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Utah health information database failing to deliver

Consumer help • Vendor hired to analyze data goes out of business, and the state lacks the resources to step in.

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It was a data treasure trove promising answers to a question asked by health consumers everywhere: Which doctors, clinics and hospitals deliver the best care for the best price?

But Utah's All-Payer Claims Database, a repository of all medical and pharmacy insurance claims filed statewide, has failed to deliver.

State Department of Health employees charged with building and overseeing the database have moved on to other positions in state government. The New Jersey-based vendor hired to mine the data, Care Advantage, went out of business last month. And promised reports comparing health centers on certain quality measures have yet to materialize.

It's a setback foreshadowed two years ago by Keely Cofrin Allen, then director of the health department's Office of Health Care Statistics, who told The Salt Lake Tribune: "Two things keep me up at night, a security breach and becoming a bottleneck.... We don't want to collect these mounds of data just to sit on them."

Her temporary replacement, Barry Nangle, says all is not lost.

"Care Advantage wasn't doing it for us in some ways," he said. "The database wasn't satisfying all the users who emerged since we started collecting the data. Now we're engaging stakeholders in a broader development process than was dictated by the Legislature."

But consumer advocates say what's needed is more funding.

"If our leaders are serious about market-based reform, they need to get serious about funding the tools to make it possible," said Shelly Braun, a policy analyst at the Utah Health Policy Project. "As much as we think we can do things on a shoestring budget, at the end of the day, you get what you pay for."

Utah's database was conceived in 2008 by a legislative health reform task force as means to arm consumers with the information they need to take charge of their health. It was intended to expose how much value patients receive from their insurance, how much they pay for tests and surgeries, and help them comparison-shop for coverage and medical care.

It's not a novel idea — at least 15 states have all-payer databases. In New Hampshire, consumers can go to a website and enter their ZIP code and insurance plan to discover their out-of-pocket costs for a mammogram or a colonoscopy at various clinics.

But Utah's database was held out as an example of what can be done on the cheap.

While most states spent millions to get their versions running, Utah budgeted \$800,000. At last count, the database contained more than 65 million insurance claims dating back to Jan. 1, 2007.

Most private insurers are submitting data. Next to be loaded are Medicare and Medicaid claims.

"We have data coming in," Nangle said. "There's another vendor doing that."

But until the health department hires a replacement for Care Advantage, there's no way to extract data. The department isn't staffed or equipped to run complicated queries, such as tracking "episodes of care," or patient outcomes from diagnosis through treatment and any follow-up, said Nangle.

He stressed data are stored in Utah, and any patient information sent to Care Advantage was de-identified and destroyed.

Last year the state paid the company \$230,000, but no payments have been made since January 2012, Nangle said. "We haven't gotten a bill from them."

Health officials have fought to juggle competing demands for data by clinicians and researchers looking to test hunches and hone treatments.

Care Advantage's demise will cause delays in fulfilling such requests, acknowledged Deputy Health Director Robert Rolfs. "I wish it was planned and not prompted by the loss of a vendor. But this will free us to change directions and build a more flexible system."

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