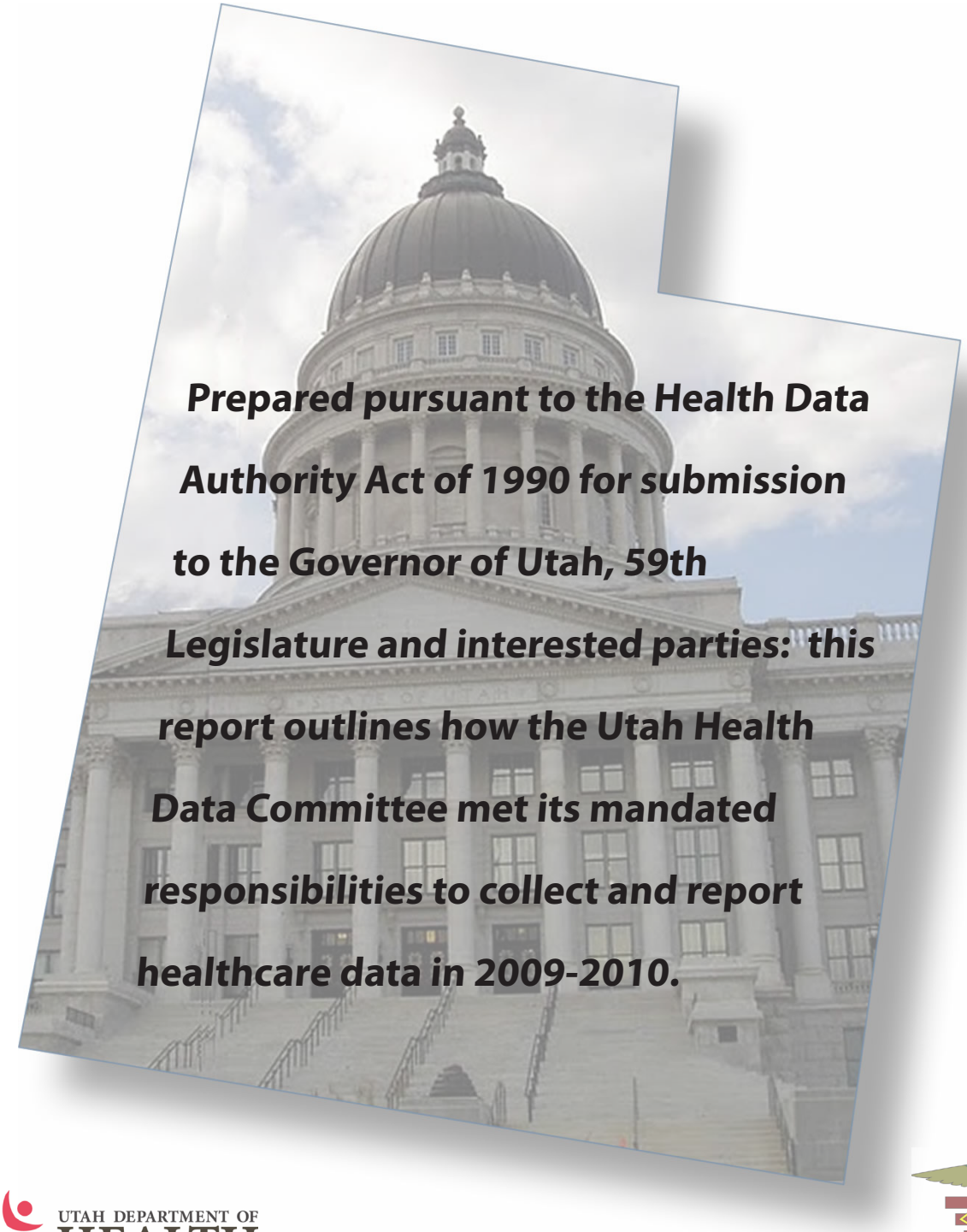
UTAH HEALTH DATA COMMITTEE

Office of Health Care Statistics, Center for Health Data

2010 BIENNIAL REPORT



Prepared pursuant to the Health Data Authority Act of 1990 for submission to the Governor of Utah, 59th Legislature and interested parties: this report outlines how the Utah Health Data Committee met its mandated responsibilities to collect and report healthcare data in 2009-2010.

UTAH DEPARTMENT OF HEALTH

Utah Health Data Committee

This report is available online at:

http://health.utah.gov/hda/Reports/biennial2010.pdf

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Letter from HDC Chair

On behalf of the Utah Health Data Committee (HDC) and its staff, I would like to thank you for your interest in our 2010 Biennial Report. We hope you find the report to be helpful as well as informative. The purpose of this publication is to outline how the committee met its responsibilities over the past two years as mandated by the Utah Health Data Authority Act (§26-33a).

Since 1990, the committee has enjoyed a progressive and collaborative relationship with the Governor's Office, Legislature and all Utahns. In order to maintain and strengthen our long-standing statewide health data reporting system, we have established critical partnerships with innumerable state and federal health care entities. Today, HDC data is being increasingly used to make health policy decisions at the state and federal level.

I have been honored to serve as the Committee's public health representative since 2001. As I enter my second year as chairperson for the HDC, I am heartened by the many opportunities that await us and our outstanding staff. Our committee and staff have nearly 30 years of experience in collecting, monitoring and releasing pertinent, reliable health data for all Utahns. Today we remain strategically positioned in providing health data that is both trusted and sound to cope with rapid changes in our ever-evolving health care system. In my opinion, our health data expertise is an essential, ongoing need for Utah's policymakers, public citizens, providers, purchasers and payers.

Understandably, over the next few years and beyond, there are many challenges in store for us. For instance, the All Payer Claims Database (APCD) must continually find ways to create meaningful impact on health system reform. Often the envy of other states hoping to report cost data utilizing health insurance claims, we must ensure the size of the database does not overwhelm or dilute its usefulness. Sufficient resources are needed to further develop its infrastructure which should soon be populated with Medicaid and Medicare data. Also, we must find a creative outreach tool that will significantly increase our bandwidth in disseminating user-friendly HDC to all Utahns. Ideally this tool, using our vast array of administrative data, will increase our reporting of health care quality indicators, geographic variations of care and potentially preventable readmissions—the latter being one of the top costs to our health care system.

In the latter part of this report, we have listed five priority projects that will be focused on during 2011-2012. Many enhancements are in store for our core business activities. Most of these activities are summarized in the following Executive Summary. Looking forward, we fully intend to remain an integral partner in achieving meaningful health system reform for Utah. We remain firmly committed to our state mandates, strategic objectives and to our current and future partnerships.

Thank you.

HDC Members

MISSION STATEMENT

The mission of the Utah Health Data Committee is to support health improvement initiatives through the collection, analysis, and public release of health care information. Through public-private collaboration, the Committee will participate in the development and implementation of a statewide health data reporting system capable of providing accurate and independently validated information in a timely way. The committee will implement policies to transform data into objective baseline, trend, and performance measurement information which will be made available to all legitimate users without compromising patient privacy and confidentiality.

Adopted 1994, Amended 2002

Leslie Francis, Chair
Public Health
Representative

Jim Wall, Vice Chair
Business Representative

Scott Baxter
Large Business
Representative

David Call
Third Party Payer
Representative

Gordon Crabtree
Hospital Representative

Bill Crim
Consumer Advocacy
Representative

Lauren Florence
Physician
Representative

Terry Haven
Consumer Advocacy
Representative

Kevin Martin
Nursing Representative

Laura Polacheck
Public Interest
Representative

Pat Richards
HMO Representative

Photo Not Available

Sally Valdez
Public Health
Representative

Vacant
Small Business
Representative

Executive Summary

The Utah Health Data Committee (HDC) is proud to submit this biennial report to the Governor and the Utah State Legislature to highlight its accomplishments in 2009-2010 and planning for the next two years.

Our most visible accomplishment has been the launch of the All Payer Claims Database (APCD). The first health plan claim file was submitted and successfully received on September 13th, 2009. One year later, we published two consumer-friendly reports from the APCD data and established a new publication called the Utah Atlas of Healthcare. We now have four plans in full production and will at least double that number in January of 2011.

In addition to development of the APCD, we remain committed to reporting on the quality of healthcare in the state. We have produced hospital comparison reports on five different conditions for the past two years and also report on overall facility utilization in our annual ST-1 reports. Other core reports focus on the quality of Utah's health plans that serve the commercially insured, Medicaid, and CHIP populations. In 2009, we reported consumer satisfaction data on five Utah Preferred Provider Organizations (PPOs) for the first time. Our health plan reports now rates care provided to 80% of Utahns with insurance coverage.

Highlights of HDC New Major Achievements From 2009-2010

The next two years will bring new challenges and new opportunities. The passage of the Patient Protection and Affordable Care Act in 2010 underscored the importance of healthcare as a continuing priority issue for the nation. Utah will continue to work toward creating a reformed, market-driven health care system that is both affordable and high quality. As it has since 1990, the Utah Health Data Committee is committed to providing trusted analysis and reporting of health data for the state of Utah.

