

MAINE HEALTH DATA ORGANIZATION
Board of Directors Retreat
July 16, 2015
9:00am-3:00pm
Location-Maine Medical Association (MMA)

Highlight Notes

These notes were taken on the spot by facilitator Craig Freshley and have not been checked for accuracy or approved by the group.

Summary of Decisions

1. Display Quality Information using three measures as proposed represented by 5 cell phone bars and a simple worse-to-better graphic
2. Default comparison will be Maine averages rather than national averages
3. Use MEG grouping methodology and procedures as proposed with specific explanations and clarifications at the website
4. Conflict of interest policy adopted with minor amendments
5. Proceed with changes to Rule 241 as proposed
6. Changes to Rule 120 to further prevent computation of paid/charge ratios and prevent indefinite release of data due to legal action, to be reviewed by the board at a future meeting
7. Board approval of signing on the Amicus Brief with involvement of the Executive Committee

Accomplishments and Updates

Past Year's Accomplishments

- Karynlee explained the current data streams and proposed future state
 - We are trying to gain consistency by standardizing a common process to accept, validate and release the data

- We are ultimately trying to make it so the user can go into an authorized part of the database to access the data
 - The good thing about this is that
 - the user is coming into “our environment”
 - the user need not download and store the data – we provide the storage for them
- We are currently pilot-testing the new system of standardizing the data and providing central access
- Karynlee clarified that all data access and release is governed by Rule Chapter 120
- In light of the new centralized data system we will need to refine how we charge for the data, although the way that data is released will be governed by Rule Chapter 50 and will be addressed by a subgroup of the board
- Karynlee reminded the group that we are in the 3rd year of a 5-year transformation process
- Karynlee highlighted the following other issues that she has been working on
 - Engaging stakeholders
 - Data warehouse modeling
 - Inpatient and Outpatient Hospital Encounter Data
 - Number one priority for the near future
 - CompareMaine website
 - MONAHRQ 5.0 with 2012 Hospital Inpatient Data
 - Data will probably be released in the next week or so
- Karynlee showed a visual (thermometer graphic) that shows that we are about 2/3 of the way through the transformation to the Future State
- Clarified that on the website are pages for each user group including participants and meeting materials

Key Deliverables for Next 12 Months

- Presentation
 - CompareMaine Release
 - Board approval of Chapter 120
 - New hospital data submission portal
 - Resolve historical issues with hospital data
 - Release MONORHQ 6.0
- Board Member Questions and Comments
 - Would be helpful for board members to see where we are along the timeline of each deliverable
 - The most important thing is that board members are fully aware if/when we are at risk of missing any deadlines
 - Suggestion that the Timeline Graphic be big enough to meaningfully see and use

- Karynlee suggested that the timeline could be re-formatted
- There is a lot of work going on – it’s very impressive

Board Appointments and Elections Update

- Lisa explained that we are thinking that we will discuss nominations and elections at our November board meeting
 - We have nominations expected from the Governors Office and some nominations pending
 - Lisa plans to step down in January and if a new Chair is elected in November, that will give time for the new Chairs to overlap with Lisa for a couple months

CompareMaine Quality Representation

Presentation and Comments

- Update on recent work on CompareMaine quality strategy since the last meeting
 - The board asked for state and national comparisons and also asked for best practice research on how to present the quality data
 - Karynlee explained a table that shows how others report on various quality measures
 - Clarified that where a measure does not have a state or national average reported, it is not appropriate to have a column heading that references national or state benchmarks
 - Karynlee reported that the Consumer Group does not like the word “average”
 - Question – How does our proposed system reconcile with how SIMS and how Maine Health Management Coalition represent data?
 - Karynlee has had such discussions with the others and there is shared understanding that each group will report data differently, and that’s fine
- How to display quality measures
 - Feedback on word/icon displays from the Consumer
 - Don’t like the word “average”
 - Prefer to use words like “excellent” and “poor” or no words at all
 - Prefer cell phone bars over shapes
 - Confusing when a higher rate equals a lower score
 - Concern about some measures having a 5-bar scale and some having a 3-bar scale
 - Concern about high numbers corresponding with few bars

Unanimous Decision on How to Display Quality Data at CompareMaine

- Make sure that measures by facility are clearly explained as being by facility
- Use cell phone bars and words, the words being “Worse \leftrightarrow Better” and no other words.
- Always display on a scale of 5 bars (even if a 3-point scale)
- Pending state approval, use green, yellow, red in conjunction with the cell phone bars, and if no state approval we will use a single color that works well

Karynlee clarified that she will work with designers to implement the above-stated desire balanced with the need for the display to remain simple and friendly

Unanimous Decision to Compare with Maine Averages

The default view will be comparison with Maine averages rather than national averages

Discussion of Using MEG for 10 Procedures

Presentation and Comments

- Kevin Rogers of HRSI explained how Medical Episode Grouping works
- The average episode cost represents the total cost of the procedure and related diagnostic exams, follow-up exams, and other related services in the 30-day period before and after the procedure.
- 61 procedures were analyzed for similarities
- HRSI identified 10 procedures for which they recommend consideration of related codes
- Clarified that this particular grouping methodology was chosen because it is more flexible than most
- Clarified that the grouping is good because it results in higher values for “N,” that is, larger data sets to provide the basis for analysis.
- Concern that providers and payers have their own grouping methodology – we need to be able to allow others to cross-walk to our grouping methodology.
- Concern that having a 30-day before and after period might send a message to consumers that their insurance coverage is only for 30 days before and after.

