

Approved: 1-27-94  
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 12, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: William Wolff, Legislative Research Department

Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Robert C. Harder, Secretary, Kansas Department of Health and Environment  
Elizabeth Saadi, Chair, Technical Task Force, Health Data System  
Melissa Hungerford, Kansas Hospital Association & Technical Task Force

Others attending: See attached list

Robert C. Harder, Secretary, KDHE, presented a progress report on the Health Care Data Governing Board which was established by K.S.A. 65-6801-6808 and created to provide guidance in developing policies and procedures regarding the collection of health care data for the state. The goals and objectives of the Board are: (1) establish basic parameters of the health care database, (2) develop guidelines for administering the database and assuring the reliability of the data, (3) establish a time line for phased-in approach to database development, (4) develop methodology to provide funding for the health care database to relieve the burden of collection on state general funds, and (5) to work with policy makers, program managers and the public to identify data needs to support health care research priorities and to promote the benefits and uses of the health care database. (Attachment 1)

Dr. Harder noted \$160,000 had been included in the Governor's Budget to hire staff and buy software, and that 10-20 people are on subcommittees in addition to governing board members and public observers.

Elizabeth Saadi, Chair of the Technical Task Force, noted the Data Consumer Committee believes an assessment of who and where providers are should be their first priority. Melissa Hungerford noted that they are finding sources that they didn't know existed, and questions are shifting between what information they know that's available and collected but never made available, and assessing sources that exist. Ms. Saadi stated that until they have a complete list of the sources of funding and providers, they will not be able to collect complete data.

Dr. Harder also called attention to the KDHE 1993 Annual Report that was made available to the Committee.

In answer to a member's question regarding federal funding for health care programs, Dr. Harder noted there will be decreases in funding in some areas, and increases in areas such as immunization, HIV, TB, with continued interest in health promotion and violence as a public health issue. In regard to long term care programs, that figure will probably remain constant.

In answer to a member's question regarding the status of a proposed health care reform plan, Dr. Harder noted consensus should be developed to keep the maximum number of people at the table which would involve both the private and public sector, to be mindful of what is happening at the federal level and to minimize the state's liability. He also suggested that at some future date the existing State Employees Health Care Commission membership be expanded and the name be changed to Kansas Health Alliance, an advisory committee would be established and chaired by the Director of Health, with a general mandate within legislation saying that entity is responsible for working with the federal government concerning health care reform. Language in the proposed legislation sets up a mechanism for interaction between states, mandates that the alliance set up a work agenda to report to the governor and legislature, develops plans for cost containment, tort reform and anti-trust reform as well as other specifics.

The meeting was adjourned at 10:55 A.M.

The next meeting is scheduled for January 13, 1994.

# GUEST LIST

COMMITTEE: Senate P.H.F.W.

DATE: 1-12-99

NAME	ADDRESS	COMPANY/ORGANIZATION
Terry Leatherman	Topeka	RCCI
David Hanzlick	Topeka	KDA
Bob Harder		K D H E
Sandra Hazlett	Topeka	SRS
Dennis Tietze	Topeka	DOD
Julio Hein	"	Hein, Ebert & Wair
Chip Wheelen	Topeka	K's Medical Soc.
Jerry Slaughter	"	" " "
Bob Williams	"	Ks. Pharmacists Assoc.
Mary Spinks	"	Health Benefits Administration
Gary Robbins	"	Ks Optometric Assn
M. Hannon	"	Hannon's Capitol Report
Harold Reem	Topeka	KADM
Edward Rome	EMPORIA	LEAGUE OF WOMAN Voters
Jerry Pittman	Topeka	KFMC
RAY Schurr	TOPEKA	CITIZEN
Jon Saadi,	<del>KATE</del> Topeka	KDHE
Mehmet Hungerford	Ks Hosp Assn Topeka	
Leagay Bryant	Kansas City	UK Nurse Student
Donna Bell	LSOB - Rm 1051	KDHE
Lew Ferguson	<del>TOPEKA</del> Topeka	Assoc. Press
Marty Vost	Topeka	KHCA
Tom Bell	Topeka	KHA

