

Report to the Maine Health Data Organization (MHDO)
Board of Directors

From the MHDO Subcommittee on Consumer Information

September 5, 2013

DRAFT

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I. Background

The purpose of the Maine Health Data Organization is to create and maintain a useful, objective, reliable, and comprehensive health information database that is used to improve the health of Maine citizens. In response to recommendations included in the report of the multi-stakeholder group convened by the Maine Legislature to evaluate the All-Payer Claims Database (APCD) pursuant to Resolve Chapter 109 (2011), (“the L.D. 1818 Workgroup”), the MHDO Board of Directors established the MHDO Subcommittee on Consumer Information on April 3, 2013 (the “Consumer Subcommittee” or the “Subcommittee”) to develop and provide recommendations to the MHDO Board at the Board’s retreat in August 2013. The Subcommittee report date was later rescheduled for September MHDO Board meeting.

The Charge of the Consumer Subcommittee is as follows:

- Review MHDO’s HealthCost tool for functionality and user friendliness and make recommendations for improvement
- Create a comprehensive and specific list of what information is available to consumers from MHDO
- Develop recommendations for a low cost awareness campaign to educate Maine people about the value of what is currently available through MHDO
- Consider appropriate next steps for the Board to advance the goals of consumer education and engagement at no additional cost to the agency

II. Advisory Committee Members

In April, the MHDO Board appointed the members of the Consumer Subcommittee representing a multi-stakeholder composition of providers, employers, consumers, and health plans. The members of the Subcommittee are:

- Poppy Arford, (Co-Chair)
Consumer
- Andy Ellis, (Co-Chair)
Anthem Blue Cross and Blue Shield
- Lisa Harvey-McPherson
Eastern Maine Healthcare Systems
- Tom Hopkins
University of Maine System

Staff to the Subcommittee:

- Karynlee Harrington
Maine Health Data Organization

III. Issues Considered by the Advisory Committee and Related Recommendations

A. LD 1818 Voice of the Customer Feedback

The Subcommittee reviewed the report of the LD 1818 Workgroup with special attention to the “Voice of the Customer” section compiling public comments solicited by the workgroup. Of the comments pertaining to consumer use and access to health information, several motifs emerged. The subcommittee referred to these themes and areas of interest, as outlined below, throughout their work.

1. Accurate, timely information that is easy to understand in order to make informed choices about personal healthcare, and foster transparency and accountability on the part of healthcare providers.
2. Improving the experience of users accessing data through the HealthCost website.
3. Avoiding duplication of existing data resources.
4. Broadening awareness of the availability of data from the APCD

B. Consumer Definitions

The Subcommittee discussed the importance of defining the term healthcare “Consumer” as this was considered a basic component of the subcommittee’s charge. Accordingly, the following definition was drafted and revised by the Subcommittee to aid in the understanding of its’ recommendations.

Consumer: Healthcare consumer describes anyone who may utilize healthcare goods and services.

The subcommittee also reviewed the MHDO Board of Directors “Consumer Member” definition and determined that the following revision would serve as a timely and related update for consideration by the Board:

Consumer Members: Membership on the MHDO Board of Directors will include at least one organizational and one independent consumer, each of whom are committed to providing the consumer perspective in multi stakeholder settings, and none of whom is an employee or business associate of a provider, payer or regulator entity. Furthermore;

Organizational consumers must be an employee or business associate of a consumer organization whose primary mission is to advance the interests of healthcare consumers.

Independent consumers must have significant personal experience as a healthcare consumer and may not be an employee or business associate of a consumer organization.

Additionally, although the focus of the Subcommittee charge was on consumer access to

and use of MHDO data the subcommittee discussed and acknowledged the multi stakeholder (i.e. providers, researchers and other users) interest in improved web access to MHDO data.

C. Overview of Information and Resources Currently Available to Consumers

The Subcommittee also reviewed various information resources currently available to consumers through the MHDO's website. Currently consumers have access to:

Health Cost

Average Statewide Procedure Payments and Charges- Provides statewide charge and payment information across all insurance carriers and all medical providers for 29 of the more common "stoppable" procedures in the following categories: imaging, preventive health, radiology and surgery. Included are amounts for the professional (provider) portion and for the facility (e.g. hospital) portion of a procedure.

Each procedure has a histogram- A histogram is a graphical display of data. This graph represents the distribution of dollars paid for each patient encounter where the procedure occurred.

Procedure Payments for the Insured- Provides an estimate of total dollars paid by specific commercial health insurance companies at various facilities in Maine for 29 of the more common "stoppable" procedures in the following categories: imaging, preventive health, radiology and surgery.

Estimated Procedure Charges for the Uninsured- Provides an estimate of the median charge at various facilities in Maine for 29 of the more common "stoppable" procedures in the following categories: imaging, preventive health, radiology and surgery.

MONAHRQ

Hospital Quality Ratings-Consumer can compare hospitals in the State of Maine. Some hospitals provide better quality care than others.

