



Data Consortium:

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

August 3, 2009

Introductions

Kansas Health Indicators Document Updates

Recent Enhancements

(Apr-Jul, 2009)

- County-level geo-maps and data tables added to select indicators:
 - *Physician to Population Ratio: MD*
 - *Physician to Population Ratio: DO*
 - *Dentist to Population Ratio: DDS*
 - *Nursing to Population Ratio: ARNP*
 - *Percentage of Patients Seeking Inpatient Care Within Their County*

Recent Enhancements (cont'd)

- More detailed breakdowns added for health professional workforce indicators:
 - Nursing to Population Ratio:
(ARNP, RN, LPN, CRNA).
 - Dental Provider to Population Ratio:
(DDS, Dental Hygienist).

Recent Enhancements (cont'd)

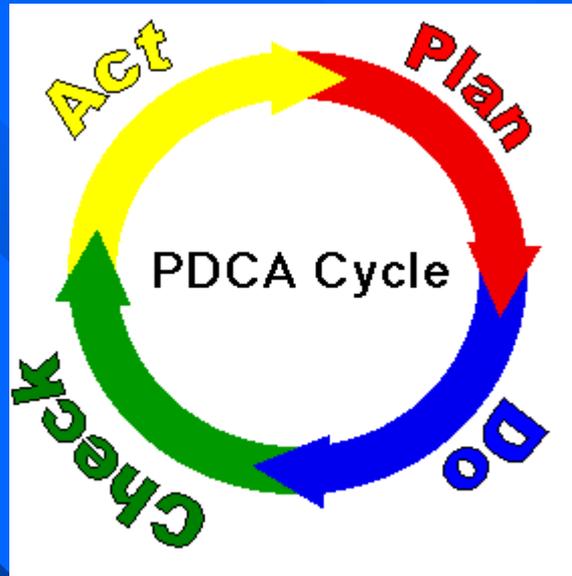
- More recent data added to several indicators:
 - 2007 HCUP data
 - 2008 BRFSS data
 - 2007 data for MD and DO to population ratios
 - 2008 data for immunization / vaccination rates for >65yrs
 - 2009 Mar-Jun data added to Medicaid expenditures per member (and user) per month
 - Several others as indicated in the tracking log below each indicator

Recent Enhancements (cont'd)

- Started collecting indicator-level usage statistics:
 - Useful for dynamic, user-driven content management
 - Can help prioritize indicators based on interest to users
 - Optimization of display to minimize “information overload”

Further enhancements will be continually made

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

- Kansas Healthcare Collaborative (KMS/KHA)
 - Jerry Slaughter/Kendra Tinsley (KMS);
Deborah Stern (KHA)
- Public Reporting Principles
 - Andrea Bozarth (AARP)

KHPA Staffing Reduction Update

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
- July 9, 2009 – System Integration Test 1 Complete (3 months of data)
- August 3-5, 2009 – Tester Training
- August 17-29 – System Integration Test 2 (3 years of data) and User Acceptance Testing

Anticipated launch dates: MMIS/SEHP – November 2009; KHHS Integration – February 2010

