



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

Introductions

State Quality Improvement Institute

Background

- State Quality Improvement Institute (SQI) organized by:
 - Commonwealth Fund (Private Foundation)
 - AcademyHealth (Professional Health Services Organization)
- Goal:
 - To assist states ready to make (or have made) commitments to health (care) quality improvement in:
 - » Developing concrete action plans for further progress
 - » Assessing current challenges
 - » Identifying diagnostic/implementation tools
 - » Analyzing policy tradeoffs & refining state-specific plans
 - » Networking and sharing best practices with other states

States Selected for 2008-09

- Kansas
- Colorado
- Massachusetts
- Minnesota
- New Mexico
- Ohio
- Oregon
- Vermont
- Washington

Kansas SQI Team Members

- Secretary Rod Bremby, KDHE
- Dr. Mike Kennedy, Asst. Dean, U. Kansas Medical Center
- Dr. Marci Nielsen, KHPA Exec. Director
- Dr. Andy Allison, KHPA Deputy Director & Medicaid Director
- Dr. Hareesh Mavoori, Director Data Policy and Evaluation
- Rep. Melvin Neufeld
- Sen. Laura Kelly
- Susan Allen, Governor's Office

Timeline

- June 13, 2008: ½ day site visit by SQI faculty
- June 25, 2008: 2 ½ day Kick-off Meeting
- July 31, 2008: Action Plan Due
- July 2008 – March 2009: Webinars, Consults, Implementation
- Spring 2009 – 1 ½ day Final Meeting

June 25-27 Kick-Off Meeting

- Highly interactive, team-based process for developing policy and program recommendations
- State teams met with faculty experts to:
 - Assess current challenges
 - Analyze strategic policy options
 - Revise or refine action plans
- Cross-learning opportunity for state teams to network and discuss experiences and best practices

Target Areas

- (1) 85% of all children in Kansas will have a **medical home** by 2012
- (2) **Avoidable hospitalization for pediatric asthma** in Kansas will be reduced to no more than 82 per 100,000 for children aged 0 to 17 years by 2012.

Kansas Work Plan Draft for Medical Home

Long term goal: Transform health care delivery system in Kansas

Short term goal: Gain support (from stakeholders and policymakers) for payment reform and incentives that create a medical home health care delivery model

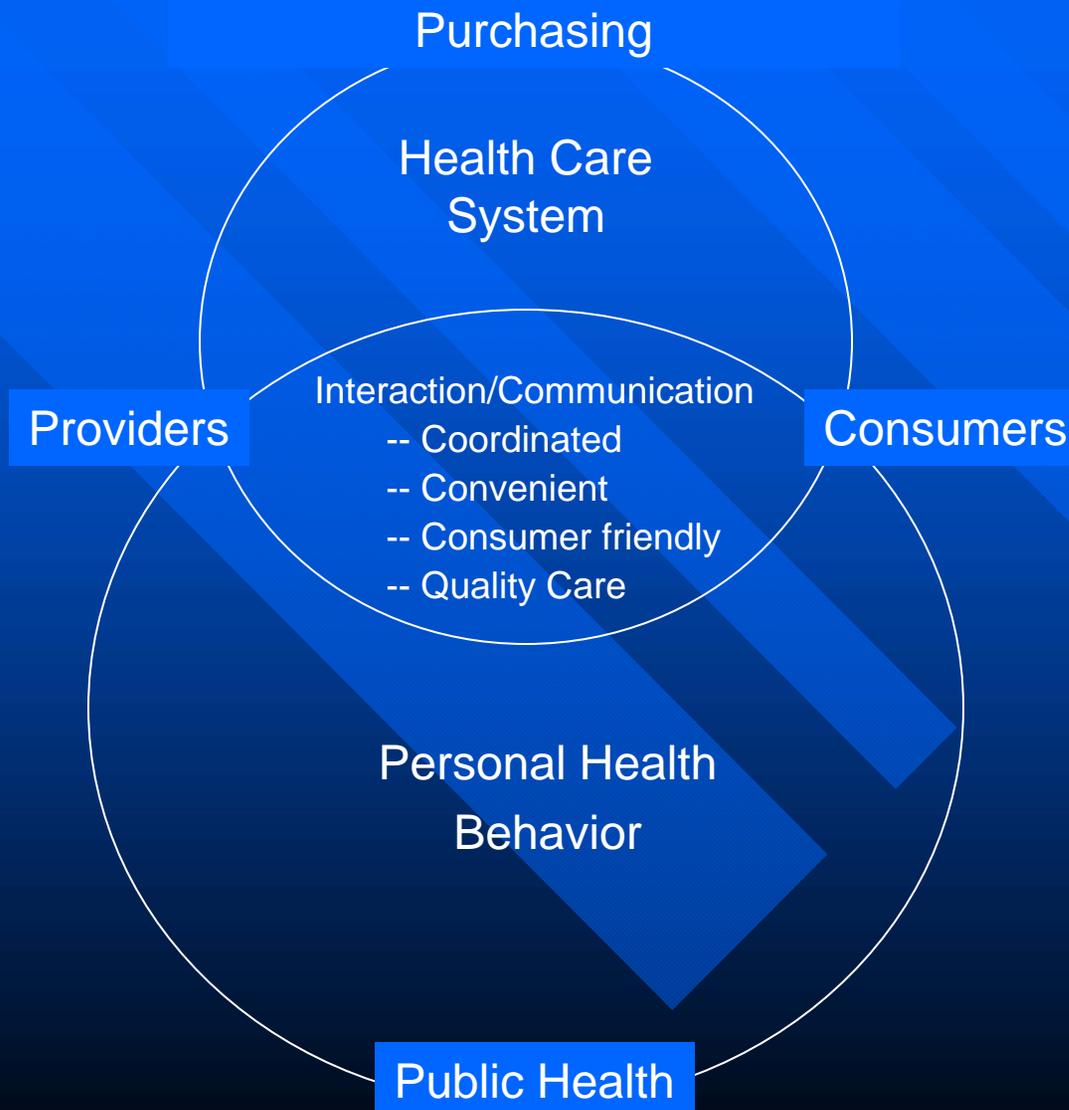
Kansas Work Plan Draft for Medical Home (cont'd)

