



Data Consortium:
*Leveraging Kansas health data to advance
health reform via data-driven policy*

Planning Meeting for 2009

Introductions

&

Feedback on Kansas Health Indicators
Document

Kansas Health Indicators Document/ Process

Progress Recap

- December 18, 2007 – First meeting of Data Consortium
- December 2007 to October 2008 – Development of health indicator recommendations
- November 18, 2008 – Recommendations presented to and approved by Board
- November 12-December 2, 2008: Presentations to JCHPO, 4 Advisory Councils: Consumer, Provider, Purchaser, At Large
- November 2008 to January 2009 – Generation of Kansas Health Indicators Document
- January 16, 2009 – Indicators posted for preview by Consortium & workgroup members
- January 23, 2009 – Kansas Health Indicators Document published online (1st Release – Tier I)

<http://www.khpa.ks.gov/KHPADataConsortium/Docs/DataConsHealthInd012309.pdf>

- February 4, 2009 - Planning meeting for 2009 Consortium activities

Indicator Selection Process

- Data Consortium met 6 times over a one-year period:
 - October 2, 2008
 - August 20, 2008
 - July 15, 2008
 - April 30, 2008
 - February 20, 2008
 - December 18, 2007
- 18 meetings of the 4 workgroups in 2008
- 90+ individuals representing 22+ key health industry stakeholder organizations
- Routine updates on workgroup activity by leads for feedback from parent committee → Iterative process
- Updates on state data initiatives (e.g. e-Health Advisory Council, Medical Homes, State Quality Initiative, Data Analytic Interface, etc.) to ensure coordination of activities

Characteristics of Measures/Indicators being Recommended

- Stakeholder-driven collaborative effort championed by key health industry players
- Minimally burdensome data monitoring (Tier I)
- Phased approach (Overall ambitious vision with focus on low-hanging fruit first to create momentum and demand)
- Comprehensive (Health and Health Care; multiple domains)
- Synchronized with KHPA Vision Principles
- Aligned with national standards (E.g. Healthy People 2010 used as default; Measures chosen from standard national datasets)
- Attempt to include Kansas health reform proposals: e.g. Medical homes, Oral health, Tobacco cessation
- Proactive strategy (Deming: “If you continue to do what you have always done, you will get what you have always gotten”)
- Data → Information → Knowledge → Wisdom (“You can not improve what you can not measure”)

Membership and Activity at a Glance *(All workgroups)*

Workgroup	Led by	Members	Dates Met
Access to Care	KHPA	KHPA, Lawrence Paper Co., KUMC-Wichita, KPHA, KAMU, BC-BS, KUMC, KHA, KDHE, KFMC, KMS, SG Co. Health Dept., AARP, CMFHP	3/19/08, 4/16/08, 05/14/08, 07/01/08, 08/05/08
Quality & Efficiency	KFMC	KFMC, KHPA, KPHA, SG Co. Health Dept., BC-BS, St. Luke's Health Systems, KAHSa, KUMC-Wichita, KDHE, KMS, KHA, KHCA, KSNA, AARP, KDOA, WBCHC	3/12/08, 4/3/08, 5/21/08, 07/16/08, 08/19/08
Health & Wellness	KDHE	KDHE, KHPA, Lawrence Paper Co., KPHA, BC-BS, KFMC, KMS, KHI, KHA, AARP, KUMC	4/9/08, 7/2/08, 8/14/08
Affordable, Sustainable Health Care	KHI	KHI, KHPA, SRS, KID, KAMU, Coventry, Lawrence Paper Co., BC-BS, KPHA, KUMC-Wichita, KHA, KDHE, KFMC, KMS, WBCHC	3/26/08, 4/22/08, 6/2/08, 7/9/08, 08/19/08

Data Consortium Work Products

- Tier I recommendations (Kansas Health Indicators Document):

<u>Vision Principle</u>	<u>Measures</u>	<u>Indicator Groups</u>
» Access to Care:	21	8
» Health & Wellness:	33	14
» Quality & Efficiency:	23	8
» Affordability & Sustainability:	19	5

- Deferred list of Tier II and III measures

- Default categories as needed for reporting

- All Data Consortium Documents available online at <http://www.khpa.ks.gov/KHPADataConsortium/default.htm>

