

Consumer Advisory Group
Meeting Report
May 16, 2014



Good Group Decisions

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Making the Case for Price & Cost Transparency	(slides provided separately)

This report is organized by topic, not necessarily the order in which things were discussed.

About the Meeting

This was the first meeting of the Maine Health Data Organization (MHDO) Consumer Advisory Group. Our charge is to give input and guidance to the MHDO on its efforts to provide and integrate comprehensive and useful health care cost and quality data through its publically accessible venue for Maine people. Over the course of several months we will focus primarily on providing input for an updated version of MHDO's HealthCost website. The meeting was professionally facilitated by Craig Freshley and Kerri Sands of Good Group Decisions in Brunswick.

Attendance

- Consumer Advisory Group members
 - Christine Holler
 - Jenny Rottman
 - Richard Chaucer
 - Lydia Richard
 - Poppy Arford
 - David White (by phone)

- Quality Counts staff
 - Kellie Slate Vitcavage
 - Judy Ward
 - Liz Miller

- MHDO Staff
 - Karynlee Harrington

- Interpreters
 - Lisa Trainor
 - Mary MacKay

- Facilitators
 - Craig Freshley
 - Kerri Sands

Welcome and Opening Remarks

Craig Freshley, facilitator, greeted the group and explained a little bit about the meeting and about his role:

- I was hired as a neutral facilitator for this MHDO Consumer Advisory Group
- TODAY we are the MHDO Consumer Advisory Group

- Members also serve as an advisory group for Quality Counts, but for this meeting we are advising MHDO
- We will be giving advice to MHDO staff. MHDO is working with consultants to build a new website that will provide cost and quality data to consumers and anyone else who is interested.
- We want your advice on how to make the website better
- The meeting notes will serve as a record of advice we are giving to MHDO about cost and transparency.

Karynlee Harrington, Acting Executive Director of MHDO, also welcomed the group and thanked everyone for being here and taking time from your schedules to do this work with us.

Everyone introduced themselves.

Operating Guidelines and Member Engagement

Craig presented the Operating Guidelines for this MHDO Consumer Advisory Council (See Appendix), making the following remarks:

- These are the guidelines we intend to use to guide our work together
- The purpose of this group is not to make any final decisions but to provide advice and guidance to MHDO.
- MHDO is also getting advice from other places and may not be able to act on every single thing that they hear.
- Sometimes we will have an occasion to make a decision, such as what our recommendations should be? We have some guidelines around our decision making.
- We will end every meeting with a look ahead to the next meeting and an evaluation of the meeting we just had.

Craig explained a few ground rules for our meetings:

- Give input in the best interest of the overall effort.
- Accept that all suggestions might not be feasible and others may have different suggestions.
- Honor the schedule and the operating guidelines. It's a pretty quick schedule. We have a lot to get done in a certain amount of time. We have thought a lot about what input needs to be given at what amount of time.
- If you share information by email between meetings, please share with the whole group.
- If you have any questions about the process, the schedule, or the materials, ask Craig and Kerri. We are available to you for phone conversations or even meetings.

- Poppy Arford is serving as a special liaison to the facilitators. She knows a lot about price transparency topics, and she is helping us plan the agendas.

The group approved these Operating Guidelines.

We also agreed on the following plan to assess and increase member attendance:

1. Our goal is to have 12-14 active, engaged members
2. Craig and Kerri will talk to the people not here today and assess their level of interest
3. Once we have a sense of the interest of the current members, we can decide if we think we should invite additional people
4. Before we invite any particular new members, we will ask the group if we should try to find representatives of particular populations

Road Map

Craig explained our “road map” (see Appendix), the schedule that explains what input is needed from the group, by when, in order to meet the Summer 2015 deadline for a revised HealthCost website.

