



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

# Introductions

# Data Consortium Workgroup Updates

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

<b>Workgroup</b>	<b>Led by</b>	<b>Members</b>	<b>Dates Met</b>
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

# **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

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

# 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

- 101 access measures reviewed till date
- 57 screened out based on group evaluation, or since duplicative or referred to other workgroups
- Current set of measures identified:
  - Tier 1: 25 (8 demographic)
  - Tier 2: 20
  - Tier 3 : 4

# Progress Synopsis

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

*Newly-created*

# Access to Care Grid Review & Discussion

# Next Steps

- Incorporate suggestions from today's Data Consortium meeting
- Research alternate sources of data for the identified measures if needed
- Present final set of recommendations to Data Consortium in September/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 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
- September 2008 – Workplan approval by KHPA and KITO
- September 2008 – Execution start
  
- Expected one year for implementation

# **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

# What Next?

- *Workgroups will meet to follow up on today's discussions*
- *Data Consortium members to review the handout on standardized stratification and offer suggestions*
- *Reporting Specialist hired and expected to start next week to get started with data collection and report design*

# Next Meeting of the Data Consortium

October 2 , 2008

Wednesday

9 am -12 pm



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

# Background/Reference Slides

# 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 Partnership<sup>25</sup>

# Lead (Coordinating) Organizations for Workgroups

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

# 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

# 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

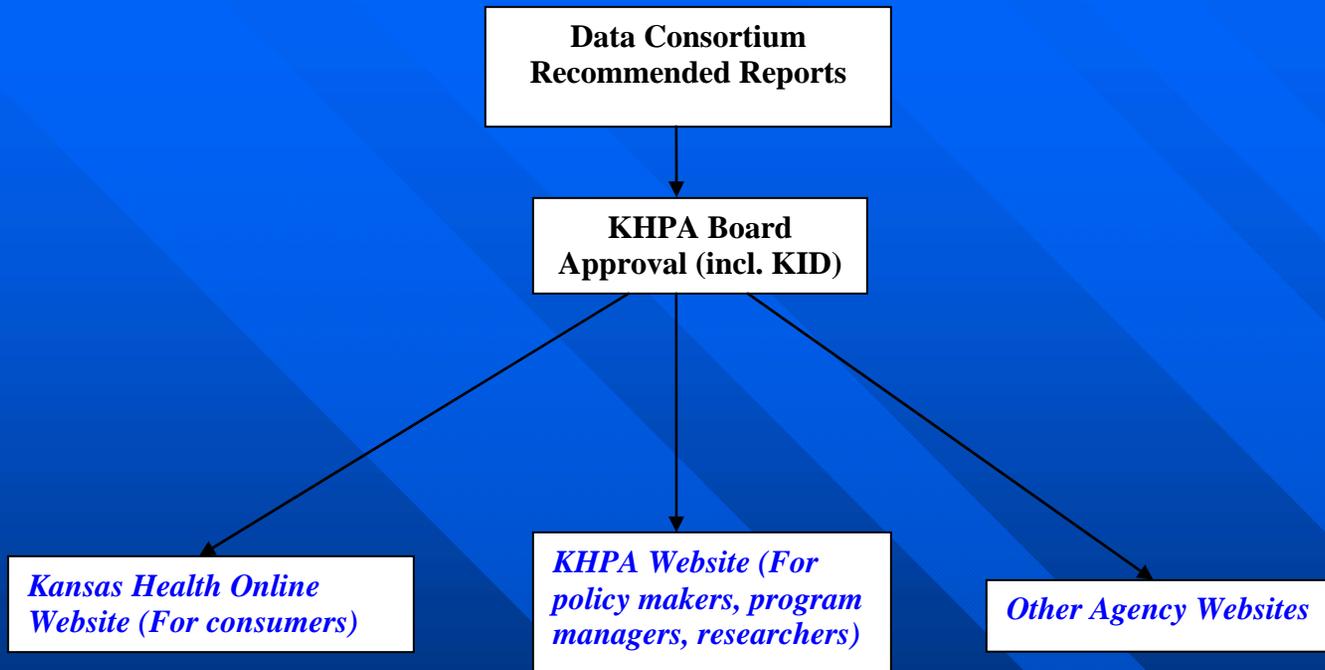
# Time Line / Milestones

- 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

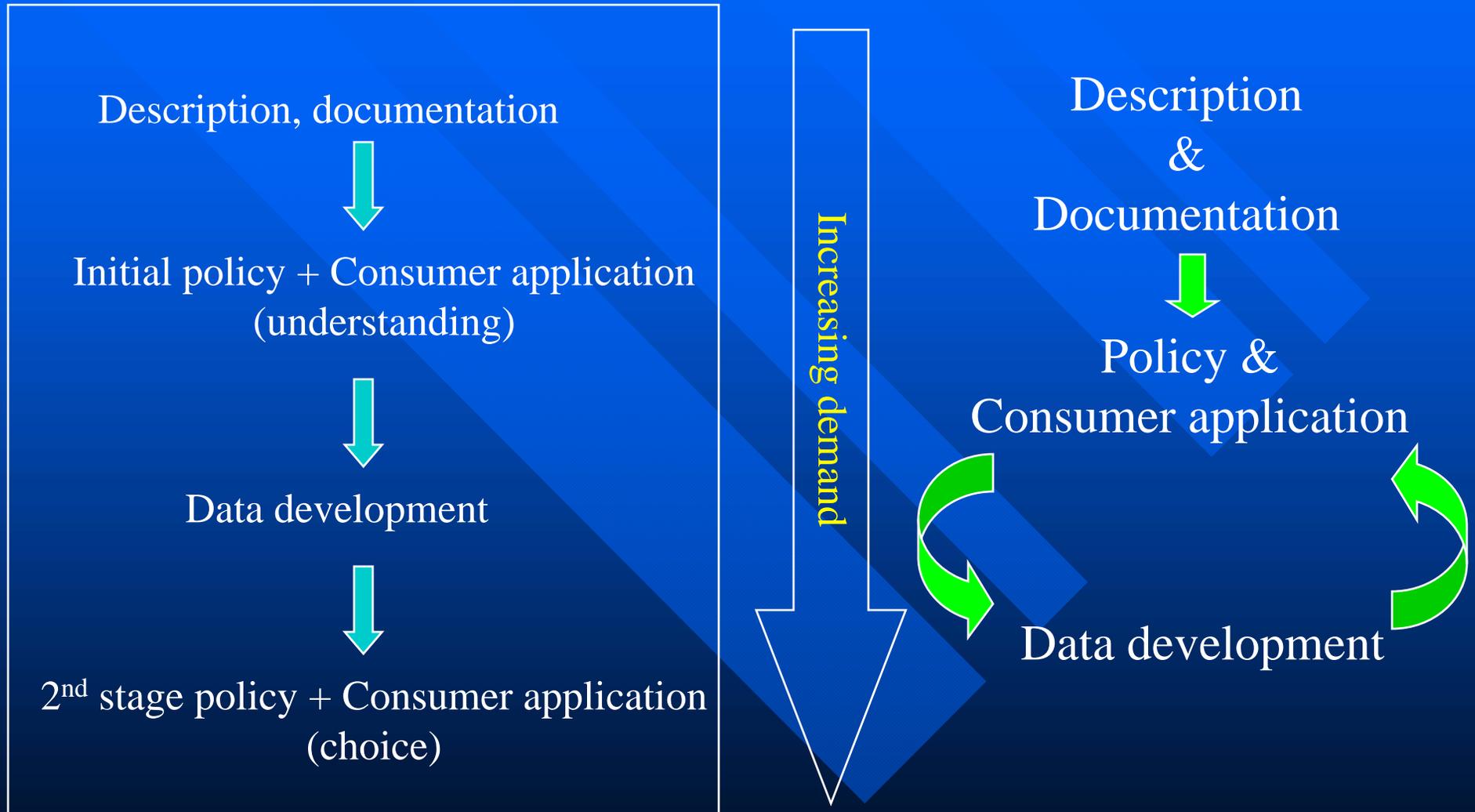
# Measure Prioritization: *3 Tier Classification*

- **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



# Reporting Strategy



# Envisioned Dashboard Design

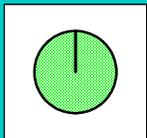
# Desired Features of Dashboard

- 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

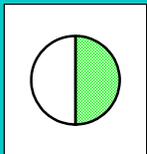
# Example of statistical indicators

## PERFORMANCE INDICATORS - LEGEND

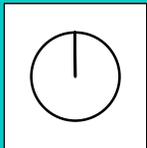
(Based on the 3 most recent data points and their position relative to the previous point)



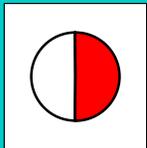
Goal reached or statistically significant improvement (control limit exceeded in "desirable" direction)



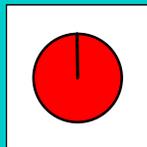
Improving trend - i.e. 3 consecutive points all showing improvement over the previous point; or sustained above-average performance - i.e. 3 consecutive points all on "desirable" side of average. While potentially promising, there is no statistical significance yet.



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

