Approved: 2-2-98
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 29, 1998 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:
Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Gary Mitchell, Secretary of Kansas Department of Health and Environment
Jerry Slaughter, Executive Director, Kansas Medical Society

Others attending: See attached list

Annual Report on Health Care Data Governing Board

As required by statute, the Secretary of the Kansas Department of Health and Environment, Gary Mitchell, presented the annual report on the Health Care Data Governing Board to the Committee. Secretary Mitchell noted that since its inception, the Governing Board has accomplished a great deal toward emphasizing the need for sound health information and laying the groundwork for gathering and disseminating health data relevant to the needs of Kansas. He pointed out that developing state policy related to health data and information submission as well as release and publication are cornerstone responsibilities of the Health Care Data Governing Board. Other information related to the Health Care Data Governing Board presented to the Committee was outlined in the attached report. (Attachment 1) Committee discussion related to confidentiality and protecting the rights of citizens, statutorily mandated and voluntary data, data available to and from CDC, and measuring outcomes data in certain areas. As the state is currently expanding health care opportunities for children, the Chair identified a need for the Health Care Data Governing Board to follow the expansion and to demonstrate what impact that program has on the health status of children in the state.

Hearing on SB 434 - Health care data collection on certain health studies

Gary Mitchell, Secretary, Kansas Department of Health and Environment, presented testimony in support of **SB 434** which would require health researchers receiving state or federal funding to file information with the Health Care Data Governing Board that describes their health-related studies. Secretary Mitchell noted that a clearinghouse of health information, mentioned on the Governing Board's web site, including current research studies, would provide policy makers, program managers and the public with a single source from which to obtain a broad array of health information. (Attachment 2)

Jerry Slaughter, Kansas Medical Society, expressed his support for **SB 434** and offered an amendment that would include the Secretary of Health and Environment or the designee of the Secretary, along with the Secretary of Social and Rehabilitation Services and the Insurance Commissioner, or their designees, as voting members of the Health Care Data Governing Board. (See Attachment 3)

There were no opponents to **SB 434**.

Adjournment

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

The next meeting is scheduled for February 2, 1998.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-29-98

NAME	REPRESENTING
Harold Riehm	KADM
Keith R Landis	Christian Science Comm on Publication for KS
Sandra Strand	Ks Advocates for Better Care
Mark Stafford	Bd of Healing Arts
Mike Meacham	
Amy Campbell	KSOS
D B Willy	U. Christi
Callie Hill Denton	KS Assoc. of Health Plans
Linda DeCoursey	KS Insurance Dept.
Bob Harder	MPS
Jerry Slaughter	KMS
Carrie Reecht	[illegible]
Susan Anderson	Hein + Weir
Callie	
Cheryl Dillard	HealthNet
Dawn Reid	KSNA

Health Care Data Governing Board

Annual Report

January 1, 1997 - December 31, 1997

Gary R. Mitchell, Secretary
Kansas Department of Health and Environment
Chairman

Members:

Jerry Slaughter, Kansas Medical Society
John Grace, Kansas Association of Homes and Services for the Aging
Don Wilson, Kansas Hospital Association
Garold Minns, University of Kansas Medical Center
John Noonan, American Association of Retired Persons
Tom Johnson, Blue Cross and Blue Shield of Kansas
Richard Huncker, Kansas Insurance Department
Michael Fox, University of Kansas
Edwin Fonner, Kansas Health Institute
Ann Koci, Department of Social and Rehabilitation Services
Barbara Langner, Kansas State Nurses Association

Senate Public Health and Welfare
Date: 1-29-98
Attachment No. 1

Executive Summary

In 1993, the legislature realized the need for information to make sound health policy decisions and requested that a health care database be developed for the state. The Secretary of Health and Environment was designated as the administrator of the database. Subsequently, the Health Care Data Governing Board was established to assist the Secretary in creating policies and procedures for the database. The Board is comprised of voting members from the health care provider, insurer, consumer and research communities and non-voting members from state government (see Appendix A). The Governing Board's mission is to assist in making health information accessible to policy makers, program managers, researchers and consumers for informed health care decision-making.

Since inception, the Governing Board has accomplished a great deal toward emphasizing the need for sound health information and laying the groundwork for gathering and disseminating health data relevant to the needs of Kansas. During its first year (1993), the Governing Board developed potential policy questions, rules, regulations and policies and procedures for data confidentiality, collection and dissemination. In subsequent years, the Governing Board's work included implementing health data initiatives that will improve the state's capacity to assess its health workforce and health status while assuring the confidentiality of health information. Through the efforts of the Health Care Data Governing Board and its partners, a single contact point for obtaining health data has been established, data partnering has been fostered and the amount of health data dissemination throughout the state has been increased. Future directions for the Governing Board include expanding the database to include health service utilization and health care quality data, serving as a clearinghouse for health-related information and studies and facilitating standards implementation.