- Ratings for the Public
- Detailed Quality Statistics

Hospital Utilization- Consumer can compare Maine hospitals by the number of patients they treat for different medical conditions and procedures.

Map of Avoidable Hospital Stays- Consumer can map and compare counties by rates of potentially avoidable hospital stays. Compare cost savings from reducing avoidable stays

County Rates of Hospital Use- Consumers can map and compare counties by rates of inpatient medical conditions and procedures.

Hospital Financial Data- Annual Summaries of hospital financial data from 2007 through 2011, as reported by Maine's 39 non-governmental hospitals. Profitability, Liquidity, Capital Structure, Asset Efficiency, and other common ratios are also provided in the reports.

Link to IRS 990 Forms posted on DHHS website

External Reports- Below are the most recent reports and analyses that used the MHDO data:

- ✓ Healthcare Associated Infections in Maine, 2013 Annual Report prepared by Dirigo Health Agency/Maine Quality Forum
- ✓ Maine Health Management Coalition / Onpoint Health Data: Hospital Cost Comparison, January 2013
- ✓ Analytic Models to Identify Patients at Risk for Prescription Opioid Abuse - published in The American Journal of Managed Care, Vol. 15, Issue 12, December 2009, Pages 891-906.
- ✓ All-Payer Analysis of Variation in Healthcare in Maine, Conducted on behalf of Dirigo Health Agency's Maine Quality Forum & The Advisory Council on Health Systems Development April, 2009
- ✓ The Epidemiology of Case Fatality Rates for Suicide in the Northeast from the Harvard School of Public Health, Boston, MA. Published in the Annals of Emergency Medicine, Vol. 43, Issue 6, June 2004, Pages 723–730.
- ✓ Management of Adult Splenic Injury: A 20 Year Perspective as presented at the 83rd Annual Meeting of the New England Surgical Society, September 2002.
- ✓ Decreasing Incidence of Burn Injury in a Rural State - published in Injury Prevention, Vol. 6, Issue 4, 2000, Pages 259-262.

In addition, the Subcommittee reviewed websites published by other states including the New Hampshire Healthcost site (www.nhhealthcost.org), non-governmental organizations including the Maine Health Management Coalition GetBetterMe site (<http://www.getbettermaine.org>) and the member-facing websites and portals of certain health insurance carriers.

The Subcommittee noted aspects of each resource that could enhance the functionality and user experience of the MHDO's online resources. Examples of such aspects include:

- More procedures listed

- More information about each procedure included (i.e. volumes at each facility, potential cost shares for members)
- Links to provider websites embedded with procedure information
- Ranking systems for quality of care (i.e. blue ribbons for high performers, or “low, good, better, best” designations)

The Subcommittee discussed improvements that would be practical for the MHDO to pursue, as well as areas where other entities might be better positioned to assist consumers. Ultimately, the Subcommittee agreed that adding information on as many procedures and services (i.e. office visit) as possible to the HealthCost website would add significant value for users. During the course of the Subcommittee’s work, an opportunity was identified to apply for a grant from the federal government for monies to fund improvements to health cost access and transparency for consumers. The Subcommittee supported an application for funds to expand the HealthCost website including the number of procedures listed and MHDO staff developed a proposal which was submitted for consideration after approval by the full MHDO Board and the Governor on August 1st. A copy of the grant proposal is included with this report.

Regarding the provision of a more detailed cost calculator tool for the insured population, it is important to understand that the carriers, whom have access to current pricing arrangements, benefit designs, and deductible applications, are in a better position to serve this specific consumer need. Furthermore, the major carriers operating in Maine, including Aetna, Anthem, Harvard Pilgrim, and Cigna (See Supporting Documents for additional information) are offering or in process with rolling out web based cost calculator tools for their members. As such, the Subcommittee views this as an area where duplication of effort could be avoided, as asked for in the LD 1818 “Voice of the Customer” feedback.

However, if the major health plans operating in Maine decide to reduce or cease their offering of such cost calculator tools to their members than the avoidance of duplication would no longer be a consideration. At such time the MHDO Board would be advised to consider offering a more detailed cost calculator function, such as the NH Healthcost website employs, to what is currently offered on the MHDO site for the insured population in Maine.

D. Functionality and User Friendliness of HealthCost Tool

The Subcommittee reviewed the current resources and tools available to consumers through the HealthCost website with online demonstrations and explanations from members and MHDO staff. Several themes emerged from this review as consensus views of the Subcommittee. The committee agreed that:

- The website is challenging to navigate as it requires a number of decisions and inputs before specific cost information is obtained.

- As the purpose of the website is to engage users with relevant and meaningful cost information, the absence of prices being displayed for some of the insured procedures (resulting from low volume of the procedure claims reported by a carrier or plan type) is problematic. It will undoubtedly result in disappointed and/or frustrated users. The reputation of the website may also be diminished as a result of the missing information.
- The separation of quality (?) and cost information on the website makes it more difficult for users to utilize both types of information when making decisions.

