

Approved: February 2, 1999
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 28 in Room 423-S of the Capitol.

All members were present except: Representative Jerry Henry, Excused
Representative Peggy Long, Excused

Committee staff present: Kathy Sparks, Kansas Legislative Research
Norman Furse, Revisor of Statutes
Rena Jefferies, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Randy Tongier, Audit Manager, Legislative Div. of Post Audit
Lou Saadi, PhD., Director, Health Care Information Office, KDHE

Others attending: See Attached List

The Chairperson opened the meeting and announced that the Monday, February 1 meeting would be held in Room 313-S.

Randy Tongier, Audit Manager, Legislative Division of Post, testified this was a one-time audit required by statute. The audit was to identify costs and benefits of the Health Care Data Base. The work was conducted by Wendling, Noe, Nelson & Johnson, an audit firm under contract with Legislative Post Audit.

Mr. Tongier was the contract auditor. The Department of Health and Environment's comments include key costs and benefits presented in the audit report. The auditors relied heavily on cost information reported by providers of data and benefit information reported by users of data. The auditors didn't attempt to verify reported costs and benefits. The auditors didn't attempt to determine if benefits were worth the costs. (See Attachment 1)

Elizabeth W. (Lou) Saadi, Ph.D., Director, Office of Health Care Information Center for Health and Environmental Statistics, presented a review of the progress report of the 1998 accomplishments of the Health Care Data Governing Board. The Health Care Data Governing Board's current new and ongoing priorities are: (1) Effect of managed care on health care costs, quality and access (includes evaluation of health system delivery changes). (2) Utilization of health services across settings. (3) Standards-setting. (4) Clearinghouse for health information. (5) Health system inventory and (6) Health status indicators.

The findings and recommendations. Conditions - The Health Care Data Base Governing board has invested significant time and resources in compiling and publishing an inventory of health care providers and facilities over the last several years. Due to the level of staffing and funding for the Health Care Data-base, they are unable to keep the various inventories current. Result - Health data should be valid, reliable, comprehensive, comparable and timely. The usefulness of this data may be comprised due to incomplete and untimely information. Recommendation - If there is a need and intent to maintain a current inventory of health care resources in the State, then sufficient resources need to be committed to this program. (See Attachment 2)

Some of the figures of the discrepancy between the audit and Dr. Saadi's report were questioned along with the small number of surveys returned.

Representative Geringer moved and Representative Wells seconded a motion to introduce a bill that would amend the Kansas Dental Practice Act to make it easier for hygienists to relocate and re-enter practice. The motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on January 28, 1999.

Representative Haley moved and Representative Bethell seconded approval of the minutes of January 26 and January 27. The motion carried.

The meeting adjourned at 2:40 p.m. and the next meeting will be February 1.

**Performance Audit
HEALTH CARE DATA BASE**

**House Health and Human Services Committee
January 28, 1999**

**Randy Tongier, Audit Manager
Legislative Division of Post Audit**

AUDIT REQUIREMENT

- This is a one-time audit required by statute
- The audit was to identify costs and benefits of the Health Care Data Base
- The work was conducted by Wendling Noe Nelson & Johnson, an audit firm under contract with Legislative Post Audit

COSTS AND BENEFITS

- The Department of Health and Environment's comments will include key costs and benefits presented in the audit report, so I won't duplicate that information.
- The auditors relied heavily on cost information reported by providers of data and benefit information reported by users of data.
- The auditors didn't attempt to verify reported costs and benefits.
- The auditors didn't attempt to determine if benefits were worth the costs.

AUDITOR COMMENTS

- Among other types of information, the Data Base is to gather information about the cost of health care services. That's not been done, but the Data Base staff currently are working on ways to gather that kind of information.
- The auditors noted that certain inventories of health care providers and facilities weren't current. They pointed out that to maintain current inventories, sufficient resources are needed. Because the Department of Health and Environment's budget request didn't include additional resources for this activity, the Post Audit Committee notified budget subcommittees of the concern raised by the auditors.

