HIS Advisory Committee Members present:
Kristina Fisher – Think New Mexico
Nandini Kuehn – Health Consumer, Healthcare Consultant
Michael Landen – NM Department of Health [NMDOH], Chair
Michael Nelson – NM Human Services Department [HSD]
Judith Williams – Health Data
Jeff Dye – New Mexico Hospital Association
Janice Torrez – Blue Cross Blue Shield of NM
Bill Patten – Holy Cross Hospital (Taos)
Susan Gempesaw – Presbyterian Healthcare System

Members not present:
Denise Gonzales – Health Consumer
Mark Epstein – NM Health Connections

NM Department of Health Attendees:
Victoria Dirmyer – Health Systems Epidemiology Program
Ken Geter – Health Systems Epidemiology Program

Public Attendees:
Ellen Interlandi – New Mexico Hospital Association
Dick Mason – Health Action

2:00 p.m. Introductions

2:10 p.m. Review of Meeting Minutes from September 14th Meeting
  • Minutes approved

2:15 p.m. Review Agenda
  • Agenda approved

2:25 p.m. Update on Website Rules
  • Discussion on Rules Meeting
    o Meeting on November 20th at 9:00 a.m. in the Runnels Building Auditorium.
    o A copy of the draft rules can be requested from NMDOH.

2:35 p.m. Update on Medicaid Data for Website/Discuss Methodology
  • Description of methodology for Medicaid claims data (PowerPoint presentation)
    o Measures of location: mean and median
      ▪ Mean: the sum of all observations divided by the number of observations
      ▪ Median: if all observations are ordered from smallest to largest the median is the “middle value.”
    o Measures of spread: range, variance, standard deviation
      ▪ Standard deviation: a measure that is used to quantify the amount of variation or dispersion of a set of data values.
    o To account for ‘extreme’ values, NMDOH chose to remove any claim amounts that were more than 2 standard deviations from a central measure (mean value) per procedure.
    o Example data shown for a procedure (cesarean section).
Only "adjusted" (not original/unadjusted) data will be shown on the website with asterisk/information bubble referring to the methodology.

The website will provide the number of claims and average amount paid per procedure, per facility.

Only one general explanation about methodology will be provided on the website; there will not be a methodology explanation for each procedure.

**Discussion Point 1:** Why is there a value of $0 allowed in adjusted numbers (for the example data)?
Medicaid is the last payer of resort for claims. If a patient has third party payer, then a claim will be routed through that insurer prior to going to Medicaid for reimbursement. For this website, any claims with a $0 paid by Medicaid will be dropped from analysis.

**Discussion Point 2:** For Medicaid claims data, fee-for-service (FFS) and managed care organization (MCO) claims will be combined for presentation.

**3:15 p.m. Review Draft Website**

- **Evaluation of Website**
  - The website will include disclaimers throughout the website pages/views.
  - Concern that these data do not represent actual cost to the patient.
    - Opportunity to educate public how much procedures cost
  - Concern about wordsmithing and approval of text on the website.
  - Facility phone numbers will not appear on the website.
  - NMDOH will find a more appropriate measure for facility infection rating.
  - Will have three measures: average cost, patient experience, and (tentatively) an infection rating.
  - NMDOH will explore all-cause readmissions as an additional quality measure.
  - Revisions to the website can happen after release on January 1st.
  - NMDOH will explore the option for including committee members for user testing.
  - Will have an "i" for further information.

- **Suggestions**
  - Suggestion to have links to various non-Medicaid insurance providers (i.e. commercial providers).
  - Suggestion to link to Office of Superintendent of Insurance’s (OSI) new website.
  - Overall score on HCAHPS Overall Rating would be better -- Concern that star rating system has been debunked ([http://www.hcahpsonline.org/home.aspx](http://www.hcahpsonline.org/home.aspx)).
  - Be clear that patient satisfaction is for the facility in general and not procedure specific.
  - Increase font size for state average cost estimate.
  - Do not include the text of facility address since it is on the map.
  - Round to nearest dollar, have comma separator for thousands.
  - Hospitals should be notified that this website is being created and will be public in January.

- **Potential Additional Quality Measure**
    - Concern that the measure creates alarmist environment (especially given the low numbers observed in the state)
    - Consensus is not to use PSI 02 for the website

**4:00 p.m. Adjournment**

- Next Meeting: TBD