GUEST LIST

COMMITTEE: S PH & W

DATE: 1/12/94

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# Progress Report

## Health Care Data Governing Board

Robert C. Harder, Chairman  
Kansas Department of Health and Environment

July, 1993-December, 1993

### Members:

Jerry Slaughter, Kansas Medical Society  
John Grace, Kansas Association of Homes for the Aging  
Don Wilson, Kansas Hospital Association  
Glenn Potter, KU Medical Center Hospital  
Ray Davis, University of Kansas  
John Noonan, AARP  
Tom Miller, Blue Cross and Blue Shield  
Dick Brock, Department of Insurance  
Robert Epps, SRS

*Senate PH&C  
Attachment #1  
1-12-94*

# Health Care Data Governing Board

## Progress Report

Robert C. Harder, Chairman  
Kansas Department of Health and Environment

Presented to: The Senate Committee on Public Health and Welfare

The Health Care Data Governing Board, established by K.S.A. 65-6801-6808, was created to provide guidance in developing policies and procedures regarding the collection of health care data for the state. The Board is a mixture of health care provider, consumer and governmental groups (Figure 1) and meets monthly to discuss the issues brought forward by the Board members, task forces and interested parties (public).

Since its first meeting in July, the accomplishments of the Board have been:

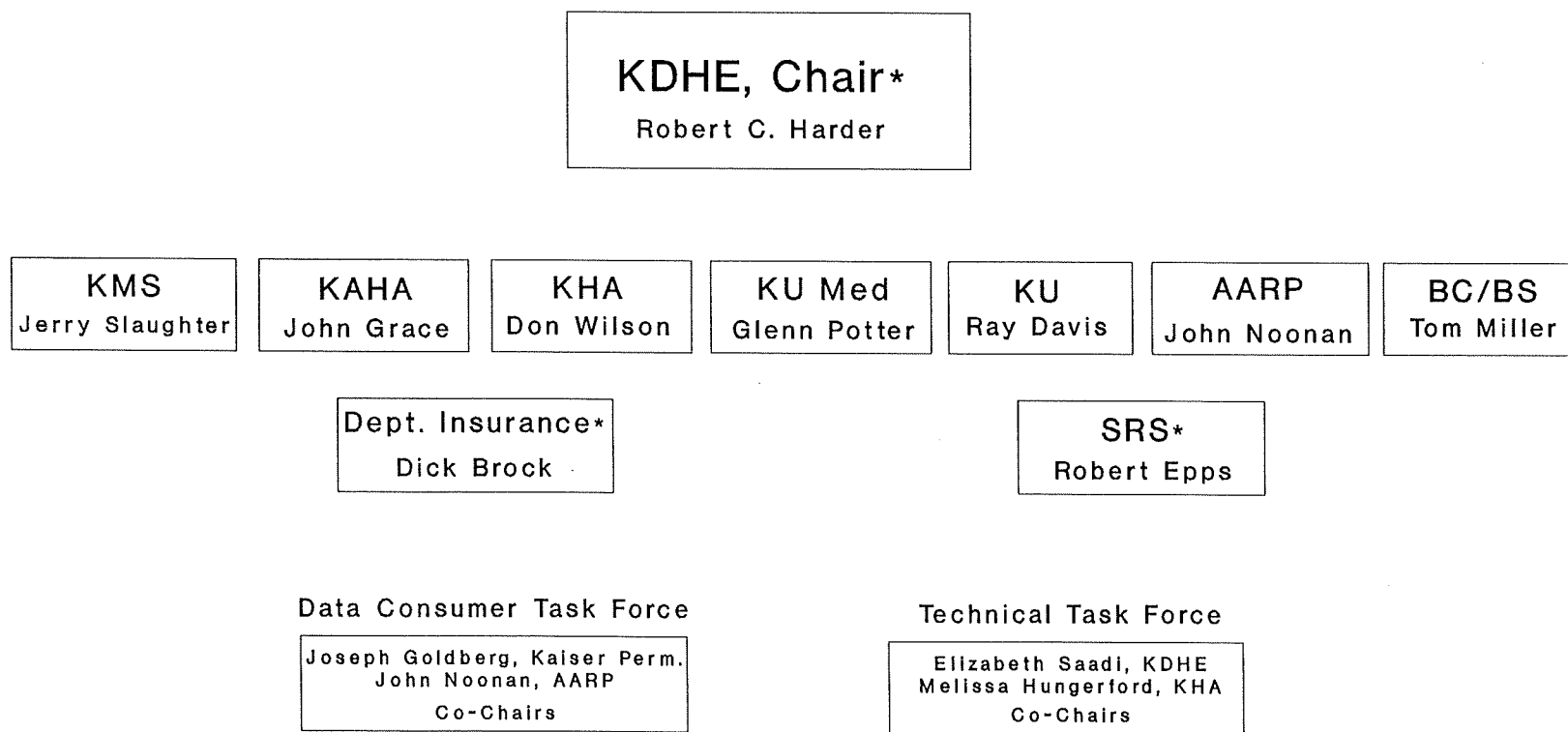
- the development of a vision and mission statement and goals and objectives (Exhibit 1).
- the development and prioritization of policy questions (Exhibit 2).
- consultation with Dr. Ed Perrin, Washington State University for advice in database development (courtesy of the Kansas Health Foundation).
- the organization of the Data Consumer Task Force to define and prioritize specific issues related to health policy.
- the organization of the Technical Task Force to evaluate existing data sources (and where needed, new data sources) and recommend ways the data can be consolidated for use and dissemination.
- to recommend changes be made to K.S.A. 65-6805 to include all health care providers rather than just medical care facilities. This will broaden data collection and increase the usefulness of the database for decision-making.

