

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...**

Partnership between MDH and MN Community Measurement

- MDH as a 4-year, \$3 million contract with MN Community Measurement (MNCM) as lead member of consortium including Minnesota Medical Association (MMA), Minnesota Hospital Association (MHA), Stratis Health and the University of Minnesota (U of MN)
- MNCM acts as data collector for physician clinics

Statewide Quality Reporting and Measurement System Requirements

- MDH adopted the first set of administrative rules establishing the Statewide Quality Reporting and Measurement System (MN Rules, Chapter 4654) in December 2009.
- Requirements include the following:
 - Register clinic through web-based process annually
 - Submit data needed to calculate each applicable clinical quality measure and perform risk adjustment
 - Complete Health Information Technology survey
 - Cooperate in data validation activities and maintain documentation for two years

First Iteration of Quality Reporting Rules

2010 Reporting:

- Optimal Diabetes Care
- Optimal Vascular Care
- Health Information Technology Survey

2011 Reporting:

- Depression Remission at Six Months

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**
- **MNCM develops and vets quality measure recommendations as part of its contract with MDH**
- **Stakeholders are invited to submit recommendations directly to MDH**

Revising Administrative Rules

- MDH invites interested stakeholders to submit recommendations for new standardized measures to MDH by June 1st
- MNMCM recommendations:
 - Preliminary recommendations submitted in April
 - Final recommendations submitted in early June
 - Informal public comment period conducted by MDH
- All recommendations are presented at public forum in mid-June
- MDH publishes a new proposed rule by mid-August with a 30-day formal public comment period
- Final rule adopted by end of the year

Second Iteration of Quality Reporting Rules: 2010 Revision

- Adopted in November 2010
- New measures were added for physician clinics:
 - 2011 Reporting:**
 - Optimal Asthma Care (separate samples required for adults and children)
 - Colorectal Cancer Screening
 - 2013 Reporting:**
 - Patient Experience of Care (CG-CAHPS visit-specific questionnaire)
- Modified measures:
 - Optimal Diabetes Care - Blood pressure target changed and aspirin component changed to reflect more recent scientific evidence

Current Iteration of Quality Reporting Rules: 2011 Revision

- Adopted in November 2011
- New measures were added for physician clinics:
 - 2012 Reporting:
 - Optimal Maternity Care: Primary C-Section Rate
 - 2013 Reporting:
 - Patient Experience of Care (change from 2010 revision to the rule: every other year reporting)
 - Optimal Maternity Care: Early Elective Induction
 - 2014 Reporting:
 - Total Knee Replacement
 - Average post-operative functional status improvement
 - Average post-operative quality of life improvement
- Modified measures:
 - Optimal Vascular Care - Blood pressure target changed to 140/90 to reflect more recent scientific evidence

Data for Risk Adjustment

- **Providers have data needed for risk adjustment**
- **Balance between scope of risk adjustment and reporting burden / feasibility for providers**
 - **Optimal Diabetes Care, Optimal Vascular Care, Optimal Asthma Care, Colorectal Cancer Screening and Primary C-Section Rate will be risk adjusted according to primary payer type. Data must be reported by primary payer type.**
 - **Depression Remission at Six Months will be risk adjusted for severity of illness. Data must be reported by bands of scores based on initial PHQ-9 score.**
 - **Testing additional data elements:**
 - **Optimal Diabetes Care – Ischemic Vascular Disease (IVD) co-morbidity**
 - **Optimal Vascular Care – Diabetes co-morbidity**

Other Notable Changes

- **Patient Experience:**
 - Beginning in 2012, patient experience of care will be required every other year rather than every year
- **Beginning with 2012 reporting, physician clinics with an electronic medical record (EMR) in place for the prior full measurement period are required to submit data on their full patient population.**
 - This requirement was first included in the 2010 revision to the rule.

Other Notable Changes (cont.)

- **New data elements collected during registration:**
 - **Provider information: full-time equivalent (FTE) status, license number**
 - **If multiple physician clinic locations meet the criteria in 4654.0200 subp. 13 and choose to submit data as a single entity, each individual physician clinic location must register and indicate under which entity their data will be submitted**

Future Measures Under Development

- **Total Knee Replacement**
- **Optimal Maternity Care: Early Elective Induction**
- **Pediatric Preventive Care**
- **Treatment of Low Back Pain**

- **Timeline:**
 - **Proposed measure specifications available for public review in 2012**

Next Steps

- MDH, MNCM and MMA continue working together to educate providers about reporting requirements
- To register, go to www.mncm.org
- Subscribe to MDH's Health Reform list-serv to receive weekly email updates at:
<http://www.health.state.mn.us/healthreform/govdelivery.html>