

MINNESOTA CLINIC & PROVIDER REGISTRATION AND CLINICAL QUALITY REPORTING

2012 Preparations



MN Community Measurement

- Publicly reports health care quality measures with the goal of improving the health of patients
- 2004: HEDIS measures by medical group
 - Health plan data
- 2006: DDS measures by clinic site
 - Data submitted by clinics
- 2010: Statewide Quality Reporting and Measurement System

2012 Timelines

Time	Task	Portal Opens	Portal Closes
Winter	Register MN clinics & providers:	December 2011	February 10, 2012
	Submit data on these measures: -Optimal Diabetes Care -Optimal Vascular Care -Depression Care Measures	January 16, 2012 January 16, 2012 February 6, 2012	February 15, 2012 February 15, 2012 February 29, 2012
Spring	Complete H.I.T. Survey	February 15, 2012	March 15, 2012
Summer	Submit data on these measures: -Optimal Asthma Care -Colorectal Cancer Screening -Primary C-section Rate	July 16, 2012 July 16, 2012 July 16, 2012	August 17, 2012 August 17, 2012 August 17, 2012
2013	Submit data: Patient Experience -Select a survey vendor spring 2012 -Report on DOS: Sept – Nov 2012	Reported in 2013. See more details on MNCM's corporate Web site www.mncm.org	
2014	Submit data: Total Knee Replacement -Implement tools <u>now</u> (Jan 2012)	April 2014	May 2014

Getting
Started:

www.mncm.org



Minnesota Statewide Quality Reporting and Measurement System



health reform
MINNESOTA
SHIP | Statewide Health Improvement Program

[Learn how to register and report information to meet the new state requirements.](#)

Registration

- Download instructions: www.mncm.org
- Register clinics: <https://data.mncm.org/login>
 - First time users must request login/password
 - Medical group information
 - Clinic and specialty information
 - Provider file
- Clinic specialties determine which measures you are required to report
- Must complete registration before submitting data in 2012
- Registration deadline: February 10, 2012

Clinic Registration & Reporting

- REGISTRATION:
 - Register any clinic location in the state of Minnesota where primary or specialty care ambulatory services are provided for a fee by one or more physicians
 - Register all clinic locations
- CLINICAL QUALITY REPORTING:
 - You may submit data as a single entity (“roll-up”) if all of the following apply, clinics must:
 - Have common ownership AND
 - Have a majority (more than half) of common clinic staff working across multiple locations – must rotate between all clinics, AND
 - The total clinical staff across all locations is no greater than 20 full-time equivalent (FTE)
 - *FYI: During clinic registration, you will be able to select the main site that will report the data*
- Resource: Appendix A in the Registration Instructions

Provider Registration

- Upload file of providers and requirement information
- Register the following providers:
 - Physicians (MD, DO, physicians with medical degrees from other countries)
 - Advance practice registered nurses
 - Physicians assistants
- Register providers who bill through your clinic
 - CLINICAL QUALITY REPORTING: submit data on patients that you maintain records on
- New required information:
 - Medical license number
 - Full-time equivalent (FTE) status
 - See examples about how to calculate FTE on page 13 of the Registration Instructions

Measures for Required Reporting

- Winter 2012:
 - Optimal Diabetes Care
 - Optimal Vascular Care
 - Depression Remission at 6 months
 - **Total Knee Replacement***
 - **implement practice tools now; report in 2014**
- Spring 2012:
 - Health Information Technology (H.I.T.) Survey
- Summer 2012:
 - Colorectal Cancer Screening
 - Optimal Asthma Care
 - **Primary C-section Rate***
- Spring 2013:
 - **Patient Experience of Care***
 - **Dates of service: Sept-Nov 2012**

*** new measures**

Optimal Diabetes Care

- Specialties: FM, IM, Geriatrics, Endocrinology
- Exempt clinics : less than 10% adults in clinic population
- Dates of service: January 1, 2011– December 31, 2011
- Denominator:
 - ICD-9-CM codes
 - Patients ages 18 to 75
 - Visit criteria (2 face-to-face visits with provider in last 2 years for diabetes AND 1 visit to the clinic in the last 12 months for any reason)
- Composite or “all-or-none” measure
- Modifiable risk factors
 - Blood sugar control (A1c less than 8.0)
 - Blood pressure control (less than 140/90)
 - LDL or “bad” cholesterol control (less than 100)
 - Aspirin documentation
 - Patients *with* co-morbidity of ischemic vascular disease: daily aspirin use or documented contraindication
 - Patients *without* co-morbidity of ischemic vascular disease: passes component automatically
 - Tobacco-free status

