

CompareMaine Data Review

September 9, 2015

Participant Reminders:

- Please mute your line.
- Please submit your questions via webinar Chat feature.
- We will address as many questions as possible at the end of today's webinar. For those questions we are unable to get to answers will be distributed to the group

Agenda



Welcome & Background on
CompareMaine

15 minutes

Updates based on Feedback to Date

10 minutes

Review Methodology to Calculate
Cost for Inpatient Surgical Procedures

10 minutes

Review of Updated Cost Data Spreadsheet

10 minutes

Review Timeline for Release of
CompareMaine

5 minutes

Questions and Contact Information

10 minutes

What does MHDO currently publicly report?

Cost Information

- HealthCost

Quality Information

- MONAHRQ 5.2 (website)
- Data on MONAHRQ is displayed by 36 Maine hospitals and by county using rates and word icons on 106 measures of hospital quality, utilization, cost, and avoidable stays in the newest version.
- Patient Experience Matters (website)
 - Data are based on responses to a voluntary, patient survey developed by the federal Agency for Healthcare Research and Quality (AHRQ) - the Patient-Centered Medical Home Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS PCMH) survey.
- Annual Healthcare Associated Infections Report

New Website Coming September 30th



CompareMaine

health costs & quality

What is CompareMaine?

New Website that Provides a Comparison of Costs by Procedure by Facility and Health Plan as required by Maine Law (Title 22, Chapter 1683, Section 8712)

Replaces Current HealthCost 2014 Site which was the original MHDO Cost Comparison website

Includes three Measures of Quality in the following categories: Patient Experience, Serious Complications and HealthCare Associated Infections

Funded Through a CMS Initiative to Promote Price Transparency

Uses Maine's All-Payer Claims Database (APCD) for Cost Estimates

Development Included Stakeholder Input, Including a MHDO Consumer Advisory Group

HealthCost 2014 vs. CompareMaine

HealthCost 2014 Limitations	CompareMaine End State Enhancements
Missing data	Methodological improvements to bring in more data
Limited number of facilities and exclusion of provider practices	Bringing in clinics, imaging centers, labs, and provider practices
One-size-fits-all cost methodology	Developing nuanced methodology tailored to each CPT code category
No quality data	Adding three categories of quality data (patient experience of care, Healthcare-associated infections, surgical complications)
Outdated interface and web design	Contracted with web design firm to re engineer the site Convened Consumer Advisory Group

Adding Quality Data to CompareMaine: Process for Quality Measure Selection

Guiding Principle:

Data/information that is publically available

Overview of Process:

Review of National Landscape

Feedback from our Consumer Advisory Group

Final Decision made by MHDO Board

Quality Measure Summary

Quality Measures	Data Source	Latest Data Available	Publicly Reported	State Benchmarks	National Benchmarks
HCAHPS Summary Star	CMS	July 1, 2011 to June 30, 2013	Medicare Hospital Compare	State average not reported	National average not reported
PCMH / CG CAHPS Overall Provider Rating	Patient Experience Matters; CAHPS Database	June 1, 2014 to December 31, 2014	PEM website	State average reported	National average reported
Serious Complications (Overall Composite Measure)	CMS	July 1, 2011 to June 30, 2013	Medicare Hospital Compare	State average reported	National average reported
SIR for C. Diff.	CMS	July 1, 2013 to June 30, 2014	Medicare Hospital Compare	State average reported	National average reported
SIR for MRSA	CMS	July 1, 2013 to June 30, 2014	Medicare Hospital Compare	State average reported	National average reported

AR Gould Memorial Hospital (TAMC)

140 ACADEMY ST PRESQUE ISLE, ME
04769-3102

Blue Hill Memorial Hospital

57 WATER STREET BLUE HILL, ME
00000-4614

Central Maine Medical Center

300 MAIN ST LEWISTON, ME 04240-
7027

Cost Procedure

Average Cost of:
**New patient preventive
care visit for adult, ages
18 to 39**

\$183

\$166

\$158

Facility Volume

LOW

LOW

MEDIUM

Maine State Average

\$\$\$

\$\$\$

\$\$\$

Quality Measures

Show National Averages

Overall Patient
Experience*



Updates to CompareMaine Data based on Facility Feedback

For the September release, we are not including the five Emergency Department visits . We will work with facilities to better understand some cost discrepancies so we can include these procedures during the next release, tentatively planned for January, 2015

We have also excluded Emergency Department episodes from office visits, imaging, and labs so that ER imaging and labs are not average with regular imaging and labs

We are only including **venipuncture** codes done by the phlebotomist (36415 and 36416) as these are the most commonly performed draw codes (including the less common, more expensive draw codes adversely impacts the median)

We removed “each 15 minutes” from the PT descriptions so that consumers understand the estimate is for an episode of PT, not a 15 minute unit

We have updated NPI and facility attributions based on facility feedback

In response to questions about the procedures counts, we are no longer reporting the number of claims analyzed as the “Procedure Count”, instead we are characterizing facility volume as low, medium, or high based on a comparison of all facilities with data for each procedure.