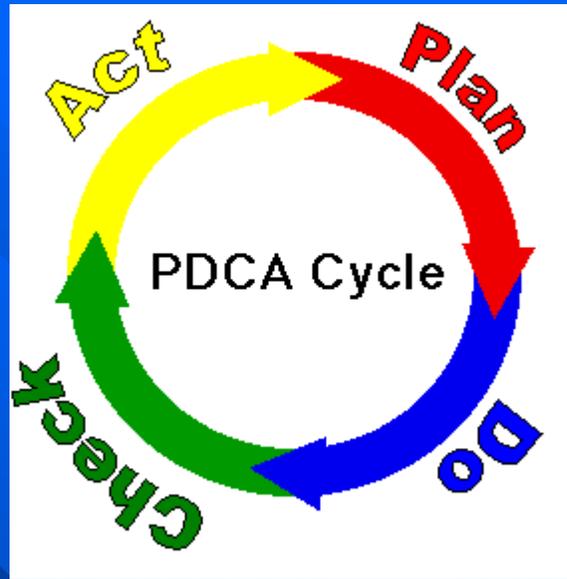
Pending Issues

- Traumatic Brain Injury and Spinal Cord Injury due to Motor Vehicle and Traffic Accidents – Needs ad hoc report (KDHE)
- Public Spending – Expenditures for services by service category – Over 70 service categories – so need to design a concise way to display results
- Private Spending – Expenditures for services by service category – Trying to trace data (Med Par?)
- Community mental health spending – Needs ad hoc reports from SRS
- Need to shortlist measures and strata to track health disparities
- Need to identify additional benchmarks: Peer states
- Explore geo-mapping software for county-level display based on data availability

Additional Tier I Suggestions & Use

- Kansas Health Indicators – “living” document
- Will continually refine based on suggestions from Data Consortium, workgroup members and other stakeholders on:
 - Additional Tier I measures
 - Report design / Data visualization
 - Enhancement of user-friendliness
- In future, members are encouraged to share examples on how they are using the Kansas Health Indicators

PDCA Methodology



Rapid cycle, Continuous Quality Improvement technique conceived by Walter Shewhart in 1930 & later adopted by Edward Deming

Plan – the process improvement steps

Do - implement the planned steps (initially on a small scale, if desired)

Check – the results. Did it work or not? Lessons learned.

Act – Adopt (Hardwire) or abandon the change or run through the PDCA cycle again

KHPA Dashboard

- Anticipated that different stakeholders will create their own “views” of the health indicators based on measures of interest to their organizations
- KHPA is in the process of creating an Executive and Board – driven dashboard
- The indicators yet to be finalized, but examples include:
 - Health Insurance Status,
 - Health Professions Workforce,
 - Tobacco Use and Prevention,
 - Overweight and Obesity,
 - Chronic health conditions
 - Insurance costs

Refinement of the Kansas Health Indicators Dashboard

Stratification

- Purpose:
 - Track health disparities
 - Aid understanding or interpretation of results
 - Focused studies on specific populations
- Data Consortium has already developed a list of default categories
(<http://www.khpa.ks.gov/KHPADataConsortium/Docs/102008/StratificationStandards.pdf>)
- Now need to identify:
 - Which measures are of interest?
 - Which categories are of interest?