Optimal Vascular Care

- Specialties: FM, IM, Geriatrics, Cardiology
- Exempt clinics: less than 10% adults in clinic population
- Dates of service: January 1, 2011– December 31, 2011
- Denominator:
 - ICD-9-CM codes that define ischemic vascular disease (IVD)
 - Patients ages 18 to 75
 - Visit criteria (2 face-to-face visits with provider in last 2 years for IVD AND 1 visit to the clinic in the last 12 months for any reason)
- Composite or “all-or-none” measure
- Modifiable risk factors
 - Blood pressure control (less than 140/90)
 - All IVD patients (based on latest guidelines)*
 - LDL or “bad” cholesterol control (less than 100)
 - Aspirin documentation: daily aspirin use or valid contraindication
 - Tobacco-free status

*2012 change

Depression Remission at 6 Months

- Specialties: FM, IM, Geriatrics, and Psychiatry/Behavioral Health professionals (if there is a physician on staff)
- Exempt clinics: less than 10% adults in clinic population
- Dates of service: January 1, 2011– January 31, 2012
 - 13 months reported to include grace period +30 days
- Total population submission, no samples
- Patient Health Questionnaire (PHQ-9)
- Numerator /Denominator:
 - # adult pts with depression & PHQ-9 score <5 at 6 months(+/- 30 days)
 - # adult pts (18+) with depression or dysthymia AND index contact PHQ-9 >9

Optimal Asthma Care

- Specialties: FM, IM, Pediatrics, Allergy/Immunology, Pulmonology
- Exempt clinics: less than 10% adults in clinic population
 - Patients age 5 to 17 must be submitted
- Dates of service: July 1, 2011– June 30, 2012
- Denominator:
 - ICD-9-CM codes
 - Patient age groups: 5 to 17 & 18 to 50
 - Visit criteria (2 face-to-face visits with provider in last 2 years for asthma AND 1 visit to the clinic in the last 12 months for any reason)
- Composite or “all-or-none” measure
- Modifiable risk factors
 - Patient’s asthma well controlled
 - Per score of accepted asthma control tool
 - Patient not at elevated risk of exacerbation
 - Per total number of emergency visits and hospitalizations (must be <2)
 - Patient is educated about asthma
 - Per current documented written plan

Colorectal Cancer Screening

- Specialties: FM, IM, Geriatrics, Obstetrics/Gynecology
- Exempt clinics: less than 10% adults in clinic population
- Dates of service: July 1, 2011– June 30, 2012
- Denominator:
 - Patient ages: 50 to 75
 - Visit criteria (2 face-to-face office visits in last 2 years AND 1 visit to the clinic in the last 12 months)
- Numerator: Number of patients who are up-to-date with appropriate screening exam
 - Colonoscopy (last 10 years), OR
 - Sigmoidoscopy (last 5 years), OR
 - Stool Blood Tests (last year)

Primary Cesarean-section Rate

- Specialties: FM, IM, OB/Gyn, Perinatology
 - Clinics that have one or more providers who perform deliveries AND who have one or more providers who perform C-sections
- Dates of service: July 1, 2011 – June 30, 2012
- Report: July 2012
- Denominator:
 - ICD-9 and CPT codes for deliveries
 - Singleton deliveries with one liveborn baby
 - Nulliparous flag (woman's first pregnancy and delivery)
- Numerator: Number of newborns delivered via C-section

Total Knee Replacement

- Specialties: Orthopedic Surgeons who perform TKR
- Denominator:
 - Primary and Revision Knee Replacement by CPT Codes
 - Full population measure, rates stratified by Primary or Revision
- Measures:
 - Average change in post-op functional status (3 months & 1 year)
 - Tools Oxford Knee Score and EQ-5D (quality of life)
- Dates of Procedure: January 1, 2012 – December 31, 2012
 - Need to implement assessment tools now
 - LONG lag time for post-op collection (15 months postop) ; 1st submission is in May of 2014
- Resource Tab in portal has all info, tools

