



## Minutes from September 17, 2007 Arizona HealthQuery Data Partner Meeting

Present: Phil Hamilton, ADOA; John Hensing, Banner Health System; Andre Damien, Cardiovascular Consultants; Peggy Stemmler, Arizona Chapter of AAP; Martin Breeden, CHW; Kathleen Dowler, CHW; Wendy Lyons, Scottsdale Healthcare; Mark Slater, Scottsdale HealthCare; Tara McCollum Plese, Arizona Association of Community Health Centers; Jeffrey Joyce, MIHS; Becky Dallmus, MIHS; Janeth Mattox, MIHS; J.S. Stapczynski, MIHS; Mark Weist, CIGNA; Jackie Lundblad, Sun Health Corporation; Adda Alexander, AzHHA; Christine Goldberg, AHCCCS; Debbie Nixon, YPIQ; Elizabeth McNamee, St. Luke's Health Initiatives; Bill Johnson, Center for Health Information & Research (CHIR); Wade Bannister, CHIR; Kathi Russell, CHIR; Heather Gray, CHIR; Miwa Edge, CHIR; Tameka Jackson, CHIR; Gevork Harootunian (CHIR)

**Introductions & Welcome:** Bill Johnson began the meeting by welcoming those in attendance and each person introduced themselves. He especially thanked a few of our first time attendees: Dr. Bob Greenes, Chair of ASU's new Department of Biomedical Informatics. Dr. Greenes joined the University from his previous position at Harvard University where he established the Decision Systems Group in 1980 and developed it into a leading biomedical informatics research and development program. Kathi Russell welcomed Marty Breeden and Kathleen Dowler from Catholic Healthcare West—East Valley. Bill also welcomed one of our Center advisory board members, Dr. Peggy Stemmler.

### **Current Research Updates:**

CHIR has recently completed its two year study funded by NIH—**Health Disparities between Hispanic and Non-Hispanic Children in Yuma County**. Yuma is a minority/majority community in which there are more Hispanic children than there are non-Hispanic children. This, in addition to our robust Yuma dataset, allowed CHIR to look at health care and health outcomes for more than 70,000 children of primarily Mexican descent with more than 24,000 non-Hispanic White children. Plans/drafts are currently underway for several journal submissions for publication on the results of this study.

CHIR recently was awarded a contract with AzHHA's foundation, the Health Care Institute, to study the **Nursing Workforce** in Arizona. CHIR now receives administrative licensure data for nurses and has begun tallying results from the nursing survey that is completed each year upon license renewal.

CHIR is finishing year one of its two year **Better Quality Information for Medicare Beneficiaries (BQI)** initiative—a six site (CHIR is one of the sites) national demonstration project sponsored by Centers for Medicare and Medicaid Services looking at methods of measuring process of care outcomes for Medicare beneficiaries. CHIR will be traveling to DC next month to meet with CMS sponsors to discuss the project. See this website for more information:

<http://www.hhs.gov/faq/healthprograms/valuedrivenhealthcaare/1734.html>

CHIR finished a project in August for AHCCCS looking at active primary care providers in Arizona who provide services to AHCCCS members as well as those who do not. This was a follow-up study to the 2006 AHCCCS Survey of Providers that CHIR recently conducted.

CHIR completed a study last week for the Valley Fever Center for Excellence. This project looked at individuals who had been diagnosed with community acquired pneumonia over a 3 year period. AZHQ data was pulled to see how many of those individuals received a lab test for Valley Fever and how many did not as well as the numbers of those who were ultimately diagnosed with Valley Fever. **Dr. Hensing suggested that he would like to see community-wide results like these available to data partners. Dr. Greenes added it would be interesting to look at the variations in the aggregate for these reports. The group concurred. CHIR will follow up to request permission from the sponsor to do so.** Bill Johnson discussed that CHIR has been looking at the prospect of using AZHQ for disease registry enhancement recently.

