NM Health Information System (HIS) Act Advisory Committee Meeting
State Library Building, Yucca Room, Santa Fe, NM
3 November 2016 2:00 – 4:00 pm

HIS Advisory Committee Members present:
Susan Gempesaw – Presbyterian Healthcare System
Michael Landen – NM Department of Health, Chair
Bill Patten – Holy Cross Hospital (Taos)
Judith Williams – Health Data
Nandini Kuehn – Health Consumer, Healthcare Consultant
Michael Nelson – NM Human Services Division
Jeff Dye – New Mexico Hospital Association
Kristina Fisher – Think New Mexico
Mark Epstein – NM Health Connections

Members not present:
Stuart Castle – Health Consumer
Denise Gonzales – Health Consumer
Steve McKernan – UNM Hospital
Janice Torrez – Blue Cross Blue Shield of NM

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

Public Attendees:
Dick Mason – Health Action New Mexico
Paige Duhamel – Office of the Superintendent of Insurance (OSI)
Soyal Momin – Presbyterian Healthcare System

2:00 pm Introductions

2:10 pm Review of Meeting Minutes from October 6th Meeting

- Motion to approve meeting minutes – Approved.

2:15 pm Review Agenda

2:20 pm DOH Update

- According to legislation, the Department of Health (DOH) needs to provide cost and quality data on a publicly accessible website by January 1, 2018.
- Currently, cost data is not being collected. The preferred approach for collecting cost data would be an All Payers Claims Database (APCD).
- At this time, there is no available funding for an APCD. If committee members would like to explore funding options (i.e. Foundations) then please contact for funding.
- The DOH is looking at a potential step-wise approach for providing cost data; a few payers at a time.

- The DOH is drafting rules for the website (as required in the legislation).
- The DOH will begin drafting rules for an APCD. The DOH will use existing rules and legislation from other states who have already implemented an APCD as guidance.
- Lawyers from the DOH have concluded that the Health Information Systems Act (HIS Act) does provide the DOH with authority to collect health data from third party payers.

Discussion Point 1: Would it be possible to have a subcommittee of this advisory committee who will work specifically on APCD? Yes, we could have a subcommittee for an APCD that would assist with analyzing legislation and rules from other APCD states.

Discussion Point 2: What would be the step-wise approach for an APCD? A potential first source of data would be Medicaid data via HSD. This data is already being collected from the MCOs via Centennial Care. A second source of data would be Medicare data.

Discussion Point 3: The DOH received a grant from the Robert Wood Johnson (RWJ) Foundation to assist with the creation of a healthcare consumer website. The grant was for $40,000 and DOH is contracting with NAHDO to assist with the design of the website; determining what information works this type of website. The committee has already focused on some indicators: risk adjusted readmission rates, patient safety indicators, and patient satisfaction. The cost piece will be more challenging.

Discussion Point 4: From the perspective of someone who has been through the APCD implementation process as a payer: determine the end goal. What questions do we want to answer? Once these have been determined, then figure out what data variables are needed to answer these questions. Start small and be focused, then once mechanisms are in place, the process can be broadened.

2:30 pm Presentation on National Database(s) Collecting Claims Paid Data

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

- APCD Council/NAHDO Paper (see appendix)
    - Benefits of state-run APCD:
        - Ability to use provider and facility level data
        - Governance
        - Ease of access to data
        - Better coverage
- National Database (Commercial Option): Truven Market Scan (Truven Health Analytics)
    - Drawbacks – For NM, very poor coverage.

Discussion Point 1: UNM recently purchased the Truven Market Scan dataset. The dataset contains information for 300,000 individuals (mainly self-insured individuals). If other groups are interested in the data, they can purchase access to the data through UNM (unknown fee).

Discussion Point 2: For quality indicator data, some commercial entities are available that make use of national datasets to produce this information (suggested entity: https://www.checkbook.org/).

Discussion Point 3: The idea of "shoppable" procedures and/or health conditions. These are what patients would be using a consumer website for; to shop for these conditions/procedures.

2:45 pm Discussion of Composite Measures for Health Indicators

Blend with the Patient Satisfaction presentation

3:00 pm Discussion of Patient Satisfaction Survey Results from Medicare

- For patient satisfaction data, the national survey used by Medicare is the HCAHPS Survey
    - 32 questions survey that is administered randomly to patients
    - 21 patient perspectives captured
    - 9 key topic areas:
        - Communication with doctors
        - Communication with nurses
        - Responsiveness of hospital staff
        - Pain management
        - Communication about medicines
        - Discharge information
        - Cleanliness of the hospital environment
        - Quietness of the hospital environment
        - Transition of care
    - 2015 data is available. For NM, 34 hospitals are represented (mainly general hospitals).
    - 2015 data: hospital survey counts ranged from <50 completed to 1,344 surveys completed.
    - Response rate for surveys ranged from 5%-36%. The expectation from CMS is to have 100 completed survey per quarter.
    - Survey can be administered to any patient (not just Medicare). Some exclusion criteria do apply.

Discussion Point 1: Issue of small numbers especially in the smaller facilities. Not easy to get the 100 required completed surveys.

Discussion Point 2: Patient perspective may alter the results. Patients who are in pain, and don't receive pain medication when requested (due to unhealthy effects) may give a hospital a poor rating because their demands were not met.

Discussion Point 3: The survey can be administered by phone or mail. A perspective of a hospital administrator was that the mailed survey looked like junk mail, therefore the response rate suffered considerably.

Discussion Point 4: From a hospital board member perspective, having this type of survey data was helpful for making decisions for the hospital environment.

Vote: Should the committee continue to explore this type of data for the website?
Majority of committee were in favor of continued exploration.

Discussion Point 5: Many states, like Maine and New Hampshire, are using national datasets to populate the quality indicator piece of their consumer websites. Maine uses the Medicare patient satisfaction data and the preventing serious complications from Medicare. New Hampshire is using information from the Joint Commission. Neither state is using their own in-house data to populate these variables.

3:20 pm Review & Discuss Hospital Reports

- For the 2015 HIDD Annual Report, the following changes will be made:
    - Analysis to include race/ethnicity information.

    - More narrative around the graphs/charts.
- Over the past few years, quality improvement of the HIDD has made the dataset more robust.

3:35 pm Discuss Measures of Success

- The committee has already provided recommendations around cost and quality data (as intended by the law).
- The committee has provided feedback on DOH reports.
- The committee has been successful in gathering stakeholders with different healthcare perspectives which has been beneficial.

3:55 pm Next Steps/Future Meeting: December 15, 2016 in Albuquerque

To be held at Presbyterian location.

4:00 pm Adjourn