



MASSACHUSETTS BUSINESS ROUNDTABLE

Statement in support of 129 CMR 1.00: Uniform Reporting System For Health Care Claims Datasets

Public Hearing – August 7, 2007

On behalf of the Massachusetts Business Roundtable (MBR), please accept this as a statement of support for 129 CMR 1.00: Uniform Reporting System For Health Care Claims Datasets. MBR commends the Council for its diligence in developing these regulations to collect information comparing the cost and quality of health care services.

MBR's Health Care Task Force believes that a critical component of achieving universal access to basic medical care at a reasonable cost is through a system where consumers exercise choice in selecting insurers and providers in a competitive market. Consumers currently utilize health care resources without sufficient data or meaningful provider performance comparisons to understand the cost or quality impact of their decisions. It is incumbent upon the Council, with the assistance of the Advisory Committee, to commit to developing consistent measures, based upon understandable quantitative data, to increase awareness among consumers and providers and to assist them in decision making. These regulations are an important step toward achieving that goal.

Last year, MBR released a report entitled "Solutions for Massachusetts Health Care: 2006," which calls for the expansion of health care transparency and financial incentives for consumers and providers to serve as "unifying themes" for collaboration on health care reform. We believe that this approach could move the healthcare system towards a 'tipping point' where information exchange vastly improves, consumers make more responsible choices, and providers improve quality and efficiency. MBR remains committed to the belief that by creating transparency and strong performance-based financial incentives, an irrefutable business case will be made for the health care delivery system to engage in the types of clinical restructuring that will achieve significant leaps in effectiveness and affordability. 129 CMR 1.00 is an essential step in achieving that vision.

Substantial work still is needed to develop relevant, actionable, quality measures, collect appropriate data, improve methodologies, and translate this information into a comprehensible, actionable format for providers, purchasers and consumers. The Council is to be commended for its efforts to date in this regard, and MBR remains committed to serving as a resource to the Council as this important work continues.

Respectfully Submitted,

JD Chesloff
Director of Public Policy
Member, Health Care Quality and Cost Council Advisory Committee