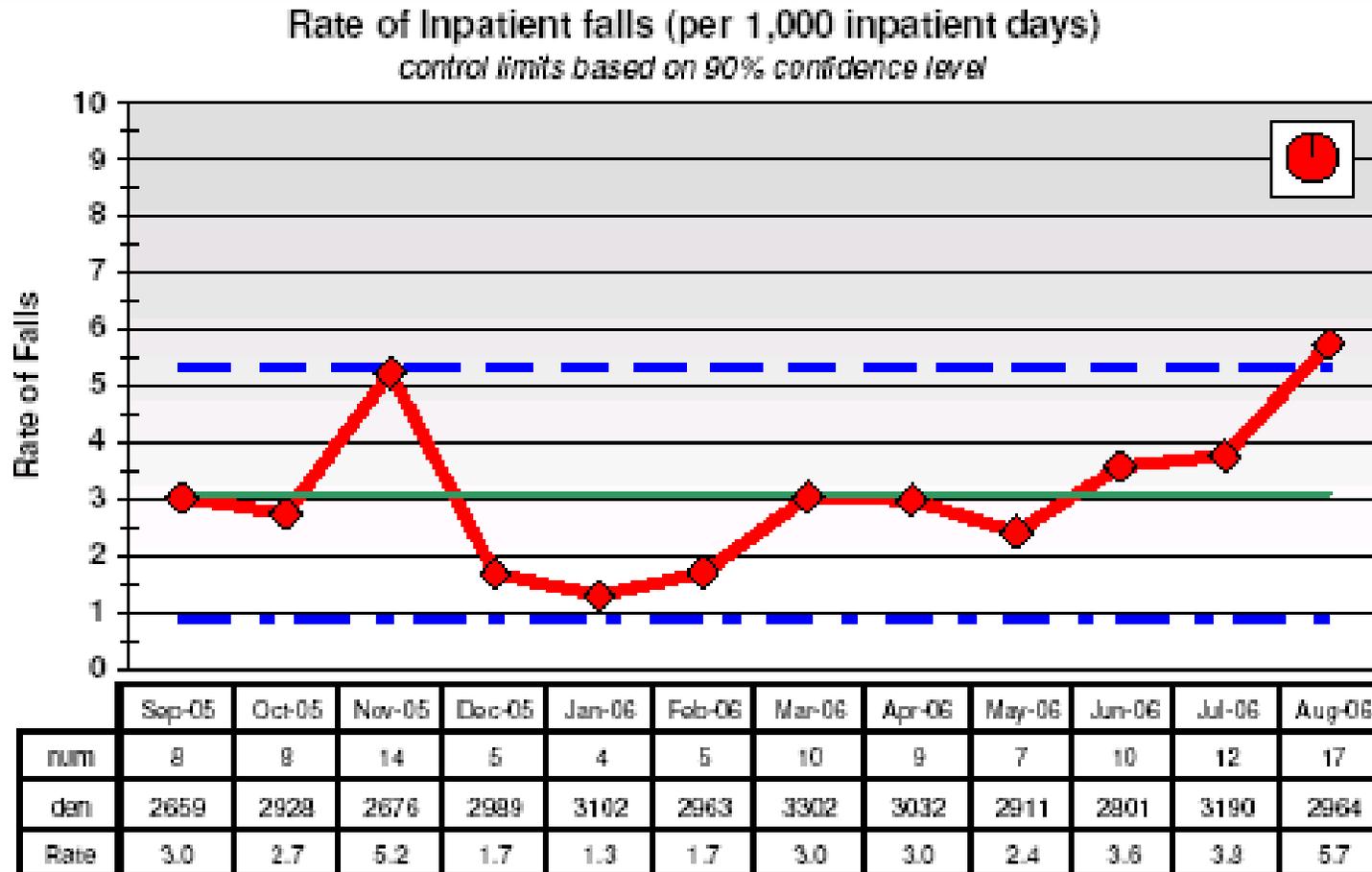
Peer State Selection

- What criteria should be used to select states to benchmark against?
 - Geographic contiguity?
 - Best in class?
 - Similar demographic profiles?
 - Combination of multiple criteria?
- Do we have consensus for the next release of the Kansas Health Indicators?

Alerts / Triggers

- Need to automate pattern detection for “business intelligence” to signal policy concerns, crises, and successes
- Superimposed statistical indicators to allow tests of change (e.g. policy impact) or proactive alerts/triggers
- Absolute Targets and Minimum Acceptable Thresholds
- Design of such a mechanism needs discussion

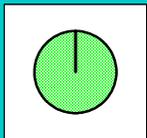
Example 1: Dashboard with Superimposed Statistical Indicators



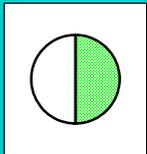
Example 1: statistical indicators

PERFORMANCE INDICATORS - LEGEND

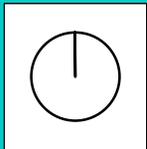
(Based on the 3 most recent data points and their position relative to the previous point)



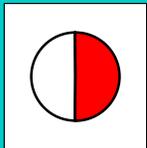
Goal reached or statistically significant improvement (control limit exceeded in "desirable" direction)



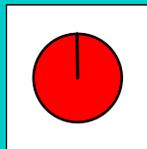
Improving trend - i.e. 3 consecutive points all showing improvement over the previous point; or sustained above-average performance - i.e. 3 consecutive points all on "desirable" side of average. While potentially promising, there is no statistical significance yet.



