



Data Consortium:

Leveraging Kansas health data to advance health reform via data-driven policy

March 26, 2009

Introductions

Kansas Health Indicators Document Updates

Recent Enhancements

(Feb-Mar, 2009)

- State benchmarks (Iowa) added
- Tables updated to show counts in addition to percents
- Direct links to source websites added to each indicator
- Total hospitalizations now refined to show Kansas residents only

Recent Enhancements (cont'd)

- Percent of eligible children enrolled in Medicaid now shows detailed break-down for <1, 1-5, and 6-19 yr age groups
- Two additional years of data (2006-7) added to infant mortality

Further enhancements will be continually made

KHPA Dashboard

- Anticipated that different stakeholders will create their own “views” of the health indicators based on measures of interest to their organizations
- KHPA has created an Executive and Board – driven dashboard based on 14 indicators
- KHPA Dashboard Indicators:
 - Access to Care:
 - » Persons with Private Health Insurance
 - » Persons with Government Health Insurance
 - » Medical Professional to Population Ratio
 - Quality & Efficiency:
 - » Asthma Admissions for Children
 - » Heart Attack Patients – Aspirin administration within 24 hrs of admit
 - » Admits for diabetes with complications for adults

KHPA Dashboard (cont'd)

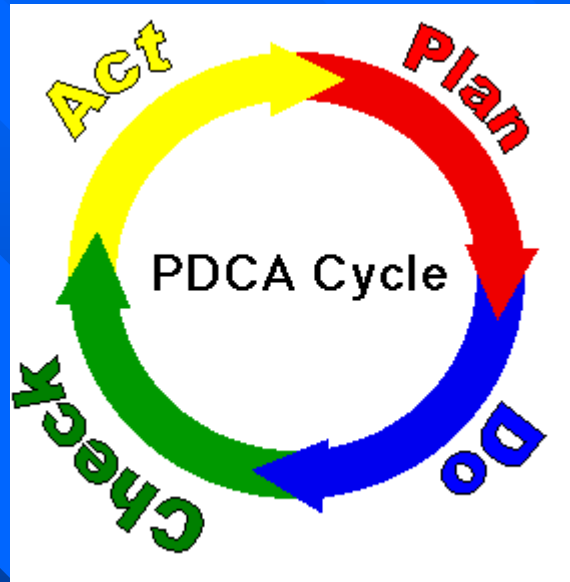
■ KHPA Dashboard Indicators:

- Affordability & Sustainability
 - » Average Employer Contribution for Individual & Family Health Plans
 - » Average Employee's Share of Premium for Individual & Family Health Plans
 - » Average Costs of Co-insurance
- Health & Wellness:
 - » Adult smoking rate
 - » Adolescent smoking rate
 - » Overweight/Obesity rates in adults
 - » Overweight/Obesity rates in adolescents
 - » Percent adolescents and adults who participate in recommended levels of physical activity

Process/Performance Improvement (PI) Lifecycle

- Identification of area for improvement & issues (Health Policy)
- Benchmarking:
 - Peers
 - Self (historical)
- Survey of existing body of knowledge for best practices
- Planning:
 - Stakeholder identification & Team formation
 - Aim statement
 - Selection of interventions and timeline
 - Selection of PI metrics
- Implementation
- Data Monitoring:
 - Pre-(baseline) vs. post-implementation
 - Frequent and regular to track impact and fine-tune interventions

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

Aligning Data Consortium Efforts with Other Initiatives

State/National Level Initiatives of Interest

- Health Information Technology for Economic and Clinical Health (HITECH)
 - Dr. Barb Langner, KHPA
- County Health Rankings – State Health Profile
 - Dr. Gianfranco Pezzino, KHI

Data Analytic Interface (DAI) Update:

