Measurement Evolution
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MN Community Measurement

- Accelerating Improvement of Health Through Public Reporting
- The trusted source of information across the spectrum of care and the triple aim
- Used by providers to improve care and by patients to make better decisions
- Catalyzing communities to work together on measurement
- (a 501 (c) 3 nonprofit)

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MNCM Objectives

- Develop higher value measures across the triple aim of the health care system
- Decrease burden and increase utility
- Get the information used locally and nationally to increase health

Why Minnesota Leads in Measurement

- Focus on outcome measures
- Wide use of measures for improvement
- Alignment across the community
- National recognition of measures
  - National Quality Forum endorsement
  - Use in Medicare programs
  - RWJF Grant to support other communities
  - National Total Cost of Care Adoption
- Increasing consumer use – patient engagement tools
Measure Development Process

**Measure Criteria**
- Meaningful
- Opportunity for Improvement
- Actionable
- Credible
- Feasible

**Priorities**

- Evaluation
- Board Approval
- Stakeholder Committee Review
- Public Comment
- Measure Development

Community

Public Reporting/ Transparency

- Reports on clinical quality measures, Health Information Technology, patient experience, cost of care, and hospital measures
- Reports on over 400 medical groups and 700 site of care
- Data from health plans, hospitals and medical groups

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Oct. 2012 Consumer Reports

- 32 page insert in Minnesota Edition
- Results of diabetes and vascular care measures at 552 physician offices
- Articles on how patients can improve their care
- Spring 2013 issue on prevention

Public Reporting

- Aggregate Payers Health Plan Claims
  - HEDIS Measures
    - cancer screening, immunization, appropriate antibiotic use, etc.
  - Cost Measures
    - Total cost of care, average procedure price
- Direct Data Submission
  - EMR/Clinical Data
    - diabetes, ischemic vascular, asthma, depression, knee replacement, spine surgery, etc.
- Survey Results
  - Patient Experience/CG CAHPS & HCAHPS
  - Health Information Technology
- Hospital Measures
  - AHRQ Quality Indicators (mortality, complications)
  - CMS Measures of Appropriate Care (AMI, Surg)
What is Minnesota HealthScores™?

MN HealthScores is a Web site that can help you make sure you are getting the best care - high quality health care. Our reports provide information about the care provided in clinics, medical groups and hospitals throughout Minnesota. MN HealthScores was developed by MN Community Measurement, an independent non-profit community organization. Read more >

We Listened to You Introducing Our New and Improved Website!

In 2009, we conducted focus groups to learn what users thought about the HealthScores website. We listened to what these group participants had to say, and how made improvements to make it easier for you to use the site to learn more about the quality of health care in your community. Read more >

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Medical Group Performance Variation
Optimal Vascular Care

2011 Optimal Vascular Care by Medical Group

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MN Scores Compared to National
Percent Most Positive Score on CG-CAHPS Visit Survey, 2010 and 2012

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Minnesota ACO Results

Percent of Patients with Optimal Result

- HbA1c
- Blood Pressure
- Tobacco Use
- Aspirin
- ACE inhibitors

Minnesota ACO Median (n=4) vs. National ACO Median (n=141)

What are Providers Doing to Improve Results?

- Regularly review results with care team
- Use electronic medical record to enable results
- Engage entire staff in improvement
- Test small scale improvements – patient population approach
- Share measures with patients

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“I saw the same doctor for 21 years and had diabetes during that time. We rarely discussed why my A1c was off. And then I went to this new doctor and I have to tell you I was like, “Whoa!” Not only does she care, she’s holding me super-accountable for stuff. There is no screwing around with this woman. And my A1c went right where it was supposed to go.”

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Quality Performance Measurement Evolution

- Internal Processes
- Quality Improvement
- Quality Care
  - Clinical Quality Outcomes
  - Functional Status
  - Patient Reported Outcomes

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Evolving Data Sources

- Claims
- Electronic Medical Records
- Hybrid
- Functional Status Tools
- Patient Reported Outcome Tools
- Integrated? Standardized? Available?

Measurement Framework

- Health Care
  - Process
  - Outcome
  - Efficiency/Necessity
- Cost
  - Total Cost of Care
  - Unit Price/Episodes of Care
  - Use/Overuse
- Health
  - Prevention
  - Population Health
  - Social Determinants
Vision for Triple Aim Reporting

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Quality (Composite or Global Health Measure)</th>
<th>Patient Experience</th>
<th>Total Cost of Care Comparison</th>
<th>High Value (High Quality and Low Resource Use)</th>
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<td>Average</td>
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</table>

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Example Measures

- All or none patient level composites
  - Diabetes [A1c < 8.0, LDL < 100, BP < 140/90, tobacco free & daily aspirin]
- Depression
  - Remission at 6 and 12 months [PHQ-9 < 5]
- Pediatric Preventive Care
- Orthopedics Pre and Postop Functional Status
  - Total Knee Replacement and Spine Surgery
- Population Health

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Total Cost Measure

- Public awareness of cost variation and opportunity to increase value
- Alignment across payers – compete on results, not on information
- National alignment effort with 5 other communities
- Actionable information for medical groups
  - Transparent-nationally endorsed method
  - Timely data
  - Verifiable results

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NQF Endorsement and ACO

- **NQF Endorsed Measures**
  - 0076 Optimal Vascular Care
  - 0729 Optimal Diabetes Care
  - 0711 Depression Remission at Six Months
  - 0710 Depression Remission at Twelve Months
  - 0712 Utilization of the PHQ-9
- **The three depression measures also exist in e-Measure format**
  - Included in the 113 retooled NQF measures in the first set of e-Measures for HHS
- **Accountable Care Organization**
  - 5 MNCM developed measures accepted in the 33

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Catalyzing Increasing Alignment

- Measures are used nationally
- Medicare deeming and qualified entity status
- Medicaid and the insurance exchange
- PQRS
- Meaningful use
- ACO
- Etc.

Future of Measurement

- More use of measures in compensation
- More patient derived data for measures
- Use in tools, products, networks, contracting
- Measures that support “Accountable Care Contracts”
  - Care coordination
  - Primary Care/Specialty Care Balance
- Cost of Care presented with Quality of Care
- National Measures

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Information

- Consumer site: www.mnhealthscores.org
- Corporate site: www.mncm.org
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