- Clarified that the data will always reflect “most recent available” and will be updated every quarter

Decision Regarding MEG Grouping

The board passed a motion approving the following:

- We should use grouping
- We should use the MEG methodology
- We should apply it to the 10 recommended procedures
 - (although consider excluding ‘destruction of benign lesions” depending on what the data shows)
- We should state which CPT codes go into each grouping
- We should clarify at the website that:
 - Costs reported are primarily for the purpose of comparing facilities
 - Costs reported are not what a person will actually pay, depending on their insurance coverage
 - “Your payer may group differently” and that this grouping is intended to be representative and not definitive.
- We should also clarify the period of time for which the data applies
- Before being finalized, this methodology needs to be vetted/tested with providers, payers, and consumers

Approved with one opposed due to concern that consumers will visit the website interested in “affordability” and this methodology doesn’t help inform consumers about that issue.

CompareMaine Wireframe Update

- Melissa Hillmeyer of Wowza explained the website as it’s being developed and showed several graphic representations of the website.
- Clarified that the website will be responsive and accessible.
- Consider adding NCQA designation to appropriate facilities.
- Concerns with the word “facility.” Try to find an alternative word such as “provider” or a set of more descriptive terms.

- Clarified that the goal is for all text to be at a 6-8 grade reading level and that it is currently being reviewed by Consumers for Affordable Health Care and will be further tested by Wowza.

Conflict of Interest Policy

Presentation and Comments

- Assistant Attorney General Deanna White distributed an overview of Maine's conflict of interest laws and also a draft Conflict of Interest Policy and Bylaw for MHDO.
- In general a conflict of interest is when your own personal interests may conflict with the board, and in general we are concerned with financial conflicts rather than conflicts of ideology.
- Clarified that all MHDO Board members are covered by State of Maine conflict of interest laws except those 18 board members who serve to represent specific interests. So, currently, these 18 members are not covered under any conflict of interest policy and our federal grant maker requires that directors ARE covered under a conflict of interest policy.
- For these reasons, Deanna drafted a conflict of interest policy for board consideration.
- Clarified that the proposed policy conforms to federal requirements.
- Although "potential employer" is mentioned in the draft policy, "current employer" is not mentioned because it is presumed that board members are representing current employers or constituents so they need not be named.
- Clarified that this policy applies quite narrowly to direct financial interest.
- Clarified that when a board member votes to establish an assessment on entities such as the board member's employer, it is not a conflict of interest because that constitutes an indirect benefit.
- Clarified that the decision to recuse yourself is a personal decision.

Unanimous Decision to Adopt Conflict of Interest Policy

The Conflict of Interest policy is approved as presented, amended as follows:

- Article IV, paragraph b. – delete the sentence after the word “discussions.”
- Add that board members are required to fulfill functions as mandated by law.

Each Board member will be asked to sign the Conflict of Interest policy once amended.

Rule 241 - Uniform Reporting System for Hospital Data

Presentation

- Karynlee’s proposal: Let’s make bare bones changes to 241 right away to get the references (source documentation) corrected and after we have built the portal and the validation and get the hospitals used to it, then we will make structural changes.

Unanimous Decision to Proceed with Rule 241 Rule Making

- The Board unanimously agreed to direct MHDO to proceed with Rulemaking for Rule 241 as proposed.

Rule 120 – Release of Data to the Public

Presentation

- Karynlee provided a handout and explained all proposed changes
- Clarified that redistributors are Maine CDC, HCUP (?), although “redistributor” is not defined in the rule

Discussion and Revisions

- Discussion about the intent to prevent computation of paid/charge ratios
 - **Amend the sentence in paragraph L. on page 13 to begin with, “Given the intent to protect contracted discounts between payers and providers,” and add the following sentence: “MHDO must evaluate and monitor subsequent releases for consistency with this intent.”**
 - **Leave Paragraph D. as is.**
 - **Somewhere in the rules, add a definition of “paid/charge ratio”**

- Discussion about paragraph 4.D. on page 21.
 - **Amend so it reflects that the intent should be to encourage an injured party to seek legal remedy and that in such a case data should be withheld for a reasonable amount of time, but not too long**
 - Perhaps something like
 - “.....the MHDO will not release ~~data until a final decision has been made~~ data for 30 days or unless a temporary restraining order or a stay is ordered by the court. “
- Decided that The Draft Rule will be revised in light of this discussion and brought back to the Board for consideration in August.

Amicus Brief regarding ERISA Plan Attempt to Force Data Release

- Vermont case about to be heard by the US Supreme Court
- We have an opportunity to participate in an Amicus Brief
- Board approves signing on the Amicus Brief with involvement of the Executive Committee