- At these first two meetings, May and July, we are talking about cost information
 - At our next meeting we are going to be talking about prescription drug pricing information
- Then for September and November we are talking about quality information
 - We will learn about quality and some ideas for integrating quality indicators and cost indicators
- While we are talking about these things, MHDO is preparing a new website about cost. They plan to show that to us in January 2015.
- In March we will see an integrated version of the website that includes cost and quality information
- Then we start to wrap up and we talk about building awareness

There was a clarifying question about what “MONAHRQ” (in the road map document) stands for. It stands for “My Own Network - Agency for Healthcare Research and Quality”.

There was a request that we spell out acronyms in general, and it was agreed that that would be a good rule to follow.

Price Transparency for Patients

Poppy's Presentation

Poppy Arford gave a brief overview of health care cost transparency (see slides attached separately). The following remarks were captured:

- Thanks to everyone for participating
- Anyone is invited to contact me with questions about cost transparency
- Two pieces of legislation just passed with triple-aim goals of healing, population health, and affordable care for all
- Health care spending growth is at a 10 year high; many Americans say it's their top problem
- Medical bills are a leading cause of personal bankruptcy; 2 million people affected
- We WANT to pay for our care but many of us do not have the inability
- When I talk about price, I mean the price itself, regardless of who is paying
- When I talk about insurance, in general I mean all payors, but I will identify when I mean a particular payor
- Only those who are uninsured or those whose insurance doesn't cover a particular service pay the full retail price
- Anyone who has private or public insurance will pay different prices, sometimes significantly less
 - For uninsured, the cost share is nearly 100% of the price
 - For the insured the cost share portion is determined by their benefit package
 - "Coinsurance" is your percentage of whatever the insurance company has negotiated on your behalf
 - "Copay" is a flat fee that you pay for a health care visit
- Where to go to get information:
 - Ask your providers - they are starting to make info available
 - The law now mandates that health care providers have to provide cost info for the most common tests and procedures, so you know when you walk in
 - Information must also be provided on the MHDO website
 - But we have to tell people about the website
 - We are heading in a transparency direction thanks to two new pieces of legislation
 - All the major health plans are beginning to provide some kind of cost compare tool - not yet great, but evolving
 - Anthem example: "Estimate Your Cost" website shows outrageous variance in price.
 - This shows out-of-pocket payment and negotiated prices within 25 miles.
- The September 2013 Consumer Information Subcommittee Report to the MHDO Board informed the Transparency Grant
 - This committee has done tons of research

- The recommendations are to
 - Expand and support the HealthCost website, which we are doing
 - Designate a clearinghouse role - not just to provide info, but actually try to connect people with information
 - Evaluate a potential awareness campaign
- There was a recent public dump of data about what CMS has paid providers for the past year
- Karynlee has a huge job of making data fit together - she does a great job

Questions and Discussion

- How did you come to a determination of cost and pricing? It seems like some doctors are just out there to make a buck.
 - Others determined the actual prices
 - MHDO simply receives data on claims paid
- Although this group is not concerned with how prices are determined, you the consumer can make more informed choices and the idea is that if there are folks charging unreasonable prices, consumers make choices with that in mind and the market will adjust
 - We can play a role in reducing the cost of own care
 - When you go to a mechanic, you want to know what they are going to charge
 - I want to see the facility charge, the cost of the meds. I'm going to shop around. And then I want to know about quality standards.
- It would be great if eventually at the MHDO website you can link to your own provider

HealthCost Interim Website Review

Karynlee's Introductory Remarks

Karynlee provided some background HealthCost interim website:

- When you walk out of a doctor's office, you want to know exactly what you are going to have to pay
- We also want to know how often a doctor has done a certain type of procedure, what the rate of infection is
- This is the kind of info we want to bring together
 - So you don't have to navigate through dozens of websites
 - If you agree that this is important information
- A recent national report graded states on health care price information.
 - 45 of the 50 states received a failing grade.
 - Maine was one of 2 states that received a B. No one got an A.

