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**General Overview**

* The MHDO was created by the Legislature in 1995 as an independent executive agency- Title 22 Chapter 1683- that operates under the supervision of a multi-stakeholder Board of Directors. The Governor appoints the members of the board.
* MHDO’s purpose is to create and maintain a useful, objective, reliable and comprehensive health information data warehouse that is used to improve the health of Maine citizens **and** to promote transparency of the cost and quality of healthcare in the State of Maine by procedure, payer, facility and provider.
* The MHDO is the state’s data center that is responsible for the collection, storage, management and distribution of healthcare data and information, including claims data, hospital inpatient and outpatient encounter data, hospital quality data, as well as financial and organizational data. MHDO maintains over 1 billion healthcare records and that number continues to grow every month new data is submitted.
* Legislative Committee of oversight is the Joint Standing Committee on Health and Human Services
* **Priorities** of the MHDO as established by the MHDO Board of Directors in June 2016:

1. Manage a high-quality, comprehensive health information data warehouse

2. Promote the appropriate release of healthcare data and information

3. Promote the transparency of healthcare cost and quality information

4. Support ongoing stakeholder engagement with our data providers, data users and consumers

5. Support a culture of change based on our stakeholders’ needs

* **Guiding Principles** of the MHDO as established by the MHDO Board of Directors:

1. Responsive and timely: Communicate data availability and manage data releases to published timeframes

2. Accurate: Ensure consistency and conformity of all data submissions

3. Accessible: Provide self-service applications where possible and remove barriers to data access

4. Streamlined: Build efficient processes for data collection and release; leverage national standards when available

5. Secure: Protect the confidentiality of personal health data – electronic threats change and systems must adapt to meet these challenges

* For the last ten years the MHDO data has been an important source in the analysis of health care costs, utilization, and outcomes. Employers have used the MHDO claims data to identify high cost providers, high cost conditions by geographic area, cost and utilization variations and the effects of employer-based wellness interventions on the cost of health care for their employee population.

**Examples of how MHDO data sets are being used:**

* **Div. of Unintentional Injury Prevention, Nat’l Center for Injury Prev. and Control, CDC**-MHDO’s all payer claims data is being used to evaluate the impact of MaineCares’ (state of Maine’s Medicaid program) innovative Prior Authorization (PA) policy for opioids. The intended goals of the PA policy are more appropriate use of opioids and better pain management among MaineCares’ patients.
* **Maine Office of Attorney General**-MHDO’s claims data is used for competitive analysis of merger and non-merger reviews by the Maine Attorney General pursuant to antitrust laws.
* **Maine Department of Health and Human Services**-MHDO claims data was used to evaluate the SIM work in healthcare quality and effectiveness as well as statewide healthcare utilization and expenditure trends.
* **Maine Hospital Association-**MHDO’s hospital inpatient data is used to conduct volume and service use analyses across Maine hospitals.
* **Maine Health Management Coalition**-MHDO claims data was used to create Primary Care Practice Reports which provide practices with utilization and quality information specific to their patients.
* **MaineHealth**-MHDO’s claims and hospital data is being used to inform MaineHealth system's efforts to (1) improve the quality and safety of the services provided, (2) identify opportunities to make the services provided less costly, and (3) support member organizations and strategic affiliates to assume the responsibilities and risks of an Accountable Care Organizations participating in the Medicare Shared Savings Program and similar arrangements with commercial payers.
* **Eastern ME Healthcare Systems**-MHDO claims and hospital data is being used by the planning department to determine utilization patterns to plan for future needs.
* **St. Mary’s Health System and St. Joseph Hospital**-MHDO claims data is being used to determine if pricing is in line with the market and where there is variation.
* **Anthem BCBS ME**-MHDO claims data is being used to: explore the impacts of regional variations in care; assist with the development of payment innovation models; and understand the dynamics of the market as a result of the Affordable Care Act.
* **VA Medical Center**-MHDO claims data was used to determine the healthcare services of V.A. enrollees outside of the V.A. system.
* **Muskie School of Public Service**-MHDO claims data is being used to support an evaluation of the state's community paramedicine pilot project to determine if the pilot projects have helped the Maine health care system avoid a limited number inpatient admission costs.
* **Boston College-**MHDO claims data is being used tostudy the impact of the ACA preventive health services on screening tests, vaccines, and health-related behaviors and outcomes among adolescents and adults
* **Yale University, School of Medicine**-MHDO claims data is being used to examine the relationship between cardiovascular and all-cause hospitalization/ED utilization with population

**Recent Quotes from MHDO Data Users:**

* *“I think the data the MHDO is making available is a huge resource for those of us working to improve healthcare in Maine.”* Center for Outcomes Research and Evaluation Maine Medical Center.
* *“MHDO’s Claims Data was identified as the best data source for our evaluation: (a) it’s longitudinal, a merit of data for policy and intervention evaluation; (b) it provides a full picture of health care use including use of opioids; (c) it provides the valuable opportunity of using public payers and commercial payers as comparison groups, which increase the rigorousness of our evaluation.”* National Center for Injury Prevention and Control Centers for Disease Control and Prevention.
* *“I think 2018 will bring great things for the MHDO and the APCD.”*
* *“The quality of the MHDO hospital data is the best it has ever been.”*
* *“MHDO’s APCD data is the only statewide data set that integrates medical claims and pharmacy claims data which opens up the possibility for various analysis. Example, understanding the patterns associated with prescribing antibiotics which may help inform future programs specific to Antimicrobial stewardship.”*

**www.CompareMaine.org**

* In 2014 MHDO partnered with the Maine Quality Forum (as required by statue) to work on promoting the transparency of healthcare cost and quality data. With the support of two federal grants and several external partners a new website CompareMaine was launched in the fall of 2015. CompareMaine reports the average cost for over 200 health care procedures at over 150 facilities by payer (top 5 commercial payers in the State, by facility). Additionally, CompareMaine currently reports on the following quality measures:
* Patient Experience
* Preventing Serious Complications
* Preventing Healthcare-Associated Infections:
	+ C. difficile (C. diff)
	+ Methicillin-resistant Staphylococcus aureus (MRSA)
* October 1, 2015-August 31, 2018: over 60,000 sessions and 400,000 pageviews.
* Top 10 procedures searched on CompareMaine:
	+ - 1. Colonoscopy with Biopsy for Noncancerous Growth
			2. Vaginal Delivery
			3. Knee Replacement
			4. Colonoscopy without Biopsy for Encounter for Preventative Health Services
			5. Hip Replacement
			6. Gallbladder Removal
			7. MRI Scan of Lower Spinal Canal
			8. New Patient Preventive Care Visit for Adult, Ages 18 to 39
			9. MRI Scan of Leg Joint
			10. MRI Scan of Brain

## **National Perspective**

* The MHDO is a member of the National Association of Health Data Organization (NAHDO) and works closely with this association on national issues that impact data definitions, standards, collection and release. NAHDO is one of the conveners that we and the other States with all payer claims databases have been working with post Gobeille to develop a common national data layout for all claims submissions.
* In November 2016 Consumer Reports released a report titled *Save Money and Get the Best Care from Your Health Plan-New Ratings Help Consumers Navigate Tools, Compare Cost and Quality of Doctors, Hospitals, and Services*. Consumer Reports ranked CompareMaine # 2 in the country for stand-alone health care transparency websites.