



Transparency improves quality.

Providing information to compare quality is fundamental to health reform. The State of Minnesota is working with health care providers across the continuum of care to provide health care quality data that is meaningful for physicians and consumers.

To implement the collection and reporting of quality measurement data, the Minnesota Department of Health (MDH) has developed the Minnesota Statewide Quality Reporting and Measurement System (created through Minnesota Rules, Chapter 4654). Since 2010, the Minnesota Statewide Quality Reporting and Measurement System has evolved; this brochure outlines 2012 reporting requirements for physician clinics.



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Overview

Minnesota Statutes 62U.02 requires MDH to establish a standardized set of quality measures for health care providers and to produce an annual report on health care quality. The Commissioner of Health is required to annually evaluate the standardized set of quality measures and Minnesota's physician clinics are required by law to register with the State and submit quality data. MDH has contracted with MN Community Measurement (MNCM) to collect this information.

Registration

Again, all physician clinic sites, regardless of the number of full-time equivalent (FTE) providers, are required to register electronically with MDH through MNCM's website. When clinics register with MNCM they are alerted to the measures for which they are required to submit data.

To obtain a login ID and a password from MNCM, clinics need to complete an online registration process that includes the submission of board certifications, National Provider Identifier (NPI), FTE status, and medical license number for all physicians and providers providing care to patients in their clinic. Detailed information about registration requirements can be found in the registration instructions posted on MNCM's website shown below.

Registration starts on January 1, 2012 and must take place no later than February 10, 2012. First time users must request login/password.

- Download instructions: www.mncm.org
- Register clinics: <https://data.mncm.org/login>
- Questions? E-mail support@mncm.org or call 612-746-4522

Measures

Each year the Minnesota Department of Health adds new quality measures to the State-wide Quality Reporting and Measurement System. The table below summarizes which measures are required in 2012 (or future years if indicated), which physician specialties are affected, and the date by which data will need to be submitted.

The final rules require that beginning in 2012 physician clinics provide data on the following measures:

Tasks/Affected physician clinics	Notes	Data Submission Dates
Winter 2012		
Registration All physician clinics		January 1, 2012- February 10, 2012
Optimal diabetes care data submission Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology	Physician clinics with an electronic medical record in place since January 1, 2010 are required to submit data on their full patient population.	January 1, 2012- February 15, 2012
Optimal vascular care data submission Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology	Physician clinics with an electronic medical record in place since January 1, 2010 are required to submit data on their full patient population.	January 1, 2012- February 15, 2012
Depression remission at six months data submission Family Practice, Internal Medicine, Geriatric Medicine, Psychiatry, and Behavioral Health professionals (if physician on site).	All eligible physician clinics must submit data on their full patient population.	February 7, 2012- February 25, 2012
Health information technology use survey All physician clinics		February 15, 2012- March 15, 2012
Summer 2012		
Optimal asthma care data submission Family Practice, Internal Medicine, General Practice, Pediatrics, Pulmonology, Allergy/Immunology	Physician clinics with an electronic medical record in place since July 1, 2010 are required to submit data on their full patient population.	July 1, 2012- August 15, 2012
Colorectal cancer screening data submission Family Medicine, Internal Medicine, Geriatric Medicine, Obstetrics/Gynecology	Physician clinics with an electronic medical record in place since July 1, 2010 are required to submit data on their full patient population.	July 1, 2012- August 15, 2012
Primary C-section rate data submission Family Medicine, Internal Medicine, Obstetricians, Gynecologists, Perinatologists. Includes certified nurse midwives, and certified professional midwives.	All eligible physician clinics must submit data on their full patient population.	July 1, 2012- August 15, 2012
Spring 2013		
Patient experience of care (using CG-CAHPS Visit-Specific Questionnaire) All physician clinics with patient populations meeting the following thresholds: <ul style="list-style-type: none"> more than 715 unique eligible patients with face-to-face visits in the three month period from September 1, 2011-November 30, 2011. Exclusions include Psychiatry, Adolescent/Pediatric Medicine. 	<ul style="list-style-type: none"> Each physician clinic must use a CMS-certified vendor. Clinics can use a vendor of their choice or use the services of a centralized vendor coordinated by MNCM. Instruments, tools, and resources are available in the Clinician & Group Survey and Reporting Kit available online at: www.cahps.ahrq.gov. 	

Measures in the pipeline include:

- Early Elective Induction rates based on 2012 dates of service and reported in July 2013.
- Total Knee Replacement (post-operative functional status improvement and post-operative quality of life improvement) based on 2012 dates of service and reported in April 2014.

Data Collection

Physician clinics will gather their data by extracting it from an electronic medical record (EMR) system or through a medical record/chart review. Physician clinics should begin thinking about how to extract their data, identify patients, and how to segment data for risk adjustment reporting.

Patient Identification: Identifying all of the clinic's patients that meet the inclusion criteria for the measure will require developing a list of eligible patients by using a patient registry, practice management billing system,

or EMR. Patients are selected based on whether they meet the measure specifications. Measure specifications are available on the MDH Health Reform website (<http://www.health.state.mn.us/healthreform/index.html>) or on MNMCM's website (www.mncm.org).

Risk adjustment: Data for the depression measure will be risk-adjusted for severity of illness based on the patient's initial PHQ9 score—clinics will need to submit data by patient initial PHQ9 score using the identified severity bands. For all other clinical measures, data will be risk adjusted by primary payer type.

Clinics will need to segment their patient data by primary payer type (i.e., commercial insurance, Medicare, Minnesota Health Care Programs, and uninsured/self-pay) for each measure and each individual measure component. Additionally, data for optimal diabetes care will need to be segmented by presence/absence of ischemic vascular disease (IVD) co-morbidity and data for optimal vascular care will need to be segmented by presence/absence of diabetes co-morbidity.

Submitting data

Clinics submit data using an electronic data submission template provided by MNMCM on behalf of MDH. Using the template, physician clinics will input their formatted data via MNMCM's Web-based portal. Refer to the resources tab on MNMCM's website, www.mncm.org, for more detailed step-by-step data collection and submission instructions. Information regarding a clinic's use of health information technology will be collected via an Internet-based survey; a link to the survey will be sent via email in early February to the person designated as the clinic's contact during the registration process.

Beginning in 2012, physician clinics with electronic medical records in place for the prior full measurement period are required to submit data on their full patient population (see notes in the table above for more information). Physician clinics without electronic medical records in place for the prior full measurement period are also

encouraged to submit data using their full patient population for each measure, but may submit a random sample. At a minimum, physician clinics must select 60 patients for the random sample population and must oversample by at least 20 patients (please note for optimal asthma care, a sample is required for each of the two age bands (i.e., ages 5-17 and ages 18-50). If a practice has fewer than 60 patients in its total clinic population for a specific measure, they must submit data for all of the patients in the population.

Data Validation

For purposes of data validation, physician clinics must document and retain the methodology they used to determine which patients met the criteria for inclusion for each measure, as well as the data submitted to MNMCM and all of the data used to calculate the results for two years.

Questions?

Additional technical resources including clinic registration, measure and data submission information can be found on MN Community Measurement's Web site www.mncm.org or by contacting MN Community Measurement at support@mncm.org or 612-746-4522.

For questions about the rule or requirements contact MDH at health.reform@state.mn.us

Visit MMA's quality resources page on the MMA Web site at: www.mnmed.org/measures