

MINUTES
MINNESOTA MEDICAL ASSOCIATION QUALITY COMMITTEE
WEDNESDAY FEBRUARY 10 2010
6:00 PM – 8:00 PM

Members Present	Members Absent
Kurtis M Hoppe, MD, CMD - Chair	Douglas J Hiza, MD
Zubin Agarwal(student)	John D Ipsen, MD
Bruce E Cantor, MD	Carolyn A McClain, MD
Kevin J Donnelly, MD	Cameron McConnell MD
Evelyn J Erickson, MD	Henry Smith MD
Blake Fechtel (Alternate Student)	
Philip C Hoversten, MD, MPH	
Paul M Huddleston III, MD (by phone)	
Irshad Jafri, MD	
Jacalyn Kawiecki MD, MHA(by phone)	
Kenneth Kleist MD	
Andrew Kurklinsky MD (resident)	
Ernest McPhail MD (resident) (by phone)	
Jane C Pederson, MD, MS	
Guests	MMA Staff Present
Thomas J Marr, MD	Becky Schierman

1) Call to Order and Introductions

Kurt Hoppe, M.D., Chair, called the meeting to order at 6:05 pm. Dr. Hoppe welcomed members and guests; introductions were made. The Committee approved the minutes from October 6 2009 with no changes.

2) 2008 HOD Resolution 211: Major Depression, Evaluation and Treatment

Dr. Hoppe reminded the group that at its last meeting, the committee discussed how the MMA should implement 2008 MMA House of Delegates Resolution 211. Resolution 211 asks the MMA to “*critically evaluate the effectiveness of the DIAMOND project, specifically related to sufficient psychiatric evaluation and appropriate consultation and the role of the care manager within the implementation and monitoring of a properly executed evaluation/treatment plan*”.

Dr. Hoppe recapped the discussion from October 2009, where next steps were tabled.

Dr Hoppe reminded the committee that when this resolution was adopted by the MMA House of Delegates, the National Institute of Mental Health (NIMH) had already awarded HealthPartners Research Foundation a grant worth \$3 million to study DIAMOND over five years and ICSI had plans to invest significant resources in an evaluation of DIAMOND. Becky Schierman reported that when this resolution was adopted, staff recognized that the resolution would require a significant investment of resources (financial and staff) in order to conduct a rigorous and critical evaluation of DIAMOND. Due to the limitations of the MMA budget, MMA staff monitored DIAMOND’s implementation, delaying any evaluation plans.

Dr Hoversten also highlighted that DIAMOND has been a success on nearly all fronts for Allina including use of care coordinators, use of behavioral health, and with the psychiatric community.

The committee also discussed:

- The concern for Minnesota’s psychiatrist work force and how this project is helping ease some of the burdens on the physician.
- The role of care coordinators and how the program involves licensed counselors
- Measurement of remission: What is the appropriate score to signify remission in patients?

After discussion, the Quality Committee voted unanimously to recommend to the MMA Board of Trustees that MMA **not** invest resources (financial, staff time, etc) to evaluate DIAMOND. However, the committee believes the MMA should:

1. Monitor the implementation of DIAMOND. The MMA should also meet with ICSI staff in 2010 and 2011 to understand the data, identify potential concerns in DIAMOND's implementation, and learn about the initiative's successes and lessons.
2. Reach out to Minnesota's psychiatric community. The MMA should identify opportunities to identify the psychiatric community's concerns, barriers, and successes with DIAMOND and identify opportunities to collaborate with ICSI, MPS, and others to address these concerns and share barriers and successes.
3. Communicate with MMA members about DIAMOND. The MMA should include in its publications and on its website information and practical stories about DIAMOND's implementation, successes, and lessons learned.

Next steps: The committee's chair, Dr. Kurt Hoppe, will seek approval for this recommendation at the March 2010 meeting of the MMA Board of Trustees.

3) **Quality Committee Scope of Work**

Dr. Hoppe presented a draft scope of work for the committee to review and comment upon. Dr. Hoppe highlighted several opportunities over the next year for the committee to develop and weigh in on MMA policy, including developing MMA principles for health information exchange, comparative effectiveness research, patient safety organizations, measurement and reporting, state health care reforms. Becky highlighted several occasions where committee members will be asked to provide input and guidance on collaborative activities occurring on Minnesota, including readmissions and transitions of care, falls, surgery scheduling and verification, e-health, and developing tools, resources, and education around the quality and health care reform. Dr. Marr asked if the MMA would continue to conduct a yearly review of pay-for-performance (P4P) measures, as was determined by a community collaborative to align P4P measures and then use the review to influence measure selection on the state level. Staff replied the MMA will provide this service to its members, but that there was not commitment from the Minnesota Department of Health to use the review and any recommendations from the MMA as official policy. The MMA will use the information in its advocacy efforts both with plans and the state. Hearing no objections, the staff will work with the committee to implement the plan in 2010-2011.

