



Governor's Office of Health Strategy and Coordination

Health Initiatives

Grant Thomas

Director

Joint Appropriations Hearings

January 17, 2023



HB 186 - Creation of OHSC

- The Office of Health Strategy and Coordination (OHSC) was established after passage of House Bill 186 (2019 Session)
- Funded during the 2021 legislative session in the FY2022 budget as a Division of the Governor's Office of Planning and Budget
- Governor Kemp appointed a Director in June 2021, and OHSC now consists of four full time staff

Mission:

to break down the silos between government agencies, health care providers, and health care consumers and to promote health care policies that increase access and quality.

Statutory Powers and Duties:

“Strengthen and support the health care infrastructure of the state through interconnecting health functions and sharing resources across multiple state agencies and overcoming barriers to the coordination of health care.”

“Facilitate collaboration and coordination between state agencies, coordinating state health functions and programs, serving as a forum for identifying Georgia’s specific health issues of greatest concern, and promoting cooperation from both public and private agencies to test new and innovative ideas.”



Health Initiatives

- Implementation of the All-Payer Claims Database (APCD) **(SB 482, 2020)**
- Review of Medicaid Managed Care contracts with recommendations made to DCH ahead of the upcoming procurement cycle **(HB 186, 2019)**
- Survey and study on the transport of individuals to and from emergency receiving, evaluation, and treatment facilities **(HB 1013, 2022)**
- Creation of comprehensive unified drug lists for mental health and substance use disorder prescriptions under Medicaid and PeachCare for Kids, and the State Health Benefit Plan **(HB 1013, 2022)**
- Collection and reporting of nursing and hospital data **(FY2023 Budget)** and other data initiatives



All-Payer Claims Database (APCD)

Senate Bill 482 from 2020 (O.C.G.A. 31-53-40 et seq.) called on OHSC to create and implement an All-Payer Claims Database in Georgia, to be administered by the Georgia Tech Research Institute Center for Health Analytics and Informatics (GTRI-CHAI), in order to “...facilitate the reporting of health care and health quality, cost, and efficiency data resulting in transparent and public reporting of safety, quality, cost, and efficiency information at all levels of health care.”



What is an APCD?

- All Payer Claims Databases (APCDs) are centralized data repositories for health insurance membership and healthcare claims data from private and public payer sources across a state
- Their purpose is to improve transparency of costs, quality, and utilization of care
- Once established, an APCD can be used by a state to inform important policy discussions





Georgia APCD Team

Member Group	Program Role
Office of Health Strategy & Coordination (OHSC)	Mandated to create and implement an All- Payer Claims Database in Georgia
Georgia Tech Research Institute – Center for Health Analytics & Informatics (GTRI-CHAI)	Statutory APCD administrator
Georgia Technology Authority – Technology Empowerment Fund (TEF)	Project assurance
Georgia Data Analytics Center (GDAC)	Analytics environment
Onpoint Health Data (Onpoint)	Data collection partner



APCD - Entities Required to Submit Claims Data

- Commercial insurance plans with at least 1,000 covered lives in the previous calendar year
- Medicaid and State Health Benefit Plan
- Certain entities, such as ERISA plans, are not required to submit data, but may choose to do so voluntarily



Initial Prioritized Use Case Categories

Cost & Utilization

- Total Costs of Care
- Chronic Disease Costs of Care
- Avoidable Costs
- Behavioral Health Costs of Care
- Surprise Billing
- Pharmaceutical Costs

Population Health

- Chronic Disease Trends
- Cancer Trends
- Behavioral Health Trends
- Maternal Health

