

NM Health Information System (HIS) Act Advisory Committee Meeting
New Mexico Hospital Association, Albuquerque, NM
May 17, 2017; 2:00 - 4:00 pm

HIS Act Advisory Committee Members present

Kristina Fisher – Think New Mexico
Susan Gempesaw – Presbyterian Healthcare System
Nandini Kuehn – Health Consumer, Healthcare Consultant
Jeff Dye – New Mexico Hospital Association
Michael Nelson – HSD - phone
Bill Patten – Holy Cross Hospital (Taos) - phone
Janice Torrez – Blue Cross Blue Shield of NM
Judith Williams – Health Data
Mark Epstein NM – Health Connections

Members not present

Michael Landen – NM Department of Health, Chair
Denise Gonzales – Health Consumer
Steven McKernan – UNM Hospital

NM Department of Health Attendees

Ken Geter – Health Systems Epidemiology Program
Victoria Dirmyer – Health Systems Epidemiology Program

Public Attendees

Ellen Interlandi – NM Hospital Association
Paige Duhamel – Office of the Superintendent of Insurance (OSI)
Glen McDermott – Office of the Superintendent of Insurance (OSI)
Charles Lacy-Martinez – Office of the Superintendent of Insurance (OSI)
Carlton Albert – NM EMS Region One, AASTEC
Soyal Momin – Presbyterian Healthcare System
Dick Mason – Health Action New Mexico

2:00 pm Introductions

2:10 pm Review Meeting Minutes

- Motion to approve meeting minutes – Approved.

2:15 pm Review Agenda

- For today's presentation, Medicaid data will be used for demonstration purposes. The DOH plans to gradually expand data sources to include those typically seen in an All Payers Claims Database (APCD).
- The website will include data on both hospital and outpatient procedures.
- In the meeting on March 30th, 2017, a mock-up of the website was presented. Today's mock-up includes the changes suggested by the committee.

2:25 pm Review & Discuss Mock-Up

- Slide 2
 - Homepage with the option to choose Medicaid, Medicare, private insurance average cost.
 - Option for Spanish and English versions.
 - The homepage will need to have more information regarding the purpose of the website and provide explanations about the different kinds of insurance. It was recommended that DOH incorporate rollovers features. It was suggested by the committee to include additional aliases for certain terms; an example would be to have Medicaid, but also indicate that Medicaid is also known as Centennial Care.
 - Search feature: use for website "help" vs. searching for a procedure

Discussion Point 1: Can Medicare data be pulled from CMS (The Centers for Medicare & Medicaid Services)? Yes, Medicare data can be collected, but this will only include Fee-for-Service payments (FFS). A caveat of the data is the age of the dataset; the data will be a year or more old. The Medicaid data (from the Human Services Department (HSD)) will be more timely.

Discussion Point 2: What options are available for users who self-pay for medical expenditures? It will be hard to provide a search option for this insurance group. May need to speak to other jurisdictions that have operational APCDs.

- Slide 3
 - Average Medicaid Payment option is chosen. The user then has the option of choosing a procedure from a list of nine procedures.
 - Suggestion to have a glossary for the procedures. Possibly have an "i" icon on each of the nine procedures to provide additional information.
 - Suggestion to have an explanation of each procedure on the next page once a user chooses a procedure.
 - Suggestion to have a "contact us" function.
 - In the next step, DOH IT staff will help with the design and building of the website.

Discussion Point 1: Are the procedure names too technical? It was suggested that 'mammography' should be mammogram or breast exam. There was a lot of discussion around the technical terms as the user may be getting information straight from their doctor or prescription, which will include more technical terms. The suggestion from the committee was to think about incorporating a certain level of health literacy to the website (different than a level of reading ability).

Discussion Point 2: There was concern that the costs for outpatient procedures (like a colonoscopy) would not be equivalent to hospital procedures as the outpatient payments include everything including physician costs. For hospitals, physicians may charge separately from the procedure. For this initial analysis, DOH staff were including both physician and hospital costs together, so outpatient and inpatient (hospital) procedures are similar.