- Official launch of All Payer Claims Database health plan submissions (page 14)
- Continued reporting on hospital cost, quality and patient safety for five different medical conditions and procedures (page 20)
- Released first report on Potentially Preventable Readmissions in Utah hospitals (page 18)
- Conducted usability testing for three Utah Department of Health products (page 32)
- Secure web-based upload for facility data nearing completion and will begin beta testing in 2011 (page 30)
- Reported consumer satisfaction for Utah Preferred Provider Organizations (PPOs) for the first time (page 22)
- Formed two new HDC subcommittees: Data Use Subcommittee and Utah Transparency Advisory Panel (page 27)
- Created the Utah Atlas of Healthcare and published two new reports from the All Payer Claims Database (pages 12)
- Established data analysis and reporting partnerships with *HealthInsight* and the University of Utah

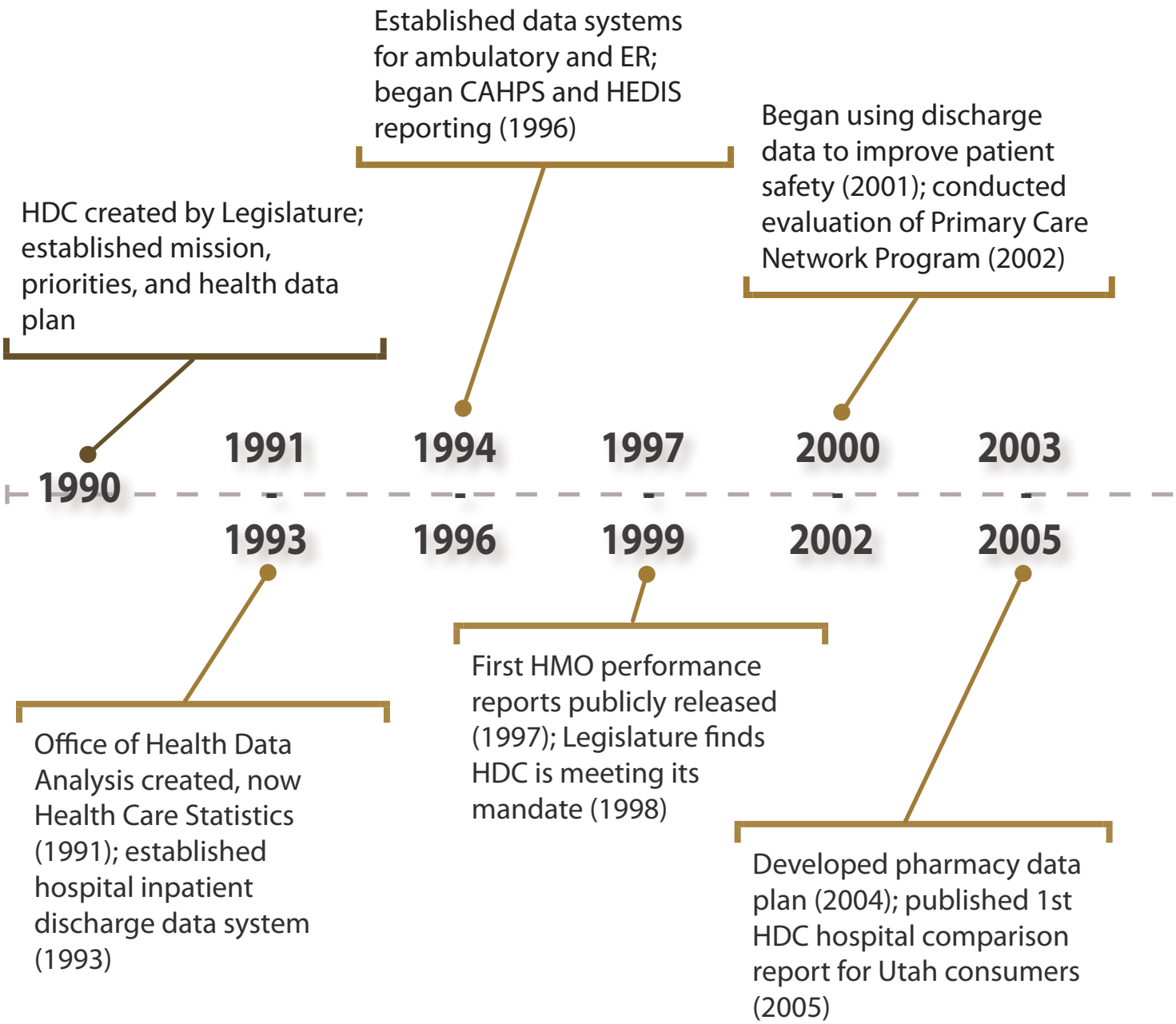
HDC Priority Projects for 2011-2012

- Consolidate three of Office of Health Care Statistics websites into one web reporting tool (page 36)
- Create a research-oriented database that will combine APCD, hospital discharge, and vital records data (page 39)
- Improve facility compliance and data submission specifications (page 38)
- Update hospital comparison reports using MONAHRQ analysis and reporting tool (page 37)
- Support the Utah Legislature's health system reform initiatives with data, reporting, and consumer-friendly transparency (page 40)

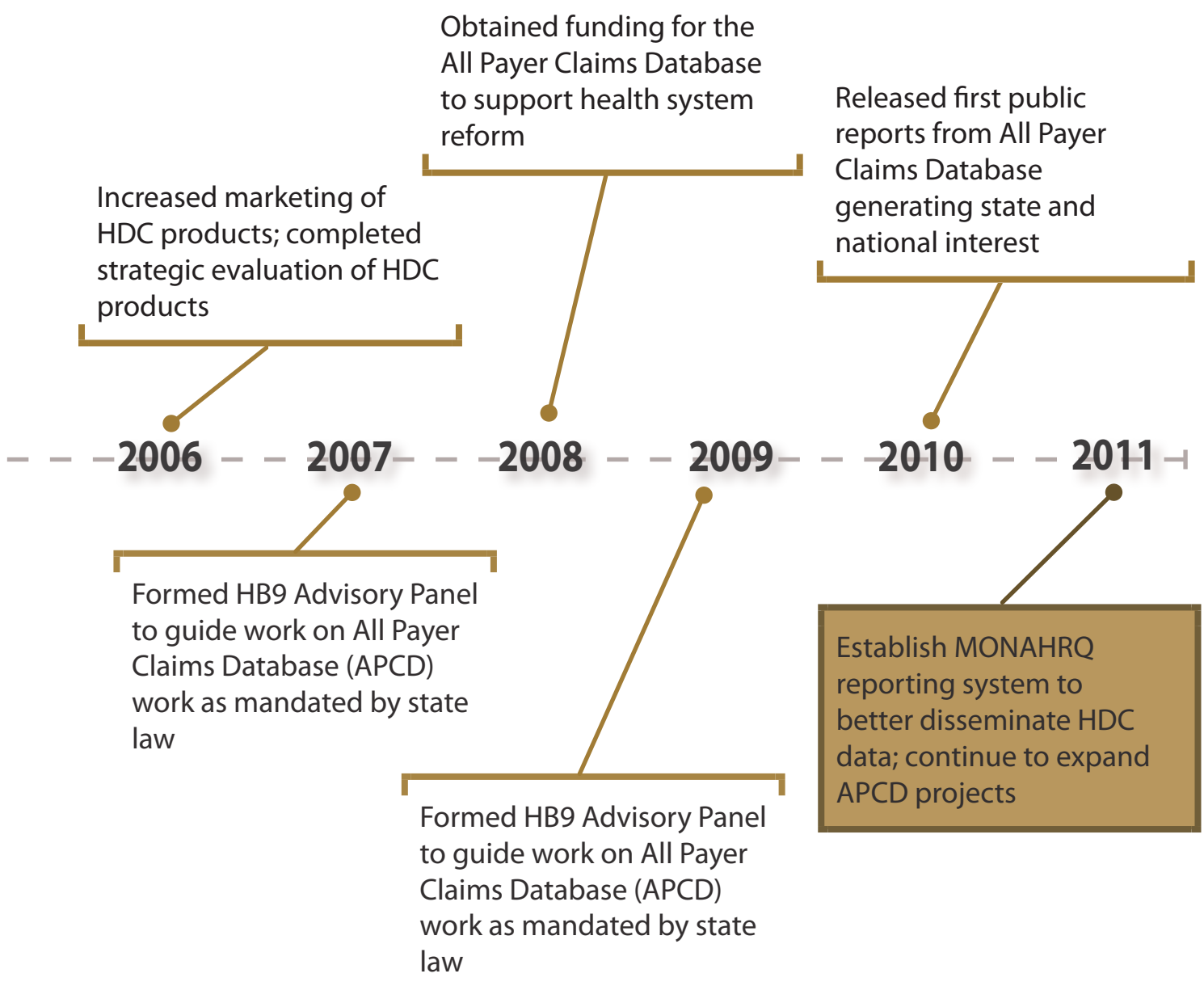
Health Data Committee (HDC)

Highlights

1990 - 2011



And a Glimpse Ahead...



Office of Health Care Statistics Staff

Front row left to right:

Lori Savoie, Senior Business Analyst

Keely Cofrin Allen, Director

Sam Vanous, HMO Program Manager

Jamie Martell, Support Services Coordinator

Carol Masheter, Epidemiologist

Back row left to right:

Mark Gaskill, APD Program Manager

John Morgan, Hospital Discharge Database Manager

Mike Martin, Research Consultant

Part I

HDC Performance: Core Projects

All Payer Claims Database: Utah Atlas Reports

The Healthcare Reform Taskforce, has indicated that information from the APCD should be accessible in a consumer friendly way. Healthcare consumers can be defined in a number of ways that include: hospitals, health care providers, health plans, purchasers, policy makers and patients. The richness and magnitude of data emerging from the Utah APCD are capable of extending the capabilities many of the existing data reporting tools and pathways.

Two reports were published in the Fall of 2010 using APCD pilot data - Antidepressant Use in Utah and Making Cents of Utah's Healthy Population. These reports were distributed in a publication titled The Utah Atlas of Health Care (Utah Atlas), both online and in printed form. The Utah Atlas was envisioned as a compliment to existing reporting pathways and as a response to Speaker Clark's challenge to get meaningful data out to APCD stakeholders. These first public reports highlight just a few of the APCD's emerging capabilities to report on healthcare cost and quality in Utah.

The first Utah Atlas report was titled Antidepressant Use in Utah. This report described some cost and utilization data surrounding antidepressant use. Some key findings presented in this report are:

- Antidepressant medications account for a large share of the total costs for prescribed medications.
- Antidepressants are prescribed much more often to people with chronic diseases. The rate of antidepressant use increases greatly with the increase in the number of chronic conditions a person has.
- Women are prescribed antidepressants at over twice the rate as men.
- Antidepressant utilization increases with age for both women and men.
- Among women, there are higher utilization rates in the northwestern portion of Utah than in the Provo-BYU area.

