

**Research Materials  
for the October 2019  
Accountable Base  
Budget Review of the  
Department of  
Health's Executive  
Director's Operations  
Line Item**

Compiled by the Office of the Legislative Fiscal Analyst  
With Significant Contributions from the Department of Health

### **Completed Tours for Health's Executive Director's Operations**

1. Bureau Director's Meeting on Tuesday, May 28, 2019
2. Office of Fiscal Operations on Wednesday, May 29, 2019
3. Teleworking Committee on Thursday, May 30, 2019
4. Office of Internal Audit on Thursday, May 30, 2019
5. Public Information & Marketing on Wednesday, June 26, 2019
6. Health Informatics Office on Wednesday, July 17, 2019
7. Survey Center on Wednesday, July 17, 2019
8. Office of Health Data Security on Tuesday, July 30, 2019
9. Office of Vital Records and Statistics on Wednesday, July 31, 2019
10. Adoption Registry on Wednesday, July 31, 2019
11. Office of Health Care Statistics on Tuesday, September 10, 2019

As part of the accountable base budget review of the Executive Director's Office, please answer the questions below regarding EDO's fees by the end of July.

1. Are there any changes that Health believes are needed? The Office of Vital Records and Statistics (OVRS) is anticipating requesting an increase in fees for the birth certificates from \$20-\$22 for FY2020. Birth certificates have not increased in five years, yet there have been increases in personnel and DTS costs. This increase would help slightly in addressing those increases. The average & median birth certificate cost nationally is \$20 (Range is \$5-\$46) so this would place Utah slightly higher than the national average (see response to question below). Raising higher than this slight amount could raise concerns by the public as they are sensitive to price increases and a larger increase may decrease demand which could actually lower revenue.

No other changes to EDO fees are believed to be needed.

2. For fees with estimated revenue over \$10,000 are there any not covering their direct and indirect costs (reference attached Excel)? If not, should the fee be raised to cover more direct and indirect costs? Birth and death certificate fees are very sensitive to price increases. We have seen decreases in demand when we have increased the fee. In the Center for Health Data and Informatics (CHDI) fees are just one part of the funding required to support core functions of the Office of Vital Records and Statistics and the Office of Health Care Statistics. Fee revenues are combined with State general funds and federal funds to pay the direct costs of providing electronic and printed products to our customers. These costs include staff time and materials required to deliver the specific data set or certified document to the customer as well as the cost of creating, populating and maintaining the database from which the dataset is extracted or the document is printed. Federal funds pay their proportional share of the Department's indirect costs. We do not calculate a cost formula for each individual fee, but rather consider the direct and indirect cost requirements for the products and services we provide to our customers as a whole. If current total funding levels are insufficient to support these costs, we look at possible fee increases as one option for resolving the budget shortfall, taking into consideration the impact on the program of raising fees. As mentioned above, some of our fees are very sensitive to fluctuations in price. We are also required to report on how our overall fees compare to surrounding states and national averages. Fees alone are not able to support the entire work responsibility of the office. As mentioned above fees help cover costs related to provision of certificates but there are other duties of the office that are not supported by fees for example collection and reporting of abortion data.

At the present time, there are no anticipated changes needed for the current fees in the Office of Health Care Statistics. The Office of Vital Records and Statistics is considering a \$2 increase in the fee for initial birth certificates to support increases in direct costs for personnel and system maintenance and development. CHDI consistently monitors fee rates and assesses needs to request increases on an annual basis. When assessing whether or not to increase fees we look at national and regional rates from other states, impact to the public, needs of the office, impact to volume of requests if fees are raised, etc.

Finance Accounting Policies and Procedures 07-10.00, states “agencies should include direct and indirect costs in their formula.”

1. \$20 fee for birth certificate initial copy (add other related fees as applicable to answer the questions below)
  1. Why did the Department of Health set \$20 as the fee charged? In SFY2015 the fee for an initial copy of a birth certificate was increased from \$18 to \$20 to cover the increasing costs of personnel, information technology and other resources necessary to provide this service to the public. A \$2 fee increase was decided upon after looking at the fee charged for initial birth certificates other states as well as considering the funds needed to maintain the service in Utah.
  2. Should the \$20 be raised to cover more direct and indirect costs? Should the local health departments share some of their revenue to cover some of the statewide costs? As mentioned above there is a plan to request an increase in this rate from \$20 to \$22 to assist with increasing costs over the past five years. Currently issuance of certificates is a shared responsibility between the Local Health Departments and the Utah Department of Health, with each keeping most of the fee revenue for the certificates they issue. However the Local Health Departments depend on some of the infrastructure UDOH OVRS provides, such as the information systems. As technology advancements have resulted in more of the public ordering birth certificates online, shifting the revenue stream, it was decided that a new business model and algorithm would be needed for allocation of funds collected through all birth certifications to the UDOH OVRS and the Local Health Departments. The new model will allocate a proportion of all certificates to OVRS and the rest to the Local Health Department in which the person resides. The new model is felt to eliminate

competition for business between OVRS and LHDs and provide more stability in funding overall for all.

Many years ago, general fund was moved from Vital Records as well as other divisions and offices with the Department to provide adequate funding for the Department-wide administrative costs or what we call the indirect pool. We feel Center for Health Data and Informatics has already provided its share of funding for the indirect pool.

i. At one point in the past there was at least \$520,000 General Fund being spent on auditing of hospitals and an archivist for older birth records related to birth certificates. We are unsure where this figure originates from and we are unsure what the question is. We do have staff that conduct audits as part of their job and work to fix errors or omissions in data submitted by external entities.. We also have staff that work to key paper certificates into the system to allow for access by Local Health Department Staff throughout the state, to complete fields in the system that are needed for passports or other documentation in order to reduce delays. The audits are done for all 46 hospitals. Since 1990 the audits have included the following:

1 - Randomized samples based on the hospital number of births and fetal deaths. Ten being the minimum sample size for any hospital.

For each sample the parental worksheet completed at the hospital by the parents is reviewed against the OVRS abstract from Uintah. We then review the maternal and newborn worksheets with what is in the mom/baby medical records and was entered into Uintah. For all discrepancies found we note the documents on which the correct information found. So essentially all variables collected are reviewed in one fashion or another. Once we have completed the sample review we meet with staff and managers responsible for gathering and submitting the data and go over each of the errors found identifying patterns and filling in knowledge gaps. We review the previous years goals and identify any goals met and work up a new set of goals for the next year audit. A final written report is sent to the manager within 30 days of the site visit.

2 - We also randomly pick a monthly report of birth and fetal deaths to review against the delivery log found in the labor and delivery area of the hospital to ensure that the birth clerk is indeed reviewing each months report against the log for a complete accounting of deliveries at their facility. While in the labor and delivery area we met quickly with the nurse managers and make sure if they have any questions or concerns regarding birth certificates and we answer them. We also verify that the Safe Haven packets are available when and if needed.

3 - We also have a Uintah/Rose skills/knowledge checkoff list that we go over with the staff on site the day of the audit.

4- Some times we train new clerks in conjunction with the audit visit if there is time and need.

Thanks for your ongoing help.

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# Office of Health Care Statistics

# Presentation Structure and Overview

## Section 1 - Foundational Principles

Mission & Vision ❖ Strategic Priorities

## Section 2 - Our Work

The Utah Health Data Committee ❖ Four Major Project Areas

## Section 3 - Organizational Management

Statutory Compliance ❖ Project Management

Process/Workflow Management ❖ Process Improvement

Performance Management ❖ Resource Management (Personnel & Budgets)

# Section 1

## Foundational Principles

# Our Purpose

## **Mission**

We promote better health by collecting, analyzing, and disseminating health data to increase access and quality and reduce the costs of healthcare.

## **Vision**

Utah's people will benefit from improved health due to the availability of accurate, secure, and timely health data.

# Our Strategic Priorities

## Collect

We collect and produce data that are *relevant* and *useful* to our stakeholders.

# Our Strategic Priorities

## Analyze

We create valuable *enhancements* to our data resources and our systems have the analytic capacity to transform them into *useful information*.

# Our Strategic Priorities

## **Disseminate**

We make the data and information we collect and produce available to the *right people* at the *right time* for the *right purposes*.

# Our Strategic Priorities

## Great Organization

This is a great place to work and our employees are *organized*, *trained*, and *empowered* to provide *efficient* and *valuable* services to our stakeholders.

# Hallmarks of A World Class Data Center

- **Meets Research Needs** - high-performance analytic tools; data available to authorized users for approved uses
- **Houses Multiple Databases** - linked and merged; longitudinal access; preserves the history of changes and updates
- **Hardware** - modern and adequate; scalable to meet needs
- **Data Dissemination** - current technology; data and actionable information; meets the needs of the intended audience
- **Meets Business Needs** - sustainable and adequately funded; prioritized security and privacy; reputation for trust and innovation

# Section 2

Our Work

# The Utah Health Data Committee

The **Utah Health Data Committee** oversees policy and implementation of the Office. 15 members represent payers, providers, public health, patients, and businesses.

Subcommittees pull in dozens of stakeholders to give input on transparency efforts, data standards, data use and release, and process improvement.

- Transparency Advisory Group
- Facilities Data Task Force
- Payer Task Force
- Data Use Subcommittee

# Four Major Project Areas

- Healthcare Facilities Data
- Surveys of Customer Satisfaction with Health Plans (CAHPS)
- Self-reported Quality Metrics for Health Plans (HEDIS)
- All Payer Claims Database

# Healthcare Facilities Data

Includes all institutional “patient encounters” that are provided in the State of Utah by qualifying licensed facilities

- Inpatient
- Emergency Rooms
- Ambulatory Surgical Centers

Date range available: 1991-2018 (Inpatient), 1996-2018 (ED and AmSurg)

# CAHPS Surveys

- Health plans (commercial and Medicaid, medical and dental) conduct annual surveys of their members (Required by statute - implemented by rule)
- We use the national standards *Consumer Assessment of Healthcare Providers and Systems (CAHPS)* survey
- Measures what members thought about their experiences with health care and services they received from their health plan in the past year.
- Issues covered by the survey include:
  - had a problem getting care when needed
  - were customer service needs met
  - overall ratings about the members' health plan, health care, doctor, and specialist.

Utah contracts with DataStat Inc., an NCQA-certified vendor.

# HEDIS Measures

- Quality of care measures - Healthcare Effectiveness Data and Information Set (HEDIS), which is developed and maintained by the National Committee for Quality Assurance (NCQA).
- The 2018 HEDIS measurement set contain 88 measures across seven major areas of care.
- Health plans collect these measures to see how they performed in different areas of health care over the previous year.
- Eligible Utah health plans report HEDIS measures to the Utah Department of Health.
- Measures in the current report are based on information from patient visits in 2017.

# All Payer Claims Database

Includes claims paid on behalf of Utah residents for most health plans, Medicaid, Medicare, and third party administrators.

Data includes:

- Medical and dental claims
- Pharmacy claims
- Insurance enrollment
- Health care provider lists

Data are cleaned, standardized, and enhanced with analytics software to produce measures of risk and the burden of illness

# All Payer Claims Database

Since 2013 - impressive usefulness of the data by external researchers

- **U of U** Institutional license – Medical, health services, & public health research
- **Health plans** looking to improve services
- **Facilities** wanting to improve service quality
- Informing **public health activities**, such as reporting on the opioid crisis
- Publishing aggregate data on **OpenData**
  - Data on price & quality of care in Utah

We have limited resources to do analysis in-house

# All Payer Claims Database

We are just *scratching the surface* of what the APCD can be used for

- Linked data across six years (2013-2018) and growing
- Quarterly releases are on the horizon
- Data quality continues to improve
- Filling in the gaps (Medicare data, self-funded plans)

Limitation for consumerism - mismatch between claims and “billing” and patient understanding

# Recent Work Product Examples

## Healthcare Facilities Data

- [2018 Healthcare Facility Data](#)
- [Data for Utah PricePoint System](#)
- [HCUPnet](#)

## HEDIS

- [2009-2018 HEDIS Comparisons](#)

## CAHPS

- [2018 Utah Health Plan Patient Experiences](#)

## APCD

- [2017 Clinic Comparison Report \(Quality Measures\)](#)
- [2017 Hospital Payment Comparison](#)
- [2017 Office Visit Payment Comparison](#)
- [NRHI Total Cost of Care Project](#)
- [DataByte: Pain Medication Use](#)
- Health Data for Intergenerational Poverty

File Home Insert Page Layout Formulas Data Review View Help Acrobat Analyze Design Tell me what you want to do

Clipboard Font Alignment Number Styles Cells Editing

A7 : X ✓ ✖ APRDRG

	A	B	C	D	E	F	G
1							
2	Grouping_id	APRDRG					
3							
4		Column Labels					
5		ALTA VIEW HOSPITAL	BLUE MOUNTAIN HOSPITAL	UNIVERSITY OF UTAH HOSPITAL			
6	Row Labels	Num of Encounters	Charges	Num of Encounters	Charges	Num of Encounters	Charges
7	APRDRG	3,754	\$67,682,133.25	856	\$5,422,403.76	27,612	\$1,253,606,727.69
8	640-NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W	852	\$4,014,931.41	94	\$207,604.79	3,272	\$10,833,821.40
9	560-VAGINAL DELIVERY	767	\$8,685,353.23	95	\$574,055.26	2,877	\$13,957,939.37
10	720-SEPTICEMIA & DISSEMINATED INFECTIONS	277	\$5,842,144.03	22	\$182,357.87	1,236	\$50,059,292.15
11	540-CESAREAN DELIVERY	145	\$2,436,016.44	37	\$252,640.69	1,110	\$21,980,982.79
12	301-HIP JOINT REPLACEMENT	189	\$7,561,299.94	11	\$183,880.37	468	\$19,927,487.24
13	302-KNEE JOINT REPLACEMENT	170	\$7,632,789.22	23	\$370,348.08	459	\$16,390,167.30
14	194-HEART FAILURE	62	\$1,287,315.30	12	\$47,418.03	493	\$15,872,181.34
15	021-CRANIOTOMY EXCEPT FOR TRAUMA					464	\$43,834,885.88
16	304-DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BA	6	\$464,955.79			442	\$31,776,766.49
17	045-CVA & PRECEREBRAL OCCLUSION W INFARCT	1	\$20,969.88	5	\$42,567.72	417	\$14,850,929.34
18	058-OTHER DISORDERS OF NERVOUS SYSTEM	1	\$14,284.39			392	\$24,718,407.58
19	053-SEIZURE			2	\$1,608.90	342	\$11,138,685.57
20	862-OTHER AFTERCARE & CONVALESCENCE			5	\$19,658.82	309	\$22,822,416.00
21	956-UNGROUPABLE	21	\$483,189.57	11	\$50,512.83	281	\$13,450,818.90
22	133-RESPIRATORY FAILURE	63	\$1,438,690.45			244	\$9,481,480.46
23	634-NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP CC	12	\$183,099.30	3	\$13,564.41	269	\$7,981,139.53
24	192-CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS					284	\$17,145,191.09
25	313-KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	20	\$719,920.68	22	\$207,144.31	242	\$11,223,506.21
26	710-INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROC	25	\$1,162,569.24	6	\$13,021.16	250	\$30,237,941.17
27	420-DIABETES	49	\$778,265.45	7	\$56,568.04	185	\$3,882,106.48
28	469-ACUTE KIDNEY INJURY	25	\$353,137.62	9	\$36,320.40	188	\$5,454,576.29
29	566-OTHER ANTEPARTUM DIAGNOSES	5	\$72,608.87	9	\$27,293.12	207	\$2,563,750.67
30	321-CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP					216	\$12,312,229.06
31	541-VAGINAL DELIVERY W STERILIZATION &/OR D&C	12	\$163,571.56	18	\$114,667.40	182	\$3,190,169.17
32	581-NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	31	\$119,279.40	7	\$16,952.68	164	\$1,525,413.23
33	174-PERCUTANEOUS CORONARY INTERVENTION W AMI					196	\$12,467,751.76
34	175-PERCUTANEOUS CORONARY INTERVENTION W/O AMI					196	\$22,339,469.13
35	626-NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W	15	\$149,643.56	2	\$3,641.90	176	\$1,533,826.39
36	139-OTHER PNEUMONIA	28	\$463,485.69	51	\$438,752.10	112	\$2,759,265.03
37	950-EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	2	\$68,940.27			187	\$15,836,817.32
38	322-SHOULDER & ELBOW JOINT REPLACEMENT	49	\$2,635,506.58			138	\$6,144,874.33

### PivotTable Fields

Choose fields to add to report:

Search

- Grouping\_id
- facility name
- code
- code description
- Severity desc
- total charge header
- total charge by revenue code
- N
- Grouping
- facility name
- code
- code description
- Severity desc
- Total LOS

Drag fields between areas below:

**Filters**

- Grouping\_id

**Columns**

- facility name
- Σ Values

**Rows**

- Grouping
- code descrip...
- Severity desc
- facility name

**Σ Values**

- Num of Enco...
- Charges

26

Defer Layout Update Update



A Joint Effort of:



and



## Inpatient Report

Services    **Hospitals**

Pricing    How To Read This Report

### Select Hospitals

By City    By County

Salt Lake City

Click a hospital to select it:

- Intermountain Medical Center
- Jordan Valley Med Center, West Valley Campus
- LDS Hospital
- Marian Center
- Primary Children's Hospital
- Salt Lake Behavioral Health
- Salt Lake Regional Medical Center
- Shriners Hospital for Children
- St. Mark's Hospital
- TOSH - The Orthopedic Specialty Hospital
- University Neuropsychiatric Institute

### LDS Hospital

8th Avenue & "C" Street  
Salt Lake City, UT 84143  
(801) 408-1100

**COMPARE**

### Vaginal Delivery

### Financial Assistance

January 2018 - December 2018

Severity of Illness:	Number of Discharges	Average Length of Stay	Average Charge	Median Charge	Male	Female
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
LDS Hospital (Salt Lake City)	1,563	2.1 Day(s)	\$11,209	\$10,534	0%	100%
All Hospitals in Salt Lake County	13,554	2.1 Day(s)	\$11,046	\$10,484	0%	100%
All Hospitals in this Region	13,902	2.1 Day(s)	\$11,038	\$10,465	0%	100%
All Utah Hospitals	34,184	2 Day(s)	\$10,617	\$10,135	0%	100%

NR = 1-4 Discharges (Not Reported)

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- MY ANALYSIS
- Focus on Subgroups of Interest
- GET MORE DETAILS
- Outcomes and Measures ?
- Number
- Rate
- Age (mean)
- Length of stay
- Hospital charges
- Aggregate charges
- Admission source
- Died
- Discharge status
- Readmissions ?
- Percent admitted from ED
- Submit Request

Hide Standard Errors |  |  |  |  |  |

### HCUPnet - Hospital Inpatient State Statistics

State, All Codes Combined  
 Diagnoses--Clinical Classification Software (CCS), Principal Diagnosis: #650 Adjustment disorders, #651 Anxiety disorders, #652 Attention-deficit, conduct, and disruptive behavior disorders, #653 Delirium, dementia, and amnesic and other cognitive disorders, #654 Developmental disorders, #655 Disorders usually diagnosed in infancy, childhood, or adolescence, #656 Impulse control disorders, NEC, #657 Mood disorders, #659 Schizophrenia and other psychotic disorders, #658 Personality disorders, #660 Alcohol-related disorders, #661 Substance-related disorders, #662 Suicide and intentional self-inflicted injury, #663 Screening and history of mental health and substance abuse codes, #670 Miscellaneous disorders - LOS (length of stay), days (mean)

No graph is available for the current selection.

	Year										
	2007	2008	2009	2010	2011	2012	2013	2014	2015		
Arizona	8.3	8.4	8.5	8.1	7.8	7.8	8.2	8.8	8.9		
Colorado	6.1	6.3	6.4	6.5	6.9	7.0	7.8	8.0	7.9		
Nevada	7.1	7.1	7.1	7.6	8.3	8.5	8.6	8.9	7.9		
Utah	5.7	6.0	5.8	5.8	5.6	5.3	5.4	5.3	5.1		
Wyoming	5.3	4.6	4.9	5.1	5.8	5.2	5.8	6.4	7.8		

↑ Due to the transition from ICD-9-CM to ICD-10-CM in October 2015, 2015 statistics were calculated using only quarter 1-3 data, and the statistics available are limited. In addition, only rates of discharges are displayed and not the number of discharges.

- State statistics from HCUP State Inpatient Databases, Agency for Healthcare Research and Quality (AHRQ), based on data collected by the Arizona Department of Health Services (Arizona), Colorado Hospital Association (Colorado), University of Nevada, Las Vegas (Nevada), Utah Department of Health (Utah), Wyoming Hospital Association (Wyoming) and provided to AHRQ. Values based on 10 or fewer discharges or fewer than 2 hospitals in the State statistics (SID) are suppressed to protect confidentiality of patients and are designated with an asterisk (\*).
- See the ICD codes that comprise CCS categories
- Citation: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <https://hcupnet.ahrq.gov/>. For more information about HCUP data see <http://www.hcup-us.ahrq.gov/>

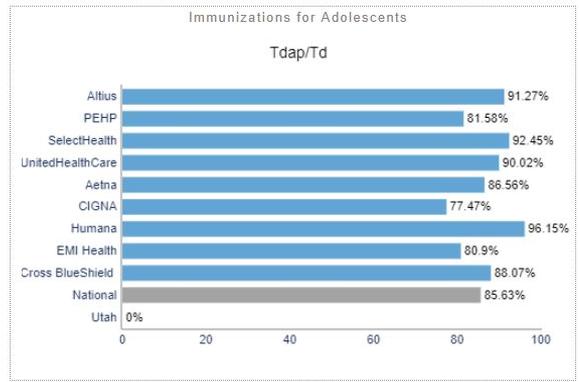
## 2018 - HEALTH PLAN MEASURE RESULTS

**Commercial HMO Measures:** [Adolescent Immunizations](#) | [Care for People with Diabetes](#) | [Child and Adolescent Well Care](#) | [Childhood Immunizations](#) | [Health Care for Adults](#) | [Use of Medications](#) | [Women's Health and Maternity Care](#) |

### IMMUNIZATIONS FOR ADOLESCENTS

The percentage of adolescents 13 years of age who had one Tdap vaccine or one tetanus, diphtheria toxin (Td) by their 13th birthday. **JS charts**

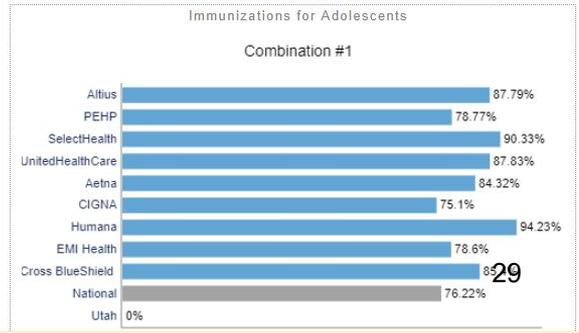
Health Plan	Rate	Data Collection Method
Altius	91.27%	Hybrid
PEHP	81.58%	Administrative
SelectHealth	92.45%	Administrative
UnitedHealthCare	90.02%	Hybrid
Aetna	86.56%	Hybrid
CIGNA	77.47%	Administrative
Humana	96.15%	Hybrid
EMI Health	80.90%	Administrative
Regence BlueCross BlueShield	88.07%	Hybrid
<b>NATIONAL AVERAGE: 85.63%</b>		<b>UTAH AVERAGE: 0.00%</b>



### IMMUNIZATIONS FOR ADOLESCENTS

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one diphtheria toxins and acellular pertussis (Tdap) vaccine. **JS charts**

Health Plan	Rate	Data Collection Method
Altius	87.79%	Hybrid
PEHP	78.77%	Administrative
SelectHealth	90.33%	Administrative
UnitedHealthCare	87.83%	Hybrid
Aetna	84.32%	Hybrid
CIGNA	75.10%	Administrative
Humana	94.23%	Hybrid
EMI Health	78.60%	Administrative
Regence BlueCross BlueShield	85.40%	Hybrid
<b>NATIONAL AVERAGE: 76.22%</b>		<b>UTAH AVERAGE: 0.00%</b>



# 2018 Utah Health Plan Patient Experiences Report

- Introduction
- Commercial
- CHIP
- Medicaid**
- Qualified Health Plans
- Dental Plans
- About the Survey
- Contact

## Medicaid Quality and Access of Care

Medicaid is a source of health insurance coverage for Utah's vulnerable populations. Medicaid is a state and federal program that pays for medical services for low-income pregnant women, children, individuals who are elderly or have a disability, parents and women with breast or cervical cancer. To qualify, these individuals must meet income and other eligibility requirements. [Contact Medicaid](#) for more information about costs and enrollment.

These measures are composite measures. Each composite measure is comprised of between two and four questions asked in the survey. The calculation of CAHPS survey composites uses a proportional scoring method, which basically generates a proportion for each response option.

- Measures: [Getting Care Quickly](#) [Getting Needed Care](#) [Doctor Communication](#) [Customer Service](#) [Shared Decision Making](#)

### Getting Care Quickly

#### Questionnaire items that contribute to this composite:

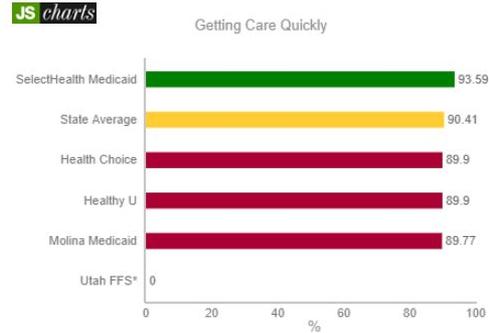
- (1) In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- (2) In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

#### How is it measured?

Response options for questions making up each of these questions range from 1 to 4, where 1= Never, 2=Sometimes, 3=Usually, and 4=Always.

#### About this graph:

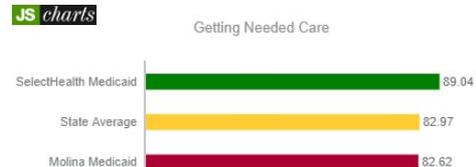
The graph represents the percentage of health plan members who gave their experiences with getting needed care for their child a score of "usually" or "always" on this measure.



### Getting Needed Care

#### Questionnaire items that contribute to this composite:

- (1) In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- (2) In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?



## 2017 Utah Clinic Quality Comparisons

Based on [2017 Utah Clinic Quality Comparisons](#)

This data set includes comparative information for clinics in Utah for medical claims in 2017.

This data set was calculated by the Utah Department of Health, Office of Healthcare Statistics (OHS) using Utah's All Payer Claims

Find in this Dataset

[More Views](#) [Filter](#) [Visualize](#) [Export](#) [Discuss](#) [Embed](#) [About](#)

reporting_per...	Organization...	Provider...	Provider_Na...	Provider_Firs...	Provider...	Provider_City...	Provider_Pos...	Measure_ID ↑ ↓	Measure...	NQF_NU...	# of Patients who receive...	Total # of patients ...	Rate	New Georef...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	AAB_2018	Avoidance of ...	58	14	30	46.67	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	AMM_EAPT_2018	Antidepressa...	105	29	46	63.04	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	AMM_EAPT_2018	Antidepressa...	105	57	67	85.07	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	AMM_ECPT_2018	Antidepressa...	105	26	46	56.52	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	AMM_ECPT_2018	Antidepressa...	105	39	67	58.21	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	AMR_TOTAL_2018	Asthma Medi...	1800	22	27	81.48	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	AMR_TOTAL_2018	Asthma Medi...	1800	34	41	82.93	POINT (-112.0654...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	BCS_2018	Breast Cancer...	2372	100	163	61.35	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	BCS_2018	Breast Cancer...	2372	131	178	73.60	POINT (-111.6603...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	CDC_A1C_T_2018	Comprehensi...	57	98	104	94.23	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	CDC_A1C_T_2018	Comprehensi...	57	159	177	89.83	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	CDC_NEP_2018	Comprehensi...	62	98	104	94.23	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	CDC_NEP_2018	Comprehensi...	62	160	177	90.40	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	CHL_TOTAL_2018	Chlamydia Sc...	33	47	88	53.41	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	CHL_TOTAL_2018	Chlamydia Sc...	33	27	125	21.60	POINT (-112.0654...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	COL_2018	Colorectal Ca...	34	256	532	48.12	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	COL_2018	Colorectal Ca...	34	193	393	49.11	POINT (-111.6603...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	PQA_STA_2017	Percentage of...	541	166	213	77.93	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	PQA_STA_2017	Percentage of...	541	193	265	72.83	POINT (-112.0654...
2017	CANYON VIEW ME...	1538194477;....	SPANISH FORK CLI...	325 W CENTER ST		SPANISH FORK	846602060	W15_V06+_2018	Well-Child Visi...	1392	130	179	72.63	POINT (-111.6603...
2017	TANNER MEMORI...	1043299845	TANNER MEMORI...	2038 W 1900 S		SYRACUSE	840759320	W15_V06+_2018	Well-Child Visi...	1392	45	65	60.32	POINT (-112.0654...

