



Data Consortium:

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

July 22, 2010

Introductions

Kansas Health Indicators Document Updates

Recent Enhancements

■ New data:

- Additional years of data for 54 indicators

■ Data refinement:

- Five provider-to-population ratios augmented with survey data: MDs, DOs, Residents, PAs, Dentists

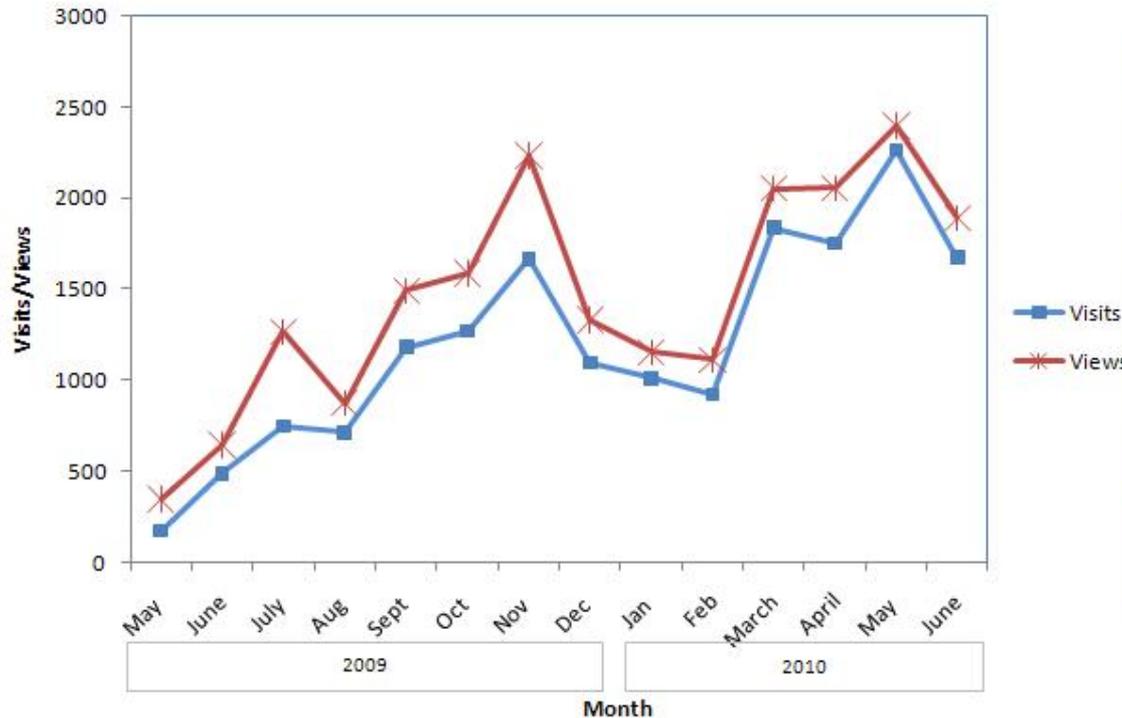
■ Data Source change:

- Medicaid eligible children who received any dental services during the year: Now uses CMS 416 report (EPSDT)

■ Ongoing effort based on user feedback

■ Suggestions welcome from Data Consortium members

Kansas Health Indicators – Monthly Usage Statistics



Month	Visits	Views
May	174	348
June	486	643
July	747	1267
Aug	712	874
Sept	1181	1493
Oct	1268	1587
Nov	1665	2234
Dec	1095	1330
Jan	1011	1153
Feb	921	1112
March	1836	2051
April	1751	2054
May	2262	2396
June	1674	1892

- Continuing collection of 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”

State and Medicaid HIE/HIT Update

Kansas Medicaid Health Information Technology (HIT) Initiative

- ARRA 2009 - \$20B for HIT initiatives & provider incentives up to:
 - » \$64,000 over six years for physicians with >30% Medicaid population mix
 - » \$44,000 for Medicare physicians
 - » \$2M per year for hospitals
- Interoperable Health Information Exchange (HIE) planning :
 - Statewide plan: eHAC (KDHE)
 - State Medicaid HIT Plan (SMHP): KHPA
 - Regional Extension Center (REC): KFMC

