When Jim Chase started as president of Minnesota Community Measurement (MNCM) in 2005, the organization wasn’t much more than him, a computer and a telephone. It began as an idea of the MMA and the Minnesota health plans to develop public reporting mechanisms to compare patient care outcomes across the state. Now, nearly a decade later, MNCM has a staff of 20 and is often held up nationally as the vanguard on measuring health care quality.

Many laud the organization for its efforts and believe in its cause. But some physicians have expressed concern about the administrative burdens it creates. We recently talked with Chase about this and the growth of MNCM.

What is your response to physicians who have expressed concern over the administrative burden quality measurement has placed on their clinics?

Right now, we are not balancing well the burden of data collection with the benefits. That said, I don’t think it’s going to be easy to limit the number of measures or to do other things because of the demand. There’s going to be a greater interest in having more information about the value of care, and there will be a greater interest in primary care. Primary care has a real opportunity to show value in this new environment, and that will probably result in expectations for additional data. With all that said, our role is to find more efficient ways to collect the data. We need to move forward with retiring measures when we’ve demonstrated that there’s been improvement and scores start to plateau.

Some have said MNCM needs to focus more on outcomes and less on processes in health care delivery. What do you say in response?

When we first got started, a lot of clinicians would have said that for accountability measures, for public reporting, they couldn’t really be held accountable for outcomes. They needed to be held accountable for process. Our thinking on that, as a community, has changed in a good way. There’s a bigger pressure on finding more meaningful measures. Let’s look at outcomes because that’s where you are going to get the biggest impact. I think it’s a balance. We need to move more toward the outcomes, and we’ve been doing that, though we will probably never completely abandon process measures.

Is MNCM where you envisioned it would be when you started nearly nine years ago?

I think it’s grown to have a much bigger impact than I had hoped. I am quite pleased that we’ve been able to provide benefit across the community. Part of what’s motivating to the community, to individual organizations, to medical groups and to clinicians is to see how they compare with others who are in similar circumstances.
Another big change for us is the ability to access clinical data. When we first started, we never anticipated that we could collect that kind of data out of medical records. With the advent of the HITECH Act and other things, it’s moved very rapidly. Another interesting change is that when we got into this we thought we’d make this information public. [The public using the information to choose a physician] hasn’t been the impact. It’s much more about getting patients engaged, knowing it’s important that there be standards. I think we’re getting some traction there.

How do Minnesota’s measurement efforts compare with those of other states?
We have a very robust system. We can do things statewide. We’ve established this to be sustainable in the sense that it is getting used by organizations across the state and across health plans and medical groups. There are some things that we could do differently. One is that other states are moving more rapidly in how they collect data more efficiently from either health information exchanges or electronic medical records. I think some other states are doing a better job of helping the medical groups use the data for improvement. We do provide some support in terms of getting data back to organizations, but we don’t have much capability to do analytics. There are some initiatives—both Oregon and Washington come to mind—where their collaboratives are providing their participating medical groups with more analysis of the data. We do have ICSI [Institute for Clinical Systems Improvement] and Stratis Health here that do some of that work, but I think it is an opportunity for us to learn from some other communities how we can provide more support there.

What do you see as the greatest success for MNCM so far?
I think it’s that we’ve gotten the information to be used for improvement. It’s always hard to prove whether public reporting is driving change. Clearly, Minnesota has better outcomes, but it’s due to a whole lot of things that we do differently here. I hope that the measurement/reporting infrastructure we have contributes to that. I think when you talk to clinicians around the state, especially those in leadership positions, they will acknowledge that this information can be helpful to drive change. The other thing—something we didn’t anticipate but has been a huge success—is that the measures that have been developed by practicing clinicians in our community are now being used nationally. The optimal vascular care, the optimal diabetes care, the depression screening, now potentially asthma or the components of asthma that are patient-reported are getting picked up by CMS and others. That’s rewarding to see.

Aside from public reporting, what does MNCM do to support the physicians of Minnesota?
We hope part of the value we bring to medical groups that are interested in improving care for their patients is having comparable information about what’s working and what isn’t. We try to develop support tools for patients about how they can help themselves get better with help from their clinician. I think one of the biggest values that we’ve brought to groups is the alignment efforts. Almost all of the health plans are using our core set of measures. There may be additional ones that are being piloted, but at least we have aligned those and we are working to try and keep Medicare aligned. That’s the real challenge now. [Medicare has] really proliferated their measures at a national level and they aren’t even consistent within their own programs. Can we get them to align so they can use similar things so we can reduce the collection burden for the practices?
Q&A with MMA President Cindy Firkins Smith, M.D.

