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
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

<table>
<thead>
<tr>
<th>HealthCost 2014 Limitations</th>
<th>CompareMaine End State Enhancements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing data</td>
<td>Methodological improvements to bring in more data</td>
</tr>
<tr>
<td>Limited number of facilities and exclusion of provider practices</td>
<td>Bringing in clinics, imaging centers, labs, and provider practices</td>
</tr>
<tr>
<td>One-size-fits-all cost methodology</td>
<td>Developing nuanced methodology tailored to each CPT code category</td>
</tr>
<tr>
<td>No quality data</td>
<td>Adding three categories of quality data (patient experience of care, Healthcare-associated infections, surgical complications)</td>
</tr>
<tr>
<td>Outdated interface and web design</td>
<td>Contracted with web design firm to re engineer the site</td>
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<td></td>
<td>Convened Consumer Advisory Group</td>
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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
<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>Data Source</th>
<th>Latest Data Available</th>
<th>Publicly Reported</th>
<th>State Benchmarks</th>
<th>National Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS Summary Star</td>
<td>CMS</td>
<td>July 1, 2011 to June 30, 2013</td>
<td>Medicare Hospital Compare</td>
<td>State average not reported</td>
<td>National average not reported</td>
</tr>
<tr>
<td>PCMH / CG CAHPS Overall Provider Rating</td>
<td>Patient Experience Matters; CAHPS Database</td>
<td>June 1, 2014 to December 31, 2014</td>
<td>PEM website</td>
<td>State average reported</td>
<td>National average reported</td>
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<tr>
<td>Serious Complications (Overall Composite Measure)</td>
<td>CMS</td>
<td>July 1, 2011 to June 30, 2013</td>
<td>Medicare Hospital Compare</td>
<td>State average reported</td>
<td>National average reported</td>
</tr>
<tr>
<td>SIR for C. Diff.</td>
<td>CMS</td>
<td>July 1, 2013 to June 30, 2014</td>
<td>Medicare Hospital Compare</td>
<td>State average reported</td>
<td>National average reported</td>
</tr>
<tr>
<td>SIR for MRSA</td>
<td>CMS</td>
<td>July 1, 2013 to June 30, 2014</td>
<td>Medicare Hospital Compare</td>
<td>State average reported</td>
<td>National average reported</td>
</tr>
<tr>
<td>Hospital</td>
<td>Cost Procedure</td>
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<tr>
<td><strong>AR Gould Memorial Hospital (TAMC)</strong></td>
<td>Average Cost of: New patient preventive care visit for adult, ages 18 to 39.</td>
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<tr>
<td></td>
<td>$183</td>
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<tr>
<td><strong>Blue Hill Memorial Hospital</strong></td>
<td>$166</td>
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<tr>
<td><strong>Central Maine Medical Center</strong></td>
<td>$158</td>
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</tbody>
</table>

**Facility Volume**
- AR Gould Memorial Hospital (TAMC): LOW
- Blue Hill Memorial Hospital: LOW
- Central Maine Medical Center: MEDIUM

**Maine State Average**
- $$$

**Quality Measures**

- **Overall Patient Experience**
  - AR Gould Memorial Hospital (TAMC): worse → better
  - Blue Hill Memorial Hospital: worse → better
  - Central Maine Medical Center: worse → better
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.
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 Grouper© (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
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