Data Consortium Workgroup on Affordability and Sustainability
Meeting Notes
July 9, 2008

Present: John Cahill, LaVerta Greve, Gina Maree, Hareesh Mavoori, Sally Perkins, Rick Shults, Rachel Smit, Robert Stiles

Workgroup members that not in attendance: Larry Bruning, Doren Fredrickson, Tom Johnson, Fred Lucky, Allison Peterson, Jerry Pope, Elaine Schwartz, Michelle Sigmund, Tony Wellever, Ruth Wetta-Hall

Summary of General Discussion

The discussion opened with Gina explaining that she had reduced the list of measures to those directly tied to cost and had also added measures from the HHS chart book that may work once data sources have been identified. The proposed approach for reviewing the list was to look at each measure and its merits and avoid identifying data sources at this point.

The findings from Florida, Massachusetts and Minnesota were discussed with the following highlights:

- Florida reports average charges for hospital discharges by principal payer
- Massachusetts makes adjustments based on income, which magnify the affordability aspect
- Minnesota (SHADAC) not necessarily cost or charge specific; did offer a profile of Kansas; provides sources of information which is helpful

The group then moved on to analyzing the list of potential measures. The following is a breakdown of comments or suggestions of each category from the list:

<u>General State Health Care Expenditures</u>

- Measures could be used as a comparison across states
- More ‘big picture’ measures

<u>Medicaid and Health Wave</u>

- Group discussed removing measures regarding percentage change, discussed the percentage distribution, and decided to leave them in at this stage and return to later as an option to reduce
- Specify waivers within measures
- Recommend Access work group to track enrollment

<u>Safety Net Clinics</u>

- Specific to funding of clinics more than services within clinics
- Tier 1 legislative funds, Tier 2 or 3 total state funds

- Remove measure regarding percent change
- Make aware that “consumer” within Safety Net Clinics section and “member” in Medicaid and Health Wave have different meanings at times
- Measures looking at FQHCs and RHCs were discussed

Community Mental Health Clinics

- Can obtain county fund sources as well as total state funds
- Remove measure regarding percent change
- Change measure with “total federal funds” to read “total federal grants”
- Change measure regarding “trend per consumer” to read “trend per uninsured or underinsured consumer”
- Discussed if substance abuse and MRDD funding should be included as a measure

Private Insurance Expenditures

- Remove measure regarding percentage change
- Identify Tier 1 as Total and Tier 2 as Division
- Define whether or not administrative costs are included in cost per member per month
- Remove
- Consistency among service categories across work groups

Health Insurance Premiums

- Add measure for average premiums for employers for an employee plus one
- Consider State Employee Health as part of average per member per month premium comparison

Cost Sharing for Consumers

- Measure regarding percentage of Kansans not seeking medical care due to the cost will need to be phrased consistent with what the question indicates
- Add State Employee Health as data source for average deductable (public programs)
- Remove measure regarding average total health expenses

Uncompensated Care

- Section will need to be very specific and defined
- Sally will research accuracy of hospital data and how it is reported

Public Health

- New Chair at KU Wichita School of Public Health is interested in local health department and county expenditures
- Public health funding is sometimes difficult to identify; will start measures for federal funding and state funding; local funding will need to be Tier 2 or 3

Next Steps:

- Gina will reduce list by based on meeting discussions
- Gina will present rough draft list of measures to the July 15 full Data Consortium.
- By end of July, Gina will send the revised list of measures to the workgroup.
- Workgroup members will be assigned specific measures to research for data options.
- Next full Data Consortium meeting is August 20.
- Meet again by the second week of September to solidify Tier 1 recommendations for the full Data Consortium. Please watch for meeting request.
- Final measures due to full Data Consortium by October 1.

Data Consortium Workgroup on Affordability and Sustainability
Meeting Notes
June 2, 2008

Present: Gina Maree, Hareesh Mavoori, Jerry Pope, Michelle Sigmund, Barbara Gibson, Tony Wellever, John Cahill, Sally Perkins, Larry Bruning, Ruth Wetta-Hall

Workgroup members that not in attendance: Rick Shults, Tom Johnson, Doren Fredrickson, Elaine Schwarz, Fred Lucky and Allison Peterson

Summary of General Discussion

The discussion began by reviewing the previous workgroup meeting. Data information, identifying measures, merits of focusing on one or two entities and clearly defining Affordability and Sustainability were the key issues at hand. The group had been asked to provide comments regarding these points. The minutes from the full Data Consortium meeting were highlighted, focusing on the different workgroup updates and how they identify indicators and the starting criteria for evaluating measures. The group's goal is to have draft potential measures to full Data Consortium by the July 15 meeting.

