



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

Introductions

Kansas Medical Homes Initiative

Dr. Barb Langner

Data Consortium Workgroup Updates

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, 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, KAHS, 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

Andy Allison	KHPA
Hareesh Mavoori	KHPA
Sonja Armbruster	SG Co. Health Dept.
John Bottenberg	Ch. Mercy-Family Health Partners
Dan Cozad	KHPA
Mary Gambino	KUMC
Cathy Harding	KAMU
Nikki Harrison	KAMU
Melissa Hungerford	KHA
Tom Johnson	BC-BS
Chad Moore	CMFHP
Sally Perkins	KHA
Allison Peterson	KMS
Jerry Pope	Lawrence Paper Co.
Robert Stiles	KDHE
Mary Tritsch	AARP
Lynne Valdivia	KFMC
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

- 107 access measures reviewed till date
- 59 screened out based on group evaluation, or since duplicative or referred to other workgroups
- Current set of measures identified:
 - Tier 1: 21 (8 demographic)
 - Tier 2: 23
 - 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

Suggestions since the last Data Consortium (8/20)

- Consider capturing geographic access restrictions (proximity to providers, transportation availability, etc.)
- Several of the measures under “Health Insurance Status” can be grouped as one measure, broken down by categories/types of coverage
- Add measures to indicate usual source of care and unmet need
- Consider adding more medical home measures
- Consider adding other professional workforce measures

Access to Care Grid Review & Discussion

Other Suggestions and Notes

- An additional suggestion from the Data Consortium, namely:

Pursue inclusion of underinsurance rate (KHI report)

could not be incorporated as a Tier 1 measure since this KHI report is targeted for release in 2010, making this measure a Tier 3 measure

- Grid presented today includes only Tier 1 measures
- Exception: the MEPS measures:
 - » being researched to determine if the Kansas dataset in the MEPS sample is large enough to provide meaningful results.
 - » Pending this evaluation, these measures are marked as Tier 2,
 - » If determined that the Kansas MEPS dataset is too small, these will be dropped from the Tier I recommendations to the Data Consortium for this year.

Next Steps

- Incorporate any suggestions from today's Data Consortium meeting
- Research alternate sources of data for the identified measures if needed
- Present final set of recommendations to the Board in November 2008
- Continue collecting data for the measures approved by the Board in preparation for reporting in early 2009

Health & Wellness: Update

*Paula Marmet / Ghazala Perveen,
KDHE*

Quality & Efficiency: Update

Larry Pitman, KFMC

Affordability & Sustainability: Update

Gina Maree, KHI

Proposed Stratification

(Incorporating all member feedback till date)

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 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

Anticipated 1 year for completion, specifically:

- October 2009 – MMIS and SEHP Data will be ready for reporting
- December 2009 – KHIIS Data will be ready for reporting

Specialty Hospital Data Collection

Data Consortium:
Timeline recap
&
Next Steps

What Next?

- *Workgroups will follow up on today's discussions if needed*
- *KHPA Board members to review the Combined Grid and standardized stratification on November 18 and offer feedback*
- *Reporting Specialist – Daniel Cozad – has already started prep work on data collection and report design*

What Next? (cont'd)

- *No plans to convene the Data Consortium this year unless necessitated by Board feedback*
- *Help from Workgroup members will be sought if domain expertise is needed to address issues faced during :*
 - *data collection*
 - *report design*
 - *selection of benchmark states, etc.*