### 2017 Utah Provider Payment Comparison: Hospital Inpatient MS-DRG

Based on [2017 Utah Provider Payment Comparison: Hospital Inpatient MS-DRG](#)

This dataset contains information about cost at the provider level for inpatient hospital stays. These data are intended "to facilitate the > promoting and accessibility of quality and cost-effective health care."

Find in this Dataset

More Views Filter Visualize Export Discuss Embed About

NPI	Provider_Organization...	Provider_Other_Organi...	MSDRG	Description	Total_Provider_Payment_25	Total_Provider_Payment_50	Total_Provider_Payment_75	Claim_Cnt_Total
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	460	Spinal Fusion except Cervical w/o MCC	\$28,610.09	\$39,160.96	\$52,644.78	11
1,033,159,603	JORDAN VALLEY MEDICAL CE...		470	Major Joint Replacement or Reattach...	\$14,033.16	\$22,262.71	\$22,439.65	87
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	470	Major Joint Replacement or Reattach...	\$19,883.12	\$24,362.01	\$33,667.8	28
1,033,159,603	JORDAN VALLEY MEDICAL CE...		765	Cesarean Section w CC/MCC	\$7,034.28	\$9,782.98	\$12,334.48	23
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	765	Cesarean Section w CC/MCC	\$6,066.54	\$10,326.06	\$13,101.09	28
1,033,159,603	JORDAN VALLEY MEDICAL CE...		766	Cesarean Section w/o CC/MCC	\$7,651.91	\$8,395.49	\$8,454.39	48
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	766	Cesarean Section w/o CC/MCC	\$7,494.72	\$7,697.7	\$9,368.4	21
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	774	Vaginal Delivery w Complicating Diag...	\$5,055.34	\$6,026.5	\$7,208.64	42
1,033,159,603	JORDAN VALLEY MEDICAL CE...		774	Vaginal Delivery w Complicating Diag...	\$5,378.66	\$6,419.56	\$8,094.7	23
1,033,159,603	JORDAN VALLEY MEDICAL CE...		775	Vaginal Delivery w/o Complicating DI...	\$5,082.54	\$6,272.62	\$6,322.47	181
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	775	Vaginal Delivery w/o Complicating DI...	\$4,681.56	\$5,630.4	\$6,715.43	160
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	790	Extreme Immaturity or Respiratory D...	\$39,380.04	\$45,662.83	\$49,763.45	12
1,033,159,603	JORDAN VALLEY MEDICAL CE...		793	Full Term Neonate w Major Problems	\$9,463.35	\$11,599.48	\$14,016.57	16
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	793	Full Term Neonate w Major Problems	\$9,782.76	\$11,850.75	\$27,842.15	26
1,033,159,603	JORDAN VALLEY MEDICAL CE...		794	Neonate w Other Significant Problems	\$2,689.69	\$3,474.5	\$9,191.44	24
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	794	Neonate w Other Significant Problems	\$2,102.51	\$2,551.28	\$3,105	36
1,033,159,603	JORDAN VALLEY MEDICAL CE...		795	Normal Newborn	\$1,674.16	\$1,894.13	\$1,895.12	128
1,497,702,195	TIMPANOGOS REGIONAL ME...	TIMPANOGOS REGIONAL H...	795	Normal Newborn	\$1,620.91	\$1,850	\$2,109.6	87
1,033,159,603	JORDAN VALLEY MEDICAL CE...		897	Alcohol/drug Abuse or Dependence ...	\$2,703.66	\$2,988	\$4,841.43	13

## 2017 Utah Office Visit Provider Payment Comparisons: Office Visits (CPT 99201-992...

Based on [2017 Utah Office Visit Provider Payment Comparisons: Office Visits \(CPT 99201-99215\)](#)

This dataset contains information about cost at the provider level for office visit (codes CPT 99201-99215) for clinics in Utah. These data were intended to facilitate the promotion and accessibility of quality and cost-effective health care.







More Views
Filter
Visualize
Export
Discuss
Embed
About

NPI	↑	Provider_Organization_Name_Le...	Provider_Other_Or...	Office_Visit_Type	POS_Category	CPT4_Cd	Total_Provider_Payment_25	Total_Provider_Payment_50	Total_Provider_Payment_75	Procedure_Claim_Cnt
1,124,102,595		WASATCH PEDIATRICS, INC		New	Nonfacility	99,201	\$50.13	\$51.63	\$52.97	12
1,124,102,595		WASATCH PEDIATRICS, INC		New	Nonfacility	99,202	\$72.88	\$87.05	\$97.3	217
1,124,102,595		WASATCH PEDIATRICS, INC		New	Nonfacility	99,203	\$114.06	\$128.44	\$141.34	98
1,124,102,595		WASATCH PEDIATRICS, INC		New	Nonfacility	99,204	\$189.11	\$209.71	\$215.92	32
1,124,102,595		WASATCH PEDIATRICS, INC		Established	Nonfacility	99,211	\$22.39	\$23.8	\$25.44	41
1,124,102,595		WASATCH PEDIATRICS, INC		Established	Nonfacility	99,212	\$42.43	\$51.63	\$56.41	896
1,124,102,595		WASATCH PEDIATRICS, INC		Established	Nonfacility	99,213	\$71.19	\$86.3	\$94.69	12,697
1,124,102,595		WASATCH PEDIATRICS, INC		Established	Nonfacility	99,214	\$105.23	\$126.88	\$139.72	6,974
1,124,102,595		WASATCH PEDIATRICS, INC		Established	Nonfacility	99,215	\$141.6	\$168.92	\$177.94	494
1,215,313,283		BUSY BEE PEDIATRICS, INC.		New	Nonfacility	99,204	\$158.44	\$166.16	\$183.53	20
1,215,313,283		BUSY BEE PEDIATRICS, INC.		Established	Nonfacility	99,212	\$42.43	\$47.95	\$47.95	28
1,215,313,283		BUSY BEE PEDIATRICS, INC.		Established	Nonfacility	99,213	\$72	\$80.49	\$80.49	388
1,215,313,283		BUSY BEE PEDIATRICS, INC.		Established	Nonfacility	99,214	\$107.91	\$118.76	\$118.76	850
1,215,313,283		BUSY BEE PEDIATRICS, INC.		Established	Nonfacility	99,215	\$141.76	\$160.49	\$160.49	71

## About your clinic:

### 1. Risk Score



The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. The HealthPartners NQF-endorsed TCOC measures use the Johns Hopkins Adjusted Clinical Groupers (ACG) System which reflects morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

### 2. Patient Demographics, Inpatient, and Emergency Room Use

	Your Clinic	Utah Average
Patient Panel	834.0	1,023.5
Average Age	39.8	41.5
% Male	48.1%	48.3%
% Female	51.9%	51.7%
Inpatient Admissions per 1,000	50.4	52.3
ER Visits per 1,000	298.6	160.8

### 3. Total Cost, Resource Use, and Price Index by Service Category

Service Category	TCI =	RUI x	Price
Inpatient Facility	0.83	0.90	0.92
Outpatient Facility	1.16	1.07	1.08
Professional	0.90	0.92	0.97
Pharmacy	0.80	0.67	1.20
Overall	0.94	0.92	1.02

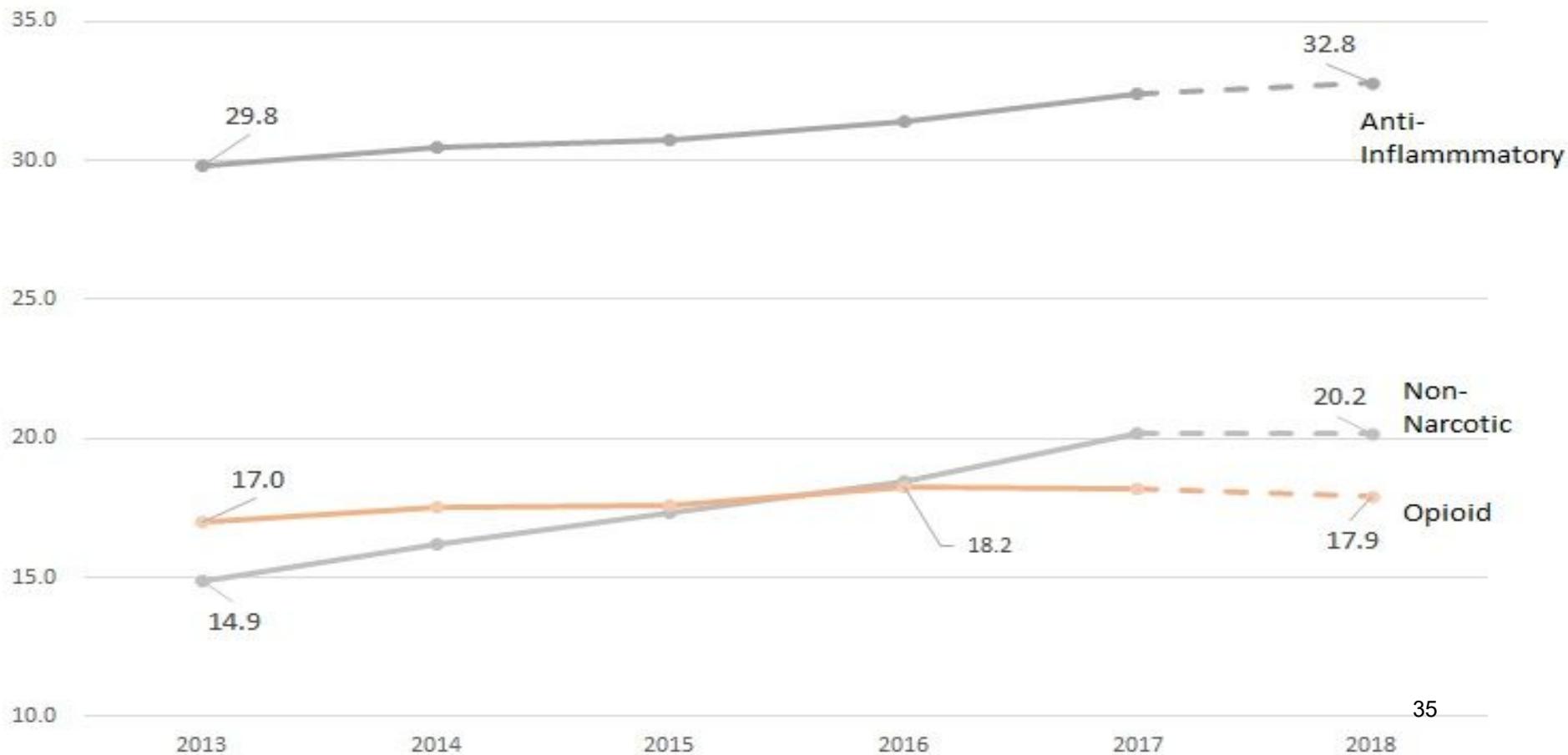
## Clinic Comparison: Overall Resource Use and Price by Clinic



This chart shows resource use and price for patients attributed to your clinic compared to other clinics in Utah. Clinics that are lower in resource use and price appear in the lower left quadrant.

Note: This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission. For medical group use only and may not be disclosed or reproduced for other purposes without written permission.

All pain medication days supplied increased from 2013 to 2018, however since 2016 opioid days supplied has slightly decreased



Top 10 CRG classifications risk scores and counts  
2013 Male Adult IGP Group

CRG Description	CRG Risk Score	Non-IGP Percent	IGP Percent
Healthy	0.24	35.7%	24.0%
Non-User	0.00	30.9%	19.8%
Hypertension	0.71	3.3%	2.5%
Multiple Minor Chronic Primary Chronic Diseases	1.37	2.3%	2.7%
Depression	0.55	1.4%	2.3%
Major Mental Illness or Substance Abuse Diagnosis w/o Other Significant Illness	0.54	1.3%	1.8%
Chronic Pain	1.56	0.9%	1.7%
One Other Moderate Chronic Disease & Other Chronic Disease Level 2	1.98	0.8%	1.5%
Schizophrenia	0.77	0.7%	5.0%
Schizophrenia & Other Moderate Chronic Disease	2.23	0.3%	<sup>36</sup> 2.6%

# Section 3

## Organizational Management

# Organizational Management at OHCS

Six areas of organizational management:

- Statutory Compliance
- Project Management
- Process/Workflow Management
- Process Improvement
- Performance Management
- Resource Management

The work of OHCS is guided by a Strategic Plan, updated annually and reviewed/revised regularly

# Statutory Compliance

*We comply with all requirements of the law in a timely manner*

Section 26-33a contains statutory requirements on the office. Compliance with the requirements and timelines of the law are our top priority. Examples:

- Air ambulance report
- Clinic comparison report (July 1 of each year)
- Publish compilations or reports using commonly recognized measures of *cost, quality, and patient safety*:
  - Health care plans
  - Health care facilities
  - Institutions

# Statutory Compliance

## 2019 Legislation Implementation

- Top 50 costliest procedures - Median paid amounts
- Make cost data available to the public - Expand current data on OpenData
- Provide data to the State Auditor (HB178) for transparency

# Project Management

*We use techniques and tools to plan, control, monitor and review projects*

OHCS is a **project-oriented** enterprise with a diverse portfolio of projects designed to meet the requirements in statute

- All projects are planned and approved - project plans have timelines, goals and objectives, milestones, and deliverables
- Projects must provide value to internal and external stakeholders
- For approved projects - adequate resources are made available, including funding, time, people, and management support
- Project owners use tools (Asana) to track and monitor the status of each project

# Project Management

Current portfolio of 50 projects for FY2020

(30 in progress, 1 on hold, 19 in staging). Examples:

- Develop Medicaid data re-release policy and process
- Transition to Milliman MedInsight
- Incorporate Medicare Parts C&D data into the APCD
- Get substance use disorder (Part 2 protected) data into the APCD
- Provide access to Milliman MedInsight tool for UDOH researchers
- Increase availability of PMHP data in the APCD
- Finalize process for Personal Data Release
- Geocode APCD and Facilities data
- Increase frequency of ED and Inpatient data

# Process and Workflow Management

*We use techniques and tools to define processes, establish roles and identify possible improvements*

While we are not a “widget-oriented” enterprise, repeated processes and workflow are common in some areas of responding to stakeholders

- Process identification
- Process documentation
- Process owners use tools (Asana) to track and monitor the status of each process

# Process and Workflow Management

Over 25 processes have been identified and documented. Examples:

- Monitoring system security
- Contract monitoring
- Health Data Committee meetings and activities
- Produce a calendar of data releases
- Managing data requests
- Ensuring compliance by data suppliers
- Data processing
- Data quality review

# Process Improvement

*We have a systematic approach to reduce performance gaps by identifying and eliminating causes of deficiencies*

- CQI framework - Constant Quality Improvement guides our daily thinking
- SUCCESS initiative - Opportunities for increased efficiency (increases in quality or throughput; decrease in cost or resources) are identified
- Significant achievements noted from FY2019

# Process Improvement

Twelve processes were identified as needing improvement in FY2019. All twelve process improvements resulted in measurable impact on efficiency or quality.

- Data extract for HCUP
- AHRQ QI data process
- Publication of data release calendar
- Monitoring timeliness of data submissions
- APCD data extract process (automate)
- Add Medicare data to the APCD
- Relative Value Study (Create turnkey solution)
- HEDIS data process (standardize)
- Release of price transparency data
- Move to ER monthly data
- Create a compliance impact tool
- Reduce errors in BEMSP report

# Process Improvement

Example - Healthcare Facilities Database Transition (2017):

Prior to 2017:

- Services provided internally by DTS personnel
- DTS does not have or maintain specialized skill set - “One man show”
- Proved inefficient as project scope increased

Change Decision Point:

- Move to External (DTS) Contract approach
- Private sector capacity exceeds DTS internal capacity
- Leverage private sector efficiency

# Process Improvement

## Change Impact:

- RFP process identified a private vendor that has much more experience in this area
- Able to provide services at a similar cost
- Much higher standard of performance
- Processing has moved from annual to quarterly and now monthly
- Lag time decreased from 18-22 months to about 75 days

# Performance Management

*We use Department approved processes to assess both employees and processes in their progress toward organizational goals*

- Employee performance - UPM system and review processes
- Measuring overall organizational performance - Are we fulfilling our mission and providing value to the taxpayer?
  - GOMB measure - Number of data users

<b>Total Users of OHCS Produced Data Products</b>							
	SFY13*	SFY14*	SFY15*	SFY16	SFY17	SFY18	SFY19
Total # Data Users	37	32	121	128	153	120	197

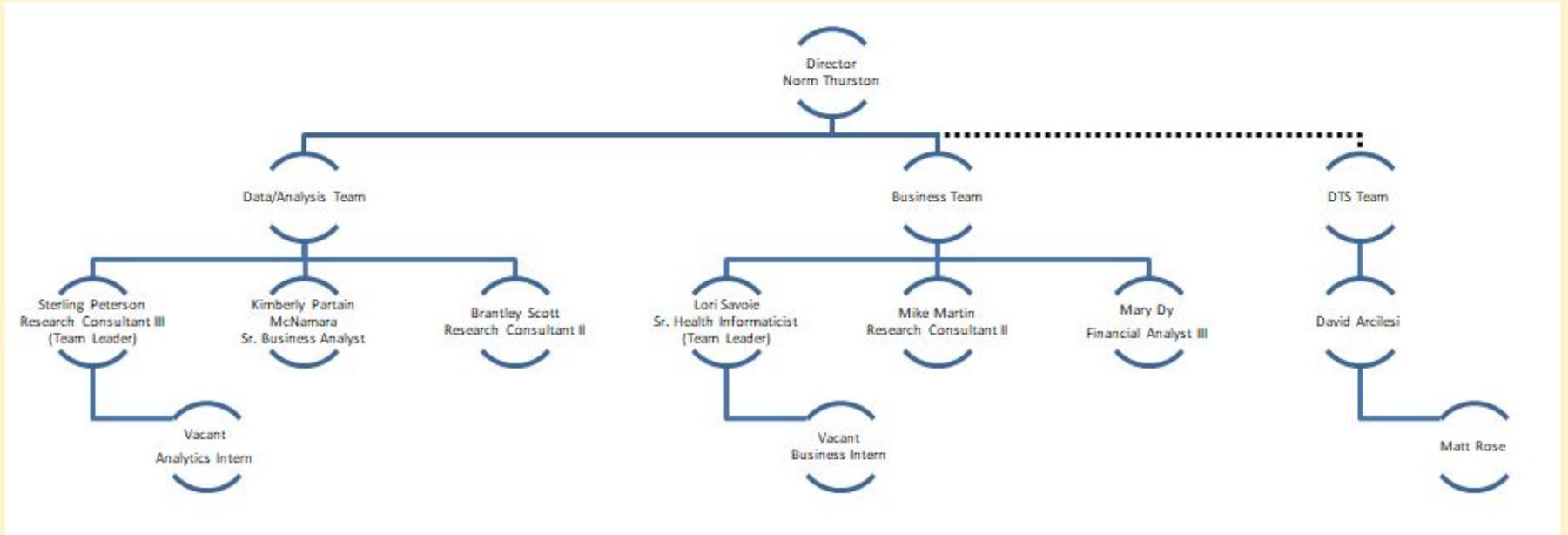
\*APCD data was not available for distribution prior to SFY15. Beginning in September 2014, OHCS improved their methods for tracking data<sup>49</sup> user requests; as a result, users represented prior to FY16 may not be total representation of actual data requests.

# Resource Management

*We employ techniques and tools to ensure that resources are used in the most efficient way possible*

- Personnel
- Contracted Services
- Financial (Revenues)

# Resource Management - Personnel



# Resource Management - Personnel

## Staff Roles

- Office Director
- Analysts
- Business Team
  - Security Officer
  - Contracts and Project Manager
  - Compliance and Privacy Officer

# Resource Management - Contracted Services

## Direct Support by DTS Employees

- Desktop Support
- Database Administration

# Resource Management - Contracted Services

## Data processing & Data Management

- Milliman MedInsight (APCD)
- Mercer (Healthcare Facilities Database)

## Contract Management and oversight

- Deliverables-based contracting
- Process for acceptance and payment authorization

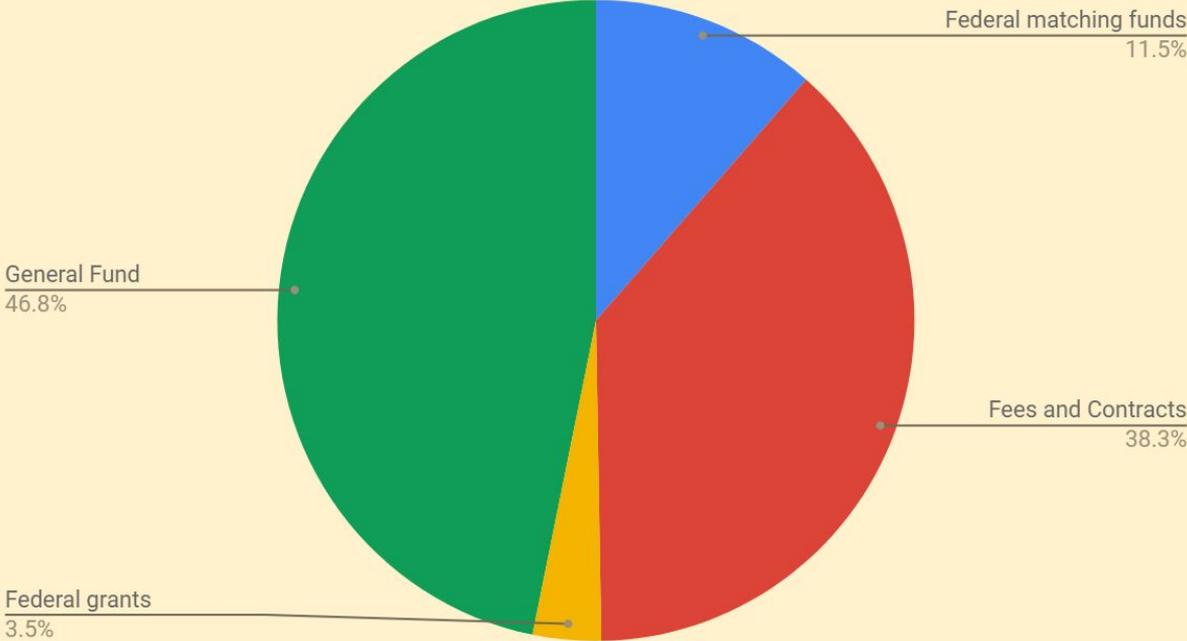
# Resource Management - Revenue

Four major categories of revenue

1. General fund
2. Federal matching funding
3. Grant funds
  - a. Help cover the cost of full-time staff
  - b. Create opportunities to enhance our ability to provide our core services
4. Revenue from fees and contracted services
  - a. Fees are use to offset the cost of producing and providing data that is useful to non-government users

# Resource Management - Revenue

Actual Revenue FY2019 (\$1,852,029.54)



# Resource Management - Planning

Contingency Plan: If we had more money

- Additional resources for the APCD - three optional services are available in the Milliman contract
  - Milliman Health Waste Calculator - \$80,000 per year
  - Milliman Episodes of Care - \$60,000 per year
  - Milliman Global Relative Value Units - \$30,000 per year
- Additional Capacity for Analytic Work

# Resource Management - Planning

## Contingency Plan: Significant Revenue Decrease

- (1) Seek External Funding
- (2) Staff Reduction
- (3) Contract Cancellation

Reduced ability to meet statutory requirements in a timely manner

# Responding to Change and Unexpected Challenges

Examples:

- 2013/2018 Changing APCD vendors (lessons learned and applied)
- 2016 *Gobeille* decision (loss of some self-funded data)
- Dealing with staff turnover (importance of project & process documentation)
- End of Cycle III grant (reduction in FTEs; loss of analytics capacity)



# Office of Vital Records and Statistics

OVRs Staff  
and

Linda S. Wininger, LCSW Bureau Director Office of Vital Records and Statistics, UDOH  
July 31, 2019

# CONTENT



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Utah Vital Records Act

**02** **Relationships**  
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Local Registrar  
Court Clerks

**03** **Federal Mandates**  
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**04** **Structure**  
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**05** **Vital Records History**  
Brief history of the  
importance of vital records

**06** **Databases**  
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databases

**07** **Programs**  
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of Vital Records and  
Statistics

**08** **Measuring Success**  
COBI and Customer  
Satisfaction measures

**09** **Funding**  
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# LEGISLATIVE AUTHORITY



§26-2-1

Establish a **statewide vital records system** for the registration, collection, preservation, amendment, and certification of vital records including the tabulation, analysis, publication of vital statistics

Prepare an **annual compilation**, analysis, and publication of statistics derived from vital records

Appoint a **state registrar** to direct the statewide system of vital records

Provide office properly equipped for the **preservation** of vital records

§76-7-305.7

Prepare an **annual report on abortions** performed in the state

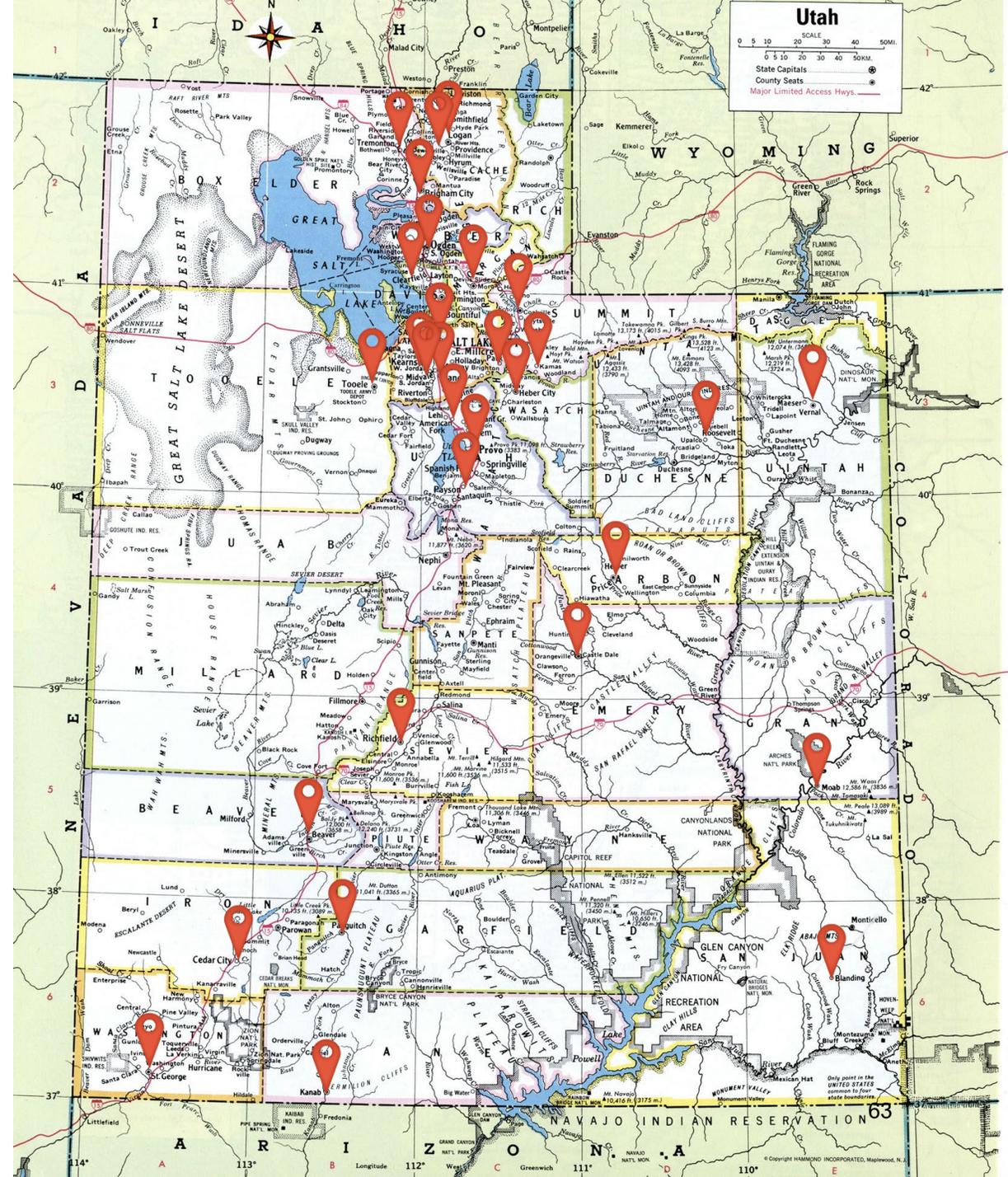
# LOCAL HEALTH DEPARTMENTS (LHD)



## 13 Local Health Departments

- Bear River Health Dept – 4 offices
- Weber Morgan Health Dept – 2 offices
- Davis County Health Dept – 1 office
- Salt Lake County Health Dept - 4 offices
- Summit County Health Dept – 3 offices
- Tooele County Health Dept – 1 office
- Utah County Health Dept – 3 offices
- Wasatch County Health Dept – 1 office
- Tri County Health Dept – 2 offices
- Central Utah Public Health Dept – 1 office
- Southeast Utah Health Dept – 3 offices
- San Juan Public Health Dept – 1 office
- Southwest Utah Public Health Dept – 5 offices

31 offices across the state



# RELATIONSHIP WITH LOCAL HEALTH DEPARTMENTS



§26-2-21

The state registrar may authorize **local registrars** to issue certified copies of vital records.

