Minnesota Statewide Quality Reporting and Measurement System (SQRMS)

Cycle B Measures
Pediatric Preventive Care
Orthopedic Specialty

Sarah P. Evans, MPH
Senior Planner
Health Economics Program
Overview

- Context for health care quality measurement
- Annual measure set update
- Cycle B measures and results
  - Adolescent Mental Health and/or Depression
  - Pediatric Overweight Counseling
  - Total Knee Replacement
  - Spinal Surgery: Lumbar Fusion
  - Spinal Surgery: Lumbar Discectomy Laminotomy
- Data submission
- Resources
Background

- Minnesota clinics, hospitals and health plans have a rich history of health care quality measurement

Prior to 2005
- Health insurers used quality measures to assess provider performance
- Measurement was burdensome and inconsistent

2005
- MN Community Measurement established
- Better coordinate quality measurement activities, develop new measures with community support, and publicly report results

2008
- MN Health Reform Law
Minnesota’s 2008 Health Reform Law and Quality Measurement

- Establish **standards** for measuring quality of health care services offered by health care providers
- Establish a system for **risk adjusting** quality measures
- **Physician clinics** and **hospitals** are required to report
- **Health plans** may use the standardized measures; may **not** require reporting on measures outside the official set

Minnesota Statutes 62U.02
Alignment with Other Programs

State
- Health Care Homes
- Integrated Health Partnerships Demonstration
- Quality Incentive Payment System and Bridges to Excellence
- Accountable Communities for Health
- Office of Health Information Technology
  - Community Wellness Grant
  - Minnesota Stroke Registry
  - Minnesota Asthma Program
- Health Promotion & Chronic Disease programs

Federal
- Hospital Inpatient and Outpatient Quality Reporting Programs
- Hospital Value-Based Purchasing
- Hospital-Acquired Condition Reduction Program
- Medicare Beneficiary Quality Improvement Project (MBQIP)
- Meaningful Use
- Physician Quality Reporting System (PQRS)

SQRMS

MDH Minnesota Department of Health

health reform MINNESOTA A Better State of Health
Partnership between MDH and MN Community Measurement

**MDH**
- Annually updates the quality rule that defines the measure set
- Obtains input from the public at multiple stages of rulemaking
- Publicly reports summary data
- Develops vision for further evolution of the Quality Reporting System

**MN Community Measurement**
- Facilitates data collection and validation with physician clinics and data management
- Submits collected data to MDH
- Works with groups of stakeholders to review and maintain measures
- Develops and implements educational activities and resources
- Supports the Health Care Homes Benchmarking Data Portal
1. MDH invites interested stakeholders to submit recommendations for standardized measures

2. MDH presents measure recommendations at a public forum

3. MDH publishes a proposed rule with a 30-day public comment period

4. Final rule typically adopted by the end of the year

*Blue spaces denote when public comment periods begin
Historical Timeline

**Dec. 2009**
First set of administrative rules established SQRMS

**Jan. 2010**
Data collection for publicly reported quality measures began
Health plans no longer permitted to require data submission on measures outside the standardized set

**Nov. 2010**
First update to administrative rules

**2011-2015**
Annual updates to administrative rules
Minnesota Statewide Quality Reporting and Measurement System:
Appendices to Minnesota Administrative Rules, Chapter 4654
Minnesota Department of Health
December 2015
2016 Quality Measures

**Cycle A**
- Optimal Diabetes Care*
- Optimal Vascular Care*
- Depression Remission at Six Months*

**Cycle B**
- Pediatric Preventive Care
  - Adolescent Mental Health and/or Depression Screening*
  - Overweight Counseling
- Total Knee Replacement
- Spinal Surgery

**Cycle C**
- Optimal Asthma Control*
- Asthma Education and Self-Management*
- Colorectal Cancer Screening*
- C-section Rate

**Other Measures**
- Health Information Technology (HIT) Survey
- Patient Experience of Care Survey*

*Quality measures used for Health Care Homes (HCH) benchmarking
There were 557 reporting clinics for Adolescent Mental Health and/or Depression and 523 reporting clinics for Pediatric Overweight Counseling in 2015. Dates of service: January 1 through December 31, 2014.
Source: MDH Health Economics Program analysis of Quality Reporting System data.
The statewide screening rate was 45%

MHCP is Minnesota Health Care Programs, which includes: Medical Assistance, MinnesotaCare, Minnesota Family Planning Program, home and community-based waiver programs, and Medicare Savings Programs.

