Approved: 1-28-97
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 22, 1997 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

James O'Connell, Secretary, Kansas Department of Health and Environment
Dr. Steven Potsic, Director of Health, Kansas Department of Health and Environment

Others attending: See attached list

Introduction of bills

James O'Connell, Secretary, KDHE, requested introduction of four bills relating to: (1) medical conditions of preschool children -- repeal, (2) amendments to the disease reporting system, (3) amendments to Health Care Data Governing Board membership, and (4) appointment of Director of Health. Senator Steineger made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Becker. The motion carried.

Briefing on Health Care Data Governing Board

Secretary O'Connell briefed the Committee on the accomplishments of the Health Care Data Governing Board during 1996. (See Attachment 1) Committee discussion related to confidentiality of records, source of individual records, exchange of information with other states, availability of records upon request, measuring outcomes in health care, identifying and tracking effective health status indicators, and multiple health data bases.

Briefing on Public Health Initiatives

Dr. Steven Potsic, Director of Health, KDHE, briefed the Committee on public health initiatives and the importance of preventive medicine as well as essential public health services. (Attachment 2)

Announcements

The Chair announced that due to the lack of time, the briefing on EACH/RPCH would be held Monday, January 27.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 23, 1997.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-22-97

NAME	REPRESENTING
Margaret Zillinger	SRS/AMS
Myrle Myers	" "
Ruth M Casey	AAUW
Anne Kimmel	AAUW
Amy Campbell	R. Rice law Office
Steve Paige	KDHE
Bob Williams	KS Pharmacists Assoc.
John Federico	Pete McGill + Assoc
Meg Hanson	KMS
Rich Guthrie	Health Midwest
[illegible]	DOB
Richard Morrissey	KDHE
TOM SIPE	KDHE
ANDREA PALMER	Midland Professional Srvcs.
JERRY SLAUGHTER	KMS
Lou Saadi	KDHE
Joan [illegible]	KDHE
Janice Nelson Kimball	KU grad / Menningers
BOB ANDERSON	KPhA

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-22-97

NAME	REPRESENTING
Susan Baker	Heim + Wein
Gary Robbins	Ks Optometric Assn
Joyce Volmut	KS ASSOC. MEDICALLY UNDERSERVED
Dennis Tietze	KAFP
Barbara Brown	Intern - Sen. Salmans
Danielle Nee	Gov. Office
Harold Riehm	KAOM
Doug Smith	KSSA
Scott Misoglu	Division of the Budget
Dawn Reed	KSNA

Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Health Care Data Governing Board Accomplishments During 1996

Thank you for the opportunity to report to you about the accomplishments of the Health Care Data Governing Board. I'd like to remind you briefly about the Governing Board's composition and history. As you will recall, the 1993 legislature requested a health care database be developed for the state with the administrator of this database being the Secretary of Health and Environment. Subsequently the Governing Board was established to assist the Secretary in creating policies and procedures for the database. It is comprised of voting members from the health care provider, insurer, consumer and research communities and non-voting members from state government. All serve on a voluntary basis. The composition of the Governing Board is rather unique compared to similar structures across the country in that health care providers play a significant role in policy development for the database. Additionally the Health Care Data Governing Board garners valuable assistance from members of the Data Consumer and Technical Task Forces to assist in policy making decisions as well as providing technical expertise to staff.

The mission of this Board is to assist in making health information accessible to policy makers, program managers, researchers and consumers for health care decision-making. The Governing Board spent its first year developing rules and regulations by consensus and the following two years conducting a health status inventory and developing data containing baseline information for health status indicators for Kansas. Furthermore, policies and procedures have been developed for the health care database with regard to release of data and assurance certain data maintained in the database are held as confidential.

Annual Reports have been prepared and submitted for the Governing Board's work during 1994 and 1995. I'd like to report today on its accomplishments for 1996. The 1996 Annual Report is currently being written and will be provided to the legislature by February 1, 1997.
As I mentioned, membership to the Governing Board was established by statute. However, in 1996, the Board voted to add an associate member to assist in its decision-making. Dr. Charles Gessert, President of the Kansas Health Institute of Topeka participates as an associate member without voting privileges and provides valuable advice on Governing Board activities. The statute as originally adopted intended that a full voting membership should be held by the Kansas Health Institute, but apparently anticipated that the Institute would be located at the KU campus. As a result the chair of the KU Department of Health Services Administration was appointed to the Institute seat on the Board. An amendment will be proposed to you today to clear up the

Kansas Health Institute Board membership and to provide a voting membership to be rotated among reseachers from Kansas State University, the University of Kansas and Wichita State University.