The group then moved onto the subject of defining Affordability and Sustainability. The word choices were discussed with focus on cost and who has costs as the most fundamental issues. There was discussion about providers of insurance and whether or not that part should be removed from the working definition. While expecting the workgroup itself to evaluate the data sources might be too much to ask, KHPA would like to know from the group which of these measures are indicative of cost in terms of income. The necessity of a definition for Affordability and Sustainability and if the main focus is cost was discussed. The group conclusively agreed that cost be the framework behind Affordability, however being aware of the complexity behind measuring costs. Regarding classifying the tiers, the workgroup determined the following:

- Tier 1 should be about the cost of healthcare- within a range of reliable data
- Cost will be defined within the measures themselves
- Tier 2 and Tier 3 can then be expanded beyond cost in the future

The ultimate goal is to be able to understand the cost from the origin to the payer. This effort is to provide information about 'what is' and from there 'what it should be'. Because there are so many moving parts, it is a difficult effort. It was suggested that the group look to other entities that have done this in the past as a starting point,

researching other state's efforts and findings. The group then referred to the Criteria for Evaluating Measures document to decide which should be utilized for evaluating measures. The following comments were made regarding the definitions of each original criterion:

- Source of Data: agreeable by group
- Currently collected: as it applies to Tier One
- Publically Reported: Can it be? Is it already out there? Add reimbursement – insurers and providers equally
- Measure Currently Validated: agreeable by group
- Reliability of Data: agreeable by group
- Frequency of Measurement: agreeable by group
- Current Level of Comparability: agreeable by group

The group decided not to remove any of the original criteria from the list and then assessed the other options to include. While one might not be a qualifying criterion, it might better be defined as more of a characteristic. A measure could be selected on the original criteria, and described on one of the optional criteria. Out of the optional criteria, Timeliness of Data was selected to be added to the original list. The group then moved onto a plan of action on identifying indicators on cost within other states or federally.

Next Steps:

- Volunteers will research other examples and sources. Hareesh agreed to research Massachusetts and Sally offered to look into Minnesota and Washington. Submit findings to Gina by Monday, June 16.
- Reduce list of measures by identifying whether or not they are cost-based.
- Meet by the end of June to discuss results. Please watch for meeting request.
- Goal is to have rough-draft of measures going into July 15 full Data Consortium meeting.

Data Consortium Subcommittee on Affordability and Sustainability

Report to the Data Consortium

April 2008

Workgroup Member Composition

The Subcommittee on Affordability and Sustainability is made up of 16 members from a variety of organizations. Organization representation includes the following:

Gina Maree and Ron Liebman	Kansas Health Institute
Hareesh Mavoori and Elaine Schwartz	Kansas Health Policy Authority
Rick Shults	Social and Rehabilitation Services
Larry Bruning	Kansas Insurance Department
Barbara Gibson	Kansas Department of Health and Environment
Tony Wellever	Kansas Association for the Medically Underserved
John Cahill	Coventry
Tom Johnson	Blue Cross and Blue Shield
Doren Fredrickson and Ruth Wetta-Hall	University of Kansas Medical Center – Wichita
Fred Lucky and Sally Perkins	Kansas Hospital Association
Allison Peterson	Kansas Medical Society
Jerry Pope	Lawrence Paper Company

Mission

The mission for this group has not changed from the mission provided by KHPA.

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

Objectives

The objectives for this group have not changed from the objectives provided by KHPA.

1. Select measures and indicators for reporting in the domain affordability and sustainability.
2. Choose and prioritize measures for public reporting if necessary.
3. Identify essential elements to include in the report design.
4. Identify existing and needed data to produce these reports (Explore creating/improving collection mechanisms if necessary).
5. Coordinate with any current initiatives in other agencies or organizations.
6. Create strategic capacity-building and staffing for routine reporting.

Meeting Schedule and Timeframe

To date we have met as a subcommittee twice. Our next meeting will be in mid May. We have not defined a task specific schedule. We understand that the goal is to have a list of indicators and measures identified and populated by each workgroup by October 2008. We are on track to meet this goal.

Summary of Work group discussions

Our work group discussions have been very active and engaging. The group has grappled with the magnitude of identifying measures for affordability and sustainability of health care. We have been challenged by the fact that affordability and sustainability may differ depending on the audience. Affordability for a consumer may not be the same for a provider or the state. Thus, we have been focused on developing a definition that we all can agree with as well as deciding on which perspective(s) we will use when developing measures. We also discussed adding an additional indicator to the five KHPA provided. Thus, the six indicators for affordability and sustainability are the following:

1. Health Insurance Premiums
2. Cost Sharing by Consumers
3. Uncompensated Care
4. Medicaid and SCHIP Enrollment
5. Health and Health Care spending
6. Public health Funding - *new*

The subcommittee also has focused on identifying and sharing data resource information. The Kansas Insurance Department, Kansas Health Policy Authority and Coventry provided a list of data sources to which they have direct access. The Kansas Health Institute provided a list of data sources that KHI has utilized but to which they do not currently have direct access. You will find this information in appendix A. The committee also discussed the need for an inventory of regulatory mandates for reporting data in order to better understand the state's legal authority to collect data. The information that KHPA provided is in appendix B.

Next Steps:

1. The subcommittee is currently reviewing a draft definition of affordability and sustainability.
2. The subcommittee is currently reviewing a list of potential tier 1 measures and data sources organized by the 6 indicators noted above.
3. The subcommittee is currently reviewing, editing, and prioritizing a large list of potential measures organized by entity (consumer, provider, insurer, state, and public health).
4. Feedback on the above three items is due back to the group leader by May 9th.
5. Based on the feedback to items 1-3, the work group will need to agree on a definition, decide on perspective and potential measures.
6. Once the potential measures are agreed upon and organized in the three tiers, data availability, validity, and reliability will need to be assessed.