Health Data Policy Development

Developing state policy related to health data and information submission, release and publication is one of the cornerstone responsibilities of the Health Care Data Governing Board. Policies established by the Governing Board in 1997 include:

- **Fee Policy**--The Governing Board's policy number 97-001 established a series of fees to be assessed when data from the database and information services are provided to customers.
- **Change in Membership** -- Legislation was approved that further defined the role of the Kansas Health Institute on the Board. Also approved in statute was the addition of a representative from the Kansas State Nurses Association.
- **Medical Fee Schedule Assistance for the Division of Worker's Compensation**-- The Governing Board was requested to assist the Division of Worker's Compensation to obtain data for its medical fee schedule. After discussion, the division introduced its own legislation to collect the data it needed.
- **Accuracy in Data Submission**--The Technical Task Force recommended the Governing Board adopt a policy to minimize the amount of error allowed in submissions to the health care database to a 5% error rate.

- **Data Request Forms** -- Both the Public and Restricted-Use data Request forms were reviewed and modified to address compliance issues with state statutes.
- **Record-level Data Collection for the Health Status Indicators** --Members agreed to collect record-level data for the health status indicators project.
- **A Framework for Establishing Health Data Initiatives** -- The Data Consumer Task Force submitted a written recommendation to the Governing Board to re-evaluate its process for understanding and responding to what the health care community needs to evaluate and improve the quality of health care and health in Kansas.

Health Care Data Governing Board Retreat

The Governing Board held a retreat in August to discuss its roles and responsibilities and to establish priorities. During the retreat, participants identified functional roles for the Health Care Data Governing Board and discussed a number of issues they felt needed to be addressed through the work of the Board. Specific direction for the Board was developed and project priorities were defined. Governing Board roles were identified by its members as ***information broker, integrator, catalyst, consensus builder, analyst, and communicator***. The Governing Board also identified its role in the state as having knowledge of and tracking what health-related data are available, assuring data consistency and standardization, functioning as a broker of health information, possible warehouse of data and educator of consumers and policy makers.

Specific directions for the Board were developed. Members believed that the Health Professional Inventory and Health Status Indicator Initiatives should be considered as ongoing projects. The top five new priorities identified were:

- Utilization data for all providers including treatment across settings.
- The effect of managed care on health care costs and how this relates to cost containment, quality of care, and access to health care.
- Clearinghouse for health related projects.
- The effect of change in the health care system on quality, access and cost on health status.
- Standard setting for capturing health data (formats, definitions).

Resources to accomplish the priorities of the Governing Board were considered an important aspect deserving attention in the coming year. Retreat participants believed health data collection and dissemination is a core function of state government. Subsequently, the Board agrees the Legislature needs to be educated as to the need for funding to continue this effort. Retreat participants suggested developing a strategy for funding and that the Board needs to make use of supplemental funding sources like Hartford Foundation Grants and others. Issues to be addressed in the future included how the Board's work fits with the Accountability in Healthcare Purchasing Workgroup and the plausibility of a framework for health data initiatives proposed by the Data Consumer Task Force.

Task Force Reformulation

At the September 3, 1997 meeting of the Governing Board, it was requested that the Task Forces provide a plan of action for obtaining data on utilization of health services. The Co-chairs met to discuss this new assignment and realized that the membership of the task forces has changed considerably since their inception due to a variety of reasons. Co-chairs proposed that the name of the Data Consumer Task Force be changed to the Data User Task Force in order to more equitably reflect the composition of the suggested membership. The task forces were then recommended to be restructured with new members encompassing a broader array of representatives from the health field. Members would be given three-year terms with a third of the membership turning over annually where members would be replaced or reappointed to the respective task forces as needed.

Taking this opportunity to realign the structure of the task forces was intended to better serve the needs of the Health Care Data Governing Board as approaches were identified to meet the newly established priorities. Work is proceeding toward this end as the task forces are reformed and new members are asked to join the task force memberships.

Health System Professional Inventory

During Calendar Year 1997, KDHE staff worked to fulfill the Health Care Data Governing Board's request for building of the Health Care Database and completion of a Health System Inventory. Notable accomplishments include:

- Cooperative efforts between the Information Network of Kansas (INK) and two credentialing boards have resulted in data submission via Internet. This agreement enhances standardization of these data and assures more timely reporting.
- Minimum data set information containing practice location and hours worked by speciality was requested of physicians licensed in Kansas. Discussions with other credentialing boards to collect the recommended minimum data set are in process.
- Supplemental surveys were developed through cooperative efforts with a number of boards and organizations to collect minimum data set information containing practice location and hours worked by specialty.
- Volume I of the Kansas Board of Healing Arts Health System Inventory, a summary of physician data collected by the Kansas Board of Healing Arts was approved by the Health Care Data Governing Board and distributed.