Health & Human
Svcs
1-28-99
Atch #1

Progress Report - 1998 Accomplishments

Health Care Data Governing Board

HHS-99
1-28-99
Atch #2



Elizabeth W. Saadi, Ph.D.
Kansas Department of Health & Environment
Center for Health and Environmental Statistics

Presented to: House Health and Human Services Committee
January 28, 1999

Health Care Data Governing Board

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Progress Report Summary

Health Care Data Governing Board

Current new and ongoing priorities:

- Effect of managed care on health care costs, quality and access (includes evaluation of health system delivery changes).
- Utilization of health services across settings
- Standards-setting
- Clearinghouse for health information
- Health System Inventory
- Health Status Indicators

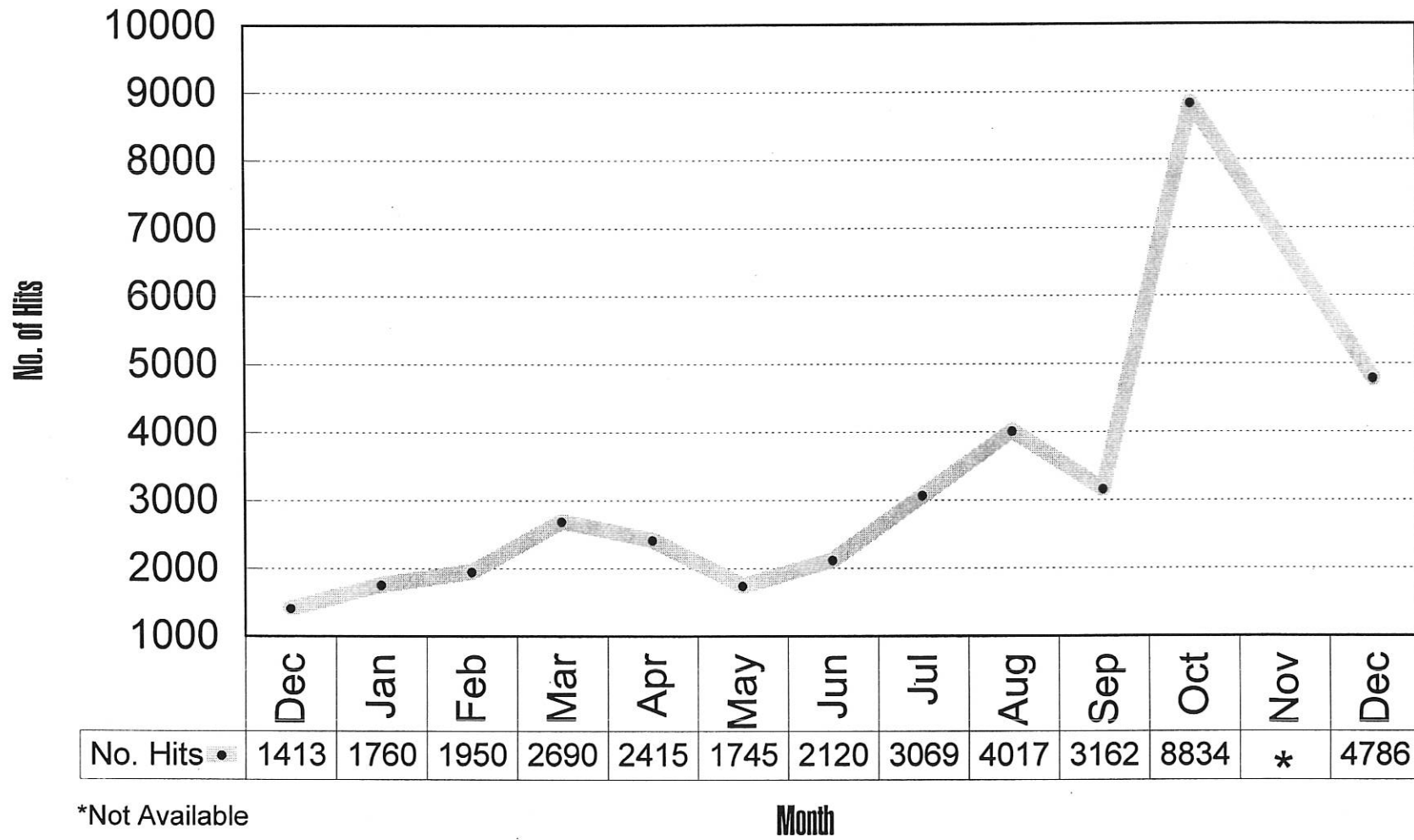
Projects approved during 1998

- Determining the extent of managed care in Kansas
- Improvement of external cause of injury coding in hospital data
- Monitoring the effect of the Health Wave program on the health status of children (identifying indicators)

2-5-2

Website Hits

Health Care Database



*Not Available

Legislative Post Audit
Audit of the Health Care Database

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Legislative Post Audit Report - Highlights

- Legislatively required audit conducted by Wendling, Noe, Nelson and Johnson for the Legislative Post Audit Committee
- Purpose: To evaluate costs of providing data and benefits of the health care database and the Health Care Data Governing Board to the State.
- Surveys of data providers and data users were conducted.

Cost to the State

<u>State</u> <u>Fiscal Year</u>	<u>Establish</u> <u>Data Base</u>	<u>Maintain</u>	<u>Total</u>
1995	\$54,298	\$93,883	\$149,181
1996		129,950	129,950
1997		127,567	127,567
1998		135,494	135,494

Currently pays for salaries and small amount of operating funds for 1 analyst, 1 systems analyst and 1 clerical staff.

Cost to Data Providers

27 major providers of data

15 responded to the survey

8 reported no additional cost to reporting

7 reported total cost of \$4,152 in one 12-month period

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Benefits to the State

