



Minnesota Department of Health: Protecting, maintaining and improving the health of all Minnesotans

Minnesota Statewide Quality Reporting and Measurement System (SQRMS):

Quality Measures and Socio-demographic Factors

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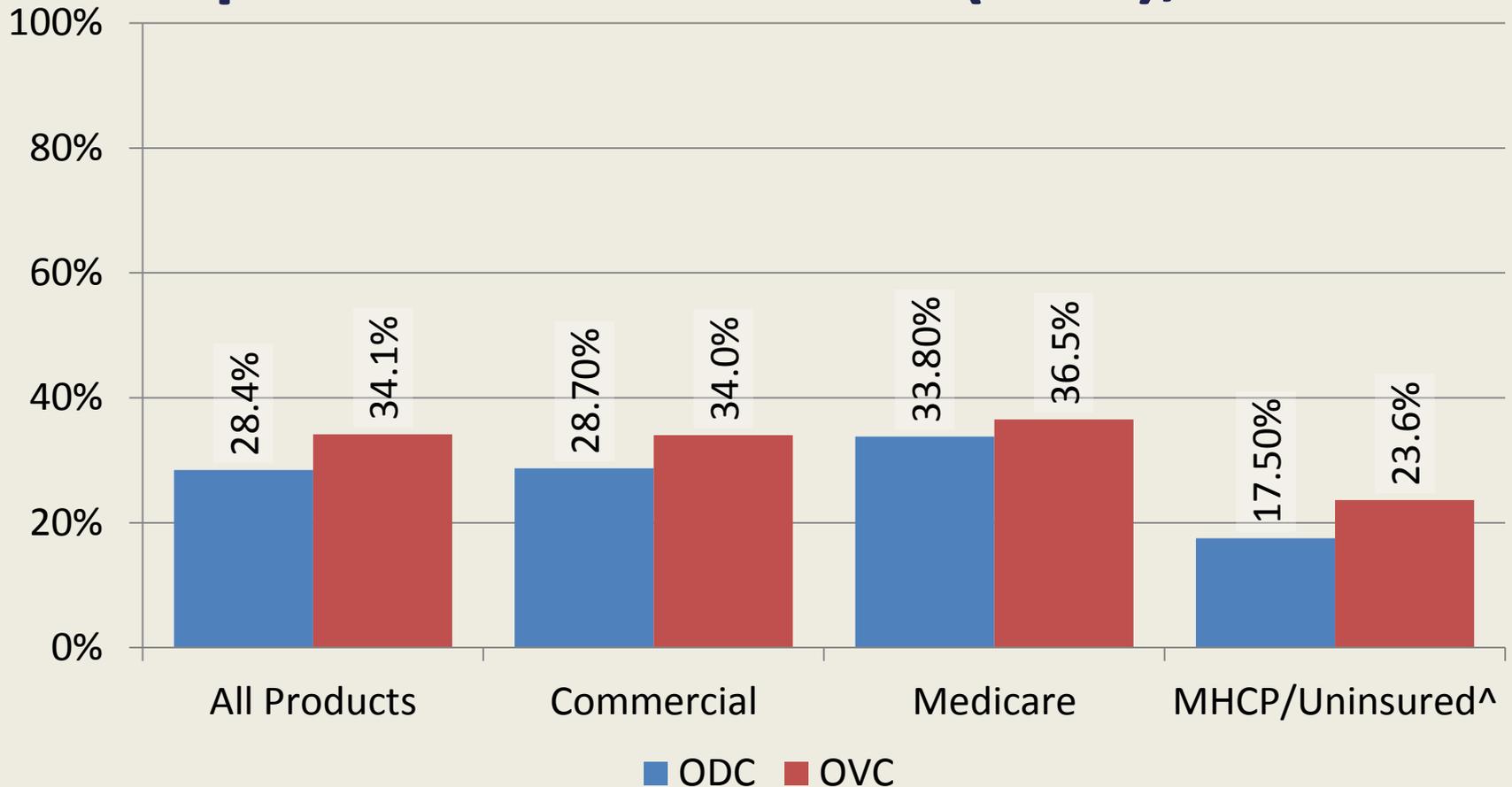
Overview

- State Health Reform
- SQRMS Overview
- 2015 Stratification Report
 - Who we spoke with
 - What we found
 - What we recommended
 - Where we go from here
- Discussion

Context for State Health Reform

- High quality in Minnesota relative to other states
- Wide variation in costs and quality across different health care providers, with no evidence that higher cost or higher use of services is associated with better quality or better health outcomes
- Health care costs are rising, placing greater share of health care costs on consumers
- What tools do consumers have to choose how to spend their health care dollars?

