



Improving Outcomes & Value with a Health Data Utility

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Fragmented data hurts patients and costs taxpayers

Kentuckians want quality care at a fair price. How do we know if we're getting value for our dollars?

The cost of care keeps increasing while outcomes are mixed. How much are we spending on low value care or duplicative services?

It's hard to find an in-network provider – especially for mental health and dental care. How are we measuring adequate provider networks?

Paperwork keeps increasing. How can we identify administrative waste in the system and redirect those dollars to patient care?

We have plenty of data but it's not getting used. How do we make data meaningful for policymakers and providers to shape policy and practice?

Uniting fragmented data

A Health Data Utility can bring fragmented data sets together in a uniform format that provides a comprehensive record using:

Administrative Data

Licensure

Claims Paid

Prior Authorizations

Clinical Data

Health Records

Social Data

Screenings & Referrals

(basic needs, tobacco, mental health, etc)

Public Health Data

Lab & KASPER Reporting

Disease and Immunization Registries

Research (State-University Partnerships)

Surveys (Census, ACS, BRFSS, YRBSS, etc)

What we have and should integrate

Administrative: Medicaid Fee for Service and Managed Care, Non-Emergency Medical Trans., KY Employee Health Plan, hospital discharge, licensure

Clinical: KY Health Information Exchange

Social: Kynect screenings and referrals

Public Health: Lab and KASPER reporting, disease registries, immunization registry, surveys, research

What we're missing

Medicare, Tricare, Marketplace, Employer-Sponsored and Individual plans, other screenings and referrals, health records

What we can continue to leverage

State-University Research Partnerships

KY Health Information Exchange & Kynect Resources

Connecting data through the lifespan



How do cost, access to care, and health outcomes change based on:

- Type of insurance
- Covered services
- Provider networks
- Out-of-pocket costs
- Prior authorization barriers
- Enrollment or renewal paperwork

Using data to inform policy & practice

- How many **OB/GYNs** are billing for services in Anderson County?
- How many residents from Anderson Co. are traveling for OB/GYN care and where are they going?
- What providers are billing for smoking cessation or perinatal mood disorder screenings?

Claims Paid

+

Licensure

+

**Prior
Authorizations**

+

**Screenings &
Referrals**

- How many **screenings and referrals** were made and completed for smoking cessation or perinatal mood disorder?
- How many pregnant moms experience food or housing insecurity?
- How do outcomes/readmissions differ based on social factors? NEMT use?

- How many **Primary Care Providers** are billing for services in Hart County?
- How many Hart Co. residents travel to see a PCP? How far?
- How do ED and readmission rates compare for patients with or w/o a PCP?

- How do **Prior Authorizations** differ between insurers? Providers?
- When a PA is denied, how do utilization and outcomes change?
- How do PA-related delays impact patient care? Medication adherence?
- What is the impact of paperwork on provider productivity/capacity?

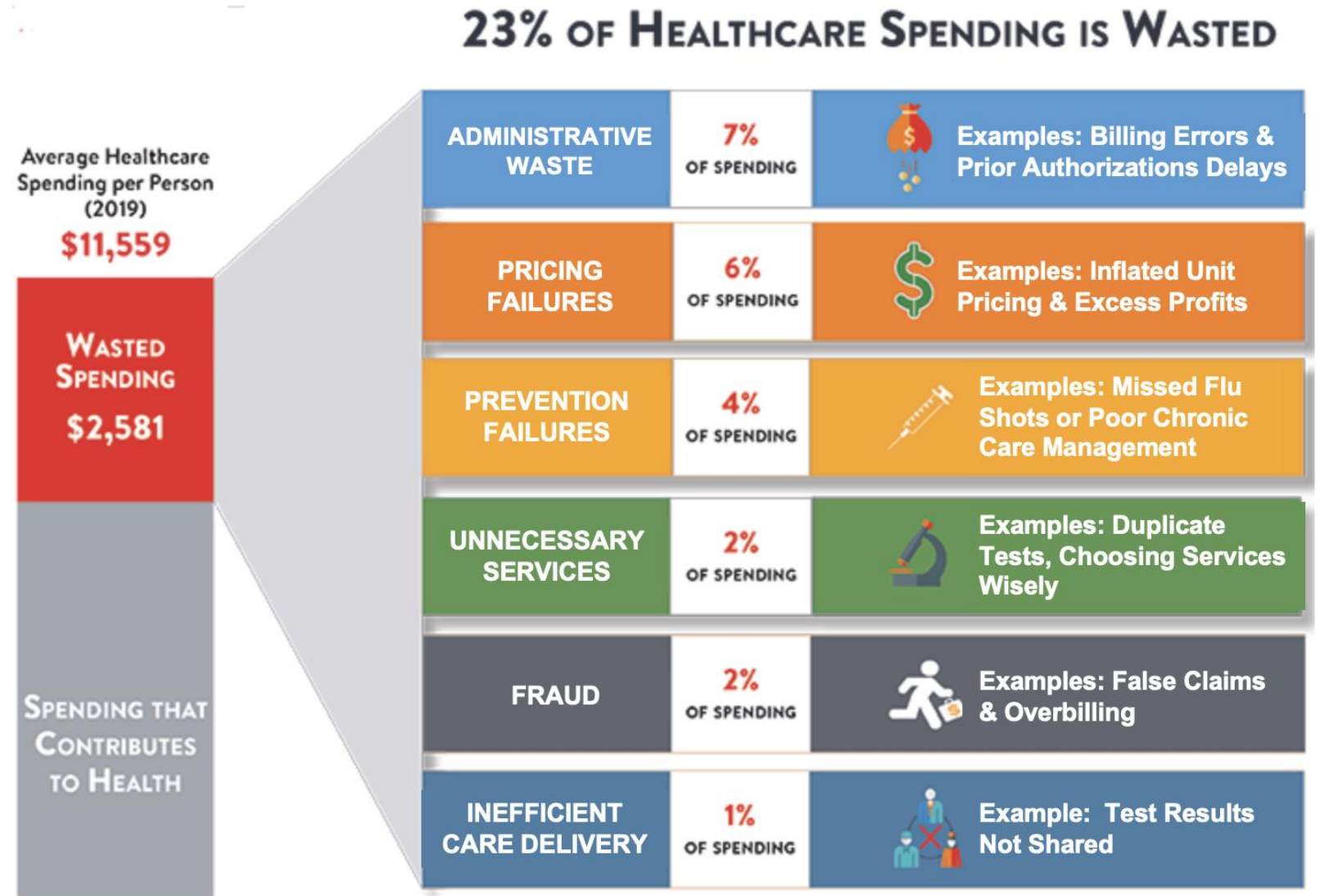
Using data to improve health & pay for value

The Institute of Medicine has identified 3 types of waste: clinical, operational, and administrative.

Together, wasted spending accounts for approximately 23% of total spending.

Removing waste effectively should not compromise coverage or access to high quality care.

A comprehensive Health Data Utility is the tool policymakers need to identify waste and promote quality care.



[Read the full report from Altarum's Healthcare Value Hub](#)

Thank you!

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