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26-33a-106.5 Comparative analyses.

- (1) The committee may publish compilations or reports that compare and identify health care providers or data suppliers from the data it collects under this chapter or from any other source.
- (2)
 - (a) Except as provided in Subsection (7)(c), the committee shall publish compilations or reports from the data it collects under this chapter or from any other source which:
 - (i) contain the information described in Subsection (2)(b); and
 - (ii) compare and identify by name at least a majority of the health care facilities, health care plans, and institutions in the state.
 - (b) Except as provided in Subsection (7)(c), the report required by this Subsection (2) shall:
 - (i) be published at least annually; and
 - (ii) contain comparisons based on at least the following factors:
 - (A) nationally or other generally recognized quality standards;
 - (B) charges; and
 - (C) nationally recognized patient safety standards.
- (3) The committee may contract with a private, independent analyst to evaluate the standard comparative reports of the committee that identify, compare, or rank the performance of data suppliers by name. The evaluation shall include a validation of statistical methodologies, limitations, appropriateness of use, and comparisons using standard health services research practice. The analyst shall be experienced in analyzing large databases from multiple data suppliers and in evaluating health care issues of cost, quality, and access. The results of the analyst's evaluation shall be released to the public before the standard comparative analysis upon which it is based may be published by the committee.
- (4) The committee shall adopt by rule a timetable for the collection and analysis of data from multiple types of data suppliers.
- (5) The comparative analysis required under Subsection (2) shall be available:
 - (a) free of charge and easily accessible to the public; and
 - (b) on the Health Insurance Exchange either directly or through a link.
- (6)
 - (a) The department shall include in the report required by Subsection (2)(b), or include in a separate report, comparative information on commonly recognized or generally agreed upon measures of cost and quality identified in accordance with Subsection (7), for:
 - (i) routine and preventive care; and
 - (ii) the treatment of diabetes, heart disease, and other illnesses or conditions as determined by the committee.
 - (b) The comparative information required by Subsection (6)(a) shall be based on data collected under Subsection (2) and clinical data that may be available to the committee, and shall compare:
 - (i) beginning December 31, 2014, results for health care facilities or institutions;
 - (ii) beginning December 31, 2014, results for health care providers by geographic regions of the state;
 - (iii) beginning July 1, 2016, a clinic's aggregate results for a physician who practices at a clinic with five or more physicians; and
 - (iv) beginning July 1, 2016, a geographic region's aggregate results for a physician who practices at a clinic with less than five physicians, unless the physician requests physician-level data to be published on a clinic level.

- (c) The department:
 - (i) may publish information required by this Subsection (6) directly or through one or more nonprofit, community-based health data organizations;
 - (ii) may use a private, independent analyst under Subsection (3) in preparing the report required by this section; and
 - (iii) shall identify and report to the Legislature's Health and Human Services Interim Committee by July 1, 2014, and every July 1 thereafter until July 1, 2019, at least three new measures of quality to be added to the report each year.
- (d) A report published by the department under this Subsection (6):
 - (i) is subject to the requirements of Section 26-33a-107; and
 - (ii) shall, prior to being published by the department, be submitted to a neutral, non-biased entity with a broad base of support from health care payers and health care providers in accordance with Subsection (7) for the purpose of validating the report.
- (7)
 - (a) The Health Data Committee shall, through the department, for purposes of Subsection (6)(a), use the quality measures that are developed and agreed upon by a neutral, non-biased entity with a broad base of support from health care payers and health care providers.
 - (b) If the entity described in Subsection (7)(a) does not submit the quality measures, the department may select the appropriate number of quality measures for purposes of the report required by Subsection (6).
 - (c)
 - (i) For purposes of the reports published on or after July 1, 2014, the department may not compare individual facilities or clinics as described in Subsections (6)(b)(i) through (iv) if the department determines that the data available to the department can not be appropriately validated, does not represent nationally recognized measures, does not reflect the mix of cases seen at a clinic or facility, or is not sufficient for the purposes of comparing providers.
 - (ii) The department shall report to the Legislature's Executive Appropriations Committee prior to making a determination not to publish a report under Subsection (7)(c)(i).