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

Background/Reference Slides



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

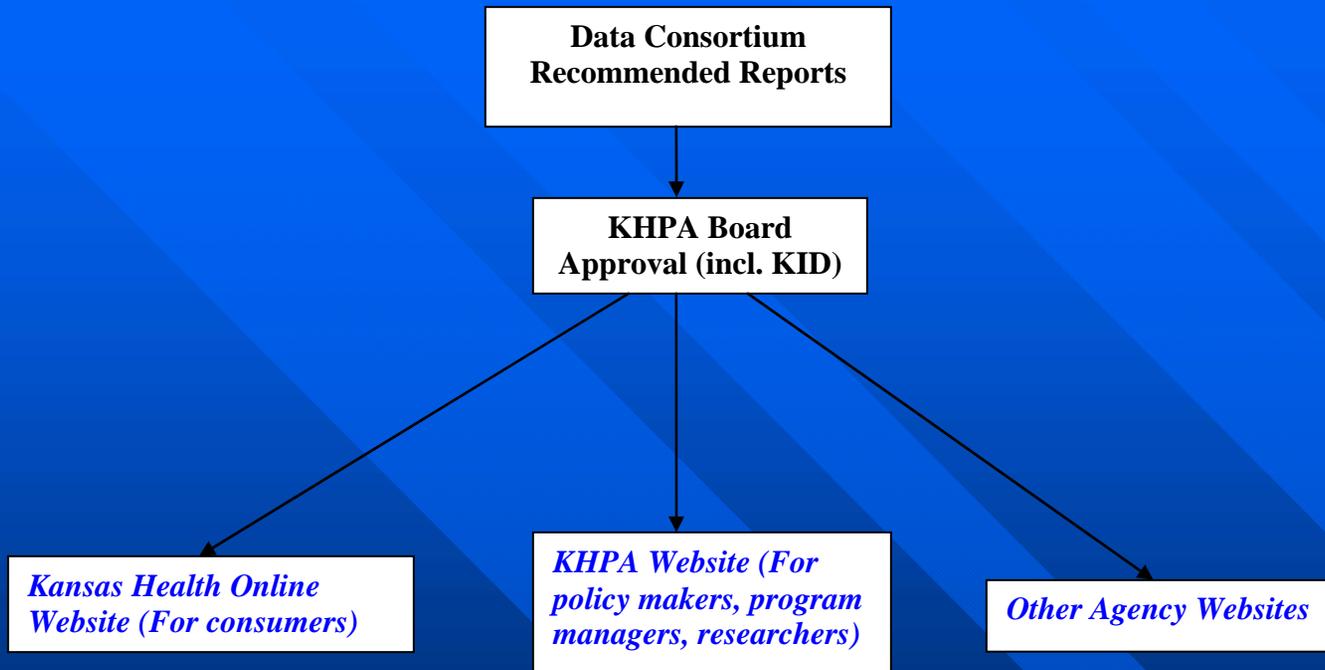
Time Line / Milestones

- 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

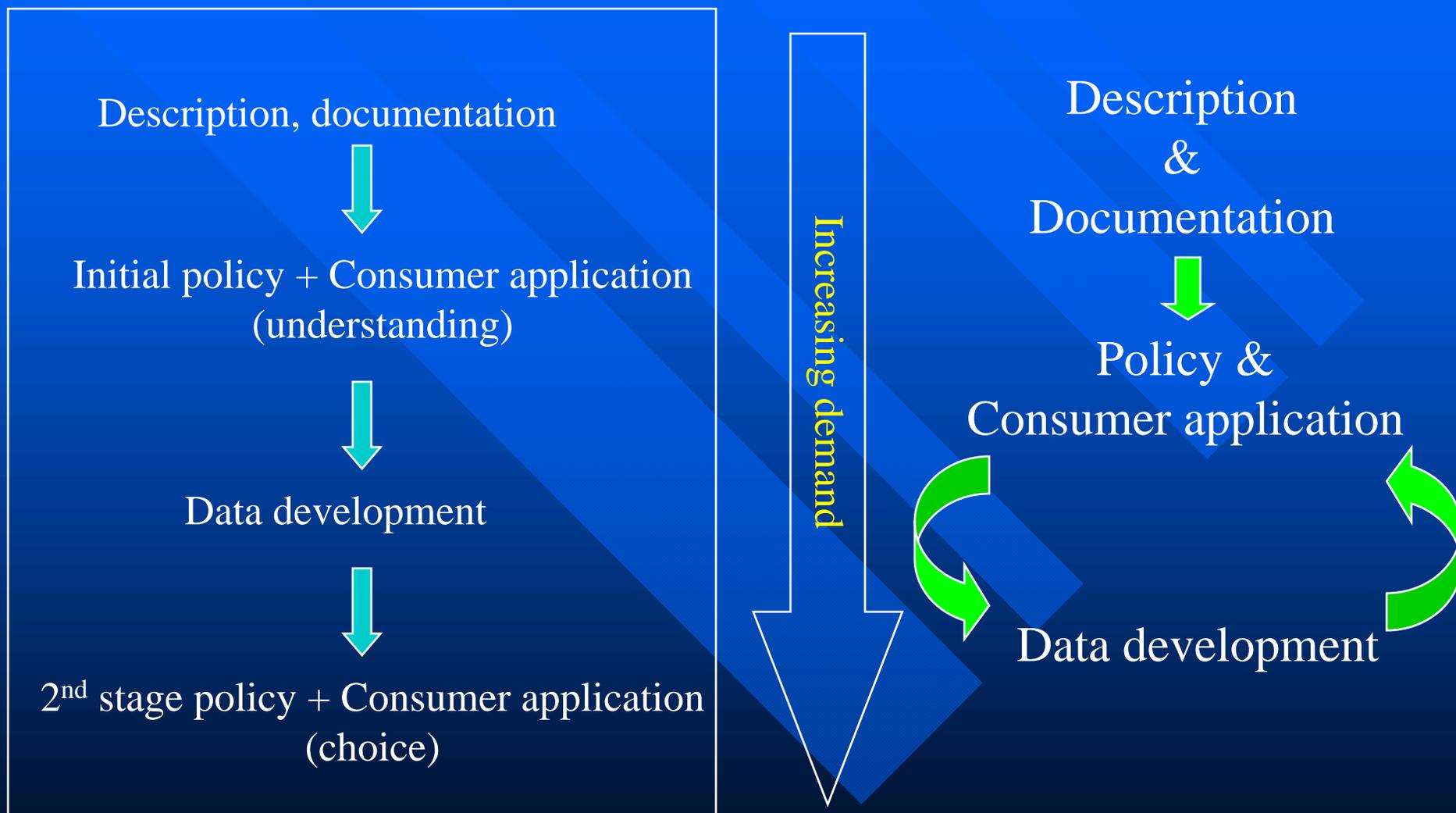
Measure Prioritization: *3 Tier Classification*

- **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

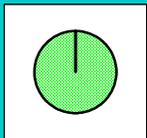
Desired Features of Dashboard

- 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

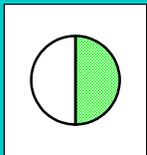
Example of statistical indicators

PERFORMANCE INDICATORS - LEGEND

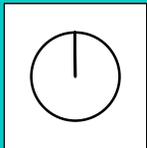
(Based on the 3 most recent data points and their position relative to the previous point)



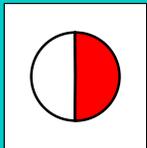
Goal reached or statistically significant improvement (control limit exceeded in "desirable" direction)



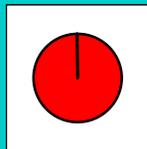
Improving trend - i.e. 3 consecutive points all showing improvement over the previous point; or sustained above-average performance - i.e. 3 consecutive points all on "desirable" side of average. While potentially promising, there is no statistical significance yet.



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