July – Dec 2008 (Phase I):

- Determine high cost cases for Kansas to track over time.
Draft list: Pediatric asthma, Diabetes, COPD, Depression, Low Birth Weight, CHF
- Catalog what we are already doing, plan to do, or can easily implement consistent with NCQA medical home standards and ROI
- Meet with stakeholders to begin developing work plan for KS medical home model (August):
 - Medical home agency team (KHPA, KDHE, others) to meet in mid to late July
 - Steering committee including physicians, nurses, pharmacists, etc. to be convened in August/September
- Meet with foundations interested in advancing medical home

Health Status of Kansas

Draft Medical Home Model



Kansas Work Plan Draft for Medical Home (cont'd)

2009 (Phase I):

- Implement processes consistent with medical home in Medicaid and SEHP
- Continue development of Kansas medical home model and appropriate payment reforms

2010 (Phase II):

- Implement payment reforms for Kansas medical home model - incremental approach

2011(Phase III):

- Implement additional payment reforms consistent with a medical home model

Data Consortium Workgroup Updates

Quality and Efficiency

Affordable, Sustainable Health Care

Access to Care

- Health Insurance Status
- Health Professions Workforce
- Safety Net Stability
- Medicaid Eligibility
- Health Disparities

- Use of HIT/HIE
- Patient Safety
- Evidence based care
- Quality of Care
- Transparency (Cost, Quality, etc.)

- Health insurance premiums
- Cost-sharing
- Uncompensated Care
- Medicaid/SCHIP Enrollment
- Health and health care spending

KHPA: Coordinating health & health care for a thriving Kansas

- Physical Fitness
- Nutrition
- Age appropriate screening
- Tobacco control
- Injury control

- Open Decision Making
- Responsible Spending
- Financial Reporting
- Accessibility of Information
- CMS Cooperation

- Council Participation
- Data Consortium
- Public Communication
- Community/Advocacy Partnership
- Foundation Engagement

Health and Wellness

Stewardship

Public Engagement

SRS

- Mental Health
- LTC for Disabled
- Substance Abuse

KDHE

- Health Promotion
- Child, Youth & Families
- Consumer Health
- Health & Envir. Statistics
- Local & Rural Health

KDOA

- Aged
- Institutional Care
- Community Care

KID

- Private Health Insurance
- Business Health Partnership¹⁵

Lead (Coordinating) Organizations for Workgroups

- Access to Care – **KHPA**
- Affordable, Sustainable Health care – **KHI**
- Quality and Efficiency – **KFMC**
- Health & Wellness - **KDHE**

