

EXHIBIT I Health Care

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Due to size limitations, pages ____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us.
Meeting Date 3/6/08

Public Reporting and Quality Improvement



Presented by
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Joanne Steffen



Health Service Coalition Members

Culinary Health Fund	MGM Mirage
Harrah's Entertainment, Inc.	Boyd Gaming Corporation
Mandalay Resort Group	Tropicana Resort and Casino
Las Vegas Metropolitan Police Department Employees and Health and Welfare Trust	Teachers Health Trust
Clark County Firefighters	Las Vegas Firefighters
Golden Nugget Hotel and Casino	Teamsters Local 14 – Security Fund for Southern Nevada
Teamsters Local 995 – Security Fund for Southern Nevada	Teamsters Local 631 – Security Fund for Southern Nevada
Carpenter's Health and Welfare Trust	IBEW 357 Electricians
Construction Industry and Laborers Health and Welfare Trust	Plumbers and Pipefitters Health and Welfare Trust
Cement Masons and Plasterers Health and Welfare Trust	UFCW Local 711 and Retail Food Employers Benefit Fund
United Food and Commercial Workers – Local 77 (Rite Aid Employees)	Ramada Express Hotel and Casino

Commonwealth Fund Study: 2007

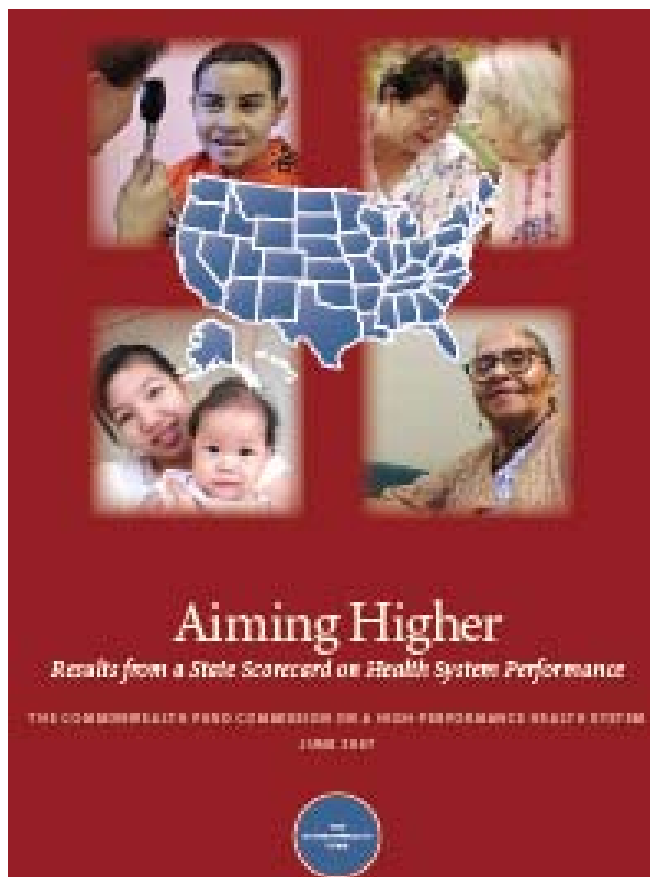


EXHIBIT 4

State Ranking on Health System Performance by Dimension

□ = State in top quartile

Overall Rank*	State	Access Rank	Quality Rank	Avoidable Hospital Use & Costs Rank	Equity Rank	Healthy Lives Rank
41	Alabama	31	20	41	34	38
26	Alaska	36	46	19	29	4
26	Arizona	33	47	8	40	9
48	Arkansas	42	40	44	46	44
39	California	44	50	18	44	3
23	Colorado	35	30	15	43	28
7	Connecticut	2	4	25	2	17
14	Delaware	19	15	31	8	26
32	District of Columbia	10	25	47	10	48
43	Florida	40	45	26	39	25