§26-2-24  
§30-1-8

The state registrar shall supply **county clerks with application forms for marriage licenses**. Completed applications shall be transmitted by the clerks to the state registrar monthly.

§26-2-26

The state registrar and local registrars authorized by the department under Section 26-2-21 may prepare typewritten, photographic, electronic, or other **reproductions of vital records and certify their correctness**.

**Certified copies** of the vital record, or authorized reproductions of the original, issued by either the state registrar or designated local registrar are **prima facie evidence** in all courts of the state with like effect as the vital record.

# FEDERAL MANDATES



U.S. Vital Statistics System  
**Legal authority resides individually with the states**

Vital statistics at the nation level depends on a **cooperative relationship with states**  
42 U.S.C. §242k, Section 306(h) of the Public Health Service Act gives National Center for Health Statistics (NCHS) **legislative authority to collect** vital statistics annually

States are **collectively represented** by the National Association for Public Health Statistics and Information Systems (NAPHSIS) – a professional organization

# STRUCTURE OF OVRS



## REGISTRATION

Birth Registration  
Hospitals and midwives  
Death Registration  
Funeral Homes  
Medical Providers  
Office of the Medical  
Examiner

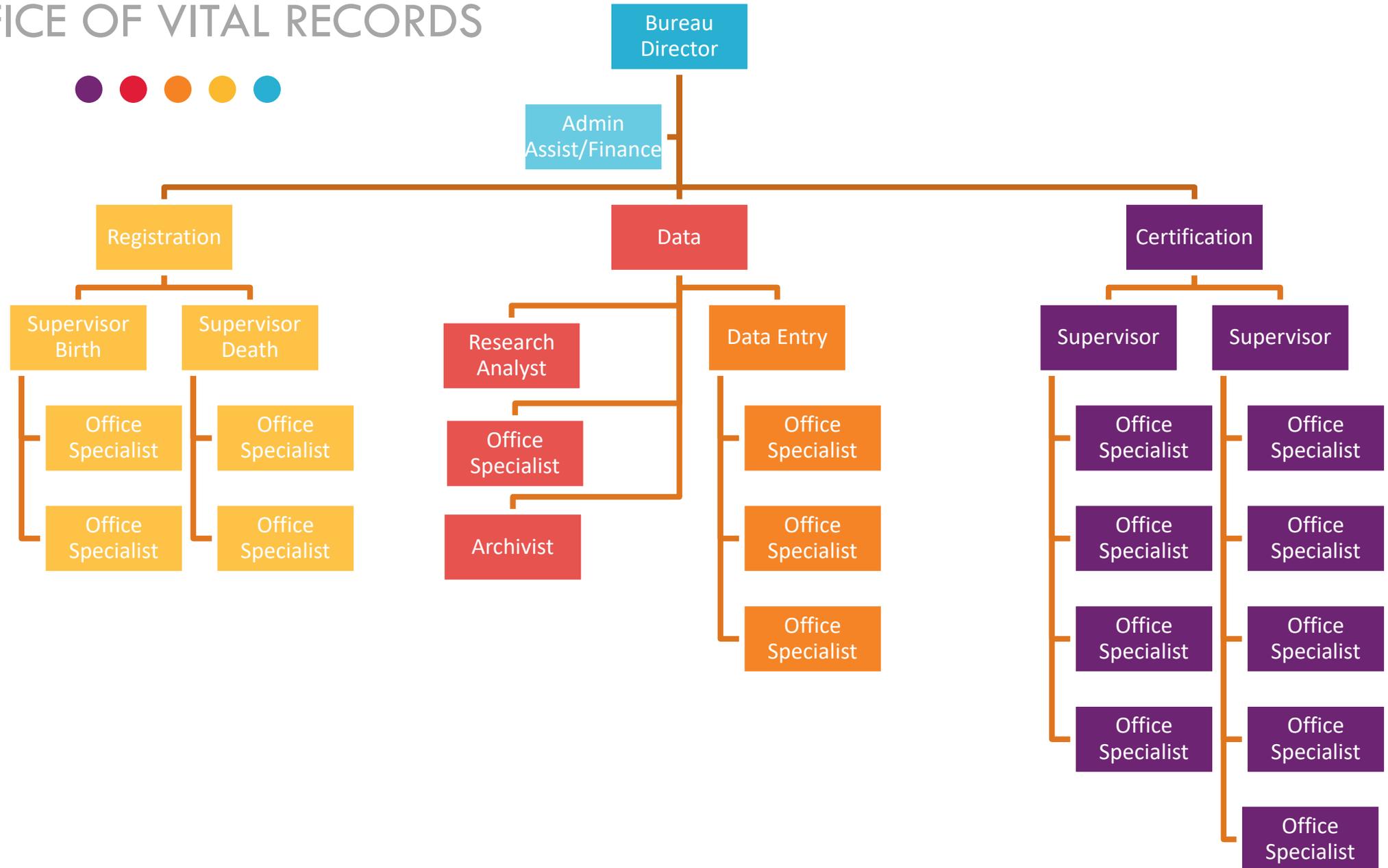
## DATA REPORTING

Data Preservation  
Data Reporting  
Data Stewards  
Data Sharing with Health  
organizations  
Social Security  
Researchers

## CERTIFICATION

Front window  
Interoperations with LHD  
Adoption Registry  
Online Certification  
Putative Father Registry  
Declarations of Paternity  
Amendments

# OFFICE OF VITAL RECORDS



# HISTORY OF VITAL RECORDS



Massachusetts allowed fines for not registering and charging for a "fair copy" of a certificate

Utah Legislature creates the Office of Vital Records and Statistics

Utah Real ID compliant, which required BC for Drivers License issuance

1632

1795

1897-1920

1905

1946

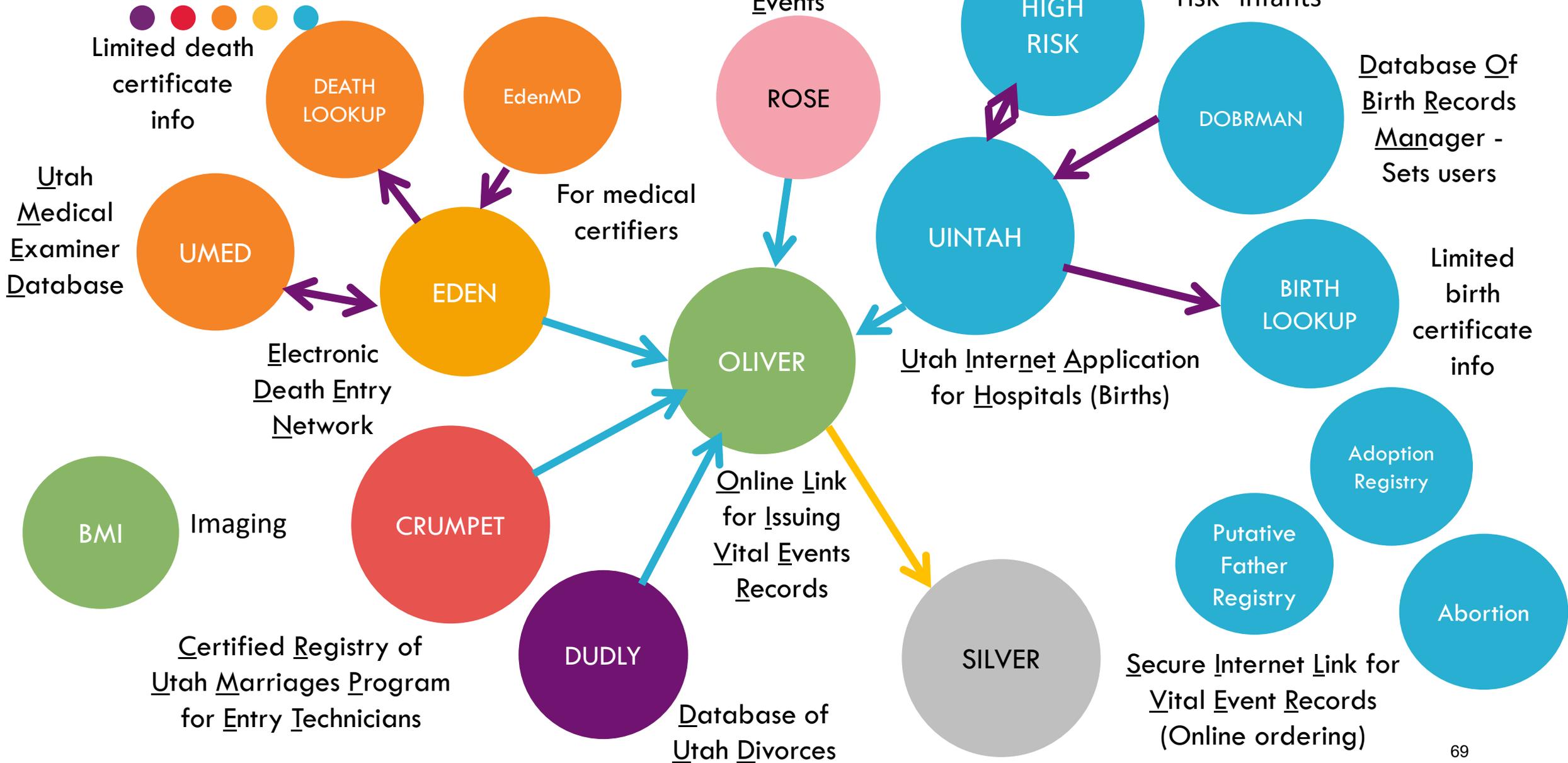
2010

Virginia ministers required to record vital events

Pressure from Reformers to register all births for statistical purposes

Proof of citizenship required to work in defense related plants

# OVRS DATABASES



# CERTIFICATION – SECURITY PAPER



Three types of security provided for certification

## Paper Features

- Security paper has background security design such as genuine multi-tone watermark
- Toner retention coating against tampering
- Security Fiber – over and covert detectable under ultra-violet light

## Printing Features

- Fine-line banknote printing
- Border to include latent image letters
- Seal Embossing
- Blue border ink
- Microprinting
- Prismatic Undertint (deters color copier reproduction)
- Revision date
- Embossing with security watermark

## Security Procedures

- Paper is stored in the vault or in a secure room
- Paper is counted at end of day
- Two staff members are required for paper control

# CERTIFICATES ISSUED - 2018



## Death

35,435

LHD - 34,257

OVRS - 1,178



## Divorce

613

LHD - 243

OVRS - 370



## Birth

119,728

LHD - 79,713

OVRS - 40,015



## Marriage

2,523

LHD - 981

OVRS - 1,542



## Stillbirth

156

LHD - 76

OVRS - 80

# COMPARISON OF CERTIFICATE COST



Frequency of Cost of birth certificate across 50 states



OVRs receives \$17 with \$3 going to Children's Trust Fund

Frequency of Cost of death certificate in 20 states reporting



OVRs receives \$18 with \$12 going to Office of Medical Examiner

# ONLINE ORDERING



2001

VitalChek

Relationship gave public online options at a higher cost



2003

Online Ordering

Birth Certificates only.  
Name match ID  
Less expensive



2015

Utah Interactive

Birth and Death Enhanced ID verification \$4 per certificate

2017

FedEx

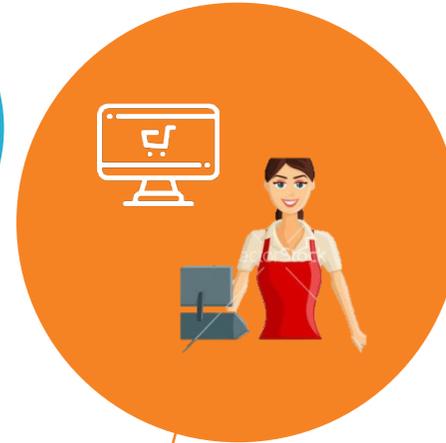
Contract allowed expedited



2017

Order online

Pick up at the window



2019

Automated communication

Email to customer informs them of order status



# BIRTH CERTIFICATE COST COMPARISON



**\$49**

**Birth  
Certificates  
US.com**

Not Expedited  
May not include  
cost of birth  
certificate

**\$69**

**Vital Chek**

Expedited could  
not be declined

**\$79**

**Vital  
RecordsUSA**

Fine print says fee  
doesn't include  
certificate

**\$25.39**

**SILVER**

Cost of certificate  
plus \$4 fee for  
Utah Interactive.  
Can add \$30  
expedite  
And \$1.39 fee for  
identification

# VOLUNTARY DECLARATION OF PATERNITY



The mother of a child and a man claiming to be the genetic father of the child may sign a declaration of paternity to establish the paternity of the child any time after the birth of the child.

A Voluntary Declaration of Paternity (VDP) is:

- witnessed by two people not related to the couple
- filed as an amendment to the birth certificate of the child

In 2018

**8,118**

Voluntary Declarations of Paternity were processed by OVRS



# PUTATIVE FATHER REGISTRY



A putative father is a man who:

- Is not married to the mother of his child
- Who has not established a legal relationship to his child

The putative father registry contains contact information for men who have:

- initiated proceedings in a district court of Utah to establish paternity, and
- have filed a notice of commencement of paternity with OVRS

The putative father registry protects the parental rights of the father if the mother relinquishes or consents to adoption of the baby

1,572

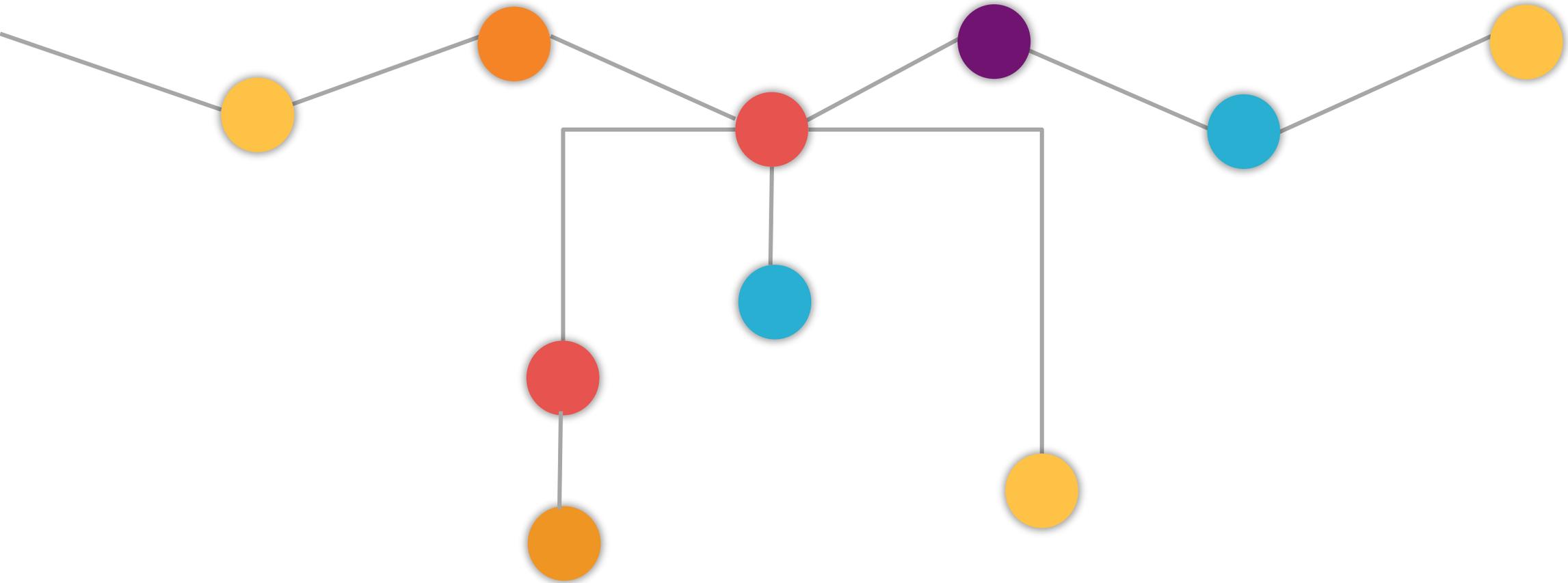
Registered Commencements of Paternity

2018 – 746 paternity searches for Office of the Attorney General

# BIRTH CERTIFICATE PROCESS

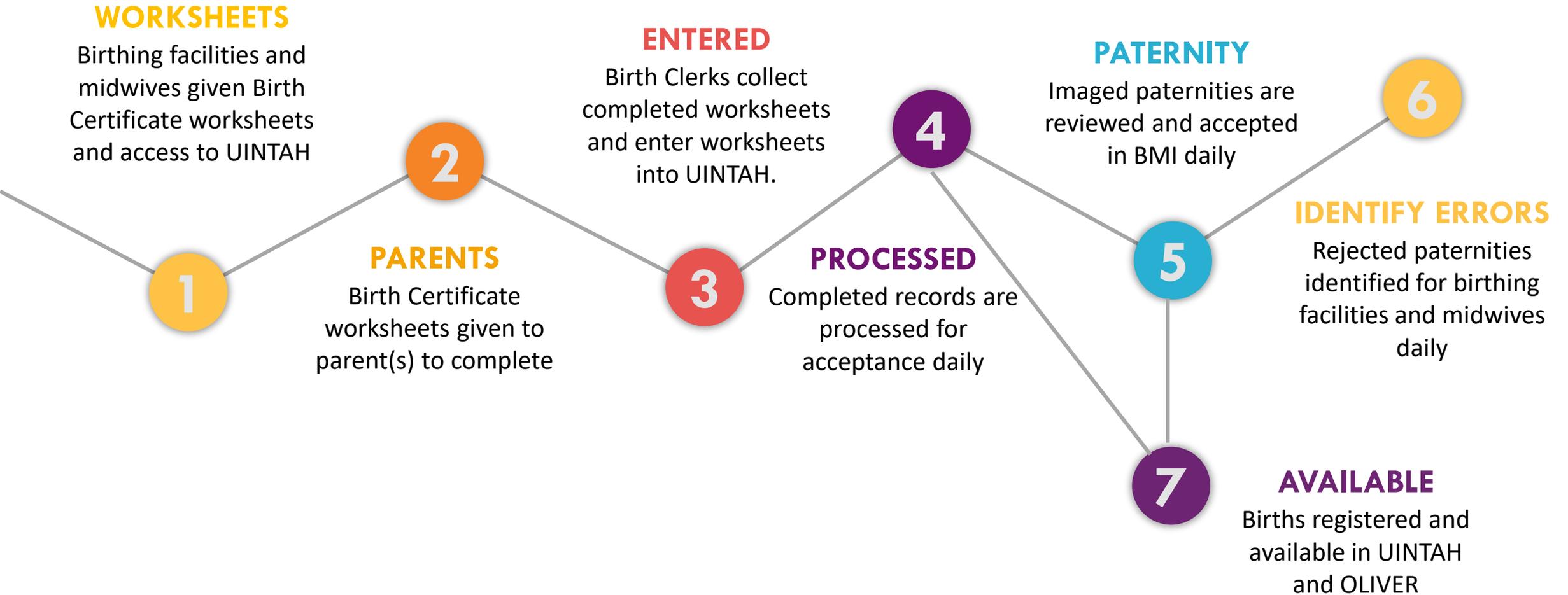


Birth Certificate worksheet



# Birth Certificate worksheet

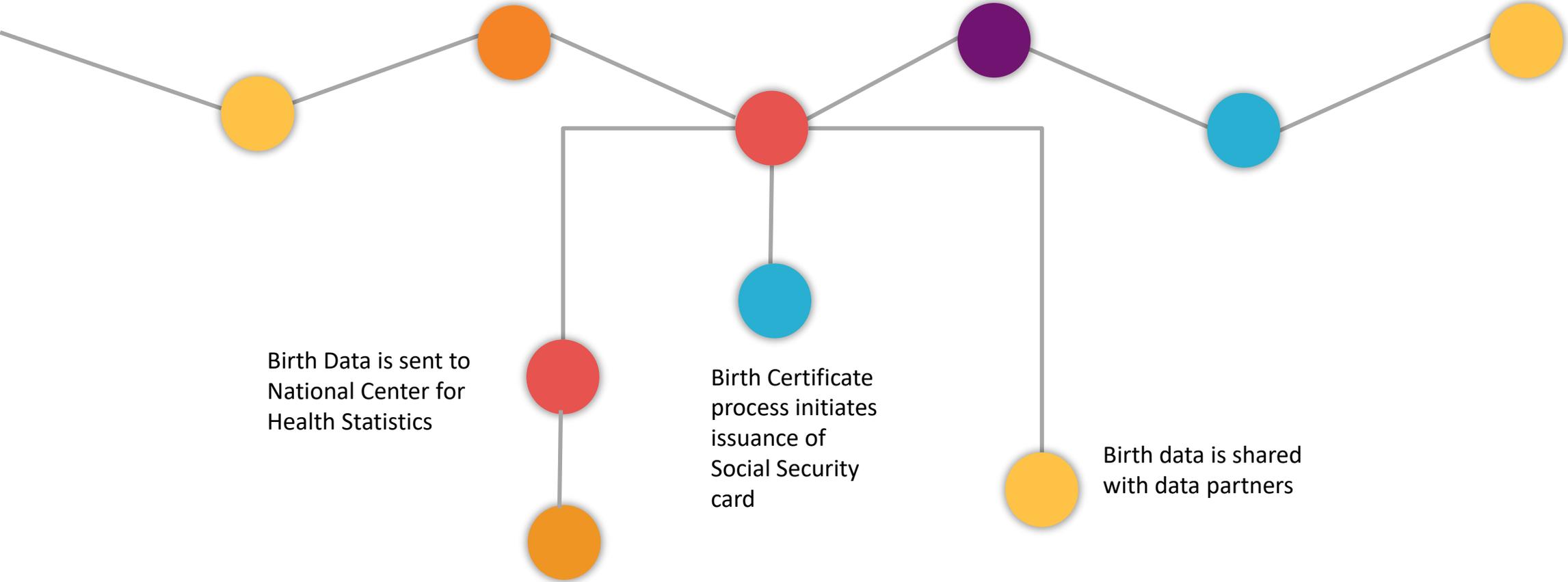
# BIRTH CERTIFICATE PROCESS



# BIRTH CERTIFICATE PROCESS



Birth Certificate worksheet

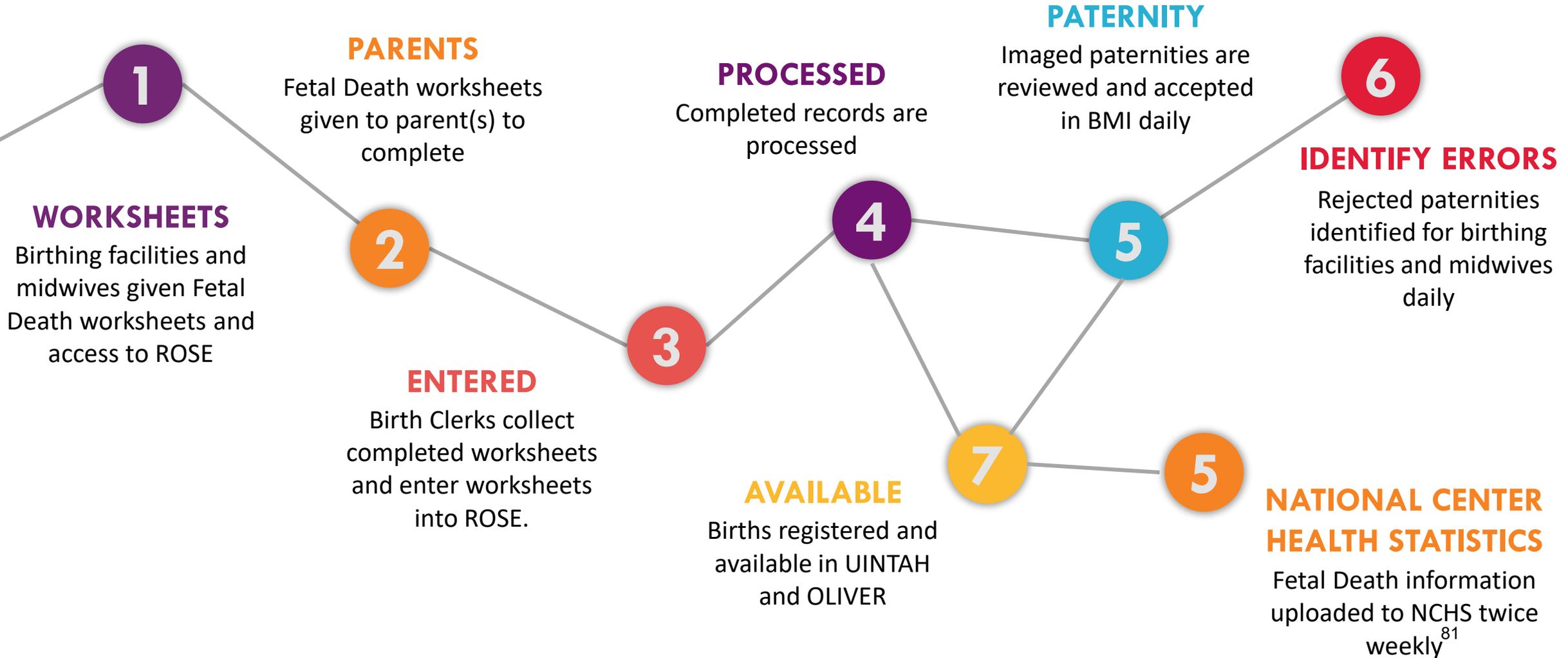


Birth Data is sent to National Center for Health Statistics

Birth Certificate process initiates issuance of Social Security card

Birth data is shared with data partners

# FETAL DEATH REGISTRATION



# FETAL DEATH REGISTRATION



- In 2004 the fetal death certificate system (ROSE) allowed events to be entered electronically
- Prior to ROSE a paper process for recording fetal deaths was used. Paper records back to 1989 have now been entered into ROSE.

3,814 Fetal Deaths have been filed in the last 30 years.

# ABORTION REPORTING



A report on abortions in Utah presented annually to Legislature includes:

- total **number** of abortions
- reported **reasons** the women sought the abortions
- **stage of pregnancy** in which the abortions were performed,
- **races and ethnicities** of the women who obtained the abortions
- amount of **informed consent material** distributed or accessed;
- number of women who **did not receive** informed consent materials
- number of **statements signed** by attending physicians
- **other information** pertaining to obtaining informed consent

The report is required to preserve physician and patient anonymity.

Abortion data submitted to the Center for Disease Control (CDC) annually.

# ADDITIONAL BIRTH INFORMATION



## Safe Haven – foundling –

- Utah statute 62A-4a-202 requires Division of Child and Family Services (DCFS) to request a search for a birth certificate that might be associated with the foundling.
- A search of the putative father registry is also requested, and notice given to each potential father identified on the registry.

## Delayed Registration of Birth –

- When a registration of a certificate of birth for a person born in the state is filed one year or more after the birth, a certificate of birth is marked as “delayed” and shows the date of registration
- If the state registrar determines there is not enough evidence to support the delayed registration, the Utah District Court may be petitioned for an order establishing a record of the date and place of the birth and the parentage of the person
- OVRs conducts outreach to Native Americans who were born on reservation lands in Utah whose births were not registered with the state in order to issue delayed birth certificates.