Health Care Quality

- Low-Value Care
- Preventive Screening

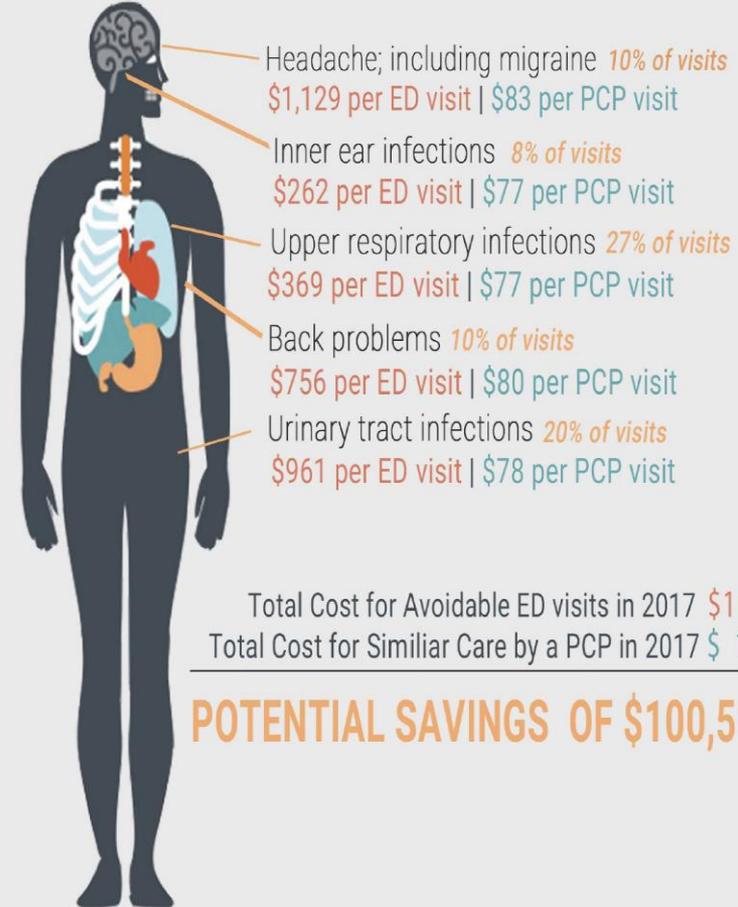


Use Case: Comparing Cost of Services for Potentially Avoidable ED Visits (Virginia)

- Utilizing its APCD, Virginia identified that roughly 14% of the 1.5 million emergency department visits in 2017 may have potentially been avoided* and treated with lower cost care in a primary care provider's office
- The total cost for emergency department visits in 2017 when compared to the total cost for similar services by primary care provider in the same year revealed a potential savings of \$100,515,823

COMMON AVOIDABLE VISITS ACROSS VIRGINIA

Of the 205,347 potentially avoidable ED visits, 75% were for:



Total Cost for Avoidable ED visits in 2017 \$114,046,525
Total Cost for Similar Care by a PCP in 2017 \$ 13,530,702

POTENTIAL SAVINGS OF \$100,515,823

*Potentially avoidable ED visits were defined using the Oregon Health Authority methodology
<http://vhi.org/Media/flyers/Potentially%20Avoidable%20ED%20Visits.pdf>



APCD Key Milestone Dates

Milestone	Target Date
Data Collection Vendor Award	October 2022
Data Submission Guide Distributed	December 2022
APCD Portal in Production	April 2023
Mandatory Submissions – Health & Pharmacy	June 1, 2023
Mandatory Submissions – Dental	December 1, 2023
Initial Analytic Use Cases	January 2024
Payer Onboarding Completed	June 2025



APCD Budget – State Funding

	AMENDED FY22	FY23	FY24 (proposed)
DCH APCD State Base	\$ 800,000	\$ 800,000	
OHSC APCD State Base			\$800,000
Approved State Funds	\$ 2,815,000	\$ 1,230,000	
Total Budget	\$ 3,615,000	\$ 2,030,000	\$ 800,000



Review of CMO Contracts

HB 186 (2019) and O.C.G.A. § 31-53-3(b)(6), directs OHSC to review the Medicaid care management organization (CMO) contracts and make recommendations to the Department of Community Health (DCH) prior to the next procurement cycle.

- Georgia has three CMOs serving its traditional low-income Medicaid adults and children as well as those children eligible for the Children's Health Insurance Program (CHIP), PeachCare for Kids®, through a full-risk mandatory managed care program called Georgia Families.
- Georgia also has a single CMO serving its foster care, adoption assistance, and juvenile justice populations through the Georgia Families 360 managed care program.
- OHSC reviewed the current CMO contracts and submitted a recommendations report to DCH in October 2022. The report included information with strategic insight on national trends and initiatives adopted in other states related to Medicaid Managed Care. The review also provided specific recommendations and considerations for the upcoming procurement cycle of the state's managed care contracts.



