NM Health Information System (HIS) Act Advisory Committee Meeting
New Mexico Hospital Association Building, Albuquerque, NM
6 October 2016 2:00pm – 4:00pm

HIS Advisory Committee Members present:
Susan Gempesaw – Presbyterian Healthcare System
Michael Landen – NM DOH, Chair
Bill Patten – Holy Cross Hospital (Taos)
Judith Williams – Health Data
Nandini Kuehn – Health Consumer, Healthcare consultant
Stuart Castle – Health Consumer
Michael Nelson – HSD
Mark Epstein – NM Health Connections
Janice Torrez – Blue Cross Blue Shield of NM

HIS Advisory Committee Members attending by phone:
Kristina Fisher – Think New Mexico
Denise Gonzales – Health Consumer

Members not present:
Jeff Dye – New Mexico Hospital Association
Steve McKernan – UNM Hospital

NM Department of Health Attendees:
Victoria Dirmyer – Health Systems Epidemiology Program
Paige Best – Health Systems Epidemiology Program

Public Attendees
Sabrina Einhorn – Public Health Student at UNM Health Sciences
Dick Mason – Health Action New Mexico

2:00 pm Introductions

2:10 pm Review of Meeting Minutes from August 30th Meeting

- Meeting minutes, agendas, and presentations from previous meetings are now available on the NMDOH website at https://nmhealth.org/about/erd/hsep/hidd/ under 'Publications'.
- Motion to approve meeting minutes—Approved.

2:15 p.m. Review Agenda

2:20 p.m. Presentation of Commercial Options for Claims Based Approach

Presenter: Victoria Dirmyer, Health Systems Epidemiology Program Director, NMDOH

a) Review of an All Payers Claims Database (APCD)—

All Payer Claims Database - Financial Data and Patient/Clinical Data
• 12 States with APCD (most of them have a legislative mandate in place). A map of APCD states can be found at http://www.apcdcouncil.org/state/map.

• 6 states are in the process of implementing an APCD.

• 18 states have a strong interest in an APCD.

• 3 states have a voluntary APCD; insurance companies provide the state entity or other institution that is housing the data on a voluntary basis. An example state would be California.

Example: Minnesota APCD - state mandate in 2008 state legislative session. The APCD is estimated to cover about 89% of the state population. It consists of data from both public and private payers and spans the health care spectrum, including inpatient, outpatient and long-term care data.

Benefits of an APCD
a) Provides a means for uniform data submission from multiple sources (national 'data dictionary' to be available soon)
b) More representative of health care utilization across state
c) Includes information on patient portion of healthcare expense and amount paid to health care provider
d) Provider and patient specific

Drawbacks of an APCD
a) Expense
b) Time to implement. For most jurisdictions, a third party vendor is contracted to do the actual data collection and/or analytics.

Discussion Point 1: Where does the claims data come from? Insurers report the data to the designated collecting entity.

Discussion Point 2: For groups that are self-funded, how is their data incorporated? Many self-funded groups provide their data to an APCD because of the benefit of being able to analyze their data.

Discussion Point 3: New Mexico recently discussed APCDs with Washington state. Washington is currently undergoing APCD implementation. An estimated cost figure for their implementation was $1 million. They are receiving federal funding through CMS for implementation (not from the State Innovation Models (SIM) grant).

b) Commercial options for Claims Paid Approach

1) Fair Health Consumer Cost Lookup (http://fairhealthconsumer.org/)

- Users can input geographic location for service (zip code or city, state), insurance status (yes/no), and choose a specific procedure.
- Query provides an out-of-pocket cost based on the estimated charges for the procedure and the estimated reimbursement.
- The estimated reimbursement can be adjusted (sliding scale), but not clear on how to accurately adjust.
- The cost of a vaginal delivery in Santa Fe for an insured individual was estimated at $1,050.00

Website Attributes

- Database consists of 21 billion claims for services in all 50 states.
- Database based on claims received from 60 insurers covering an estimated 150 million individuals.
- As of today, Medicare and Medicaid are not included in this database.
- No quality indicators provided.
- Cost estimates based on cost estimate methods that aggregate data at the geozip level—one geozip consists of all zip codes with the same first 3 digits—in New Mexico that would be 13 groups.
- Cost estimates based on "allowed amount." Estimates do not include information on deductibles or co-pays.

2) Healthcare Bluebook
(https://www.healthcarebluebook.com/page_ConsumerFront.aspx)

- Website emphasizes "fair price."
- Users can input geographic location for service and either user specify a procedure or choose one from the drop down menus.
- No mention or options for insurance status.
- The fair price of a vaginal delivery in Santa Fe was $13,276.
- Website highlights medical bill negotiation services and medical cost advocates.