Optimal Diabetes Care (ODC) & Optimal Vascular Care (OVC), 2009



Source: MDH Health Economics Program analysis of SQRMS data.

[^]MHCP are Minnesota Health Care Programs, which include Medicaid and MinnesotaCare

Statutory Requirements: Minnesota's 2008 Health Reform Law

- Statewide Quality Reporting and Measurement System, Minnesota Statutes 62U.02
 - Establish standards for measuring quality of health care services offered by health care providers, and a standardized set of measures
 - Establish a system for risk adjusting quality measures
 - Physician clinics and hospitals are required to report
 - Health plans use the standardized measure set
 - Issue annual public reports on provider quality

Objectives and Goals of SQRMS

- Enhance market transparency by creating a uniform approach to quality measurement
- Improve health / reduce acute care spending
- Quality measures must be based on medical evidence and be developed through a participatory process
- Public reporting quality goals:
 - Make more quality information broadly available
 - Use measures related to either high volume or high impact procedures and health issues
 - Report outcome measures or process measures that are linked to improved health outcomes
 - Not increase administrative burden on health care providers where possible

SQRMS Characteristics

- SQRMS is a critical aspect of health care reform
 - Measures inform patients of the value of provider care in Minnesota
 - Providers can use measures to improve care
- SQRMS processes are intentional and transparent
 - Community input and engagement informs MDH's development of quality measurement and reporting for the state of MN
- SQRMS is an evolving process
 - Quality measurement and reporting continually evolves based on changes in measurement science, community buy-in and community priorities

MDH and Partner Roles and Responsibilities

MDH	MN Community Measurement	Stratis Health	Minnesota Hospital Association
<ul style="list-style-type: none"> • Annually promulgates rules that define the uniform set of measures • Obtains input from the public at multiple steps of rulemaking • Publicly reports summary data • Develops vision for further evolution of SQRMS 	<ul style="list-style-type: none"> • Facilitates data collection and validation with physician clinics and data management • Submits data collected to MDH • Develops recommendations for the uniform set of quality measures and the Quality Incentive Payment System for the State's consideration • Works with groups of stakeholders to review and maintain measures • Develops and implements educational activities and resources 	<ul style="list-style-type: none"> • Develops recommendations for the uniform set of quality measures for the State's consideration • Facilitates the Hospital Quality Reporting Steering Committee and subcommittees • Develops and implements educational activities and resources 	<ul style="list-style-type: none"> • Facilitates data collection from hospitals and data management • Develops recommendations for the Quality Incentive Payment System for the State's consideration

SQRMS Annual Rulemaking



- MDH invites interested stakeholders to submit recommendations for standardized measures to MDH by June 1
- MNMCM and Stratis Health submit preliminary recommendations to MDH mid-April; MDH opens public comment period
- MNMCM and Stratis Health submit final recommendations to MDH by mid-June; MDH opens public comment period
- MNMCM measure recommendations are presented at a public forum toward the end of June
- MDH publishes a new proposed rule by mid-August with a 30-day public comment period
- Final rule adopted by the end of the year

*Orange spaces denote when public comment periods open.

