

Standardized Data Formats for APCD Data Collection



CDL Group 1A: Virginia's Implementation Journey

March 15, 2021

Thank you for inviting us



Michael Lundberg
Chief Executive Officer



Kyle Russell
Director of Strategy and Analytics



What we will cover today

1. Who we are (why should you listen to us?)
2. Virginia's APCD- our structure and how it's changed over time
3. Why we implemented the CDL
4. Lessons learned

Virginia Health Information

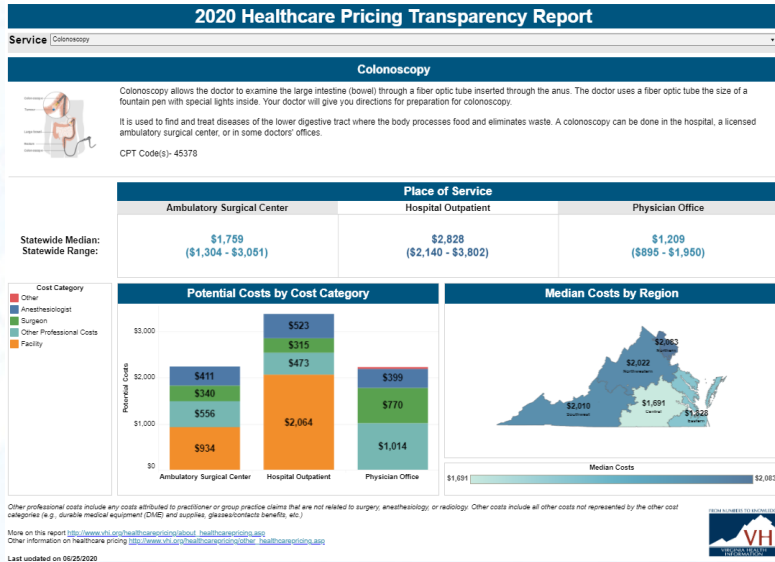
- Independent 501(c)(3) non-profit established in 1993
- Unbiased public-private partnership focused on transparency
- Administers Virginia healthcare data reporting requirements- highlights include (but not limited to):
 - ✓ Hospital Discharge Database (including AHRQ Indicators Report)
 - ✓ State Health Information Exchange (HIE)
 - ✓ Emergency Department Care Coordination Program (EDCCP)
 - ✓ Hospital/Nursing/HMO Cost & Quality
 - ✓ All Payer Claims Database (APCD)



Virginia's APCD- the Beginning

- Voluntary system established in 2012
- **Original Funding-**
40% Health Plans + 40% Health Systems + 20% VHI (not recommended!)
- **Data Access-** health plans and health systems were provided data via a subscription model, all other entities go through APCD Data Release Committee
- **Data Collection Layout-** driven by Post Adjudicated Claims Data Reporting (PACDR) standard, loosely based on Colorado's original layout

Virginia's APCD- Reporting



JB&JS THE JOURNAL OF BONE & JOINT SURGERY

Content ▾ Subspecialty ▾ Podcast Series Orthopaedic Education ▾ Journal Info ▾

Home > Subjects > orthopaedic essentials > **New Long-Term Opioid Prescription-Filling Behavior Arising...**

Login to view full text. If you're not a subscriber, you can:

Buy Article Subscribe Content & Permissions

Ovid[®]
Institutional members access full text with Ovid[®]

SCIENTIFIC ARTICLES

New Long-Term Opioid Prescription-Filling Behavior Arising in the 15 Months After Orthopaedic Surgery

Orfield, Noah J. PhD¹; Gaddis, Andrew MD, MHS²; Russell, Kyle B. MDA³; Hartman, David W. MD¹; Apel, Peter J. MD, PhD^{1,2}; Mierisch, Cassandra MD^{1,2} **Author Information**

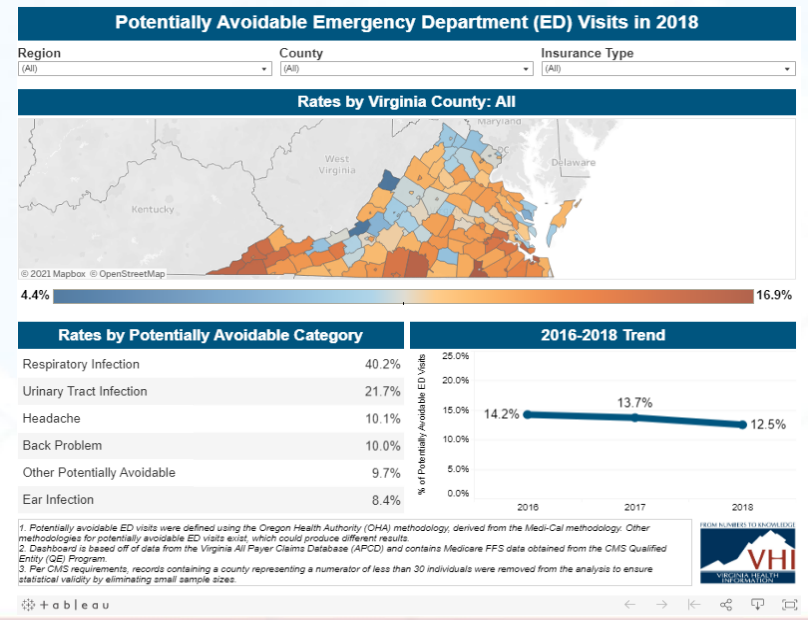
HealthAffairs COVID-19 Topics Journal Blog PC