- We can always do better, but we need to recognize that we are lucky and we do have lots of information out there.
- And, we are going to get to an A!
- Visits to the interim HealthCost website during one week in May
 - 150 hits
 - 60% from Maine
 - Use of this interim site is far higher than use of on previous version
 - We get calls from other states who want to develop something similar
- Survey on the HealthCost interim website
 - 11 responses
 - For half, their first visit to the site
 - Good indications that people are finding what they are looking for.
 - Those who can't find info - that's the group we want to serve.
 - Many indicated they were able to understand the info on the site
 - Key question: what's missing and how can we make it understandable?
 - Even though it's a small sample size, we think that even in a larger sample the results might be similar.
 - We are going to continue to encourage people to take this survey; we will be collecting data all the way up to the launch of the new website.

Karynlee showed the website on the screen and explained the various pages and features:

- Home page - intro of what's available on this site
- Commonly asked questions and answers
- Resources page - links to health plans
- The Cost Compare tool
 - The essence of the site
 - Select a procedure and your zip code
 - You get a list of facilities who offer that procedure
 - Shows average total costs based on what has been reported to MHDO
 - List breaks down cost by professional component and by facility component
 - However, not all providers have professional-level and facility-level data.
 - All the categories are defined in the methodology section
 - You can sort however you want
 - For example, if you sort by lowest to highest price for a particular radiology procedure, you can see that the total is more than \$2,000 at one place and \$463 at another place
- This interim site shows cost information by facility.
 - At previous site we showed information by health plan - Anthem or Aetna for example,
 - Often there was not enough volume of data
 - Ultimately we want to go back to showing information by health plans
 - And we want to talk about adding MaineCare and Medicare, even though those payments are fixed and you might not have out of pocket costs

Summary of Suggested Improvements

The following is a summary of the top ideas for improvements suggested by the group:

1. Provide different types of information for patients and others. We are most interested in patients - defined as empowered, informed consumers.
2. Remove the provider-centric categories in the Cost Compare steps
3. Allow searching by code or by procedure, using patient-centered terminology
4. Add a way to search visually by part of the body
5. Make sure that behavioral/mental health services are among the choices
6. Add links to information about transportation options
7. Provide a way to see costs by insurance and by provider
8. Dress it up with some color

Discussion

- Getting more people to visit the interim site
 - For the site survey, we need more diverse participants. Encourage people of more ethnic diversity to visit the website and share ideas. Also inner city and homeless populations.
 - Also, contact the Maine Center on Deafness. They will put a link to this interim site on their website and get the word out to the deaf community.
- Customized information for patients, professionals, and others?
 - On the home page, should we add buttons where you can indicate if you are a consumer, policymaker, provider, etc.? Then you would get into a site that was designed specifically for that audience.
 - As long as anyone could get into any tab.
 - I want to know what the policymakers and providers are looking for, because I know that affects me.
 - Different needs are different. There are pathways for professionals and pathways for patients. We figure there are people going there for no other reason than to find out costs.
 - This site is not just for patients
 - We might not know the needs of other groups
 - This consumer advisory group is supposed to provide input on how well it's working for consumers/patients
 - Some hospitals and Federally Qualified Healthcare Centers (FQHCs) telling us that they are using this site because they heard from patients about expensive hospitals to which they were being referred
 - We are hearing that they will try to refer to lower cost facilities
 - I like the idea of different buttons
 - I agree with the idea of information for professional and for consumers