Alignment

Federal

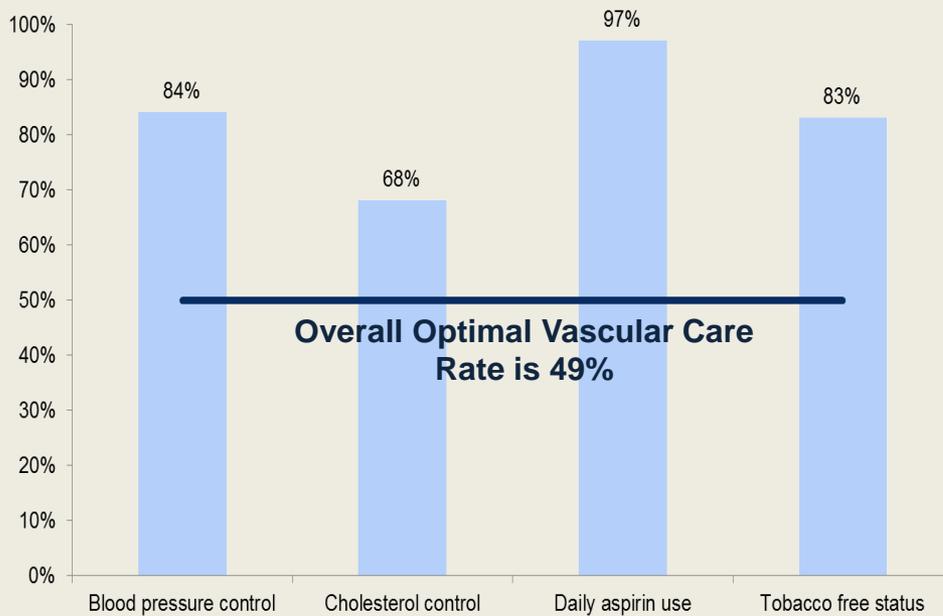
Physician Quality Reporting System
Hospital Inpatient and Outpatient
Quality Reporting Programs
Hospital Readmission Reduction
Program (RRP)
Hospital Value-Based Purchasing
(VBP)
Hospital Acquired Conditions(HAC)
Reduction Program
Medicare Shared Savings Program
National Healthcare Safety
Network (NHSN)
Rural Hospital Flexibility Program
(Flex)
Meaningful Use

State

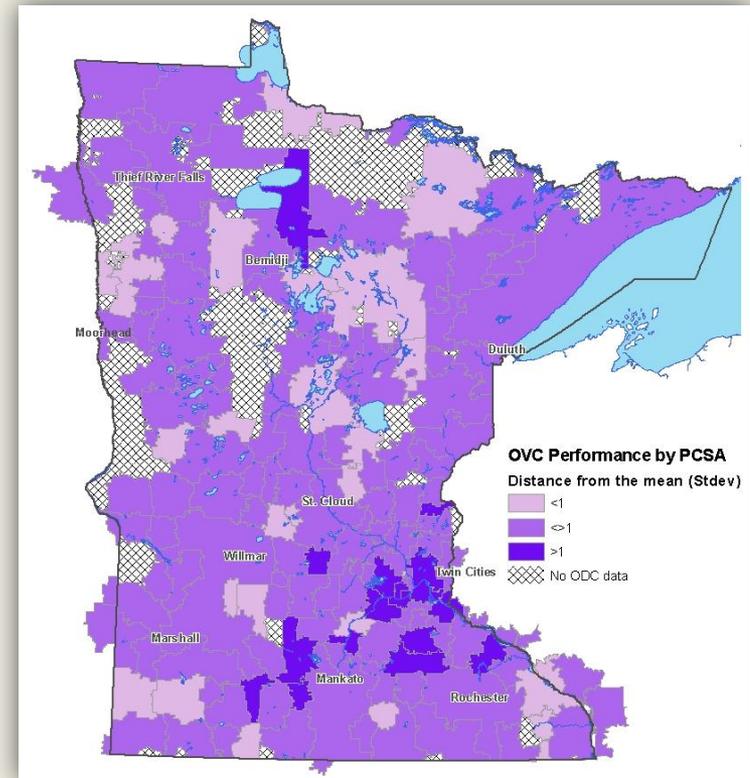
Health Care Homes
Office of Health Information
Technology
Community Transformation Grant
Minnesota Stroke Registry
Minnesota Asthma Program
Health Promotion & Chronic
Disease
Quality Incentive Payment System
Accountable Communities for
Health
DHS Integrated Health Partnerships
Demonstration