DATAWATCH | COSTS & SPENDING

[HEALTH AFFAIRS > VOL. 36, NO. 10](#): EMERGENCY DEPARTMENTS, BEHAVIORAL HEALTH & MORE

Low-Cost, High-Volume Health Services Contribute The Most To Unnecessary Health Spending

John N. Mafi, Kyle Russell, Beth A. Bortz, Marcos Dachary, William A. Haze, and A. Mark Fendrick



Voluntary APCD- the Good & the Bad

- Participation was good....but not 100%
- Receiving almost no state funding meant higher fees for plans and providers...who had different ideas on what their funding should cover
- Data layout met our needs.....but it was not updated regularly



Changing to Mandatory

- **Funding-** General Funds + Medicaid Match + Licensing/Grant Revenue
- **Data Access-** all requests through APCD Data Release Committee
- **Data Collection-** Common Data Layout (CDL) !



Why the CDL?

- As a national standard, if you have to change vendors it should make things less painful (and cheaper to implement)
- Updating your data layout is time consuming and stressful. Leveraging a national body of experts is ideal
- If we all collect data the same it's way easier for APCDs to:
 1. Collaborate on projects/develop benchmarks and
 2. Assess data quality

Preparing for CDL Implementation

Vendor- new contract, how we collect and use data is going to change (more data)

Health plans- new agreements, communication strategy, CDL coincided with implementation of preprocessor and new plans onboarding

Everyone else- what data will we have now that we didn't before?
How much is this going to slow things down?



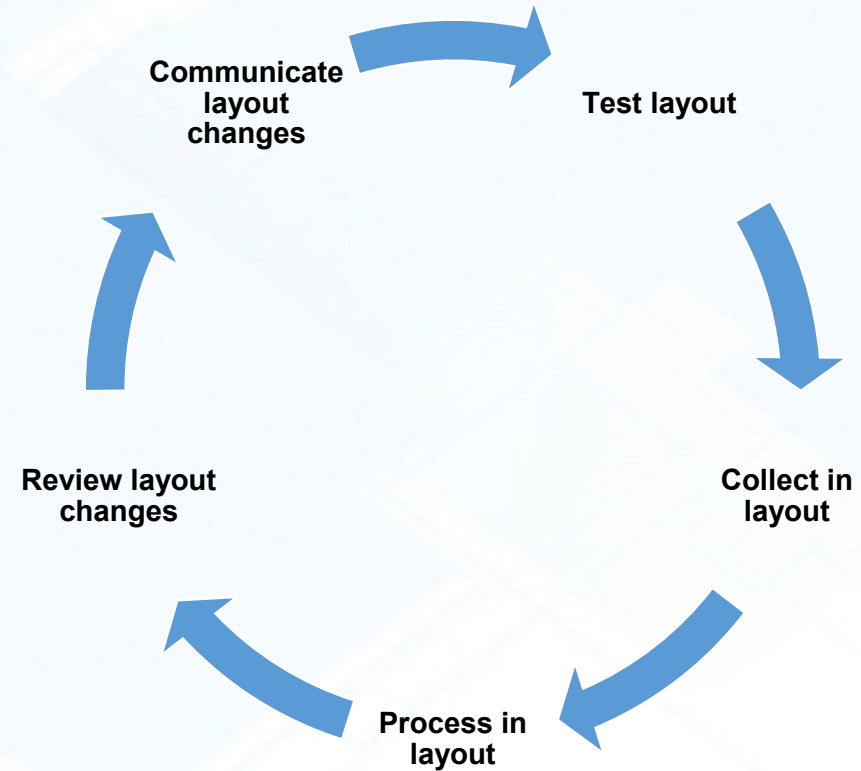
How Things Worked in Reality

- It was tough to set a final implementation date
- Some typos/minor corrections, several fields not required in VA
- Layout easier to implement by vendor and plans than expected



How Things Worked in Reality

- Valuable for balance billing data reporting
- We are already going through our first layout update in 2.0!



Key Takeaways- Our Advice

- **Stakeholder relations-** set reasonable timelines and be careful what you truly “require”
- **Don’t overestimate the quality** of your first data load, its hard to really get a true sense of quality until you see the finished product
- **Implement the CDL!** Starting out with the CDL is going to be easier than switching to it down the road



Questions?

