

**NM Health Information System (HIS) Act Advisory Committee Meeting**  
New Mexico Hospital Association, Albuquerque, NM  
2:00–4:00pm April 27, 2018

**HIS Advisory Committee Members present:**

Jeff Dye - New Mexico Hospital Association  
Kristina Fisher - Think New Mexico (by phone)  
Judy Giannittino - Presbyterian Health Systems (for Susan Gempesaw)  
Nandini Kuehn - Health Consumer, Healthcare Consultant  
Michael Landen - NM Department of Health [NMDOH], Chair  
Michael Nelson - NM Human Services Department [HSD] (by phone)  
Bill Patten - Holy Cross Hospital (Taos)  
Janice Torrez - Blue Cross Blue Shield of NM (by phone)  
Judith Williams - Health Data

**Members not present:**

Mark Epstein - NM Health Connections  
Janice Torrez - Blue Cross Blue Shield of NM

**NM Department of Health Attendees:**

Ken Geter - Health Systems Epidemiology Program  
Rosa Lopez - Health Data Dissemination Coordinator

**Public Attendees:**

Ellen Interlandi - New Mexico Hospital Association  
Dick Mason - Health Action  
Soyal Momin - Presbyterian Health Systems

**Review of Meeting Minutes from November 9, 2017 Meeting**

- Noted that the data for NMHealthCompare website was preliminary, i.e., the first available data.

**Review Agenda**

- Agenda approved

**APCD Discussion**

- In the 2017 legislative session, a bill was introduced to provide \$300K for the development of an APCD. The bill made it through the Senate Public Affairs Committee, but was stopped in the Finance Committee. It was a straight funding bill for seed money to develop an APCD.
- Proposals for using C2 funds have not yet been considered.
- Can outsiders support C2 funding proposals? DOH will investigate this.
- The APCD Council website (<https://www.apcdouncil.org/>) may be used for guidance (19 states participate).

**HIS Act Advisory Committee membership update**

- Should the vacancy be filled by someone from UNM Hospital? They are currently in leadership transition since Steve McKernan retired. That person would be required to attend the meetings. Jeff Dye will inquire with UNM. It was also suggested that someone from Christus St. Vincent be on the the committee.
- What is the purpose of the committee now that the NMHealthcareCompare website has been released?

- Do we have money? Yes, but only for website maintenance, ~\$10K/year. We do not have money for further data acquisition.
- The committee could advise DOH on different products/reports, healthcare metrics.
- Healthcare-related databases/reports could be a more central focus for the committee.
- The committee could discuss the full HIS Act law—this should be an agenda item.
- DOH could ask for advice of the committee, and committee could offer advice on other issues.
- Committee members could submit suggestions for the agenda.

### **Review of NMHealthcareCompare website**

- URL: <http://www.nmhealthcarecompare.com/>
- How many hits has the website had? The contractor will be able to provide this information.
- Only a few comments have come through the commenting function: most are suggesting that there be more payer data sources.
- Sandoval County: Presbyterian (3 facilities) data are all combined.
  - There is no way to distinguish between the 3 facilities, since they share a single tax id. This is Presbyterian’s business structure (Presbyterian Central Delivery System).
- Taos County: facilities are not combined.
  - Were fees facilities or professional fees or both?
  - Discussion regarding whether professional and facility fees should be combined.
  - Expertise is needed to determine how fees should be bundled or separated. The person pulling the claims data needs to have this expertise. Neither DOH nor HSD currently have staff with this expertise.
- DOH & HSD will meet to discuss above issues, and how the data could be fine tuned.
- NAHDO may have guidance on whether to combine or separate facility and professional fees.

### **Discussion of Hospital Inpatient Discharge Dataset (HIDD) and Emergency Department Dataset (ED) Annual Reports**

- How should comparisons be made to US rates? The US rates in the 2016 HIDD report are from 2010.
- DRGs are suggested: these are diagnosis/procedure groupings that are weighted by factors such as cost, patient age and discharge status. They identify the *products* that a hospital provides, and indicate the resource burden of those products.
  - Should analyze DRGs by race/ethnicity.
- What are the annual reports used for? Who is the audience?
  - The reports are for the people of NM, legislators, and the improvement of health status.
  - They are not used to compare hospitals.
  - The analyses in the annual reports has shined light on the issues in the Southeast region.
- Possibly integrate the annual reports with the State of Health Report.
- Consider using more visually engaging infographics for specific high-profile conditions/issues.
- Examples of some national metrics infographics were reviewed.
- DOH will replicate the “Top Five Most Expensive Conditions” infographic for those conditions in NM.
- For ED Annual Reports:
  - Need to identify admissions per patient, because of ED “frequent-flyers”.
  - ED overutilization reflects the problems in lack of health care in a community.
  - Need to track patients who arrive at ED and are admitted to the hospital.

### **Adjourn**

- Next Meeting Tuesday, July 24 1:30pm, in Santa Fe.