Process steady around average and within control - no statistically significant movement in either direction



Worsening trend - i.e. 3 consecutive points all showing worsening from previous point; or sustained below-average performance - i.e. 3 consecutive points all on "undesirable" side of average. While potentially indicating slipping performance, there is no statistical significance yet.



Statistically significant decline in performance (control limit exceeded in "undesirable" direction)
Merits intervention or study to identify possible causes

Example 2: statistical indicators

Death Rate/Trend Comparison by Cancer, death years through 2005 Kansas Counties versus Kansas

Bladder All Races, Both Sexes

	Above State Rate	Similar to State Rate	Below State Rate
Rising Trend	Priority 1: rising ↑ and above ↑ [none]	Priority 2: rising ↑ and similar = [none]	Priority 3: rising ↑ and below ↓ [none]
Stable Trend	Priority 4: stable → and above ↑ [none]	Priority 6: stable → and similar = Reno County Sedgwick County Shawnee County Wyandotte County	Priority 7: stable → and below ↓ Johnson County
Falling Trend	Priority 5: falling ↓ and above ↑ [none]	Priority 8: falling ↓ and similar = United States	Priority 9: falling ↓ and below ↓ [none]

Created by statecancerprofiles.cancer.gov on 02/03/2009 4:42 pm.

Trend²

- Rising** ↑ when 95% confidence interval of annual percent change is above 0.
- Stable** → when 95% confidence interval of annual percent change includes 0.
- Falling** ↓ when 95% confidence interval of annual percent change is below 0.

Rate Comparison

- Above** ↑ when 95% confident the rate is above and Rate Ratio³ > 1.10
- Similar** = when unable to conclude above or below with confidence.
- Below** ↓ when 95% confident the rate is below and Rate Ratio³ < 0.90

Aligning Data Consortium Efforts with Other Initiatives

Other State or National Level Initiatives

- KHA/KMS Collaborative
 - Modeled along the lines of the Iowa Health care Collaborative (Dr. Tom Evans)
 - IHI 5 Million Lives Campaign
- Healthy Kansas 2020 – *Paula Clayton*
 - 10 leading health indicators
 - <http://www.healthykansans2010.com/>
- Colorado Quality Reporting Initiative:
 - Balanced Scorecard of health outcomes, access, satisfaction and efficiency measures
 - Strategic Projects Office, Health Care Policy and Financing, Denver, CO

Staff Updates:

**KHPA Databases & Data Analytic
Interface**

Larry Sherraden

**Data Consortium Agenda for 2009 -
Advancing Data Policy :**

Potential Topics & Group Discussion

Data Consortium Charge

To serve as a multi-stakeholder public advisory group to the KHPA Board with the following specific responsibilities:

- Make recommendations regarding the scope of the Authority's responsibilities for managing health data;
- Recommend reporting standards and requirements for non-programmatic data owned or managed by the Authority;
- Craft data use policy recommendations governing access to health information by external users;
- Recommend empirical studies and evaluations supporting the goals and objectives of the Authority;
- Provide input on health and health care data initiatives in other organizations and agencies;
- Develop recommendations for public reporting standards for consumers, health care providers and other health care organizations.

Potential Topics

- Deferred measures list – Tier 2 and 3 compilation
- Workforce survey data collection – Chris Tilden
- KHIIS – Wichita Business Coalition for Health Care proposal

Group Discussion on Next Steps

Developing specific objectives for 2009

- Indicators development
- Potential uses and value of Kansas data sources
- Opportunities for improvement of the data
- Data use policies and procedures needed for user access to, and protection of data
- Identifying and prioritizing potential analytic uses of the data



<http://www.khpa.ks.gov/>