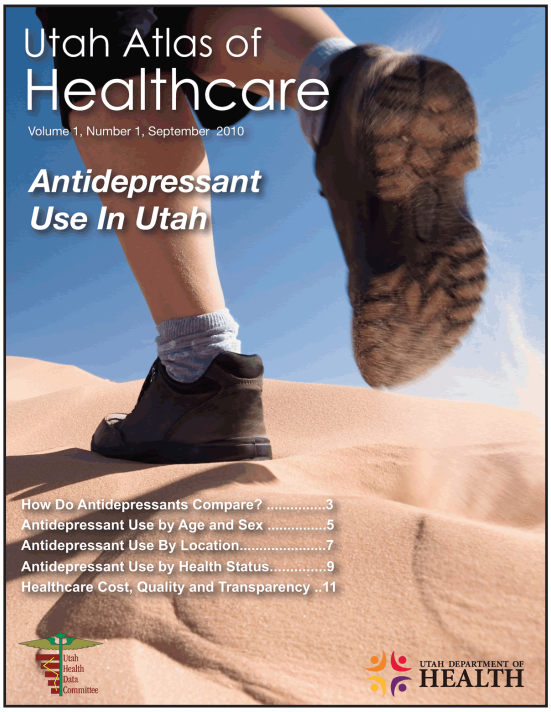
This report represents what is likely to be the first of several publications on antidepressant use and depression in Utah. Further examination of antidepressant utilization patterns and health status of the Utah healthcare consumer is required to better define the relationships between depression, chronic diseases, and antidepressant use. Greater understanding of these relationships might open the door to earlier, more effective and less costly treatment practices for both depression and other chronic diseases.

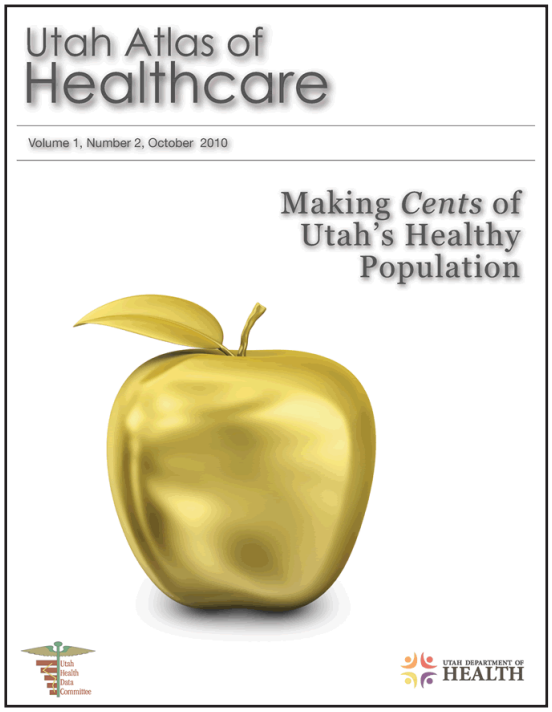
The second Utah Atlas report was titled Making Cents of Utah's Healthy Population. This report presented a description of Utah's healthy population: those who have no known diseases or conditions. The report described this populations demographic characteristics and the costs of several preventive care screenings. There were several key findings. Perhaps the most notable was the significant difference in costs between caring for the healthy and treating the sick. This may seem like an obvious conclusion; however, this report moved us forward in being able to describe routine and preventive care as a definable healthcare cost and quality metric.

The cost of routine and preventive care will become increasingly important as health care reform proceeds and health care consumers assume more responsibility for their health and its cost. Some of the findings from the report are:

- Healthy people cost $32 per month to care for, compared to $147 for the overall population
- Nine percent of the healthcare dollars spent in Utah in 2009 went to caring for this population
- The proportion of healthy people declines with age; 71% of children under 5 fall into the healthy category
- Men outnumber women in this category by a slight margin: healthy men make up 21% of the total population; healthy women just 18%
- The highest per member costs are for children under one year of age ($1,800 annually) with costs dropping sharply after age 5

This report also highlighted how the number of healthy people decreases as age increases. This is an unavoidable reality as aging often brings an increase in a variety of age-related conditions. However, efforts to increase the percentage of healthy people across the lifespan could result in significantly lower healthcare costs and improved quality of life. Achieving this outcome will likely be the result of successful efforts to prevent disease and disability, improved access to needed health-care and promotion of healthy lifestyles. A better understanding of the healthy population, that is, those health care plan users who receive routine and preventive care, provides the benchmarks necessary to support these efforts while achieving greater levels of healthcare transparency.





Utah All Payer Claims Database

Meaningful Data
Securely Managed
Serving Many

Public Policy - Public Health - Healthcare Consumers - Business - Research

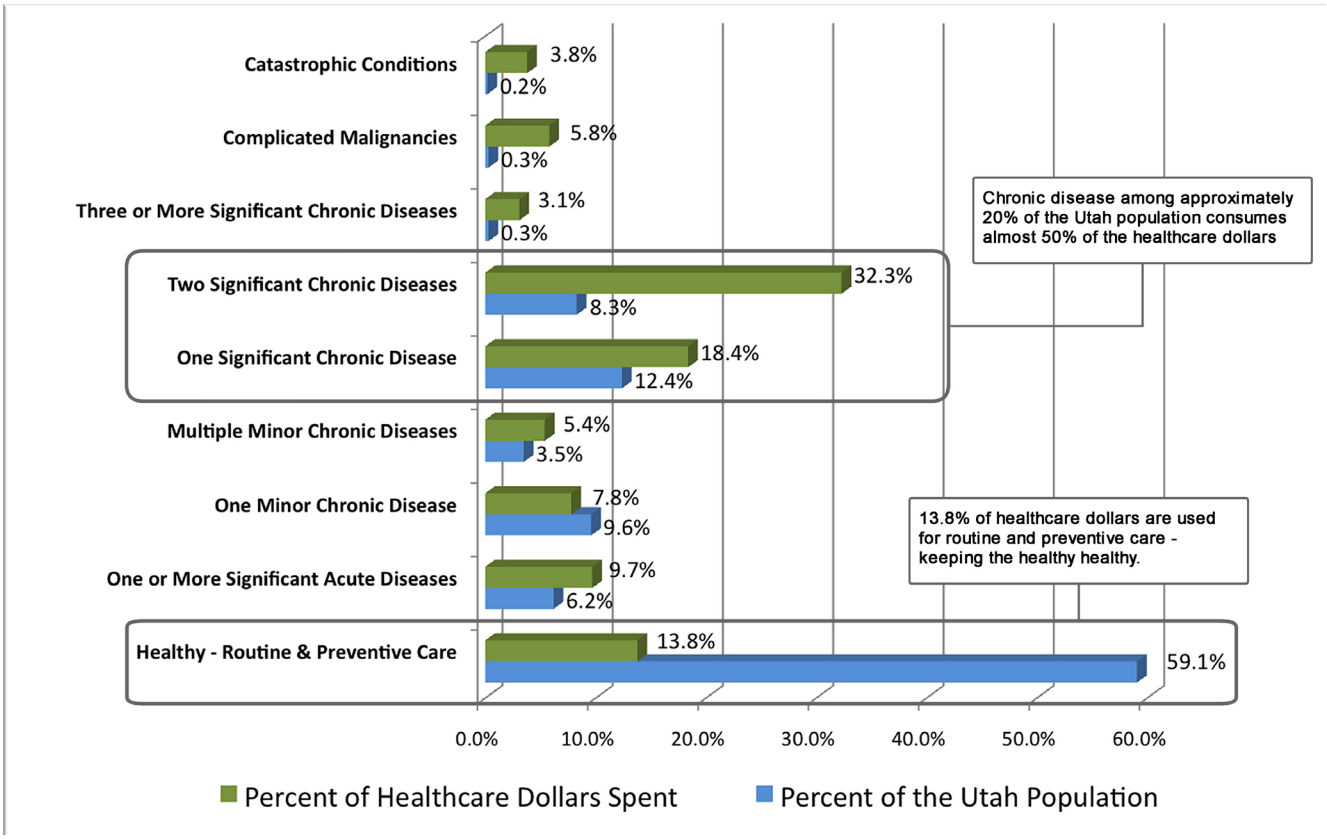
The Utah All Payer Claims Database became the fifth operating APCD in the nation on September 13th, 2009 with the receipt of the very first data submissions. Participating plans submit enrollment, medical, and pharmacy files starting from 1/1/2007 until they are current. As of this biennial report, there are 11 plans in full production; that is, they have submitted all required historic data and are reporting new data on schedule

The All Payer Claims Database is a rich and deep source of healthcare data that is capable of reporting costs (both charged and paid) for episodes of care. An episode of care is a complete course of care, including all services, from the beginning of a condition or disease until final treatment. For maternity, an episode would be from the first prenatal visit until the 6-week post partum visit. Since chronic conditions, like diabetes, do not have a defined end point, these are measured on a 12-month period. So costs for episodes of conditions like diabetes and asthma, would be reported for one calendar year.

The APCD database has already surpassed in size any other dataset that is housed by our office. Currently, the database contains:

- Enrollment, Medical and Pharmacy data for years 2007-2010
- 10 payers in full production
  - Aetna
  - CIGNA
  - Coventry Health
  - SelectHealth
  - Regence Blue Cross/Blue Shield
  - Public Employees Health Program (PEHP)
  - Altius
  - Deseret Mutual Benefit Association (DMBA)
  - Educator's Mutual Insurance Association (EMIA)
- 11 payers, including Utah Medicaid, in various stages of testing and start-up
- $24.85 billion dollars in medical charges
- $7.65 billion in paid medical claims
- $15.16 in paid pharmacy claims

The graph below shows the distribution of members and dollars paid across nine categories of wellness/illness. As the graph shows, those with one or two chronic conditions comprise less than 20% of the total population, yet expenditures to care for people in those two categories comprise nearly 50% of the total costs. By better understanding the costs associated with these chronic conditions, alone or in combination with each other, we can begin to understand where our health-care dollars are going.