Health Status Indicators

During Calendar Year 1997, KDHE staff worked with a variety of experts in the health data field to fulfill the Health Care Data Governing Board's request for preparation of a set of health status indicators for Kansans. Notable accomplishments include:

- Formulation of the subcommittee to review and fine tune technical aspects of the Health Status Indicator Project. A total of 120 indicators were developed to be used to monitor the health status of Kansans.

- Requests for health status data tailored for each data provider from the body of the Health Status Indicator Project. Technical specifications were included. Data are being collected by OHCI for placement in the Health Care Database and will be prepared for dissemination in the upcoming year.

Information Dissemination

Data Requests from the Health Care Database

Data requests filled for customers have increased each year since Calendar Year 1995. Staff filled 33% more data requests in Calendar Year 1997 than during the previous calendar year. Over half of the filled data requests were from KDHE internal staff. Businesses were the second largest group requesting data, while students ranked third in volume of data requests. More than 336 staff hours were devoted to data analysis, preparation and distribution of information from the Health Care Database, which is a 300% increase in time expended over Calendar Year 1996.

Uses of Data Provided from the Health Care Database

Data from the Health Care Database are used in a variety of ways by a number of data consumers. Among them are businesses, health care providers, government entities, universities and students, and individuals from other sectors of the general public

Internet

Internet access for using the Health Care Database has been available to data users since October 1996. Use of the Governing Board's website has increased markedly since its creation. Additionally, a number of publications have been made available through Internet. These include publications from the Health System Professional Inventory, the Health Data Resources Directory and there are plans to place additional publications on the Health Care Data Governing Board website.

Funding

Initial funding for the Health Care Database included funds for a one-time purchase of equipment. Funds allocated provide resources to fund three staff, an analyst, a programmer, one clerical assistant and the operating expenses related to communications, travel and printing documents. Current funding levels are allocated to address the needs of the Health System Inventory and Health Status Indicators projects. Ways to fund the new priorities of the Health Care Data Governing Board are currently being discussed since KDHE will need further capacity to address these additional projects.

The Health Care Data Governing Board
Accomplishments During 1997

Background

In 1993, the legislature realized the need for information to make sound health policy decisions and requested that a health care database be developed for the state. The Secretary of Health and Environment was designated as the administrator of the database. Subsequently, the Health Care Data Governing Board was established to assist the Secretary in creating policies and procedures for the database. The Board is comprised of voting members from the health care provider, insurer, consumer and research communities and non-voting members from state government (see Appendix A). The Governing Board's mission is to assist in making health information accessible to policy makers, program managers, researchers and consumers for informed health care decision-making.

Since inception, the Governing Board has been very active. During its first year, the Governing Board developed potential policy questions, rules, regulations, policies, and procedures for data collection and dissemination. The following year, the Governing Board implemented a data collection initiative and created a health care database. KDHE staff, with guidance from the Governing Board's membership and task forces compiled, centralized and evaluated data collected on health care occupations from eight credentialing boards encompassing many health care occupations for the purpose of completing a health system inventory. During 1996, the Governing Board worked to futher assure confidentiality of data within the health care database. It established a single health care data access contact point for obtaining data needed for health resources assessments, community health assessments and other kinds of research. It furthered data sharing opportunities through health information partners making previously inaccessible health care data more available to data users. Accomplishments of the Governing Board in 1997 include strategic planning to help further health information initiatives and enhanced information dissemination. The activities of the Governing Board in 1997 have served to broaden the quantity and enhance the quality of available health care data, encouraged data partnering, and increased the breadth of data dissemination to users.

Health Data Policy Development

Developing state policy related to health data and information submission, release and publication is one of the cornerstone responsibilities of the Health Care Data Governing Board. Policies established by the Governing Board in 1997 include:

- **Fee Policy**--The Governing Board's policy number 97-001 (see Appendix B) established a series of fees to be assessed when data from the database and information services are provided to customers. The goal of the policy is to recover some of the cost for maintaining data in the database and producing reports.

- **Change in Membership**-- The enabling legislation included a member of the of the Governing Board "representing the Kansas Health Institute located and the University of Kansas". Legislation was approved that further defined representation by the Kansas Health Institute. Also approved in statute was the addition of a representative from the Kansas State Nurses Association. The Kansas Health Institute position further represents the research community and the nursing appointment includes representation to a large segment of health care providers that use and collect information in the care of patients (see Appendix C).

- **Medical Fee Schedule Assistance for the Division of Worker's Compensation**-- The Governing Board was requested to assist the Divison of Worker's Compensation to obtain data for its medical fee schedule. Staff were requested to assist the Worker's Compensation division as needed. After discussion, the division introduced its own legislation to collect the data it needed. This is an example of state agencies consolidating their efforts to make data collection more efficient and cost effective.

- **Accuracy in Data Submission**--The Technical Task Force recommended the Governing Board adopt a policy to minimize the amount of error allowed in submissions to the health care database. The Task Force recommended staff allow a 5% error rate on datasets submitted to the database. This rate will maintain the credibility of the information maintained in the database while not overly burdening staff and data providers with the responsibility of assuring 100% accuracy of the records being submitted.