Development of the Kansas SMHP

- SMHP Components:
 - Current Technology Landscape Assessment
 - Vision of Kansas HIT future
 - Specific actions for incentive payment implementation
 - HIT road map
- Provider Survey & Environmental Scan: “As-Is”
 - To be used both for SMHP & statewide effort
 - Provider survey: individual providers, hospitals, other health care organizations (CAHs, etc)
 - Environmental scan: larger external collaborative health systems and state systems
 - To be used to create the SMHP through vendor contract

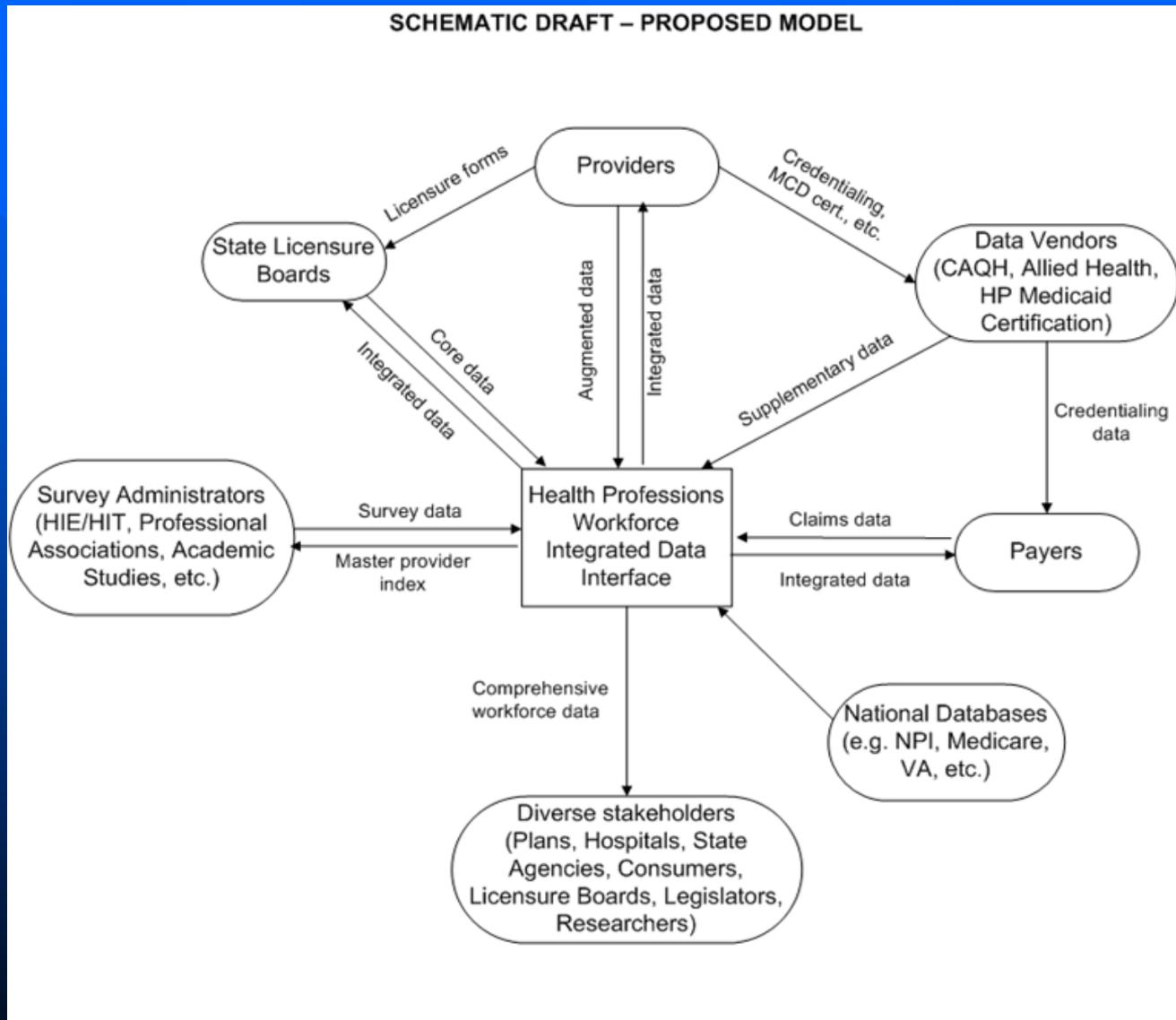
SMHP Timeline

Task	Projected Completion Date
State Medicaid HIT Plan (SMHP)	
Provider Survey	
Task Order Released	4/23/2010
Award Survey Contract	6/11/2010
Release Survey to Providers	7/22/2010
Perform Survey	8/13/2010
Survey Analysis Complete	9/16/2010
Environmental Scan	
Environmental Scan Questionnaire Completed	5/26/2010
Scan Completed	8/10/2010
Final analysis document completed and presented	8/25/2010
Create SMHP/I-APD	
Release RFP FOR SMHP Plan Vendor	7/31/2010
Award SMHP Vendor Contract	10/11/2010
Create Comprehensive Project Plan	10/25/2010
Complete SMHP	2/25/2011
Submit SMHP to CMS for approval*	2/25/2011*

Kansas HIT provider incentive payments to occur after CMS approves SMHP in CY 2011

Workforce Data Workgroup Proposal
– *Potential funding: HRSA Workforce Grant*

Data Consortium Health Professions Workforce Workgroup Proposal for Streamlined Data Collection



State Health Care Workforce Planning Grant (HRSA-10-284)

- Goal: Increase the state primary care workforce by 10-25% over the next ten years.
- Focuses on the development of uniform data collection across states on licensed health professionals
- Funding:
 - \$150k for one-year, comprehensive health care workforce strategic planning process (**State match: 15%**)
 - \$2 M per year for 2 years (with optional 3rd year) for implementation (**State match: 25%**)
 - Directed towards a multi-stakeholder collaborative partnership led by the State Workforce Investment Board (KansasWorks State Board)

Data-related Program Requirements

- Analyze state labor market information in order to create health care career pathways for students & adults, incl. dislocated workers
- Identify current and projected high demand state or regional health care sectors for purposes of planning career pathways
- Participate in programmatic evaluation and reporting activities

Kansas Health Workforce Partnership (KHWP)

- Kansas stakeholders met on June 29th and July 12th to draft and finalize application