42	Georgia	37	37	32	30	35
1	Hawaii	1	18	4	6	8
30	Idaho	43	39	3	45	14
36	Illinois	24	29	40	23	36
38	Indiana	30	28	33	34	33
2	Iowa	4	2	14	11	9
20	Kansas	17	19	26	34	27
45	Kentucky	29	38	45	19	49
46	Louisiana	33	41	51	28	50
5	Maine	5	2	21	2	20
19	Maryland	21	17	34	11	39
8	Massachusetts	2	3	35	1	20
16	Michigan	10	11	38	16	37
11	Minnesota	9	10	10	38	7
50	Mississippi	48	44	49	47	51
37	Missouri	22	33	30	26	45
17	Montana	46	19	7	23	28
12	Nebraska	10	9	14	20	23
40	Nevada	47	51	24	50	31
3	New Hampshire	6	6	20	2	6
26	New Jersey	25	16	46	22	28
35	New Mexico	50	41	4	41	14
22	New York	11	30	39	15	30
30	North Carolina	32	22	22	32	34
13	North Dakota	18	20	9	17	17
24	Ohio	15	23	37	14	41
50	Oklahoma	49	43	50	50	47
34	Oregon	45	36	23	48	19
15	Pennsylvania	15	14	36	9	39
6	Rhode Island	4	1	23	4	22
33	South Carolina	28	27	26	25	43
10	South Dakota	19	10	17	16	11
40	Tennessee	26	36	42	27	42
49	Texas	51	46	48	49	24
24	Utah	38	48	1	42	11
3	Vermont	6	7	11	2	14
29	Virginia	23	24	29	31	32
17	Washington	27	34	6	37	10
44	West Virginia	38	32	42	21	45
9	Wisconsin	11	8	16	15	16
21	Wyoming	40	35	19	32	2

*First rank for overall health system performance across the dimensions

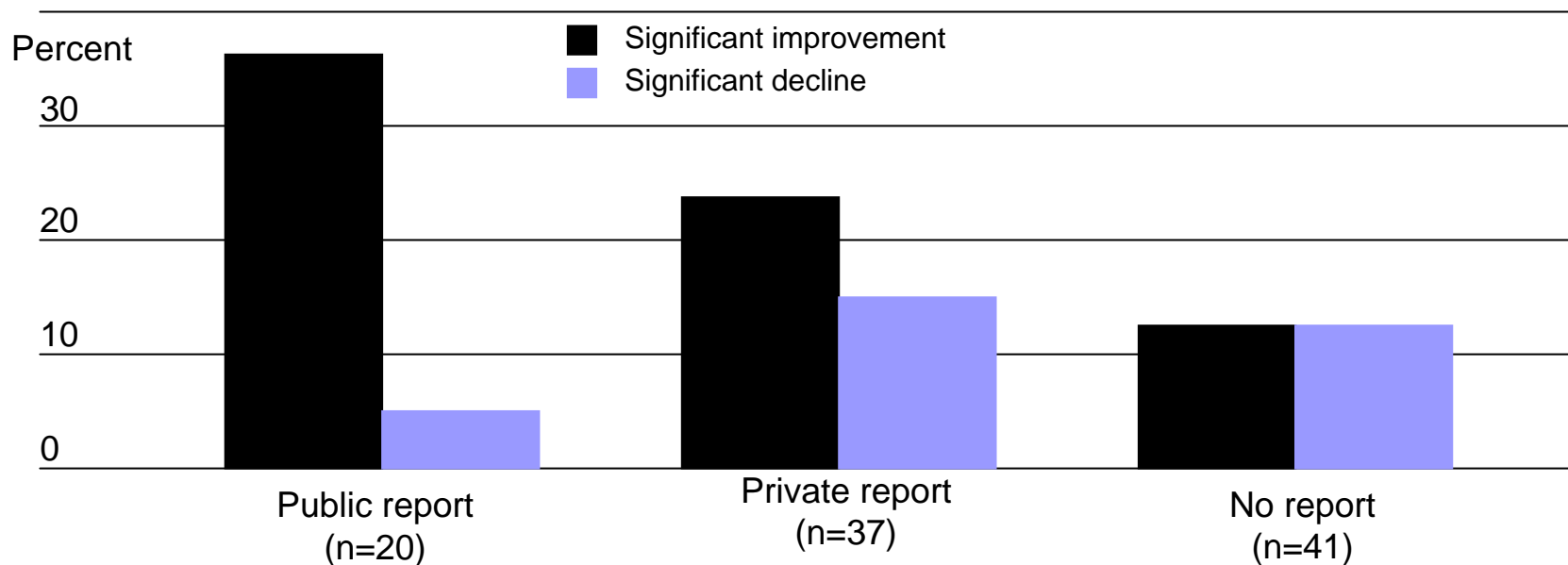
Age Group	Percentage
18-24	35%
25-34	25%
35-44	15%
45-54	10%
55-64	8%
65-74	5%
75-84	3%
85+	2%



- *Source: Deloitte Health Care Transparency: A Strategic Perspective for State Government Leaders

Public Performance Transparency is A Powerful Motivator of Hospital & Physician Performance Improvement

Percentage Of Hospitals With Statistically Significant Improvements Or Declines In Obstetrical Complications In The Post-Report Period (2001-2003)



Source: J. Hibbard, et al., Health Affairs, July 2005; and Wisconsin Bureau of Health Information, risk-adjusted by Medstat.