In addition to working to meet our legislative mandate, the OHCS is engaging other partners to improve the utility of the APCD. Other projects that we are working on using the data from the All Payer Claims Database are:

- Providing a full-time staff member to serve HealthInsight's Beacon Community Grant to provide data on the health of diabetes in select communities
- Developing an RVU study for the Department of Insurance
- Working with the Utah Health Insurance Exchange to integrate quality data into the site to allow consumers to more effectively shop for a health plan or provider
- Developing a research oriented database that will combine APCD, inpatient, and vital records data and allow analysis at a more granular level (see Project IV, Page, 39)
- Supporting the statewide coordination of benefits project by providing enrollment data

Facility Databases Application: Health Encounter Databases

The Office of Health Care Statistics (OHCS) manages three statewide healthcare datasets: the Hospital Inpatient Discharge Database, the Emergency Department Encounter Database, and the Ambulatory Surgery Database. In total, these datasets contain over 14 million records from 1996 through 2008. These databases also contain information on billing, diagnosis and procedure codes, personal characteristics describing a patient, the services received, and the charges billed for each inpatient stay, each emergency department encounter and each outpatient surgery.

Under Administrative Rule R428-10, the Hospital Inpatient Discharge Database mandates that all Utah licensed hospitals, both general acute care and specialty, report information on inpatient discharges. Since 1992, the OHCS has collected a wealth of information from the 60 Utah hospitals which have submitted data. In 2008, 51 hospitals submitted inpatient discharge data. These hospitals included 39 acute care facilities, three psychiatric facilities, eight specialty hospitals, and the Veterans Administration Medical Center.

The Ambulatory Surgery Database (R428-11), which became effective in March of 1998, mandated that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgical procedures. The Office of Health Care Statistics collected information from 62 Utah ambulatory surgery facilities in 2008. Of these 62 facilities, 43 were acute care hospitals and 19 were freestanding ambulatory surgical centers.

The Emergency Department Encounter Database (R426-1-7(I)) mandates all licensed Utah hospitals to report information on emergency department patient encounters starting in 1996. Forty eligible hospitals submitted data in every quarter in 2008.

The OHCS makes its databases accessible to stakeholders through a variety of means: printed reports, consumer brochures, online query systems, and public-use datasets. In order to reach a broad audience, relieve staff of the burden of responding to data requests, and maximize utility of its data products, OHCS has taken advantage of Internet technology and was among the first state data agencies in the nation to implement a web-based data dissemination system. OHCS data are currently available online through the following systems:

- My Health Care in Utah (http://health.utah.gov/myhealthcare)
- Indicator-Based Information System for Public Health (IBIS-PH) (http://ibis.health.utah.gov)
- Health Information Internet Query (HI-IQ) System (http://health.utah.gov/hda/hi_iq/hi_iq.html)
- Utah Pricepoint System (http://utpricepoint.org)
- Agency for Healthcare Research and Quality HCUPnet (hcupnet.ahrq.gov)

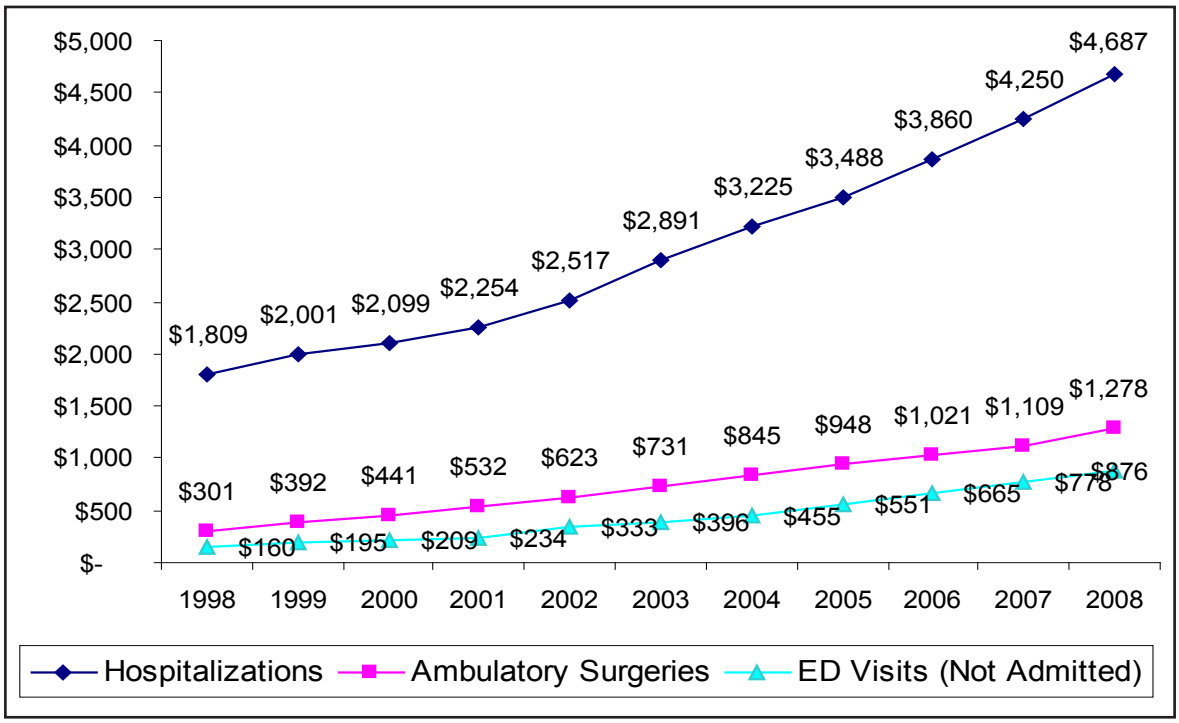
The health care encounter data are made available to researchers through public and research oriented datasets. In addition, OHCS is a partner in the National Healthcare Cost and Utilization Project (HCUP), a family of healthcare databases and related software tools and products sponsored by the Agency for Healthcare Research and Quality (AHRQ).

The HCUP databases include the largest collection of longitudinal acute care hospital data in the United States, with all-payer, encounter-level information beginning in 1988.

Monitor Facility Charges

- Inpatient charges have steadily increased since 1998, however, the proportion of inpatient charges relative to total facility charges has decreased from 80% in 1998 to 69% in 2008.
- Total charges for ambulatory surgical procedures have experienced more than four-fold increase ($301M in 1998, $1,278M in 2008) during the reporting period. This is likely due, in, part, to improved reporting.
- Total Charges for emergency department (ED) visits among facilities have increased five-fold ($160M in 1998, $876M in 2008), which reflects increased utlilization. .
- Aggregate proportions of ambulatory (13% to 19%) and ED (7% to 13%) charges have increased since 1998.

Total Facility Charges (in Millions of Dollars) by Type of Health Care Services Utah, 1998-2008



Sources: Utah Hospital Inpatient Discharge Database, Ambulatory Surgery Database, and Emergency Department Encounter Database. Utah Department of Health, Office of Health Care Statistics.

Facility Databases Application: Readmissions to Utah Hospitals

Project Description:

The report, "Readmissions to Utah Hospitals for Years 2005-2007," compares Utah hospitals based on percentage of readmitted patients. Readmission rate varies by patients' medical condition and treatment procedure, as well as how sick patients are. Accordingly, the report included readmission rates for 16 selected medical conditions and procedures related to diabetes, heart problems, hip and knee joint replacement, pneumonia, and stroke. The report was based on readmissions for clinically related reasons for a previous hospital stay within 30 days, whether readmission was to the same hospital or a different hospital, as defined by the 3M Potentially Preventable Readmissions software.

Benefit to the Public:

Avoiding preventable readmissions is complex and requires a team effort among various stakeholders. This report on readmissions can inform discussion among patients and their families, health care providers and health care plans, legislators, policy makers, and researchers.

The readmission report provides health care consumers with an indicator of hospitals' quality and safety of care, in addition to rates of in-hospital deaths and errors and injuries related to care already included in the four annual hospital comparison reports on heart and stroke, hip and knee, maternity and newborns, and pneumonia.

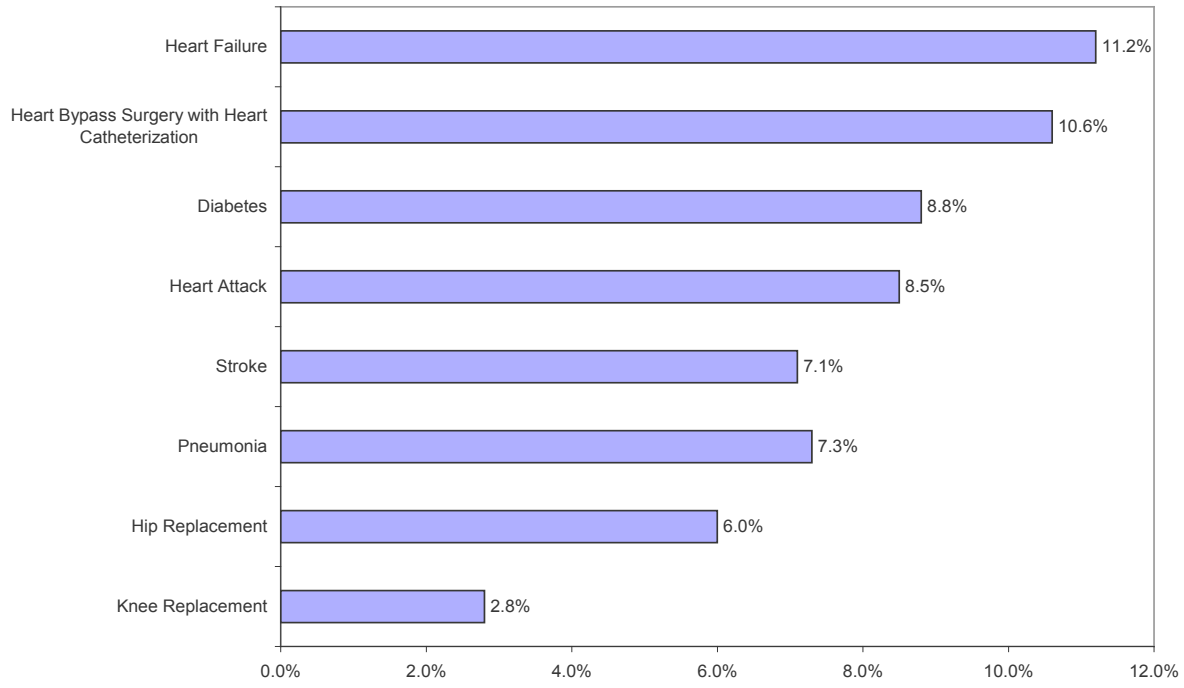
Accomplishments:

- The Office of Health Care Statistics staff met with representatives from 3M to learn about the 3M methodology for identifying clinically related readmissions and to develop a work plan for development of this new report
- Staff met with the Utah Hospital and Hospital Systems Association, explained the 3M Potentially Preventable Readmissions methodology, and discussed questions and concerns from representatives from hospitals
- Staff coordinated a voluntary patient record review of readmitted patients to evaluate the utility of the 3M Potentially Preventable Readmissions methodology. All 41 short-term, acute-care hospitals were invited to participate. 17 hospitals participated, representing three hospital systems plus two freestanding rural hospitals
- Staff reported a summary of findings from the voluntary review at the Utah Hospital and Hospital Systems Association and sent copies to the hospitals that participated in the review
- Staff developed and released its first report on hospital readmissions, "Readmissions to Utah Hospitals for Years 2005-2007," in September, 2010.
- Media coverage of the readmission report included two radio interviews, one taped and one live, and an online article by KSL.

Findings:

Readmission rates for Utah overall varied considerably by medical condition or procedure:

Figure 1. Rate of Hospital Readmission Across Hospitals Within 30 days by Medical Condition or Procedure, Utah, 2005-2007



For some medical conditions and procedures, a few hospitals had a higher or lower actual rate of across-hospital readmission than their expected rate. A hospital's expected rate is based on the expected number of readmissions, if the hospital treated patients who were as sick as patients throughout the state of Utah. For example, for:

- Hip joint replacement - 2 hospitals had a lower actual rate, 4 hospitals had a higher actual rate, and the remaining 26 hospitals that performed this procedure had about the same actual rate as their expected rate
- Heart failure - 1 hospital had a lower actual rate, 1 hospital had a higher actual rate, and the remaining 26 hospitals had about the same actual rate as their expected rate.

Next Steps:

Staff is considering incorporation of readmission findings into the hospital comparison reports on charges, quality, and patient safety.

Measurable Outcomes:

- Number of visits to the online report's web site
- Feedback from readers of the report
- Decrease in the rate of potentially preventable readmissions by medical condition and procedure.

Facility Databases Application:

Facility Comparison Reports

During the reporting period, the Office of Health Care Statistics published four hospital comparison reports each year:

- Heart and stroke care
- Hip and knee care
- Maternity and newborn care
- Pneumonia care

As specified in SB132 (2005), the reports include findings based on nationally recognized indicators, for average charge, quality of care, and patient safety.

Utah Overall Findings

Utah overall (all short-term, acute-care hospitals combined) average charge per day in the hospital has increased from 2006 through 2008 for all medical conditions and procedures included in the hospital comparison reports. For hospital inpatients with minor/moderate level for severity of illness, the increases were as follows:

- 38% for hip joint replacement (from $8,102 to $11,176 per day)
- 26% for knee joint replacement (from $8,348 to $10,559 per day)
- 24% for heart attack (from $5,425 to $6,705 per day)
- 19% for stroke (from $4,182 to $4,976 per day)
- 17% for Cesarean delivery (from $2,391 to $2,793 per day)
- 16% for vaginal delivery (from $2,492 to 2,901 per day)
- 15% for newborn care (from $829 to $924)

Utah overall rates for in-hospital deaths decreased from 2006 through 2008 for (see Figure 1) five different conditions/procedures:

- Heart attacks
- Heart bypass surgery
- Heart failure
- Stroke
- Pneumonia

For in-hospital injuries and deaths, the reports compared each hospital's actual rate with its expected rate. The actual rate is the number of in-hospital injuries or deaths that the hospital recorded. The expected rate is the number in-hospital injuries or deaths that the hospital was expected to have, depending on how sick their patients were. The expected rate provides a degree of risk-adjustment by age, gender, medical condition or procedure, and severity of illness.

Utah overall actual rate was lower than the expected rate for in-hospital deaths in 2006 through 2008 (three years of data combined) for:

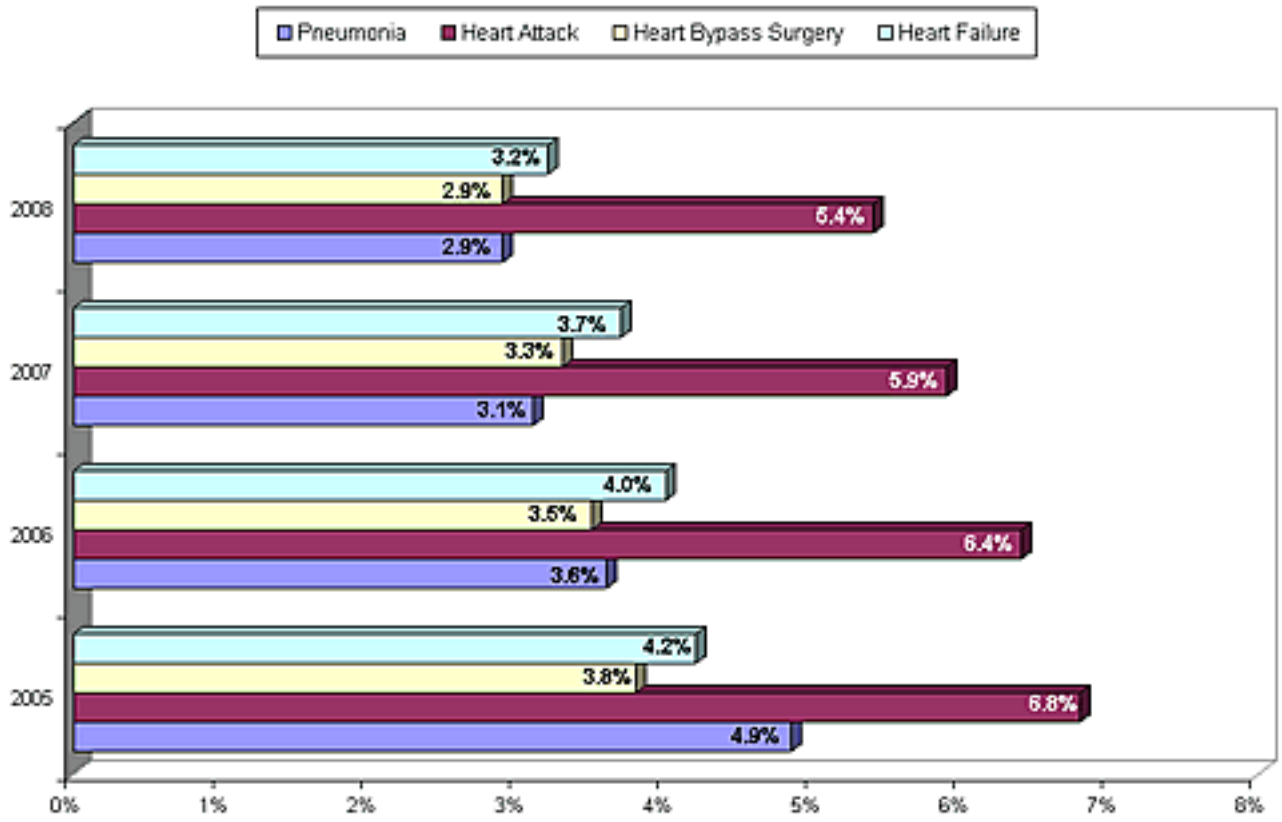
- Heart attacks
- Heart bypass surgery
- Heart failure
- Stroke
- Pneumonia

Utah overall annual actual rate was lower than the expected rate for in-hospital injuries in 2006, 2007, and 2008 for:

- Newborns
- Mothers who delivered vaginally

For all other indicators, Utah overall actual rates were about the expected. No indicators were higher than expected.

Figure 1. Rate of In-hospital Deaths by Medical Condition or Procedure, Utah, 2005-2006



Consumer Assessment of Health Plans (CAHPS)

To help ensure healthcare transparency Rule 428-12 requires Utah health plans to submit consumer satisfaction data on an annual basis. This helps transparency by providing important satisfaction data to Utah's consumers, businesses, and other purchasers of health care in the state. The performance measurement system used to monitor health plan satisfaction is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The Utah Health Data Committee (HDC) has been collecting these satisfaction survey data from commercial HMOs (health maintenance organizations), CHIP HMOs, and Medicaid health plans since 2000. The findings are reported at the end of each year in accordance with R428-12. In 2008, the HDC approved modification of the rule to include commercial Preferred Provider Organizations (PPOs) and the first report on PPOs was released in December of 2009. With the addition of PPOs to the CAHPS project, the health plan satisfaction report now includes 70% of Utahns with health insurance.

The CAHPS survey was developed and funded by the U.S. Agency for Healthcare Research and Quality (AHRQ). It monitors the satisfaction of enrollees with their health care using mail and phone questionnaires administered by a licensed vendor to health plan enrollees. The CAHPS surveys are administered to adults in odd-numbered years and to caregivers of children in even-numbered years - with the exception of CHIP plans, which only cover children - that are done every year. The survey measures satisfaction with different aspects of plan performance, consisting of overall ratings and questions that create composite scores (two to four questions make up each composite).

Ratings

These questions are on a 0 – 10 scale, 0 being the worst plan possible and 10 being the best plan possible.

- Health Plan
- HealthCare
- Personal Doctor
- Specialist

Composites

These questions are on a scale that includes "never", "sometimes", "usually", and "always".