Accomplishments for the Governing Board for 1996 can be categorized in three major areas: Policy Development, Health Information Initiatives and Information Dissemination. The activities included in each of these categories has further assured confidentiality of data within the database, established data sharing opportunities through health information partners and provided a body of health information to data consumers about health care in Kansas that previously was not easily accessible. Thanks to our data partners such as the licensing and credentialing agencies, Kansas now has a single point of contact where anyone conducting a health resources needs assessment or community health assessment can obtain information that will assist their decision-making about health resources in their area.

Policy Development

Two policies were adopted by the Governing Board in 1996 that restrict release of health professional residence address information and Social Security numbers. The Governing Board was sensitive to the possibility that certain information can lead to annoyance, harassment or intrusion into the privacy of health care providers.

The second policy developed relates to a definition of "small numbers." This is a technical definition of the smallest frequency of data that can be released from the database. This definition is important to protect the privacy of patients particularly for the sparsely populated areas of the state. Effectively, any frequency that is "a number less than or equal to five" will not be released to the public. This definition is consistent with that of other state data organizations and with the National Center for Health Statistics.

Health Information Initiatives

Work continues on the health system inventory with particular focus on health care professional availability throughout the state. Additionally, through cooperative efforts between the Kansas Health Institute, Board of Healing Arts and Governing Board staff, the Kansas Health Institute is conducting a Workforce Modeling Study for Kansas. This will yield important information in projecting health care workforce needs in the future.

The Governing Board's development of health status indicators for the state is underway with definitions and refinement of data elements in progress. These key indicators will provide a long term resource from which to analyze not only health problems, but also the effects, positive and negative, of public health and health care delivery system changes. It can become an invaluable tool for future policy decisions. The Governing Board is being kept abreast of the health insurance database being developed for the Insurance Department health insurance information system by KDHE as statistical agent. While the data is collected to meet the needs of the Insurance Department, parts of this database will be a source of information that will be valuable in the Governing Board's work. The Chair of the Governing Board and staff who support the

Board are active in the work of the Health Care Accountability Purchasing Group. This group of businesses, business coalitions, providers, purchasers of health plans and state officials evolved from work of the national Milbank Foundation to encourage development of coordinated information systems to assist purchasers of health plans. Milbank's presence in Kansas and the formation of the Purchasing Group were both encouraged and supported by the Chair of this Committee, Senator Praeger.

Information Dissemination

Making health data more accessible and available is a cornerstone responsibility of the Health Care Data Governing Board. Data currently maintained within the database includes health care professional data from eight licensure/credentialing agencies encompassing 23 professions. Furthermore, community hospital inpatient summary data are available from the database. Exhibit 1 contains information related to how the data were used by our customers during 1996. Reports from our data customers indicate a wide range of uses for the data maintained within the database. Data provided have been reported anecdotally to be important to providers making decisions about the number of OB/GYN physicians needed in a particular service delivery area as well as being important to local community coalitions conducting community health assessments planning projects.

Exhibit 2 reports the number of requests for information received by category. Requests from the database have doubled in 1996 (138) from 1995 (63). Staff continue to make data available to customers through electronic and printed means. To achieve the most efficient dissemination possible, data are available to anyone requesting information through direct written and phone request to KDHE. However, the Governing Board saw the need to obtain a presence on the World Wide Web and make the information being produced more available and accessible than through traditional means. In cooperation with INK, the Governing Board now has a home page (www.ink.org/public/hcdgb) from which approved, publicly available reports and data can be viewed and downloaded online.

Hardcopy Publications/reports

During 1996, three publications summarizing information about emergency medical, nursing and optometry health care professionals were published as a part of the health system inventory commissioned by the Governing Board in 1994. These summaries were derived from analyses of data acquired from health professional credentialing agencies who have participated as data partners with the Governing Board. In cooperation with the Kansas Hospital Association, the Governing Board published its first information on the utilization of health services within Kansas in "Most Frequent Inpatient Conditions Treated in Community Hospitals, the State of Kansas and the Counties, 1993-1994". This document summarized inpatient conditions by DRG for each county in the state by county of residence of the patient. This information is valuable to those conducting community health assessments and can be a basis for targeting health information and prevention efforts.

It has been a productive year for the Governing Board members, partners and staff. The

upcoming year will bring considerable challenges for the Board. The health care industry has changed significantly since the Governing Board's inception in 1993. Members believe it is appropriate to continually reevaluate the goals and objectives initially developed and readjust those according to the health information needs of the state.