Workgroup Objectives

- Select measures and indicators for reporting in respective domain
- Choose and prioritize measures for public reporting if necessary
- Identify essential elements to include in report design
- Identify existing and needed data to produce these reports (Explore creating/improving collection mechanisms if necessary)
- Coordinate with any current initiatives in other agencies and organizations
- Create strategy for capacity-building and staffing for routine reporting

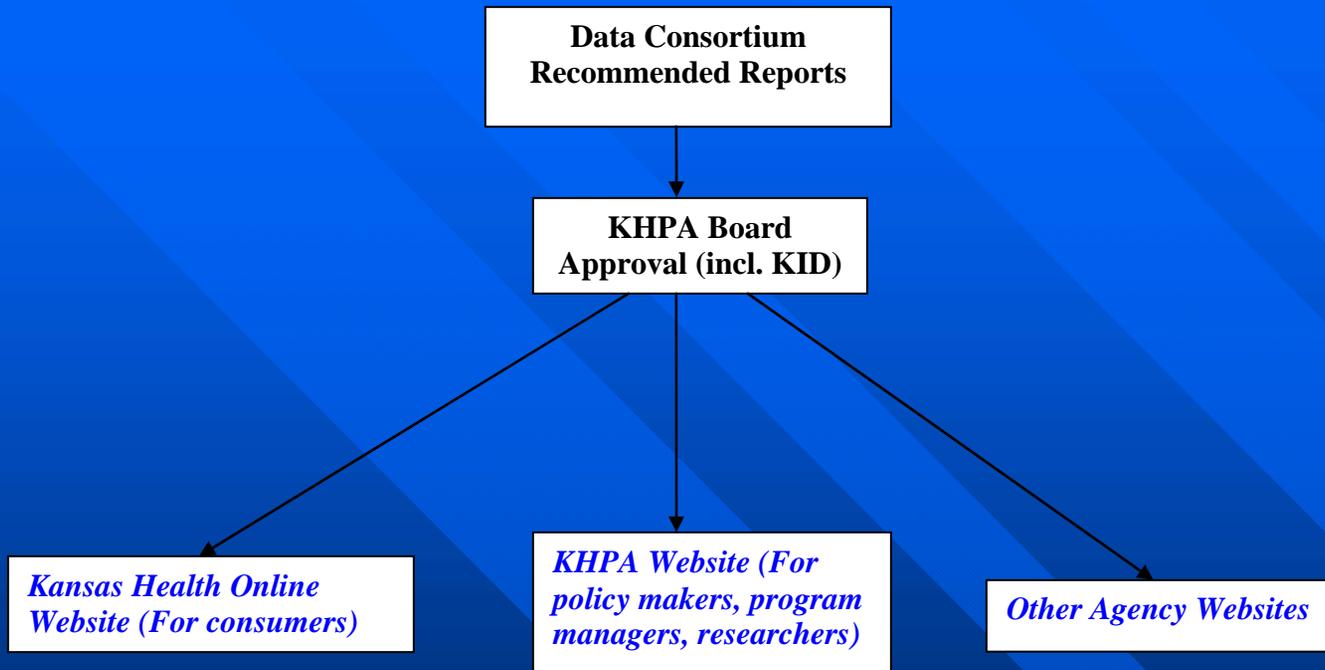
Time Line / Milestones

- Goal is to have a list of indicators and measures identified and populated by each workgroup by October 2008
- Data Consortium Parent Committee meetings:
 - April 2008
 - July 2008
 - August 2008
 - October 2008
- Each workgroup to meet at least once in between each of the Data Consortium meetings, and brief the larger group
- Data Consortium Parent Committee to review workgroup recommendation in October 2008
- KHPA Board to discuss Data Consortium recommendations in November 2008
- December 2008 Report preparation
- January 2009 – Report baseline and trend data on indicators

Measure Prioritization: *3 Tier Classification*

- **Tier 1:** The measure is computed routinely (Data exists and has been checked for integrity)
- **Tier 2:** Data is collected routinely as part of a database, but not checked for integrity
- **Tier 3:** Data required for the measure is not currently collected

