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

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

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)
  - **<u>Hospital Consumer Assessment of Healthcare Providers and Systems Survey</u> (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)

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)

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

- 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 QIs)

Stage 3: Possible Expansion

Potential granular reporting at clinic levels

Add APCD reporting if system-wide claims data become available