Members and partners continue to participate voluntarily because they see the importance of a readily accessible repository of health information for Kansas. The commitment to this process is strong and is making significant contributions to the availability of health information in Kansas.

Thank you for your time and I will be happy to entertain any questions you may have.

Testimony presented by: James J. O'Connell
Secretary, KDHE, and
Chair, Health Care Data Governing Board

January 22, 1997

Exhibit 1

Uses of Data Provided from the Health Care Database

✳Businesses, primarily consulting firms

Planning: Resource Distribution
Locating Service Providers
Constructing strategic plans for facility purchase/development

Continuing Education of Providers

✳Health Care Providers

Resource Allocation
Recruitment
Relocation

✳Government

Policy Development: EMS trauma plan development

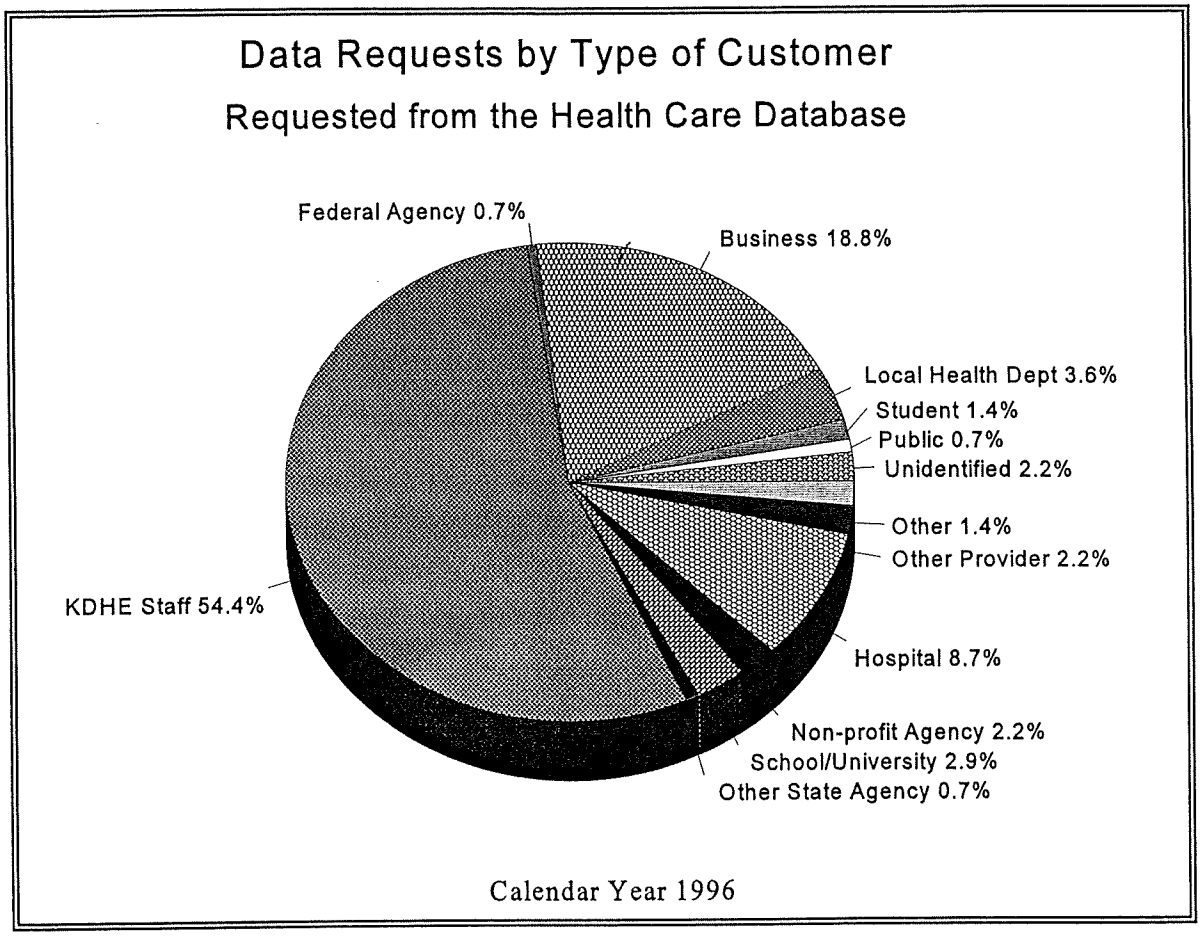
Program management: Community Health Assessment
Medically Underserved Area Designation
Information dissemination
Verification of licensure for nurses
Resource distribution

Service Delivery: Services for Children with Special Health Needs

Exhibit 2
Data Requests from the Health Care Database

During Calendar Year 1996, Office of Health Care Information (OHCI) filled more than double the number of requests than for the previous calendar year. Staff filled 63 data requests in Calendar Year 1995, but this number increased to 138 filled data requests in Calendar Year 1996.

