

Overview of Minnesota Statewide Quality Reporting and Measurement System

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Quality Measures Statutory Requirements

- Minnesota Statutes, § 62U.02, Subd.1 and 3
- The commissioner of health shall develop a **standardized set of measures** by which to assess the quality of health care services offered by health care providers...
- The commissioner shall establish standards for measuring health outcomes, establish a **system for risk adjusting quality measures**, and issue **annual public reports** on provider quality...

Quality Measures Key Dates

- January 2010:
 - Collection of data for publicly reported quality measures began
 - Health plans no longer permitted to require data submission on measures outside the standardized set
- November 2010:
 - MDH issued its first public report with data on the standardized measures to be publicly reported

Partnership between MDH and Community Organizations

- MDH conducted a competitive procurement process in the fall of 2008 to contract out key activities:
 - Develop recommendations for quality measures and quality incentive payment system;
 - Conduct outreach to providers; and
 - Manage data collection activities
- MDH has a 4-year, \$3 million contract with MN Community Measurement (MNCM) as lead member of consortium including MMA, MHA, Stratis Health and the University of Minnesota

Publicly Reporting Quality: MDH Goals

- Make more quality information broadly available
- Use measures related to either high volume or high impact procedures and health issues
- Report outcome measures or process measures that are linked to improved health outcomes
- Not increase administrative burden on health care providers where possible

Statewide Quality Reporting and Measurement System

- First set of administrative rules established the Statewide Quality Reporting and Measurement System in December 2009
 - Specifies a broad standardized set of quality measures as well as a much smaller set for public reporting
 - Outlines provider responsibilities to submit data on applicable quality measures
 - Outlines how health plans may use quality measures
- Annual update of quality reporting rules
 - Minnesota Statutes 62U.02 requires MDH to annually review quality reporting rules
 - Minnesota Rules Chapter 4654 outlines the process by which MDH will conduct this annual review
- Second set of administrative rules updated the Statewide Quality Reporting and Measurement System in November 2010.

Next Iteration of Statewide Quality Reporting and Measurement System

- MDH is required to annually review measures by revising the administrative rule related to quality measures and mandatory reporting
- MDH intends to publish a new proposed rule on August 8, 2011 with 30-day comment period
- MDH invited interested stakeholders to submit recommendations for new standardized measures directly to MDH by June 1st

Next Iteration of Statewide Quality Reporting and Measurement System

- MNCM provided preliminary recommendations for physician clinic and ambulatory surgery center measures in April
 - MDH and MNCM accepted public comments on these recommendations
- MNCM and Stratis Health provided final recommendations for physician clinic, ASC and hospital measures to MDH in early June
- MDH is currently accepting public comments on the final recommendations through June 27th

Future Physician Clinic Measures for Development

- As part of its contract with MDH, MNMCM began work on developing new measures this year
 - Pediatric Preventive Care
 - Hospital Readmissions and Potentially Avoidable Admissions
- Preliminary research submitted to MDH in late May
- Measure development is a multi-year process and these will not be part of the 2011 rule-making process

Recommendations Submitted Directly to MDH

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- Community health center organizations proposed:
 - Reporting PHQ-9 improvement for depression care
 - Patient Experience:
 - Limiting the clinic patient experience measure to those clinics with more than 625 unique English-speaking adult patients visiting the clinic
 - Allow FQHCs and specialty health care clinics who serve ethnically and economically diverse populations to use the hand-out survey method
 - Future measures should be selected from NQF-endorsed measures included in the federal Meaningful Use selection pool

Recommendations Submitted Directly to MDH

- An ASC Quality Coordinator proposed replacing the prophylactic intravenous antibiotic timing and appropriate surgical site hair removal measures with volume of procedures successfully performed, infection rates, patient satisfaction, mortality rate, and/or transfer to acute care
- A provider organization proposed an adjustment to the denominator for the optimal diabetes care and optimal vascular care physician clinic measures
 - Require the two visits in two years used to establish a patient to a clinic be at least 90 days apart

Additional Hospital Measures Being Considered by MDH

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- MDH is aware of the Minnesota Hospital Association's (MHA's) recent pilot project to enhance the AHRQ quality indicators by developing a methodology to calculate the indicators using both administrative and lab data sets
- MDH is considering including the following four new AHRQ indicators in the Statewide Quality Reporting and Measurement System that will be calculated using this clinical data enhanced methodology:
 - Acute Myocardial Infarction (AMI) Mortality (IQI 15)
 - Congestive Heart Failure (CHF) Mortality (IQI 16)
 - Acute Stroke Mortality (IQI 17)
 - Pneumonia Mortality (IQI 20)

Additional Hospital Measures Being Considered by MDH

- All Minnesota hospitals already submit their discharge, or claims, data to MHA for the calculation of other AHRQ quality indicators required by the Statewide Quality Reporting and Measurement System using the traditional claims-only methodology.
- With the addition of these four hybrid AHRQ indicators to the Statewide Quality Reporting and Measurement System for 2012 reporting, hospitals would also need to submit lab data to MHA.
- MHA would then merge each hospital's lab and administrative data sets to calculate the results for these four AHRQ hybrid indicators and transmit summary level results to MDH.

Resources

- Subscribe to MDH's Health Reform list-serv to receive weekly email updates at:

<http://www.health.state.mn.us/healthreform>

- Minnesota Statewide Quality Reporting and Measurement System:

<http://www.health.state.mn.us/healthreform/measurement/index.html>

- MN Community Measurement:

www.mncm.org

Questions and Discussion