

NM Health Information System (HIS) Act Advisory Committee Meeting

Toney Anaya Building, Santa Fe, NM
1:30–3:00pm July 24, 2018

HIS Advisory Committee Members present:

Kristina Fisher - Think New Mexico
Susan Gempesaw - Presbyterian Health Systems (PHS)
Nandini Kuehn - Health Consumer, Healthcare Consultant
Michael Landen - NM Department of Health (NMDOH), Chair
Michael Nelson - NM Human Services Department (HSD)
Janice Torrez - Blue Cross Blue Shield of NM
Judith Williams - Health Data

Members not present:

Jeff Dye - New Mexico Hospital Association (NMHA)
Mark Epstein - NM Health Connections
Denise Gonzalez - Health Consumer
Bill Patten - Holy Cross Hospital (Taos)

NM Department of Health Attendees:

Ken Geter - Health Systems Epidemiology Program

Public Attendees:

Brad Cook - Presbyterian Health Systems
Tom East - New Mexico Health Information Collaborative (NMHIC)
Ellen Interlandi - New Mexico Hospital Association
Dan Lanari - New Mexico Hospital Association
Elena Purcell - Think New Mexico
Neel Roy - Think New Mexico

Review of Meeting Minutes from April 27, 2018 Meeting

- Minutes approved.

Review Agenda

- Agenda approved.
- It was noted that the new design of the NMDOH website (<https://nmhealth.org/>) made it difficult to find information regarding the meeting.
 - The URL for the specific web page containing meeting information and materials will be sent out to the group.
- The issue of board membership was addressed:
 - It was noted that membership is by individual, not by institution.
 - There is currently one vacancy for a healthcare organization and one vacancy for a healthcare consumer.

Medicaid Costs Presentation and Discussion. Focus: colonoscopy procedure

- The presentation showed how professional and facilities claims are paid for the colonoscopy procedure—one of the nine procedures listed on the

<http://nmhealthcarecompare.com/> website.

- It was seen that the majority of clients have two claims records: one professional fee, and one facility fee.
- Two clients' records that had six total claims were examined: based on the month of service, these appeared to be for three separate colonoscopies per client during CY2017.
- To address the issue of “paired” claims it was recommended that claims be bundled by month of service—or better, by date of service if that is available from HSD. This is the best way to pair the professional fee with the associated facility fee.
- Is it possible to tell if a paid claim is for an inpatient or outpatient visit?
 - That should be apparent from a “Bill Type” variable, however that variable was not in the provided CY2017 dataset. HSD will check to see if this variable is available.
- It was recommended that the data on the nmhealthcarecompare.com should reflect the typical venue of care, e.g., colonoscopies are routinely performed in an outpatient setting.
 - This may entail revising the disclaimer on nmhealthcarecompare.com to give specifics on the typical venue of care for each of the nine procedures.
- For the next meeting:
 - NMDOH will re-analyze colonoscopies with paired professional/facility claims bundled by date of service.
 - NMDOH will perform a similar analysis on the vaginal delivery procedure in the CY2017 dataset.

Presentation on NMDOH Data Collection Procedures: HIDD, ED, and Syndromic Surveillance

- The presentation outlined the processes by which NMDOH collects data for the annual Hospital Inpatient Discharge Dataset (HIDD), Emergency Department dataset (ED), and ongoing daily data collection for the Syndromic Surveillance system.
- Background on Syndromic Surveillance system was given:
 - It evolved out of the anthrax incidents after 9/11/2001.
 - Current used primarily to track overdose and influenza.
 - The “Chief Complaint” field in ED data can be analyzed in near-real time to track keywords that indicate an increase in ED visits related to a specific syndrome.
 - Diagnosis codes can then be analyzed when the record is updated in the system a few days after the ED visit.
- Maintenance of the three data collection mechanisms can be problematic for NMDOH and facilities, due mainly to:
 - Periodic changes in Electronic Health Record (EHR) vendors by facilities.
 - Different staff or departments may be responsible for different data submission within a facility, as well as staff turnover.
 - Lack of resources to do thorough quality control/assurance as well as manage technical/communication issues related to data submissions.
- It was suggested that New Mexico Hospital Association survey its member hospitals to see how they view the data submission processes and whether they may be amenable to consolidating the processes into a single (or simpler) mechanism.

Potential Agenda Items for the Next Meeting

- Analysis of the vaginal deliveries procedure and further analysis of the colonoscopy procedure as outlined above.
- Discuss the proposal for drafting a guiding principles document for the Advisory Board.
- Discuss tracking changes in utilization when a new large hospital/ED facility opens in an area that has been historically served by a single facility.

Schedule next meeting in Albuquerque

- Next meeting is on Thursday, October 18 1:30pm–3:00pm at the New Mexico Hospital Association, Large Conference Room.