Research and Analysis

Statewide Rates



Geographic Variation



2015 Stratification Report Context

- 2014 MDH Advancing Health Equity Report
 - Significant and persistent disparities in health outcomes for some segments of the population
 - Important for State to foster health equity in creating the “conditions in which all people have the opportunity to attain their highest possible level of health”
- Safety Net Coalition’s concern about quality measurement for providers who see challenging patient populations, especially in environment of increasing pay for performance
- Reporting quality of care data that lacks socio-demographic considerations may actually deepen the inequities and disparities that currently exist in our health care system by creating incentives for providers to minimize or avoid treating patients from communities that experience disparities and are less likely to contribute to strong performance on existing measures of quality of care

Requirements

2014 Minnesota Laws, Chapter 312, Article 23, Section 10

- ✓ Develop an implementation plan for stratifying measures based on disability, race, ethnicity, language, and other socio-demographic factors that are correlated with health disparities and impact performance on quality measures
 - a) Stratify Measures beginning January 1, 2017
 - b) Report to the legislature in 2015 with a plan including an estimated budget, timeline, and processes to be used for implementation

- ✓ Develop the plan in consultation with consumer, community and advocacy organizations representing diverse communities; health plan companies; providers; quality measurement organizations; and safety net providers that primarily serve communities and patient populations with health disparities.
 - a) Use culturally appropriate methods of consultation and engagement with consumer and advocacy organizations led by and representing diverse communities by race, ethnicity, language, and socio-demographic factors