Why Outpatient Reporting?

- Advances in medical technologies are making it faster, less painful for patients, and cheaper to perform once-complicated procedures in outpatient settings
- Outpatient procedures now account for greater than 50% of hospital care.
- Major Healthcare trend toward ambulatory settings

What is Price?

The definition of “price” depends on the consumer group using it – and might include the following:

Retail Prices

List prices for services that are charged by providers to patients who are not covered by insurance or otherwise eligible for discounts.

Negotiated Prices

The price a provider agrees to charge patients covered by a specific health plan. In general, health plans with greater purchasing power have greater leverage to negotiate discounts.

Patient out-of-pocket payments - (i.e., co-insurance, deductibles, and exclusions) –

The share of the health plan’s negotiated price that a patient is responsible for paying. This is the “price tag” for patients.

EXAMPLE: PENNSYLVANIA REPORTING BUTLER MEMORIAL HOSPITAL

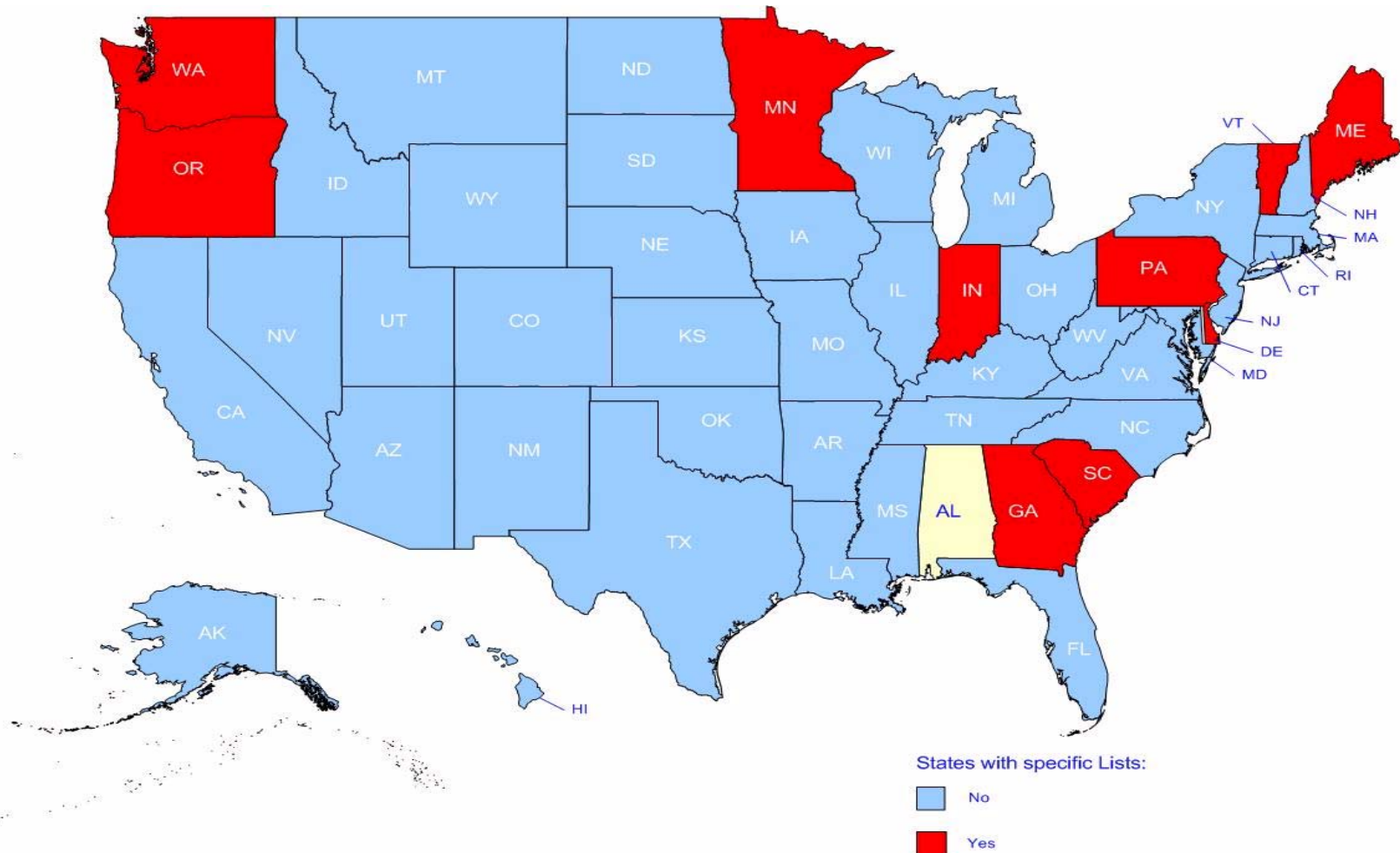
- Health Condition: **Heart Attack** 😊 😊 😊
Quality Measure: Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
Score: **97%**
National average: **83%**
Sample: 68 patients

