How can we increase transparency of our state’s health care costs, quality and access to make the right decisions about health care?

**THE ISSUE**

By 2020, US national health spending is expected to reach $4.6 trillion and constitute 19.8 percent of GDP. This unprecedented rise will require a new focus on one of the most pressing issues surrounding health care reform and cost containment: health care price transparency.

The federal government is promoting price transparency among states through the Health Insurance Exchanges and by giving grants to establish health data centers. These new incentives to provide reliable, comparative information on cost and quality can empower consumer choice and ultimately reduce health care costs. Transparency prompts incentives at all levels of the health care system and motivates all stakeholders – payers, providers, employers and consumers – to take an active role in reducing health care costs.

In response to these demands, states are developing all-payer claims databases (APCDs) to shed light on the actual costs of health care services. Also known as all-claims databases, they help states understand and identify variation in payment and quality across plans and providers, and promote informed decision making across the entire health care system. States that see the value of health care cost data understand how transparency of health care information leads to improved quality of care for their population.

**THE SAS® APPROACH**

To help states improve transparency of health care cost and quality, SAS® software provides intake and management of vast amounts of claims data from multiple payers. Our solutions prepare data for advanced analytics, provide built-in health care metrics, and give you the ability to create custom analysis and research. All of this helps you:

- Manage the growth and maturity of your APCD. A comprehensive health data management process makes it easy for payers to submit their claims in a secure manner with automated verification. A data preparation process organizes the claims for the types of analytics that your state wants to do through a flexible data model. Various levels of persona-based access to the data can be created based on security rules, and your state can easily add more payers and claims data (even other data sources such as clinical data) without adversely affecting the performance of the system.

- Generate a view to precise health insights immediately. SAS delivers a visual gateway into large amounts of data so you can explore all of the APCD data, rather than a sample, to generate health insights that are important to your state. Standard reports provide a quick display of some of the most important health care metrics surrounding cost, quality, access and utilization.

- Deliver meaningful insights to citizens. To have the knowledge they need to improve their health, consumers can view health care cost and quality data across the state through a consumer Web portal that displays information that states want to deliver to the public.

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THE SAS® DIFFERENCE: A health data infrastructure for big data

SAS® performs advanced analytics on massive data sets extremely quickly and has a visual interface that makes it easy for anyone – even those without analytics training – to discover new insights. Only SAS provides:

- An innovative foundation for health care data that supports advanced analytics on data of all sizes, with extremely fast performance. Designed specifically to address diverse advanced analytic use cases, SAS puts a wealth of information at your fingertips to bolster transparency. The result is that your state is able to:
  - Explore cost, quality, access and utilization to give policymakers necessary insights on metrics that are important to the funding and well-being of your state.
  - Forecast the cost of health care programs/services over time to plan out-year budgets.
  - Identify the correlation of factors that influence health outcomes in your state.
  - Understand population health through common attributes, such as socioeconomic factors, risk for disease and access to preventive care.
  - Identify high-performing communities that provide cost-effective care.
  - Manage Medicaid programs and services more effectively.
  - Plan health reform efforts, like measuring the effectiveness of care coordination models and payment models.
  - Enable targeted public health initiatives and interventions based on granular assessment of health care disparities across geographies.

- A data visualization environment in which you can visually explore huge amounts of data easily and quickly. This capability provides anyone with access rights the ability to use interactive Web-based reports and study relationships, even through mobile devices, without having to be an expert in analytics.

- The option to use additional analytical modules, such as SAS Episode Analytics, SAS Fraud Framework and SAS for readmissions analytics, which can grow the APCD’s value and expand your APCD from data to deep insights.

Report Card on State Price Transparency Laws – 2013

The Health Care Incentives Improvement Institute, or HCI3, aims to improve health care quality and value with evidence-based incentive programs and a fair and powerful model for payment reform. HCI3 has found through recent studies that the price for an identical procedure within a market can vary sevenfold with no demonstrable difference in quality, making price transparency more important than ever.

Jointly with Catalyst for Payment Reform, HCI3 has published the Report Card on State Price Transparency Laws, which examines existing transparency laws in all 50 states and grades them on how well they support the information needs of consumers. Read the report at: bit.ly/transparencyreportcard.