- Getting Care Quickly (composed of two questions)
- Getting Needed Care (composed of two questions)
- Doctor's Communication (composed of four questions)
- Customer Service (composed of two questions)

2009 Key Findings for Adult Enrollees

Ratings *(state average for the percentage of members who gave their plan a score of 8, 9, or 10)*				**Composites** *(state average for the percentage of members who gave their plan a score of "usually" or "always" on these performance measures)*				
	Health Plan	Health Care	Specialist	Doctor	Getting Needed Care	Getting Care Quickly	Doctor Communication	Customer Service
HMOs	+	+	−	+	−	+	+	+
Medicaid Health Plans	+	+	+	+	+	+	+	−
CHIP	+	+	+	+	+	+	+	+
PPOs	+	+	−	+	−	+	+	+
− = below national average				**+ = above national average**				

The full report can be found at http://health.utah.gov/myhealthcare/reports/cahps/2009/index.php

PPOs were added to the CAHPS reporting project due to their growing popularity since they offer out-of-network visits, although at a greater expense. A few HMOs in the Utah market have stopped accepting new enrollees and thus are no longer required to submit CAHPS data because of their small numbers of enrollees. In 2009, four HMOs and six PPOs participated in the project; in 2010 there are three HMOs and eight PPOs in the report.

The CHIP program in Utah has a history of performing well against national benchmarks. In 2009, CHIP scored above the national averages on every one of the CAHPS survey measures.

Utah PPOs have several areas that appear to need improvement. However, since 2009 was the first year that satisfaction with PPOs has been publicly reported, scores will likely improve as the plans begin to focus on this aspect of their performance. One of the goals of public reporting is that it will create improvements in the delivery of health care. This takes time and needs to be monitored yearly to record changes in satisfaction.

Consumer Assessment of Health Plans (CAHPS) - continued-

2010 Key Findings for Child Enrollees

Ratings *(state average for the percentage of members who gave their child's health plan a score of 8, 9, or 10)*				**Composites** *(state average for the percentage of members who gave their child's health plan a score of "usually" or "always" on these performance measures)*				
	Health Plan	Health Care	Specialist	Doctor	Getting Needed Care	Getting Care Quickly	Doctor Communication	Customer Service
HMOs	+	+	−	+	−	+	+	+
Medicaid Health Plans	+	+	+	+	+	+	+	−
CHIP	+	+	+	+	+	+	+	+
PPOs	+	+	−	+	−	+	+	+
− = below national average				**+ = above national average**				

The full report can be found at http://health.utah.gov/myhealthcare/reports/cahps/2010/index.php

Only the CHIP surveys can be compared from year to year since they always survey caregivers of children. The other surveys alternate between adult surveys and child caregiver surveys. As in 2009, CHIP scored above the national averages on all of the CAHPS survey measures.

While PPOs scored below the national averages for 75% of the reported CAHPS measures in 2009 (for adult enrollees), the 2010 results (for child caregivers) were very different. PPOs scored below the national average for Getting Needed Care and rating of specialists. Medicaid only scored below the national average for Customer Service. Commercial HMOs scored below national averages for Getting Needed Care and rating of specialists.

While 2009 had about 70% of Utahns who had health insurance and were covered by one of the health plans in the report, in 2010 only 65% of Utahns are covered by the report.

Healthcare Effectiveness Data and Information Set (HEDIS)

The Utah Health Data Committee (HDC) continues to monitor the performance of commercial HMOs (health maintenance organizations), CHIP HMOs, and Medicaid health plans. These findings are reported annually at the end of the year in accordance with Administrative Rule 428-13. This ensures the monitoring of health plans providing important quality of care data to Utah's consumers, businesses, and other purchasers of health care about the state of health care quality in the state.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a national standardized set of performance measures to monitor the quality of care provided by health plans. HEDIS was developed and funded by the National Committee for Quality Assurance (NCQA). HEDIS is a collection of 71 measures across eight domains and was designed so that purchasers and consumers could have reliable data to compare health plans.

NCQA also has an accreditation process for health plans, so that quality can be monitored and the health plans can be rated based on their accreditation scores. NCQA also provides national benchmarks so that all of the HEDIS and CAHPS data can be compared.

Domains

- Effectiveness of Care
  - Example: child immunizations
- Access/Availability of Care
  - Example: access to primary care providers
- Satisfaction With the Experience of Care
  - Example: CAHPS survey questions
- Use of Services
  - Example: Well-child visits
- Cost of Care
  - Example: Relative resource use for diabetes
- Health Plan Descriptive Information
  - Example: Board certifications
- Health Plan Stability
  - Example: Total health plan membership

It should be noted that this report only contains data from HMOs; PPO data is not collected for HEDIS at this time.

Healthcare Effectiveness Data and Information Set (HEDIS)
- continued-

HEDIS 2009 and 2010 Key Findings

Below is a sample of 2009 and 2010 HEDIS key findings for selected measures.						
	2009			2010		
	Commercial HMOs	Medicaid Health Plans	CHIP	Commercial HMOs	Medicaid Health Plans	CHIP
Child Immunizations	−	+	+	+	−	+
Appropriate treatment for a URI	+	+	−	+	+	+
Appropriate use of medication for Asthma (Ages 5 to 11)	+	−	+	+	+	−
Diabetics that received eye exams	−	+	Not Measured	−	+	Not Measured
Cervical cancer screenings	−	−	Not Measured	−	−	Not Measured
− = below national average			+ = above national average			

The full 2009 report can be found at http://health.utah.gov/myhealthcare/reports/hedis/.

The full 2010 report will be released January of 2011.

In 2009, Commercial HMOs had the most room for improvement, scoring above the national average on only 30% of the measures reported. Commercial HMOs have room for improvement in cancer screenings (colorectal, breast, and cervical). CHIP did reasonably well when compared to the national averages, exceeding the national averages on 50% of the measures reported. CHIP excelled in both childhood immunizations and appropriate treatment for children with an upper respiratory infection. Medicaid HMOs scored above the national averages on over 60% of the measures reported. While Medicaid HMOs did excel in some areas including adult's access to preventive services, they also have areas that need improvement, such as Chlamydia screening in women.

In 2009, about 40% of Utahns who had health insurance were covered by one of the health plans in the Consumer Satisfaction report. In 2010 about 35% of Utahns who had health insurance were covered by this report.

Future Directions for HEDIS

The HDC authorized the data collection for PPO HEDIS using the APCD. After extensive research, it was found that this is not feasible, due to the various sources where HEDIS is obtained. Another source for HEDIS data must be located.

New HDC subcommittees

Data Use Subcommittee

The creation of the All Payer Claims Database has established a rich and valuable data resource for stakeholders interested in health data. Even before OHCS began receiving data, we were contacted by researchers, policy makers, and analysts about obtaining access to data and reports.

In order to manage the large number of diverse data requests, the Health Data Committee formed the Data Use Subcommittee. This groups includes members of the Health Data Committee as well as a data security expert and a member of the UDOH attorney general's office. This six member group discusses all incoming data requests and grants limited access to certain types of data and analysis results.

The committee's mission is to find the appropriate balance between maintaining the security and privacy of the data and allowing its use for the improvement of healthcare in the state.
The committee is using incoming data requests to craft a formal, written policy that can be used in the future by OHCS to approve or deny requests that meet (or fail to meet) certain criteria. Requests that do not clearly fall within established parameters will be discussed by the full committee. These discussions that will then inform the evolution of the data release policy.

Members

- Leslie Francis (Chair) — University of Utah Dept. of Philosophy
- David Call — Deseret Mutual Benefit Association
- Kevin Martin — Shriner's Hospital
- Rex Olsen — Utah Department of Health
- Gary Mackelprang — CaduRx
- Edward McEachern — Dept. of Orthopedics, University of Utah

New HDC subcommittees -continued-

Utah Transparency Advisory Panel (UTAP)

The Utah Transparency Advisory Panel began meeting in 2009. This group was formed from an older subcommittee that oversaw the creation of the hospital comparison reports beginning in 2005. The newly-formed UTAP is tasked with giving the OHCS input on all of its reporting, including analyses from the all payer claims database. The group is comprised of members who represent a variety of healthcare stakeholders.

The panel meets monthly to discuss upcoming analyses and reports. Decisions by the panel are then passed to the Health Data Committee for final approval. This group of stakeholders was instrumental in the development of the first readmissions report, released in 2010. The group has also has ongoing discussions regarding reporting topics from the All Payer Claims Database.

Members

- Jan Orton (Chair) Intermountain Healthcare
- Cyndi Bemis Utah Department of Health
- Heather Borski Utah Department of Health
- Korey Capozza HealthInsight
- Collin Davis University of Utah Health Plans
- Carol Hadlock School of Medicine
- Terry Haven Voices for Utah Children
- Scott Horne Utah Hospital Association
- David Larsen SelectHealth
- Denise Love National Association of Health Data Organizations
- Matthew Murray Public Employees Health Plan
- Yvonne Niesen MountainStar Healthcare
- Christie North HealthInsight
- Bill Southwick IASIS Healthcare

Part II

Special Projects/ Ongoing Business

Web-based Application for Hospital Data Submissions

(Health Data Online Reporting System, H-DORS)

Project Description

The Office of Health Care Statistics continues to make progress in developing a secure web-based application. The Health Data Online Reporting System (H-DORS) will allow healthcare facilities to submit required data through a secure on-line system. All hospitals and ambulatory surgery centers are mandated to provide Inpatient Discharge, Ambulatory Surgery, and Emergency Department
Encounter data files in accordance with Administrative Rules R428-10, R428-11, and R426-1-7(I) on a quarterly basis. Our goal is to have all Utah Hospitals and Facilities utilizing this tool for data submissions by the end of 2011.

Benefit to the Public

Creating a secure data upload system will have a positive impact on OHCS staff productivity. Currently, facilities submit their data on CDs via U.S. mail. Staff then receives, logs, and uploads the data files as well as sends out a receipt to the data supplier. The H-DORS system will save time and postage, better secures the data, and is much more efficient.

