

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

HIS Advisory Committee Members present:

Stuart Castle – Health Consumer
Janice Torrez – Blue Cross Blue Shield of NM
Michael Landen – NM Department of Health, Chair
Judith Williams – Health Data
Nandini Kuehn – Health Consumer, Healthcare Consultant
Michael Nelson – NM Human Services Division
Kristina Fisher – Think New Mexico
Mark Epstein – NM Health Connections

Members not present:

Susan Gempesaw – Presbyterian Healthcare System
Bill Patten – Holy Cross Hospital (Taos)
Jeff Dye – New Mexico Hospital Association
Denise Gonzales – Health Consumer
Steve McKernan – UNM Hospital

NM Department of Health Attendees:

Victoria Dirmyer – Health Systems Epidemiology Program
Paige Best – Health Systems Epidemiology Program

Public Attendees:

Shannon Collins - Presbyterian
Paige Duhamel – Office of the Superintendent of Insurance (OSI)
Glen McDermott – Office of the Superintendent of Insurance (OSI)

2:00 pm Introductions

2:10 pm Review of Meeting Minutes from 3 November 2016 Meeting

- Motion to approve meeting minutes – Approved.

2:15 pm Review Agenda

2:20pm NMDOH Update

- NMDOH and NMHSD had a meeting last week to discuss the use of Medicaid claims data as a potential resource for populating cost data on the website.
 - NMDOH provided a short list of shop-able procedures to evaluate.
 - NMHSD will evaluate what data would be available and useful.
 - Discussion of data differential between Fee for Service (FFS) claims vs. Managed Care Organizations (MCOs) data.
 - NMHSD will report back in January 2017.
- NMDOH has been meeting with NAHDO for the RWJ grant.
 - NAHDO provided a list of recommendations regarding quality indicators.

- NAHDO will put NMDOH in touch with companies that specialize in website design—specifically addressing concerns around website navigation and overall appearance.

Discussion Point 1: Concern over funding streams for an APCD. Currently there is no clear path for funding an APCD in NM. Given the current budget climate, there will be no state funding for an APCD. There has been some work reaching out to foundations (Kellogg, RWJ, etc.) but no word back. A committee member brought up the potential for Medicaid dollars to assist in financing an APCD. Currently, NMHSD is not in a position to make a recommendation around this suggested funding stream.

Discussion Point 2: Potential for using the state HIE (NMHIC) as the data hub for an APCD. Unclear if this option could work. NMDOH will see if this approach is used in other states.

Discussion Point 3: NMDOH will continue drafting APCD rules—using other states rules/laws as a guide.

Discussion Point 4: It was suggested that it would not cost too much money (\$1-2 million) to implement an APCD in NM considering the potential cost savings for NM from an APCD would more than cover this cost.

2:25 pm Update on Quality Indicators

- Recommendations from NAHDO
 - Composite Measures derived from inpatient discharge data:
 - Prevention Quality Indicators
 - Patient Safety Indicators (#90)
 - Inpatient Quality Indicators (IQI #90 and #91)
 - Pediatric QI Composite of patient safety (PDI #19)
 - Patient Satisfaction Composite Measures from HHCAHPS--data.medicare.gov
 - Volume measures for select cancer conditions from inpatient discharge data
 - California HealthCare Foundation Report methodology
 - <http://www.oshpd.ca.gov/HID/Cancer-Surgery-Report.html>
 - Average cost for select procedures from commercial payers
 - Colonoscopy, MRI, Mammogram, Normal Delivery
 - Model: NH Health Cost and Maine Compare websites

Discussion Point 1: The committee liked the addition of volume measures as a quality indicator. The committee would like to see other procedures represented similarly (not just limit to cancer surgeries). NMDOH will provide more examples of this type of data presentation in the next meeting.

Discussion Point 2: Some committee members are hesitant to use prevention quality measures as they are not measuring facility quality, but rather community health. The committee recommended that community health indicators are important and need to be provided to the public. The website will need to provide some context around these measures to signify the community health aspect of these measures.

2:55 pm Update on Cost Data

- See above regarding Medicaid claims data.

3:20 pm Review & Discuss Mock-Up of Website

- Slide 1 – List of procedures/health conditions – focus on shop-able procedures as outlined in *Health Affairs* article (<http://content.healthaffairs.org/content/35/4/564.abstract>)

- Recommendations
 - Add more on screening vs. diagnostic (colonoscopy)
 - Add CT scans
 - Add laboratory services (diabetes, CBC, basic chemistry panel)
 - Change 'lower extremity' to 'knee'
 - Provide layman terms for the procedures
 - Have information bubbles
 - Have a first page with broader categories prior to the specific procedures
- Slide 2 – Insurance provider selection
 - Recommendations
 - Add more insurance options (only show 5 carriers in mock-up)
 - Provide explanation of insurance coverage
 - Provide disclaimers
- Slide 3 – Insurance selections (deductibles/co-pays)
 - Recommendations
 - Depending on the procedure the deduction and/or co-pay may change
 - Have an option to 'skip' this information if unknown
- Slide 4 – Cost and quality data together
 - Recommendations
 - Committee liked the use of traffic signals
 - Overall the appearance was acceptable
- Slide 5 – Patient experience
 - Recommendations
 - Too many ratings – include less
 - Ratings to include: summary rating, recommend hospital, overall hospital rating
 - Ratings to not include: pain management
- Slide 6 – Readmissions
 - Recommendations
 - Provide context around the term 'readmission'—may not be clear to a lay audience
 - The committee liked the inclusion of comparisons (both national and NM rates)
- Slide 7 – Quality indicators
 - Recommendations
 - Do not use rates—too confusing for a lay audience
 - Potentially use a '+' or '-' symbol to indicate if the rate for the specific facility is statistically different from that of the NM state rate.
 - Include national rate as an option—do not include on the main page (too busy)

Discussion Point 1: Need for focus groups to vet the website prior to going live. Both OSI and BCBS offered assistance with consumer panels for this task.

Discussion Point 2: Overall the committee liked the use of a traffic light to indicate good, neutral, and bad care.

3:50 pm Next Steps/Future Meeting: TBD

Next Meeting: Thursday, March 30th, 2017 from 2-4 p.m. at the State Library Building in Santa Fe, NM.

Next Meeting Agenda:

1. NMDOH will incorporate the changes recommended by the committee for the website mock-up.
2. Provide an update to NAHDO.
 - a. Ask NAHDO for a list of funding sources for all existing APCDs.
 - b. Ask NAHDO about Oklahoma APCD.
3. Debrief on the Legislative Session
4. DOH will provide an update on the status of Medicare and Medicaid data.

4:00 pm Adjourn