Reporting Channels



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	3/19/08, 4/16/08, 05/14/08, 07/01/08, Next: 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	3/12/08, 4/3/08, 5/21/08, Next: 07/16/08
Health & Wellness	KDHE	KDHE, KHPA, Lawrence Paper Co., KPHA, BC-BS, KFMC, KMS, KHI, AARP, KUMC	4/9/08, 7/2/08
Affordable, Sustainable Health Care	KHI	KHI, KHPA, SRS, KID, KAMU, Coventry, Lawrence Paper Co., BC-BS, KPHA, KUMC-Wichita, KHA, KDHE, KFMC, KMS	3/26/08, 4/22/08, 6/2/08, 7/9/08

Thanks to the following organizations serving on the workgroups *(all 4 combined)*

- AARP - American Association of Retired Persons
- BC-BS - Blue Cross Blue Shield of Kansas
- Coventry
- KAHSA - Kansas Association of Homes and Services for the Aging
- KAMU - Kansas Association for the Medically Underserved
- KDHE - Kansas Department of Health and Environment
- KDOA – Kansas Department of Aging
- KFMC - Kansas Foundation for Medical Care
- KHA - Kansas Hospital Association
- KHCA - Kansas Health Care Association
- KHI - Kansas Health Institute
- KHPA - Kansas Health Policy Authority
- KID - Kansas Insurance Department
- KMS - Kansas Medical Society
- KPHA - Kansas Public Health Association
- KSNA - Kansas State Nursing Association
- KUMC - Kansas University Medical Center
- Lawrence Paper Co.
- SG Co. - Sedgwick County
- SRS - Social and Rehabilitation Services
- St. Luke's Health Systems

Access to Care Workgroup: Update

Hareesh Mavoori, KHPA

Access to Care

Kansans should have access to patient centered health care and public health services which ensure the right care, at the right time, and at the right place.

- Indicators (*Original list*):
 - (1) Health insurance status;
 - (2) Health professions workforce;
 - (3) Safety net stability;
 - (4) Medicaid eligibility;
 - (5) Health disparities

The Access to Care Team

Andy Allison	KHPA
Hareesh Mavoori	KHPA
Claudia Blackburn	SG Co. Health Dept
Mary Gambino	KUMC
Melissa Hungerford	KHA
Tom Johnson	BC-BS
Sally Perkins	KHA
Allison Peterson	KMS
Jerry Pope	Lawrence Paper Co.
Robert Stiles	KDHE
Mary Tritsch	AARP
Lynne Valdivia	KFMC
Tony Wellever	KAMU
Ruth Wetta-Hall	KUMC-Wichita/KPHA
LaVerta Greve	KHPA

Strategy

- Member organizations chose a list of 20 measures each based on anticipated value to policy makers and consumers.
- Master list compiled by combining these measure recommendations reflecting a balanced mix of organizational perspectives
- The suggested data sources were then researched and the grid of criteria populated
- Tiers assigned based on data availability and integrity
- Prioritization within tiers will be based on combinations of criteria as needed

Progress - Datasets Reviewed

- MEPS (Medical Expenditure panel Survey)
- CPS (Current Population Survey)
- CAHPS (Consumer Assessment of Health Plans)
- NNHS (National Nursing Home Survey)
- NHHCS (National Home and Hospice Care Survey)
- AHRQ (Agency for Healthcare Research and Quality)
- HCUP SID (Healthcare Cost and Utilization Project State Inpatient Databases)
- KHA/AHA (Kansas Hospital Association / American Hospital Association)
- NHDS (National Hospital Discharge Survey)
- NCQA (National Committee for Quality Assurance)
- Commonwealth Fund Healthcare Quality Survey
- Medicare Cost Reports (from Centers for Medicare and Medicaid Services)
- BRFSS (Behavioral Risk Factor Surveillance System)
- CPSS (Client/Patient Sample Survey)
- Numerous reports compiled by KDHE (E.g. Safety Net Monitoring, Top DRGs & procedures, Patient Migration, etc.)
- Healthy People 2010

Progress Synopsis

- 99 access measures reviewed till date
- 55 screened out based on group evaluation, or since duplicative or referred to other workgroups
- Current set of measures identified:
 - Tier 1: 20
 - Tier 2: 16
 - Tier 3 or undetermined: 3
 - Demographic: 5

Progress Synopsis

- Measures grouped into the following indicator categories:
 - Health Insurance Status
 - Health Professions Workforce
 - Safety Net Stability
 - Medicaid Eligibility
 - Access to Primary Care
 - Medical Home
 - Cross-cutting
 - Health disparities to be handled by sub-grouping selected measures by age, ethnicity, income, etc. rather than as a separate indicator category
- Newly-created*