- **Record-level Data Collection for the Health Status Indicators** --Initially, data submissions for the health status indicators requested by the Governing Board were to be collected at the aggregate rather than record level. The Technical Task Force recommended the Board revisit this request to require reporting of record level data rather than data in the aggregate. Aggregate data cannot be tailored to meet the needs of the variety of customers expected to use these data and will provide greater flexibility to staff in honoring data requests. Furthermore, data providers were not resistant to providing record level data and indicated to staff that record level data reporting is less burdensome for them. Since the Governing Board members were assured the rules and procedures are in place to protect confidentiality of these data, members agreed to collect record level data for the health status indicators.

- **Data Request Forms** -- Both the Public and Restricted-Use Data Request forms were reviewed and modified to address compliance issues with state statues. Statements were added to assure that data requestors understand that the data they are provided by OHCI will not be used for the purpose of selling or offering for sale any property or service to any person listed or any person who resides at any address listed within the data provided them. Data or lists provided are not to be sold, given or otherwise made available to any persons (KSA 45-220). An additional statement was added to assure that data requestors understand that data provided by OHCI will not be released or provided to other data users in a manner that will identify individuals and that a breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions. A statement is included in both forms informing data requestors that violation of these statutes is a Class C misdemeanor punishable by law (see Appendix D). Data requestors are required to sign and date their request forms indicating their understanding of these provisions.

- **A Framework for Establishing Health Data Initiatives** -- The Data Consumer Task Force submitted a written recommendation to the Governing Board to re-evaluate its process for understanding and responding to what the health care community needs to evaluate and improve the quality of health care and health in Kansas.

Health Care Data Governing Board Retreat

The Governing Board held a retreat in August to discuss the roles and responsiblities of the Governing Board and to establish priorities. A pre-retreat questionnaire was distributed to participants requesting information about important decisions that they will need to make in the next two years requiring health information, who members believe customers of the Health Care Data Governing Board to be, and what members would suggest the Governing Board focus on as its major one or two efforts for the next two years (see Appendix E). During the retreat, participants identified functional roles for the Health Care Data Governing Board and discussed a number of issues they felt need to be addressed through the work of the Board. Specific direction for the Board was developed and project priorities were defined. Since the enabling legislation extended broad powers to the Governing Board in deciding what areas of health data collection should be addressed, defining Board priorities will assist staff in gathering and maintaining data pertinent to the needs of current health decision making.

Health Care Data Governing Board
Retreat Summary
August 12, 1997

Governing Board Roles were identified by its members as:

- **Information Broker:** As a broker of information, the Board's responsibility is to coordinate information among individuals, organizations, states, etc. while safeguarding confidentiality.

- **Integrator:** As an integrator of data, the Board adds value to and improves existing data. It supports the consistency and standardization of data held by others. This would provide support to the warehousing function of the Board. It is responsible for gathering data from both single and multiple data sources.

- **Catalyst:** Legislation has defined the Board as a catalyst for defining the need for health data. The Board could become more of a catalyst through more efficient use of its mandate.

- **Consensus Builder:** Historically the Board has functioned as a consensus builder. The Board is unique in that it is the only entity with a mix of providers, third party payers and other interested parties convened to address common goals.

- **Analyst:** The analyst role is not strongly supported by the resources available to the Board. Furthermore, the analyst role does not appear to be included within the Board's mandate. The role of the Board here is to help define questions to be analyzed with data obtained through the HCDGB by customers of the Board.

- **Communicator:** The Board serves as a communicator of information that it provides to the legislature, program managers and the public.

The Governing Board also identified its **Role in the State** as:

- Having knowledge of and tracking what health related data are available (clearinghouse).
- Assuring data consistency and standardization.
- Functioning as a broker of health information so that it is made available to those who need it.
- Warehousing, manipulating, and preparing value-added data over several years for longitudinal analysis and distribution.
- Educating consumers and policy makers through information dissemination.

A series of **Issues That Will Need to Be Addressed** as the Governing Board fulfills its roles and responsibilities in the future were identified:

√ How can data be made available, while addressing the data originator's proprietary need to recoup the cost of data gathering and production.

√ As standard data collection is recommended, funding for these collection efforts by data providers will be problematic.

√ There is competition as to who distributes data gathered by organizations.

√ Additionally, there was concern expressed about the issue of assuring data confidentiality, although members felt that this had largely been addressed.

Specific Directions for the Board were developed. Members believed the Health Professional Inventory and Health Status Indicator Initiatives should be considered as ongoing projects. New priorities retreat participants suggested and voted on for the Board are listed below in priority order:

- Utilization data for all providers including treatment across settings.
- The effect of managed care on health care cost and how this relates to cost containment, quality of care, access to health care, and health care cost.
- Clearinghouse for health related projects.

