

**POLICY CASE**

A high quality and efficient health care system is in the public interest. Everyone is involved with health care and a tremendous amount of public (and private) funds are spent on health care. Successful health care system reform will result in improvement in care quality and safety, lower cost trends, and better patient experience. Administrative data (claims data) is not by itself sufficient to evaluate quality and costs of the health care systems at the individual consumer, provider, practice, hospital or payer levels. Similarly, clinical data is not by itself sufficient to evaluate quality and costs of the health care systems at the individual consumer, provider, practice, hospital or payer levels. Accurate, available administrative and clinical health data that is accessible (with strict safeguards and confidentiality requirements) to patients, providers, purchasers, payers, and researchers is necessary to analyze our current health care system and guide future development for overall improvement in population health and efforts toward a sustainable health care system.

**Notes**

## Worksheet for LD 1818 Work Group for January 18, 2013 Meeting

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### Final Recommendation Theme 1 – Governance

Final Recommendation: There is consensus that there is significant value in linking clinical and claims and other data. This may be achieved through one or more data bases, yet we desire a single point of accountability and oversight which would be done by a government agency. The MHDO is the steward and setter of policies on claims and quality data and is a governmental structure that could provide this single point. To better carry out its public interest functions, the MHDO Board structure needs to be reconstituted to carry out the public oversight (promulgate rules) of clinical, claims and other sources of data and the Board must be held accountable.

### Notes

**Final Recommendation Theme 4 -- Consumer Engagement**

The structure of the State agency (MHDO) should include a mechanism that establishes and leads ongoing multi-level advisory groups with articulated goals and evaluation systems. The advisory groups should represent the broad spectrum of stakeholders at the organization and individual consumer levels. The framework should seek to establish the MHDO as a forum for various other advisory groups to report their activities to promote efficiency and meaningful outcomes.

**Notes**

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### Final Recommendation Theme 2- Data Protocol

1. Support the goals of a State health care data provider to be Responsive and timely, Accurate, Accessible, Streamlined, and secure; 2. Support the State's health care data provider (MHDO) effort of building on its existing systems to take advantage of newer technologies better suited to meet the changing needs of the market, such as building a highly robust and secure data warehouse; and 3. Support national standards for data collection and distribution as appropriate.

### Notes

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### Other recommendations in the report

Page	Recommendation	Notes
11	The Work Group recommends that language to amend Maine law or agency rules, to “increase availability and access” to health care data be drafted based on the specific recommendations accepted by the legislature.	
11	First, we propose that the HHS committee report out a bill this session that would be needed to accomplish some of the improvements laid out in this report.	
12	Second, we propose that two study efforts take place in 2013, under the aegis of a reconstituted Maine Health Data Organization: A study of protocols, data management, privacy, and encryption that leads to standards for the use of linked databases (in which MHDO is involved). This would result in a major rulemaking process...	
12	.. and a study of financial options for funding the system, which would be provided to the Legislature next year for action.	