



THE CLEAR PATH TO HEALTH DATA TRANSPARENCY:

Leveraging Existing Reporting

A health care transparency dashboard, health data utility, or all-payer claims database are oft-proposed, related attempts to create a centralized system that combines health care information from multiple sources — such as hospitals, physicians, insurance companies, pharmacies, and public health agencies — into one database. The goal is to create a more complete picture of how health care is delivered, what it costs, and how patients move through the health care system.

The value of using data to improve health care is undeniable, but the process chosen to gather this information and the protection of patient privacy and data security must be carefully weighed. **Before creating new reporting requirements for hospitals and other health care providers, Kentucky should fully leverage the extensive health data already collected through existing state and federal systems and carefully evaluate whether any additional reporting would provide sufficient public benefit to justify the added administrative burden.**

Below is a high-level overview of the types of health care data proposed during the legislative session for inclusion in an all-payer claims database or health data utility, including whether the data is already collected, and where it is currently available.

Proposed Data	Already Collected?	Current Repository
Medicaid claims	☒	DMS
Medicare claims	☒	CMS
Hospital discharge data	☒	CHFS
Clinical data	☒	KHIE
Immunizations	☒	KIR
Controlled substances	☒	KASPER
Quality measures	☒	CMS
Lab reporting	☒	KDPH
Vital records	☒	KDPH
Commercial claims	Partial	Individual insurers
Social drivers	Fragmented	Census ACS/Individual providers/ community organizations
Cross-payer linked database	☐	Not currently centralized

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