DAI Status

- January 2008 - Vendor proposals reviewed (technical & cost) to shortlist top vendors
- February 2008– Vendor presentations and first round of negotiations
- February 2008 – Revised cost proposals from all 3 vendors received
- March 2008 – Site visits to clients of potential vendors (reference checks)
- March 2008 – Best & Final Offers Received
- April 2008 – Decision and Proposal sent to CMS
- June 2008 – CMS & KITO approval of vendor selection
- June/July 2008 – Pre-JAD sessions with user groups commenced
- July 2008 – Final Contract Negotiations completed.
- July 2008 – Contract signed and awarded to Thomson Reuters
- August 2008 – Weekly planning meetings commenced and are ongoing
- September 4, 2008 – Work plan approved by KHPA and KITO; Execution started
- September 30, 2008 – Requirements gathering completed from all project stakeholder teams
- October 7, 2008 – Data Summit to normalize all data sources into one database
- October 8, 2008 – Combined Requirements Review and Kick-off
- November 25, 2008 – Requirements Summary Document approved
- March 4, 2009 – Integrated data model approved
- March 5, 2009 – Security plan approved
- March 13, 2009 – Training plan approved

Preparations currently underway for phase I of System Integration Testing (3 months of data)



Data Consortium Agenda for 2009 - Advancing Data Policy

Data Consortium Charge

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

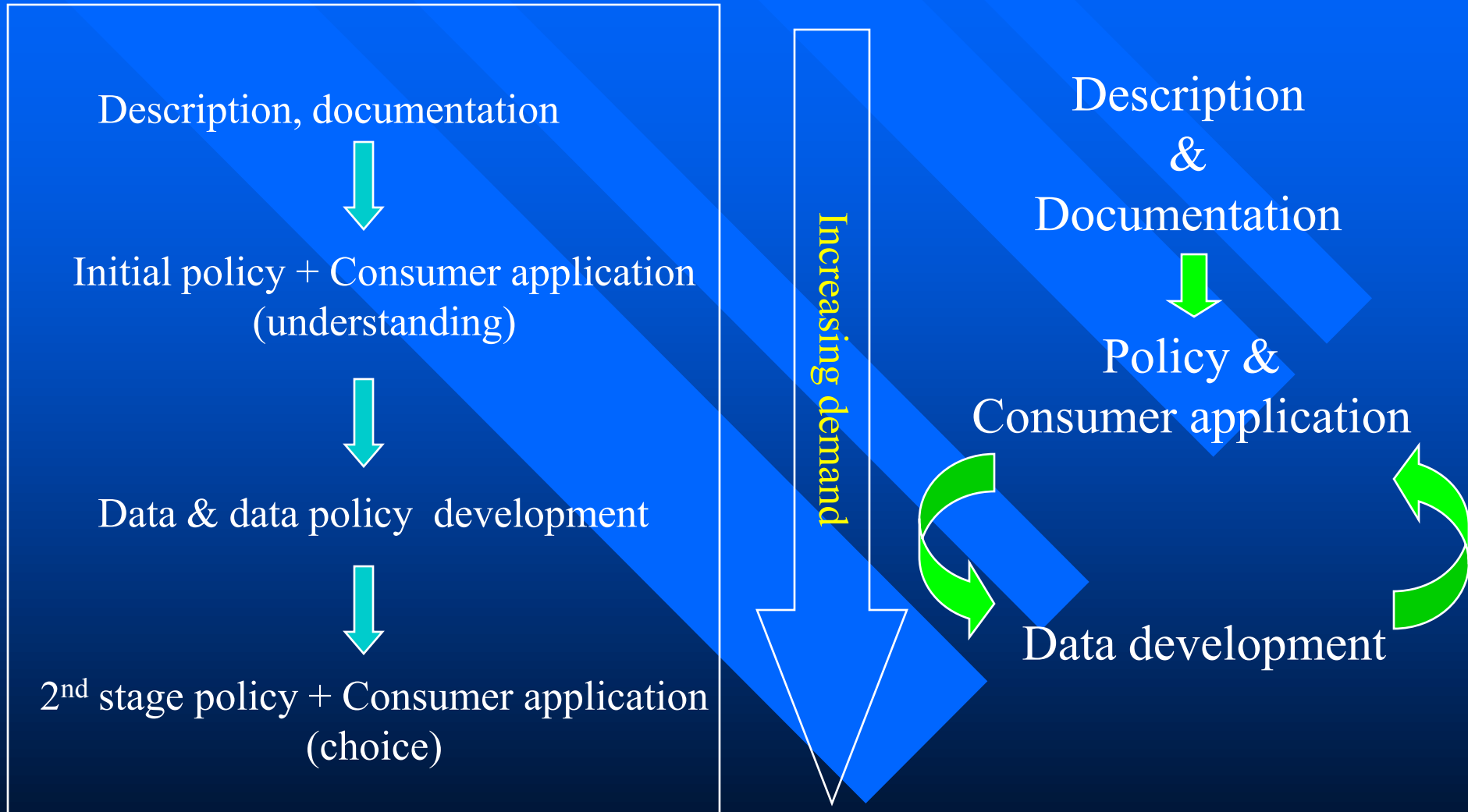
- Make recommendations regarding the scope of the Authority's responsibilities for managing health data;
- Recommend reporting standards and requirements for non-programmatic data owned or managed by the Authority;
- Craft data use policy recommendations governing access to health information by external 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.