- The effect of change in the health care system on quality, access and cost on health status.

- Standard setting for capturing health data (formats, definitions).

- Trends in use and costs of health care services for consumers.

- Identify essential data systems (sets) that are necessary.

- Current data on sick people - need data on other people.

- Template - where to fit data.

- Charity care - data on those not insured.

Resources to accomplish the priorities of the Governing Board were considered an important aspect deserving attention in the coming year. Retreat participants believed health data collection and dissemination is a core function of state government. Subsequently, the Board agrees the Legislature needs to be educated as to the need for funding to continue this effort. Retreat participants suggested developing a strategy for funding and that the Board needs to make use of supplemental funding sources like Hartford Foundation Grants among others.

Future Issues discussed by retreat participants were:

- **The Board's "fit" with the Accountability in Healthcare Purchasing Workgroup, a public/private effort to identify common health information needs between employers and state agencies:** The question was raised about whether working on a common request format/approach for data could be a precursor to a state-wide function. It was felt that there is potential for financial "partnering" with this group.

- **Framework for Data Consumer Task Force:** This is a process for the Board's use in establishing priorities. It will be useful in creating a calendar, implementation of a formal planning process and as a way to structure meetings. The framework will be useful in providing guidelines about how to select and test indicators or measures as an alternative to creating data sets. It could also be used to identify the need for future data sets to be obtained or developed.

1-11

Task Force Reformulation

At the September 3, 1997 meeting of the Governing Board, it was requested that the Task Forces provide a plan of action for obtaining data on utilization of health services. The Co-chairs met to discuss this new assignment and realized that the membership of the task forces have changed considerably due to resignations and other reasons. It was proposed that the name of the Data Consumer Task Force be changed to the Data Users Task Force in order to more equitably reflect the composition of the suggested membership. The task forces would be reconstructed with new members encompassing a broader array of representatives from the health field. Some task force members would be retained, however, it was felt that additional categories of representatives were needed given the new Governing Board priorities.
The proposed categories were:

Date User Task Force	Technical Task Force:
Universities	Data Providers
The Legislature	Medical Coders
Researchers	Health Information Systems
Third Party Payors	Statisticians
Employers	Actuarial Community
State Agencies	Health Planners
Consumer Advocacy	Medical Informatics
Providers	Claims Analysis
Licensure Boards	Quality Evaluation
Environmental Health	

It was proposed that the members be given three-year terms with a third of the membership turning over annually. Members would be replaced or reappointed to the respective task forces as needed (see Appendix F for tentative categorical listing of task force members).

It was felt that taking this opportunity to realign the structure of the task forces would better serve the needs of the Health Care Data Governing Board as approaches were identified to meet the newly identified priorities. It was proposed that members be selected based on their ability to offer relevant and skilled assistance from the Kansas health community in order to produce a more efficient and appropriate plan of action for health care database development. Work is proceeding toward this end as the task forces are reformed and new members are asked to join the task force membership (see Appendices G and H for a listing of members of the Data Consumer Task Force and Technical Task Force, respectively, prior to reformulation; see Appendices I and J for a tentative listing of members of the Data User Task Force and Technical Task Force, respectively).

Health Information Accomplishments and Initiatives

Health System Professional Inventory

During Calendar Year 1997, KDHE staff worked to fulfill the Health Care Data Governing Board's request for building of the Health Care Database and completion of a Health System Inventory. Notable accomplishments include:

- Cooperative efforts between the Information Network of Kansas (INK), Center for Health and Environmental Statistics (CHES), the Kansas Board of Healing Arts (BOHA) and the Kansas State Board of Nursing (BON) have made it possible for these two credentialing boards to submit data regularly via Internet in encrypted and compressed format for use in the Health Care Database. Other credentialing boards are also expressing interest in using this method of data transmission.

- Minimum data set information containing practice location and hours worked by speciality was requested of physicians licensed in Kansas by the Kansas Health Institute, Kansas University Medical Center, BOHA, and OHCI. The survey data received through this process is being keyed at KUMC for use by the data user community.

- Minimum data set information was gathered by the KDHE credentialing unit and keyed at OHCI for dietitians and speech pathologists for use in the Health Care Database.

- Surveys were developed through cooperative efforts with the BON, the Kansas Nurses Association and OHCI to request that RNAs and ARNPs provide minimum data set information containing practice location and hours worked by specialty.

- Surveys were developed through cooperative efforts with the Kansas Behavioral Sciences Regulatory Board, Kansas Psychological Association, Kansas Chapter of the National Association of Social Workers to request that Ph.D. Psychologists, MA Psychologists, Master's Level Social Workers and LSCSWs, and Drug and Alcohol Counselors provide minimum data set information containing practice location and hours worked by specialty.

- Volume I of the Kansas Board of Healing Arts Health System Inventory, a summary of data collected from the Kansas State Board of Healing Arts about physicians, was approved by the Health Care Data Governing Board and distributed.