# AMENDMENTS TO BIRTH CERTIFICATES

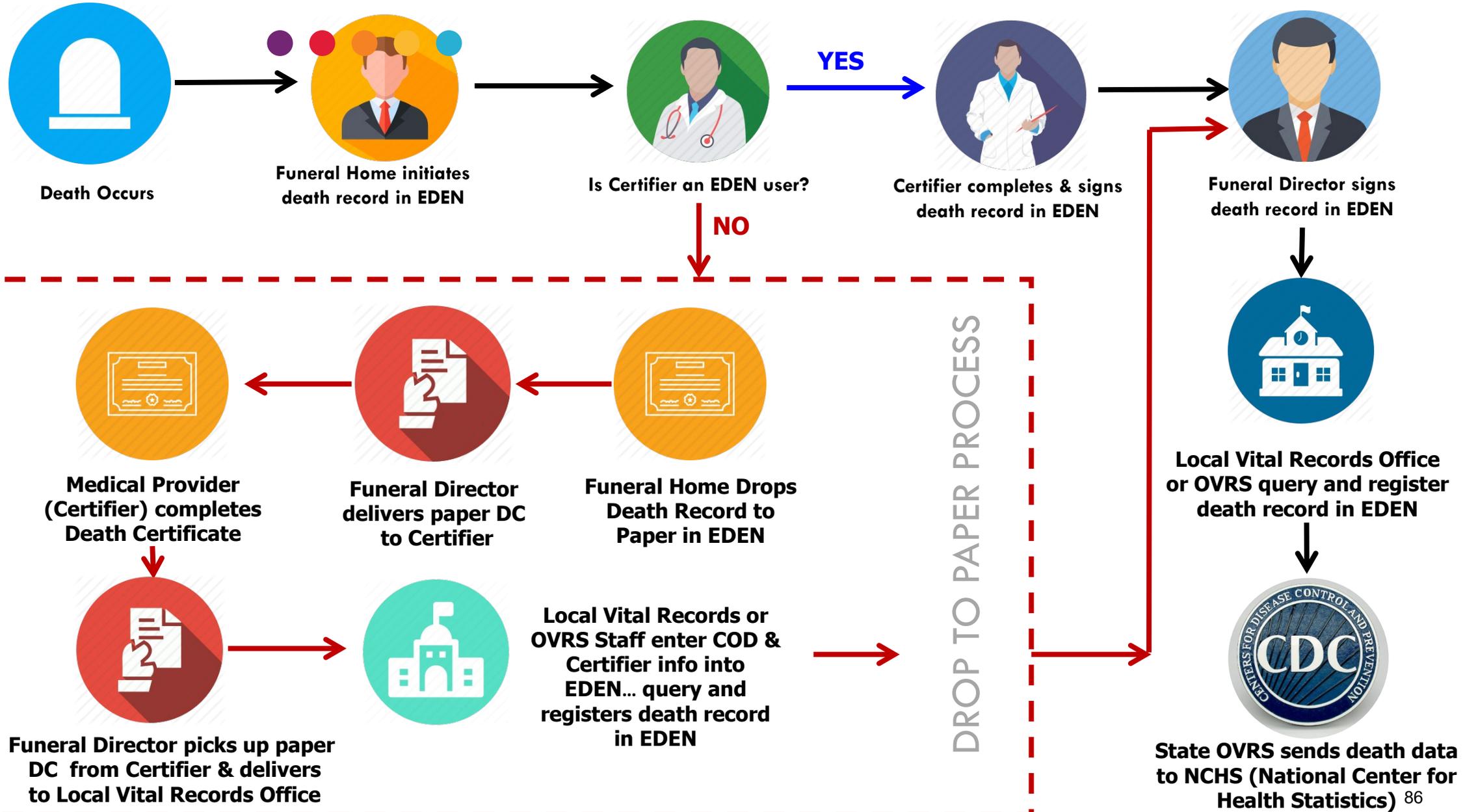


## Amendments –

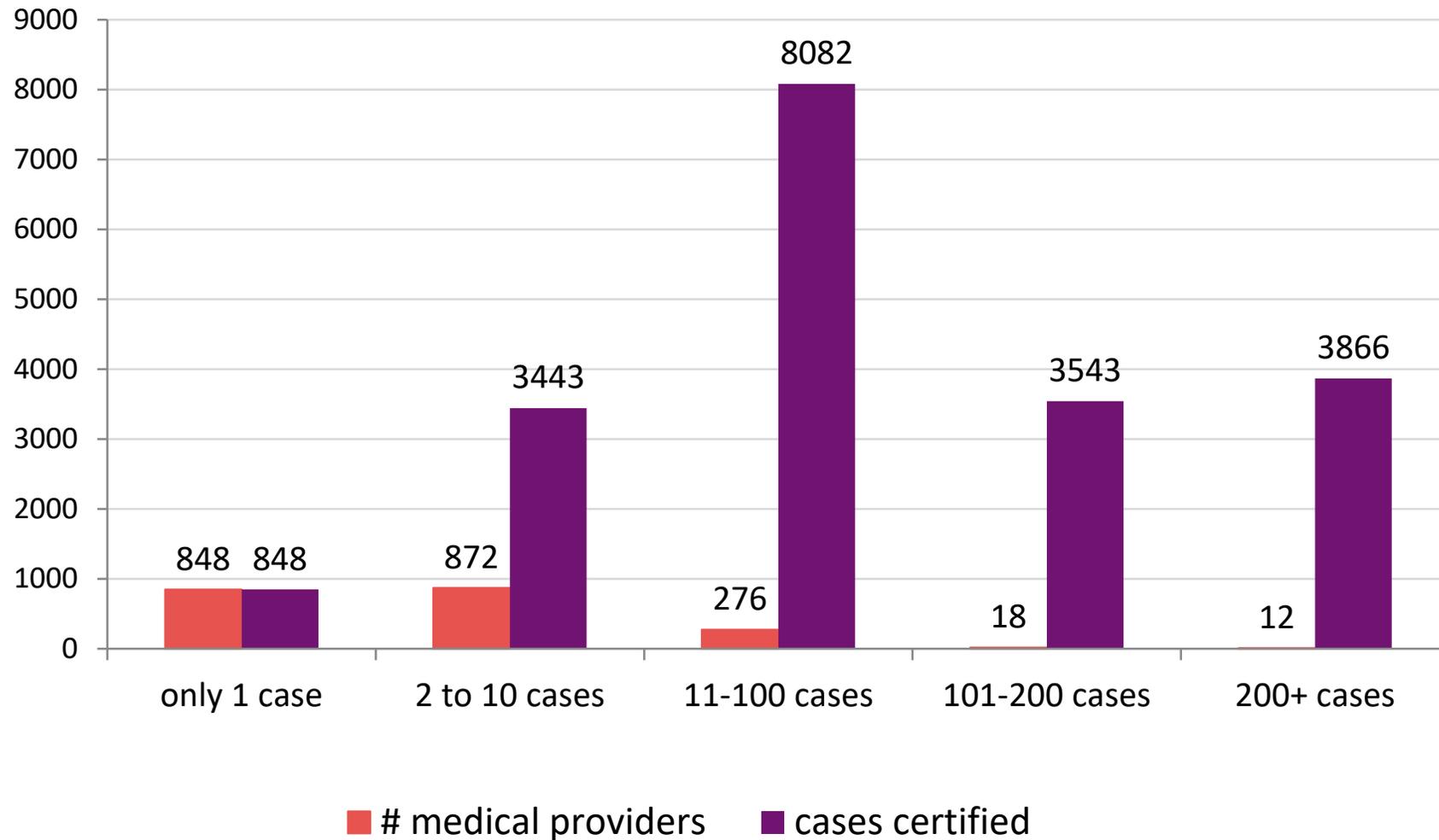
OVRs is authorized to make rules governing applications to correct alleged errors or omissions on any vital record.

- R436-3-3 Provides for application for amendments to correct errors or omissions when the birth is already registered.
- A supplemental Name Report may be used to add a child's name to its birth certificate when the information is not given at the time of birth.
- Changes to a name or sex can be registered as amendments to an otherwise unaltered original certificate of birth through court order. The application for amendment is reviewed and registered and becomes part of the original certificate.

# DEATH RECORD PROCESSING PROCEDURES



# NUMBER OF CASES WITH NUMBER OF PROVIDERS IN CATEGORY FOR DEATH REGISTRATION IN 2018



# DEATH REGISTRATION



- Utah was one of the first states to convert the paper-based death certification process to an electronic one
- Utah rolled out our electronic death registration (EDEN) on August 1, 2006.
- It has been touted as one of the best in the nation
- EDEN allows for the certification of death 24 hours a day 7 days a week
- Utah is currently upgrading this system to be compatible with multiple internet browsers
- All Utah funeral homes, local health departments and medical examiners use EDEN for all death registrations
- In 2018, 86% of those deaths had a death certification completed in EDEN. 14% completed a paper death certification that was then entered into the EDEN database
- OVRs has 3 fulltime death registration staff members providing education and support to all stakeholders
- Other duties include handling complicated death registration permits, death amendments, court ordered amendments and delayed death certificates.

# AMENDMENTS TO DEATH CERTIFICATES

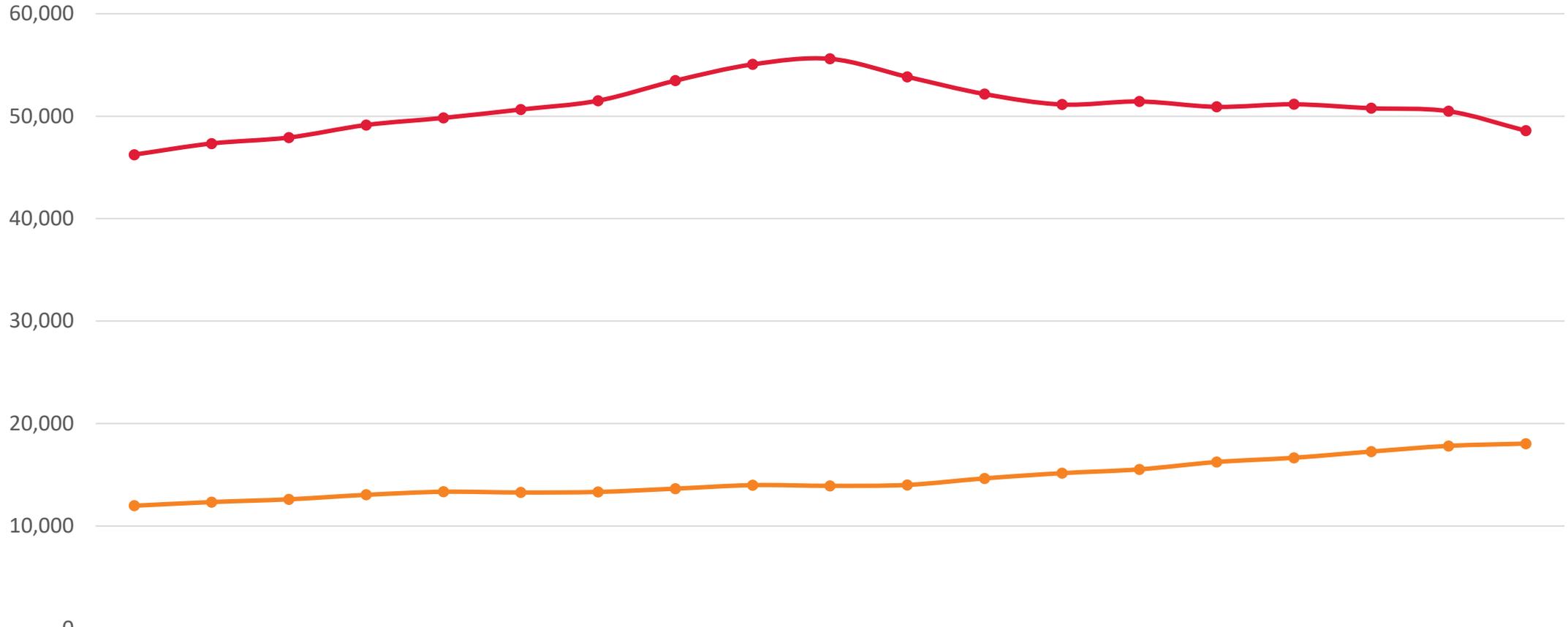


Amendments –

OVRs is authorized to make rules governing applications to correct alleged errors or omissions on any vital record.

- R436-3-4 Certifying physicians or medical examiner may modify medical or health data by supplemental information and certify, under penalty of perjury that the changes are necessary to make the information correct
- Cause of death information may also be amended by the physician who performs an autopsy

# UTAH BIRTH AND DEATH COUNTS



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deaths	11,981	12,339	12,607	13,042	13,341	13,270	13,325	13,645	13,988	13,920	14,010	14,647	15,156	15,526	16,243	16,656	17,263	17,816	18,039
Birth	46,243	47,331	47,915	49,140	49,834	50,653	51,517	53,475	55,063	55,605	53,849	52,164	51,144	51,439	50,914	51,164	50,776	50,486	48,578

# DATA REPORTING AND PRESERVATION



Requests for data come from many requesters

A data request must fit within OVRs statutory authority in §26-2-22. Data can be shared if a direct, tangible, and legitimate interest exists such as:

- Request is from the subject, immediate family, guardian, legal representative or a child placing agency
- For official purposes of a public health authority or state, local, or federal governmental agency
- For a statistical or medical research program
- A court orders the inspection of the record

Over 500 data requests and data sharing agreements were completed in 2018

Data is reported to the National Center for Health Statistics (NCHS) which is part of the Center for Disease Control (CDC)

Data is published in the OVRs annual report and is a part of Indicator Based Information System (IBIS)

# DATA ENTRY



## 2018

35,000 historic records to 1951 - Imaged

20,000 divorce decrees - Indexed and archived

8,000 Industry and Occupation records – Coded and reported to National Center for Health Statistics

3,000 historic birth records - Keyed

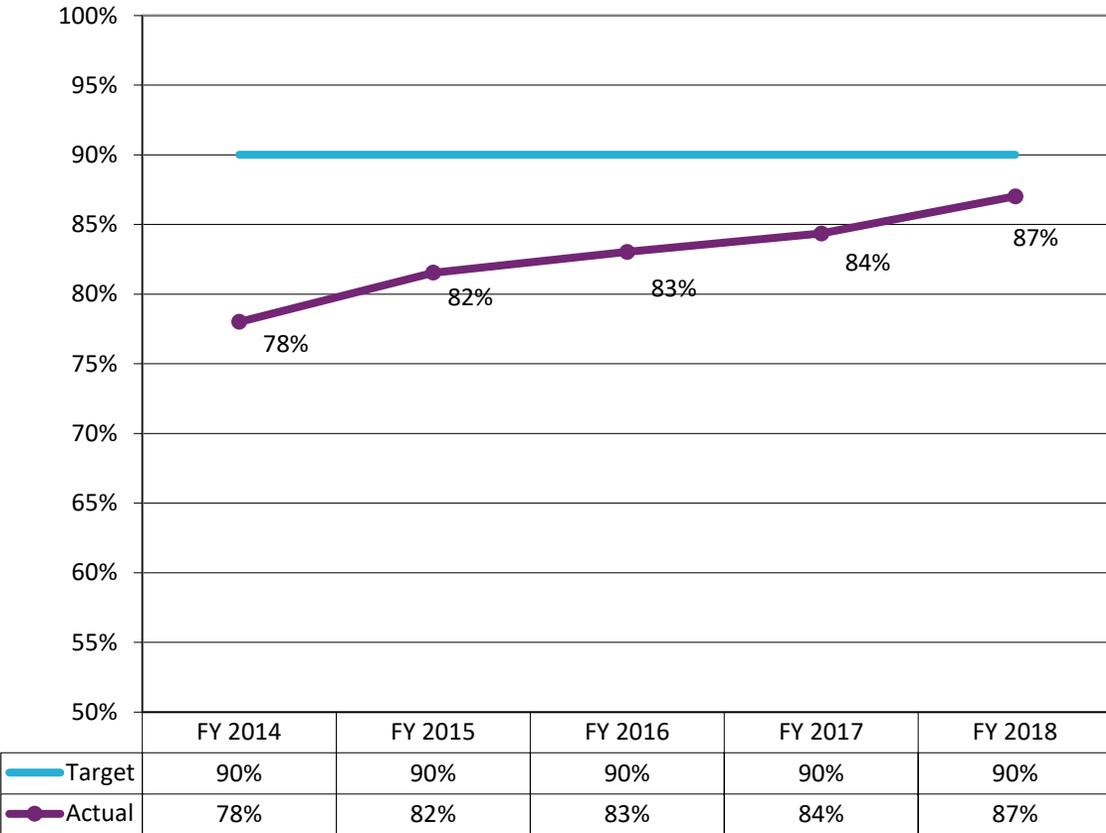
35,000 birth records – Keyed to make passport ready.

Estimated records remaining to be keyed in passport ready project - 844,000

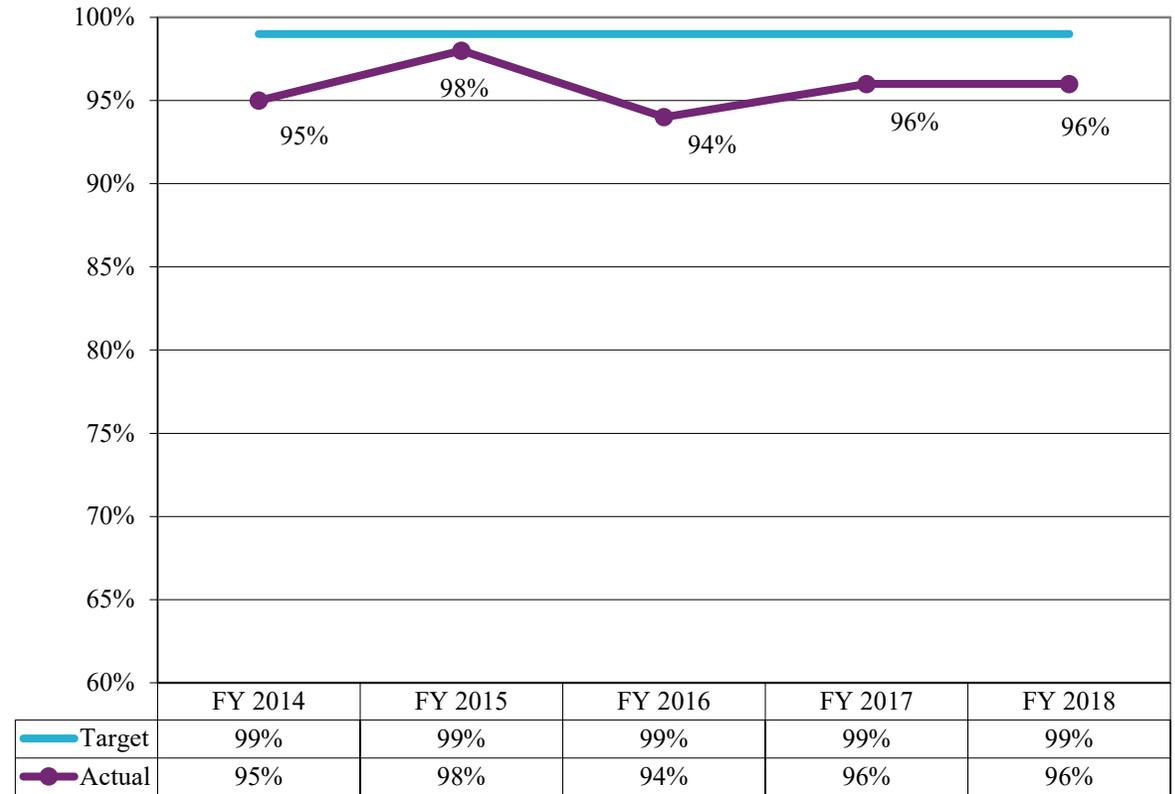
# OVRS COBI MEASURES



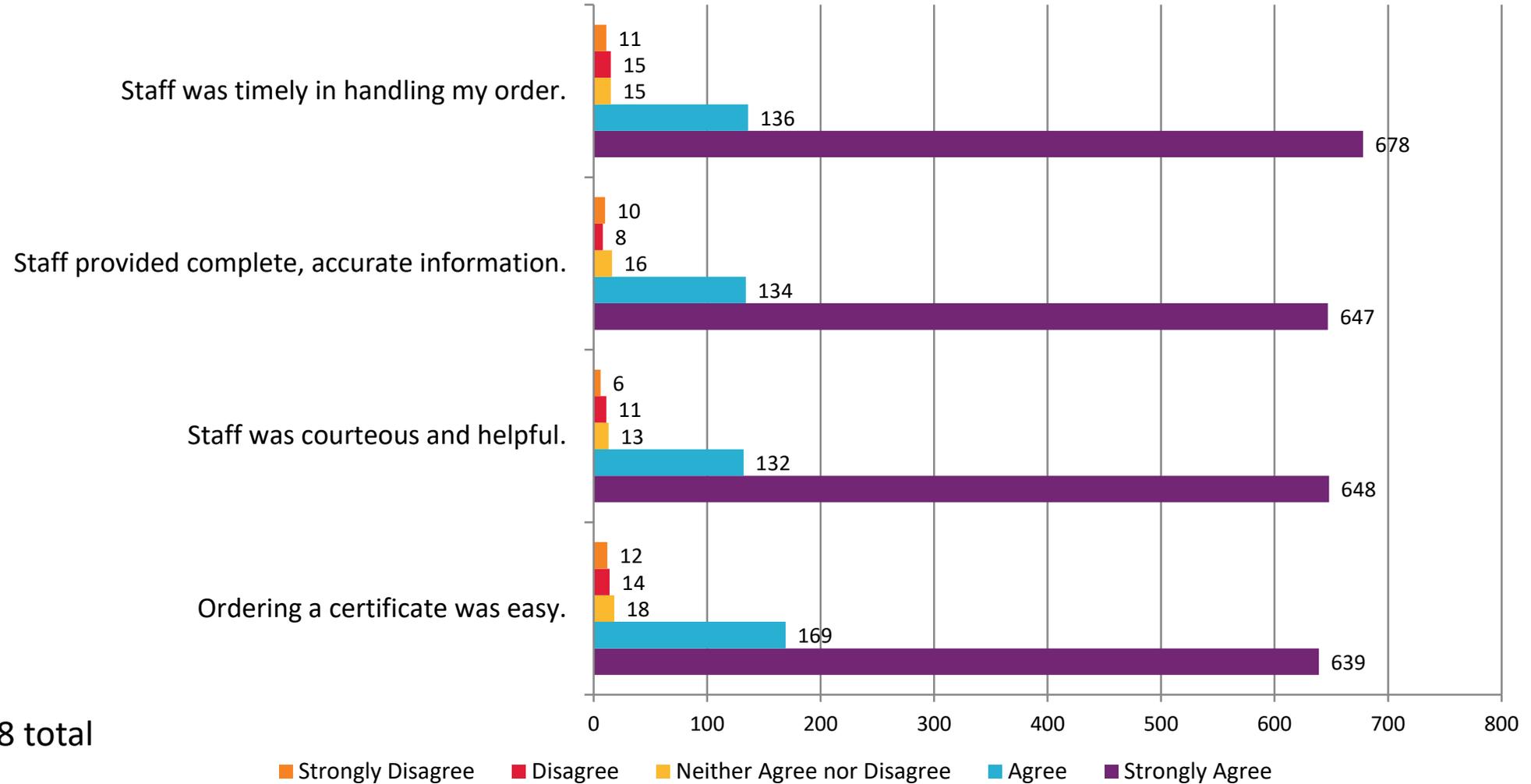
## Percent of Deaths Certified Electronically



## Percent Hospital Births Entered Accurately Electronically Within 10 Days



# CUSTOMER SATISFACTION – CERTIFICATION PROCESS

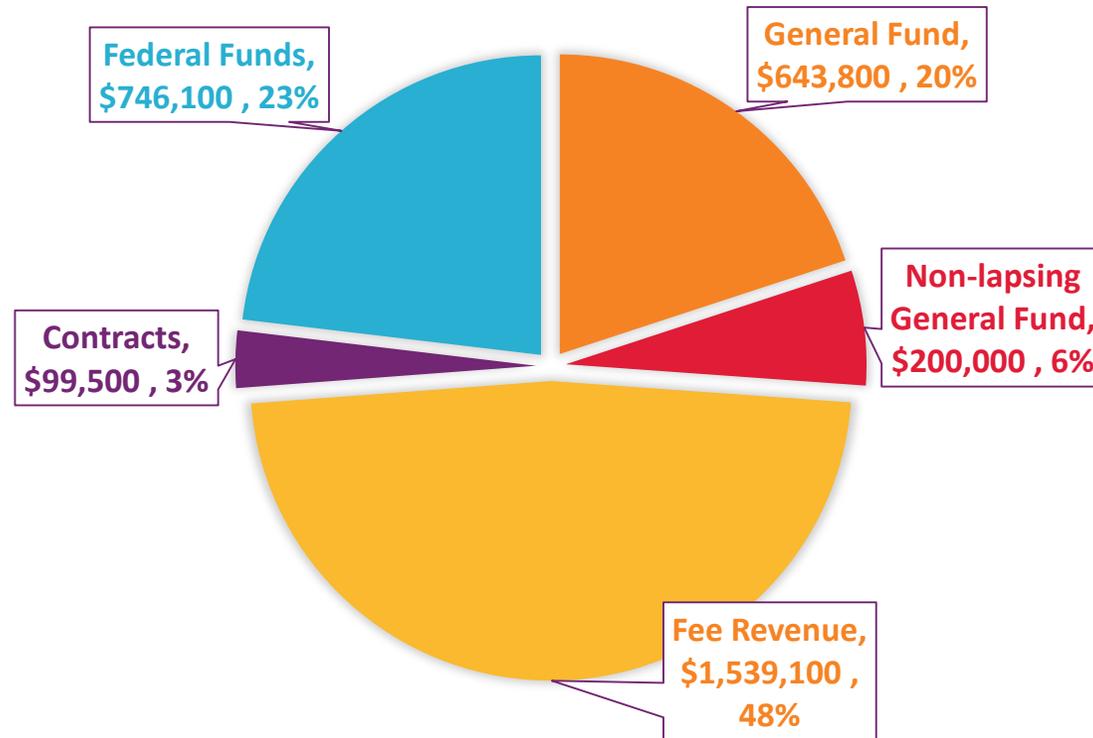


878 total

# FUNDING



FY2019 OVRS Funding by Source







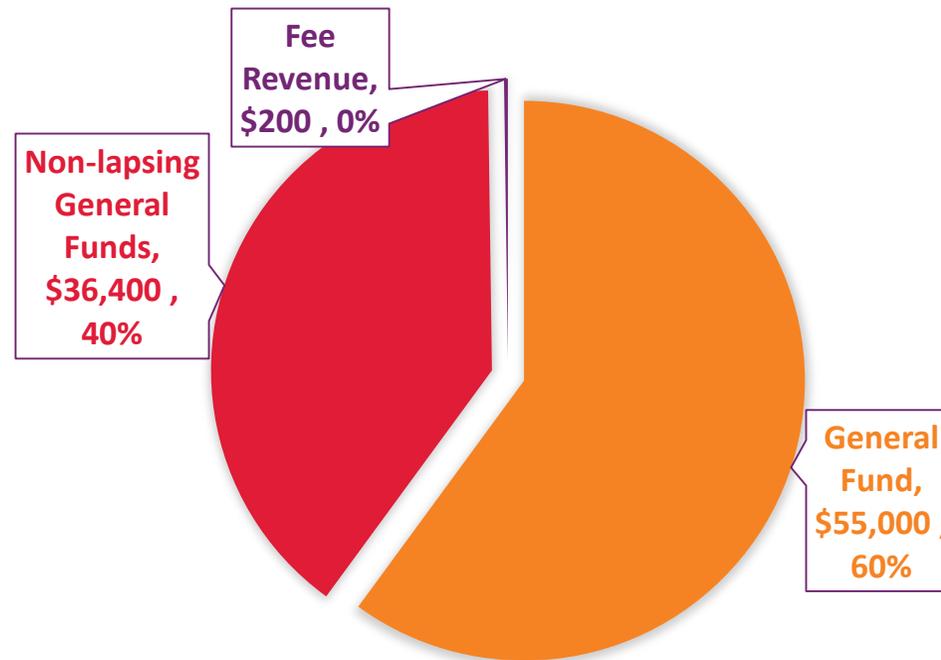
## Office of Vital Records and Statistics Adoption Registry

Sara Lealos and Linda S. Winger, LCSW  
Bureau Director Office of Vital Records and Statistics, UDOH  
July 31, 2019

# ADOPTION REGISTRY FUNDING



FY2019 Adoption Registry Funding by Source



# ADOPTION REGISTRY STATISTICS



Adoption Registry

## Reports

GENERAL STATISTICS	
Total Registrations :	2698
Total Matches :	121
Total Pending :	14
Year to Date Registrations :	68
Month to Date Registrations :	16
System Users :	6

REGISTRATION BY TYPE	
Adult Adoptee :	1774
Birth Parent :	781
Adoptive Parent of Deceased Adoptee :	4
Blood Related Sibling of Adoptee :	120
Parent of Deceased Birth Parent :	10
Child of Adoptee :	3
Adoptive Parent of Adoptee :	2
Non-Blood Related Sibling of Adoptee :	1
Child of Deceased Adoptee :	3