Website Attributes

- Data comes from a nationwide database of medical payment data.
- Customized to a specific geographic location.
- Hospital quality data can be purchased through an additional add on package.

3) Castlight Health (http://www.castlighthealth.com/solutions/)

- Have to have a membership to use the website.
- Product is more geared to a single employer or one benefit plan (an example of an existing client are the state employees of Indiana).
- Cost wise, would be looking at $1/person/month – so for the state of NM, it would be roughly $2 million per month to cover the state.

Website Attributes

- Have quality indicators included.
- Based on claims data, but Castlight applies an algorithm to estimate the cost of a procedure (not clear the purpose of the algorithm).
- Can include individual specifics: deductibles, co-pays, etc.

Discussion Point 1: The audience for this data will be a major factor contributing to what and how data will be presented. The target audience for both this data and the public website will need to be defined carefully.

Discussion Point 2: The audience should be consumers of health care.

Discussion Point 3: How do you get people to use the website? Blue Cross Blue Shield has over 500,000 members in New Mexico. We have customized our transparency tools to be easy to use. Currently we have single digit uptake from our members. Lots of money has been put into these tools with little use.

Discussion Point 4: How does NMHIC (New Mexico Health Information Collaborative) fit into claims paid data? NMHIC does not collect claims paid data, they only collect clinical data. Currently, NMHIC collects laboratory and hospitalization data for the NMDOH, but no cost or financial data is collected. The idea of this database is to be patient-focused, where it is possible to drill down into a patient's record, including laboratory results and past hospitalizations.

2:35 p.m. Comparison Discussion of APCD vs. Commercial Option

Discussion Point 1: This website will most likely be used for elective care procedures. In an emergency, a patient will not go to the website to compare costs, but for an x-ray, or other elective procedure, the website would be helpful in determining low cost options. People will drive for elective care options.

Discussion Point 2: It is very important that the material on the website be presented in layman's terms and not medical jargon.

Discussion Point 3: The advisory committee needs to concentrate on the big picture and not the steps in between now and when the website in up and running. There has been discussion of providing data in a temporary capacity, which DOH will evaluate.

Discussion Point 4: Question to the committee: Does anyone feel that a commercial option (similar to those presented) is a better choice than an APCD? No affirmatives from the committee.

Discussion Point 5: How would an APCD in New Mexico be funded? Given the current budget climate, an APCD may be not be a legislative priority. The committee should not be concerned with funding an

APCD, but rather if an APCD is the best means for providing the public with access to cost and quality data.

Discussion Point 6: Does DOH have the authority to collect claims data? Yes, the DOH has authority under the Health Information Systems Act to collect data from third-party payers. The DOH will need to draft rules for the collection of claims paid data.

Discussion Point 7: When presenting the cost data to the public, there will need to be careful consideration to what data is presented and how that data is extracted. How the data is presented, as an average with a range, will need to be determined.

2:50 p.m. Recommendation on Claims Based Approach

For a claims based approach, what is the best means for collecting the data?

Vote:
Commercial options as the best approach: 0
APCD as the best approach: 7
Abstain: 2
Absent: 1 (1 of the phone attendees dropped off the call prior to the vote)

Discussion Point 1: Should the DOH look at any other options for the collection of claims paid data? Committee member asked if any large health conglomerates, like Truven Health Analytics, was already collecting claims data on a national scale. The DOH will research this topic for the next meeting.

Discussion Point 2: Implementing an APCD begins with a RFP process (request for proposal). The RFP process in New Mexico would be a combined effort between DOH and HSD. Washington state has been sharing some of their insights with the RFP process and APCD implementation in general. They just started the RFP process. They received some funding through CMS (Centers for Medicaid and Medicare Services), but the funding was not part of the previous SIM funding.

Discussion Point 3: It will be very important for New Mexico to include Medicaid and Medicare data into the cost database.

Discussion Point 4: When considering the website, most states will start out with a limited number of procedures and then increase over time.

Discussion Point 5: For a consumer, it will be important to have selections for insurance provider. If all data is lumped together (from all providers) the resulting data will not be useful.

3:05 p.m. Review and Discuss Survey Results for Website Options/Recommendation

- The survey had 7 responses (out of possible 13).
- Results:

1) Which website has the best presentation of cost data?
New Hampshire: 4 votes
Maine: 2 votes
1 respondent skipped the question

2) Which website has the best overall look and feel?