Service year: January 1 through December 31.

Source: MDH Health Economics Program analysis of Quality Reporting System data.
The statewide counseling rate was 85%

MHCP is Minnesota Health Care Programs, which includes: Medical Assistance, MinnesotaCare, Minnesota Family Planning Program, home and community-based waiver programs, and Medicare Savings Programs.

Service year: January 1 through December 31.

Source: MDH Health Economics Program analysis of Quality Reporting System data.
There were 35 reporting medical groups for Total Knee Replacement, 16 for Spinal Surgery: Lumbar Fusion, and 18 for Spinal Surgery: Lumbar Discectomy/Laminotomy.

Procedure dates: January 1 through December 31, 2013.

Source: MDH Health Economics Program analysis of Quality Reporting System data.
Data Submission

- Clinics may submit data directly to MNCM, or submit summary data directly to MDH.
- Clinics can share **case-level** (patient-level) quality measure data with MDH.
- **Certified Health Care Homes** must submit case-level quality measure data through MNCM’s DDS method to meet program requirements.
- MDH uses case-level data to:
  - Benchmark and evaluate Health Care Homes
  - Research and analyze health disparities
  - Refine risk adjustment methodologies
  - Design and evaluate public health interventions
  - Validate quality measure results
- MDH protects all data in accordance with the **Minnesota Government Data Practices Act**.
Geographic Stratification

Obesity in Minnesota WIC Children

- Detailed geographical results help MDH identify areas of high and low performance on quality measures
- Enables the state to better meet the needs of the community by designing more targeted interventions
SQRMS Website

Health Care Quality Measures
Home
2010 Report
Adopted Rule - December 2015

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

Update
Upcoming Statewide Quality Reporting and Measurement System Risk Adjustment Meeting

MDH has been directed by the Legislature to assess the Quality Reporting System risk adjustment methodology to identify changes that may be needed to alleviate potential harm and unintended consequences of the existing methodology for patient populations who experience health disparities and the providers who serve them.
Resources

- Minnesota Statewide Quality Reporting and Measurement System (SQRMS)
  - [www.health.state.mn.us/healthreform/measurement/index.html](http://www.health.state.mn.us/healthreform/measurement/index.html)

- Subscribe to MDH’s Health Reform list-serv to receive updates
  - [www.health.state.mn.us/healthreform](http://www.health.state.mn.us/healthreform)
Contact Information

- For questions about the Statewide Quality Reporting and Measurement System, contact:

  **Denise McCabe**
  Quality Reform Implementation Supervisor
  Denise.McCabe@state.mn.us
  651.201.3569

  **Sarah Evans**
  Senior Planner
  Sarah.Evans@state.mn.us
  651.201.5933
2016 Cycle B Measures

Preparation for Submitting Data

Amy Krier
Project Specialist, Data Submission
MN Community Measurement
MN Community Measurement

• Accelerating the improvement of health through public reporting

• Our vision:
  • To be the primary trusted source for health data sharing and measurement
  • To drive change that improves health, patient experience, cost and equity of care for everyone in our community
  • To be a resource used by providers and patients to improve care
  • To partner with others to use our information to catalyze significant improvements in health

• History
  • 2004: HEDIS measures by medical group
    • Health plan data
  • 2006: Developed DDS Method to allow reporting measures by clinic
    • Data submitted voluntarily by clinics for several measures
  • 2010: Statewide Quality Reporting and Measurement System.
Today’s Agenda