- Stakeholders committed in-kind support towards the 15% state match
- Data Consortium Workgroup recommendations incorporated into the grant application as the basis for the uniform workforce data collection
- Application submitted on July 16, 2010
- HRSA will award grants by September 30, 2010

Kansas Healthcare Collaborative (KHC) Quality Initiatives

-Kendra Tinsley

www.khconline.org

2009 National Healthcare Quality & Disparities Reports (NHQR & NHDR)

NHQR & NHDR Background

- Annual reports by Agency for Healthcare Research & Quality (AHRQ)
- Mandated by Congress since 2003
- > 200 health care measures categorized into 4 areas of quality:
 - » Effectiveness
 - » Patient Safety
 - » Timeliness
 - » Patient-centeredness
- Available online:
<http://www.ahrq.gov/qual/qrd09.htm>

2009 NHQR Highlights

■ Tracks health system quality measures related to:

- » Cancer
- » Diabetes
- » End Stage Renal Disease (ESRD)
- » Heart Disease
- » HIV and AIDS
- » Maternal and Child Health
- » Mental Health and Substance Abuse
- » Respiratory Diseases
- » Lifestyle Modification
- » Functional Status Preservation and Rehabilitation
- » Supportive and Palliative Care

2009 NHQR Highlights

Three key analytical findings:

- Health care quality needs to be improved, particularly for uninsured individuals, who are less likely to get recommended care.
- Some areas merit urgent attention, including patient safety and health care-associated infections (HAIs).
- Quality is improving, but the pace is slow, especially for preventive care and chronic disease management.

2009 NHDR Highlights

- Includes data on:
 - Diversity of dental professionals in the workforce
 - Resources on training health care personnel to deliver culturally and linguistically competent care for diverse populations
 - Recent immigrant and limited-English-proficient populations
- Priority populations:
 - » Children and older adults
- Summaries of quality and access measures across:
 - » Various income groups
 - » Diverse ethnic and racial groups

2009 NHDR Highlights

- Shows that some Americans receive worse care than other Americans, probably due to:
 - » Differences in access to care
 - » Provider biases
 - » Poor provider-patient communication
 - » Poor health literacy, or other factors.
- Three key findings:
 - » Disparities are common and uninsurance is an important contributor.
 - » Many disparities are not decreasing.
 - » Some disparities merit particular attention, especially care for cancer, heart failure, and pneumonia.

