Data Consortium
Meeting Summary 02-04-09

The Kansas Health Policy Authority (KHPA) hosted the first 2009 (seventh overall) meeting of the Data Consortium on Wednesday, February 4th at the Landon State Office Building in Topeka. Thirty-four persons attended (some by phone), including representatives of 16 member agencies/ organizations and other interested parties.

Kansas Health Indicators Document- 1st Release

- Review and Reactions:
  - Hareesh Mavoori, KHPA, recapped the first year's work of the Data Consortium and its workgroups. Those present were invited to give feedback on the culmination of that work – the Kansas Health Indicators document recently posted on the KHPA website, which includes 94 of the health indicators which the group recommended for first round reporting (see http://www.khpa.ks.gov/KHPADataConsortium/default.htm). Reactions were very positive overall.
  - Suggestions, which included the addition of narratives to some reports, to aid understanding, and the grouping of reports (by service, by disease, etc.) will be taken into consideration. Questions about the data sources used on two reports will be explored, to determine the best source available.
  - Members were urged to contact KHPA with any further suggestions for improvement and/or recommendations of additional measures to be included in future reports.
  - An Executive Dashboard is being developed for use by the KHPA Board, which may include: Health Insurance Status, Health Professions Workforce, Tobacco Use and Prevention, Overweight and Obesity, Chronic Health Conditions, and Insurance Costs.
- Refinement of the Kansas Health Indicators Document:
  - Standards for stratification were developed in 2008 for the purpose of tracking health disparities, aiding the interpretation of results, and focusing on specific populations. Members were asked to now identify which of the 94 measures should be broken down for reporting, and by which categories. (Stratification Standards can be found on the Data Consortium webpage.) Suggestions included:
    - Health workforce by county compared to selected health indicators;
    - Selected health factors in counties with smoking bans vs. those without such laws.
  - Similarly, input was requested on identifying peer states for benchmarking. Suggested:
    - Select default states for general comparisons, then add other relevant states for individual reports, if there are states with programs comparable to ours;
    - Seek out the highest ranked states in each domain ("best in class") to report alongside Kansas data;
    - Utilize the nationwide county-matching already done by HRSA (available on their website). Need to verify if state-level matching information is available, and if not, extend the county matching methodology to state level.
  - Mechanisms can be designed to signal policy concerns, crises, and successes. Further discussion is needed to decide which approach to take (or to use a combination them):
    - Apply statistical tests of change, following business standards – e.g. 95% confidence level control limits;
    - Set absolute minimum or maximum acceptable thresholds - crossing the line would trigger an alert;

- Set "Healthy Kansans 2010-like" targets, based on policy decisions. Track progress toward those goals.

The general consensus appeared to be to use a combination of the above.

Aligning Data Consortium Efforts with Other Initiatives

- Kansas Hospital Association and Kansas Medical Society Collaborative –Tom Bell and Jerry Slaughter are working with Dr. Tom Evans of the Iowa Health Care Collaborative to model a program similar to the IHI 5 Million Lives Campaign.
- Healthy Kansans 2020 – Paula Clayton of KDHE summarized the Healthy Kansans 2010 program and presented data on the 10 Leading Health Indicators. She also previewed Healthy People 2020; from what she has seen of the federal document, Paula believes that the Health and Wellness measures included in KHPA's 2008 report will fit in very well with the 2020 program. (For more information - http://www.healthykansans2010.com/)
- Colorado Balanced Scorecard – A list was presented of 75 measures used by Colorado to rate quality of health care in the state. This could prove helpful in the selection of additional measures.

KHPA Databases

Larry Sherraden, Manager of the Data Management unit of KHPA, presented an overview of the following:

- Kansas Health Insurance Information System (KHIIS) – Includes data from the top 20 insurance carriers in Kansas, excluding ERISA and self-insured (about 800,000 lives represented). The data is managed by KHPA but owned by Kansas Insurance Department, so release of information requires KID approval. Among the data included: premiums, policy information, coinsurance, copay, deductibles, claims information and diagnoses.
- Hospital Inpatient Discharge Data – Includes reports of discharges from participating KHA member hospitals (77% of Kansas hospitals). Outpatient and emergency room services are not included, nor are Specialty, Rehabilitation, or VA hospitals. Data is purchased from KHA and administered by KHPA.
- Professional Licensure – KHPA received data from 8 professional licensure boards (Healing Arts, Behavioral Sciences, Health Occupations Credentialing Program, Nursing, Pharmacy, Dental, Emergency Medical Services, and Optometry). The database represents 67 medical/health care professions within those 8 categories. The data is self-reported – collected via surveys included with licensing applications. There is not a standard format used, so the information collected varies from group to group, as well as the response rate (while the application is required, the additional survey information is not).
- National Provider Index (NPI) – A free national data website containing the 10 digit number which is required for all providers who receive Medicare payments (about 2.7 million in US). Drill-down to zip code level is possible and it can be linked to the Licensure database. It is used to cross-reference data in other datasets, such as KHIIS.
- Data Analytic Interface (DAI) - Currently under development. This will be a repository for data from the Medicaid, State Employee Health Program and KHIIS systems. It will provide easier access to routine reports and provide capability for user-designed reports by a wider range of KHPA staff than is currently possible. Tiered security levels will restrict access to data on basis of need. Target "go-live" date for Medicaid and SEHP is November 2009; KHIIS in January 2010.

Data Consortium Agenda for 2009

- Workforce Survey Data Collection – Chris Tilden (KDHE) expanded on the above mentioned issues of non-standard, incomplete data on the Health Care Workforce in Kansas.
  - It is critical to be able to identify numbers and locations of Health Care Professionals in order to identify underserved areas of the state.
  - Federal funding for underserved areas, to FQHC and RHC facilities (directly and through enhanced Medicaid reimbursements) and to physicians, through payment bonuses, totals nearly $25 million/year.
  - Federal requirements for data to determine Health Professional Shortage Areas (HPSA) are expanding in March 2009 to include Physician Assistants, Advanced Registered Nurse Practitioners and Certified Nurse Midwives; it is expected that additional Dental and Mental Health professionals will added to the list later.
  - The Kansas Nursing Board is discontinuing their survey, at this same time.
  - Help is sought from the Data Consortium to collect the data needed.
- Wichita Business Coalition for Health Care Proposal – A request has been received from the Coalition to use KHIIS data for health resource utilization, disease management and risk analysis for the Wichita Metropolitan Statistical Area. KID has called a meeting with Blue Cross Blue Shield of Kansas, Coventry, Preferred, the Coalition, and KHPA to review this proposal.
- Developing objectives for 2009 –
  - Evaluate and add context to the Tier 1 reports; Dr. Allison suggested these options:
    - Identify significant trends and validate them;
    - Attempt to explain the trends;
    - Point out trends and send the message to the public to research the causes and determine what policy changes might be warranted. The actual policy decisions are best left to be addressed by the KHPA Board.
  - Consolidate the numerous sources of data into a valid, consistent collection useful for research and policy-making. (Kansas Health Online serves this purpose for consumer-oriented data.)
  - Identify gaps between the data that is available and what is needed for policy-making.
  - Define the role of the Data Consortium in terms of:
    - Indicator selection
    - Regulation of data collection
    - Data use coordination
  - Tier 2 measure selection could be accomplished through revolving focus on one on the above databases at a time to consider potential uses to fill gaps in the Tier 1 measures already identified.