- Slide 4
 - Average Medicaid payment, ability to select by Facility or by DOH health region.
- Slide 5

- Average Medicaid payments by DOH health region map. Region name is color coded to the region on the map.
- Suggestion to have a drill-down into each region, the user can click to see facilities/providers in each region.
- Suggestion to not include dollar amounts for the regions; just use it as a locator. Include the average Medicaid payment for the entire state on the region page.
- Suggestion have a 'distance from' search feature. User enters zip code, able to select driving mile range to providers.

Discussion Point 1: How useful is data presented by health region? The regions just serve a geographical need—not necessarily too informative to the public. A committee member suggested using MSAs (metropolitan statistical areas). For some of the health regions, certain regions would be influenced by one city (example was the northeast region and Santa Fe) as opposed to being representative of the entire region. The committee suggested that if the regions were included, then the user would just use the map for finding their region/county and seeing what providers are available. If counties were used, then the user would only be able to see one facility for some of the procedures; by using regions, counties are grouped, and thus providing more facilities for comparison.

- Slides 6 - 7
 - Skipped
- Slide 8
 - Quality of care: patient experience, readmissions, patient safety factors.
 - Hover over each 'button' for more information.
 - Summary "stars" from HCAHPS star rating (CMS), which is based only on patient experience.
 - Suggestion use Hospital Compare stars rating as it rates the facility.
 - Suggestion to remove region dollar amount.
- Slide 9
 - Skipped
- Slide 10
 - Patient Experience: star ratings for
 - recommend hospital,
 - cleanliness,
 - overall rating, and
 - staff responsiveness
 - Suggestion to remove region dollar amount from these screens.
- Slide 11
 - Readmissions (represented as a percentage).
 - Suggestion use a bar chart comparing state average to facility/provider.
 - Suggestion to include dates for the source data.
- Slide 12
 - Patient safety factors: rates of C. diff and MRSA infections.
 - The rates are for the entire facility; not specific to the selected procedure; need to clarify for the user.
 - Suggestion to use green arrow up / red arrow down or similar instead of '+/-'.
 - There are no data sources for specific quality ratings on specific procedures at the facility level.
 - There are no surveys that collect quality indicators for small clinics. Accreditation (or licensing) could be used as a proxy quality measure.

Discussion Point 1: Discussion about having the average cost still presented when the user selects the quality indicators. Some of the committee members want the average cost measure and quality indicators together; having them separate is not as informative.

Discussion on Medicaid Data, MAD (medical assistance division at HSD) viewpoint/concerns:

- Cost/compare websites have more robust validation methodologies, e.g., risk adjustments, sample size calculations, outlier corrections, etc. The data presented [today] is "raw" data, not validated/standardized.
- MAD doesn't have resources for validation; several key staff have left HSD.
- There is concern that contractors may use the website to renegotiate their contracts.
- Suggestion the DOH needs a detailed disclaimer on the website. Similar websites (Maine and New Hampshire) have these types of disclaimers.

Discussion Point 1: The use of Medicaid payment data (not cost) as the primary data resource for the website could be confusing to the public and ultimately detrimental to the long-term purpose of the website. A suggestion was to create an inward facing analytic tool as opposed to an outward facing tool (the timeline in the statute governing the website does not provide time to create this tool).

Discussion Point 2: How can the DOH deliver realistic, understandable, accurate, and useful data for a website by January 1st, 2018? DOH will not have APCD data by this date.

Discussion Point 3: Can an infographic (\$\$\$\$ vs. \$\$) be used to convey the cost instead of an exact dollar amount? Some committee members stated that the infographic would not be informative for the public; it would not help in decision making about healthcare costs.

3:40 pm Update on Website Rules

- A draft of the website rules is under review. Once approved, the DOH will move forward with a hearing date to discuss the website rules. Suggestion to send the committee an email once the hearing date is set.
- The website is to be operational by January 1st, 2018 per the Health Information Systems Act.

3:50 pm Next Steps/Future Meeting

- Next Meeting: Tuesday, July 11th, 2017 from 2-4 p.m. at the State Library Building in Santa Fe, NM.
- Next Meeting Agenda to include:
 - The use of focus groups to vet the website.
 - Overall update on the progress of the website.
 - Hospital reports – more focused reports.

4:00 pm Adjourn