• Pediatric Preventive Care Measures Timeline
• Pediatric Preventive Care: Adolescent Mental Health/Depression Screening Specifications
• Pediatric Preventive Care: Overweight Counseling Specifications
  • Overweight Counseling Data Submission Process
• Orthopedic Specialty Measures Timeline
• Total Knee Replacement: Functional Status and Quality of Life Outcome Measures Specifications
• Spinal Surgery: Functional Status and Quality of Life Outcome Measures
  • Lumbar Spinal Fusion Specifications
  • Lumbar Discectomy/Laminotomy Specifications
• Data Submission Process
• Data Validation Process
• Resources
# Pediatric Preventive Care Measures Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
<td>Dates of Service</td>
<td>Jan 1 through Dec 31, 2015</td>
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<tr>
<td>Data Submission</td>
<td>Apr 4, 2016 through May 13, 2016</td>
</tr>
<tr>
<td>Data Validation (including Quality Checks &amp; Audits)</td>
<td>Apr 4, 2016 through Summer 2016</td>
</tr>
<tr>
<td>Final Rates</td>
<td>Fall 2016</td>
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Adolescent Mental Health and/or Depression Screening

Measure Specifications

• Description
  • Percentage of patients age 12 to 17 years who completed an allowed mental health and/or depression screening tool during the measurement period and have the result documented in the medical record.

• Measurement Period
  • Dates of service 01/01/2015 to 12/31/2015

• Eligible Clinics/Specialties/Provider Types
  • Clinics that provide well-child services
  • Family Medicine, Internal Medicine, and Pediatric/Adolescent Medicine
  • Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurse

• Patient Attribution
  • Patient is attributed to provider & clinic associated with the most recent well-child visit during the measurement period.
Adolescent Mental Health and/or Depression Screening

Measure Specifications (cont.)

• Eligible Population
  • Patient was age 12 years at the start of the measurement period to 17 years at the end of the measurement period (DOB on or between 01/01/1998 to 01/01/2003).
  • Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit.

• Exclusions
  • Patients with a valid exclusion should be removed from the patient population up front.
    • Schizophrenia
    • Bipolar disorder
    • Depression or dysthymia  *(Dysthymia exclusion NEW for 2016)*
    • Personality disorders
    • Other specified intellectual disabilities (moderate, severe and profound)
Adolescent Mental Health and/or Depression Screening

List of Acceptable Tools (12)

- Patient Health Questionnaire - 9 item version (PHQ-9)
- PHQ-9M Modified for Teens and Adolescents
- Kutcher Depression Scale (KADS)
- Beck Depression Inventory II (BDI-II)
- Beck Depression Inventory Fast Screen (BDI-FS)
- Child Depression Inventory (CDI)
- Child Depression Inventory II (CDI-2)
- Patient Health Questionnaire - 2 item version (PHQ-2)
- **CHANGE for 2016:** Pediatric Symptom Checklist - 17 item version (PSC-17) - parent version
- **CHANGE for 2016:** Pediatric Symptom Checklist - 35 item version (PSC-35) - parent version
- **CHANGE for 2016:** Pediatric Symptom Checklist - 35 item Youth Self Report (PSC Y-SR)
- Global Appraisal of Individual Needs screens for mental health and substance abuse (GAIN-SS)
Overweight Counseling
Measure Specifications

• Description
  • Percentage of patients 3 to 17 years of age with a BMI percentile greater than or equal to 85 who have evidence of counseling for nutrition and physical activity.

• Measurement Period
  • Dates of service 01/01/2015 to 12/31/2015

• Eligible Clinics/Specialties/Provider Types
  • Clinics that provide well-child services
  • Family Medicine, Internal Medicine, and Pediatric/Adolescent Medicine
  • Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurse

• Patient Attribution
  • Patient is attributed to provider & clinic associated with the most recent well-child visit.
Overweight Counseling

Measure Specifications (cont.)

• Eligible Population
  • Patients age 3 years at the start of the measurement period to 17 years at the end of the measurement period (DOB on or between 01/01/1998 to 01/01/2012).
  • Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit.

• Exclusion
  • Patients who are pregnant
    • Patients with a valid exclusion should be removed from the eligible population up front.

