



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

February 27, 2013

The Honorable Charles Kleckley, Speaker  
Louisiana State House Representatives  
P.O. Box 94062, Capital Station  
Baton Rouge, LA 70808-9062

**Re: House Resolution No. 138 of the 2012 Regular Session**

Dear Speaker Kleckley:

House Resolution No. 138 (HR 138) requires the Department of Health and Hospitals (DHH) to study the feasibility of establishing a chronic disease database in Louisiana. The purpose of this database is to catalogue existing state indicators, including risk factors and trends, relevant to chronic disease. According to HR 138, a chronic disease database will allow health care providers in the state to have an accessible statewide database to examine the health of Louisiana residents, allowing them to more appropriately target key areas for additional research, intervention, and care. DHH recognizes value in the proposal identified in HR 138, but it would take a significant amount of funding and physical resources to establish the infrastructure and capacity required to design and maintain such a database. Working within current budget confines, it is not feasible to pursue the model set forth in HR 138 at this time. DHH nonetheless recognizes the importance of chronic disease data and collects and analyses the data through several methods and also partners with entities working towards the goals identified in HR 138.

The Department of Health and Hospitals currently collects chronic disease trends and data through the Behavioral Risk Factor Surveillance System (BRFSS) and Medicaid claims data. The Behavioral Risk Factor Surveillance System is a state-based system of telephone health surveys pertaining to health conditions and risk behaviors across the population. Louisiana's results are publicly available on DHH's website at [www.dhh.la.gov](http://www.dhh.la.gov). This survey provides an excellent snapshot for various indicators, but it is not considered an authoritative source for detailed incidence of chronic disease because it is subjective in nature. Medicaid claims data is an excellent source to evaluate the burden of chronic disease by analyzing how medical resources are utilized by an individual - number of provider visit, hospitalizations, outpatient services, and home care services. Medicaid claims data is not a representative sample of the state's entire population, but it is reflective of the more than 1.2 million individuals covered by the Medicaid program. Therefore, it is not encompassing enough to build a chronic disease database, but it is a reliable sampling of the state's population.

To overcome the limitations provided by access to only Medicaid claims data, states are forming partnerships with the private sector to create "All Payer Claims Databases" (APCD)<sup>1</sup>. These

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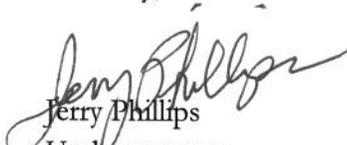
<sup>1</sup> All Payer Claims Database (APCD), retrieved from <http://apcdouncil.org/>

databases allow multiple payers (Medicaid, Medicare, Private insurance, self-insured) to submit de-identified claims across all care settings so that comprehensive databases can be developed and created for quality reporting, population health analysis, and payment reform. All Payer Claims Databases contain all the detail of medical claims, yet avoids population exclusions because multiple payers contribute their recipients' information. All Payer Claims Databases governance models, business plans, and funding streams vary greatly from state to state, depending on how each organization is structured. Typically, APCDs cost between \$500,000 and \$1,500,000 annually to maintain. Because this is such a costly endeavor, and no specific funds have been allocated for this purpose, DHH is partnering with the Louisiana Health Care Quality Forum (LHCQF) to pursue a APCD in Louisiana.

The Louisiana Health Care Quality Forum (LHCQF), a private not-for-profit organization, is currently building an APCD that will leverage the data collected through the Louisiana Health Information Exchange (LAHIE). Louisiana Health Information Exchange allows authorized providers and organizations to electronically access and share health-related information through a secure and confidential network for the purpose of improving patient safety, quality of care and health outcomes. The Louisiana Health Care Quality Forum is responsible for connecting physicians and hospitals to each other so that clinical data can flow appropriately among the medical community. In addition, they play a role as a neutral convener among providers and payers to address strategies that improve health care quality, safety, and value in Louisiana. Rather than pursue the database contemplated in HR 138, DHH will continue to collaborate with LHCQF and other public and private partners to create a comprehensive population database that can serve the needs of providers, researchers, and the public.

Should you have any questions about this correspondence, please contact Lucas Tramontozzi, DHH's Chief Technology Officer, at (225) 342- 8498 or [lucas.tramontozzi@la.gov](mailto:lucas.tramontozzi@la.gov) .

Sincerely,



Jerry Phillips  
Undersecretary

Cc: The Honorable Scott M. Simon