The Data Consumer Task Force recommended the current health care system be evaluated as the first priority for the Governing Board. The Technical Task Force is proceeding to evaluate data currently maintained by the public and private agencies and avoid unnecessary burdening of data collection from providers. Where necessary, the task forces will recommend to the Board ways to gather data on information not available.

By 1997, Kansas will need to have in place, a comprehensive health plan that will provide basic services to its citizens. The information collected in the health care database will be crucial in our decisions for the future of health care in Kansas. The Health Care Governing Board is establishing good working relationships between provider, consumer and governmental groups to proceed with database development thoughtfully and efficiently. I look forward to the work we have ahead in developing rules and regulations, finding ways to fund database development, and establishing a process where health care information can be made available and accessible to policy-makers, health care providers, program managers and the public.

# Health Care Data Governing Board

## Organizational Membership



\*Denotes non-voting members  
January 11, 1994

# Health Care Database Governing Board

Exhibit 1

Vision Statement: An information-based health data and policy analysis process will be developed for Kansas.

The mission of the Board is to promote the availability of and access to health care data, to provide leadership in health care information management and analysis and to provide guidance in use of the data for policy-makers, program managers and citizens to make informed health care decisions.

## The Charge:

K.S.A. 65-6801 (a) The legislature recognizes the urgent need to provide health care consumers, third party payors, providers and health care planners with information regarding the trends in use and cost of health care services in this state for improved decision-making. This is to be accomplished by compiling a uniform set of data and establishing mechanisms through which the data will be disseminated.

(b) It is the intent of the legislature to require that the information necessary for a review and comparison of utilization patterns, cost, quality and quantity of health care services be supplied to the health care database by all medical care facilities as defined by subsection (h) of K.S.A. 65-425, and amendments thereto, and all other health care providers to the extent required by section 5 and amendments thereto.

(c) The information is to be compiled and made available in a form prescribed by the governing board to improve the decision-making processes regarding access, identified needs, patterns of medical care, price and use of health care services.

## Kansas Healthcare Database Governing Board

### Potential Policy Questions Needing Data Support

Revised December 1, 1993

These questions are being documented to assure that the Kansas Healthcare Database will be relevant. With the critical questions in mind, the database can be designed as a useful tool. The attached questions relate to the availability and distribution of health care services, utilization, costs, health status and outcomes. It is assumed that policy makers, researchers and others will analyze or further research these questions, using the data available through the database.

The questions are organized both by level of priority and by perceived availability of data to support the question. In the upcoming months, the Governing Board and its Task Forces will identify sources of data necessary to support the high priority questions and propose strategies for making these data available for policy analysis.

This document was adopted with the understanding that the policy issues addressed by the questions are dynamic, that priorities may change and new issues emerge.