• Denominator
  • Patients from the eligible population that had a BMI percentile greater than or equal to 85 according to Center for Disease Control (CDC) BMI percentile calculation formula.
    • BMI percentile must be calculated by MNCM Data Portal to determine inclusion in the denominator.
Overweight Counseling

Data Submission Process Details

• Three Direct Data Submission (DDS) Options

  • **OPTION 1**: Submission of *all* required data elements, including nutrition and physical activity counseling data, for *full* eligible population.

  • **OPTION 2**: Submission of data elements necessary to calculate the patients’ BMI percentile values for *full* eligible population; follow-up submission of nutrition and physical activity counseling data for *full* denominator population.

  • **OPTION 3**: Submission of data elements necessary to calculate the patients’ BMI percentile values for *full* eligible population; follow-up submission of nutrition and physical activity counseling data for a *random sample* of denominator population.
Overweight Counseling

Data Submission Process Details (cont.)

- For groups selecting Option 2 or Option 3, the data file containing all denominator patients must be downloaded from the Data Portal after submission of the eligible population data.
- The completed supplemental file is then uploaded to the Data Portal to amend the previously submitted records.
- More information about this process can be found in the Data Collection Guide.
Questions?
Orthopedic Specialty Measures

Timeline

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Total Knee Replacement (TKR): Functional Status and Quality of Life Outcome Measures

Measure Specifications

• **Measurement Period**
  - Dates of Procedure 01/01/2014 through 12/31/2014

• **Eligible Specialties/Provider Types**
  - Orthopedic surgeons who perform total knee replacement procedures

• **Eligible Population**
  - Patients age 18 years and older at the start of the procedure measurement period (DOB on or before 01/01/1996).
  - Patients who underwent a primary or revision total knee replacement during the procedure measurement period.
  - No Exclusions

• **Patient Attribution**
  - Patient is attributed to surgeon who performs procedure and the clinic where the preoperative visit occurred (**New for 2016**)

• **Total population submission required**
Total Knee Replacement (TKR): Functional Status and Quality of Life Outcome Measures

• Measures average change between pre-operative and post-operative function or quality of life using standardized, validated patient reported outcome (PRO) tools.
  • Average change in functional status (Oxford Knee Score [OKS])
  • Average change in health related quality of life (EQ5D-5L/ PROMIS-10)

• Rates stratified by primary vs. revision TKR

• Assessment time frames
  • Pre-operative anytime within 3 months of procedure date
  • TKR patients assessed at three months (9 weeks to 20 weeks) and 1 year (9 months to 15 months) post-operatively

• Measures are calculated at the medical group level

• Change for 2016: Required values for risk assessment
  • Diabetes and Tobacco Status
Spinal Surgery: Functional Status and Quality of Life Outcome Measures

*Lumbar Discectomy/Laminotomy and Lumbar Spinal Fusion*

- **Measurement Period**
  - Dates of Procedure 01/01/2014 through 12/31/2014

- **Eligible Specialties/Provider Types**
  - Orthopedic surgeons and Neurosurgeons who perform lumbar discectomy/laminotomy procedures
  - Orthopedic surgeons and Neurosurgeons who perform lumbar spinal fusion procedures

- **Patient Attribution**
  - Patient is attributed to surgeon who performs procedure and the clinic where their preoperative visit occurred *(New for 2016)*

- **Total population submission required**
Spinal Surgery: Functional Status and Quality of Life Outcome Measures

*Lumbar Discectomy/Laminotomy Specifications*

- **Eligible Population**
  - Patients age 18 years and older at the start of the procedure measurement period (DOB on or before 01/01/1996).
  - Patients who underwent a lumbar discectomy/laminotomy procedure for a diagnosis of disc herniation during the procedure measurement period.

