MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC)
Wednesday, September 9 2015
Meeting Minutes

Members Present: Tim Hernandez, Howard Epstein, Bill Nersesian, Peter Dehnel, Greg Hanley (alternate for Dan Walczak), Tamiko Morgan, Ann Robinow, David Satin, Laura Saliterman, Jordan Kautz, Caryn McGeary, Bruce Penner, Ruth Danielzuk (alternate for Rahshana Price-Isuk), Chris Norton, Jeff Rank, Dan Trajano, Kris Soegaard, Allan Ross, Matt Flory, Robert Lloyd, Sue Knudson, Stefan Gildemeister, David Homans, Mark Sonneborn
MNCM Staff: Anne Snowden, Gunnar Nelson, Jasmine Larson, Jim Chase, Ma Xiong, Tina Frontera

Topic	Discussion
Welcome & Introductions	Howard Epstein called the meeting to order and welcomed committee members, board members and observers to this special meeting regarding the previous state of measurement and MNCM's future of measurement. Howard reviewed the agenda, and noted that MARC members will conduct a brief MARC meeting prior to the strategic discussion.
Approval of Minutes	The committee reviewed minutes from the June 2015 meeting. **Chris Norton made a motion to accept the minutes; Peter Dehnel seconded the motion. Motion passed.**
Strategic Discussion: Institute of Medicine (IOM) Report, Vital Signs: Core Metrics for Health and Health Care Progress – Implications for Health Care Measurement in Minnesota	Howard introduced Tina Frontera, Anne Snowden, Gunnar Nelson and Jasmine Larson from MNCM who presented background and progress to date on measurement in Minnesota, MNCM's strategic measurement plan over the next several years, and how measurement in Minnesota fits into the IOM Core Measures. <u>Background and Progress to Date: MNCM Measurement 2013 Framework Strategy and 3-5 Year Plan</u> Tina reviewed the background of MNCM's strategy and 3 to 5 year framework based on guiding principles developed in 2013. In 2013, majority of the measure portfolio consisted of clinical process measures with evolvement to clinic outcome measures. Patient Experience had begun and Cost of Care was growing. Tina addressed the strengths and gaps of the measures and that input was obtained from stakeholders, MARC members, board members, medical groups and other organizations. The recommendations were to focus on key concepts, prioritizing measures, and reviewing measures in lieu of relevance and impact on the community. MNCM created a Measure Review Committee (subcommittee of the MARC) which is responsible for annual review of the quality measures. Tina reviewed the initial plan using an IOM framework based on guiding principles. Anne presented on the quality measures that has been put in place since the framework was created. MNCM has been branching out with specialty measures and measures that require outcomes and measures stratified by socioeconomic factors. In 2014, MNCM implemented the Total Knee Replacement measure and in 2015, MNCM implemented two Spinal Surgery measures (Discectomy/Laminotomy and Lumbar Spinal Fusion) and two Pediatric Preventive Care measures (Adolescent Mental Health/Depression Screening and Overweight Counseling). MNCM is in the process of developing a cancer patient-reported outcome measure and acute/sub-acute low back pain measure. The Patient Experience of Care Survey has evolved since its implementation. MNCM also released the Health Equity of Care Report early this year which includes 5 measures segmentation by Race, Hispanic Ethnicity, Preferred Language, and Country of Origin. Gunnar reviewed the background of Cost of Care which began its work in 2008 to make cost information transparent. Average Cost Per Procedure was developed with commercial information in 2009. The Total Cost of Care Methodology was approved in 2012 and last year the first Total Cost of Care multi-payer measure was produced. MNCM will be adding the Medicare and Medicare FFS rate to the Average Cost Per Procedure measure. MNCM is currently working on a Resource Use Total Cost of Care measure. The data is generated between MNCM and the health plans. <u>The IOM Vital Signs Report: Process and Key Recommendations</u> Jim Chase introduced Kevin Larsen who is the Medical Director for Meaningful Use in the Office of the National Coordinator. Kevin reviewed the background for producing the IOM Vital Signs Report. The charge was to develop a national framework and strategic plan to align measures. Increased interest in measurement has led to a proliferation of measures, which are often different across states. This can introduce challenges with comparison of data and clinicians are voicing burden. Because of this, the variety of measures may not be helpful. Kevin reviewed the committee charge and members. The committee conducted a study exploring measurement of individual and population health outcomes and costs, identified gaps in systems, and approaches and priorities for developing measures that improve health systems. The committee recommended an approach for refining and improving the relevance and utility of metrics over time and at all levels. Kevin explained the benefits, characteristics and challenges of the core metrics. The Core Metrics for Health and Health Care Progress consisted of four domains: Healthy People, Care Quality, Care Cost, and Engaged People. Each domain had its own key element and core