Kansas Healthcare Database Governing Board  
Potential Policy Questions Needing Data Support  
December 1, 1993

Immediate Priority		
Data Easily Available	Data Partially Available	Data Not Available
<p>1) What providers are available in the state and what services are they providing?</p> <p>2) What are the sources and applications of funding for health services in Kansas by provider and payer type?</p> <p>3) What are the demographic characteristics of the uninsured and underinsured?</p> <p>4) Where are the distribution and access problems for health services in Kansas?</p> <p>5) What is the utilization of health services in Kansas?</p> <p>6) What are the characteristics of the population utilizing public health services?</p> <p>7) What is the health status of Kansans?</p>	<p>1) What would it cost to insure the uninsured and underinsured population?</p> <p>2) How do utilization patterns and resulting outcomes differ across Kansas?</p> <p>3) What are the services provided and the utilization of services provided by the primary care providers in Kansas?</p> <p>4) What portion of the health care dollar is spent on preventive medicine?</p> <p>5) What are the services provided and the utilization of services provided by Public Health Departments?</p> <p>6) What are the full costs of medical litigation?</p> <p>7) What is the effectiveness of operating service networks developed under health care reform?</p>	<p>1) What are the effects of Kansas risk adjustment factors on community rating?</p> <p>2) What are the effects of insurance mandates on premium costs?</p> <p>3a) How do the costs and outcomes compare between and among types of primary care professionals (physicians, nurse practitioners, physicians assistants, midwives, etc.)?</p> <p>3b) What are the utilization and costs of common procedures for individual hospitals, clinics, ambulatory centers and community health centers?</p>

	Low Relative Priority	
Data Easily Available	Data Partially Available	Data Not Available
	<p>1) What are the usage patterns within and across providers and provider types (patient tracking)?</p> <p>2) How do utilization and costs of common procedures compare between hospitals, clinics, ambulatory centers and community health centers?</p>	<p>1) What are the results/outcomes of managed care in the state demonstration project?</p> <p>2) What are the costs and results of the EACH/RPCH demonstration?</p> <p>3) What are the effects in terms of cost, quality and availability of health profession scope of practice legislation?</p> <p>4) How prevalent is the use of practice guidelines in Kansas and what is the effect on the outcome?</p> <p>5) What are the costs and benefits to Kansas of various health care financing mechanisms?</p>

	Intermediate Priority	
Data Easily Available	Data Partially Available	Data Not Available
	<p>1) What are the current trends, needs and costs of human resources for health services delivery and administration?</p> <p>2) What are the system and cost impacts of the trend toward primary care and preventive medicine?</p> <p>3) What is the level of patient/client satisfaction with health services in Kansas?</p> <p>4) How do the outcomes of health services compare for different ages and socioeconomic backgrounds?</p> <p>6) How do Kansas morbidity and mortality rates compare to other states and within the state?</p>	<p>1) How would the delivery of care to the uninsured and underinsured change under health care reform?</p> <p>2) What are the sources and amounts of available funding streams to support various health care financing mechanisms?</p> <p>3) What is the severity of illness upon entry to the health system in Kansas?</p> <p>4) What is the impact of health care reform on quality of care?</p>

## Goals and Objectives

### Health Care Database Governing Board

Goal 1) Establish basic parameters of the health care database.

#### Objectives

- a) Discussion with the Board and others as to the parameters, priorities and what should be accomplished first.
- b) Consult with health care professionals, data users and consumers to outline informational needs.
- c) Determine the data needed to meet those informational needs with latitude to meet future needs.

Goal 2) Develop guidelines for administering the database and assuring the reliability of the data.

#### Objectives

- a) Produce rules and regulations and subsequently a document that outlines the policies and procedures for individual confidentiality, system security and accessibility, reporting and release of health care data.
- b) Develop procedures for integrity of the data.

Goal 3) Establish a timeline for phased-in approach to database development.

#### Objectives

- a) Document data sources available.
- b) Review data sources with regard to data elements, coding structure, technical and informational compatibility with other systems.
- c) Determine which database can be accessed most efficiently to begin research activities and pilot test policies and procedures. Design a plan to standardize and integrate other databases.
- d) Research gaps in the data that are needed to meet the informational needs of data users.
- e) Recommend ways to fill the gaps that exist in the data.

- f) Utilize statistical techniques for estimations where data are not available

Goal 4) Develop methodology to provide funding for the health care database to relieve the burden of collection on state general funds.

Objectives

- a) Estimate resources that are needed to support and fund database development and maintenance.
- b) Seek external funding through public and private funds for database establishment and utilization.
- c) Make other recommendations for funding the database.
- d) Establish policies and procedures to determine how and when to charge fees for data provided.

Goal 5) To work with policy makers, program managers and the public to identify data needs to support health care research priorities and to promote the benefits and uses of the health care database.

Objectives

- a) Identify priority research areas in which information can be derived accurately and efficiently for publication.
- b) Produce publications that will provide useful information and promote the benefits of the database.