Next Steps

- Identify a few more measures related to unmet need and usual source of care.
 - Potential sources to tap:
 - » SLAITS (State & Local Area Integrated Telephone Survey) for kids – CDC
 - » National Survey of Children's Health
 - » KHI Employer Sponsored Insurance Update including participation rates (kids & pregnant women)
- Research alternate sources of data for the identified measures if needed
- Present final set of recommendations to Data Consortium in October 2008 and the Board in November 2008
- Start collecting data for the measures approved by the Board in preparation for reporting in early 2009

Affordability & Sustainability: Update

Gina Maree, KHI

Quality & Efficiency: Update

Larry Pitman, KFMC

Health & Wellness: Update

*Paula Marmet / Ghazala Perveen,
KDHE*

Data Analytic Interface: Update

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
- June/July 2008 – Pre-JAD sessions with user groups commenced
- July 2008 – Final Contract Negotiations completed. Contract signing and Dept of Purchasing announcement expected in next few days

- Expected one year for implementation

Discussion

Demographic Stratification

1. Age:

– AHRQ HCUP stratification:

- » <=1
- » 1-17
- » 18-44
- » 45-64
- » 65-84
- » 85+
- » Missing

Demographic Stratification

2. Race + Ethnicity:

- Proposed categories:
 - » White, non-hispanic
 - » Black, non-hispanic
 - » Hispanic
 - » Others

Demographic Stratification

3. Income:

– Proposed categories:

» < 100% FPL

» < 200% FPL

» < 300% FPL

» > 300% FPL

Population Categories

1. Sub-populations:

– Proposed categories

- » Aged
- » Disabled
- » Families
- » General Assistance
- » Other

Health Service Categories

2. Services:

- Proposed categories (Based on NHEA standards):
 - » Hospital Care
 - » Physician & Clinical Svcs
 - » Other Professional Services (Health practitioners other than physicians and dentists)
 - » Prescription drugs and Non-Durable Medical Products
 - » Durable Medical Equipment
 - » Dental Services
 - » Home Health Care
 - » Nursing Home Care
 - » Other Personal Health Care

Geographic Divisions

- For comparisons and benchmarking:
 - Group counties into regions?
 - Urban vs Rural ?
 - National vs State vs County vs Regional?

Review of Selection Criteria

- Frequency of data collection
- Comparability (Granularity of data collection)
- Validity
- Availability
- Data Integrity
- Publicly Reported?
- Change-ability/Preventability – level of actionability; can change be produced over time?
- Communication – how easy is it to communicate the indicator to the audience?
- “So what” test – does it matter?
- Comparability to national priorities that have been set (E.g. Healthy People 2010)
- Degree of public concern – is the issue of interest to policy-makers/public?
- Timeliness of data – How current is the data?

Medical Home Measures

- All workgroups are requested to consider adding some measures for a “medical home”, which is defined by NCQA as:

A health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Some examples of Medical Home Measures:

- Percent population with at least one preventive medical care visit in the past year (National Survey of Children's Health)
- Percent population able to access needed specialist care and services (National Survey of Children's Health)
- Access to primary care providers (PCP), and well child visits (HEDIS)

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Timeline recap & Next Steps

What Next?

- ***October 2008*** – Each workgroup will have a list of measures identified and populated
- ***November 2008*** – KHPA Board will review/discuss Data Consortium recommendations
- ***December 2008*** - Report preparation
- ***January 2009*** – Reporting of baseline and trend data on indicators