New Hampshire: 3 votes
Maine: 3 votes
1 respondent skipped the question

3) Please indicate which website did a better job with the following:

	New Hampshire	Maine	Neither
Easy to use/User friendly	3	3	0
Quality and cost data are connected	1	5	0
The website's overall appearance	2	4	0
For cost estimation, additional parameters available for calculating a better cost estimate	3	1	1
Search functions are useful	3	1	1
A tutorial on how to use the site is provided	0	5	0
The website appeals to a broad audience	1	2	2

4) When considering the New Mexico website, please rank the following characteristics in importance:

	1	2	3	4	5	6	7
Easy to use/User friendly	6	0	1	0	0	0	0
Quality and cost data are connected	1	1	2	1	0	0	2
The website's overall appearance	0	0	1	2	2	1	1
For cost estimation, additional parameters available for calculating a better cost estimate	0	3	2	0	1	1	0
Search functions are useful	0	0	1	4	2	0	0
A tutorial on how to use the site is provided	0	1	0	0	2	3	1
The website appeals to a broad audience	0	2	0	0	0	2	3

5) Who will be the audience for the New Mexico website?

	Principal	Secondary	Tertiary
General Public	7	0	0
Researchers	1	4	2
Policy Analysts	1	4	1
Health Providers	2	2	3
Legislative Members	0	1	4

Other: Insurance providers			
Other: Prospective insurance and medical care consumers			
Other: Advocacy groups			

6) Additional Comments:

- I found the FAQ section on the Maine site very useful and would recommend a similar page in NM.
- Cost data as accurate as possible.
- Predicted accuracy/reliability of cost estimates. Ability to select the health plan the consumer is covered by and insert estimated deductibles and/or copays. Ability for researchers and policy analysts to access a set of standardized reports and a way to request reports or access to raw data (at a reasonable cost, not for free).
- Focus on allowed cost and not cost based on benefits.
- Map, contact information by hospital or insurance for clarification, public survey especially during initial phase.

Discussion Point 1: Both websites do a really good job with providing cost data. These are two of the first states to have an APCD. A committee member has spoken with both states and they are willing to share their code for their websites.

Discussion Point 2: According to the survey the most important website characteristic is "Easy to use / User friendly."

Discussion Point 3: For an audience, the general public will be the main audience for the New Mexico website.

3:20 p.m. Review and Discuss Health Indicators

- Potential Health Indicators

  1) Patient safety indicators (PSIs as defined by AHRQ)

  2) 30-day readmission rate (risk adjusted)

  Example: from AHRQ of Pressure Ulcer Rate (technical specifications can be found at http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD10/TechSpecs/PSI%2003%20Pressure%20Ulcer%20Rate.pdf)

Discussion Point 1: Both New Hampshire and Maine include information on customer satisfaction. The committee recommends working towards including this on the New Mexico website.

Discussion Point 2: New Mexico single year counts for some of the measures are very small. How informative would this information be to a larger audience? If New Mexico was to combine years (3-year trend) would this be more informative?

Discussion Point 3: Is it possible to use composite measures as opposed to single procedures? New Hampshire has some good examples. DOH will evaluate for the next meeting.

3:35 p.m. Review and Discuss Hospital Data Reports

- Current DOH Reports
  1) Annual Hospitalization Report (available reports date from 1996-2014; can be found at https://nmhealth.org/about/erd/hsep/hidd/data/)

  2) Annual Emergency Department Report (available reports date from 2010-2014; can be found at https://nmhealth.org/about/erd/hsep/edd/data/)

  3) Epidemiology Reports (can be found at https://nmhealth.org/data/report/)

Discussion Point 1: Do the public (or laypeople) read graphs? The annual reports are mainly visual (graphs, tables, etc.) with very little text.

Discussion Point 2: When writing reports for the public, need to write to an audience with a 5th grade reading level. Many of these reports are written for researchers or others at an advanced reading level.

Discussion Point 3: Better reception of the annual ED report as there is additional verbiage around the graphs and tables. Lots of interest in the community around alcohol involved ED admissions and ED admissions involving firearms.

Discussion Point 4: Other topics of public interest: waiting times in the ER. A potential problem, the ED report is provided on an annual basis, if wait times are included, then the information in out-of-date. In the time between when the data is collected and reported, a hospital may have made changes that reflected in shorter wait times. This change would not be captured in the annual report.

3:55 p.m. Next Steps/Future Meetings

Next Steps Prior to November 3rd meeting:

1. Include committee members on the email list for new Epidemiology Reports.
2. Review report from committee member that provides hospital data to the public at a 5th grade reading level.

Next Meeting Agenda:

1. Evaluate if a large health conglomerate is collecting claims paid data on a national level.
   a. Truven Health Analytics
   b. NAHDO council
2. Evaluate health indicator measures that are composite measures as opposed to single procedure measures (include patient satisfaction surveys and rates of infection).
3. Look into measures for evaluating the advisory committee's success level.

The next meetings:

a. November 3, 2016 from 2-4 p.m. at the State Library Building in Santa Fe, NM.
b. December 15, 2016 from 2-4 p.m. in Albuquerque, NM (place to be determined).

4:00 p.m. Adjourn