



March 3, 2021

Dear Senator Sanborn, Representative Tepler, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

I write this letter as testimony to be submitted for the public hearing of LD 541, An Act To Improve Health Care Data Analysis. I am a physician- scientist at Maine Medical Center and the Center for Outcomes Research and Evaluation. I have a background in health services research and public health, and serve as Associate Professor of Medicine, Public Health & Community Medicine at Tufts University School of Medicine. I lead research efforts aimed at understanding variation in care, reducing health care disparities and improving quality of health care delivery across Maine. We have used the APCD data from Maine Health Data Organization since 2016, and have studied variation in cardiovascular care, cancer-related care, opioid overdose, and end-of-life care. We often use the APCD data in concert with other data sources, including the death registry data and tumor registry data. Unfortunately, because these datasets are not currently linked, we use them in parallel instead of as an inter-related dataset, missing opportunities to understand clinically important patient outcomes across distinct areas of Maine.

Because of my background as a Maine native, as a researcher and as a physician caring for people in Maine, I am writing to express my strong support regarding the proposal in LD 541. A feature of data collected through the Maine Health Data Organization is the opportunity to link multiple data sources for individual patients to understand the relationships between care delivery and health outcomes. For example, our group completed several analyses studying lung cancer in Maine. We are often unable to determine from the APCD claims data whether someone receiving lung cancer treatment had a recent diagnosis of lung cancer, or whether the malignancy was diagnosed many years ago. Linking to the Maine cancer registry data will allow us to determine the diagnosis time frame, whether the tumor was diagnosed via screening or because of symptoms, the tumor stage and initial treatment course including whether appropriate surgery was carried out. Then, we can use the APCD data to determine if appropriate cancer treatment was completed, and if there are disparities in care due to rurality, insurance type, or other barriers. Further, linkage with death certificate data would allow us to determine if the patient died from their disease or another cause, or is still surviving. Because we will be able to examine care delivery, rurality and socioeconomic status as well as other factors associated with access to care, linkages of these data will be a powerful tool for improving health and health care delivery for the people of Maine. I am in strong support of LD 541 for these reasons.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Fairfield".

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