Accomplishments

Over the last two years OHCS has:

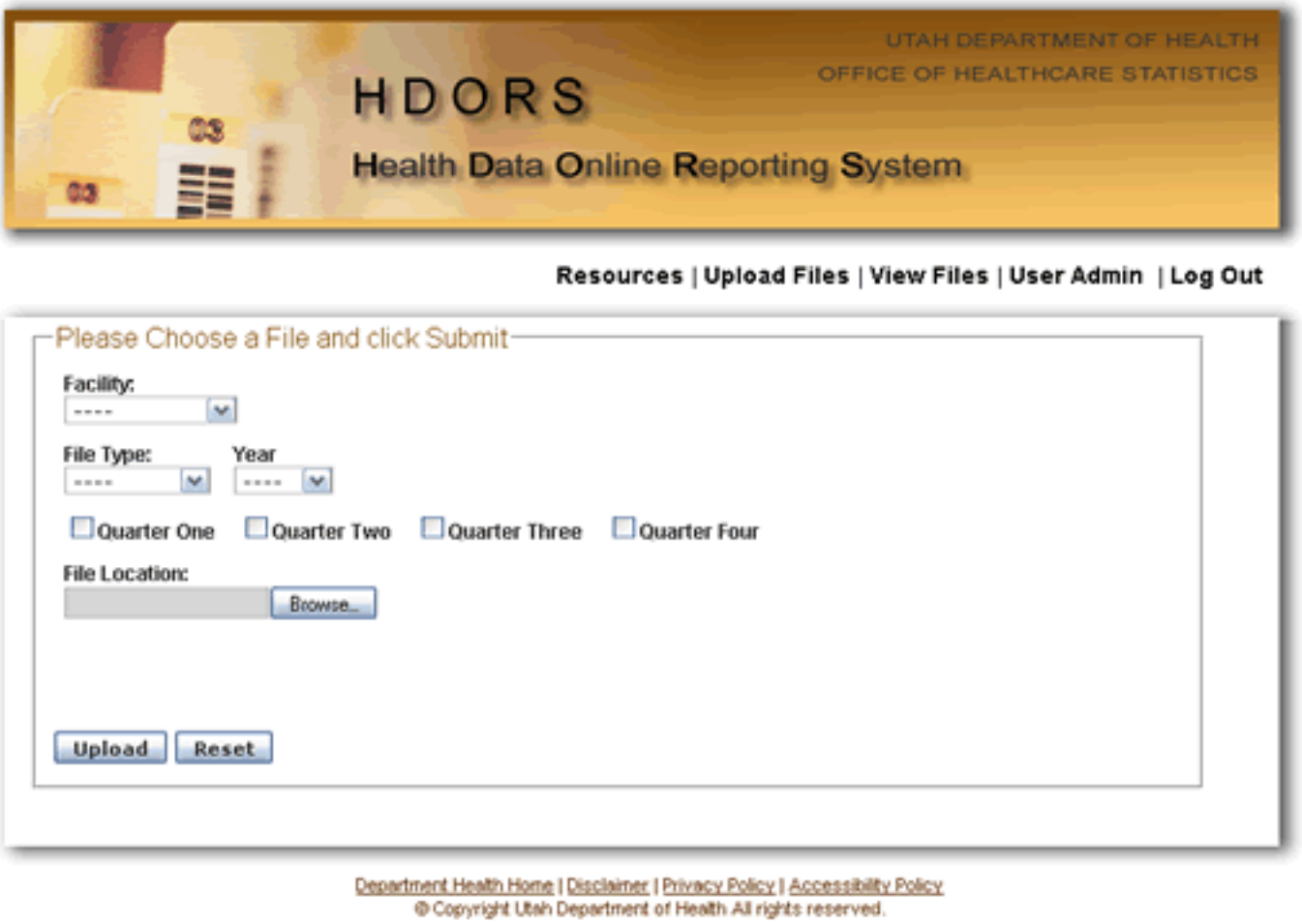
- Completed the front end (Graphical User Interface) of the application
- Implemented the server and database architecture
- Identified and implemented the structure for secure user authentication and file transfer

Next Steps

Early 2011: Recruitment and Beta Testing: During the beta phase the OHCS will recruit five to eight users to act as a test group. The OHCS will ask for volunteers from urban, rural, and ambulatory facilities. Any problems with the system will be identified and addressed during the testing phase.

Late 2011: Statewide Implementation: H-DORS will be made available to all facilities in Utah. We anticipate that some facilities will transition to the new system more quickly than others, but eventually all facilities will use the system. The OHCS will provide user support materials such as user training and online help menus within the application itself.

2012: Modification and Upgrade: The OHCS will solicit user input concerning the performance of the tool, user support, and any new features that the users would like to include. The OHCS will ensure adequate user support and upgrade the tool if resources become available or as time permits within existing resources.



Screen shot HDORS Application (Data Submission Function)

Measurable Outcomes

- All Utah facilities use the tool once per quarter for submission of their data.
- Elimination of data submissions via U.S. mail.
- Users are satisfied with system performance and user support, as measured by direct feedback from users within the beta group as well as system wide.

Usability Studies

OHCS staff began conducting usability testing of UDOH products in the fall of 2009.

What is Usability Testing?

Usability testing measures how easy a product is to learn and use. Typical users are observed completing tasks that simulate what the product is designed to accomplish. The users are asked to think "aloud" while using the product, so that the observer can note any issues with the product as well as possible solutions. This includes both positive and negative feedback.

The observer reads a task to the user, and simply takes note of what the user does. This includes whether the user was able to complete the task, the time it took and the methods that the user employed to complete the task. The observer also collects information about the user's satisfaction with the product.

Five factors are most commonly observed in usability testing:

- Easy to learn: Can users learn how to use the product easily and quickly?
- Easy to relearn: If users have experience with the product, can they accomplish the tasks more easily and quickly?
- Efficiency: How quickly can experienced users accomplish the tasks and do they do so in a way that the designers expect?
- Errors: How many errors do users make and how severe were those errors?
- Satisfaction: Do users like the product?

During the testing sessions the observer cannot help the users accomplish the task. However, users can ask questions about the use of the product after the task is completed. The observer makes it very clear that it is not the user who is being testing, but the product itself. This may help users be more candid in describing their experience with the product.

Usability testing can be conducted at any point in the design process, but ideally it is done early and again at several times before the final development. This information is taken back to the designers so that the suggestions can be built into the product. This is done as many times as the designers need or want depending on the scope of the project. If a product is being updated, typically very few sessions of usability testing are needed. Each session of usability testing usually involves between five and seven users, with half-hour sessions for each user.

Usability testing saves money by helping avoid expensive redesigns, maintenance, and customer support. Usability testing also helps ensure an easy to use and efficient product with increased user and brand satisfaction.

What was done?

Three projects have gone through sessions of usability testing: IBIS (Indicator Based Information System), EDEN MD (Electronic Death Entry Network for physicians), and the Utah Atlas.

IBIS is a system to retrieve, report, track, and analyze Utah health data. It contains links to current publications, common reports (indicators), as well as databases that can be used to run customized queries. The system is comprehensive and the navigation among and within the various components is complex. Usability testing was utilized to help illustrate the areas that needed the most improvement.

A new version of IBIS is now being designed that incorporates the comments obtained while usability testing.

While testing IBIS, it was found that:

- Database queries are difficult to accomplish
- The website is too text heavy and inexperienced users have to read everything to navigate successfully
- There is no IBIS-specific search tool
- Non-UDOH users took four times as long to complete tasks than those who work at UDOH
- Users did appreciate the system and found it a very valuable method to obtain health data

EDEN is an on-line system used primarily by funeral home directors to sign and amend death certificates. EDEN MD is a separate, simpler system designed to be used by physicians who fill out very few death certificates a year and are less familiar with the process. EDEN MD was still in the early stages of development so usability testing was employed to check on the progress.

While testing EDEN MD, it was found that:

- The form to fill in the required information was easy to use and required a few simple changes
- The look and the feel of the webpage was visually unappealing and needs a redesign
- The logo and colors were not appropriate for the subject matter of the product
- The navigation needed to become more visually based and less text heavy

The EDEN MD team is still completing the final development and is incorporating the suggestions from the users. Another round of testing may be needed when the design team is finished and the product is officially launched and in use.

The Utah Atlas of Healthcare is the website that OHCS currently uses to release reports from the All Payer Claims Database. Many aspects of the site were tested, including images, headings, layout, and formatting. The Utah Atlas incorporated the feedback from testing into the first few volumes, and will be used in the future when necessary.

Next Steps

OHCS continues to explore opportunities for usability testing with various programs, including redesigning the UDOH webpage and the Utah Health Insurance Exchange. Usability testing will be incorporated into future reports and web-based tools designed by OHCS.

Coordinate UDOH Medicaid Survey Project, 2010

Project Overview

- In June 2010, the UDOH Division of Medicaid & Health Financing, Bureau of Eligibility Policy, asked the Office of Health Care Statistics to conduct a survey project analyzing experiences of the program's application and renewal processes.
- OHCS mailed surveys and reminder postcards to 2,200 eligible people over a five week period, entered results from completed surveys into a database. OHCS will analyze the data and produce a full report of detailed findings by December 31, 2010.
- All costs—including materials and labor used for the project—were paid by the Robert Wood Johnson Foundation, Maximizing Enrollment Grant.

Method

- OHCS hired a temporary worker to send out the mailings; contracted with Utah Correctional Industries to input data from completed surveys; and provided OHCS staff to coordinate the project, track returns, analyze data and create a final report.
- From September-October 2010, OHCS mailed out surveys to a sample of Medicaid (1,100) and CHIP (1,100) cases, with at least one child under age 19.

Outcome

- As of November 1, 2010, the mailing and data entry portions of the project were completed. OHCS is currently analyzing the data.
- The OHCS will deliver a report of detailed findings to the Bureau of Eligibility Policy before December 31, 2010.