- Improve quality of health care and provider performance.
- Promote informed decision-making by state officials.
- Encourage people to make prudent health care related purchases.
- Constrain rising costs of health care.
- Health data can be used as a tool to improve access to services.

List of Reports

- Most Frequent Inpatient Conditions Treated In Community Hospitals (1993-1994)
- Health System Inventory for -
 - Professionals - 1996
 - Emergency Medical Service Professionals - 1996
 - Licensed Physicians - 1995 Renewals
 - Licensed Chiropractors
 - Licensed Podiatrists
 - Licensed Physician Assistants
 - Licensed Occupational Therapy Assistants
 - Licensed Physical Therapists
 - Licensed Physical Therapy Assistants
 - Licensed Respiratory Therapists
 - Nursing Professional Data - 1995 Renewals
 - Optometry Professional Data - 1994 Renewals

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- Health Data Resource Directory
Source of data for:

Licensing and Credentialing Agencies

Health Care Facilities

Public Health Programs

Health Care Utilization

Quality Review/Improvement

Benefits to Users

Results from 22 respondents used data from the Health Care Database for:

- Recruiting of health care professionals
- Preparation of state and national reports
- Tracking of professionals graduated from KUMC
- Contacting individuals for continuing education programs and outbreak notifications.
- Community health assessments
- Flu immunization campaign

Findings And Recommendations

Conditions

The Health Care Data Base Governing Board has invested significant time and resources in compiling and publishing an inventory of health care providers and facilities over the last several years. Due to the level of staffing and funding for the Health Care Database, they are unable to keep the various inventories current.

Result

Health data should be valid, reliable, comprehensive, comparable and timely. The usefulness of this data may be compromised due to incomplete and untimely information.

Recommendation

If there is a need and intent to maintain a current inventory of health care resources in the State, then sufficient resources need to be committed to this program.

