A PLAN FOR IMPLEMENTING A STATEWIDE HEALTH CARE COST AND QUALITY REPORTING WEBSITE IN NEW MEXICO

A Report Submitted by the National Association of Health Data Organizations

Prepared with support provided through a grant from the Robert Wood Johnson Foundation’s State Health and Value Strategies program.
Consumer Cost and Quality Website “Ingredients”

• Data sources

• Meaningful measures

• Usable tools for dissemination of information
Health Information System Advisory Committee Principles for Public Reporting

• Use existing data where possible

• Cost and quality data are both important

• Prioritization of “shoppable” procedures

• Empowerment of individual consumers through publicly-available information

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Website Attributes Identified by the HIS Advisory Committee:

• Easy to use/User friendly;
• Quality and Cost data are connected;
• The website’s overall appearance is engaging;
• Good cost estimation, including additional parameters available for calculating a better cost estimate;
• Search functions that are useful;
• A site tutorial is provided; and
• The website appeals to a broad audience.
Public Data Sources Available in NM

• New Mexico Hospital Inpatient Discharge Data (HIDD)
• Medicaid Claims Data/Human Services Data Warehouse
• Medicare Administrative Data
• CMS Hospital Compare Measures
• Hospital Consumer Assessment of Healthcare Providers and Systems) (HCAHPS)©

No All-Payer Claims Database at this time
Approach Proposed

• Cost Measures
  • Medicaid claims data to start, expanding to commercial claims as able
  • Nine “shoppable” cost measures based on Aetna study-most searched

• Incorporate CMS Quality with Cost Measures:
  • Hospital Compare: the Center for Medicare and Medicaid Services (CMS)
  • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):
    https://www.medicare.gov/hospitalcompare/about/what-is-HOS.html

• Select quality measures, such as hospital infection rates, derived from the Hospital Inpatient Discharge Data (NM DOH)

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Nine Selected “Shoppable” Cost Measures

• Colonoscopy (CPT code: 45378)
• Mammogram (CPT codes: 77057, G0202)
• Upper Gastrointestinal Endoscopy (CPT code: 43235)
• Vaginal Delivery (CPT codes: 59400, 59409, 59410, 59610, 59612, 59614)
• Cesarean Delivery (CPT codes: 59510, 59514, 59515, 59618, 59620, 59622)
• Vasectomy in a Facility (CPT code: 55250)
• MRI of lower extremity (knee) without dye (CPT code: 73721)
• MRI of lower back without dye (CPT code: 72148)
• Sleep Study (CPT code: 95810)

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Data Source Pointers

• Build in time for data validation and cleaning.
  NAHDO recommends that one DOH staff person be assigned to the data management/quality assurance activities for purposes of continuity and consistency.

• When integrating two or more data sets into an analytic file, allow time for the cross-walk or mapping of the data sets into a uniform format.
  Medicare data sets are provided in a different format than Medicaid Management Information System (MMIS) structure.

• Medicare and Medicaid may have unique restrictions for data release and with any facility-level release
  Important to build in a review and validation period: one for Medicaid and a second for facility-level reporting prior to release.
Next Steps for New Mexico’s Healthcare Cost & Quality Website

- Voluntary reporting of nine “shoppable” cost measures from commercial payers
  Blind plan-specific reporting, publish average across all plans of total spend/total volume for the commercial plans that submitted data.
  Post the commercial average with the Medicaid average for the same time period.

- Add a module for hospital comparisons: Open-source, publicly-available AHRQ Quality Indicators
  There is also a Toolkit for hospitals to help them use the AHRQ Quality Indicators for improving care in their facilities. [https://www.ahrq.gov/professionals/systems/hospital/qitoolkit/index.html](https://www.ahrq.gov/professionals/systems/hospital/qitoolkit/index.html)

- Cancer Volume Data
  Other measures that utilize existing hospital data, and have SAS code freely available, are a set of measures developed by the California Health Care Foundation using statewide California hospital data from the Office of Statewide Health Planning and Development (OSHPD).

- Public Employee Claims
  The DOH may want to explore the feasibility/options for, obtaining the state employee insurance administrative data to add to Website. Many states are incorporating state/public employee data with their commercial data.
APCDs—An Emerging Data System for Cost and Quality

• APCD reporting in 16 states, additional states in early phases

• Public APCDs are typically funded by one or more of the following sources:
  • General appropriations
  • Fee assessments on public and private payers (health plans) and facilities
  • Medicaid match
  • Data sales

• NM has studied feasibility approach to developing and APCD
New Mexico Healthcare Cost & Quality Reporting Website Stages

Stage 1: Initial Launch
- Facility-level:
  - Cost: Avg Medicaid payment for 9 procedures
  - Quality: CMS Quality Measures + Hospital measures(s) from HIDD

Stage 2: Possible Expansions
- Facility-level Reporting
  - Cost: add commercial plan avg payment for 9 procedures
  - Cost: add Medicare claims
  - Quality: Expand types of HIDD hospital measures (Cancer volume, AHRQ QI(s))

Stage 3: Possible Expansion
- Potential granular reporting at clinic levels
- Add APCD reporting if system-wide claims data become available

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