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EDITORIALS

NM's health consumers deserve price/quality info

It is troubling that in New Mexico, consumers can get more information on the ingredients in and cost of their lunch than the track record and price of their medical care.

All it takes is a mouse click on the nutritional information tab to see what's in your salad, sandwich or burger, and the prices are on the menu. Your angioplasty, asthma treatment or joint replacement, not so much.

Even more disturbing, unlike the guy eating in the booth next to you, the patient recovering in the room next door to you could have had the exact same procedure by the same medical team but has been charged tens of thousands of dollars less, or more, depending on which insurance or policy or government program covers the procedures. And neither of you will ever be the wiser.

The transparency is much better in 14 other states, where websites give consumers the ability to compare quality and prices of health care. It's a decade-old concept that started with Maine in 2003 and made its way to Holy Cross Hospital in Taos earlier this year.

Think New Mexico, a Santa Fe-based independent think tank, is proposing the Land of Enchantment join Arizona, California, Colorado, Florida, Illinois, Maine, Maryland, Massachusetts, Nevada, New Hampshire, Ohio, Utah, Vermont and West Virginia in providing the public with data on the quality of care and cost of procedures at its hospitals. Its pitch to the 2015 state Legislature gives specific examples which show that when quality and cost information are made available and when all payers save for indigent patients are charged the same price, overall costs are contained as patients and providers make smarter choices, going for the best outcomes rather than the priciest care.

Politicians and providers appear open to the idea — a spokesman for Gov. Susana Martinez says the “consumer-friendly health care Web portal is an interesting concept for further discussion” and the chief strategy officer of Presbyterian Healthcare Services says “there is a lot of willingness in the provider community to work with proponents of more transparency to figure out how we would do it and what would be useful to patients.”

This discussion should take place in 2015, as an expanding Medicaid takes a larger and larger portion of the state budget, as rural hospitals struggle to stay open and retiree health plans face insolvency, as employees and employers struggle to find coverage they can actually afford under the Affordable Care Act, and as sick New Mexicans put off going to the doctor because they don't know what it will cost.