- **Exclusion**
  - Patient had any additional spine procedures performed on the same date as the lumbar discectomy laminotomy
    - Patients with a valid exclusion should be removed from the eligible population *up front.*
Spinal Surgery: Functional Status and Quality of Life Outcome Measures

Lumbar Spinal Fusion Specifications

• Eligible Population
  • Patients age 18 years and older at the start of the procedure measurement period (DOB on or before 01/01/1996).
  • Patients who underwent a lumbar spinal fusion procedure.
    • Include the patient in the population if any portion of the lumbar spine is fused (L1 to L5).
    • If the lumbar spinal fusion also incorporates thoracic vertebrae, the patient is to be included

• Exclusions
  • Cancer, fracture, and infection related to the spine.
  • Idiopathic or congenital scoliosis
    • Patients with a valid exclusion should be removed from the eligible population *up front*. 
Spinal Surgery: Functional Status and Quality of Life Outcome Measures

• Measures of average change between pre-operative and post-operative function or quality of life using standardized, validated patient reported outcome (PRO) tools
  • Low Back Function → Oswestry Disability Index (ODI), version 2.1a.
  • Health Related Quality of Life → EQ5D-5L / PROMIS-10
  • Pain → Visual analog scale (VAS)

• Assessment Timeframes
  • Pre-operative anytime within 3 months of procedure date
  • Lumbar Discectomy/ Laminotomy patients assessed at 3 months post-operatively (6 weeks to 20 weeks post-op)
  • Lumbar Spinal Fusion patients assessed at 1 year post-operatively (9 months to 15 months post-op)
• Measures are calculated at the medical group level
Questions?
Data Submission Process

• Getting Started
  • MNCM Data Portal
    • Request access here: https://data.mncm.org/login
Data Submission Process (cont.)

• Data Collection Guide & Tools
  • All documents can be found on the Resources tab in the MNCM Data Portal
    • Data Collection Guide & Value Set Dictionary
      • Review thoroughly
      • Guide includes data collection and submission instructions
      • Value Set Dictionary includes all administrative codes applicable to the measure.
      • Both can also be found on http://mncm.org/submitting-data/training-and-guidance/#data-collection-guides
  • Pre-Submission Data Certification Template
    • Outlines method for identifying patient population
  • Data Collection Spreadsheet Template
    • Fully formatted Excel template for submitting patient data
  • Data Collection Form
    • A tool most beneficial to groups utilizing paper charts or manual EMR abstraction for data collection.
Data Submission Process (cont.)

• Pre-Submission Data Certification
  • Download and complete the Pre-Submission Data Certification Form.
  • Upload the form to the Data Portal
  • MNCM must review and approve document prior to data collection and submission
  • Details can be found in the applicable Data Collection Guide
Data Submission Process (cont.)

• Data File
  • Collect all data for all patients from all clinics in applicable measure specific Data Collection Spreadsheet Template
    • Template has correct formatting and fields
  • Required data elements and field specifications detailed in guide
  • Quality check data to ensure completeness and accuracy
  • Save completed file in Excel (.xls) format and also in .csv format. The .csv file will be uploaded to the Data Portal.

• Prior to data upload, confirm that you have:
  • MNCM Data Portal login
  • Patient Count Information
    • See applicable Data Collection Guide for required count(s)
  • Patient level data file(s) (.csv format)
Data Validation

• Data Validation process:
  • Pre-Submission Data Certification (prior to data collection)
  • Data quality checks
  • Validation audit
  • Two-week medical group review

• Audit conducted to validate that submitted data matches source data in patient’s medical record
• Collaborative process between MNCM and medical group
• Occurs after data submission
• MNCM utilizes the NCQA “8 and 30” process for validation audits
Resources

• Resources tab in MNCM Data Portal
  • Data Collection Guides and Value Set Dictionaries
  • Data Collection Tools
    • Pre-Submission Data Certification Templates
    • Data Collection Forms
    • Data Collection Spreadsheet Templates
  • Webinar recording link & presentation slides
  • FAQ
• MNCM Helpline: 612/746-4522
• MNCM Support email: support@mncm.org
Questions?
Thank you!

- MNCM Data Portal
  https://data.mncm.org/login
- MNCM corporate website
  www.mncm.org
- MNCM consumer website
  www.mnhealthscores.org
- Questions
  - support@mncm.org
  - 612-746-4522

Amy Krier, Project Specialist
krier@mncm.org

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