### **Community Reports:**

Bill Johnson presented preliminary findings from CHIR's seventh community report **Health Insurance in Arizona: The Residents of Maricopa County, 2004**. He explained that the national estimates of uninsurance most commonly used—the U.S. Census Bureau's Current Population Survey (CPS)—are not designed for estimating the uninsured in states and smaller locales. This report, now out to a panel of community stakeholders for review, demonstrates two additional methods of estimated uninsured individuals in Arizona using AZHQ. Ultimately, the report disputes the CPS estimate that 18.2% of Arizonans are uninsured and finds that somewhere between approximately 7-12.5% of Arizona's population is uninsured. This report will be distributed in early October.

Bill Johnson then asked those in attendance to brainstorm some ideas for **future community reports**. Here is (hopefully) the full list of suggestions:

**Illiteracy**

**Obesity**

**Uninsured after the “bubble popped” in the Arizona economy (seeing dramatic increase in sub-pay patients)**

Obesity—longitudinal study looking at it as it begins in toddlers

Diabetes—looking at down to zip code, comparing by ethnicity, etc. Age specific adjusted diabetes with comorbidities

Asthma

Stroke—have primary stroke centers

Cardiac disease—#s of interventions, outcomes

Mammograms

Immunization rates

Trauma due to motorcycle injury

Immunizations: Does site of delivery impact compliance with well child care

Teen and adult pertussis—CAP or bronchitis?

Influenza—compliance by health care workforce, did they receive flu shot and/or subsequently diagnosed with flu

Adult vaccines

HPV before and after Gardasil hits market

Chronic disease management, CHCs

The group also discussed some other **current/near future projects** CHIR is working on:

Kathleen Dowler from CHW described a 3 year contract that is in final execution stage that will enhance her community benefit programming by measuring outcomes of specific programs her group offers as well as deliver quarterly refreshes of her higher level community health needs assessment that CHIR performed in 2005.

CHIR is also at project start on a partnership with the Arizona Department of Environmental Quality and ADHS to find correlates between ambient air pollution (specifically, particulate matter) and children's respiratory health in Maricopa County. This project brings together a consortium of air quality experts, environmental fluid dynamics experts, health experts, and data mining experts in the Phoenix community.

CHIR revised its survey of Arizona physicians in July to reflect interest in overcoming barriers to the adoption of health information technology in Arizona. Through a project slated to be sponsored by AHCCCS, CHIR will provide a series of reports based on this survey data in an effort to assist AHCCCS

with its strategic planning. Additionally, CHIR may be able to secure funding to explore the reasons physicians report that they decided to leave Arizona.

The Phoenix Healthcare Value Measurement Initiative (PHVMI) project proposal has been scaled down to reflect the current committed participants. CHIR and St. Luke's are awaiting final decisions from the proposed collaborators.

Wade Bannister reported that the FTP server launch has been successful and he believes everyone who has been interested in using this process has gotten on board. If you have any questions about it, please contact him.

Debbie Nixon reported that she has been working on executing a plan to expand AZHQ membership outside of Yuma and Maricopa Counties. She has made one trip to Cochise County, has another one scheduled for additional southern Arizona, and will be meeting with several entities in Pima County in the next several weeks. She then will be traveling to areas north of the valley beginning in November. Debbie has also been working with ArMA and AOMA to put together an expert panel of physicians to help inform research initiatives.

Bill Johnson updated the group on **AZHQ future funding**. St. Luke's base funding ended in June, 2007 and currently CHIR is receiving some monies from ASU. Ultimately, CHIR is looking to secure non-project related funding to help with the costs associated with maintaining and further growing the dataset. With more than 8 million individuals and more than 90 million encounters, the cost to maintain this project is sizeable. He asked for **suggestions for a viable business model that could help sustain this project**.

In keeping with our goal of quarterly meetings, please **SAVE THE DATE of JANUARY 14, 2008** for our winter meeting.

Respectfully submitted,

Kathleen Russell