care.

For the 2010 CAHPS child survey, all of the types of health plans scored above national averages, except commercial HMOs. Traditionally, Medicaid and CHIP health plans exceed the national averages, while Commercial HMOs and PPOs score near the national average. This year CHIP scored above national averages on all CAHPS measures, while Medicaid needs to improve their customer service. Commercial HMOs and PPOs need to improve delivering health care when their members feel it is needed.

Community Health Indicators Spotlight, November 2010

New Tobacco Products

Tobacco Orbs or Tic Tacs?

In response to growing awareness of the health risks associated with secondhand smoke, local and statewide laws that prohibit smoking in public places have proliferated in the past few years both in Utah and nationwide. To ensure continued tobacco sales, tobacco companies are aggressively marketing new smoke-free tobacco and nicotine alternatives that can be used in places where smoking is not allowed. These new products frequently mimic the look of candy both in their packaging and in their applications and contain flavors such as fruit, vanilla, cinnamon, or mint. In addition to perpetuating nicotine addiction among smokers who might consider quitting as smoking becomes less feasible in public places, the candy-like flavors and packaging of these products are likely to increase youth tobacco use. While both smokers and nonsmokers are aware of the health risks of cigarette smoking, the risks associated with these new products are often underestimated or unknown. Among the new tobacco products are snus (moist smokeless tobacco that is usually sold in small pouches), orbs, sticks, and strips, as well as vapor-based nicotine products such as electronic cigarettes or e-cigarettes. The Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health has started to track the use of these products in health surveys. It is alarming that the 2009 Behavioral Risk Factor Surveillance System shows that Utah has the 5th highest rate of current smokers also using smokeless tobacco products (chew or snus) among all states. Results for youth use of new tobacco products are expected in the summer of 2011. The TPCP works closely with Utah communities and schools to ensure that prevention programs address new types of tobacco and nicotine products in addition to cigarettes.

Monthly Health Indicators Report

(Data Through October 2010)

Monthly Report of Notifiable Diseases, October 2010	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	10	22	354	282	1.3
Shiga toxin-producing Escherichia coli (E. coli)	9	7	80	102	0.8
Hepatitis A (infectious hepatitis)	0	1	8	11	0.7
Hepatitis B, acute infections (serum hepatitis)	0	1	6	16	0.4
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	0	0	1	8	0.1
Pertussis (Whooping Cough)	6	39	231	370	0.6
Salmonellosis (Salmonella)	12	22	293	291	1.0
Shigellosis (Shigella)	1	6	39	39	1.0
Varicella (Chickenpox)	26	72	274	591	0.5

Quarterly Report of Notifiable Diseases, 3rd Qtr 2010	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	10	29	60	95	0.6
Chlamydia	1,536	1,418	4,812	2,744	1.2
Gonorrhea	75	159	252	488	0.5
Tuberculosis	1	8	14	25	0.6

Medicaid Expenditures (in Millions) for the Month of October 2010	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 12.9	$ 10.5	$ 48.5	$ 36.1	$ 12.4
Inpatient Hospital	$ 57.2	$ 31.1	$ 106.2	$ 86.8	$ 19.4
Outpatient Hospital	$ 9.2	$ 13.1	$ 28.8	$ 38.8	$ (10.0)
Long Term Care	$ 16.9	$ 17.8	$ 53.6	$ 56.4	$ (2.8)
Pharmacy‡	$ 15.0	$ 18.7	$ 50.5	$ 64.3	$ (13.8)
Physician/Osteo Services	$ 8.2	$ 9.1	$ 23.5	$ 26.3	$ (2.7)
TOTAL HCF MEDICAID	$ 213.4	$ 196.1	$ 537.2	$ 561.1	$ (24.0)

Program Enrollment for the Month of October 2010	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	226,998	226,181	+0.4%	203,260	+11.7%
PCN (Primary Care Network)	13,890	14,225	-2.4%	20,037	-30.7%
CHIP (Children's Health Ins. Plan)	38,681	40,675	-4.9%	40,305	-4.0%

	Annual Visits			Annual Charges	
Health Care System Measures	Number of Events	Rate per 100 Population	% Change§ From Previous Year	Total Charges in Millions	% Change§ From Previous Year
Overall Hospitalizations (2008)	279,504	9.4%	-2.7%	$ 4,703.3	+10.3%
Non-maternity Hospitalizations (2008)	164,602	5.4%	-3.0%	$ 3,924.7	+10.4%
Emergency Department Encounters (2008)	681,958	23.4%	-2.9%	$ 879.5	+12.6%
Outpatient Surgery (2008)	299,958	10.3%	-1.9%	$ 1,277.7	+15.2%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/ Rate	% Change§ From Previous Year	State Rank¶ (1 is best)
Obesity (Adults 18+)	2009	465,600	24.0%	+3.9%	11 (2009)
Cigarette Smoking (Adults 18+)	2009	190,300	9.8%	+5.4%	1 (2009)
Influenza Immunization (Adults 65+)	2009	174,400	68.8%	-6.2%	33 (2009)
Health Insurance Coverage (Uninsured)	2009	314,300	11.2%	+4.7%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2009	227	8.1 / 100,000	-16.6%	15 (2007)
Poisoning Deaths	2009	543	19.4 / 100,000	+7.0%	49 (2007)
Suicide Deaths	2009	445	15.9 / 100,000	+15.3%	n/a
Diabetes Prevalence (Adults 18+)	2009	118,500	6.1%	+0.2%	11 (2009)
Poor Mental Health (Adults 18+)	2009	291,600	15.0%	+7.0%	19 (2009)
Coronary Heart Disease Deaths	2009	1,469	52.5 / 100,000	-4.4%	2 (2006)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2006)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	7 (2006)
Births to Adolescents (Ages 15-17)	2008	1,122	18.5 / 1,000	-0.6%	22 (2007)
Early Prenatal Care	2008	43,997	79.1%	-0.4%	n/a
Infant Mortality	2008	264	4.7 / 1,000	-7.9%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains minimal in Utah. Influenza-like illness activity is below baseline statewide. As of November 10, 2010, 7 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at http://health.utah.gov/epi/diseases/flu.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ The Pharmacy Expenditure and Budget amount only includes the gross pharmacy costs. The Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

§ % Change could be due to random variation.

¶ State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2011 season.