National Multi-Payer Database Initiatives – HHS and RAPHIC

National Multi-Payer Claims Database

- HHS/CMS Initiative
- ARRA 2009 3-year funding
- Goal: *To build and operate a national Multi-Payer Claims Database (MPCD) to support Comparative Effectiveness Research (CER) 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*
- Timeline:
 - **June 10, 2010:** Request for Quote (RFQ) from vendors issued
 - **July 1, 2010:** RAPHIC/NAHDO requested roles representing states in governance and implementation activities regardless of winning bidder
 - **September 15, 2013:** Latest anticipated completion date

Key Tasks Planned

- Establish a multi-stakeholder governance board composed of at least: the U.S. Department of Health and Human Services, private payers, state Medicaid organizations, patient advocates, health services researchers, and provider representatives;
- Identify states with promising multi-payer claims database efforts;
- Identify sources of claims data beyond Medicare and Medicaid claims and build partnerships that facilitate their incorporation into the database; Identify incentives for data partners
- Develop a technical implementation plan to create a multi-payer claims database;
- Develop or customize existing hardware and software needed to create and operate database;

Key Tasks Planned (cont'd 1)

- Execute appropriate data use agreements; obtain Medicare & Medicaid data; obtain data from non-CMS
- Validate and develop appropriate linkages across the various data sources to be included in the database;
- Create mechanisms for researchers to access the database, including both data extracts and possibly direct query methods through a point of access with usable user-interface;
- Develop and implement a mechanism for updating the database regularly and for expanding the data sources contained within the database; the database should be capable of incorporating claims data from any public or private payer. The mechanism for update and growth should support incorporation of select clinical data (e.g. from EHRs, lab data) over time;

Key Tasks Planned (cont'd 2)

- Develop a proposal that outlines the range of potential users of the database, proposed uses, the level of personal health information able to be disclosed to a user given the users objectives, and the fee schedule for each user and type of use;
- Provide free access to data extracts to a group of qualified researchers for a period of one year after the database is operational to help validate and promote the database;
- Provide free access to the Department of Health and Human Services for research purposes through completion of this contract;

Key Tasks Planned (cont'd 3)

- Maintain the database and provide access to other qualified users as defined by the multi-stakeholder governance board at fee levels that will sustain the business model;
- Provide fee-based technical support for users;
- Develop a mechanism to continuously solicit feedback from users on utility, interface, and “user-friendliness” of the database. Such feedback should form the basis for continuous “quality improvement” efforts which should be a key feature of a sustainable business model.

Data Consortium Agenda - Advancing Data Policy

Today's Focus Areas:

1. Data Analytic Interface (DAI) Data Sharing

2. DAI Developmental Draft Reports for Health Transparency

Data Analytic Interface (DAI):
Data Use Request Template

DAI Draft Reports:
Health Transparency

DAI Developmental Draft Report Samples

- Medicaid-SEHP Pricing Comparisons for:
 - Hospital Inpatient Services by DRG
 - Physician Services by Procedure Group
 - Dental Services by Procedure

Open Discussion & Next Steps

DAI – Report Ideas

- Medicaid/SCHIP (MMIS)
 - Five years history
- State Employee Health Program (SEHP)
 - Five years history
- KHIIS
 - No initial historic data load, but accumulated over time
 - Legacy data will be stored on KHPA SQL server

Consortium members are invited to suggest ideas for analyses using the cross-database capabilities of the DAI

Example: Cost and volume driver comparisons between Medicaid, State Employee Health Plan, & KHIIS

What types of other MMIS-SEHP, MMIS-KHIIS, SEHP-KHIIS, MMIS-SEHP-KHIIS comparisons or integrated analyses will be of greatest interest to various stakeholders?

Future Meeting Dates

(Tentative)

- September 2010
- December 2010



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