	measures. Kevin reviewed the stakeholders, their roles in the process, and how each should be using the framework. <u>Gap and Alignment of MNCM Measures with the IOM Report</u> Next, Jasmine presented how measurement in Minnesota fits into the IOM Core measures. MNCM has measures in place for some domains and there are other data sources (e.g., CDC) for other domains. For the Care Quality domain, MNCM has three measures that align with 3 of 5 Key Elements. For the Care Cost and Engage People domains, MNCM's Total Cost of Care measure aligns with the Key Element of Sustainability. <u>Facilitated Discussion</u> Jim facilitated the discussion regarding the implication of the report for Minnesota and what the next steps are for Minnesota and MNCM. The discussion was opened up to MARC members, board members, and observers. Jim started by noting that he was pleasantly surprised that the IOM report had a broad focus. He anticipated it may focus on value-based purchasing. He asked Kevin how HHS leadership is planning to implement this in lieu of MACRA. Ken noted that the leadership group is charged with developing an alignment strategy and creating policy which will build on current strategy. MACRA consolidates national value-based purchasing programs through MIPS (Merit-based Incentive Payment System). The first year of Medicare payment adjustments will occur in 2019 for data collected in 2017. HHS has until July 2016 to show what MIPS will look like. They will take the IOM framework and the current strategic plan and work to align like the National Quality Strategy (NQS). Jim also asked whether the workgroup discussed equity. Kevin noted that there was a long discussion about equity. The question was whether equity should be called out separately in the framework or as a part of all domains. The workgroup endorsed the construct of having equity incorporated into each domain to promote where care is equitable or not. Someone asked if risk adjustment was discussed. Kevin noted that this committee was not charged with risk adjustment but there was a heated debate about it. Several folks had voiced concern about the possibility of risk adjustment hiding disparities. Kevin envisioned e-measures to be very important aspect of the success of this work. A goal of Meaningful Use is to buildout measures for consistency and to create standards for querying EHRs more rapidly. He suggested that when planning and creating partnerships in this arena to be sure to bring "Big Technology" people to the table. Someone mentioned the relationship between health care and health and asked if MNCM's Board was ready to leap from measuring health care to measuring health. Jim indicated that the Board would be supportive of this in partnership with others such as the Minnesota Department of Health. Understanding and clarifying roles and accountabilities would be important. There was a suggestion for a potential focus on incorporating mental health into primary care practices, and opportunities to partner with organizations on improvement strategies related to our measurement experience. Specific partners were noted (e.g., Wisconsin's SBIRT program and Oregon). Someone also suggested measure development opportunities for MNCM in the areas of Individual and Community Engagement (e.g., days of work missed from low back pain or migraine). This meeting is a first step in a process to consider how the IOM report affects the work being done in Minnesota. These conversations will continue at future MARC and other stakeholder meetings.
Meeting Adjournment	Tim Hernandez and Howard Epstein wrapped up the conversation with some final comments. Howard Epstein also reminded MARC members that the next MARC meeting will be Wednesday, October 14. Meeting adjourned.

Next Meeting: Wednesday, October 14, 2015