- Additional information to include
 - All this site shows is cost - we need to make sure that we are balancing cost with quality indicators
 - What if a patient can't afford a \$2,000 procedure at Maine Med? How do they transfer to another place? What if we you can't afford the transportation to get there? How is a patient able to access the lower cost services?
 - Under "Distance to Facility" maybe you could click on each one and access information about public transportation
 - Or whether there is an option for vehicle mileage reimbursement
 - The site should show different TYPES of MRIs and electric shock therapy
 - Some providers do not tell you up front that they do not have the service you are looking for
 - Need to add MPI and more psychological procedures
 - Add some more color for people with sight issues
 - Add a link that clarifies mental, behavioral, etc. services and then the drop-down menu of codes
 - Add issues specific to kids and adolescents. If was told my kid needed psychiatric professional help I would want to be able to look it up. There are too many kids getting unnecessary testing, meds, procedures. This will help educate parents.
 - How does this site serve blind users
 - "Patient complexity" is not needed for the patient part. It's too confusing - switch it to professional side.
 - Instead of have to flip back and forth for definitions, have definitions appear when you hover
 - Add ASL interpretation for the site itself, and alert entities about who gets an interpreter and who doesn't
- Change "patient" to "consumer"
 - The word patient divides us. As a consumer, I choose where I want to get my health care. It implies that I have a choice and I'm looking for information. A patient just gets told what to do.
 - If we use the word patient we should explain that we are trying to empower patients and that they have a choice. We should be very clear that we are not talking about patients in the traditional sense but empowered consumers. Educated, informed patients.
 - Medical facilities have had power over us all these years because we are uninformed
 - Maybe on the home page if you hover over buttons for "Patient" or "Professional" you could see a definition
- Categories and finding your procedure
 - Break info into physical health and mental health, or psychiatric and mental
 - I got lost when trying to choose a procedure. How would I know which kind of MRI? I don't know if the doctor is going to use dye.
 - On the site it could it say "Ask your doctor for the code" and then you type it in

- Patient can ask for the code of the procedure, but the doctor doesn't always know
 - The provider might not even know which particular code your procedure will be until you get there (i.e. dye or no dye).
 - Some insurance companies are moving away from codes for cost-compare tools
 - Additional categories to add
 - MRDD, Dementia, Alzheimer's
 - Nursing home/ group home services
 - Cardiac surgery
 - Services addressing life-threatening situations - communicating with someone in a coma or a deaf person
 - Clarify what is meant by "Emergency Room"
 - It's there because there is so much misuse of the ER (for minor issues)
 - This site is showing how much it costs to go to the ER if you don't really need to go there
 - I am not a fan of these categories - they are provider-centric. There is not a lot of meaning to patients. The categories are not intuitive to patients. They don't resonate.
 - Example of patient-centric information
 - One word, like "x-ray"
 - A basic idea of what you want
 - Search for a description
 - Or search for CPT code
 - I can't find "colonoscopy"
 - It's under diagnostic
 - We might need to keep these distinctions for Medicare - they need to know if a procedure is diagnostic, or preventative. Your doctor can tell you if it's preventative.
 - Not sure if we have to go with the actual technical terms used in the insurance company.
 - It should be that we can just write in "colon" or "colonoscopy" and everything related comes up
 - How about a picture of the body? Then you can click on what area you want to know more about - eyes, foot, etc. This might be helpful or less literate or English as Second Language participants.
 - Make it so you can search by code OR by a patient-centric phrase - whatever the patient is thinking of. Whatever YOU know about the procedure.
 - Even if you don't have an exact CPT code - the site should tell the user that "we still have something for you"
- Zip code
 - Seems fine
 - Found it very easy to use
 - Clarify that you don't have to use it
 - Add info about transportation. Is there a bus service?

- Or maybe just a link to the METRO or the Explorer. It's too much for the MHDO site to keep up with all the transportation information.
- Insurance-specific information
 - What about adding Medicare, Mainecare, and uninsured - would you begin by identifying your insurance company?
 - Law requires us to break it down by insurance provider types - the cost really is different.
 - Yes, that would be good, because you can see others' rates. This gives the patient the option to ask questions and maybe go to a competitor.
 - Yes, it seems useful to me to know my costs, but actually I'd like to see at the end that it varies and see all the different types. It's empowering to see the range of prices offered to other people.
 - Hospitals now have to charge uninsured patients the average negotiated rate.
 - Yes, we would like to see cost by insurance company, but later towards the end, not at the beginning. Start with the procedure. I want to see how much it will cost for my problem to be fixed. Then later on in the process, the cost of MY type of insurance.
 - Or it could be that during the first step, you select the category of coverage or insurance, and "statewide average" would just be one of the choices
 - You want to be able to see the cost for you, for others, and the statewide average

Preparation for Next Meeting

- Topics for the next meeting (July 11): interim website "Resources" page and prescription drug pricing information
- To prepare, spend some time on the Resources page. Think of any additional information that would be helpful to include.

