



Kansas Health Data Consortium

Meeting Summary: July 22, 2010

Welcome and Introductions:

Dr. Hareesh Mavoori welcomed the group to the third 2010 (fourteenth overall) meeting of the Data Consortium; and introductions of the attendees were made. Approximately twenty-five people were in attendance, representing sixteen agencies, organizations and businesses.

Kansas Health Indicators Document and Process:

Dr. Mavoori reviewed recent enhancements which have been made to the Kansas Health Data Indicators, and invited members of the Consortium to provide suggestions on additional data requests which should be included. He reviewed the Monthly Usage Statistics which included the month of June, which reflected a total of 1674 visits with 1892 views during that month.

Update on Data Initiatives at State and National Levels:

- **State and Medicaid HIE/HIT.** By way of background, ARRA 2009 had provided approximately \$20 billion in funding for states for implementation of HIT initiatives. There are three levels of HIT planning which states are expected to do – the state level HIE plan (which is being done by the E-Health Advisory Council under the direction of KDHE); the state Medicaid HIT Plan (being developed by KHPA); and the Regional Extension Center plan (being led by KS Foundation of Medical Care). A timeline of the development of a State Medicaid HIT Plan (SMHP) was reviewed. An on-line Provider Survey was released by KHPA today, asking providers to identify level of readiness and current use of electronic health records. Plans are to have the final analysis of the environmental scan completed by late August 2010. The completed State Medicaid HIT Plan will be submitted to CMS for approval late February 2011.
- **Workforce Data Workgroup Proposal.** As a follow-up to the recommendation made by the Health Professions Workforce Workgroup, steps have been taken to complete and submit a HRSA State Health Care Workforce Planning Grant. The focus of the grant is the development of uniform data collection across states on licensed health professionals, with the goal of increasing state primary care workforce by 10% to 25% over the next ten years. A number of Kansas stakeholders met on June 29 and July 12 to finalize the application, which was then submitted on July 16. It is anticipated that HRSA will award grants by September 30.
- **Kansas Health Collaborative Quality Initiatives.** Kendra Tinsley, Executive Director with the Kansas Healthcare Collaborative, reported on the plans underway for the KHC Quality Summit scheduled for October 16 in Wichita – additional information is available at: <http://www.khconline.org>. She also provided updates on the Immunization Health Care Project (recommending that all hospital health care workers receive the seasonal influenza immunizations) and the Kansas on the CUSP Project (an

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opportunity for Kansas hospitals to participate in a national patient safety program).

- **2009 National Healthcare Quality and Disparities Report.** The 2009 National Healthcare Quality (NHQR) and National HealthCare Disparities (NHDR) Reports have recently been distributed and are available on-line at: <http://www.ahrq.gov/qual/qdr09.htm> . Dr. Mavoori provided highlights of the 2009 report findings related to health care quality measures and disparities in quality and access among diverse populations.
- **National Multi-Payor Claims Database Initiatives.** ARRA 2009 provided three-year funding for a contractor, upon completion of the RFP and winning the bid, to build and operate a national Multi-Payer Claims Database to support Comparative Effectiveness Research using Medicare, Medicaid, other public payer and private payer claims data; and to enable access to the database for researchers, policymakers, and other stakeholders who seek to use it to improve the public health. The deadline to submit a completed RFP is September 15. A multi-stakeholder governance board would be established to oversee this initiative, and the RAPHIC/NAHDO requested roles representing states in the governance and implementation of these activities. One of the initial tasks for the winning vendor would be the identification of states with existing multi-payer databases and creating a mechanism and incentives for incorporating that data into the national database. Since Kansas has the Data Analytic Interface, it is likely we will be approached to discuss data sharing in the future for this initiative.

Data Sharing: KHPA Data Analytic Interface Use Agreement:

A draft DAI Use Agreement was reviewed by the group to commence discussion on data use policy, and attendees were asked to submit any comments or revisions to the draft Agreement to Dr. Mavoori. It was emphasized that data requests will need to be reviewed case-by-case for purpose, whether the proposal has cleared any Institutional Review Board (IRB) process, appropriate privacy and trade-secret protections, a list of all users, etc. Dr. Allison advised that after incorporation of Consortium member feedback, an additional review of the document will be done with Dr. Mavoori and his staff, and that the draft Agreement will be brought back to the Data Consortium at a later meeting for approval.

DAI Draft Medicaid/SEHP Comparative Pricing Reports:

Attendees reviewed three DAI draft Medicaid and SEHP comparative pricing reports: 1) Hospital Inpatient Services by DRG; 2) Physician Services by Procedure; and 3) Dental Services by Procedure. Because the state employee health plan contracts with several major insurers, the provider payment rates included in the database are generally reflective of private, competitive rates in Kansas. These preliminary results suggest that in 2008 and 2009 Medicaid paid about 51% of private market rates for physician services (on average), 72% of private rates for hospital inpatient services, and 73% of private rates for dental services. KHPA staff will continue to work on validating the results before the reports are highlighted on the KHPA website.

Follow-Up/Next Steps:

- It was questioned whether a DAI report on utilization would be developed which would identify use, population, etc.; Dr. Allison advised that plans are being made to develop that report at a later date.
- It was observed that the Kansas Dental Association does not attend the Data Consortium meetings. Dr. Mavoori will contact KDA and extend invitation to participate in the Consortium.
- The next meeting date for the Data Consortium was briefly discussed; it is very likely that the October and December 2010 meetings will be combined into one meeting, to be scheduled in December. More information will be shared with Consortium members at a later date.