2015 Legislative Report



Stratifying Health Care Quality Measures Using Socio-demographic Factors

Minnesota Department of Health
Report to the Minnesota Legislature 2015

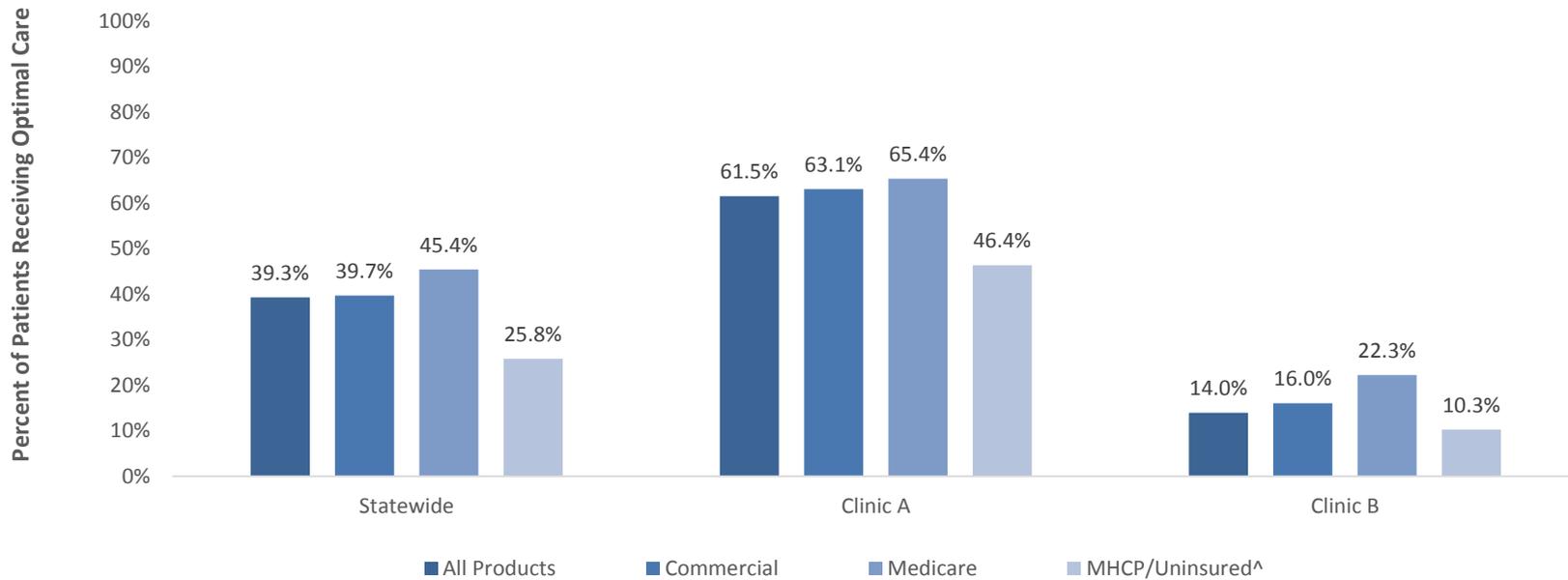
March 2015

Stratification

- Calculating health care performance scores separately for different patient groups based on some characteristic
- Enables the identification of healthcare disparities for certain patient groups
- Can unmask healthcare disparities by examining performance for groups who have been historically disadvantaged compared to groups who have not been disadvantaged

Example

Optimal Diabetes Care, 2013



Source: MDH Health Economics Program analysis of SQRMS data
^MHCP are Minnesota Health Care Programs, which include Medicaid and MinnesotaCare

Key Questions

- 1) What is the perspective of members from diverse communities about sharing socio-demographic factors with health care providers and seeing the information used?
- 2) What socio-demographic factors do Minnesota clinics and hospitals collect for state and federal quality measurement and reporting initiatives?
- 3) What other socio-demographic factors and data sources could be used to stratify Quality Reporting System measures, and what are the associated benefits and challenges?
- 4) What options should Minnesota consider in stratifying quality measures using socio-demographic factors, and what are the associated benefits, challenges, costs, and timelines?

Study Approach

- Analysis of quality measure data
- Literature review
- Stakeholder input
 - Voices for Racial Justice interviewed community representatives using culturally appropriate methods, and partnered with the Minnesota Association of Community Health Centers (MNACHC) to interview representatives of safety net clinics
 - MDH consulted with the Minnesota Administrative Uniformity Committee and the Minnesota e-Health Initiative Advisory Committee and Standards and Operability Workgroup, and conducted interviews with representatives of Minnesota Community Measurement (MNCM), Minnesota Council of Health Plans (MCHP), Minnesota Hospital Association (MHA), Minnesota Medical Association (MMA), and Stratis Health

Community Interviews

FACTOR	%
Age:	
18 to 35 years	40
36 to 88 years	60
Gender	
Female	53
Male	45
Transgender	2
Race:	
American Indian/Native American	26
Asian	32
Black-African American	13
African Immigrant	7
Native Hawaiian or other Pacific Islander	2
White*	13
Some other race	6
Decline	1
Ethnicity:	
Hispanic or Latino	21
Not Hispanic or Latino	78
Declined	1

FACTOR	%
Country of Origin:	
United States	55
Other	45
Health Insurance:	
No health insurance	9
Government Insurance [^]	32
Employer based insurance	47
Income Level:	
Below 250% Federal poverty level	53
Disability	
People with disabilities**	16
Sexual Orientation	
Other than heterosexual	19
Education	
High School or less	31
Language Preference for Health Care Information	
Reading - English	64
Listening - English	66
Geographical Location:	
Living within the Twin Cities Metro	71
Living outside the Twin Cities Metro	29

*Out of the 11 interviewees who chose White as their race, 9 self-identify as Hispanic/Latino, and 1 as Arab born in Egypt

** Self Reported

[^] Government insurance includes Medicare, Medicaid, and MinnesotaCare

Source: Voices for Racial Justice, 2014

Key Findings

- **Community Findings**
 - Build trusting relationships between patients & health care system
 - Increase community understanding of the collection and use of socio-demographic data
 - Provide health equity data to communities
- **Socio-demographic factors that clinics and hospitals currently collect**
 - Most Minnesota clinics currently collect and store basic socio-demographic information including: patient age, gender, residential zip code, health insurance primary payer, race, ethnicity, language, and country of origin
 - Minnesota hospitals capture patient race, ethnicity, and language information to meet federal requirements
- **Other patient socio-demographic factors - including disability**
 - Could be used to stratify health care quality measures in the future, but currently there are impediments to doing so at this time