Presenting Procedure Volume

Using a Relative Methodology to determine Category:

We looked at the minimum (Low), mean (Medium) and maximum (High) counts for each CPT code. This relative methodology creates meaningful categories based on the actual distribution of the data, making them more sensitive to each procedure.

For example, for a CPT code where the minimum count is 10, the mean is 100 and the maximum is 200, the low count would be facilities with counts of 10 to 55, the medium count would be facilities with counts of 56 to 149, and the high count would be facilities with counts of 150 to 200. This would change for each CPT code and is sensitive to the relative values of the counts.

Website explanation: The number of times a procedure was performed at a facility compared to other facilities who offer the procedure rated as low, medium, or high. A low volume facility does fewer procedures compared to high volume facility. Volume data are from the same time period as the cost data.

Review of Cost Calculation Methodology

Data Source: MHDO claims data incurred from January 1, 2014 through March 31, 2015

Methodology

1. Remove incomplete patient encounters, encounters without cost data, and indeterminate procedures
2. Exclude public payers
3. Exclude data for those 65 years and older
4. Match facility and professional claims for given procedure when appropriate (for example, imaging procedures).
5. Attribute the claim associated with the procedure of interest to the provider using the billing NPI (if no match is found we then try to match on servicing NPI, then facility name)
6. Calculate the median total paid amount (including contribution from the insured and insurer) for each procedure and facility combination
7. Create an insurance filter that displays the median procedure cost by (1) the state's top payers at each facility and (2) all payers averaged together, where applicable
8. Create a Statewide summary row that displays the median statewide cost for each procedure

Procedures Included in Cost Data Review

Office Visits (34)

- Wound Management
- Office or Outpatient Visit
- Specialist Consultation
- Pediatric or Adolescent Preventative Care Office Visit (or Wellness Office Visit)
- Adult Preventative Care Office Visit (or Wellness Office Visit)

Integrative Medicine (16)

- Nutrition Services
- Acupuncture
- Osteopathic Manipulative Treatment
- Chiropractic Manipulative Treatment

Mental and Behavioral Health Services (22)

Physical and Occupational Therapy (34)

Laboratory Services (88)

- Blood Test
- Urine Test
- Fecal Test
- Swab Test

Radiology and Imaging (45)

- CT (Computed Tomography) Scans
- MRI (Magnetic Resonance Imaging) Scans
- X-Rays
- Ultrasounds
- Mammograms

Surgical procedures (10)

- C-section, Vaginal delivery
- Total Hip Replacement, Total Knee Replacement
- Shoulder Arthroscopy, Knee Arthroscopy
- Removal of Malignant Lesion, Removal of Benign Lesion
- Gall Bladder Removal
- Carpal Tunnel Release

Review Methodology to Calculate Cost for Inpatient Surgical Procedures

Data Source: MHDO claims data from January 1, 2014 through March 31, 2015

Methodology

1. Identify all claims associated with a given individual during the time period.
2. Use the Medical Episode Grouping® (MEG) by Truven Analytics to create episodes of care using clinically based logic.
 - For example, a C-section episode may include the costs of ultrasounds, doctor appointments, blood work, surgeon fees, medications used before, during, and after surgery (like an epidural), a hospital stay, and follow-up appointments.
3. Limit the episode to the 30 days preceding and following the main procedure
4. Apply the same analysis criteria as used with other, non-surgical procedures

Review of Updated Cost Data Spreadsheet

Each spreadsheet contains the following tabs:

Cover Page: explanation of each tab

Methodology: detailed description of the methodology

Procedure List: a list of CPT codes for which we are providing cost data

Included NPIs: a list of the NPIs and facility names we have for your organization

Addresses: the contact information for your facility that will be displayed on the website

Data: these tabs contain the cost data for each procedure, by the payer indicated in the tab name

Timeline for Launch of CompareMaine

Scheduled to Launch
September 30th, 2015

MHDO will Host a Webinar the
last week in September for any
interested party to demo the
site.

Questions

Contact Information

Data Review Questions:
CompareMaineData@hsri.org

Questions about MHDO or
CompareMaine Website:
Webcontact.MHDO@maine.gov