

# Consumer Advisory Group Suggestions and Responses-From the 11/07/14 meeting.

1. **Provide an application on HealthCost to translate the site into other languages including sign language**.

We are investigating using Google Translate. If feedback is positive, we can consider adding it to HealthCost.

1. **Focus on ease of access.**

We have taken all your feedback on HealthCost into consideration when redesigning the site and have made several modifications in terms of navigation and the display of cost information, among other things

1. **Proposed website statement of purpose:**

**The website provides up-to-date, easy to understand, and easy to use information for all Maine people about how much mental and physical health services cost and the highest quality providers.**

* + **Based on the legislative mandate**
	+ **Accessible by all people on all devices**
	+ **Includes mental health and behavioral health data**
	+ **The purpose is to influence lower cost and higher quality services**
	+ **The website needs to provide rationale and encouragement to others**

We will reference this statement of purpose while working on the site.

1. **Provide examples of websites using personas**

Personas are typically used behind the scenes to develop the final website that visitors see, so it is hard to pick a specific website as an example. This link provides more information about the use of personas in creating websites:

* <http://www.usability.gov/how-to-and-tools/methods/personas.html>
1. **For every hospital in Maine, we want to know how many had readmissions, how many times a person went to the ER for physical health need and it was transformed into a mental health need? What is the hospital catchment area?**

On MONAHRQ, we do have information on the following readmissions:

* Return to hospital for an unplanned reason within 30 days after discharge
* Return to hospital within 30 days after a heart attack
* Return to hospital within 30 days after heart failure
* Return to hospital within 30 days for pneumonia

We have not looked at the claims data to determine which ER admissions were for physical or mental health needs.

MHDO uses Hospital Service Area to define catchment. You can visit this site to learn more about Hospital Service Areas: <http://www.dartmouthatlas.org/data/region/> .

1. **The three major categories of interest expresses by the group for quality indicators are: patient satisfaction, infection rate (patient safety), and readmission rate.**

We are working on incorporating quality measures in these categories into HealthCost.

Several of the measures suggested are available in MONAHRQ, including:

* Death rate
* Infection rates
* Hospital acquired conditions
* Surgical complications
* Patient safety
* Pressure ulcers
* Communication between providers and patients
* Readmission rates