Disability Findings and Recommendation

Findings

- Alignment with goals and implementation of Olmstead Plan
- Lack of uniform definition of disability across state & federal activities
- Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) currently making recommendations and seeking public comment on inclusion of patient function and disability in electronic health records
- MN e-health framework development, including capturing and using socio-demographic factors

Disability Findings and Recommendation

- Recommendation
 - While the current lack of standard definitions of disability for use in EHRs means that the goal of stratification by this factor in 2017 is not possible, MDH should submit a report to the Legislature in 2016 with recommendations on quality measurement and disability that are aligned with the Olmstead Plan and federal standards

Next Steps

- State legislation
 - SF 501/HF1208 → Omnibus Health & Human Services Finance Bills
- Federal activity
 - Office of the National Coordinator for Health IT's Interoperability Standards Advisory draft and comment period
- Olmstead Plan
- Other state initiatives: Accountable Communities for Health, Health Care Homes

Questions

- What experiences and/or challenges do you have regarding the collection and use of socio-demographic information in health care settings?
- In what ways would our data & analysis be helpful to this stakeholder group, or other groups you work with?
- What questions do you have for us?

SQRMS Website

The screenshot shows the SQRMS website interface. At the top left is the MDH logo and the text "Minnesota Department of Health". To the right are navigation buttons for "HOME", "TOPICS", and "ABOUT US", along with a search bar. The left sidebar contains several menu items under "Health Care Quality Measures" and "Minnesota's Health Reform Initiative". The main content area features the "health reform MINNESOTA A Better State of Health" logo. Below the logo is an "Update" section with a paragraph of text. A link titled "Stratifying Health Care Quality Measures Using Socio-demographic Factors (PDF: 1MB/60 pages)" is circled in red. Below this is a section titled "Health Care Quality Measures" with another paragraph of text.

MDH Minnesota Department of Health

HOME TOPICS ABOUT US

Health Care Quality Measures

- Home
- 2010 Report
- Adopted Rule - December 2014
- Recommendations
- Measurement and Reporting Committee
- Hospital Quality Reporting Steering Committee
- Quality Incentive Payment System
- Incentive Payment Work Group
- About

Minnesota's Health Reform Initiative

- Home
- MNsure provider networks
- Quality, cost and payment reform
- News, events and announcements
- 2008 health reform law

Health Reform Programs

- All Payer Claims Database
- Health Care Homes
- Statewide Health Improvement Program
- Statewide Quality Reporting and Measurement System

health reform
MINNESOTA
A Better State of Health

Update

The Minnesota Department of Health (MDH) issued a report which presents findings from its study of stratifying Quality Reporting System measures based on disability, race, ethnicity, language, and other socio-demographic factors that are correlated with health disparities and impact performance on quality measures as required by 2014 Minnesota Laws, Chapter 312 Article 23, Section 10. Eliminating health disparities and creating a culture of health equity in which all individuals have the opportunity to be healthy is among MDH's highest priorities. This report lays out a series of recommendations that offer multiple pathways to stratification that acknowledge both the differing sources of data that make up the Quality Reporting System and the current state of the evidence.

[Stratifying Health Care Quality Measures Using Socio-demographic Factors \(PDF: 1MB/60 pages\)](#)

Health Care Quality Measures

Minnesota's 2008 Health Reform Law requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state. The goal is to create a uniform approach to quality measurement in order to enhance market transparency. The Minnesota Department of Health seeks to build on community standards and input in developing the measures.

Resources

Subscribe to MDH's Health Reform list-serv to receive updates

- [MDH Health Reform Subscribe List for Updates](#)

Minnesota Statewide Quality Reporting and Measurement System (SQRMS)

- [Minnesota Statewide Quality Reporting and Measurement System \(SQRMS\)](#)

MN Community Measurement (MNCM) Health Scores

- [MN Community Measurement \(MNCM\) Health Scores](#)

Contact Information

- For questions about SQRMS, contact:
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