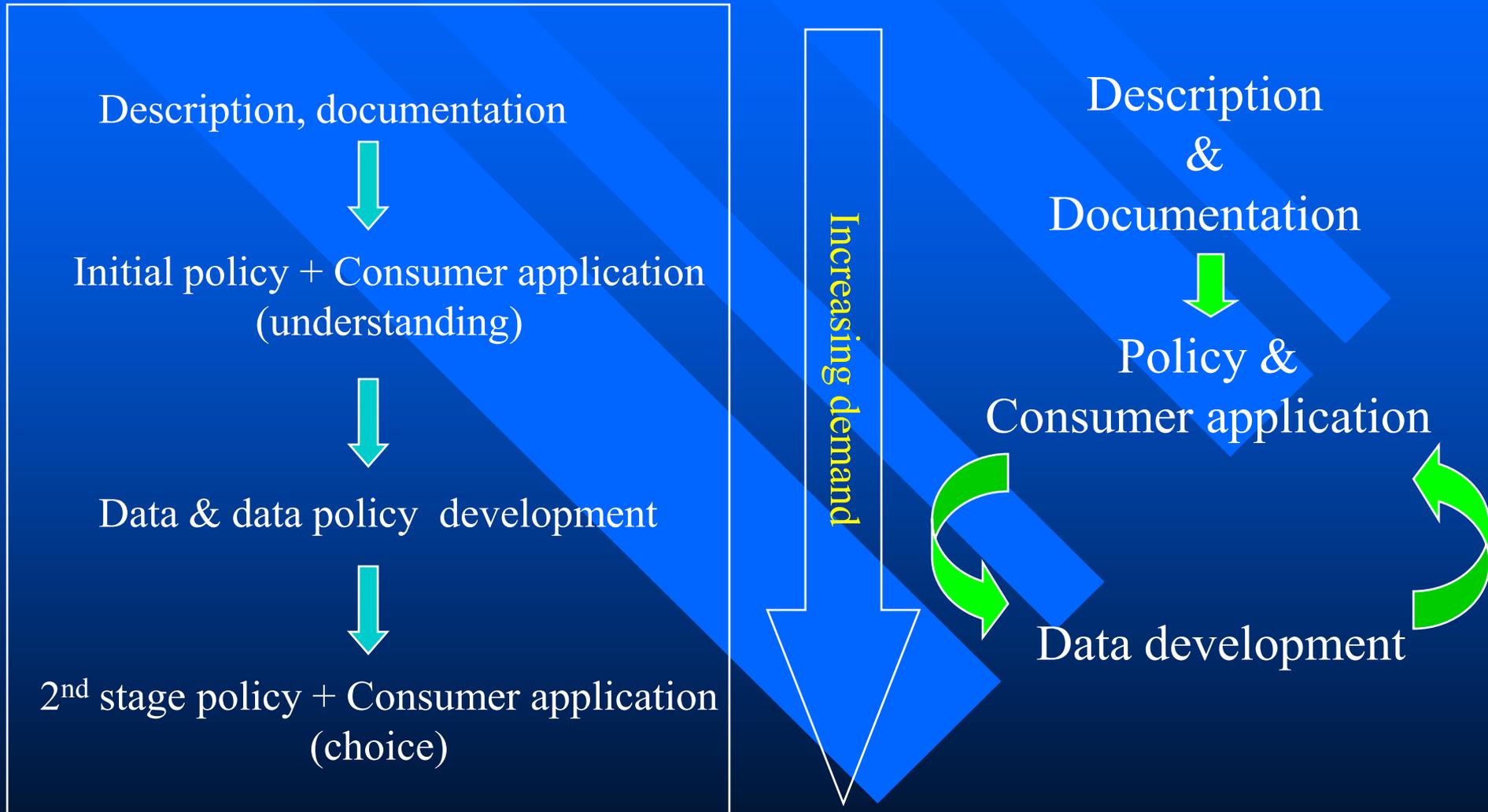
Data Consortium Agenda for 2009 - Advancing Data Policy

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.

Reporting Strategy



Today's Focus Areas:

1. Combined KHIIS/MMIS/SEHP
Sample Reports:
2007 Drug Claims
2. Health Professions Workforce
Data Collection

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 – 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

Medicaid/SCHIP - Overview

- Medicaid Management Information System (MMIS) and Decision Support System (DSS)
- Medicaid/Healthwave claims, payments, encounters, and enrollment
- Used for:
 - » Utilization and Expenditure (MAR – Medical Assistance Report)
 - » Caseload projections
 - » Institutional reimbursement
 - » Program management
 - » Managed care enrollment
 - » Ad hoc reports

State Employee Health Plan (SEHP) - Overview

- Claims and enrollment data from multiple private companies who provide health insurance coverage to State of Kansas employees, affiliated non-State entities and the State Worker's Compensation System
- Used for :
 - » Monitoring utilization and expenditures
 - » Benchmarking with Medicaid
 - » Routine reports to Health care Commission
 - » Program redesign

Combined KHIIS/MMIS/SEHP Reports

- Sample comparative, aggregate reports for discussion:

Prescription Drug Claims for calendar year 2007

- Allowed to Charge Ratio by drug group
- Patient Responsibility as a percent of allowed
- Average Patient Responsibility (\$) by drug group
- Percent share of total payments for each drug group
- Summary tables of 2007 Rx Drug Claims for:
 - » KHIIS
 - » Medicaid
 - » SEHP
- *Other suggestions for reports?*

Health Professions Workforce Data Collection

- *Robert Stiles, KDHE*

Open Discussion & Next Steps

Future Meeting Dates

(Tentative)

For the remainder of 2009:

- 10/6: 1-4pm
- 12/1: 1-4pm



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