Health Condition: **Heart Attack** 😊 😊 😊
Quality Measure: Heart Attack Patients Given Aspirin at Arrival
Score: **100%**
National average: **93%**
Sample: 216 patients

Health Condition: **Heart Attack** 😊 😊 😊
Quality Measure: Heart Attack Patients Given Aspirin at Discharge
Score: **98%**
National average: **90%**
Sample: 254 patients
- Hospital performance rates tell you the proportion of cases where a hospital provided the recommended process of care. Only patients meeting the inclusion criteria for a measure are included in the calculation of the rate for a measure. A rate of 88% means that the hospital provided the recommended process of care 88% of the time. For example, the rates for aspirin at discharge for individuals who have had an acute myocardial infarction -- a heart attack -- tell you the percentage of patients who received an aspirin when they are discharged from the hospital. The ultimate goal is the right care for the right patient at the right time. Hospitals with effective quality improvement programs are continually working toward this goal.

Medical mistake billing policies

- 11 States now state advises hospitals not to charge for serious, preventable errors. Nevada: No current policy.



National Quality Forum (NQF)

- Not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting.
- Impact of health care quality on patient outcomes, workforce productivity, and health care costs prompted leaders in the public and private sectors to create the NQF as a mechanism to bring about national change.
- Broad participation from all parts of the health care system, including the hospital systems here in Nevada.
- Consensus-based list of “NEVER” events – separate handout

NQF “NEVER” list

2002: NQF endorsed a list of 27 adverse events:

- Serious, largely preventable, and
- Of concern to both the public and healthcare providers for the purpose of public accountability.

2003: First state requires public reporting of the “never” list;

2007: List revised – 1 measure added, 6 altered.

Today:

- 11 states use the report in whole or part as the basis of their state-based public reporting system.
- Nevada AB146 includes NQF in legislation. Awaiting Funding and Regulation setting.

Sentinel Events

- The Nevada Sentinel Events Registry was established in July 2003 by NRS 439.800-890
- The statute requires the reporting of Sentinel Events by hospitals, obstetric centers, ambulatory surgery centers and independent centers for emergency medical care.
- The Nevada Hospital Association, in partnership with the Nevada State Health Division, developed regulations (NAC 439.900-920) and implemented this legislation.
- Reporting by the medical facilities began January 1, 2005
- Bureau serves as a repository for health care quality assurance, collecting and compiling, and disseminating data. Information is aggregated in reporting so as not to reveal the identity of a specific person or medical facility.

None of this data is publically reported to consumers

How UB04 Reporting Works

Inpatient/Outpatient Hospital Care
provided to Patient



Information about care
placed on UB04



Inpatient



UB data sent to state
on electronic file

Outpatient



Does not get to state:
AB146

Regulations Needed for AB146:

- Data to be provided to the State:
 - NRS and NAC already require UB04 data for inpatient procedures.
- Compliance rights:
 - NAC already includes penalties for failure to report UB04 data
- ASC data Quality Indicators to be used:
 - include a method for the quality indicator sets listed in the statute to be reported by the state.
 - Hospitals and ACSs do not have to change what they provide

PRIORITIES:

- Allow for expansion as capacity grows
- Include outpatient data
- Require reporting