REGISTRATIONS BY YEAR				
2019 : 68	2018 : 154	2017 : 153	2016 : 101	2015 : 98
2014 : 111	2013 : 99	2012 : 100	2011 : 145	2010 : 113
2009 : 69	2008 : 58	2007 : 65	2006 : 76	2005 : 56
2004 : 77	2003 : 85	2002 : 80	2001 : 52	2000 : 80
1999 : 94	1998 : 82	1997 : 108	1996 : 115	1995 : 90
1994 : 97	1993 : 65	1992 : 41	1991 : 46	1990 : 58
1989 : 32	1988 : 21	1987 : 9		

MATCHES BY YEAR			
2019 : 8	2018 : 46	2017 : 42	2016 : 21

# ADOPTION REGISTRY REGISTRATIONS



YEARLY REPORTS - REGISTRATIONS	
<input type="text" value="All Time"/>	
<b>January</b> Adult Adoptee : 1487 Birth Parent : 672 Adoptive Parent of Deceased Adoptee : 4 Adult Blood Related Sibling of Adoptee : 88 Parent of Deceased Birth Parent : 10 Child of Adult Adoptee : 3 Adoptive Parent of Adoptee : 2 Adult Non-Blood Related Sibling of Adoptee : 1 Child of Deceased Adoptee : 3	<b>July</b> Adult Adoptee : 39 Birth Parent : 15 Adult Blood Related Sibling of Adoptee : 5
<b>February</b> Adult Adoptee : 40 Birth Parent : 20	<b>August</b> Adult Adoptee : 17 Birth Parent : 4 Adult Blood Related Sibling of Adoptee : 4
<b>March</b> Adult Adoptee : 31 Birth Parent : 11 Adult Blood Related Sibling of Adoptee : 6	<b>September</b> Adult Adoptee : 14 Birth Parent : 11 Adult Blood Related Sibling of Adoptee : 1
<b>April</b> Adult Adoptee : 18 Birth Parent : 6 Adult Blood Related Sibling of Adoptee : 2	<b>October</b> Adult Adoptee : 17 Birth Parent : 8 Adult Blood Related Sibling of Adoptee : 1
<b>May</b> Adult Adoptee : 47 Birth Parent : 9 Adult Blood Related Sibling of Adoptee : 4	<b>November</b> Adult Adoptee : 14 Birth Parent : 7 Adult Blood Related Sibling of Adoptee : 1
<b>June</b> Adult Adoptee : 30	<b>December</b> Adult Adoptee : 20 Birth Parent : 8 Adult Blood Related Sibling of Adoptee : 2

# ADOPTION REGISTRY MATCHES



June  
Adult Adoptee : 30  
Birth Parent : 10  
Adult Blood Related Sibling of Adoptee : 6

## YEARLY REPORTS - MATCHES

All Time ▼

January	Total : 10
February	Total : 16
March	Total : 10
April	Total : 7
May	Total : 4
June	Total : 24

July	Total : 6
August	Total : 4
September	Total : 8
October	Total : 4
November	Total : 5
December	Total : 19



Call: (801) 538-6105

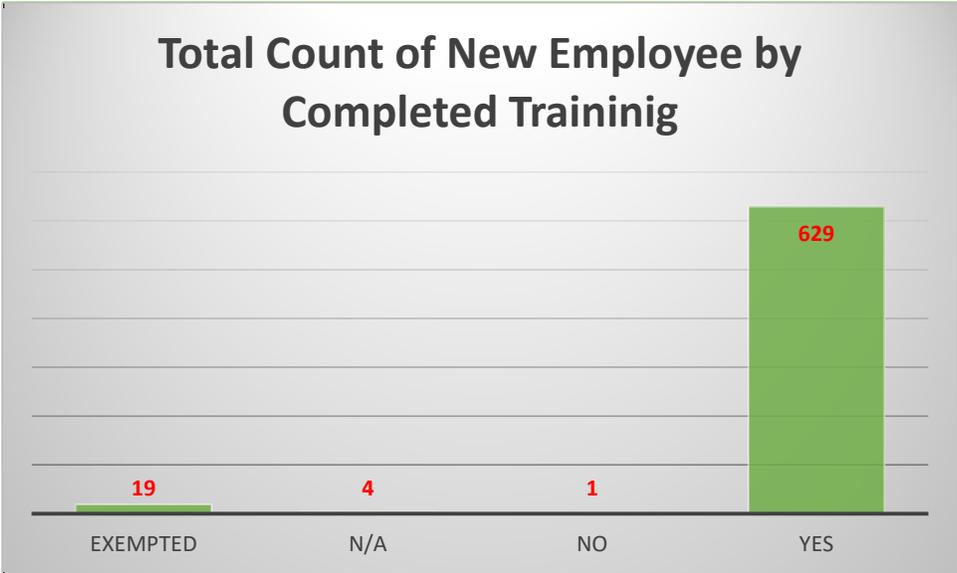
Register Now

# Utah Adoption Registry

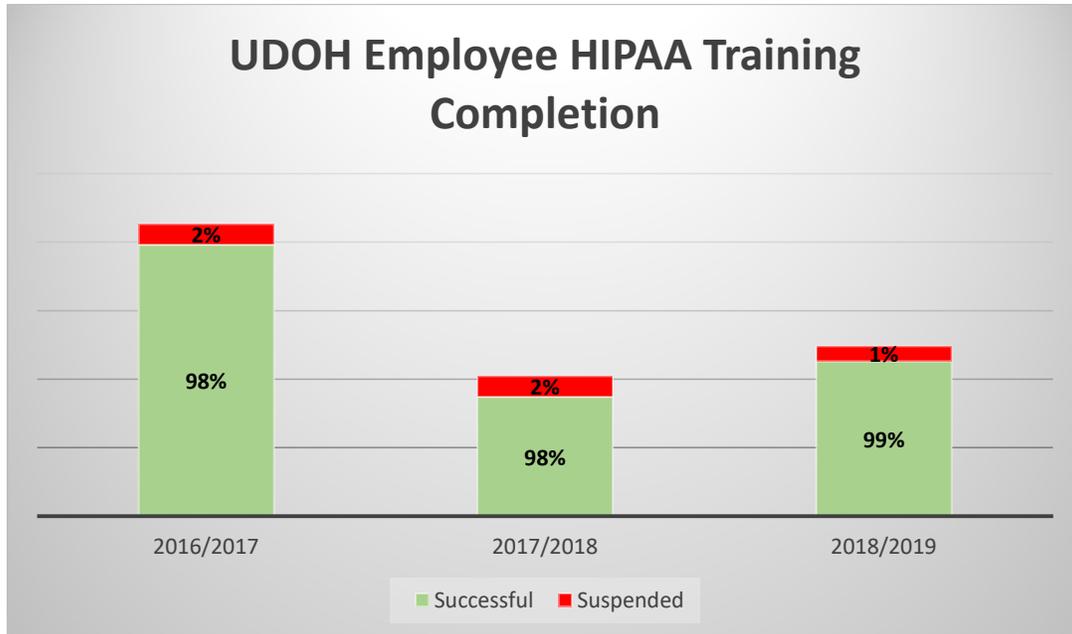
The Utah Adoption Registry is a voluntary, mutual consent registry that helps adult adoptees born in Utah and their birth parents and birth siblings reunite with one another.



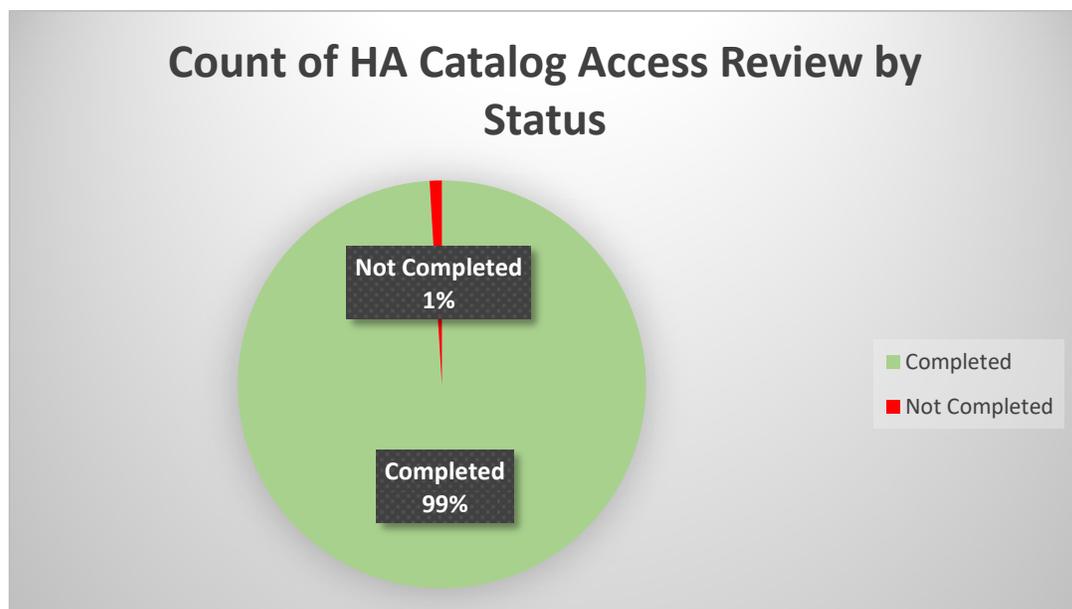
# UDOH New Employee Training



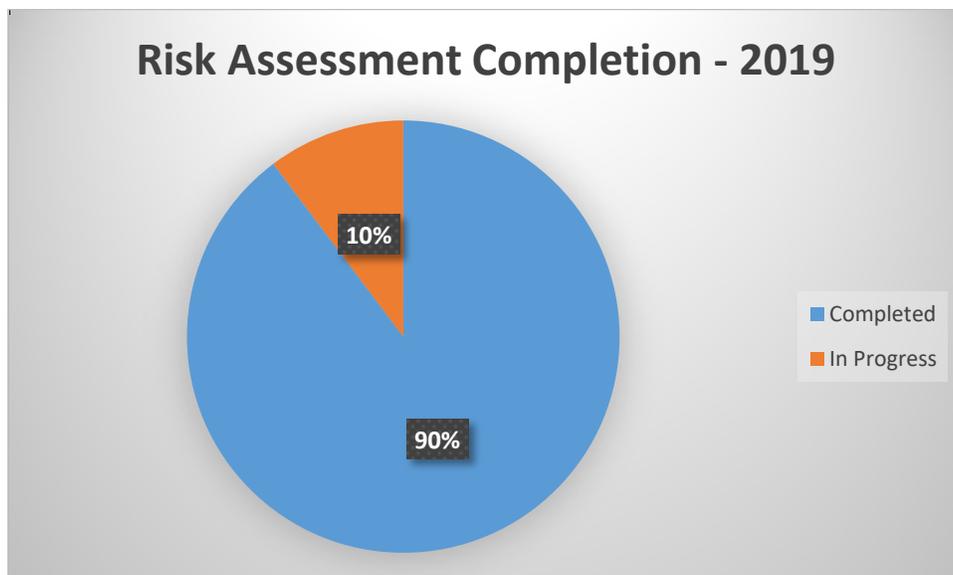
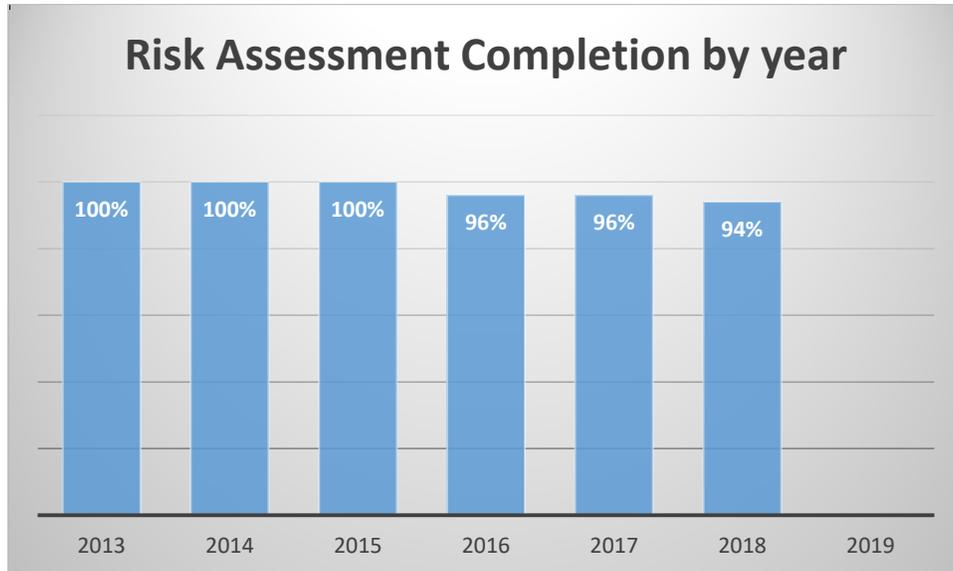
## UDOH Employee HIPAA training

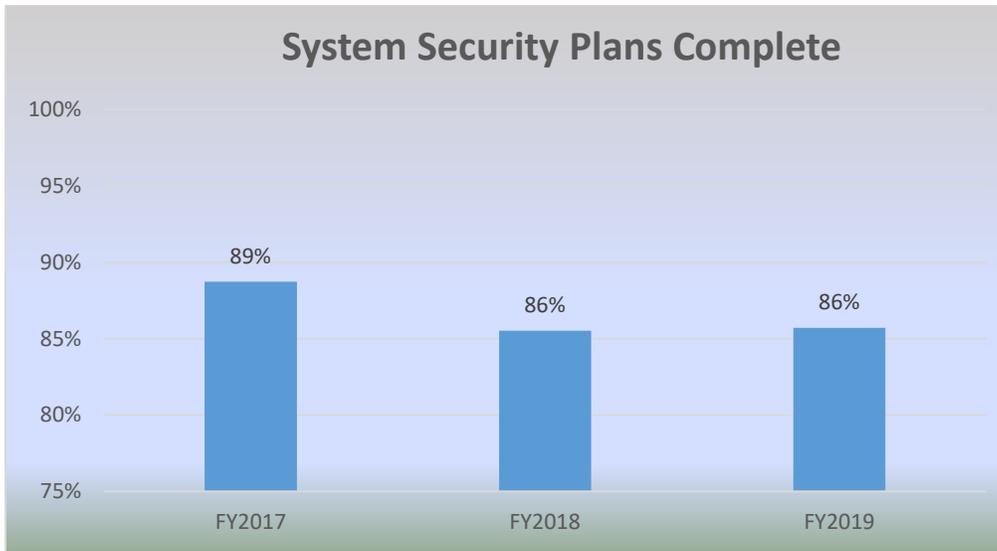


## UDOH Application User Access Review

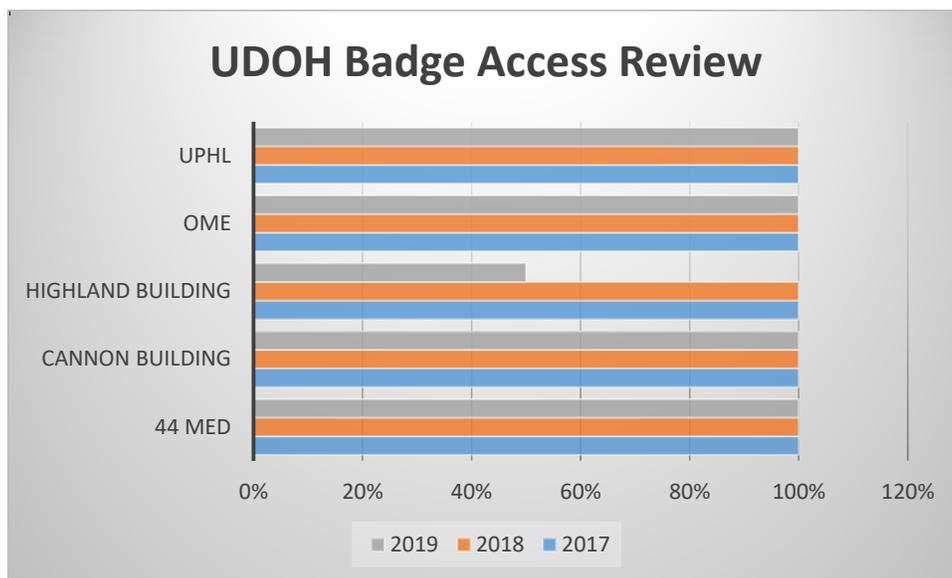


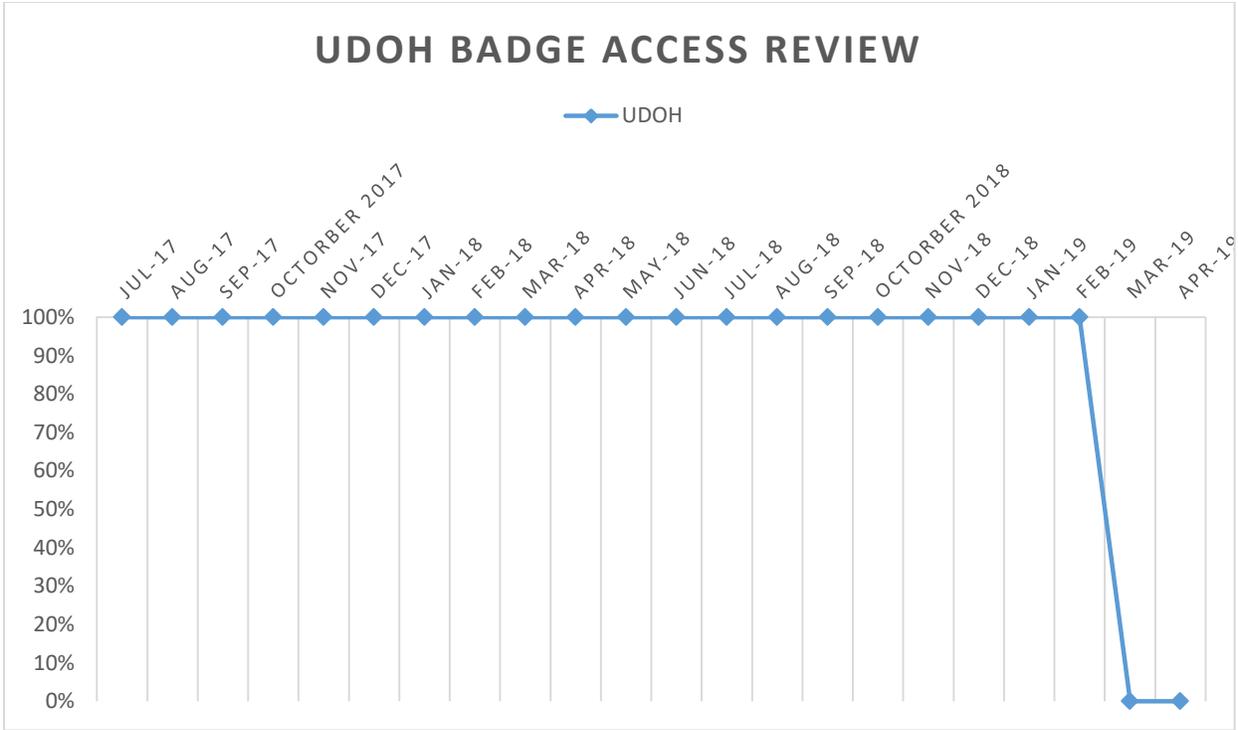
## Risk Assessment Completion by year





## UDOH Badge Access Review







UTAH DEPARTMENT OF  
**HEALTH**

**OHDS – LFA**

July 2019

# MISSION & VISION



The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.



# STRATEGIC PRIORITIES



**Healthiest People** – The people of Utah will be among the healthiest in the country.

**Optimize Medicaid** – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

**A Great Organization** – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.

# OHDS Role



- Establish data privacy and security Policy
- Provide Technical Guidance and Leadership
- Ensure a workforce that understands its obligation to maintain the Confidentiality, Integrity and Availability of the data and information systems vital to meeting the agency mission.



## Oversee Department Policies

- Privacy – Confidentiality of Information (42)
- Security – Integrity & Availability of Information and Systems (51)
- Breach (6)



# OHDS Role

- Ensure workforce is trained and provide a resource for privacy and technology specific guidance
  - UDOH
  - DTS

# OHDS Role

- Establish procedures where necessary to mitigate risk
  - Incident Response & Mitigation
  - HOTT
  - Risk Assessment and SSP
  - Badge Access Review
  - System Access Review
  - DSA
  - HA Catalog

# OHDS Role

- Oversight and review of Contracts and Contractors
  - DTS
  - AAGs
  - Other third party contractors where DOH data or technology may be affected.

# THANK YOU!



Office of Health Data Security (OHDS)  
Utah Department of Health  
801-538-6271





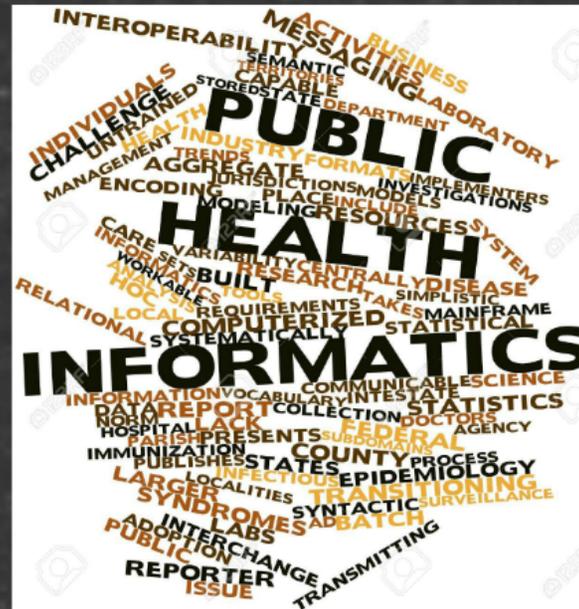
## Who Are We?

**Health Informatics Office Vision:** Utah is a place where standard, safe, and timely sharing of electronic health information results in better health care, lower costs, and healthier communities.

**Health Informatics Office Mission:** To promote, foster, and coordinate innovative and collaborative informatics solutions.

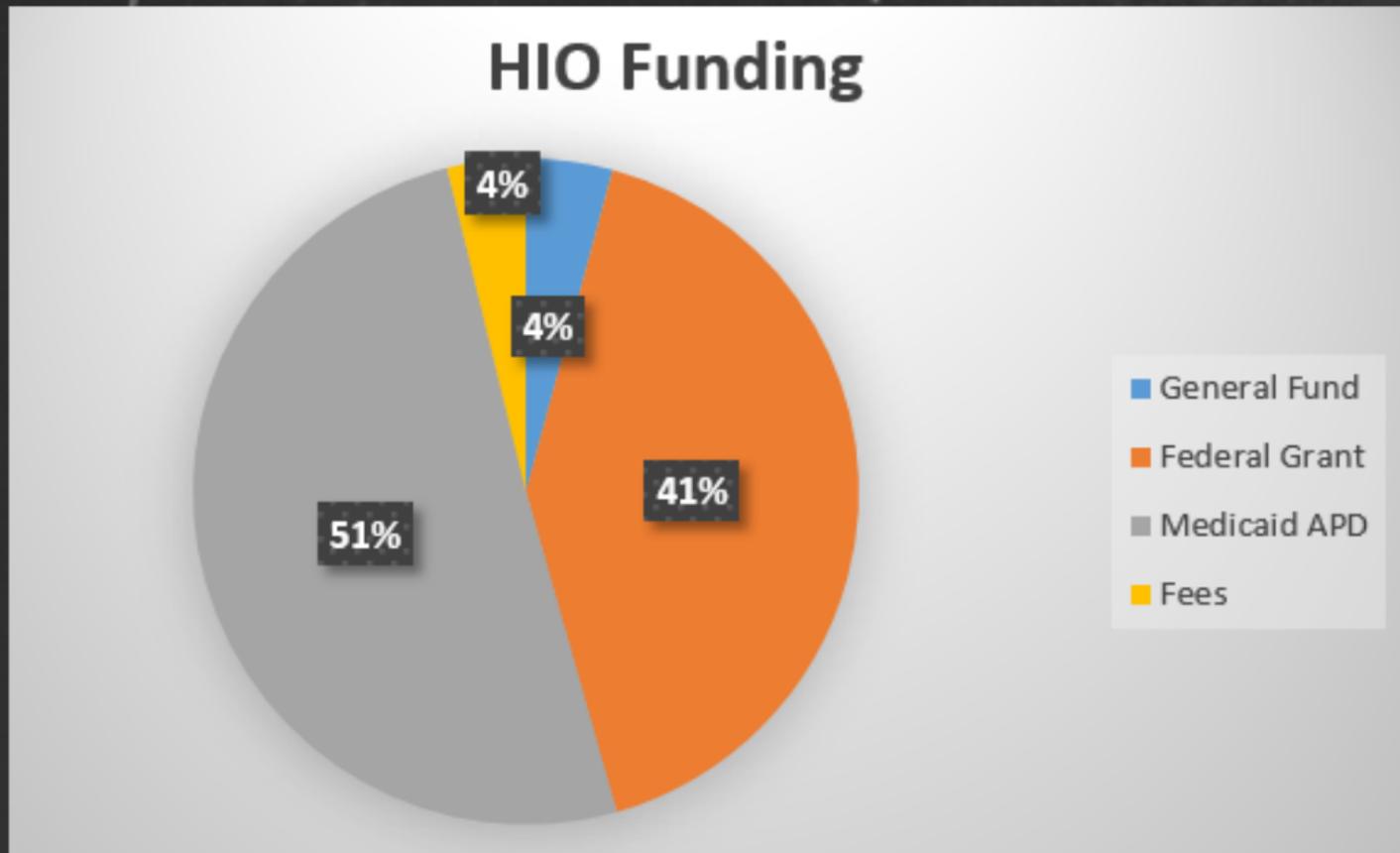


## What is Public Health Informatics?



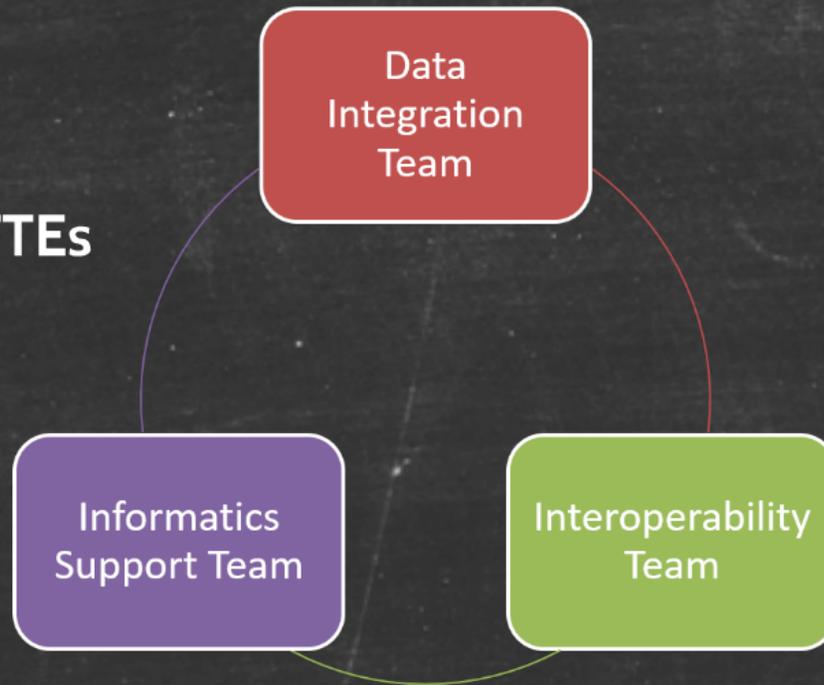
Public Health Informatics assures that data relevant to public health can be managed, organized, analyzed, and communicated efficiently.