Being in the public eye is nothing new for Cindy Firkins Smith, M.D. She has been the face of the MMA’s Twitter account for the past few years. The Willmar-based dermatologist has also lent her visage to various marketing materials to promote the MMA, from leaflets to websites to a seven-foot display that is used at health care conferences across the state.

Firkins Smith’s public life dates back even further than her days in the MMA, though. Growing up in Emmetsburg, Iowa, she tried a little bit of everything—competing in track, basketball and swimming, serving as the first female student body president at her high school and entering her first beauty pageant. While attending Mankato State University, she won the Miss Mankato Scholarship Pageant. She said at the time she entered to meet people and establish herself in her new community.

Her outgoing nature will be put to good use in her new role as the MMA’s president. She says she plans to talk to as many physicians across the state as possible during her tenure. We asked Smith about how she plans to lead the organization in the upcoming year.

What are your goals for 2014?

Probably most pressing is that I want to talk to as many Minnesota physicians as I can and remind them that no matter our specialty, geography or ideology, in the end we’re all doctors. We take care of people and we need to stick together so we can keep doing just that. There are so many barriers interfering with our ability to do our job well: bureaucracy and mindless paperwork, fear that the government will slash reimbursement and force us to make unpalatable choices like deciding whether we can see patients who need us or just the patients whose insurance plans pay us enough to keep our doors open. There never seems to be enough time to get everything done.

Physicians face a lot of big issues—a primary care physician shortage, prescription opioid misuse, administrative burdens. How does the MMA begin to tackle them all?

Luckily, physicians are problem-solvers. The key is to choose the right “specialists” for each problem, those MMA physician-leaders who are passionate about each issue. Have them apply their natural passion, innovation and problem-solving ability to the task. I think it’s time to take each issue outside the box. For example, I have a real love-hate relationship with the electronic medical record. Some things are very good and will likely make information-sharing better. Some things, like the repeated generation of nonpertinent information, are useless, redundant and dangerous. In my opinion, the EMR is contributing to administrative burdens, physician burnout and, by consuming increasing amounts of physician time, probably the primary care physician shortage as well. Let’s get some smart people to sit down and fix it. How much of this information is really important? Can someone else besides the physician do this? Let’s let doctors take care of patients and eliminate or delegate everything that’s interfering with that.

“No matter our specialty, geography or ideology, in the end we’re all doctors. We take care of people and we need to stick together so we can keep doing just that.”

CINDY FIRKINS SMITH, M.D.
How long have you been a member, and what is one of the highlights?
I’ve been an MMA member since I started medical school at the University of Minnesota in September of 1982. I didn’t become active until 1994, when I attended our component medical society’s Christmas party and they announced the need for delegates. Since the Annual Meeting was being held in St. Cloud and since they were going to pay for the hotel room, I volunteered. The highlight is—and has always been—meeting physicians from different specialties, backgrounds and ideologies from across Minnesota. Some may remember Lyle Munneke, M.D., a family physician from Willmar who was my friend and early MMA mentor. For many years we were the only delegates from the Mid-Minnesota Medical Society. We were quite a couple, he in his jeans and Harley-Davidson gear and me in my skirts and Imelda Marcos shoes. We didn’t always agree on the issues, but we agreed that patients came first.

How do you try to convince others to join the MMA?
There are a few physicians who are not aware of what the MMA does for Minnesota physicians and their patients, so I educate them and encourage them to join us in our mission. Frankly, there are more Minnesota physicians who know about the MMA but don’t make it a priority to pay their dues and become one of the MMA’s 10,000 making Minnesota medicine the best. To those physicians I say: We need you. The more Minnesota physicians who are members of the MMA, the better our representation at the Capitol, in board rooms and in the courts. Your responsibility to your patients does not end at your office door. We want you involved and engaged, but at the very least we want you to join the organization so we can continue to fight the good fight for you and your patients. I really believe that this is a responsibility of every Minnesota physician.

The MMA has never fought for a bill that benefits only MMA members; everyone gains. Everyone should contribute.

As a dermatologist, what’s your favorite SPF?
Now, you’re talking my language. My favorite SPF for patients depends on history, skin type, exposure, activity and other variables. But my personal favorite SPF is 30 to face, neck and hands 365 days a year. SPF 50+ if I’m actually going to be outside. But then, of course, I would be wearing a hat, sun-protective clothing and standing in the shade as well.

Do you have any hobbies?
I like to talk about skin, so I write and deliver dermatology lectures. I’m interested in medical history and am researching and writing the early history of the department of dermatology at the University of Minnesota. I’m a sports fan—Go Wild! I enjoy fiction and film and belong to a screenwriting group. I took a screenwriting class in L.A. a few years back and wrote a screenplay. It provided me with a lovely fantasy that revolved around red carpets and the Academy Awards, but unfortunately was garbage, thus the fantasy was short-lived. I used to dabble in drawing cartoons and painting, so a couple years ago thought I would revisit that. I bought an easel, canvases, acrylics and brushes. They’re all still in the packages. Maybe next year…
Connecting WITH Minnesota Physicians

Your MMA membership team covers the state working for the physicians of Minnesota.