The Subcommittee also worked with MHDO staff to roll out an online survey for users of the HealthCost website to gather feedback on the functionality and user friendliness of the HealthCost tool. Preliminary results of the survey are included with this report and generally align with the same themes that emerged from the Subcommittee's review.

E. Expanding Public Awareness of MHDO Healthcost Website and Resources

The Subcommittee engaged in brainstorming sessions to identify ways to expand public awareness of the MHDO and the HealthCost website resource.

One idea that was offered was to follow the example of the Centers for Medicare and Medicaid Services (CMS) by releasing some quantity of data without cost to the public. With the recent release of IP and OP hospital charge data to the public by Medicare, there was significant media interest created. The Subcommittee felt that a similar release of data by the MHDO might create similar media interest and drive attention to the unique resources of the MHDO. There was consensus around the idea agreed that MHDO data sets might be used by researchers and the public (i.e. entrepreneurs) in new ways that could ultimately benefit consumers, the encouragement of such activity by offering free data may be worthwhile.

The Subcommittee also discussed ways to leverage existing opportunities raise awareness by partnering with organizations working to improve healthcare in Maine. Two such opportunities were identified with the first being the Consumer Reports "Choosing Wisely" program being offered in Maine by the Quality Counts organization. Relevant to the HealthCost website expansion and future public awareness work, the Choosing Wisely "5 Questions to ask your Providers" information sheet includes the question (#5) "How much does it Cost." As such, the committee concurred that providing a connector link to Quality Counts along with relevant information on Choosing Wisely and the procedures being focused on in Maine (Recommendation #3) would serve to provide a common resource for patients and providers alike, while building on our partnering efforts with Maine organizations (See Supporting Documents for Choosing Wisely "5 question" and "Choosing Wisely in Maine" information sheets).

Secondly, the Subcommittee identified newly enacted legislation L.D. 990 (See Supporting Documents for more information) that will require healthcare providers to "make available written information on health claims data that may be obtained through the publicly accessible website of the Maine Health Data Organization." The

Subcommittee viewed this requirement as an opportunity to work with providers to expand awareness of MHDO resources. Possibilities include providing e-cards and/or brochures for provider patient portals and offices with information on the MHDO website. Also working with providers to identify the common procedures for the listing of prices as additionally required by the statute.

F. Recommendations: Next Steps to Advance Consumer Education and Engagement

In the context of the discussions outlined above, and in response to the LD 1818 themes, the Subcommittee identified the following next steps to advance the purpose of the MHDO.

LD 1818 Theme: Provide more accurate, timely information that is easy to understand in order to make informed choices about personal healthcare, and foster transparency and accountability on the part of healthcare providers.

Next Steps:

Grow master list of the initial 29 procedures to the grant funded 200, and as many as possible thereafter, with all payer and provider claims data for insured and uninsured population provide.

Include the Choosing Wisely in Maine campaign focus areas procedures:

- i. Imaging (EKGs, stress tests, cardiac catheterization
- ii. Imaging tests (CT scan, MRI) for low back pain
- iii. Imaging tests (CT scan, MRI) for uncomplicated headaches
- iv. Bone-density (DEXA) scans for low-risk women

Evaluate the inclusion of Medicare and Medicaid data into the MHDO HealthCost website and take action in accordance with findings.

Provide a master list of Maine APCD prescription drugs with costs by payer and site, if possible, along with statewide averages and links to discount/low cost resources.

LD 1818 Theme: Improve the experience of users accessing data through the HealthCost website.

Next Steps:

Provide consumer health literacy education and support including user-friendly explanations and definitions of health cost and consumer related terms on Healthcost web page.

Offer a health cost site user feedback function (i.e. survey) to support relevant and meaningful public engagement with health cost information.

Re-evaluate, modify, and improve methodologies for determining average payments of procedures for the insured population

Re-evaluate methodologies for presentation of pricing for uninsured

LD 1818 Themes: Broaden awareness of the availability of data from the APCD and avoid duplication of existing data resources.

Next Steps:

Emphasize Connector role as well as cost data provider role including partnering with and supporting provider LD 990 mandates for public cost reporting and improving connections to Maine payers cost calculator and Blue Button claims based web tools/information.

Link and integrate information on health care quality and cost including MONAHRQ, Chapter 270 quality data, and GetBetterMe.

Evaluate potential awareness campaign linked to public data release (like recent CMS IP and OP hospital charge data releases) including the possibility of broader public data access through free release of limited data sets, or public access to standard queries of APCD.

Collaborate with other state and regional health data and analysis efforts.

IV. Supporting Documents:

- A. Survey Results
- B. Application for “Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III”
- C. Additional Information on Carrier Cost Calculator Tools (??)
- D. Choosing Wisely in Maine Information sheet
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