# Health Informatics Office Funding



# Health Informatics Office Structure

-5 FTEs  
-3.5 DTS FTEs



### Data Integration-DOHMPI

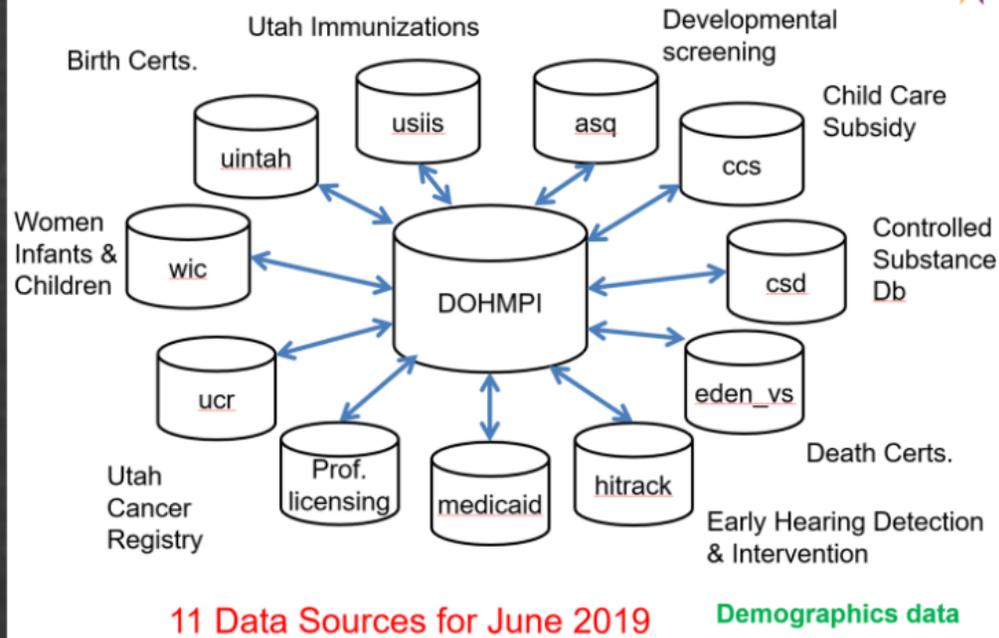
The Department of Health Master Person Index (DOHMPI) is a DOH resource that provides ongoing linkage of multiple public health information systems to meet the needs of DOH programs.



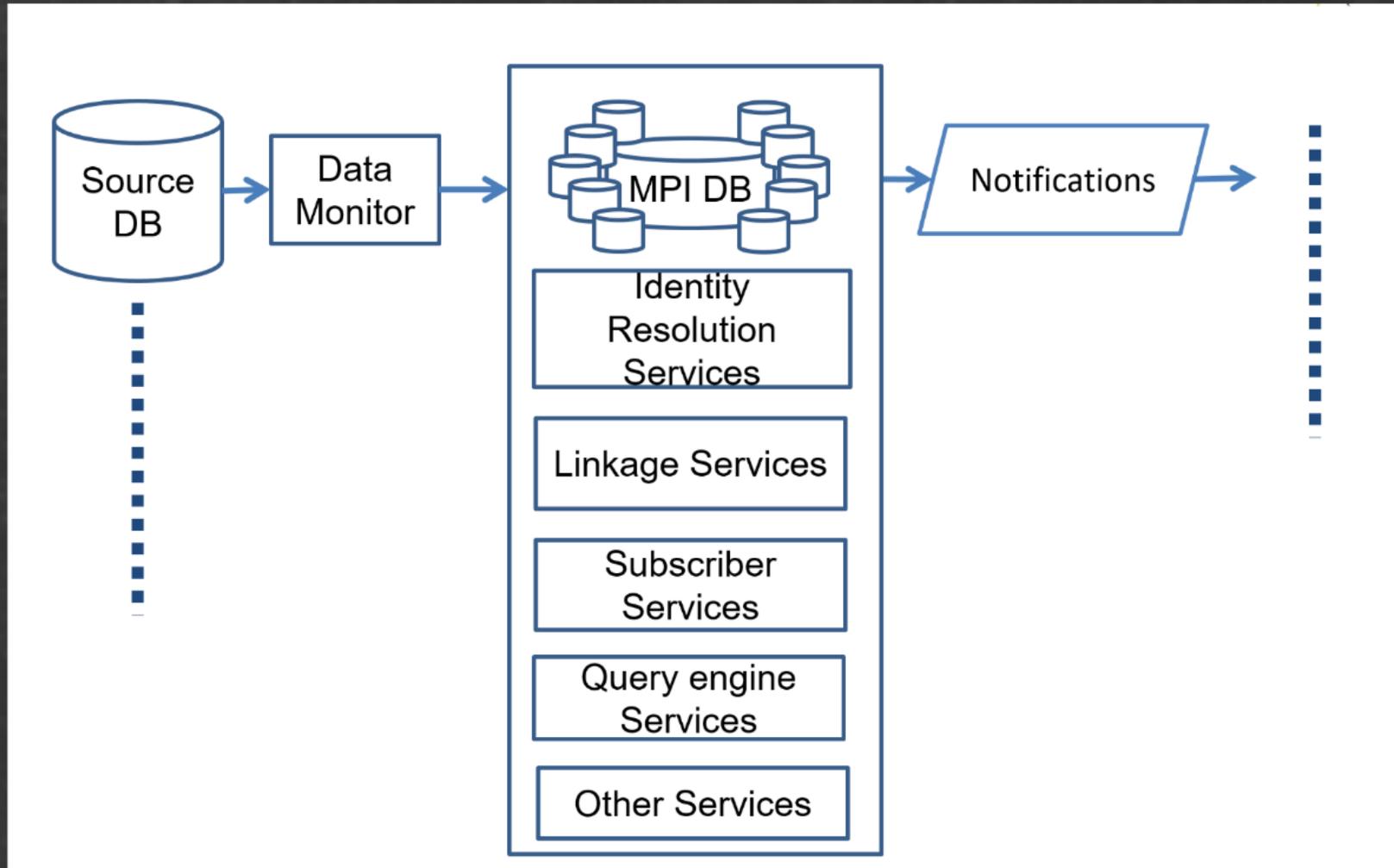
## Data Integration-DOHMPI

The Department of Health Master Person Index (DOHMPI) is a DOH resource that provides ongoing linkage of multiple public health information systems to meet the needs of DOH programs.

## DOHMPI Structure



# dohMPI Services



# Value of dohMPI

- Contains demographic information that is used for matching purposes. Program specific data remains with the source programs(s).
- Provides a centralized and formalized process in explicitly stating what program information is being shared with whom.
- The dohMPI infrastructure limits the number of point-to-point connection interfaces and extracts required for data integration to a single connection interface (dohMPI).
- Automates the sharing of information securely across the many different UDOH and non-UDOH information systems/programs (aka silo's) .
- Provides the ability to create a UDOH (or specific programs) linked identity "limited data" or actual identity data warehouses (e.g. The Utah Early Childhood Statewide Data Integration Project) that contain program (non-demographic) information from many different information systems/programs for operational or research purposes.
- Provides the ability to limit the number of duplicate data that is contained in various systems.

## Other Data Integration Team Activities

- Adhoc Linkages
  - De-duplication of EpiTrax
  - Controlled Substance Database and National Violent Death Reporting System (NVDRS)
  - Intergenerational Poverty and Women, Infants, and Children (WIC) Linkage
- Build services, such as an application programming interface (API), to increase DOH's data interoperability and to reduce duplication of efforts.

## Edit Morbidity Event

\* Options ▾ \* Workflow Options ▾ ‡ View ▾ ⇌ Navigate ▾

✓ Accept Event



Save &amp; Continue



Save &amp; Exit

<b>Mouse, Mickey</b>	<b>Event type</b>	<b>Workflow status</b>	<b>Investigator</b>	<b>Disease</b>
Record #: 2018393448	Morbidity	Assigned to LHD	Not assigned	Acinetobacter species - Carbapenem resistant
<b>Investigating Agency</b>	<b>State case status</b>	<b>LHD case status</b>	<b>Event date</b>	
Utah State			10/01/2018	

Demographic Clinical Laboratory Contacts Encounters Investigation Notes Administrative

## Disease

## Disease

Acinetobacter species - Carbapenem resistant

## Disease Name:

## Onset date

mm/dd/yyyy



## Date diagnosed

mm/dd/yyyy



## Facility / Clinician / Hospitalized Status

+ Facility / Clinician

No facilities or clinicians found.

## Other Facility / Clinician / Hospitalized Status

## Mortality Status

## Died?

Yes

## Date of death

mm/dd/yyyy



## Show Death Data From EDEN

Acinetobacter species - Carbapenem resistant caused death?

Unknown

Edit Morbidity Event

Options Workflow Options View Navigate

Accept Event Save & Continue Save & Exit

Mouse, Death

Record #: Investigating Utah State

Demographic

Disease

Disease

Acinetobacter

Disease

Onset date

mm/dd/yyyy

Facility / Clinic

No facilities

Other Facilities

Mortality Status

Died?

Yes

Show Death Data

Acinetobacter species - Carbapenem resistant caused death?

Unknown

Electronic Death Entry Network - Results

Click on Connect Person to tie the EDEN person to the EpiTrax person.

Mickey Ann Mouse

EDEN ID:	Birth date	Death date	Gender
2017017653	03/26/1933	12/13/2017	male

Connect Person

Addresses

Home: 386 West 4125 North Roosevelt, Weber, Utah 84123 United States

Cause of Death Coded - final

80358-5: Underlying Code  
L089: Local infection of skin and subcutaneous tissue, unspecified  
80357-7: ContribCode  
A419: Septicemia, unspecified  
80357-7: ContribCode  
L089: Local infection of skin and subcutaneous tissue, unspecified  
80357-7: ContribCode  
F179: Unspecified mental and behavioral disorder due to use of tobacco

Cause of Death Text - final

69453-9: Immediate Cause, Septic Shock  
68343-3: Underlying Cause, Left Buttocks Infection

Show Death Data From EDEN

x

## Edit Morbidity Event

\* Options ▾ \* Workflow Options ▾ † View ▾ ⇌ Navigate ▾

✓ Accept Event



Save &amp; Continue



Save &amp; Exit

<b>Mouse, Mickey</b>	<b>Event type</b>	<b>Workflow status</b>	<b>Investigator</b>	<b>Disease</b>
Record #: 2018393448	Morbidity	Assigned to LHD	Not assigned	Acinetobacter species - Carbapenem resistant
<b>Investigating Agency</b>	<b>State case status</b>	<b>LHD case status</b>	<b>Event date</b>	
Utah State			10/01/2018	

Demographic

Clinical

Laboratory

Contacts

Encounters

Investigation

Notes

Administrative

## Disease

## Disease

Acinetobacter species - Carbapenem resistant

## Disease Name:

## Onset date

mm/dd/yyyy



## Date diagnosed

mm/dd/yyyy



## Facility / Clinician / Hospitalized Status

+ Facility / Clinician

No facilities or clinicians found.

## Other Facility / Clinician / Hospitalized Status

## Mortality Status

## Died?

Yes

## Date of death

12/13/2017



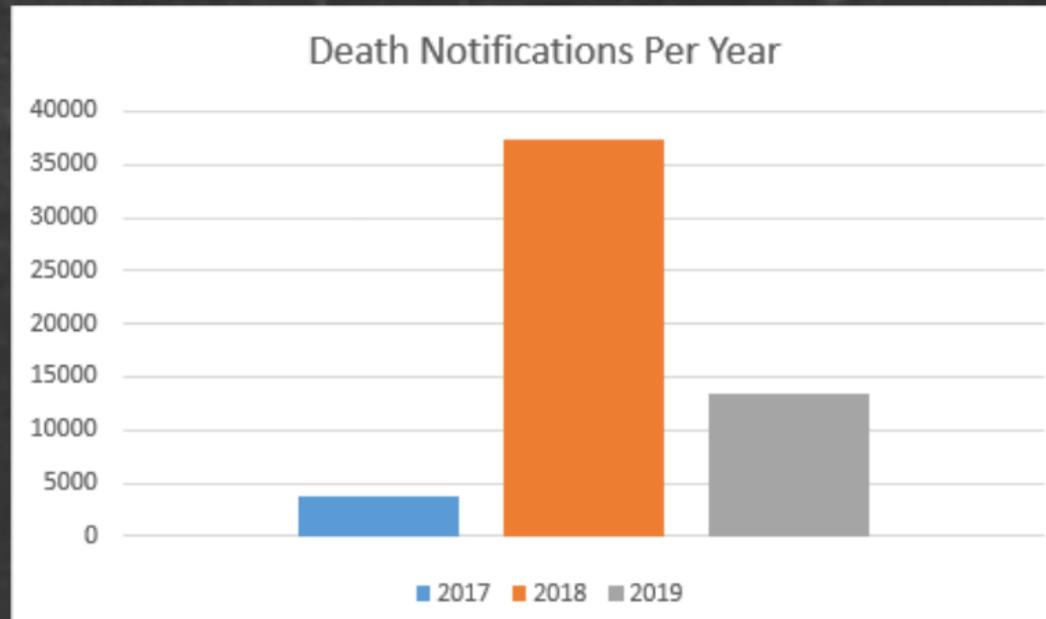
## Show Death Data From EDEN

 Connected to a person in EDEN.

Acinetobacter species - Carbapenem resistant caused death?

Unknown

## External Death Notifications



## Data Integration-Performance and Standard Measures

- **Maintain Link Precision at 99% (Low false positive links between programs)**
- **Maintain Link Recall at greater than 90%**

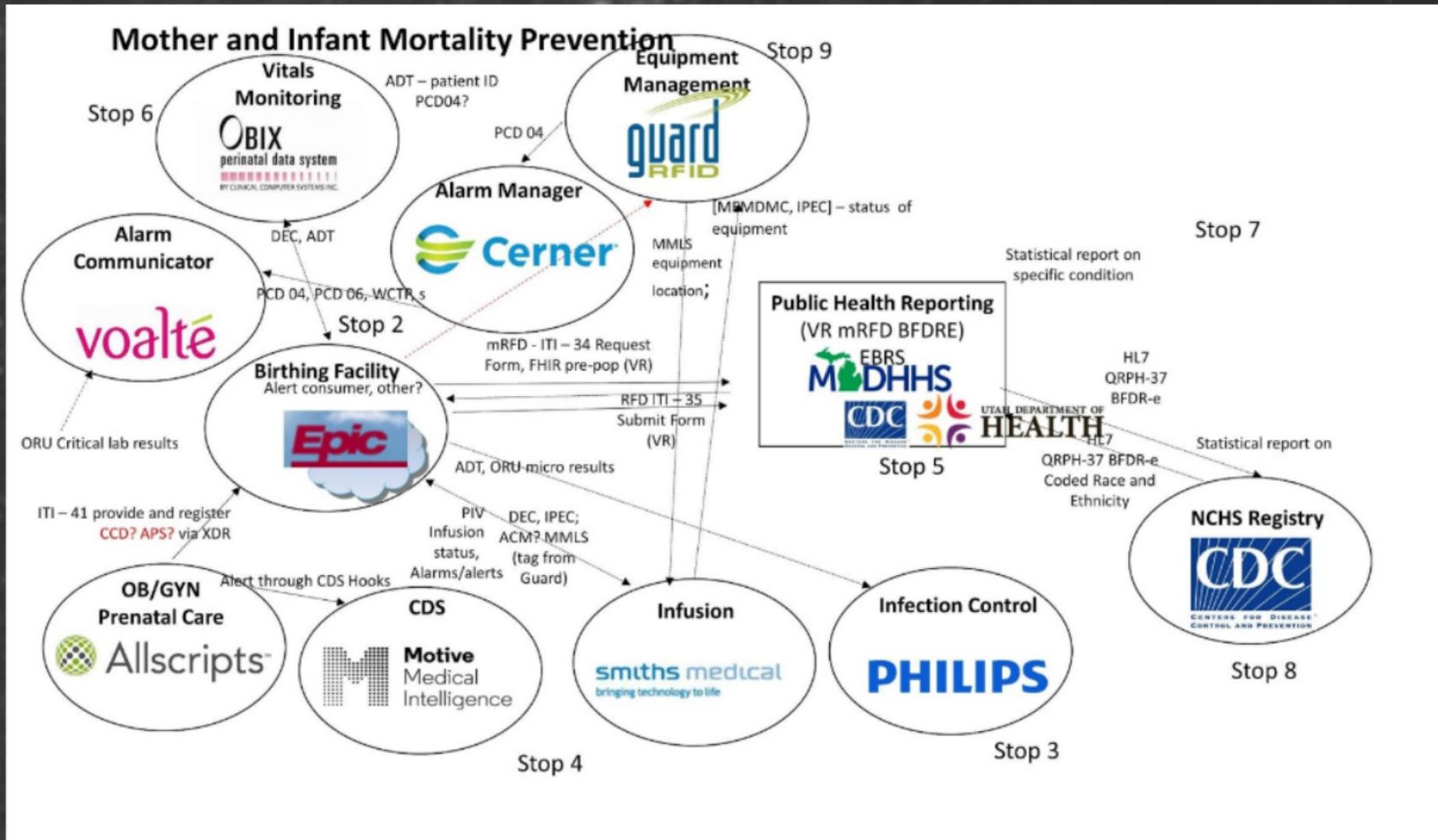
## Interoperability Team

Manages the DOH Gateway and develops new interfaces (automated transfer of data).

### Performance Measures and Standards

- Maintain Existing 2 Gateway interfaces (Deaths from Intermountain, Medication History from Medicaid to Utah Health Information Network (UHIN)).
- Data transfer between DOH and external entities such as Cancer Registry using national data exchange standards.

# Data Interoperability and National Testing

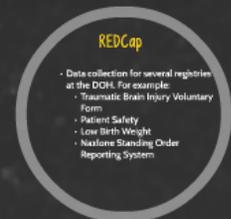


# Informatics Services Team

Provides informatics support to UDOH programs and other UDOH projects that are not associated with the above projects and/or programs.

## Examples of Support

- Provider Directory
- Informatics Consultation
- Management of Department-wide Informatics resources such as REDCap



# REDCap

- **Data collection for several registries at the DOH. For example:**
  - **Traumatic Brain Injury Voluntary Form**
  - **Patient Safety**
  - **Low Birth Weight**
  - **Naxlone Standing Order Reporting System**

## Controlled Substance Database Dashboards and Electronic Health Record Integration

- Provides informatics support to Department of Professional Licensing (DOPL)
  - Monthly morphine milligram equivalents reports for Governor's success measures.
  - Provider Linkage
  - Identity Resolution
  - Development of prescriber and patient dashboards

## Value HIO Brings to CSD

- Patient Dashboard went live November 2017
- Dashboard exceeded expectations
  - <https://www.ksl.com/article/46199059/state-unveils-patient-information-tool-to-assist-doctors-prescribing-opioids>
- Project was on-time and under budget
- Prescriber dashboard: September 2019

# 2018 Governor's Award



## Other Activities

- **Support Staff for the following:**
  - **Utah Digital Health Commission**
  - **ThSisU – The Shared Identification Services for Utahns (statewide master person index)**
- **University of Utah Biomedical Informatics Collaboration**
- **Department wide interoperability assessment**

# Why Interoperability?

## Siloed Databases

Difficult to exchange data and perform analyses, such as population health analysis, across heterogeneous data sources

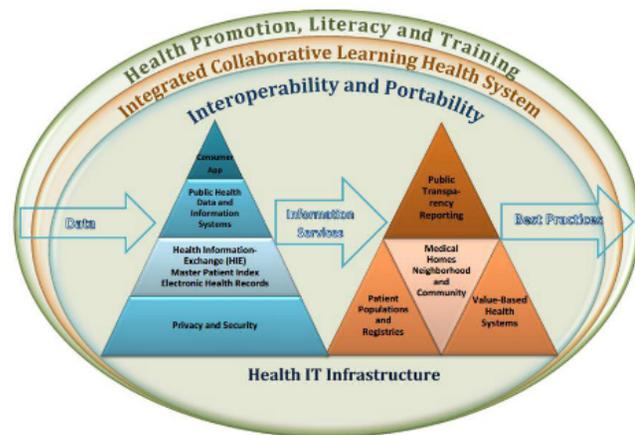
## National Push

Health Information Technology for Economic and Clinical Health (HITECH) Act and the Office of National Coordinator Federal Health IT Strategic Plan 2015-2020

## Utah HIT Vision

Our statewide vision for health IT is for Utah to be a place where the secure and efficient exchange and use of electronic health information will result in improved health status, better health care, lower cost and healthier communities.

# Utah Health IT Vision



“..Our health IT priority is to **improve system interoperability and portability** to support integration of physical and behavioral health care and improve population health for all Utahans.”

Source: UTAH HEALTH IT VISION, PRINCIPLES, AND PRIORITIES: 2015 – 2020 - A Statewide Collaborative Statement

## High Level Findings

- ❑ Interviewees had strong desire want to improve exchange capability with stakeholders (both internal and external to UDOH)
- ❑ High variability in the methods used by UDOH systems to collect and report data
  - ❑ Not all stakeholders have capability
- ❑ Variability of interoperability levels and use of standards
- ❑ Many challenges to improving level of interoperability
  - ❑ Resources (funding, appropriate skills)
  - ❑ UDOH-wide coordination around interoperability is needed

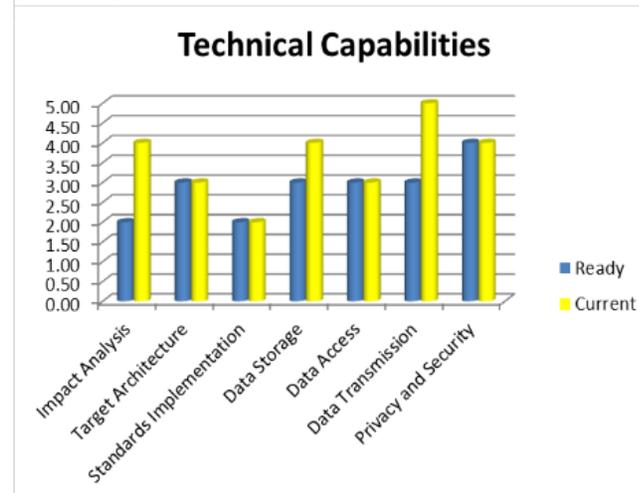
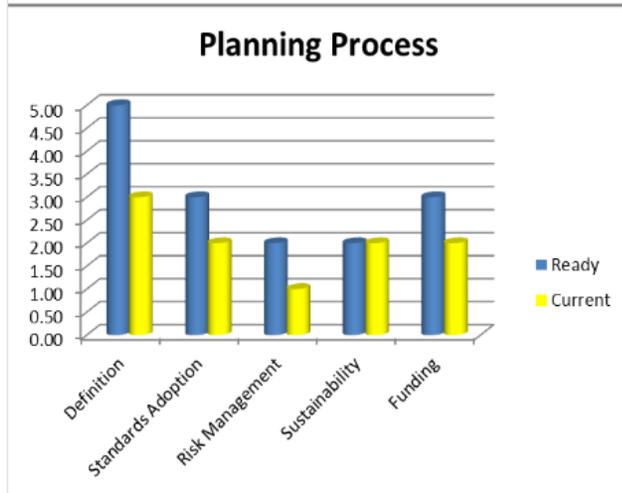
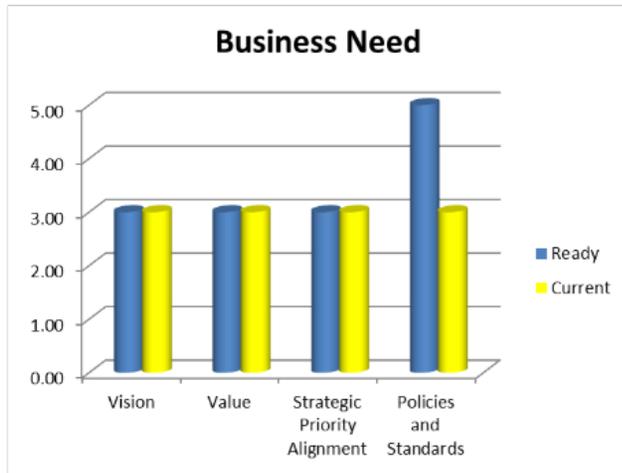
Overall Score	
Core Capability	Scores %
Business Need	90.00%
Stakeholder Community	75.00%
Planning Process	68.67%
Technical Capabilities	100.00%

# UDOH Interoperable Assessment Results

>= 90% **Ready**  
< 90% **Capable**

Well-positioned to realize value of information sharing and exchange.

Capable of realizing value, but improvements are needed to realize full potential.



# Recommendations

## Management

UDOH-wide  
coordinated approach

Simplify Internal Data  
Sharing Agreement

## Technical

Metadata Management

Terminology  
Management

Continue developing  
standards based  
systems

Common Data Model

Encourage multiple  
approaches to  
integration

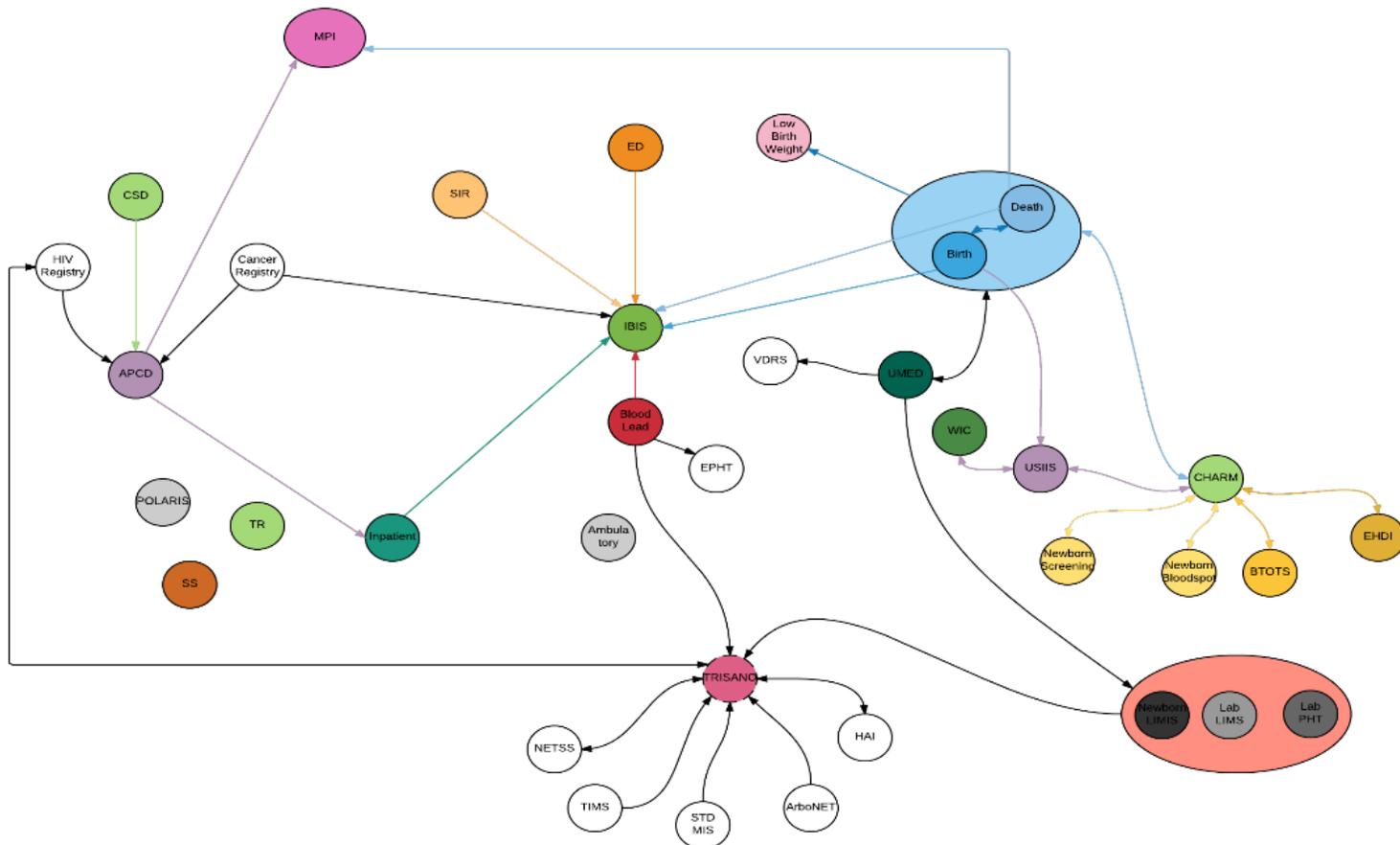
## Synthesis

Shared Resources

Share Lessons Learnt

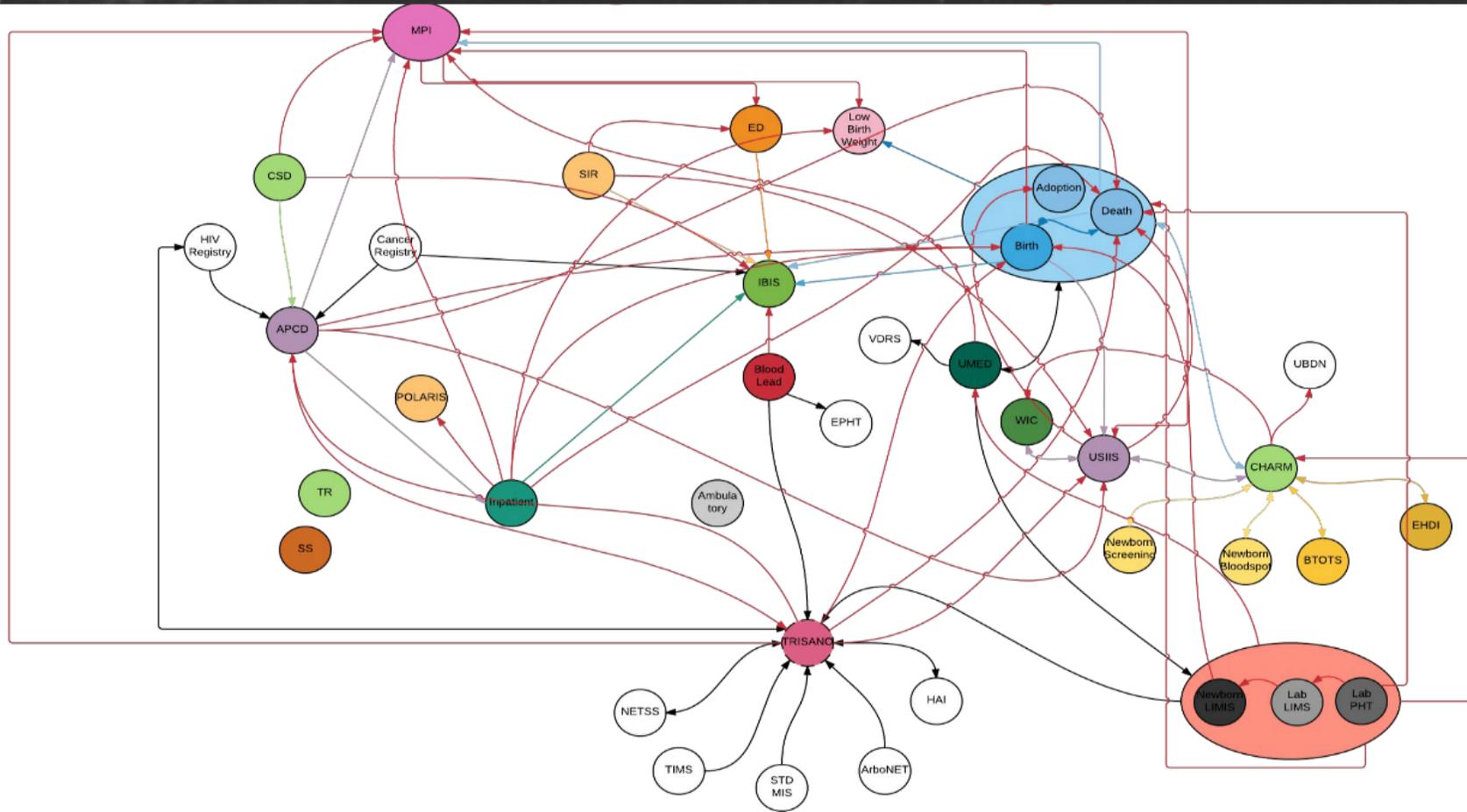
Training, Skills,  
Training!