Emergency Transport Study

HB 1013 (2022) tasked OHSC with conducting a survey or study on the transport of individuals to and from emergency receiving, evaluation, and treatment facilities (ERETs), with a report of findings due in January 2023.

- OHSC contracted with UGA's Carl Vinson Institute of Government for the development of the transport study.
- Report includes the results of a 6-week survey conducted by CVIOG of 48 participating ERET facilities that tracked admissions and discharge data and the method of transport used.
- Data collected from participating facilities includes many factors such as length of stay, originating county of transport, transportation method for intake and discharge, and whether the patient is a minor.
- Findings demonstrate that numerous transportation methods were used for individuals in crisis, with ambulances being the most common mode of transport for admission and family/friends being the most common mode of transport for discharge.
- Study better illustrates the scale and variety of resources used in mental health crisis transportation and can be used to help inform decision-making when examining methods to improve crisis transportation in Georgia.



Preferred Drug List Study

HB 1013 (2022) and O.C.G.A. § 31-53-3 tasked OHSC with creating a unified preferred drug list (PDL) for mental health and substance use prescriptions under Medicaid and PeachCare for Kids and a comprehensive unified formulary for these same drug classes in the State Health Benefit Plan.

- OHSC contracted with Mercer Government Human Services Consulting for its development.
- Study and report includes numerous factors that helped inform initial recommendations for unified drug lists within Medicaid and SHBP, including budgetary and operations considerations, comparisons of current drug lists used across programs, and a review of other state experiences with unified drug lists.
- Successfully implemented unified formularies offer several advantages, including driving drug utilization to the lowest net cost, higher rebate negotiating leverage for the state, and consistent expectations and experiences for beneficiaries and prescribers.
- Analysis of the true financial impact a switch to a unified PDL would have on the state was limited due to confidentiality requirements on supplemental rebate agreements and information. Final recommendations must include analysis of proprietary and confidential rebate information at the National Drug Code level.



Data Projects

The FY2023 budget included a line item for \$126,086 to assist OHSC with the collection and reporting of nursing and hospital data.

- OHSC has partnered with the Georgia Data Analytic Center (GDAC) on both the nursing and hospital transparency projects, and this partnership has also helped enhance OHSC's role of coordinating with agencies to address issues such as hoteling unrelated to this line item.
- Support for the line item comes from an assessment of legislation passed in 2019 (HB 186 and HB 321) that increased hospital reporting requirements for individual hospital financial and operational information.
- Using the elements already collected and aggregated by DCH in its annual survey, GDAC worked with OHSC to create a data dashboard that displays survey findings in a comparative, useful format, and provides users access to direct links to hospital transparency reporting pages for additional information beyond the scope of the survey.



Data Sharing Opportunities

- Data can play an important role in enhancing delivery of services and improving overall efficiencies.
- This can further be improved by establishing frameworks for statewide or interagency data sharing.
- GDAC has established an integrated data system with the authority to seek out data from state agencies to further research and inform policy decisions to support the health, safety, and security of Georgia citizens.
- Opportunity to standardize the process by which interagency data sharing occurs in Georgia and create a presumption of data sharing between agencies without compromising the data privacy of individuals.
- Recommendations issued by the Behavioral Health Reform and Innovation Commission in its 2022 annual report around data sharing and the potential to revisit SB 374 from 2022.