Evaluation of Today's Meeting

We briefly evaluated this meeting and the advance preparation process by listing things that worked well and things to improve for next time.

Things That Worked Well

- Information ahead of time
- Facilitation (Craig asked clarifying questions)
- Validation of our contributions
- Organized enough to get the work done
- Summary at the end

Things to Improve

- Improve slides for remote participants
- We need to start on time
- Have a timer
- Advance materials on paper (for those who prefer)
- Improve attendance

The meeting adjourned at 12:05 pm.

Appendix A: Planned Agenda



Consumer Advisory Group

Agenda

May 16, 2014, 9am-12pm

Conference Room, Maine Quality Counts, 16 Association Drive, Manchester

About the Meeting

This is the first meeting of the MHDO Consumer Advisory Group. Our charge is to give input and guidance to the Maine Health Data Organization on its efforts to provide and integrate comprehensive and useful health care cost and quality data through its publically accessible venue for Maine people. Over the course of several months we will focus primarily on providing input for an updated version of MHDO's HealthCost website.

In this first meeting we will develop a shared understanding of our work together and give some initial feedback on the website.

To ensure an effective and efficient process that respects participants' time and offers opportunities for everyone's perspective to be heard, our meetings will be professionally facilitated by Craig Freshley and Kerri Sands of Good Group Decisions in Brunswick.

Please arrive early for light breakfast and then a prompt 9:00 am start.

Agenda

8:40 **Coffee, tea, bagels, muffins**

9:00 **Opening**

 Welcome and About the Meeting – Craig Freshley, facilitator
 Craig and group members will introduce themselves and we will
 hear an explanation of the agenda and ground rules.

9:10 **Operating Guidelines**

 Craig will present the Operating Guidelines for this Consumer Advisory
 Council. Let's make sure we all understand how things will work.

9:20 **Road Map**

 Karynlee Harrington, Acting Executive Director of MHDO, will explain our
 "road map" - what input is needed from the group, by when, in order to meet
 the Summer 2015 deadline for a revised HealthCost website. There will be

an opportunity for clarifying questions. We will also discuss and approve our schedule and meeting location.

- 9:35 **Price Transparency for Patients**
We will discuss two recent updates from Poppy Arford on health care cost price transparency: The September 2013 Consumer Information Subcommittee Report to the MHDO Board, and an overview of “Transparency from the Patient Perspective.”
- 9:45 **Break**
- 10:00 **HealthCost Interim Website Review**
Karynlee will review the HealthCost interim website and survey responses to date. We will have a discussion about the website, in particular offering feedback on:
- The Cost Compare tool**
Accessibility
List of procedures
Usefulness
- Individual pages:**
Maine HealthCost
Definitions
Methodology
Facilities
Procedures
- The website as a whole**
- 11:35 **A Quick Look Back and Ahead**
We will briefly evaluate this meeting and the advance preparation process. How did this work for you? What might work better for next time?
- We will also note the topics for the next meeting and give a “heads up” about potential advance reading.
- 11:50 **Making This Meaningful**
We will take a few moments for a quiet individual written exercise to help us each consider what perspective and contribution we will bring to this process.
- 12:00 **Adjourn**
- 12:05 **Lunch**

Appendix B: Operating Guidelines



Consumer Advisory Group Draft Operating Guidelines

April 25, 2014

Group Charge: The MHDO Consumer Advisory Group will provide input and guidance to the Agency on its efforts to provide and integrate comprehensive and useful health care cost and quality data through its publically accessible venue for Maine people. The MHDO Consumer Advisory Group serves in an advisory role and provides recommendation to the MHDO staff and when appropriate the MHDO Board.

Membership: The QC Consumer Advisory Council. Member's travel that allow for in person participation will be reimbursed by the Agency.