Health Status Indicators

During Calendar Year 1997, KDHE staff worked to fulfill the Health Care Data Governing Board's request for preparation of a set of health status indicators for Kansans. Notable accomplishments include:

- Formulation of a subcommittee to review and fine tune technical aspects of the Health Status Indicator Project. Subcommittee members reviewed each of the identified health status indicators and compared the planned data collection to other data initiatives presently underway by other entities. Those suggestions and recommendations offered by subcommittee members were incorporated into the body of the Health Status Indicator listing.

- Requests for health status data tailored for each data provider from the body of the Health Status Indicator Project. Technical specifications were included. Data are being collected by OHCI for placement in the Health Care Database and will be prepared for dissemination in the upcoming year.

Information Dissemination

Information contributed by data providers to the Health Care Database has been invaluable to many data users and to addressing the priorities established by the Health Care Data Governing Board. The number of data providers has increased substantially due to the number of individuals and organizations making contributions to data collection efforts. The Health Care Database now contains information from eight credentialing boards serving 31 health care occupational groups and county-level, DRG summary data for inpatient conditions. Additionally, a sizeable number of organizations, agencies and offices have been asked to contribute data to the database for preparation of the Health Status Indicator Project (see Appendix K).

Data Requests from the Health Care Database

Data requests filled by staff at the OHCI have increased each year since Calendar Year 1995. Staff filled 33% more data requests in Calendar Year 1997 than during the previous calendar year.

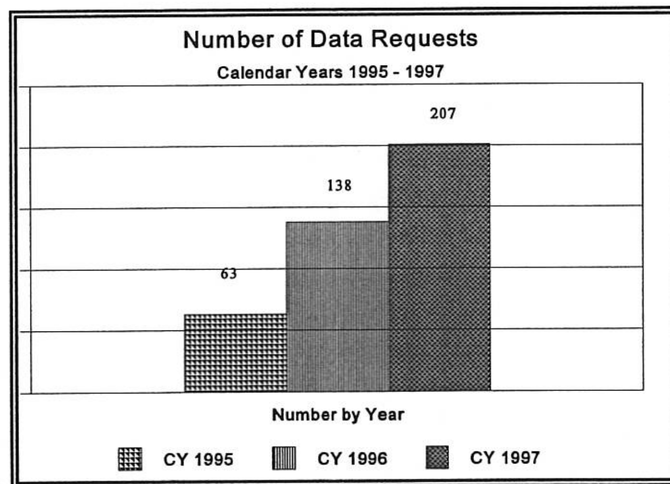

Figure 1

- OHCI staff filled 63, 138, and 207 data requests in Calendar Years 1995, 1996, and 1997, respectively (see Figure 1).

1-15

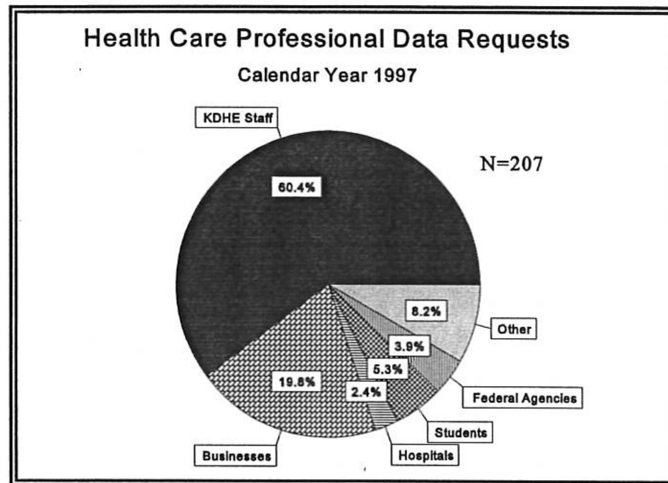

Figure 2

- Over half (60.4% or 125) of filled data requests were from KDHE internal staff. Businesses (19.8% or 41) were the second largest group requesting data. Students (5.3% or 11) ranked third in volume of data requests. The remaining 14.4% of data requests were from miscellaneous sources (see Figure 2).

- On average, 17.25 data requests were 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 used in the CEU course approval process. Disks, electronic transfer, address labels, reports, and preprinted publications and tables containing specifically identified health care professional information were frequently requested. Several requests for copies of the Health System Inventory were also received.

- More than 336 staff hours were devoted to data analysis, preparation and distribution of information from the Health Care Database. This is a 300% increase in time spent in comparison to Calendar Year 1996.

- Peak months for filling data requests were January (N=20), June (N=29) and August (N=20).

