Quality Framework Steering Team Meeting Summary

MAD Draft 4/17/18

Meeting Date: April 4, 2018

Present

Steering Team: Kelly Fluharty, Monica Hurtado, Deatrick LaPointe, Kevin Larsen, Jennifer Lundblad, Ross Owen, Diane Rydrych, David Satin, Julie Sonier, Mark Sonneborn

MDH Staff: Marie Dotseth, Sarah Evans, Stefan Gildemeister, David Hesse, Denise McCabe

MAD Consultants: Lisa Anderson, Stacy Sjogren

Opening Activity

As they arrived, Stacy Sjogren instructed the Steering Team members to provide their thoughts on flip charts on how a system that focuses on quality measurement contributes to:

1. Improving disease management
2. Improving quality and patient safety
3. Improving population health
4. Promoting patient-centric care
5. Reducing chronic disease
6. Reducing disparities
7. Reducing health care system costs
8. Reducing variations in outcomes
9. Other

Welcome and Introductions

Stacy Sjogren from Management Analysis and Development (MAD) welcomed everyone to the meeting. Steering Team Co-Chairs Jennifer Lundblad and Diane Rydrych led introductions, starting with new members Deatrick LaPointe and Mark Sonneborn.

Marie Dotseth, Policy Advisor to the Commissioner of Health, provided opening remarks, highlighting how far Minnesota has come and that the definition of public health is the constant redefinition of what is unacceptable. She referred to quality measurement in this context as a new frontier.

Co-chairs reviewed roles of the Steering Team and the summary from the first Steering Team meeting. They shared highlights from the first meeting and invited Steering Team members to share what stood out to them. Steering Team members and MDH staff shared the following reflections:

- As a health care provider, what's our ideal state at the end of this? We have population health goals, we want to make the framework meaningful for all involved.
- What has been left out of federal quality measurement? Where does Minnesota need to fill in gaps?
- How far Minnesota has come in relation to the rest of the US and the need to keep being innovative.
- The composition of the Steering Team is impressive and includes a wide range of perspectives.
- We need to think about how we articulate the problem and invite more of a conversation around disparities and what will work for all populations. We need to change our approach and be less technocratic and make space for multiple conversations and be able to authentically listen. Be mindful of good practices.

Themes from Opening Activity

Stacy asked Steering Team members to review what they had posted in the opening activity and look for themes among all members' posts. The Steering Team offered and discussed the following themes:

- "Risk adjustment" permeates everything
- Measure subset of certain measures and aligning/ Connection to payment and incentivizing/ Measurement system can provide "signal strength"
- Comprehensive planning
    - Innovative actions
    - Challenges
    - Successes
- Aiming and measuring beyond provider (clinic) and what we currently measure
- Tracking disparities and social factors
- Involve patient voices and goals
- Including focus on improvement and goals
- Avoidable care
- Desire for benchmarking
- Importance of staging transition (knowledge of measures, time to make changes, etc.)
- Lower or minimize burden

Quality Framework Principles

Stacy reviewed the working together assumptions. Steering Team members added that the group should be able to express disagreement without feeling shy, ask for clarification when needed, and call out if plain language is needed.

Principles

Stacy reviewed the definition of principles and clarified a chain of reasoning to get from one point to the next. Principles should be sound enough to hang more reasoning on them and abstract enough to carry the weight to

handle what comes next. Principles stem from values, which are more general. Principles are universally accepted values.

The Steering Team identified the following candidate principles:

1. Variation is meaningful and should not be adjusted away
   The system promotes justice/fairness for all parties
   Should account for risk factors in order to measure more fairly
   Be meaningful and benefit all Minnesotans regardless of geography, ethnicity, status, etc.

2. Different audiences (e.g. purchasers) need to be acknowledged. – should add value not be duplicative.

3. Framework needs to recognize there is more to health than health care
   Should measure meaningful/impactful topics and be a parsimonious set
   We need to prioritize – we can't solve all problems at once
   We need to do what's most important, not what is easiest.

4. Useful for patient decision-making
   Providers wanting measures for improvement
   (this could all be linked to #2)

5. Hold ourselves accountable for positive health outcomes
   Synthesize common values to create shared goals.
   Cohesiveness between communities and systems

6. The system results in improving the quadruple aim (cost, provider satisfaction, patient satisfaction, population health quality)
   Pay for performance
   Public reporting
   Internal improvement

7. The framework needs to be regularly monitored & updated, via an inclusive, transparent process, to make sure it's still meeting our goals.
   - This includes ongoing governance, which the Steering Team may need to address. A framework that is responsive to the needs of multiple audiences will need to be evaluated against its intent.

8. Measures need not be directly tied to financial incentives in order to drive health system improvement.

Stakeholder Conversations

Stefan Gildemeister reviewed the conversation outline for stakeholder engagement and asked the Steering Team for feedback. Feedback included:

- "How will you use information about the personal experience (individualistic vs. systematic) to inform the measures?"
- "Is the personal experience relevant?" There was a debate on this question where one member argued that the personal experience is not relevant, while another argued that the stories that motivate

organizations are valuable. A member of the project team stated that the intent of the personal experience questions are to encourage thinking beyond the interviewee's normal perspective.

- "How do we know if what we are hearing is representative of the experience? Do responses from individuals reflect their communities?"
- "How [do these personal experiences] translate into the health of the community?" It was also stated that there was no discussion thus far regarding community engagement, and that community engagement should be an ongoing process.
- Community engagement was added to the parking lot. The project team noted that there is more to explore regarding community engagement and that they planned to include it as a topic in future meetings.
- "We need to ask about their cultural and wellness perspectives and how both can be achieved."
- "Perhaps there should be two sets of questions—one for those who work in health care and one for those who do not."
- "Are we asking people about their experience in the health care system? Or about their lives?"

Next Steps

Stacy asked Steering Team members what reflections they had either on the conversation or the process. Comments included:

- Appreciation for the amount of commonality.
- There was a lot of information and knowledge squeezed into a small meeting.
- Appreciation for the interactive component and the different expertise.
- Given the level of engagement and depth of conversation, the agenda was too ambitious. We can work on that for subsequent meetings.

The next Steering Team meeting will be **Tuesday, May 1st from 2:00 to 4:00** at HIWAY Federal Credit Union.

Homework

- Please send any additional principles suggestions to Stacy by Friday, April 6th.
- The project team will compile principles and send them to the Steering Team with instructions for critical review.
- The Steering Team should review the Quality Framework Stakeholders document and send stakeholder perspective suggestions to Denise.
- Additional homework to come will be due April 24.

Public Comment

There was no public comment.

Adjourn