

Data Consortium Meeting Summary 12-01-09

The Kansas Health Policy Authority (KHPA) hosted the fifth 2009 (eleventh overall) meeting of the Data Consortium on Tuesday, December 1st at the Landon State Office Building in Topeka. 23 persons attended, representing 15 agencies, organizations and businesses.

Kansas Health Indicators Document

Dr. Hareesh Mavoori highlighted updates to 58 indicators that have been made since the last meeting. They include:

- 21 indicators have been updated with 2008 data
- County-level data has been added in the form of geomaps for 6 additional workforce indicators
- 31 additional indicators now have multi-state benchmarks (state geomaps showing comparisons for all US states)
- A detailed list of enhancements was included in the handouts (and posted with meeting materials)

Usage of the site continues to increase. KHPA monitors the indicators receiving the most hits to assess interest levels and prioritize indicators for enhancement. An analysis of 5 months of cumulative “top 20” lists was presented in a format that depicts both sustained levels of interest as well as recency of interest.

There have been discussions with academia to conduct more in-depth analyses of the data, possibly crossing dimensions and pulling in other demographic data. Data Consortium members are invited to share other ideas/suggestions for continuing improvement of the Kansas Health Indicators to meet any emerging needs for Kansas.

State/National Level Data Initiatives of Interest

❖ Commonwealth State Scorecard on Health System Performance-2009

Hareesh presented an overview of the 2nd edition of the scorecard, which ranks states on 38 indicators across 5 dimensions (Access, Prevention & Treatment, Avoidable Hospital Use & Costs, Healthy Lives, and Equity). Also included is an estimate of the cost savings which could be realized if a state would improve to the level of the top-ranking state, on each indicator.

Kansas ranked in the top 5 states on one indicator (percent of nursing home residents who were physically restrained) and in the top 25% of states on 5 indicators. Two Kansas indicators placed in the bottom 25%. Overall, Kansas' rank changed from 18th in 2007 to 23rd in 2009.

Summaries can be found on screens 10-17 of the KHPA Presentation (see meeting handouts). The full report is available at <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx>

❖ Quality Improvement Plan for Clinics

Denice Curtis (Quality Officer for Kansas Association for the Medically Underserved) described KAMU's plan to help Federally Qualified Health Clinics (FQHCs) integrate quality improvement into their operations and increase patient safety; assessment of patient data drives the plan. KAMU helps the clinics break down the plan into small measurable pieces and to provide them with indicators and benchmarks so that they can determine progress over time. They also suggest resources such as diabetes registries and EHRs to help with data collection.

❖ Kansas Healthcare Collaborative (KHC) Quality Summit

This conference, held October 16th at Capitol Plaza Hotel, was a joint venture of Kansas Hospital Association and Kansas Medical Society. More than 200 providers attended, representing 77 hospitals and 37 physicians. The primary focus area for the near future is influenza immunization for healthcare workers. Efforts are underway to hire a program manager. The KHC steering committee will meet in February 2010 to make future plans.

❖ Present on Admission Update

Dr. Andy Allison shared reflections on a meeting that he attended in Washington, D.C. in October with representatives of 11 other states (Colorado, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Jersey, New York, Oregon, Pennsylvania, and Washington) sponsored by the National Association of State Health Policy. Discussion focused on the progress and status of a “pay for performance” methodology for healthcare. Defining the initiative proves difficult. Eliminating payment for “never events” is the initial (relatively easy) step; paying providers on the basis of the quality of care delivered is the ultimate goal, but determining a means of measuring that presents a much greater challenge.

KHPA’s focus in the coming months will be on the analysis and use of data in a meaningful way which will help providers improve their services to patients. The DAI will enhance the ability to measure health outcomes and track individuals as they transfer from one system to another.

- Advancing health information exchange is a major factor to improving quality of care. The Health Information Exchange Initiative (led by KDHE), E-Health Advisory Council and Data Consortium will be sources of information and guidance in this process. The hope/expectation is for Federal leadership for guidelines with allowances for state flexibility in development of a plan for implementation.

Discussion and suggestions on this topic:

- Nursing homes in Kansas are operating on a “pay for performance” basis, and have been for several years.
- Once the data needs have been determined, those who will be doing the reporting will need to be trained. Data will also need to be validated. This will take time, pushing the date when data will actually be usable years into the future.
- Initially, concentrate on what can be easily collected, used, validated, and compared.

Data Analytic Interface Update

The second round of user acceptance testing began November 30th. Over 20 testers will be working over a 3 week period to conduct 200+ test cases scenarios. Preliminary reconciliations between the DAI output and MMIS are promising. The expectation is to go-live in January 2010 with Medicaid and State Employee Health data; KHIIS will be integrated in March 2010 (KHIIS test files have been sent to the vendor for analysis).

Discussion points:

- The prospect of incorporating Medicare data in the future was explored
- Data Consortium members are invited to suggest ideas for analyses, using the cross-database capabilities of the DAI.
- A demonstration of the system will be planned for a future Data Consortium meeting.

Health Professions Workforce Workgroup Update

The first meeting, held November 6th, was attended by 22 representatives of 13 groups (state agencies, licensing boards and health organizations). The need for more complete and consistent data was explained, a work plan discussed and a needs assessment initiated. Workgroup members are asked to submit suggestions for data needs and help complete a table of data currently gathered. The group will plan to meet 2 more times by March 2010 to prepare recommendation for the Data Consortium and KHPA Board. More details are available at

http://www.khpa.ks.gov/data_consortium/Health_Professions_Workforce_Data.html

KHIIS Update

Drafts of three new reports and supporting graphs were presented by Dr. Mavoori:

- Utilization and Payment Statistics by Diagnosis Group and Age (2007)
- Private Insurance Market Statistics (Form 100 submissions to KID, 2005-2008)

- Outpatient Rehabilitation Therapy Services (2005-2008, including comparison with Medicaid) (Data presented in tabular and graphical form by: Unique Claims, Unique Billing Providers, Unique Consumers, Net Paid Amount, Change from Previous Years and Net Paid per Consumer)

Discussion points:

- Who will have access to the KHIIS data through the DAI? (KID will have control over release of data/reports) This will be a public policy decision – a possible topic for discussion by the Data Consortium.
- Will it be possible to track a patient from one type of coverage to another (such as private insurance to a government program)? Do we want to? This is a data policy question, most likely to be addressed by the legislature in the spring.
- Would it be possible to show “patient’s responsibility” in tables showing payment? (That was not collected in years prior to 2009; the format was revised so that it will be available for 2009 forward.)
- For “member by county” information in reports 2008 and earlier, a combination of four fields is used to arrive at a person’s county of residence. Beginning in 2009, a member’s zip code is on file, so this will be straightforward.

Suggestions/comments can be sent to Laverta.Greve@khp.ks.gov

Future Meetings:

- Health Professions Workforce Data Workgroup Meeting will be announced in the next month
- Next scheduled Data Consortium meeting – February 3, 2010 1:00-4:00 pm (Tentative)