Uses of Data Provided from the Health Care Database

Data from the Health Care Database are used in a variety of ways by a number of data consumers. Among them are:

- Businesses
  - Planning:
    - Bench marking
    - Licensure Status Validation
    - Resource Distribution and Workforce Projections
    - Locating Service Providers
    - Grant Writing
    - Strategic plan construction for facility purchase and development
    - Publication preparation, verification and update
  - Continuing Education for Providers:
    - Consulting
    - Conference preparation

- Health Care Providers
  - Resource Allocation
  - Recruitment
  - Relocation
  - Employment Planning and Analysis

- Government
  - Policy Development
  - Program Management:
    - Legislative Updates
    - Community Health Needs Assessments
    - Medically Underserved Area Designation
    - Information and Updates
    - Physician Notification
    - Nurse Licensure Verification for CEU Approval
    - Resource Allocation and Distribution
    - Recruitment

- Universities and Students
  - Evaluative Studies
  - Research

- Public
  - Locating Service Providers

1-17

Internet Hits

Internet access for using the Health Care Database has been available to data users since October 1996. Internet use by data users has increased markedly since that time. As is evident by review of the figure below, the peak month was May 1997. However, Internet hits continue to be high.

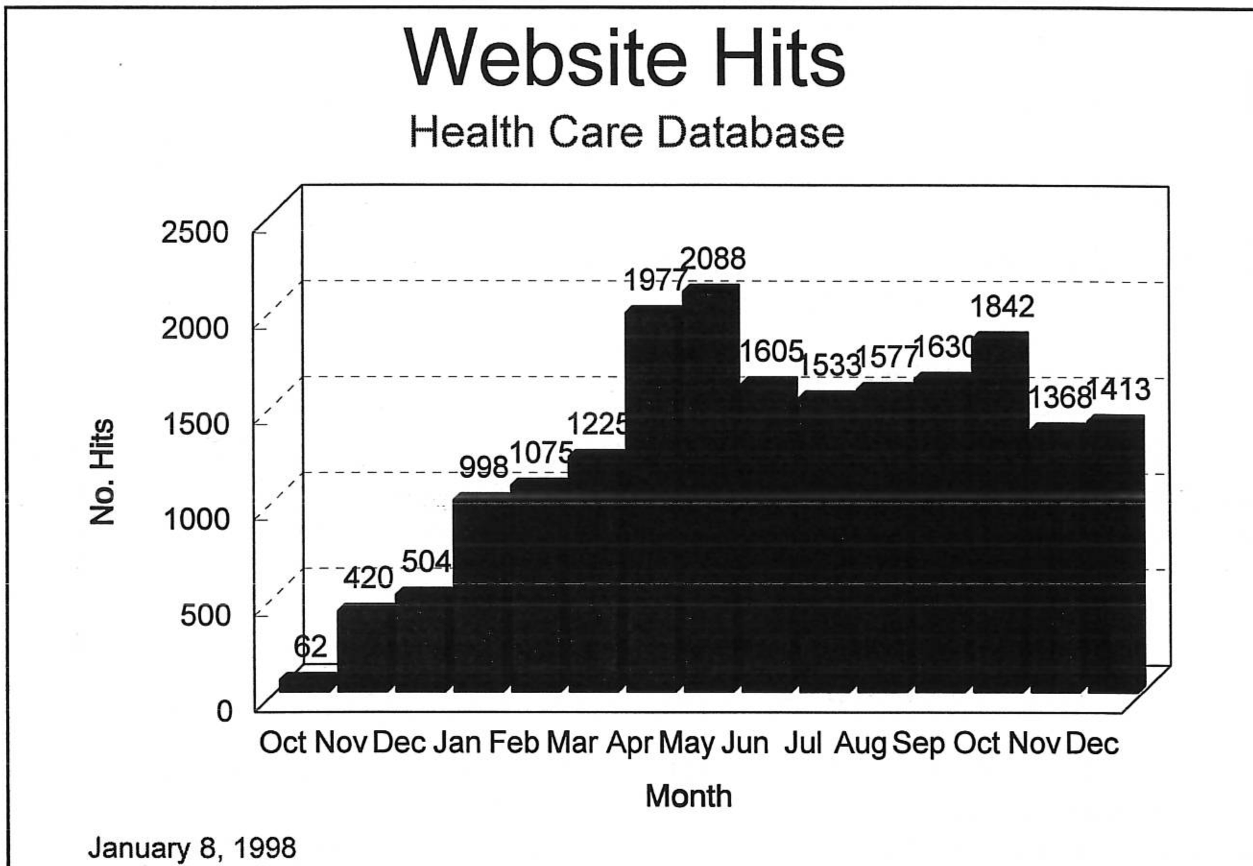

Figure 3

1-18

Publications Available Through the Internet

Through cooperative efforts between the Information Network of Kansas (INK) and OHCI, a number of publications have been made available to users of health care data. These publications may be found at http://www.ink.org/public/hcdgb/khcdpubs.html and include:

- Health Care Professional Inventory - Preface
- Review of Kansas Optometry Board Professional Data
- Review of Kansas Board of Nursing Professional Data
- Review of Kansas Emergency Medical Service Professional Data
- Most Frequent Inpatient Conditions Treated in Community Hospitals, The State of Kansas and the Counties--1993-1994
- Kansas Health Data Resources

Additional publications will be available in the upcoming year. Review of Kansas Board of Healing Arts Professional Data Volume 1: Physicians have been forwarded to INK for placement at the Health Care Data Governing Website. Additional publications will be submitted as they are produced.