# 2016 Exchanges



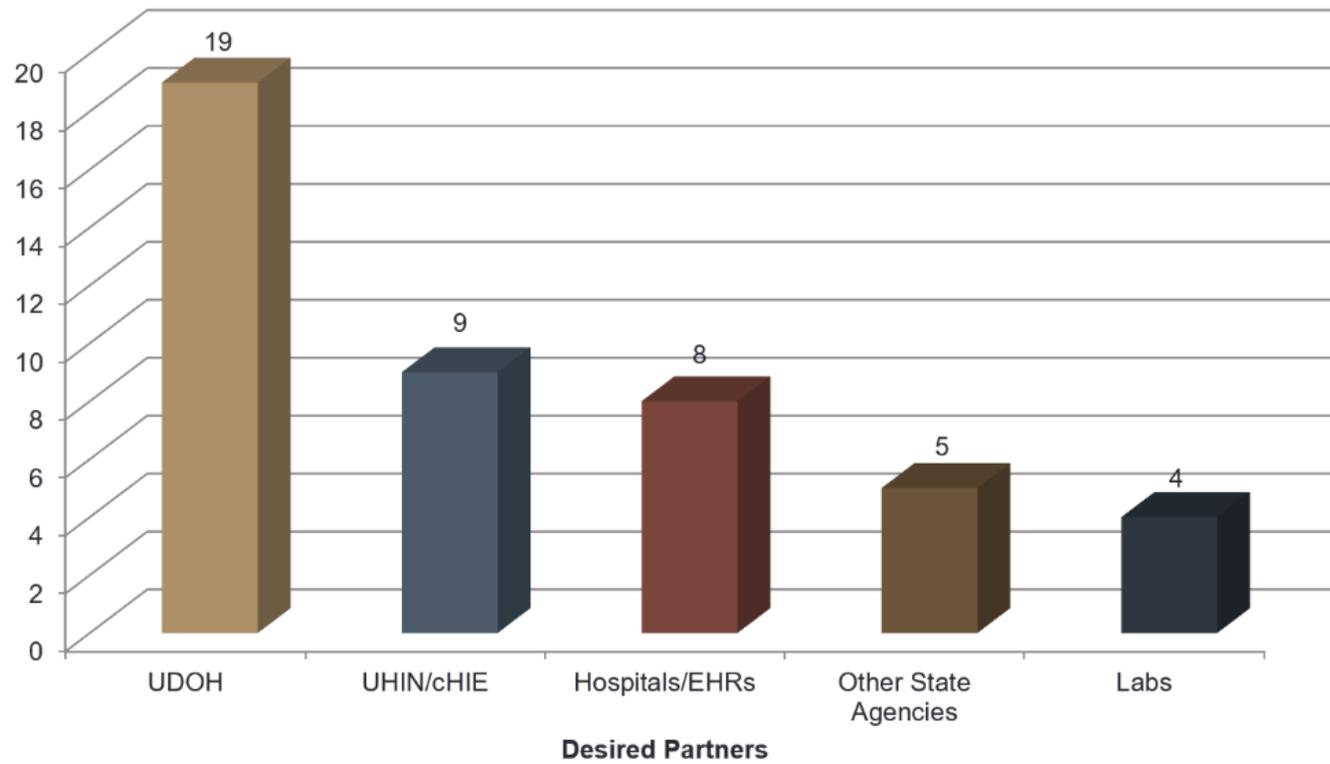
A - B  
System A currently shares, links,  
merges, or exchanges with System B

# 2013 Desired Linkages/Exchanges



A - B  
System A currently shares, links,  
merges, or exchanges with System B

# 2013 Desired Exchanges



Where are we 3 years later?

# Value of Health Informatics Office

- Provides informatics services to DOH
  - Identity Resolution
  - DOH gateway management
  - Provider directory
  - Management department wide applications
  - Consultation
- Nationally recognized
- Funding through largely federal grants and Medicaid.

HIO is focus on providing the right information, at the right time, to the right people, for the right decision and action, in the right format to improve public health.



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# UDOH Survey Center

— Program Overview —  
July 2019

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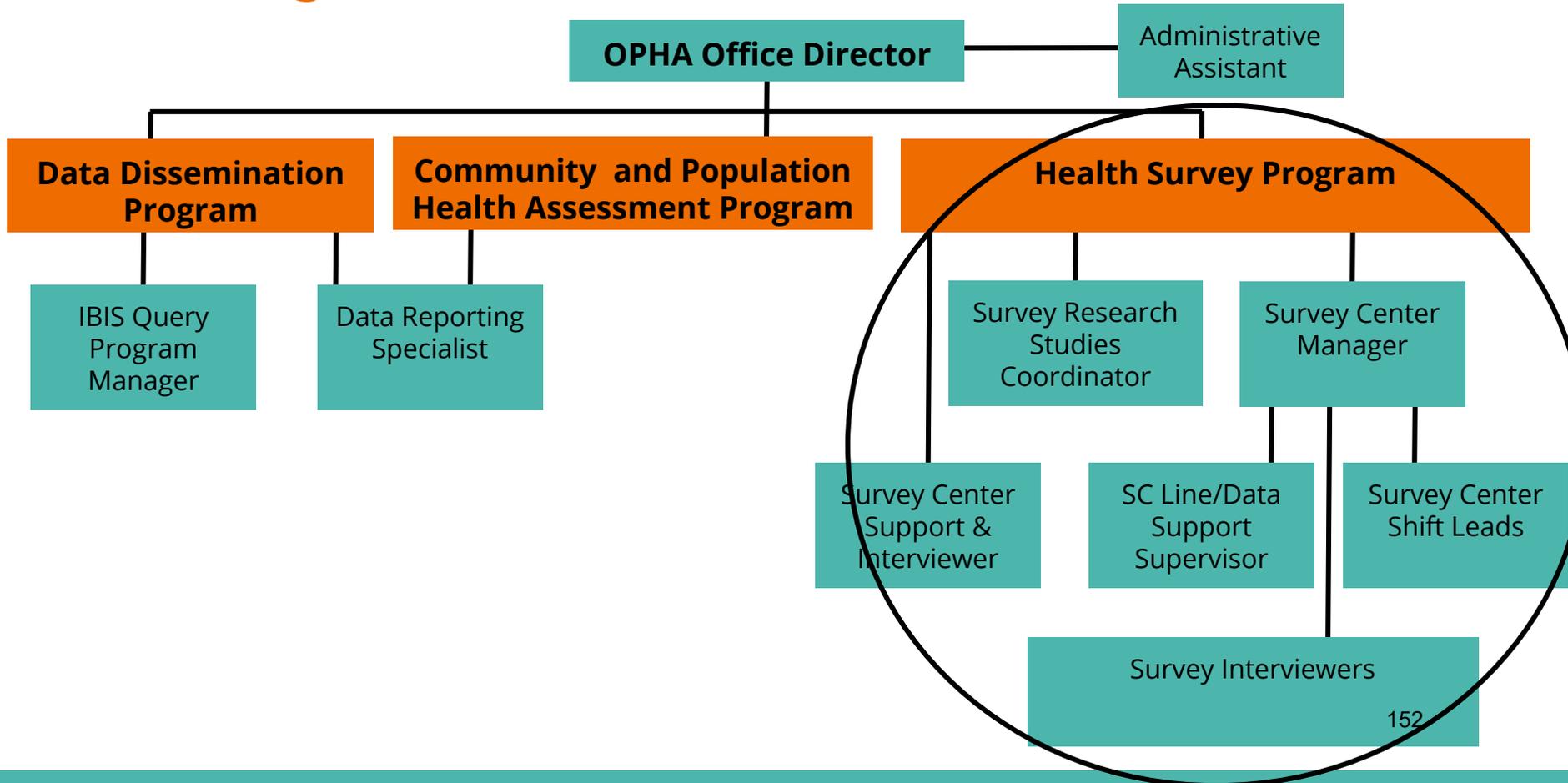
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# Presentation Overview

We will be covering:

1. Survey Center Overview
2. Survey Center Roles & Organizational Structure
3. Measures of Success for the Survey Center
4. Survey Example: Behavioral Risk Factor Surveillance System
5. Survey Center Funding
6. Survey Center Tour

# OPHA Organization Chart



# Overview of the Survey Center's Work

- Conducts telephone health surveys solely for Utah Department of Health (UDOH) programs, including:
  - CDC-funded annual surveys:
    - Behavioral Risk Factor Surveillance System (BRFSS)
    - Asthma Adult and Child Callback Surveys
  - Pregnancy Risk Assessment Monitoring System (PRAMS): Spanish callback for mailed survey non-respondents
  - Utah Study of Associated Risks of Stillbirth (SOARS): Spanish respondents
  - Ad-hoc surveys (e.g., Smokers, Traumatic Brain Injury, Autism)

# How Health Data are Used

Health data collected by the Survey Center is used to:

- Assess needs and determine prevalence of health issues
- Review trends in health data
- Inform policy decisions
- Identify priorities
- Identify geographic areas or populations at greatest risk
- Evaluate changes
- Gather additional information on issues of concern
- Apply for grant funding in areas of need (several programs and other departments use the data to obtain and maintain essential federal grants)

# Survey Center - Helping meet Title 26 & Accreditation

One of the ways UDOH complies with 26-3-4.

## **26-3-4. Quality and publication of statistics.**

**The department shall:**

- (1) take such actions as may be necessary to assure that statistics developed under this chapter are of high quality, timely, and comprehensive, as well as specific, standardized, and adequately analyzed and indexed; and
- (2) **publish, make available, and disseminate such statistics on as wide a basis as practicable.**

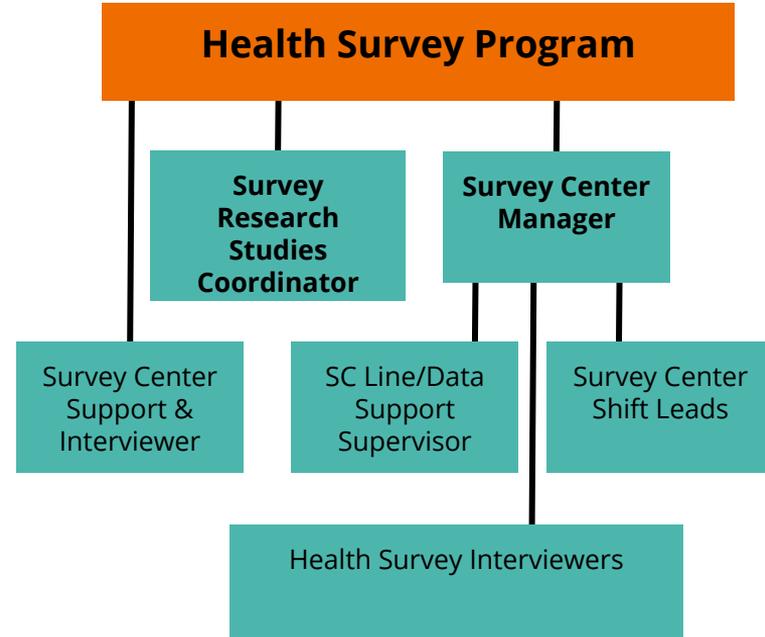
Maintenance of national public health accreditation:

- Domain One, Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community
  - Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population

# Survey Center Key Personnel

**Survey Center Manager:** Manages day-to-day operations of the Survey Center; study set-up and sample management; hiring/scheduling; monitors data collection and interviewer productivity; training development; survey testing; post data collection study close-out

**Survey Research Studies Coordinator:** Point of contact for internal/external survey partners; manages CDC grant applications, reporting and data submission; programming/testing of all surveys; ensures dissemination and reporting of survey results; responds to/tracks BRFSS data requests; generates cost estimates for ad-hoc surveys

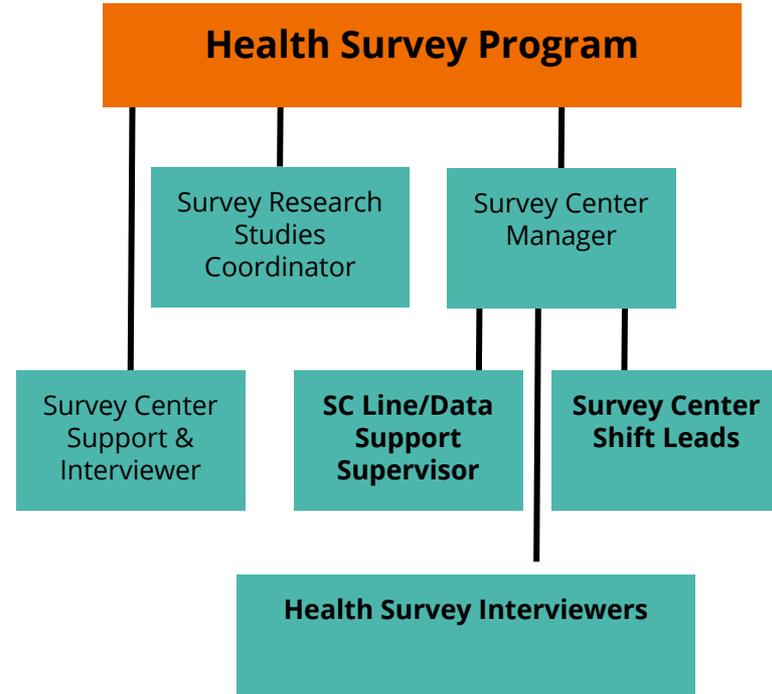


# Survey Center Key Personnel Continued

**Line/Data Support Supervisor:** Assists the Survey Manager and Survey Research Studies Coordinator in managing day-to-day operations; compiles statistical reports for indicator statistics and operational metrics; daily management of BRFSS data samples, assists in month-end data processing; facilitates team meetings

**Shift Leads/ Interviewers (2):** Leads evening interview teams on alternate nights; serves as mentor; conducts QA monitors and provides interviewer feedback; defuses respondent escalations; troubleshoot IT issues; training

**Health Survey Interviewers (20+):** conduct health survey interviews by telephone



# Health Survey Interviewers

- The Health Survey Interviewer team is comprised of one full-time, benefitted employee, with the remaining members (including evening shift leads) being part-time, non-benefitted employees

## **BENEFITS:**

**Cost effective**

**Flexible hiring and scheduling**

**Non-traditional work hours**

**Work/life balance**

## **CHALLENGES:**

**Turnover**

**Limited incentives**

**Unpredictable funding**

**Need for health benefits**

# Survey Center Schedule

Health Survey Interviewers contact Utah residents:

- Monday-Thursday: 9AM-9PM
  - Saturday: 9AM-3PM
- 
- Survey Center data and personnel management includes shift preparation, interviewer calling schedules and Survey Center closing duties
  - Coverage for the entirety of each shift is provided by the SC Manager, SC Line/Data Support Supervisor and shift leads

# BRFSS Quality Assurance Monitors

Health Survey Interviewer quality assurance monitors are conducted by the Line/Data Support Supervisor and Shift Leads during each shift.

The 2019 BRFSS Data Collection Guide includes the following monitor protocol:

*Systematic, unobtrusive electronic monitoring is a routine and integral part of monthly survey procedures for all interviewers. Recording calls as part of quality assurance is not part of the BRFSS methodology and recording interviews without respondent knowledge is not legal in all states.*

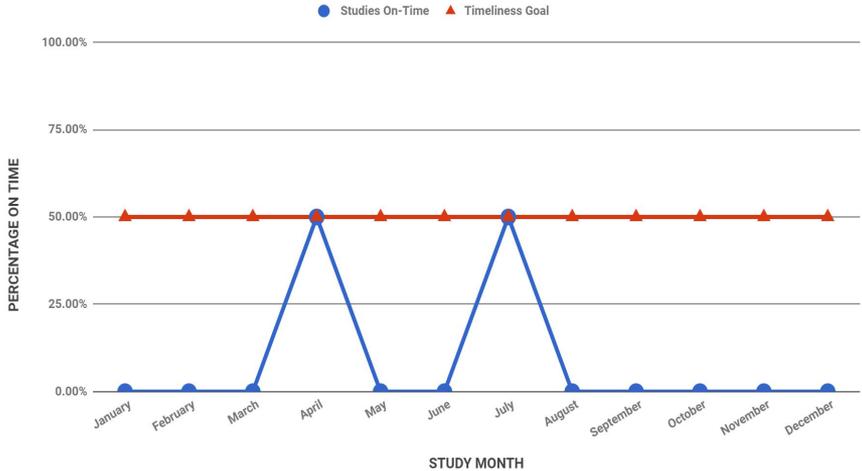
Each Health Survey Interviewer is monitored and observations notated. The interviewers are given feedback directly following the survey observed. This session may include recurrent training prior to returning to the phone.

# Continuous Quality Improvement (CQI): Survey Center Measures of Success

CQI Goal	Measure of Success
BRFSS Data Submission Timeliness	Minimum 50% timely data submissions annually
Health Survey Interviewer Productivity	<ol style="list-style-type: none"><li>1. % First contact completes (individual interviewer);</li><li>2. Three-month rolling average of 0.80 completes per logon hour (individual interviewer)</li></ol>
Survey Center Productivity	Monthly average of 0.80 completes per logon hour (all interviewers)
Annual BRFSS Completes Goal Progress	Annual completes goal by the end of the BRFSS survey year
National Annual BRFSS Response Rate Ranking	Response rate ranking in the top 13 states annually

# BRFSS Data Submission Timeliness

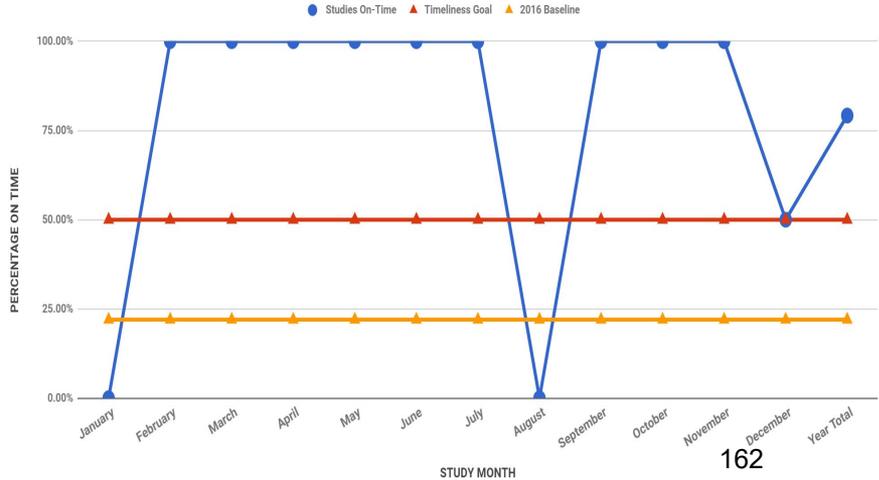
Timeliness of 2016 BRFSS Data Submissions



**Baseline**  
**22%**

**Current State**  
**80%**

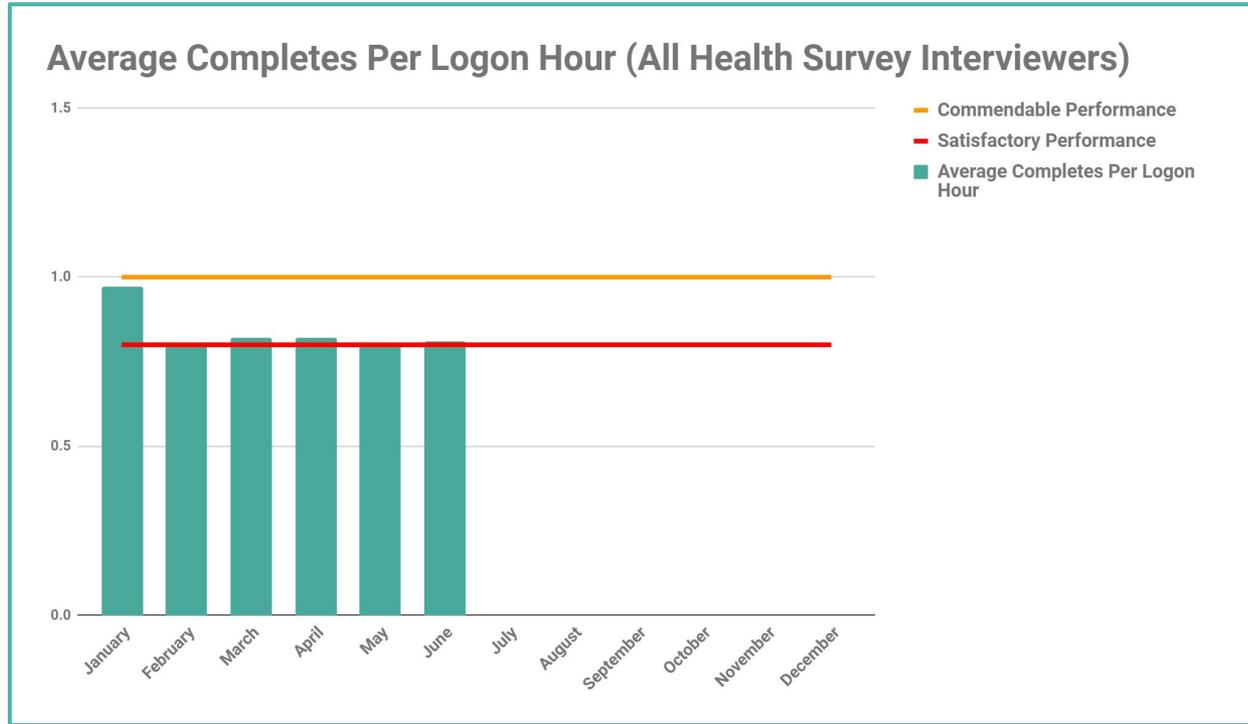
Timeliness of 2018 BRFSS Data Submissions



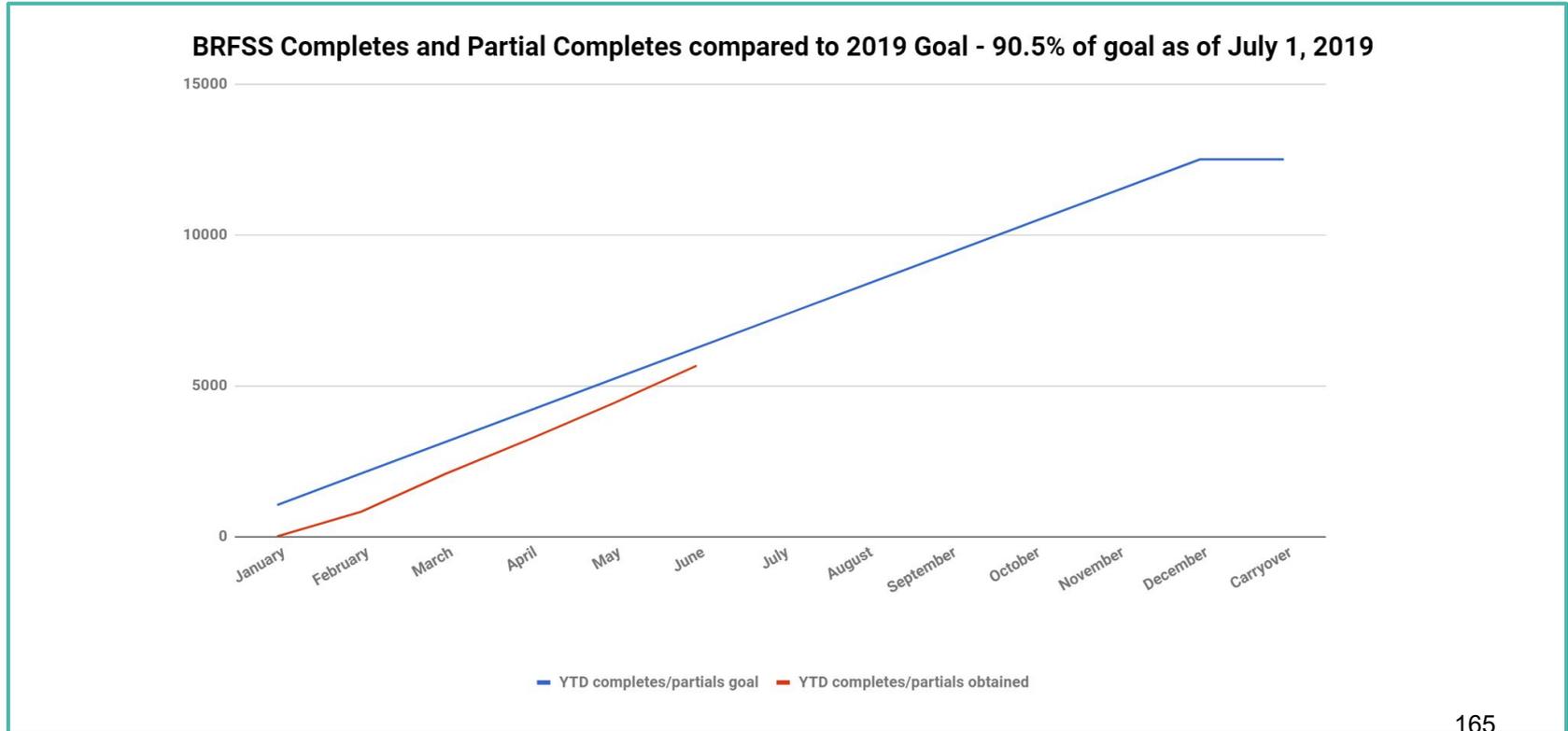
Study:							
ACP19	ALL19	CCP19	CL19_03	CL19_04	CL19_05	CL19_06	CL19_07
CLL19	UT19_03	UT19_04	UT19_05	UT19_06	UT19_07		
Date range filter YYYY-MM-DD: 2019-04-01 to 2019-06-30							
1st Contact				All Contact			
TTL 1st Contacts	IntID	TTL Comps	% Comps per TTL 1st Contacts	TTL Comps & PCs	IntID	Comps per Logon Hour	
44	860	19	43.18	237	860		1.62
132	2033	28	21.21	228	2019		1.04
964	101	181	18.78	356	2022		1.02
969	2024	171	17.65	336	2024		1.01
313	1034	55	17.57	91	1034		0.89
237	2027	40	16.88	96	2005		0.87
1231	2022	199	16.17	390	101		0.83
477	1097	74	15.51	194	2013		0.81
960	1041	148	15.42	173	1076		0.78
531	2002	81	15.25	254	1086		0.76
625	1076	91	14.56	132	2002		0.76
998	2019	142	14.23	275	1041		0.74
810	2013	113	13.95	138	2020		0.73
598	2020	78	13.04	88	2027		0.73
246	2005	31	12.60	56	2033		0.70
222	2029	26	11.71	178	1056		0.67
1174	1086	135	11.50	102	2008		0.62
502	2008	54	10.76	209	1097		0.61
699	1056	74	10.59	18	2034		0.54
104	2034	10	9.62	63	2029		0.44
11836	Average		16.01	3551	Average		0.81
1st Contact Benchmarks				All Completes Benchmark			
Completes >= 17%				Completes >= 1.00			
Completes 14%-16.99%				Completes .80 - .99			
Completes 0%-13.99%				Completes 0 - .79			
TTL = total				Commendable Performance			
Comps = Completes				Satisfactory Performance			
PCs = Partial Completes				Improvement Needed			