Figure 1



- Slightly over half (54.3% or 75) of filled requests were KDHE internal staff data requests (see Figure 1). Business (18.8% or 26) was the second largest group requesting data.
- Hospitals (8.7% or 12) ranked third in volume for data requests. The remaining 18.2% of data requests were from miscellaneous sources.
- On the average, 11.5 data requests are filled monthly by OHCI staff.

- A number of different types of data requests were received for information from the Health Care Database. The most frequent request was internal KDHE verifications of RN licensure information. Disks, electronic transfer, address labels, and preprinted publications and tables containing specifically identified health care professional information was frequently requested. Several requests for copies of the Health Care Resource Directory were also received.

- More than 116 staff hours were devoted to data analysis, preparation and distribution of information from the Health Care Database

- The Health Care Database generated $860.00 during Calendar Year 1996. Of the funds generated, 77% were from businesses.

- Peak months for filling data requests were February, September and October. During each of these months, staff filled 18 data requests.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DIVISION OF HEALTH

Our Mission

The mission of the Kansas Division of Health is ...
to promote and protect health and prevent disease and injury.

What are Essential Public Health Services?

Essential public health services are those services which should be provided by a Kansas public health system - by the state and local public health agencies in partnership with other agencies and the private sector. These include:

- ❒ Collect and analyze data for determining community health status.
- ❒ Monitor health status to investigate/identify/diagnose and solve health problems.
- ❒ Prevent epidemics, injury and the spread of disease.
- ❒ Protect against health hazards in the physical environment, workplace, housing, food and water.
- ❒ Inform and educate people about health issues.
- ❒ Promote healthy lifestyles.
- ❒ Assist in the development of sound health policy and planning.
- ❒ Facilitate community action/partnerships for health.
- ❒ Respond to threats to the health of the public resulting from disease or disease outbreaks.
- ❒ Assure the quality, availability and effectiveness of health and laboratory services.
- ❒ Reach out to link those at high risk with needed services.
- ❒ Provide health care when the community determines the need.

1/97

Senate Public Health & Welfare
Date: 1-22-97
Attachment No. 2

THE HEALTH OF KANSANS

Good health is essential to the well-being and economic prosperity of our state. The Institute of Medicine in 1988 characterized public health's mission as "fulfilling society's interest in assuring conditions in which people can be healthy." For this to be accomplished, a statewide system is necessary to assure that:

1) health conditions are routinely monitored to determine health status and health needs;

2) immediate and long term health threats are detected;

3) preventive actions are taken to diminish threats; and

4) prevention services are available.

It is important that the state has an active process that promotes health and well-being, that premature death and disability are prevented, and that such activities are not only cost effective but are also available throughout the state. Effective prevention is measured in years. It is a long-term investment.

Healthy individuals in healthy communities is the cornerstone for quality of life. A key function of a good public health system is to prevent health and environmental hazards from occurring. Some suggest that public health works best when such threats do not materialize at all. But when such threats do occur, they need to be minimized. A crisis is averted, for example, when public health prevents more children from becoming ill when measles occurs in the state, when water borne illness is detected early and the problem corrected, when people with food borne illness are quickly linked and the source eliminated. The goal of public health is to avoid health crises, to assess health threats scientifically, and assure reasonable health promotion and sound health policies that reduce the risk factors associated with ill health and injuries. We simply expect public health organizations to be there when we need them.

Given the multitude of determinants of ill health, public health faces many problems as we approach the 21st Century. A study done by the U.S. Department of Health and Human Services which assessed the 10 leading causes of premature death concluded that approximately 50% could be linked to personal risk behaviors, approximately 20% each to environmental risks and human biology, and about 10% to access to medical care. Clearly, we need to work together to develop new strategies to promote and protect our health.

Changes are occurring, including growth of managed care, reevaluation of environmental policies as they relate to economic growth, and renewed federalism. Such changes provide a much needed opportunity to undertake self-assessment, to address questions about our roles and responsibilities and to improve collaboration with our private partners. It is important to bring providers, purchasers, payers and consumers together around a common agenda: to respond to the challenge to protect and improve the health of Kansans in the 21st Century. It is necessary to provide viable and concrete courses of action for the modernization and pursuit of the public health mission and develop a template for better decision making as states receive more flexibility and responsibility for health and environment activities.

January 17, 1997: Kansas Department of Health and Environment