Impact

- Survey feedback will be used by UDOH's Bureau of Eligibility Policy (BEP) to identify improvements in the application and renewal processes.
- Primary goal is to improve services of BEP so that they better meet the needs of Utah families.
- OHCS' role as internal process evaluator will directly impact the delivery of quality healthcare to Utahns.

Part III

Strategic Planning: 2011 - 2012

Priority Project I:
Strategic Consolidation of OHCS Websites

Project Description

The OHCS currently maintains three websites to highlight projects and serve data suppliers and users. Health.utah.gov/hda site is the oldest site and primarily contains access to rules, data submission specifications, public use data sets for purchase, and administrative information about the Health Data Committee. MyHealthcare in Utah is intended to be a consumer-friendly site hosting the SB132(2005)-mandated facility comparison reports. The health plan quality (HEDIS) and consumer satisfaction (CAHPS) reports are also housed on the site. The OHCS also maintains a site for APCD reports called UtahAtlas of Healthcare.

In 2011, the OHCS will undertake a complete redesign of office websites and bring them under one main page with links for a variety of consumers.

Benefit to the Public

The benefit of the web redesign will be to have a single access point to committee products, tools, reports and general information including mission-critical staff activites. The current three-site organization does not give HDC web consumers a single place to go to meet all of their needs. Data suppliers who want to review data submission specifications have to go to a completely different site than patients who are looking for a place to compare healthcare facilities. With a single site, the OHCS will be able to better serve the broad public as well as specific users of our data.

Tasks and Time Line

- Winter/Spring 2011: study of existing websites, develop overall structure for new site;
- Spring/Summer 2011: usability testing of new site mock-ups, site development;
- Summer/Fall 2011: beta launch of new site, input from key stakeholders;
- Fall/Winter 2011: launch of new OHCS site, marketing to brand new site.

Measurable Outcomes

The OHCS already tracks visits to the existing sites and downloads of current and past reports. We will track visits to the new site and continue to track these metrics as we brand and market it.

Priority Project II:
Develop Innovative Approach to Comparison Reporting

Project Description

MONAHRQ is a software product available from the Agency for Healthcare Research and Quality (AHRQ) that enables organizations to input their own hospital discharge data and then generate a data-driven Web site for public release.

The OHCS will convert its hospital reporting procedures to this new system in 2011.

According to the AHRQ website, MONAHRQ analyzes, summarizes, and presents information in a format that can be used by consumers and other stakeholders about

- Quality of care at the hospital level,
- Health care utilization at the hospital level,
- Preventable hospitalizations at the county level, and
- Rates of conditions and procedures at the county level.

Benefit to the Public

Using the MONAHRQ system will allow OHCS staff to quickly and easily create a much wider variety of hospital comparison reports than we can do with current resources. The MONAHRQ system can also be used as an interactive querying site that consumers can use to learn about health care in their area. By converting to this new process, staff time will be made available to take on additional analysis and reporting projects; thereby enhancing HDC outreach and strengthening its role in health care transparency.

Tasks and Time Line

- Winter/Spring 2011: review MONAHRQ requirements, develop basic infrastructure;
- Spring-Fall 2011: create initial report layouts, conduct usability testing of the system;
- Fall/Winter 2011: launch new web site which includes comparison reporting by hospital and region.

Measurable Outcomes

The OHCS will track web visits to the new hospital comparison reports and collect user feedback throughout development and release. Staff will also conduct on-going usability testing to continually improve the web site and its products (e.g. reports).

Priority Project III:

Improve Facility Reporting Compliance and Update Submission Specifications

Project Description

Update and expand the submission specifications for facility data reporting (including Inpatient, Ambulatory Surgery and Emergency Department) to current industry standards including UB-04, X12 837 and HIPPA. None of these data collection systems based on the UB-92 claims have been significantly updated since they were started back in the mid 1990s. The additions to the UB-04 include the National Provider Identifier (NPI), Present on Admission, Do Not Resuscitate, additional diagnosis codes and E-codes among others. Other improvements include more standardized reporting of procedure codes, payers and charges. All facilities should be supplying revised data submissions by the 2010 data cycle.

Benefit to the Public

Improvements in data quality and timely health care information can significantly improve market monitoring and disease surveillance for health care providers, public health professionals, and epidemiologists. These databases also serve as one of the core components of the IBIS Web-based Query module which can be accessed by any consumer, provider or health care worker.
Also de-identified data is used by Federal AHRQ HCUP project, hospital systems, and university researchers.

Tasks and Time Line

- **Early 2011:** Put together drafts of complete modifications of each of the Submittal Manuals compared with current UB-04, X12-837, HCFA 1500 standards -- also revisit affected Utah State Rules.
- **Mid 2011:** Reconvene the HDC-Systems Technical Advisory Committee to review and advise on specifications -- follow up internally and with the HDC.
- **Winter 2012:** First release of fully linked database
- **2012:** Publish and disseminate revised submittal documents -- then follow up and train individual facilities or IT vendors about changes and resolve technical issues.

Measurable Outcomes

Enhanced reporting capabilities in the quality indicators software and provider level reporting. We will be able to directly track the number of facilities/systems that have changed submittal formats. Decreased facility error rates during validation and improved data reporting.

Priority Project IV:

Create the Utah Health Systems Research Database

Project Description

The Utah All Payer Claims Database was given the unique mandate to do analysis of state-wide episodes of care. In order to create these episodes, careful linking of the data across payers and settings, was required. The OHCS purchased the Informatica Identity Resolutions (IIR) software in order to create a unique identifier for each patient, which would be assigned regardless of whether they changed health plans, moved, or changed names.

The OHCS intends to leverage the power of the IIR to create a research database called the Utah Health Systems Research Database (UHSRD). This database will go beyond the APCD to include data from the Inpatient Discharge Database and Vital Records (information pertaining to births and deaths in Utah).

Benefit to the Public

The merged dataset will allow researchers to have a more complete picture of care delivered in Utah. The UHSRD will allow the investigation of questions such as:

- What is the cost difference in delivering a baby when the mother has had no prenatal care vs. when the mother has had all required prenatal care?
- What other conditions were people who died of heart failure treated for in the last 6 months of their lives?
- How much does an ER visit for asthma cost for the uninsured vs. those with insurance and does the severity differ?

This new research database will be of great benefit to public health and healthcare policy researchers. Research on the cost, quality, and access of healthcare will benefit all healthcare stakeholders including payers, purchasers, and providers, as well as the general public.

Tasks and Time Line

- Spring 2011: Investigate inpatient and vital records database to determine matching variables
- Fall 2011: Database design and linking programming
- Winter 2012: First release of fully linked database
- Spring/Summer 2012: Publication of reports from linked dataset, continued collaboration with healthcare researchers

Measurable Outcomes

Success of the project will be measured by the number of data requests received for the new dataset. We also plan a number of publications reporting on the results of analyses of the new dataset. These reports will be made publicly available on our website.

Priority Project V

Create Data Products Supporting Health System Reform Initiatives

Project Description

Over the past several years, the Health Data Committee (HDC) has been strategically intertwined with key health system reform legislation passed by the Utah Legislature. Primarily these bills have set a foundation for enhanced transparency of health care costs and provided the necessary funding in collecting and analyzing data from the All Payer Claims Database (APCD). HDC data have been identified by the Health System Reform Task Force as a crucial ingredient to health reform success in Utah. The Committee's long history of data leadership will continue to support health reform efforts; specifically those requiring data-driven strategies and solutions.

Benefit to the Public

- Greater transparency of costs and quality measures will help patients make better informed decisions about their health care and prioritize value among health care among providers.
- All Utahns will benefit from practical solutions that reduce unnecessary health care spending, improve access to care and increase the number of insured citizens.
- Policymakers can use HDC data to promote useful health care legislation that reduces harm to the public and, ultimately, increases overall quality of life.

Tasks

As a trusted steward of health care data since 1991, the HDC will continue to draw from its rich depositories of data—both recent and historical—to provide useful data products which strengthen health care reform efforts in Utah. For instance, using data from the APCD, the committee will provide active and timely response to reform-related proposals from statewide and national stakeholders, including government representatives, state agencies, community organizations, committee partners and public citizens. Further, the HDC will, for example:

- Support health care delivery and payment reform demonstration projects
- Provide cost and quality information to the Utah Exchange
- Follow up on applicable directives from the Utah Health System Task Force

Measurable Outcomes

- Track usage of products created by Committee staff for health reform-related activities
- Monitor balanced score card measures relating to health reform and Committee work
- Feedback from users of HDC products via evaluation methods such as usability studies

Part IV

Appendices

Utah Department of Health, Office of Public Information and Marketing
Office of Health Care Statistics
News Releases for 2009-2010

Date: January 7, 2009
Title: **Utah Hospitals Perform Well in Latest Comparison Reports**
Fact: 1st release of trend data for quality and patient safety measures

Date: July 28, 2009
Title: **New Hospital Ratings Available on UDOH Web Site**
Fact: Initial release of Hospital Consumer Satisfaction Report

Date: November 24, 2009
Title: **New Utah Health Plan Ratings Available**
Fact: Results from PPO members included for the first time

Date: December 17, 2009
Title: **Latest Hospital Comparison Reports: Several Measures Stand Out**
Fact: 10th news release promoting Utah hospital comparison reports

Date: February 3, 2010
Title: **Utah Health Plans Rated in Annual State Report**
Fact: 1st online publication for this report

Date: September 15, 2010
Title: **Antidepressant Use Examined in New State Report**
Fact: 1st official report from Utah's All Payer Claims Database
Fact: Received the most media attention of any HDC publication since 1992

Date: September 23, 2010
Title: **UDOH Unveils New Hospital Readmission Report**
Fact: First report of its kind (unique software) – potentially preventable readmissions

Date: October 20, 2010
Title: **State Releases Costs on Healthy People**
Fact: 2nd official report from Utah's All Payer Claims Database

Date: November 16, 2010
Title: **Utah Health Plans Perform Well in Consumer Survey**
Fact: 14th such publication released by the HDC since 1996.