Member Roles & Responsibilities: Members of the MHDO Consumer Advisory Group will be asked to attend regular meetings of the group and to provide their input, advice, and guidance. Specific issues and tasks to be addressed and prioritized by the group over the next 18 months may include and are not limited to the following:

- Review and evaluate MHDO's HealthCost tool for functionality, meaningful use, and user friendliness. Make recommendations for improvement including ways to improve user interface and usability of site.
- Review and advise on list of "shopable" procedures and make recommendations for additional procedures.
- Provide feedback on links and integration with other efforts in Maine, and out of state, involving health data and commercial plans' cost calculators and price information
- Evaluate and advise on linking to and/or incorporating prescription drugs pricing information.
- Consider and advise on the inclusion of Medicare and Medicaid data on the HealthCost website.
- Review information on MONAHRQ and make recommendations on the priority of the information, including the top ten indicators.
- Consider other quality indicators, including the Patient Experience of Care Survey Results.
- Explore and develop recommendations on meaningful ways to integrate cost and quality data.
- Develop recommendations for an effective statewide awareness campaign to educate Maine people about the value of information available through MHDO.

Decision Making

Decisions within the Group will be made by consensus which means that:

- The particular question to be answered or problem to be solved is clear
- We understand enough about the issue to make a decision
- Every point of view gets heard, although not necessarily incorporated
- If we can't all agree, than a majority decides
- The decision gets written on the spot

Meeting Format

- Meetings start and end on time and are professionally facilitated by Craig Freshley and Kerri Sands.
- Meetings always start with welcome, explanation of the agenda, review of the ground rules, and introductions.
- Meetings always end with a preview of topics expected for the next meeting and a quick full group evaluation of the meeting and overall process.

Ground Rules

- Understand all views before forming final opinions
- Give input in the best interests of the overall effort
- Accept that all suggestions may not be feasible and that others may have different suggestions
- Honor the schedule and the Operating Guidelines
- Facilitator manages the process and serves the group as a whole from a neutral perspective
- Be on time and be prepared for meetings
- Facilitator calls on people so everyone gets an equal chance to speak
- Phone participation is welcome although not encouraged
- Meetings and related processes are regularly evaluated and improved
- If you share information by e-mail between meetings, share it with the whole group (although it's okay to privately share personal opinions)

Schedule

- 2nd Friday of every other month - Consumer Advisory Group Meetings
- Within a week after – Craig and Poppy meet by phone to debrief the recent Consumer Advisory Group Meeting and look ahead to the next one
- Within two weeks after – Draft Meeting Notes circulated to whole Group and comments encouraged
- Two weeks after (4th Friday of every other Month) – Consultant phone meeting (Karynlee, David, Leanne, Craig, Kerri) to debrief recent Consumer Advisory Group Meeting and identify work to be done to prepare for next meeting.
- Four weeks after - Comments have come in on the Draft Meeting Notes and they are revised accordingly. Craig finalizes the notes and Final Notes are distributed and posted at the website.
- Five Weeks after – Craig drafts agenda and list of briefing materials for the next Consumer Advisory Group Meeting and shares with Poppy for comment. Perhaps Craig and Poppy have a meeting to discuss. The agenda gets revised accordingly.
- Five or Six Weeks after – Craig checks in with David and Leanne about support materials.
- Six or Seven Weeks after – Craig distributes Agenda and Support materials for the next Consumer Advisory Group Meeting

Facilitator Role

- Develop draft agendas and final agendas with input from the Liaison, Group Members, and MHDO staff and consultants.
- Prepare meeting notes with input from the Consumer Advisory Group.
- Distribute and post final Agendas, Meeting Notes, and other relevant documents.
- Coordinate preparation of materials and the overall schedule with David, Leanne, and Karynlee.
- Communicate regularly with Liaison and consider her advice
- Be available to all Consumer Advisory Group Members, MHDO staff, and consultants to address process concerns and facilitate discussions that result in shared understanding and agreement.

Special Liaison Role

- Provide input on meeting agendas and all issues related to group process
- Be available to all Consumer Advisory Group Members to answer questions and provide clarifications on the content of health care cost and quality transparency.

