Purpose

1. Select criteria of selection of measures to be reported.

2. Choose and prioritize Quality & Efficiency measures for public reporting.

3. Identify essential elements to include in report design.
4. Identify existing and needed data to produce these reports.

5. Coordinate with any current initiatives in other agencies and organizations.

6. Create strategy for capacity building and staffing for routine reporting.
Members:

Michael Aldridge (KFMC)
Bob Bonney (St. Luke’s Health Systems)
Ande Bozarth (AARP)
Dan Cozad (KHPA)
Brad Frederick (KAHSA)
Lori Howard (KFMC)
Melissa Hungerford (KHA)
Randy Lambrecht (BCBS KS)
Paula Marmet (KDHE)
Members Continued:

Hareesh Mavoori (KHPA)
Ghazala Perveen (KDHE)
   Sally Perkins (KHA)
   Allison Peterson (KMS)
   Nancy Pierce (KHCA)
   Larry Pitman (KFMC)
   Brad Ridley (KDOA)
   Terri Roberts (KSNA)
   Deborah Stern (KHA)
Members Continued:

Candace Taylor (KHPA)
Chris Tilden (KDHE)
Maren Turner (AARP)
Lynne Valdivia (KFMC)

Supported by:

LaVerta Greve (KHPA)
Aleah Mahan (KFMC)
Meeting Dates

• March 13, 2008
• April 2, 2008
• May 21, 2008
• July 16, 2008
• August 19, 2008
Sources of Data

- Medicare Healthcare Compare
- AHRQ Compare
- Commonwealth Fund
- Health Grades
- Other Sources
Selection Criteria

Type of Measure:
Process (P)- Measures the systems that support the intended outcome. 
Outcome (O)- Measures the result of the healthcare delivery system on the patient.

Type of Data:
Identifies how the data are collected. 
Examples: abstracted, administrative, claims, etc.

Source of Data:
Identifies the primary database or entity housing the data. 
Examples: CMS Clinical Data Warehouse, HEDIS

Audience:
(P)-Policy Makers/Payers, (C)-Consumers, or (B)- Both 
Examples: P- Legislators, state government, stakeholder groups, insurance companies, businesses. C- KS healthcare recipients
Selection Criteria

Tier:
I- Measure collected/computed routinely and data is believed to have a high degree of integrity. The measure is currently publically reported and deemed acceptable by industry standards.
II- Data are collected routinely as a part of a database, but not checked for integrity. Not publically reported at this time. Data may require further analysis prior to public reporting.
III- Data required for measure is not currently routinely collected. Measures may or may not be available, data not consistently available.

Population Represented:
Population included in give data set.
Examples: Medicare, Medicaid, Managed Care, Private Insurance, State Employee Health Insurance, All
Selection Criteria

Data Can be Publically Reported:
Data in format that does not include PHI.
Examples: Aggregated diagnosis data, provider specific data with adequate sample size

Measure Currently Validated:
Measure is built to address the purpose chosen by the user.
Examples: HEDIS, NQF, AHRQ endorsed

Data Currently Acceptable by Industry Standards:
Data are recognized at a national or state level by governmental or other well-known entities.
Examples: Hospital compare measure validation process
Selection Criteria

Data have a High Degree of Integrity:
All entities submitting data consistently use predetermined standardized definitions.
Examples: Measure Specifications for HEDIS and Hospital Compare measures

Frequency of Measurement:
How often the data are submitted or available for use.
Examples: Monthly, quarterly, annually, other (specified)

Current Level of Comparability:
The level that the available data are currently comparable.
Examples: State, national, provider, setting of care
### Measure
(Items in capital letters are Healthy Kansans 2010 Health Focus Areas)

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Source ID</th>
<th>Measure Source (Workgroup)</th>
<th>Type of Measure: Process (P) or Outcome (O)</th>
<th>Type of Data</th>
<th>Source of Data</th>
<th>Population Represented</th>
<th>Data Currently Collected &amp; Available</th>
<th>Data Can Be Publically Reported</th>
<th>Data have a High Degree of Integrity</th>
<th>Industry Standards</th>
<th>Frequency of Measurement (M)-Monthly, (Q)-Quarterly, (A)-Annually, (S)-Semiannually</th>
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<tbody>
<tr>
<td>1</td>
<td>A112</td>
<td>P</td>
<td>NVSS</td>
<td>B I</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>A53, C3, E1, E2</td>
<td>P</td>
<td>Common-wealth Fund</td>
<td>B I</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>3</td>
<td>A88, A108, A113, A134 (C3)</td>
<td>P</td>
<td>BRFSS</td>
<td>B I</td>
<td>All 19-35mo</td>
<td>Yes</td>
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<td>A15, B13</td>
<td>P</td>
<td>CMS-MDS</td>
<td>B I</td>
<td>Yes</td>
<td>Yes</td>
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<td>A115, B16, E36</td>
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<td>6</td>
<td>NH abstracted/reported</td>
<td>P</td>
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<td>B I</td>
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<td>7</td>
<td>A8, A36</td>
<td>O</td>
<td>H-Cup</td>
<td>B I</td>
<td>2-17y</td>
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<td>A1 (SP, DS)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>Q</td>
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</table>

**Measure:**
- MATERNAL INFANT CHILD
  - Percent of women receiving prenatal care in 1st trimester
- CHILDHOOD AND ADULT IMMUNIZATION
  - Percent of children ages 19–35 months received all recommended doses of five key vaccines
  - Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
  - Percent of Long-Stay Residents vaccinated for the influenza season.
  - Percent of persons, age 65 and over, who ever received a pneumococcal vaccination.
- RESPIRATORY HEALTH
  - Admission for asthma for children
  - Admission for congestive HF (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over
- HEART DISEASE AND STROKE
  - Admissions for congestive HF (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over
  - Heart attack patients- administered aspirin within 24 hours of hospital admission
Future Considerations

• Consider modifications to Mental Health Measures

• Elimination of duplication between workgroups, if any.

• Decide course of action for Tier II and beyond.