Georgia Data Analytic Center (GDAC) and HB 197

Health Initiatives

Kanti Chalasani

Director

Joint Appropriations Committee Meeting

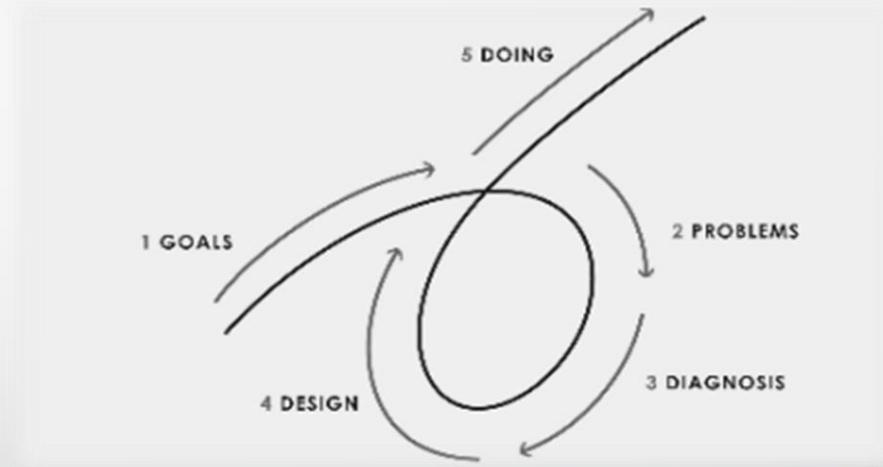
January 17, 2023



Georgia Data Analytics Center (GDAC)

Mission

Georgia Data Analytic Center (GDAC) will serve as a central data repository within State of Georgia. In accordance with House Bill 197, GDAC will collaborate with State agencies to build an aggregate data system, which will support data driven decisions and allow data transparency in Georgia.





Vision

- Assemble Data Across Agencies
- Standardize Data Definitions
- Aggregate / Anonymize
- Serve Policy Makers
- Generate Insights for improving operational efficiencies