Handling all your membership needs, including:
- Providing a one-stop source for all MMA information
- Connecting you to legal, quality, policy and legislative experts
- Joining MMA or renewing your membership

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News briefs

Raise it For Health Coalition wins award for anti-smoking efforts

In September, the Minnesota Department of Health presented the Raise It For Health Coalition with a 2013 Community Health Award for its efforts to advocate for an increase in the state’s cigarette tax this past legislative session.

The coalition, of which the MMA is a member, received a Certificate of Recognition for its “success in raising prices on tobacco products in Minnesota as a means to deter tobacco use and raise community health.”

This award comes on the heels of news that cigarette sales have dropped dramatically after the tobacco tax increase of $1.60 per pack went into effect July 1. The Minnesota Department of Revenue reported that sales of the tax stamps that are required on all packs of cigarettes sold in Minnesota were down 35 percent in July 2013 compared with a year ago.

The Community Health Awards are presented each year for significant contributions to public health in Minnesota. Recipients are nominated by their peers and chosen by the State Community Health Services Advisory Committee.

Independent practice still kicking according to AMA

A recent study from the AMA shows that the state of independent practice isn’t as bad as previously reported. A 2012 AMA survey found 53 percent of physicians are self-employed, 60 percent work in practices that are wholly owned by physicians. Eighteen percent are in solo practice.

The AMA survey shows that the shift toward hospital employment hasn’t been as great as expected. Twenty-three percent of physicians work in practices that are partially owned by a hospital and another 5.6 percent are directly employed by a hospital.

The study, “New Data on Physician Practice Arrangements: Private Practice Remains Strong Despite Shifts Toward Hospital Employment,” noted that Accenture, the management consulting company, had projected that the share of physicians in independent practice would fall to 36 percent in 2013, down from 57 percent in 2000. According to the 3,466 physicians who responded to the survey, that hasn’t occurred yet.

U of M medical student receives national scholarship

Brian Park, a fourth-year student at the University of Minnesota Medical School, is one of six students selected as a 2013 Pisacano Scholar.

The Pisacano scholarships, valued up to $28,000 each, are awarded to students attending U.S. medical schools who demonstrate a strong commitment to family medicine. In addition, each applicant must demonstrate leadership skills, superior academic achievement, strong communication skills, identifiable character and integrity, and a noteworthy level of community service.

Park graduated cum laude from the University of Minnesota–Twin Cities with a bachelor’s degree in psychology; he recently completed his Masters of Public Health degree at the University of Minnesota. He was one of two students selected to participate in the Metropolitan Physician Associate Program (MetroPAP), a nine-month community-based clerkship program during the third year of medical school. During his MetroPAP year, Park developed academic and community service projects that became the focus of his thesis. Additionally, his MetroPAP experience led to...
him to create and host “The Waiting Room,” a live medical storytelling event.

Following his residency, Park plans to remain in academic medicine and practice family medicine in an underserved urban area.

**MMA in action**

In early October, MMA President Cindy Firkins Smith, M.D., attended a North Dakota Medical Society meeting in Fargo. She also took part in the interview process for the first of three candidates for the University of Minnesota Medical School dean/vice president of health services position.

Eric Dick, manager of state legislative affairs, and Dave Renner, director of state and federal legislation, met with Rep. Tina Liebling in September to discuss the MMA’s opposition to legislation that would expand the scope of practice for Advanced Practice Registered Nurses. They were joined by lobbyists for anesthesiologists, pain medicine physicians, family physicians, pediatricians and psychiatrists.

In October, Renner also presented to the Minnesota Orthopedic Nurses Association on anticipated legislative issues for the 2014 session.

Dick also attended a physician-only meet-and-greet for state lawmakers in October. Attended by Sen. Melissa Franzen (DFL-Edina), Rep. Ron Erhardt (DFL-Edina) and Rep. Paul Rosenthal (DFL-Edina), the event was held at the home of MEDPAC board member Robert McKlveen, M.D. Participants enjoyed the opportunity to renew or build a personal relationship with their legislators and ask questions about the health care issues the elected officials anticipate will be considered during the upcoming session.

MMA Policy Analyst Juliana Milhofer attended several meetings of the Minnesota Cancer Alliance to discuss developing a communication strategy for increasing HPV vaccination rates. The MMA is a member of the Alliance.