Next Meeting of the Data Consortium

August 20, 2008

Wednesday

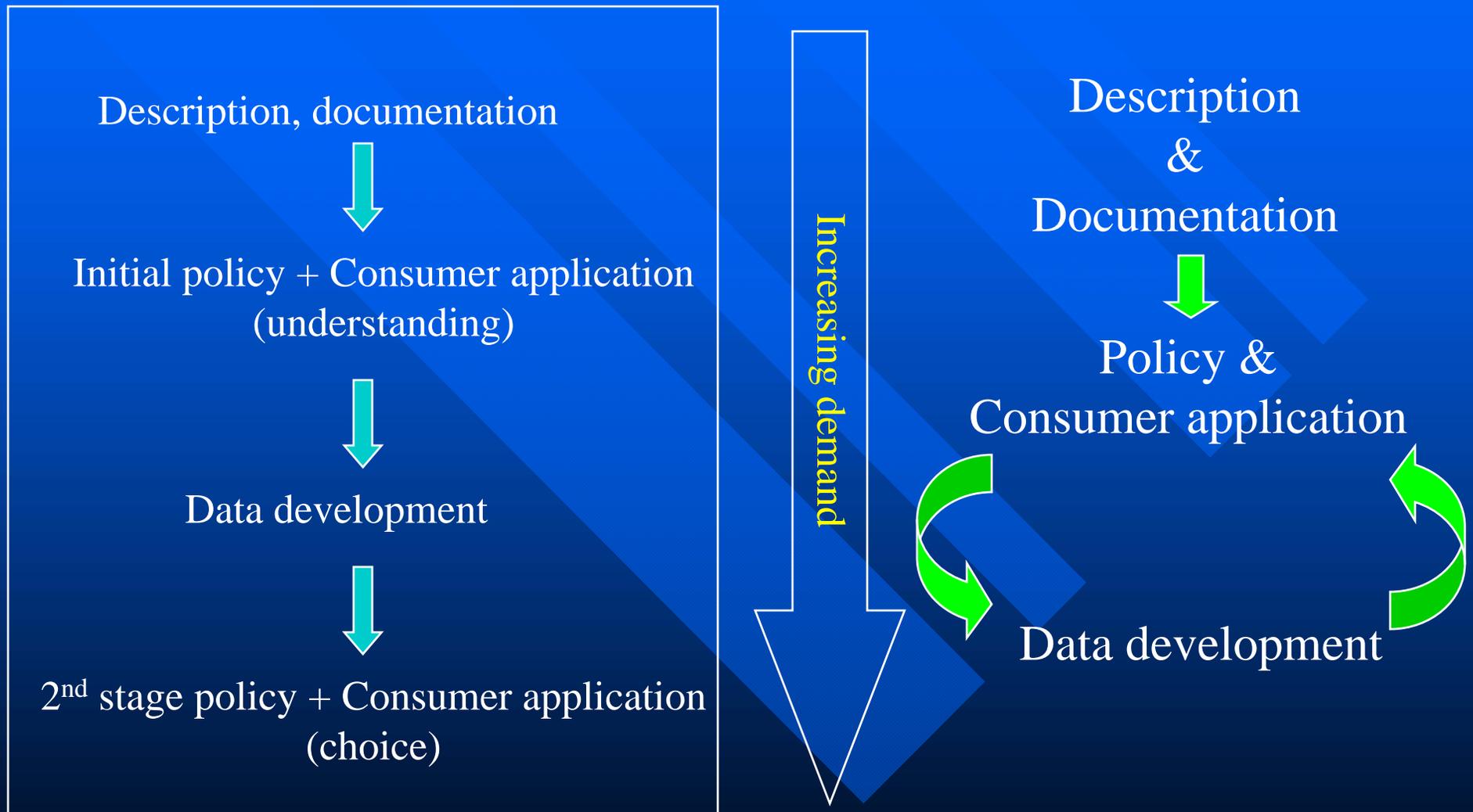
10am -12 pm

Landon State Office Building



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

Reporting Strategy



Envisioned Dashboard Design

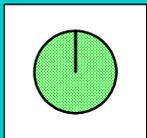
Desired Features of Dashboard

- Historical Self-Comparison – Chronological Trends
- Peer Comparison – Benchmarking with other states or nation; Comparison between counties
- Absolute Targets and Minimum Acceptable Thresholds
- Superimposed statistical indicators to allow tests of change (e.g. policy impact) or proactive alerts/triggers

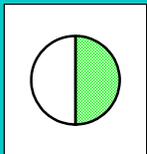
Example of statistical indicators

PERFORMANCE INDICATORS - LEGEND

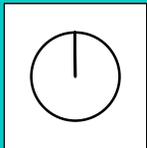
(Based on the 3 most recent data points and their position relative to the previous point)



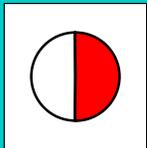
Goal reached or statistically significant improvement (control limit exceeded in "desirable" direction)



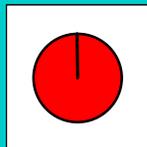
Improving trend - i.e. 3 consecutive points all showing improvement over the previous point; or sustained above-average performance - i.e. 3 consecutive points all on "desirable" side of average. While potentially promising, there is no statistical significance yet.



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: Dashboard with Superimposed Statistical Indicators

