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HEALTH CARE DATA COLLECTION AND HEALTH CARE QUALITY REVIEW

INTRODUCTION

This memorandum addresses the statutory powers and duties of the State Department of Health regarding the collection of health care data and health care quality review.

STATE DEPARTMENT OF HEALTH - GENERAL PROVISIONS

North Dakota Century Code Chapter 23-01 addresses the general provisions applicable to the State Department of Health. Section 23-01-03.2 was enacted in 1995 and requires the State Health Council to:

1. Monitor overall health care costs and quality of health care in the state.
2. Recommend to the appropriate interim legislative committees changes to the health care system in the state.
3. Publish an annual report on health care in the state.

Section 23-01-24 was enacted in 1995 and requires the State Department of Health to:

1. Conduct a continuous program to review and improve the quality of health care in the state. (The department may contract with a qualified person or organization to develop and implement the program.)
2. Use the program to compile relevant information about the quality of health care in this state which will allow the department to evaluate the cost, quality, and outcomes of health care.
3. Establish and consult a provider advisory committee composed of health care providers regarding the data that is a cost-effective process for collecting and evaluating the information.
4. Evaluate data management capabilities in the state.
5. Organize the department's capabilities to provide information about the cost of care on an individual provider basis as well as a collective basis.

HEALTH CARE DATA COMMITTEE

North Dakota Century Code Chapter 23-01.1, which was enacted in 1987, addresses the State Department of Health's Health Care Data

Committee. Until 1995, when Sections 23-01-03.2 and 23-01-24 were enacted, this committee was the department's sole collector of health care data and quality review data. Section 23-01.1-01 provides that the Health Care Data Committee is a standing committee of the State Health Council which consists of not less than three nor more than five members, each of whom is appointed by the chairman of the State Health Council from the members of the council. A majority of the members of the committee must be consumer members of the council.

The Health Care Data Committee has a variety of duties and powers. Chapter 23-01.1 requires the committee to:

1. Provide information to the public necessary for the enhancement of price competition in the health care market (Section 23-01.1-02).
2. Create a data collection, retention, processing, and reporting system that will allow the distribution of information comparing the average fees charged by each licensed physician practicing medicine in the state (Section 23-01.1-02.1).
3. Prepare a report that must include a schedule of average fees charged for services representative of the physician's type of practice and specialization and other information that the committee determines is necessary for consumers to use in comparing total physician costs and to assist policymakers or providers in their deliberations on future health care decisions (Section 23-01.1-02.1).
4. Establish working arrangements among other state agencies for the assurance of patient confidentiality, the sharing of information, and the coordination, analysis, and dissemination of health care data to the public (Section 23-01.1-04).

Chapter 23-01.1 provides that the committee has the power to:

1. Collect, store, analyze, and provide health care data.
2. Compile the average aggregate charges by diagnosis for the 25 most common diagnoses, annual operating costs, revenues, capital expenditures, and utilization

- for each nonfederal acute care hospital in the state, and the average charges by source of payment and level of service in each long-term care facility in the state.
3. Establish a uniform format for the collection of information on charges to patients.
 4. Prepare an annual report comparing the cost of hospitalization by diagnosis in each nonfederal acute care hospital and comparing average charges by source of payment and by level of service in each long-term care facility in the state.
 5. Establish procedures that assure public availability of the information required to make informed health care purchasing decisions.
 6. Make arrangements with the State Department of Health, the Department of Human Services, the Commissioner of Insurance, the Workers Compensation Bureau, and the Public Employees Retirement System to assure patient confidentiality, the sharing of information, and the coordination, analysis, and dissemination of health care data, and to act in a manner that does not duplicate data collection activities of other state agencies.
 7. Prepare and distribute a report comparing physicians' average charges

for selected services which includes all physicians licensed to practice medicine in this state and determined by the Health Care Data Committee to be actively providing direct patient care services in the state.

8. Adopt rules consistent with and necessary for the implementation of Chapter 23-01.1.
9. Require insurers, nonprofit health service corporations, health maintenance organizations, and state agencies to provide data regarding hospital, physician, and other provider charges, and reimbursement and volume data as required for the performance of the duties of the committee under Chapter 23-01.1.

SUMMARY

Health care data collection and health care quality review are the responsibilities of the State Department of Health and the Health Care Data Committee. The department's duties were broadened in 1995 to include the duty to monitor the overall health care costs and quality of health care in the state and publish an annual report on health care in the state. Before 1995, health care data collection and health care quality review were addressed by the Health Care Data Committee, which was created in 1987.