Individual Health Survey Interviewer Productivity

# Survey Center Productivity



# Annual BRFSS Completes Goal Progress



# National Annual BRFSS Response Rate Ranking

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Total Participating</b>	54	54	53	53	53	53	53	54	53
<b>National Average</b>	54.1%	55.1%	49.0%	46.0%	45.3	45.8%	47.1%	47.0%	44.9%
<b>Utah</b>	66.6%	64.6%	55.2%	54.1%	49.3%	53.8%	61.1%	58.4%	56.4%
<b>Ut Rank</b>	4	9	10	10	17*	11	1	4	4

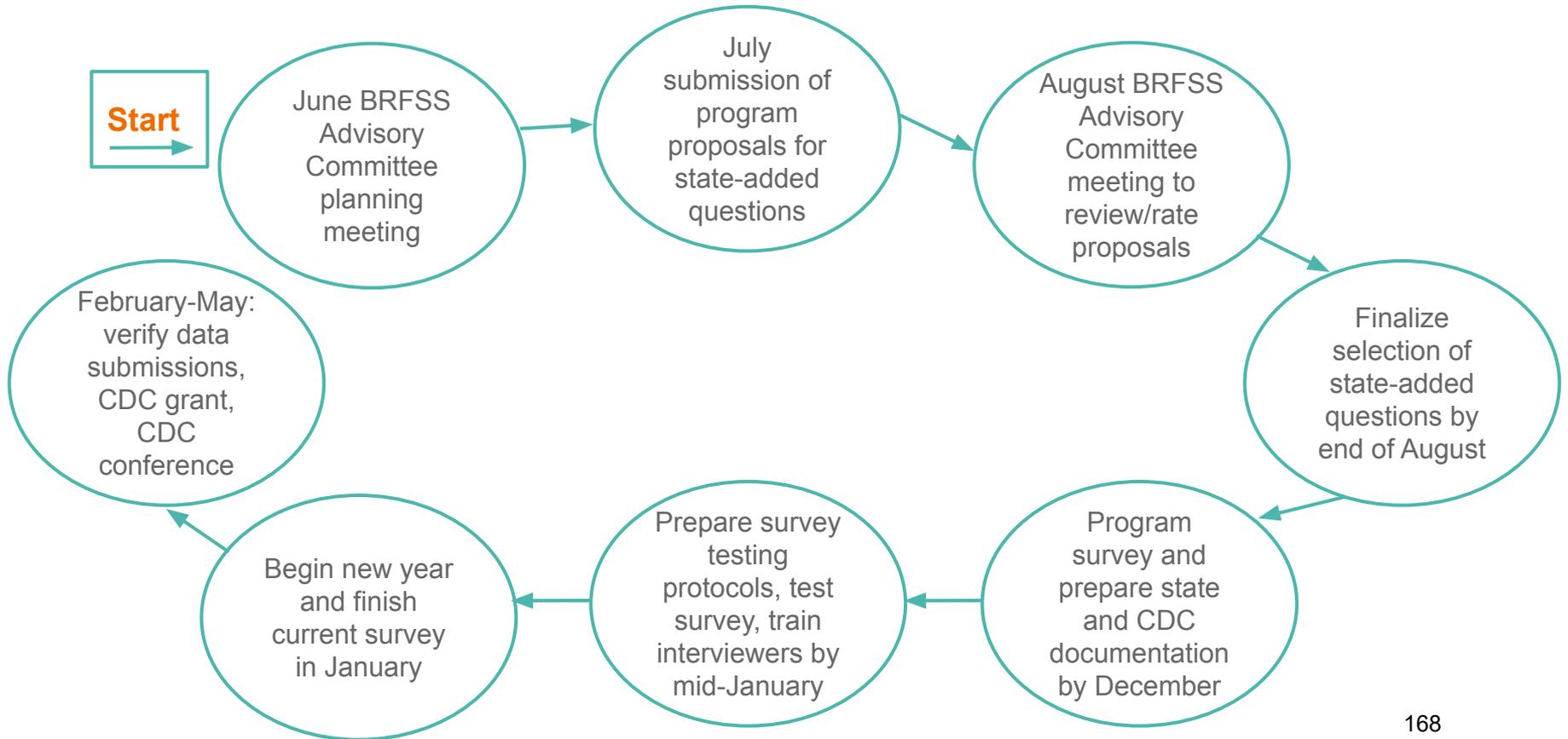
Utah Rank  
BRFSS  
Response Rate  
Goal <14

\*In 2013, three months of data collection were contracted out, which dropped our response rates

# Example: BRFSS

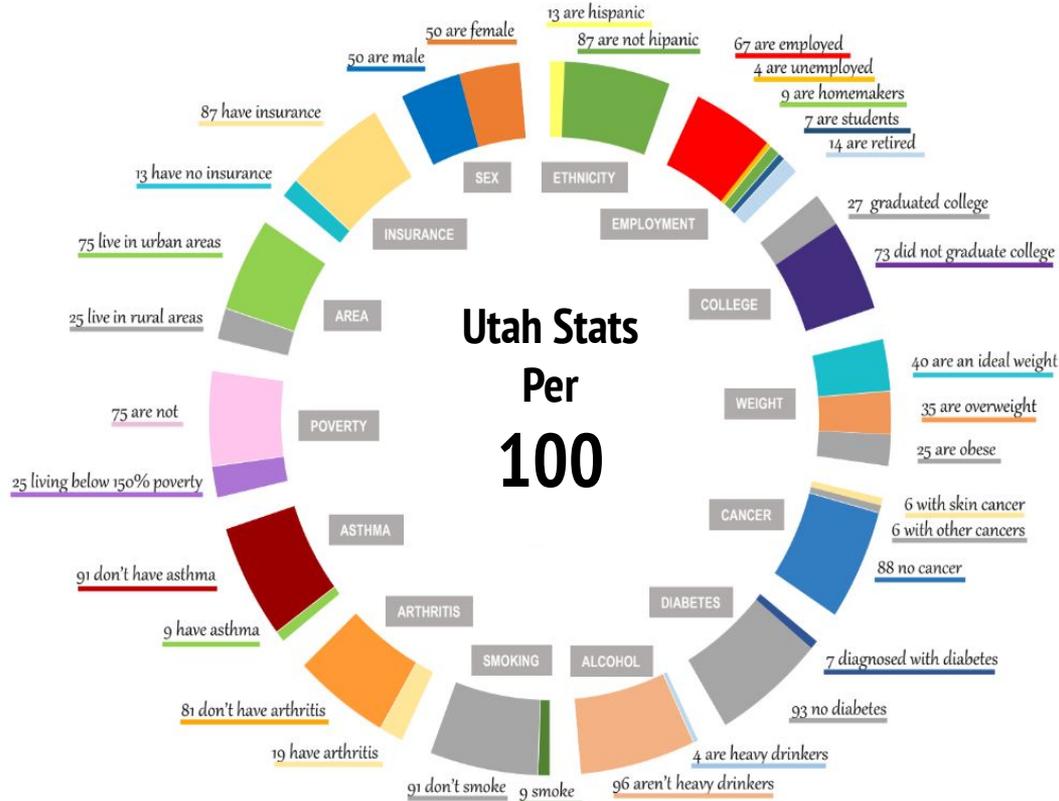
- UDOH's surveillance system for chronic health conditions, risk factors
- Provides behavioral data and information that is not available in claims data, clinical health systems, or other data systems
- Allows for national comparisons to see how Utah compares as a state, sub-areas, and populations
- Adding questions to the BRFSS allows programs to collect data that can be linked to basic sample demographics and social determinants of health, at a lower cost than conducting their own survey
- Provides the annual information on health insurance coverage and uninsured rates of Utahns to inform policy

# BRFSS Annual Cycle



# Example: Using BRFSS Data--At-a-glance

Represented in 100 people, the Utah population would look like this:



# Using BRFSS Data - IBIS

Publicly Available Data--<https://ibis.health.utah.gov/>



This is a screenshot of the IBIS website's home page. The main content area has a blue header with the text "Welcome to IBIS-PH; Utah's Public Health Data Resource". Below this is a survey notice: "\*\*\*\*\*Your feedback is essential in helping us know how best to meet your health data gathering needs. Please take five minutes to complete this survey.\*\*\*\*\*". The main heading is "IBIS Training", followed by two bullet points: "We provide quarterly IBIS training. For the next session" and "Register now!". To the right of the text is a large red stamp that says "TUTORIAL". On the left side of the page is a vertical navigation menu with links: "Welcome", "Utah Department of Health", "Local Public Health Systems", "Community Health Centers", and "Contact Information".

Welcome to the State of Utah, Department of Health, Indicator-Based Information System for Public Health (IBIS-PH). This site provides statistical numerical data as well as contextual information on the health status of Utahns and the state of the Utah health care system.

## This Site Provides:

- [Information About IBIS-PH](#) - General information about the IBIS-PH website, Utah Public Health data, and other general topic pages.
- [Information About Health Topics](#) - Access to Indicator Reports and datasets relevant to specific health topics.
  - [Interactive Views of almost 200 Health Indicator Reports](#) - These online reports contain detailed numerical and contextual data information including data sources, why important, charts, and maps.
  - [Interactive Exploration of over 29 Health Query Modules](#) - Provides custom access and analysis to public health numerical datasets. Custom queries include charts, maps, and metadata.
- [Information About Communities](#) - Information about the local health district geographic areas in the state.
- [Access to Health Data Publications](#) - Over 200 Utah Department of Health publications and access to over 7,000 publications through searching the Utah Public Health Library. Publications generally answer the most common and frequently asked questions concerning current Utah health issues.
- An area for Advanced IBIS Users to go directly to indicators or datasets they want to access.
- [Online Help Page](#)
- [links to other useful resources](#)

# Using BRFSS Data - Health Improvement Index\*

The Utah's Health Improvement Index (HII) is a composite measure of social determinants of health by geographic area. It uses BRFSS indicators to determine scores:

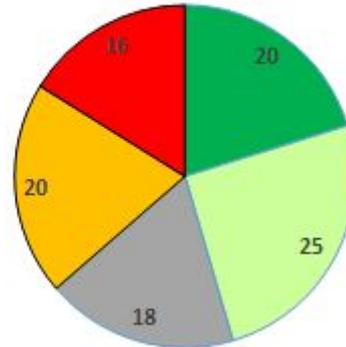
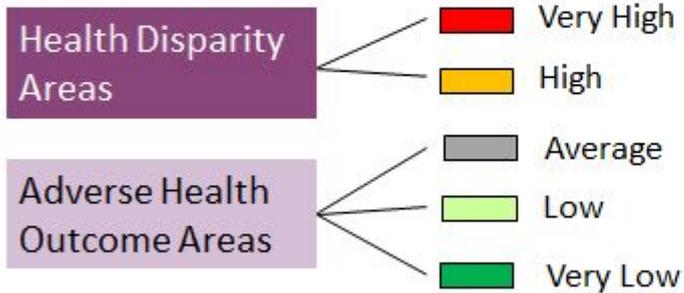
1. Population aged  $\geq 25$  years with  $< 9$  years of education, %
2. Population aged  $\geq 25$  years with at least a high school diploma, %
3. Median family income, \$
4. Income disparity
5. Owner-occupied housing units, % (home ownership rate)
6. Civilian labor force population aged  $\geq 16$  years unemployed, % (unemployment rate)
7. Families below poverty level, %
8. Population below 150% of the poverty threshold, %
9. Single-parent households with children aged  $< 18$  years, %

\* Singh, GK. Area deprivation and widening inequalities in US mortality, 1969–1998. *American Journal of Public Health*. 2003; 93(7):1137–1143.

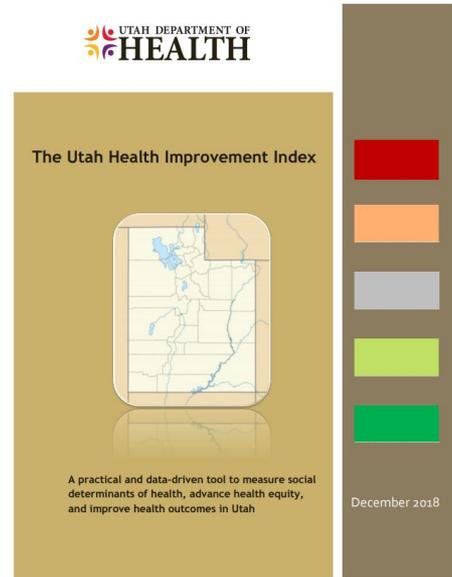
# Health Improvement Index

Small areas categorized as **Very High** or **High** are health disparities areas.

- The HII ranks from 72 to 161
- The 99 small areas are categorized in five groups



- The higher the index, the more improvement the area needs



# Using BRFSS Data - Assessment Needs

## 2017 Salt Lake County Community Health Assessment



HEALTHY SALT LAKE

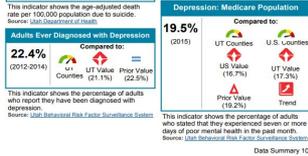
SALT LAKE COUNTY HEALTH DEPARTMENT

### MENTAL HEALTH

Mental health is commonly referred to as mental illness. However, the two should be differentiated. Although mental health and mental illness are related, they represent different psychological states. Mental illness is all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning. Depression is the most common type of mental illness.

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Positive mental health is thought to be associated with improved health outcomes.

Source: [www.cdc.gov/ncjy/cpea/2017](http://www.cdc.gov/ncjy/cpea/2017)



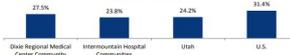
## 2016 Community Health Needs Assessment Dixie Regional Medical Center



### Prevention of High Blood Pressure

Approximately one in four adults in the Dixie Regional Medical Center community reports a diagnosis of high blood pressure. That prevalence rate is likely an underestimate, since many adults affected by high blood pressure are unaware of it.

#### High Blood Pressure Rate



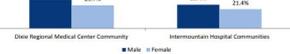
High blood pressure rates vary with age. High blood pressure affects greater proportions of adults with increasing age.

#### High Blood Pressure Rate by Age



High blood pressure rates vary by sex. Males are more likely to be diagnosed with high blood pressure than are females.

#### High Blood Pressure Rate by Sex



## Utah State Health Assessment 2016

Effective | Evidence-based | Trustworthy | Innovation | Collaboration

High Blood Pressure

Figure: Percentage of Utah Age 18+ with High Blood Pressure by Year, 2009-2014

Year	2009	2010	2011	2012	2013	2014
High Blood Pressure	27.5%	27.5%	27.5%	27.5%	27.5%	27.5%

High Blood Pressure Prevalence by Age Group

Age Group	18-34	35-49	50-64	65+
High Blood Pressure	5.1%	18.2%	42.0%	56.0%

High Blood Pressure Prevalence by Sex

Sex	Male	Female
High Blood Pressure	33.1%	21.7%

High Blood Pressure Prevalence by Race

Race	White	Black	Hispanic	Other
High Blood Pressure	27.5%	27.5%	27.5%	27.5%

2019 open-ended BRFSS question:

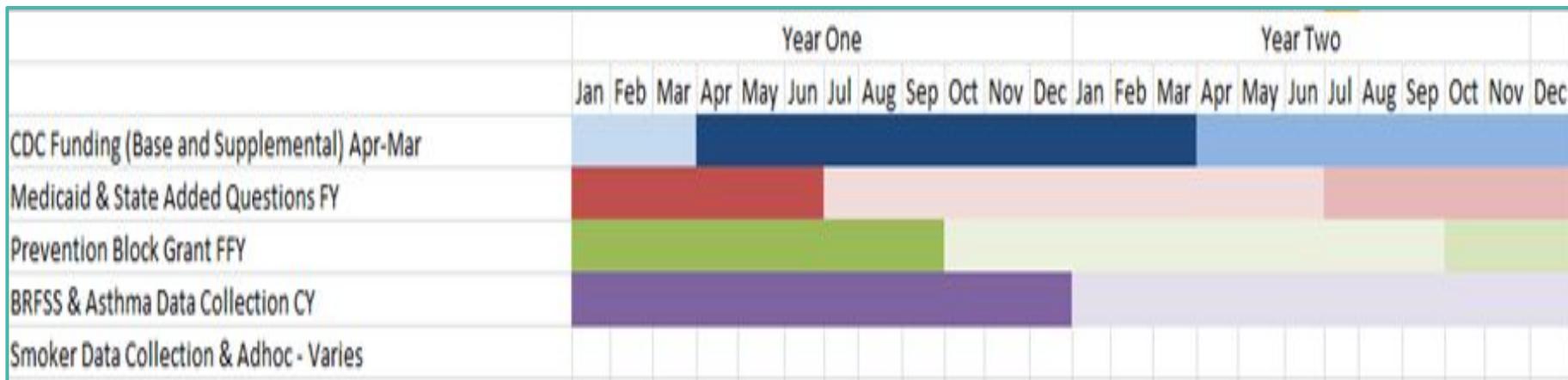
What are the top three health issues or concerns facing you, your family, and/or your community right now?

# Survey Center Funding

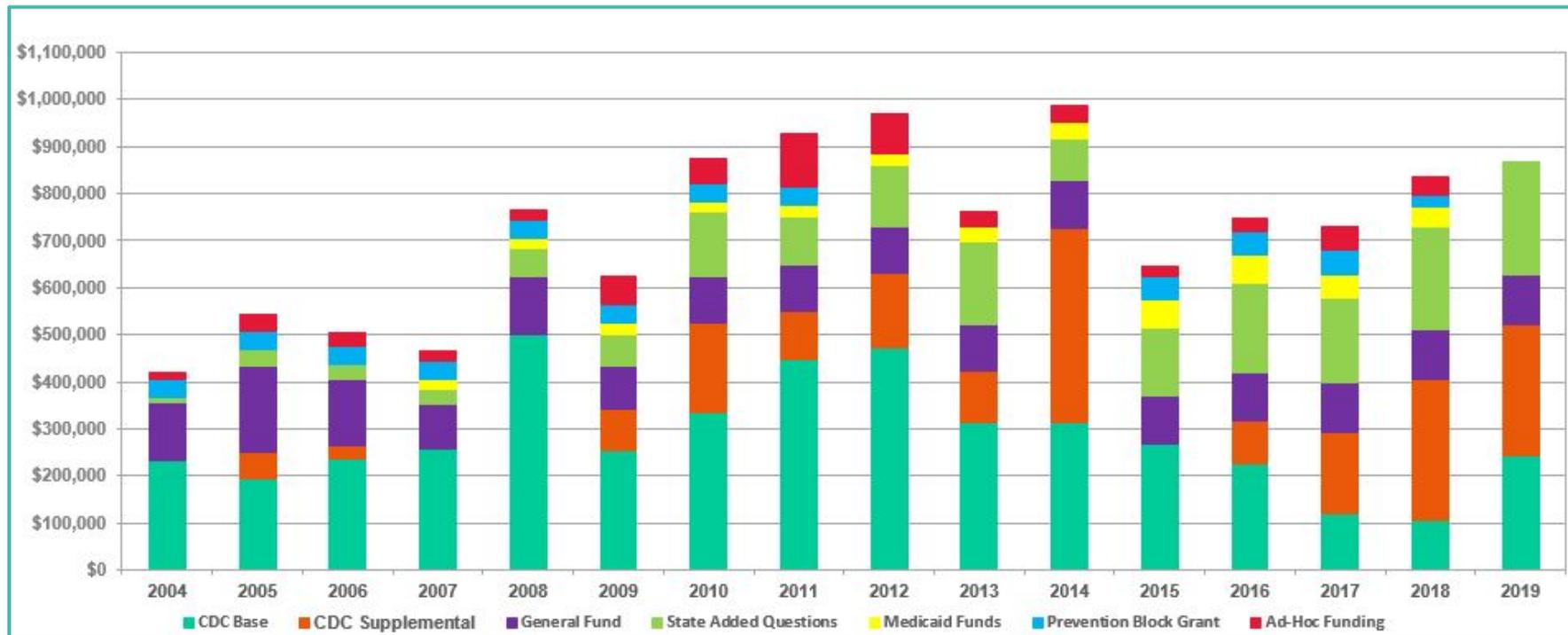
- Primary funding source for the Survey Center:
  - Annual BRFSS Survey
    - CDC base and supplemental grants
    - State General Fund
    - State-added questions (UDOH programs)
    - Medicaid (match for insurance questions from State General Fund monies we receive)
    - Bureau of Health Promotion Prevention Block Grant (sometimes)
- Other funding sources:
  - Annual Asthma Adult/Child Callback Surveys (CDC base grant)
  - Ad-hoc surveys (UDOH programs)

# Determining Annual Survey Center Funding

- Identifying exact annual Survey Center funding challenging
  - Differing funding stream timelines
  - Data collection timeframe different from all funding streams
- Which timeframe to use?



# Survey Center Funding History, 2004-2019



Notes: (1) 2008 covered 21 months (part of 2009); (2) 2019 CDC funding covers 16 months (through July 2020).<sup>176</sup>

# Justifying Survey Center Funding Level

- Survey Center funding level is driven by BRFSS needs
  - Are there sufficient completes to maintain data integrity and useability at the smallest level of geography at which the data will be analyzed?
- *Desired* 10,200 minimum annual BRFSS completes statewide
  - CDC requires a minimum 500 completes in every sub-state geographic region a state identifies to assign known population proportions for age, race/ethnicity, etc.
- If insufficient funding in any year, desired minimum statewide and regional completes have to be decreased

# Utah's Geographic Areas

LARGEST

State of  
UTAH



Sub-State  
Regions  
(10)



Local Health  
Districts  
(13)



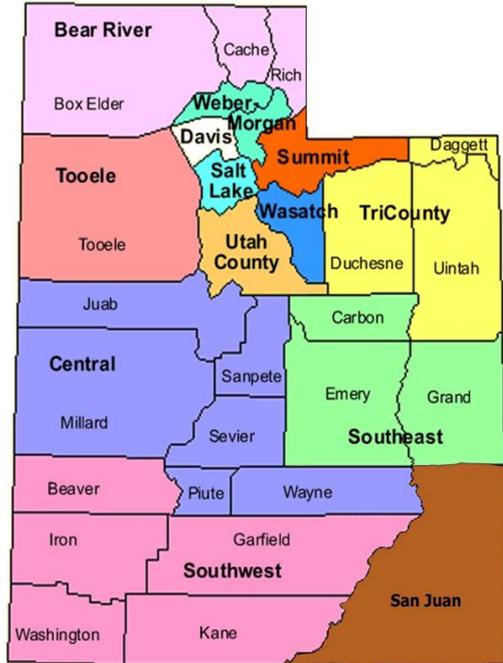
Counties  
(29)



Small Areas  
(99)

SMALLEST

*Sub-state regions are comprised of one or more local health districts.*



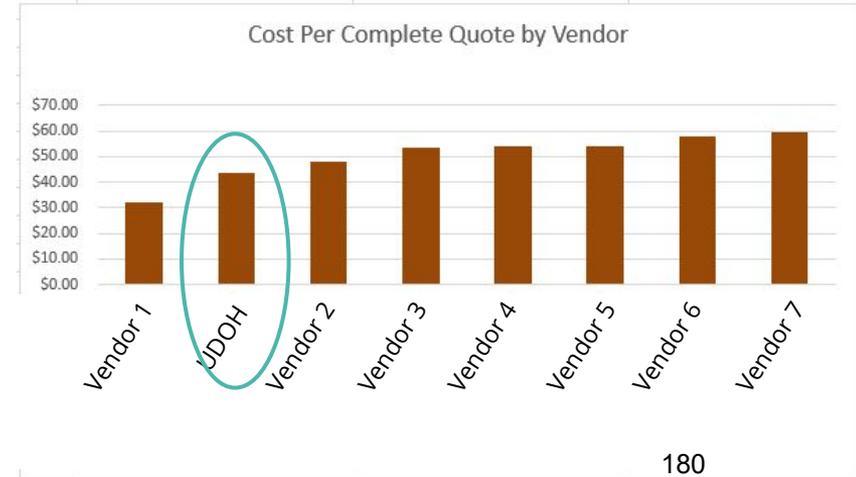
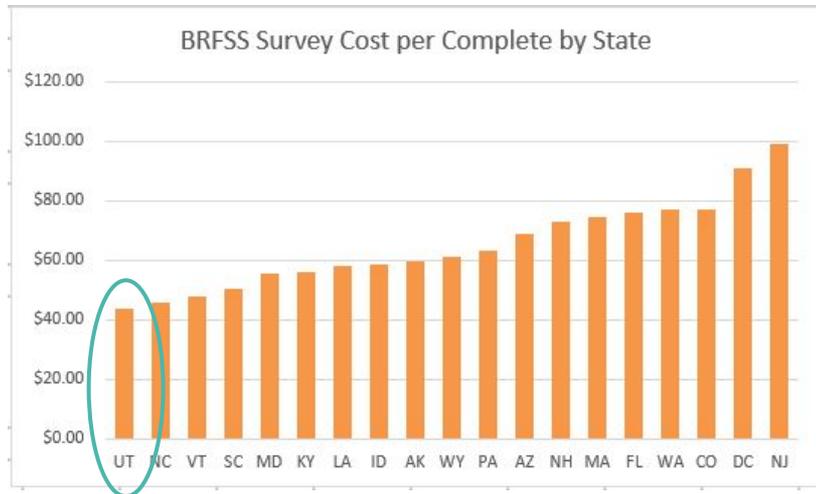
BRFSS Region	Local Health District	Utah County	Number of IBIS Small Areas
1	Bear River	Box Elder	8
		Cache	
		Rich	
2	San Juan	San Juan	2
		Southwest	3
3	Central	Juab	5
		Millard	
		Piute	
		Sanpete	
		Sevier	
	Wayne		
	TriCounty	2	
4	Davis	Davis	9
5	Salt Lake	Salt Lake County	43
6	Southwest	Beaver	7
		Garfield	
		Iron	
		Kane	
7	Tooele	Tooele	2
		Summit	2
8	Wasatch	Wasatch	1
9	Utah	Utah	8
10	Weber-Morgan	Morgan	178
		Weber	

# Survey Center Funding Challenges

- Year to year variability in CDC funding, which comprises approximately half of annual Survey Center budget
  - Financial uncertainty at federal level
  - Increased reliance on funding from state-added questions
- Increasing percentage of cell phone completes with out-of-state respondents with Utah phone numbers
  - Completes reassigned to the state of residence but Utah incurs the cost
- Planning strategically for one-time and ongoing equipment and software purchases (phones/VOIP, CATI software)

# Survey Center Cost Effectiveness Analysis

- Conducted an assessment in 2018 to determine if retaining an in-house survey center was cost effective and efficient
  - UDOH costs per complete are the lowest of the states reporting and lower than all experienced vendor quotes.



# Benefits of Having an Internal Survey Center

- UDOH programs have advocated for keeping the Survey Center
  - Can quickly address their needs
  - Keep them informed of changes and progress
  - Less costly than when they worked with external vendors
- UDOH program staff are able to provide training and context on health survey questions directly
- UDOH Survey Center has one of the highest BRFSS response rates, an indication of efficiency and quality of staff

# Looking to the Future

- Meeting future demands:
  - Adequate number of staff/trained staff
  - Technology: WinCati 6.0, VOIP phones, etc.
- Be ready to meet methodological BRFSS survey changes required by CDC and/or programs (e.g., moving to multi-mode collection)

# Survey Center Tour

- Survey Center Stations
- Monitoring Stations
- Listen in on an interview