

# **OHIC -Professional Provider-Health Plan Workgroup**

**November 6, 2006**

**167 Point Street- Lifespan PSO Boardroom**

## **Minutes**

**(iv) By March 15, 2007 a report to the legislature on proposed methods for health maintenance organizations, non-profit hospital or medical service corporations to make facility specific data and other medical service-specific data available in reasonably consistent formats to patients regarding quality and costs. This information would help would help consumers make informed choices regarding the facilities and/or clinicians or physician practices at which to seek care. Among the items considered would be the unique health services and other public goods provided by facilities and/or clinician or physician practices in establishing the most appropriate cost comparisons.**

### **1. Attendance:**

**Present: Jeane Amaral, Lorraine Roberts, Craig Syata, Pat Moran, Paul Carey, Joel Kaufman M.D., Mark Montella, Steve DeToy, Jay Buechner, Sue Oberbech, Steve Lonardo, Stephan Katinas, Beverly Jane Perry, Jason Martiesian, Maureen Brousseau, Christopher Dooley**

**OHIC Staff: Patricia Huschle**

**Absent: David Balcom, Carolyn Lewis, Shirley Carter, Terri Tenney**

## **2. Minutes and conclusions from October 30th meeting**

**Group reviewed the minutes and two corrections were made. Dr. Kaufman asked that the word “difficulty” be added to section 4 to more accurately reflect the discussion around the complexities of reporting quality information. Steve DeToy asked that his understanding of the legislative intent, that cost and quality information be reported side by side, be documented in the minutes.**

**Group agreed to the following statements derived from the discussion at the last meeting:**

- Cost information and quality information should be reported together to be most useful to the consumer**
- The group should not attempt to define/re-define quality**
- Quality data is most valid if it is aggregated across all payers**
- Aggregated quality information for physicians is several years away**

## **3. Health Plans presented their own cost/quality information**

**BCBSRI informed the group of the guidelines the Blue Cross Association has taken on transparency information and indicated that they will be embracing those guidelines. Currently BCBSRI does not provide any quality or cost information on professional providers. BCBSRI does provide members access to WebMDs Hospital comparison tool.**

**UHC reported on the information on cost and quality it provides to**

members about network providers. It has its premium designation program that is currently being rolled out in Rhode Island, which rates providers on quality and efficiency using a “star” rating system. UHC reported that 33% of the MDs in the state have insufficient claims experience to be ranked in this way and the database will so note. They also provided information on the hospital “cost estimator” that will be rolled out in Rhode Island in late January, early February of 2007. The information provided indicates how a hospital’s costs compare to its geographic peers (i.e. higher than average, lower than average)

#### **4. Continuation of Discussion on statute language**

Group reviewed a draft proposed implementation grid, outlining a roll out for quality and cost information. This grid will be shared with the Health Care Advisory Council (HIAC) on November 21st to indicate to them how this group is planning to address the statute language. Pat Huschle to send the group revised document for feedback prior to presenting to the HIAC.

#### **5. Next steps and meeting dates**

Pat Huschle to report to HIAC on November 21st the status and direction of the workgroup on operationalizing the transparency statute. Next Workgroup meeting is scheduled for December 4th, 2006 10am to noon at OHIC, 233 Richmond Street, Main Hearing Room.