DATA



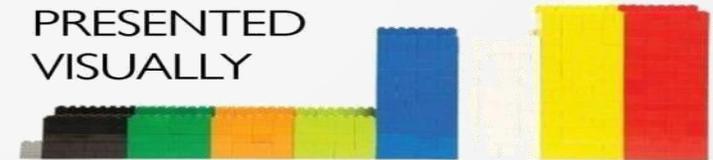
SORTED



ARRANGED



PRESENTED VISUALLY

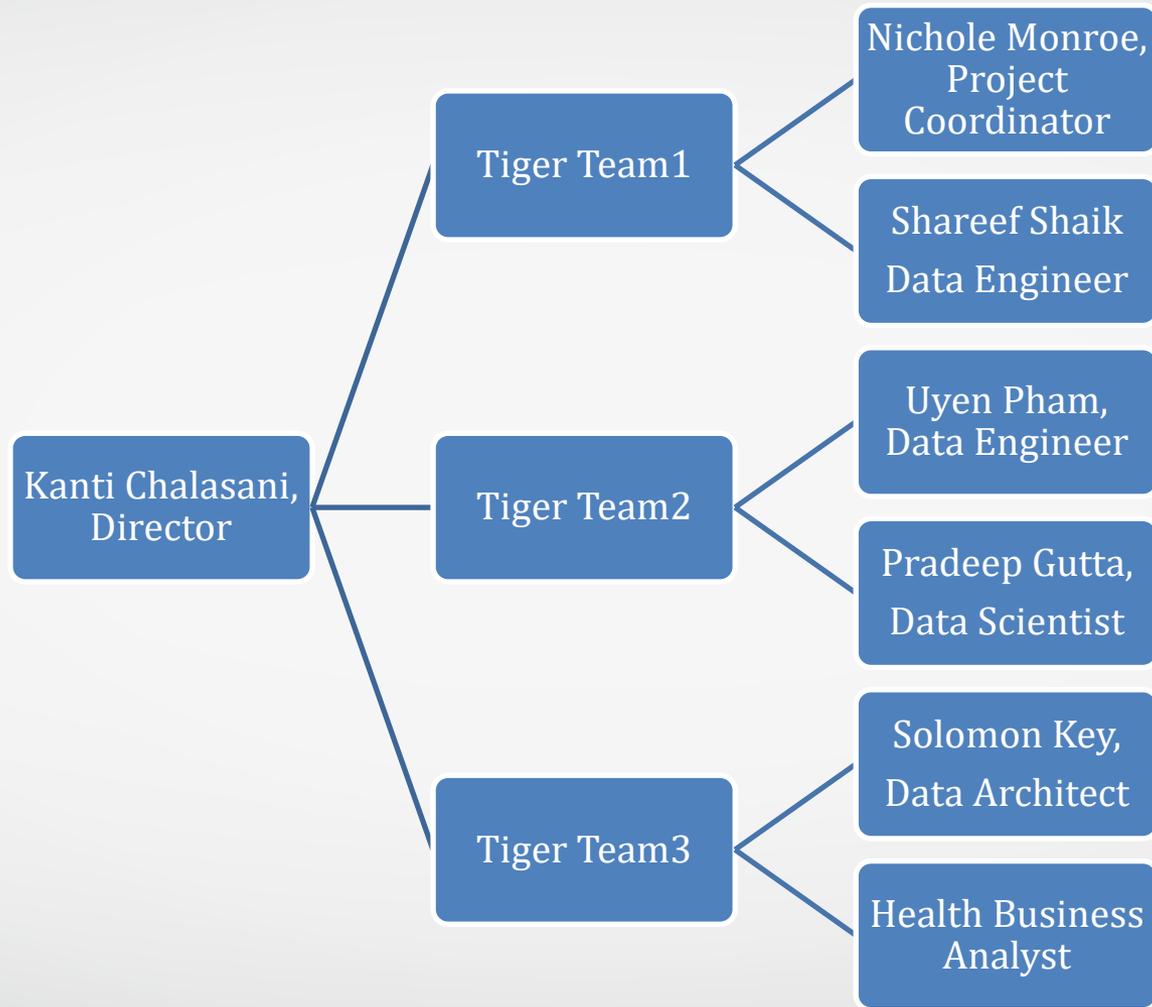


EXPLAINED WITH A STORY





GDAC Team





GDAC Accomplishments

- Built a modern data cloud in 120 days.
 - Nationally recognized by STATESCOOP with **State IT Innovation Award for the year 2022.**
 - Established several data sharing agreements
 - Tireless follow-up; most complicated
 - Published several data dashboards to support Health initiatives, Education and Financial data
 - Created dashboards for OPB Divisional Directors to efficiently monitor and manage agency budget.
 - Supported several tactical data needs and use cases.