4) **Principles for Health Information Exchange**

Becky Schierman, MMA staff, introduced the topic of health information exchange (HIE) by identifying several drivers towards exchange that will impact Minnesota physician practices. These reasons include

- federal and state mandates requiring interoperable electronic health record (EHR) systems and e-prescribing
- increased federal funding directed at providers for implementation of health information technology (HIT)
- funding for states for HIE through federal stimulus funding
- state-level efforts to operationalize and implement HIE across health care settings

Ms Schierman acknowledged emerging state-level discussions around HIE governance, finance, business structure, technology structure, and legal and the potential for legislative efforts surrounding HIE this legislative session. Ms Schierman stated that a set of guiding principles could guide staff as these discussions and legislative activities progress. Staff drafted a set of principles for committee discussion. The committee began to address each of the proposed principles.

Their discussion led to the following edits (highlighted text is recommended second version of principle).

Draft Principles:

In order to improve quality, decrease cost, and increase efficiency in health care, Minnesota physicians should support advancing health information exchange (HIE), including adopting the essential infrastructure and standards, transmitting and receiving health data, and using patient data at the point of care to make clinical decisions. ~~has the potential to improve quality, decrease cost, and increase efficiency, Minnesota physicians should support advancing HIE and the transmission, receipt, and utilization of patient health data.~~

- ~~Physician clinics ought to invest in the essential infrastructure and adopt nationally recognized (government and industry) data standards; facilitate information sharing with other stakeholders; access clinical information at the point of care; and provide patients with information to make informed choices in their own health care.~~

Minnesotans must be confident that their health information is secure and private, and protected against loss, unauthorized access, use, modification, or disclosure - consistent with the Health Information Portability and Accountability Act (HIPAA) and applicable federal and state laws. ~~accessed properly.~~

- ~~Consistent with the provisions of the Health Information Portability and Accountability Act (HIPAA) and any applicable state laws, personal health data must be protected against loss or unauthorized access, use, modification, or disclosure. To protect privacy, increase security, and limit accessibility, clinical data should be maintained by and stored at those clinics that have a relationship with the patient.~~
- ~~Individual patients must have control over who receives access to their personal health information. Patients must be assured that their personal health data will not be disclosed or made available for purposes other than those specified via their written consent.~~

In order to make high-quality clinical decisions, Minnesota health care providers must be confident that patient health data from external sources is accurate and that patient records are current and comprehensive. Clinics should have processes should be in place to ensure the integrity of patients' health data. ~~that data accessed from external providers are accurate and complete and reviewed routinely for accuracy~~

- ~~Patient records should be current, complete, and comprehensive, including accurate patient matching, regular patient/provider data validation processes, feedback loops in the event of data errors, and ability to routinely clean data.~~

Health information exchange will only succeed with broad participation of Minnesota's health care providers, therefore the costs associated with implementation and participation in HIE must be equitable for all stakeholders. ~~Participation in HIE must not place an undue burden on participating physicians, large or small, and cost should be shared by all stakeholders be cost effective.~~

- ~~Costs associated with participation in the HIE must~~
- ~~Clinics should not be required to make substantial new technology or subscription investments in order to participate in exchange or exchange networks. Networks should allow for use of existing hardware or software as long as it meets certain minimum requirements.~~
- ~~To the extent to which alternative solutions are available, providers should have choice of networks and the market should support local needs.~~

The committee will need to discuss the remaining proposed principles.

Governance and oversight of Minnesota's health information networks must occur through a highly transparent, public-private partnership with broad participation by diverse stakeholders.

- Oversight of HIE should occur through an impartial, third party that is accountable to the public. The oversight body must be open, transparent, and inclusive of the interests of all stakeholders. The oversight body should oversee health information sharing policies, procedures and practices related to data use, access, and control; privacy and security.
- HIE planning and implementation should not have negative effects on patient care, business practices, or clinical processes.
- Certification process must assure a standard level of performance and/or quality assurance is met.

The Health Information Technology for Economic and Clinical Health (HITECH) Act of the 2009 American Recovery and Reinvestment Act has the potential accelerate adoption and exchange of health information.

- HITECH and its incentive programs must encourage primary care and specialty care physicians to adopt EHRs and all physicians must have equal opportunity to benefit from federal incentive programs. Physician should not be disqualified because of inadequate HIT capabilities for their specialty, unavailability of quality measures that are relevant to their specialty, or ability of HIT systems to perform all requirements.
- Proof of meaningful use should not be overly burdensome, either financially or administratively, for practices.
- In current financing models, physicians and clinics will ultimately bear the cost of implementing HIT and participating in HIE; the MMA supports initiatives that provide positive incentives for physicians to adopt and exchange data.

5) Informational

Dr. Hoppe provided a brief overview of the current health care reform activities and MMA committees and task forces addressing these issues and potential opportunities for the Quality Committee to shape policy.

6) Next meeting

The next meeting date will occur in April- May 2010, date to be determined.

The meeting was adjourned at 8:05 p.m.

Minutes are submitted by:
Becky Schierman.