Funding for the Health Care Database

Initial funding for the Health Care Database included funds for a one-time purchase of equipment. Funds allocated provide resources to fund three staff, an analyst, a programmer, one clerical assistant and the operating expenses related to communications, travel and printing documents. Current funding levels are allocated to address the needs of the Health System Inventory and Health Status Indicators projects. Ways to fund the new priorities of the Health Care Data Governing Board are currently being discussed since KDHE will need further capacity to address these additional projects.

Budget Summary

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Center for Health and Environmental Statistics
Office of Health Care Information

Health Care Database Program
Budget Summary
Original Allocation and
State Fiscal Year 1996, 1997 and 1998 Budgets

Original State General Fund Allocation=$160,000--FY1995

Proposed expenditures (prior to hiring staff)

Salaries and Wages	$97,536	
Contractual Services	33,364	(supplies, rents, professional services)
Capital Outlay	29,100	(computers, office equipment, etc.) One-time purchases

Original Allocation reduced $5,000 due to budget cuts in FY1995

		FY1996	FY1997	FY1998
Salaries and Wages By Classification (Includes Fringes)				
Office of Health Care Information				
Health Planning Consultant	**1.0**	**39,909**	**40,776**	**42,056**
Office Assistant III	**1.0**	**25,611**	**26,128**	**26,920**
Office Of Information Systems				
Applications Programmer Analyst III	**1.0**	**45,540**	**47,384**	**48,791**
Subtotal Salaries and Wages	**3.0**	**111,060**	**114,278**	**117,767**
Contractual Services				
Communications		**6,150**	**6,150**	**4,150**
Printing		**2,000**	**1,000**	**500**
Rent		**5,400**	**4,400**	**3,200**
Repairing and Servicing		**1,000**	**1,000**	**1,000**
Travel		**2,739**	**1,000**	**500**
Professional Supplies		**2,275**	**500**	**300**
Office Supplies		**1,000**	**500**	**300**
Subtotal		**20,564**	**13,550**	**9,950**
Total		**131,624**	**127,828**	**127,717**

Source of Funding: **FY1996--State General Funds**
FY1997--State General Funds and $1,500 from the Health Care Database Fee fund
FY1998--State General Funds and $2,000 from the Health Care Database Fee Fund

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to

Senate Public Health and Welfare Committee

January 29, 1998

by

Gary R. Mitchell
Secretary of Health and Environment

Senate Bill 434

This bill amends KSA 65-6805 which describes data and information to be reported to the Health Care Data Governing Board. This amendment requests that the health research community provide information regarding health-related studies they are conducting to the Health Care Data Governing Board. The Board envisions one of its roles as establishing a clearinghouse for health information available in the state. In the past, data collection requirements have been focused on health care providers. However the health research community conducts many of the studies that produce information needed by the legislature. A clearinghouse of health information, mentioned on the Governing Board's web site, including current research studies, would provide policy makers program managers and the public with a single source from which to obtain a broad array of health information can be obtained.

Senate Public Health and Welfare
Date: 1-29-98
Attachment No. 2

900 SW Jackson, Suite 620
(785) 296-6917

SB 434; Concerning the Health Care Data Governing Board

Sec. 1. KSA 1996 Supp. 65-6803 is hereby amended to read as follows: 65-6803.

(a) There is hereby created a health care data governing board.

(b) The board shall consist of ~~nine~~ *twelve* members appointed as follows: One member shall be appointed by the Kansas medical society, one member shall be appointed by the Kansas hospital association, one member shall be appointed by the executive vice chancellor of the university of Kansas school of medicine, one member who is a licensed professional nurse appointed by the Kansas state nurses association, one member representing health care insurers or other commercial payors shall be appointed by the governor, one member representing adult care homes shall be appointed by the governor, one member representing the Kansas health institute, one member appointed by the state board of regents representing the health services research community and one member representing consumers of health care shall be appointed by the governor. The secretary of health and environment, or the designee of the secretary, ~~shall be a nonvoting member who~~ shall serve as chairperson of the board~~. The~~ *and along with the* secretary of social and rehabilitation services and the insurance commissioner, or their designees, shall be ~~non~~voting members of the board. Board members and task force members shall not be paid compensation, subsistence allowances, mileage or other expenses as otherwise may be authorized by law for attending meetings, or subcommittee meetings, of the board. The members appointed to the board shall serve for three-year terms, or until their successors are appointed and qualified.

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
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Senate Public Health & Welfare
Date: 1-29-98
Attachment No. 3