



KANSAS: A DATA-DRIVEN HEALTH POLICY AGENDA

JENNIFER HALDERMAN
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OUTLINE

- Kansas Health Policy Authority (KHPA):
 - Background
 - Data-Driven Health Policy Agenda
 - Data
- Data Analytic Interface (DAI)
 - Functionality
 - Development
 - Status
- Summary
 - Lessons Learned & Obstacles

BACKGROUND / HISTORY:
ADVANCING HEALTH DATA POLICY IN
KANSAS



Kansas Health Policy Authority.....

Coordinating health & health care for a thriving Kansas

- KHPA created in 2005 & 2006 Legislative Session
 - Built on Governor Sebelius' "Executive Reorganization Order"
 - Create a Board to govern health policy
- Modified in 2007 by State Legislature to:
 - Added a specific focus on health promotion and data driven policy making
 - Develop and maintain a coordinated health policy agenda
 - Employing health promotion oriented public health strategies
 - Advancing data-driven decision-making
 - Effective purchasing of health care
 - Funding for KHPA data initiatives

Source: SB 11



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THOMSON REUTERS

KHPA'S DATA RESPONSIBILITIES

- ... develop or adopt health indicators
- ... may appoint a task force or task forces ... for the purpose of studying technical issues relating to the collection of health care data
- ... develop policy regarding the collection of health care data
- ... administer the health care database
- ... receive health care data ... as prescribed by the *authority*
- ... coordinate ... analysis of health data for the state of Kansas with respect to [its] health programs

Source: SB 272

STATUTORY AUTHORITY TO COLLECT DATA FROM:

- Medical Care Facilities
- Health Care Providers
- Providers of Health Care
- Health Care Professionals
- Home Health Agency
- Psychiatric Hospitals
- State Institutions for the Mentally Retarded
- Community Mental Health Centers
- Adult Care Homes
- Laboratories
- Pharmacies
- Board of Nursing
- Kansas Dental Board
- Board of Examiners in Optometry
- State Board of Pharmacy
- State Board Of Healing Arts and third party payors, including but not limited to licensed insurers, medical and hospital service corporations, health maintenance organizations, fiscal intermediaries for government funded programs, self funded employee health plans.

CURRENT NEED

- Huge stock of health care and provider data:
 - Medicaid/SCHIP
 - State Employee Health Plan/Workers' Compensation (SEHP)
 - Kansas Health Insurance Information System (KHIIS)

MEDICAID/SCHIP

- Medicaid Management Information System (MMIS)
 - 300,000 lives
- Medicaid/Healthwave claims, payments, encounters, enrollment, and quality
 - Utilization and Expenditure Reporting
 - Caseload projections
 - Institutional reimbursement
 - Program management and procurement
 - Managed care enrollment
 - Ad hoc reports

SEHP

- Claims and enrollment data from multiple private companies who provide health insurance coverage to State of Kansas employees, affiliated non-State entities, and the State Worker's Compensation System
 - 88,000 lives
- Used for :
 - Monitoring utilization and expenditures
 - Benchmarking with Medicaid
 - Routine reports to Health care Commission
 - Program redesign and procurement

KHIIS

- Health benefit, enrollment and claims data
 - Collected on about 30-40% of covered lives in Kansas
 - Over 1 mill lives
- Data from the major health insurance carriers in Kansas (Commercial group insurance plans)
 - Those with over 1% of the annual premium volume
 - Approximately 20 companies
- Used for:
 - Support assessment of insurance benefits and their relationship to costs

REALITY

- Legislative Mandate
- Useable Data
- Lack of Modern Analytical Tools

➔ ***DATA ANALYTIC INTERFACE (DAI)***

DATA ANALYTIC INTERFACE (DAI)

DAI – DESIRED FUNCTIONALITY

- Repository for three data sets
- Allow benchmarking of Kansas Medicaid/non-Medicaid/external normative data
- Value-added tools:
 - Episode groupers
 - Record linkage to create master patient/provider index
 - Built-in calculation of widely-accepted measures for acute/long-term health care quality
- Support data-sharing with other state agencies and external researchers
- Allow monitoring of program impact by tracking input, process, and outcome measures factored by population, age, gender, location, etc.

DAI – DESIRED FUNCTIONALITY cont.

- Web based
 - Easily accessed by staff
 - Quick response time
 - User friendly
 - Accurate reporting with ability to change and save queries
- Meet needs of all stakeholders
 - Administrators, Program staff, Analytical staff
- Rapid response to wide range of questions from diverse stake-holders
- Help KHPA develop and measure the effectiveness of health policy decisions and initiatives.

RFP

- Planning Started 9/2006
- Reviewed a number of states RFP's
- Visited other States
 - Iowa
 - Built own Medicaid system
 - Nebraska
 - Purchased system
- Had potential vendors visit Kansas: Medstat, Ingenix, EDS, Bull Services
- Awarded 7/2008

DAI Status

- February 2008– Vendor presentations and first round of negotiations
- March 2008 – Site visits to clients of potential vendors (reference checks)
- April 2008 – Decision Made and Proposal sent to CMS and Kansas Information Technology Office (KITO)
- June 2008 – CMS & KITO approval of vendor selection
- July 2008 – Contract signed and awarded to Thomson Reuters
- August 2008 – Weekly planning meetings commenced
- September 4, 2008 – Work plan approved by KHPA and KITO; Execution started
- September 30, 2008 – Requirements gathering completed from all project stakeholder teams
- October 7, 2008 – Data Summit to normalize all data sources into one database
- November 25, 2008 – Requirements Summary Document approved
- March 4, 2009 – Integrated Data Model Design Complete and Approved
- June 10, 2009 – Initial System Implementation Testing Complete
- August 3-5, 2009 – Training Held for all Testers
- **August 17 – 28, 2009 - User Acceptance Testing**
- November 18, 2009 – Phase 1 Production Database Completed
- February 12, 2010 – Phase 2 Production Database Completed

Obstacles

- Staff resistance to change and perception of the new information system as a threat
- Ingrained or legacy culture of centralized analytics model (reliance on a finite number of experienced analysts)
- Unreasonably high expectations could pose barriers to adoption if not addressed early

Lessons Learned

- Early and continued communication with all affected vendors
- Need to identify and nurture champions both at staff and executive levels
- Participatory development process involving key stakeholders right from the beginning is essential
- First impressions need to be carefully managed
- Take the appropriate time



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