Barb Daiker, R.N., Ph.D., the MMA’s manager of quality, attended a meeting of the task force on Violence Prevention in the Healthcare Workplace. This task force was formed by the Minnesota Department of Health to identify tools and resources that health care organizations can use to reduce risk and effectively manage hostile and assaultive behaviors in the workplace. Daiker also attended a meeting of the Minnesota e-Health Initiative Advisory Committee, a private/public collaboration to accelerate the use of health information technology to improve quality.

Brian Strub, MMA manager of physician outreach, met with Dale Osterman, administrator at Central Pediatrics and Priority Pediatrics, to discuss issues important to physicians at their two Twin Cities area locations.

In September, Kathleen Baumbach, MMA manager of physician outreach, met with Darla Becker, the chief operating officer for the Center for Reproductive Medicine, to discuss clinic initiatives and specifically the burden of medication prior authorizations. She also met with Stephanie Olson, public affairs manager at Mayo Clinic Health System in Owatonna, to discuss clinic initiatives/challenges and ways to connect with Owatonna physicians. In addition, she met with Molly Van Binsbergen, R.N., clinic manager at Allina Medical Clinic–Faribault.

Strub and Baumbach met with Jo Peterson, the new executive director of the Minnesota Academy of Family Physicians Foundation, about collaboration opportunities specifically related to training physicians to work with interpreters. In mid-October, they met with first- and second-year medical students during a lunch-and-learn at Mayo Medical School in Rochester. The event was co-sponsored by the Zumbro Valley Medical Society and the MMA. They also met with Madalyn Dosch, an Allina Health sourcing specialist, to discuss collaborating on resources for residents and fellows.

Strub visited with physicians at Sawtooth Mountain Clinic in Grand Marais. The meeting was hosted by the Lake Superior Medical Society (LSMS) as part of its Remote General Membership Meetings. These meetings, which are open to all LSMS and MMA members, provide an opportunity for North Shore physicians to personally connect with and support other physician members outside the city of Duluth.

**Minnesota Medicine a finalist for Magazine of the Year**

The MMA’s award-winning monthly, *Minnesota Medicine*, is one of five publications under consideration for the Minnesota Magazine and Publishing Association’s Magazine of the Year. The other publications are: Experience Life Magazine, Lake Superior Magazine, Midwest Home and Mpls. St. Paul Magazine. The award ceremony is November 7 at the Nicollet Island Pavilion in Minneapolis.
Is that necessary?

In medical school, we are taught to do whatever it takes to help our patients get better. So it may seem counterintuitive to join an effort that calls for reducing tests and procedures. But that’s exactly what the Choosing Wisely campaign is about.

As the name suggests, it’s about selecting only the appropriate tests or procedures for each patient. Given today’s litigious society, it may be tempting to run a test just in case—to cover your back, to be extra sure about a diagnosis. But sometimes another test just isn’t necessary. And sometimes they can lead to harm. As physicians, we have a professional responsibility to support the fair distribution of scarce resources. Choosing Wisely is one tool, based on strong medical evidence, to help us do just that.

Since Choosing Wisely launched in April 2012, more than 80 national, regional and state medical specialty societies, health collaboratives and consumer groups have joined the cause. Together, we’re trying to improve patient outcomes through better physician-patient communication. Our goal is to help stem the use of unnecessary care that contributes to additional risk for the patient and the high cost of health care. Evidence shows that much of the care delivered in the United States is duplicative or unnecessary.

The MMA joined the effort this past March. We received a grant from the American Board of Internal Medicine Foundation to help build awareness of the project among Minnesota physicians. The MMA is also developing tools to help physicians have conversations with patients about what is appropriate and necessary care.

The MMA will share these tools through our standard communication vehicles—our enewsletter, blog, Minnesota Medicine. We also are partnering with the award-winning Guthrie Theater to develop patient communication training. The sessions will focus on improvisation and role-playing techniques.

Choosing Wisely is gaining momentum across the country. So far, 58 national medical specialty societies, including the American Academy of Pediatrics and the Society for Vascular Medicine, have signed on.

Most of these partners have recommended five tests or procedures pertaining to their specialty that physicians and patients should question. You can find each group’s list online at www.choosingwisely.org/doctor-patient-lists. Some groups, like the American Academy of Family Physicians (AAFP), have recommended even more. Here’s an idea of what you’ll find on the AAFP list:

- Don’t do imaging for low-back pain within the first six weeks unless red flags are present.
- Don’t order annual electrocardiograms or any other cardiac screening for low-risk patients without symptoms.

Please join us in our efforts. Take a proactive leadership role. Go online and learn more about the Choosing Wisely program and volunteer your clinic to be a leader in embracing these conversations with patients.

“Take a proactive leadership role. Go online and learn more about the Choosing Wisely program and volunteer your clinic to be a leader in embracing these conversations with patients.”

Cindy Firkins Smith, M.D.