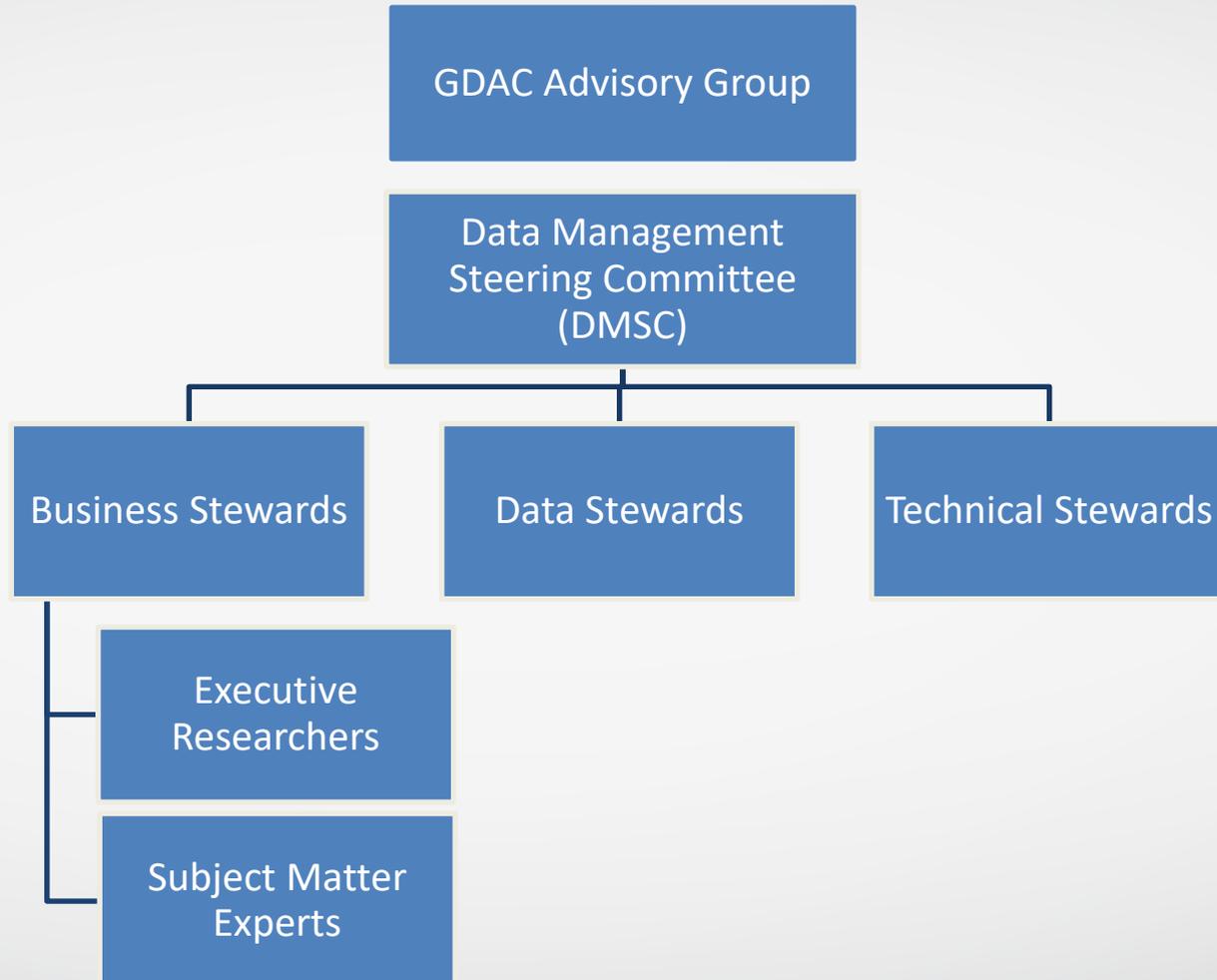


Data Use Agreements

Agency	Agency Code	Data Description	Status	Time
Board of Regents	BOR	Employee Salaries	Complete	2020
Department of Administrative Services	DOAS	Workers' Compensation, State Owned Motor Vehicle Data; Risk Pools, Payroll Compensation	Complete	2020
State Properties Commission	SPC	Building and Lease Inventory	Not Applicable	2020
Department of Human Services	DHS- DFCS	SNAP Population and K12 Students (FRL/P-EBT); SNAP-TANF; Foster Population	Complete	21-Oct
Employee Retirement System	ERS	ERS	Complete	21-Dec
Department of Drivers Services	DDS	Drivers License Information	Complete	21-Dec
Department of Community Health	DCH	State Health Benefit Plan (SHBP); Hospital Financial Survey; Health Workforce data	Complete	22-Feb
Department of Revenue	DOR	Revenues ; Tax Credits/Returns; Vehicle Registration; NAICS; Homestead Exemptions; Millage Rates;	Complete	22-Feb
Department of Corrections	GDC	GDA offender roster	Complete	22-Feb
State Accounting Office	SAO	Payroll Compensation, Agency Revenues, Agency Expenditures, Vendor Expenses, Employee Salaries, Covid Relief Funds Expenses, Agency Budget, Purchase Order Analysis, Agency Turnover, Position Counts, Employee Time Reporting, Labor Distribution	Complete	22-Feb
Teachers Retirement System	TRS	Tenure	Complete	22-Mar
DCH - Medicaid	DCH	DCH Medicaid- Claims, financial, TPL Claims, managed care, and member	Complete	22-Jul
Office of Health Strategy & Coordination	OHSC	All Payer Claims Data	Complete	22-Oct
DPH - Opioid Use case	DPH	Opioid overdose death data; overdose hospitalization data	Complete	22-Nov
Department of Education	DOE	Quality Basic Education Funding Formula Inputs	Not Applicable	2021/2022
Department of Education	DOE	Student Data	Pending	



GDAC Data Governance





Demonstration

GDAC - <https://gdac.georgia.gov/>