Appendix C: Road Map



Working Draft: Consumer Advisory Group Road Map

Last Updated: 4/16/2014

May 16, 2014

- Topic: Overview of Road Map and Review of MHDO's Current Website
- Discussion: Review and evaluate MHDO's website for functionality, usefulness, readability, and user friendliness. In particular, review and evaluate the Cost Compare tool for accessibility, list of procedures, and usefulness. Review results of feedback survey.
- Deliverable(s): Recommendations for improving the website as a whole, and each of the pages individually (Maine HealthCost, Cost Compare, Definitions, Methodology, Facilities, Procedures- Resources to be discussed next meeting). Provide a list of recommended medical procedures to be added to the site (if any).

July 11, 2014

- Topic: External Resources, Including Prescription Drug Pricing Information
- Discussion: Review and evaluate the resources currently provided on the website. In particular, provide feedback on links and integration with other efforts in Maine, and out of state, involving health data and commercial plans' cost calculators and price information. Evaluate and advise on linking to and/or incorporating prescription drugs pricing information.
- Deliverable(s): Revised resource list for website (includes deletions and additions to current list). Recommendation as to whether or not to link to a site like GoodRX or actually develop a RX price tool on the site.

September 12, 2014

- Topic: Quality Indicators Part I, Including Integrating Medicare/Medicaid Data
- Discussion: Review and evaluate other quality indicators. What do consumers want quality information on (physician, practice group, hospital)? What types of quality indicators are of interest (process, outcome, etc.)? Consider other quality indicators, including the Patient Experience of Care Survey Results. Consider and advise on the inclusion of Medicare and Medicaid data on the website. Discuss if Medicare/Medicaid data should be averaged with private insurance cost data or displayed separately.
- Deliverable(s): If quality indicators are of interest, recommendations of level and type of quality indicators to include. Recommendation as to whether or not to link to pre-existing quality sites or include quality metrics directly on the website. Recommendation as to whether or not to include Medicare/Medicaid data; and if applicable, how to include it.

November 14, 2014

- Topic: Quality Indicators Part II, Including Integrating MONAHRQ Data
- Discussion: Review and evaluate other quality indicators. What do consumers want quality information on (physician, practice group, hospital)? What types of quality indicators are of interest (process, outcome, etc.)? Consider other quality indicators, including the Patient Experience of Care Survey Results. Review information on MONAHRQ and make recommendations on the priority of the information, including the top ten indicators.
- Deliverable(s): If quality indicators are of interest, recommendations of level and type of quality indicators to include. Recommendation as to whether or not to link to pre-existing quality sites or include quality metrics directly on the website. If MONAHRQ data is considered high priority, provide list of top ten indicators for inclusion on the website.

January 9, 2015

- Topic: MHDO's Website Revision Plan
- Discussion: Review and evaluate MHDO's revision plans for the website.
- Deliverable(s): Feedback on plans and additional recommendations for improving the website.

March 13, 2015

- Topic: Integrating Cost and Quality
- Discussion: Should cost and quality data be linked? If so, how should it be done?
- Deliverable(s): Action plan or recommendations for integrating cost and quality data.

May 8, 2015

- Topic: Awareness Campaign
- Discussion: Develop recommendations for an effective statewide awareness campaign to educate Maine residents about the value of information available through MHDO. What are we calling the final product?
- Deliverable(s): Recommendation of ways in which to educate Maine residents about the value of information available through MHDO. Suggest venues (print ads, TV, radio), target populations (physicians, the elderly, etc), and geographical areas. Suggest name of final product.

July 10, 2015

- Topic: Review MHDO's CMS Grant Product Plan (website, consumer guides etc.) and Timeline
- Discussion: Review and evaluate MHDO's Product Plan and Timeline.
- Deliverable(s): Recommendations for improving the Product Plan.

September 11, 2015 (tentative)

- Topic: Celebrate Achievements and Discuss Next Steps
- Discussion: Review and celebrate achievements. Discuss next steps.
- Deliverable(s): Feedback on next steps.