Patient Experience of Care

- CAHPS Clinician and Group Visit Survey (CG-CAHPS)
- Clinics Included: Physician clinics that had more than 715 unique eligible adult patients (ages 18 and older) with face-to-face visits occurring between September 1, 2011 and November 30, 2011 are required to administer the survey.
- A clinic will be required to sample patients with visits between September 1, 2012 and November 30, 2012.
- Excluded specialties: Psychiatry, Adolescent/Pediatric Medicine
- Surveys must be administered by a survey vendor approved by the Centers for Medicare and Medicaid Services (CMS) to administer HCAHPS or MA and PDP CAHPS survey (listings of approved vendors can be found at the following links).
 - http://www.hcahponline.org/app_vendor.aspx
 - <http://www.ma-pdpcahps.org/Content/ApprovedSurvey.aspx>

Patient Experience of Care- *continued*

- Full Data Collection Guide anticipated to be available February 2012, in the meantime a **Summary of Major Steps and Survey Start-Up** document is available on MNCM's corporate website www.mncm.org (click on the 'Resources' tab and scroll down to the middle of the page).
- The Start-Up document contains information for both medical groups and vendors about necessary steps needed for getting started, including timelines.
 - First Step: Determine which approved survey vendor you will use for surveying
- In order to assist clinics that may be new to the survey process MNCM has identified a Central Survey Vendor.
- The Central Survey Vendor designated by MNCM for the 2012 Patient Experience of Care Survey is NRC Picker.
 - To learn more about NRC Picker and the Central Survey Vendor option, visit: <http://www.nrcpicker.com/MNCM2012>



Data Submission Requirements

- Follow timelines
- Submit data for all applicable clinic sites
- Participate in validation process
- Have rates publicly reported

Denominator Certification

- Assurance that patient population (denominator) is identified according to measure specifications
- Documentation needed
 - Describe process used to identify patients
 - Denominator template form
 - Source code, query, screen shots
 - Upload documentation onto MNCM Data Portal
- MNCM reviews for completeness

Total Population versus Sample

- Total population
 - Most precise rates
 - Submit total population when:
 - Measure requires total population submission (e.g., Depression, Primary C-section, Total Knee Replacement)
 - EMR was in place for a full measurement period, including the 12 months prior to the measurement period (i.e., EMR was in place for 2 years prior to the reporting year)
- Random sample:
 - Minimum number each clinic must submit:
 - 60 patients per clinic, per measure
 - If there are less than 60 eligible patients at a clinic, submit all patients
 - Excel list: use the “RAND” function in Excel
 - Paper list: select every “Nth” patient

Data Collection

- After denominator method is certified
- After billing and patient records are complete for dates of service for the measure
- Data collection methods
 - EMR extraction
 - Manual data abstraction
- Data collection tools (Data Portal, Resources tab)
 - Data collection forms
 - Data spreadsheet templates
 - Exclusions templates

Data Submission Methods

- Process of submitting data via the secure internet MNCM Data Portal
- Two methods accepted for state requirement:
 - Direct Data Submission (DDS)
 - Summary Data Submission (SDS)

Data Submission Methods (cont.)

- Spreadsheet of detailed patient data
 - DDS: Clinic uploads file onto the MNMCM Data Portal
 - SDS: Clinic calculates and submits summary totals for each data element
- Primary payer type
 - Commercial/private, Minnesota Health Care Programs, Medicare, uninsured/self-pay
 - DDS: MNMCM/health plans determine payer type
 - SDS: Clinic determines payer type
- Health plan P4P and MN Bridges to Excellence
 - DDS must be used to qualify for P4P programs



Data Validation

- Validates the clinic's data collection process
- Collaborative process

Results

- Minnesota Department of Health report (DDS or SDS)
- MN Community Measurement (DDS):
 - www.mnhealthscores.org
 - Health Care Quality Report
- Health plans and Minnesota Bridges to Excellence will communicate with you regarding their individual P4P programs

Thank you!



- MNCM site: www.mncm.org
 - Download registration instructions
 - Learn about upcoming Q&A sessions
- MNCM Data Portal: <https://data.mncm.org/login>
 - Register clinics and providers
 - Register contact info to receive communications
 - Resources tab
 - Download planning calendar
 - Download data collection guides and tools
 - FAQs by measure/topic
- Questions about registration and technical support
 - support@mncm.org
 - 612-746-4522