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Activities/Priorities of the Health Care Data Governing Board

Progress Report

Priority	Status	Progress	Oversight Group	Goals
<p>Effect of managed care on health care costs, quality and access (includes evaluation of health system delivery changes).</p> <p>Initiative 1) Assess managed care penetration: identify provider networks, populations in managed care and managed care arrangements.</p> <p>Initiative 2) Identify a core set of indicators to evaluate quality, cost and access.</p>	<p>In process; established at July, 1997 retreat; being evaluated by the Technical Task Force</p>	<p>--Establishing definitions and parameters for data collection</p> <p>--Developing report on findings</p>	<p>Technical Task Force</p>	<p>1) Design a multi-phased initiative to address the requirement of this priority.</p> <p>2) Develop a working definition of managed care and determine what data will be collected for analysis and decision-making.</p> <p>3) Determine specifications of products for distribution.</p>
	<p>In process; Data Users Task Force is addressing indicators for children and then will address other items.</p> <p>In Process;</p>	<p>--Identified the CHIP program as an opportunity for the HCDGB and SRS to jointly identify key indicators of health for Kansas children covered by in the CHIP plan for program evaluation.</p> <p>Health Wave baseline survey</p>	<p>Data Users Task Force</p> <p>Technical Task Force</p>	<p>--Identify indicators that are not burdensome for plans</p> <p>--Determine how data will be collected and where it will be deposited and maintained.</p> <p>--Determine what products will be developed from these data and how they should be distributed.</p> <p>-Work with SRS in Preparing a baseline survey for Health Care Data Governing Board approval</p>

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Activities/Priorities of the Health Care Data Governing Board

Progress Report

Priority	Status	Progress	Oversight Group	Goals
Utilization of health services across settings	Yet to be addressed; established at July, 1997 retreat.	–Identified KHIIS as a significant contributor to this effort	Data Users Task Force	–Define audience, products, data elements and collection methods and entities.
Standards-setting	Ongoing; established at July, 1997 retreat. Implemented by staff for health professional data.	–Minimum dataset for licensure –Recommended set of health status indicators	Data Users Task Force and Technical Task Force	–Increase the number of credentialing agencies implementing the minimum dataset. –Determine new data elements to be collected if warranted.
Clearinghouse for health information Dissemination of information related to issues that affect the health information policy development in Kansas.	Ongoing; established at July, 1997 retreat; staff implemented.	--Established website with linkages –Coordinating information related to administrative simplification –Proposing marketing of Governing Board activities	Technical Task Force	--Collect information on health services studies in Kansas. –Develop a strategy for marketing Governing Board activities.

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Activities/Priorities of the Health Care Data Governing Board

Progress Report

Priority	Status	Progress	Oversight Group	Goals
Health System Inventory Centralization of licensure and facility data from licensing agencies.	Ongoing: established as first priority (1994); currently being implemented by staff.	-Collection from 8 licensure boards and 41 categories. -Approved minimum dataset implemented by 2 boards. -Data partners are assisting with quality improvement of data reported by licensing agencies. -Proposing marketing of Governing Board activities	Technical Task Force	-Increase the number of licensing agencies implementing the minimum dataset. -Complete publications for inventory. -Monitor licensure policy changes for credentialing boards to assure data collection continues as prescribed by the Governing Board.

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Activities/Priorities of the Health Care Data Governing Board

Progress Report

Priority	Status	Progress	Oversight Group	Goals
Health Status Indicators				
Initiative 1) Collection of 140 sentinel health events to track the health status of Kansans over time.	Ongoing; established as second priority (1995); currently being implemented by staff.	-Reporting of data from 50% of recommended data providers. -55% of the indicators is collectible now.	Technical Task Force	-Publish health status indicator information in format approved by Governing Board. -Make recommendations to improve data structure and compatibility issues.
Initiative 2) Improvement of External Cause of Injury Coding in Kansas in Hospital Discharge Data and Kansas Outpatient Data Systems	In Process; Identify barriers and encourage voluntary data collection.	-Subcommittee is meeting and have held discussions with Kansas Hospital Association	Technical Task Force	-Implement proposal for improving E-Code data collection