Group Discussion at Planning Meeting (2/4/09)

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

Reporting Strategy



Today's Focus:

Kansas Health Insurance Information System (KHIIS)

KHIIS - Overview

- Health insurance claims and membership information for Kansas residents paid by specific insurance carriers
- Data from the major health insurance carriers in Kansas (Commercial group insurance plans)
- Health benefit, enrollment and claims data
- Collected and managed on behalf of the Commissioner of Insurance
- Data is to support assessment of insurance benefits and their relationship to costs

KHIIS – Types of Data

- Membership eligibility period
- Premium
- Policy information
- Deductibles
- Coinsurance
- Copay
- Claims information (primarily medical)
- Diagnoses
- Procedures
- Some drug and dental claims

KHIIS – Data Collection

- Collected from health insurance carriers with more than one percent of the health insurance market in Kansas (carrier list reviewed annually)
- Does not include ERISA or self-insured
- Data is submitted quarterly with about 115 days lag after the end of each quarter (i.e., the first quarter of data is due to the state by July 15th)
- Data arrives via FTP transmission

KHIIS – Timeframes of Data

- Data began being collected in the mid 1990s however quality was an issue through about 2006.
- In 2007, new quality controls were implemented to improve data accuracy and usability which impacted 2006 and later data.

KHIIS – Data Characteristics

■ Breadth

- Collected on about 30-40% of covered lives in Kansas
- Excludes self-insured and ERISA plans
- Companies submitting data are those with over one percent of the annual premium volume
 - » Currently about 20 companies of the more than 150 companies that write health insurance policies in Kansas submit data to KHIIS
- Data includes individual, employer based, and supplemental policies from birth through old-age and all types of policies
 - » Policy types: Indemnity, PPO, HMO, Supplemental, POS, and Ancillary

■ Accuracy

- Older data has some specific weaknesses that were not addressed
- Dedicated staff improving quality through consistent working relationships with carriers
- Nearing completion of new and more precise data specifications

KHIIS – Data Oversight

- By Kansas Statute the Kansas Insurance Department (KID) has responsibility for collection and control of the data
- By Kansas Statute the Kansas Health Policy Authority administers the data for KID
- Data cannot be released from the data set without the express permission of the Commissioner of Insurance
 - All requests for data from KHIIS have to be approved by KID before work begins
 - All reports/data requests are reviewed by KID before they can be used in reporting or public forums of any type
 - All results are reviewed by KID before release

KHIIS – Recent Types of Reports

- Sample aggregate reports for discussion:
 - Payment Summaries for Providers by Specialty
 - Payment Summaries for Hospitals by Point of Service
 - Claims & Charges for Services Affected by Mandates
- Other reports in production:
 - Payment Summaries for Other Providers (Pharmacy, DME)
 - Premium Distributions
 - Loss Ratios
 - *Other Suggestions?*

Open Discussion & Next Steps

Future Meeting Dates

(Tentative)

For the remainder of 2009:

- 5/28: 9am-12pm
- 8/3: 1-4pm
- 10/6: 1-4pm
- 12/1: 1-4pm



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