MN Community Measurement
2025–2030 Strategic Planning Brief

**GATHERING INSIGHTS TO STRENGTHEN SERVICES SUPPORTING
HEALTH CARE QUALITY, EQUITY, AND AFFORDABILITY**

Dear Community Partners,

As MN Community Measurement (MNCM) celebrates 20 years of service to Minnesota's communities, we are taking time to reflect on our work and look to the future. Since our founding, MNCM has built extensive data resources, data infrastructure, analytic capabilities, and a strong legal framework—all developed through substantial public and private investments. The insights we've gathered and the partnerships we've formed are the result of the support and commitment from organizations like yours. As we embark on the strategic planning process for 2025-2030, we seek your input and guidance on how MNCM can continue to fulfill and expand our role in driving meaningful improvements in health care quality, equity, and affordability.

The MNCM Board of Directors is committed to ensuring that our resources are fully leveraged to support the health and well-being of all Minnesotans. We recognize that each segment of our community—state government, employers, health plans, health care providers, consumers, community-based organizations, researchers, and academia—plays an essential role in these efforts. Your unique perspective is invaluable in helping us align our work with the evolving needs of our partners and collaborators.

To help gather your input, we have developed a discussion guide to frame our conversations, along with an online response form for those who may prefer to share feedback in writing. Additionally, we will host conversations with each segment to ensure we gain a comprehensive understanding of your insights on the following questions:

1. What are your organization's current priorities related to advancing improvements in health, health care quality, health equity, and health care affordability?
2. In what ways is your organization currently engaging with MNCM's work and utilizing our data and services?
3. How are your data-related needs evolving, and how could MNCM's data and services better align to address these needs effectively?
4. What additional opportunities do you see for MNCM to enhance the ways it serves your organization in 2025-2030?
5. What additional opportunities do you see for MNCM to enhance the ways it serves the community in 2025-2030?

Your insights are critical to shaping a strategic plan that reflects our shared goals and positions MNCM to support our collective success in the years ahead. Thank you for your commitment to this work and for helping us advance health and equity for all Minnesotans.

With appreciation and anticipation,

Liz Cinqueonce
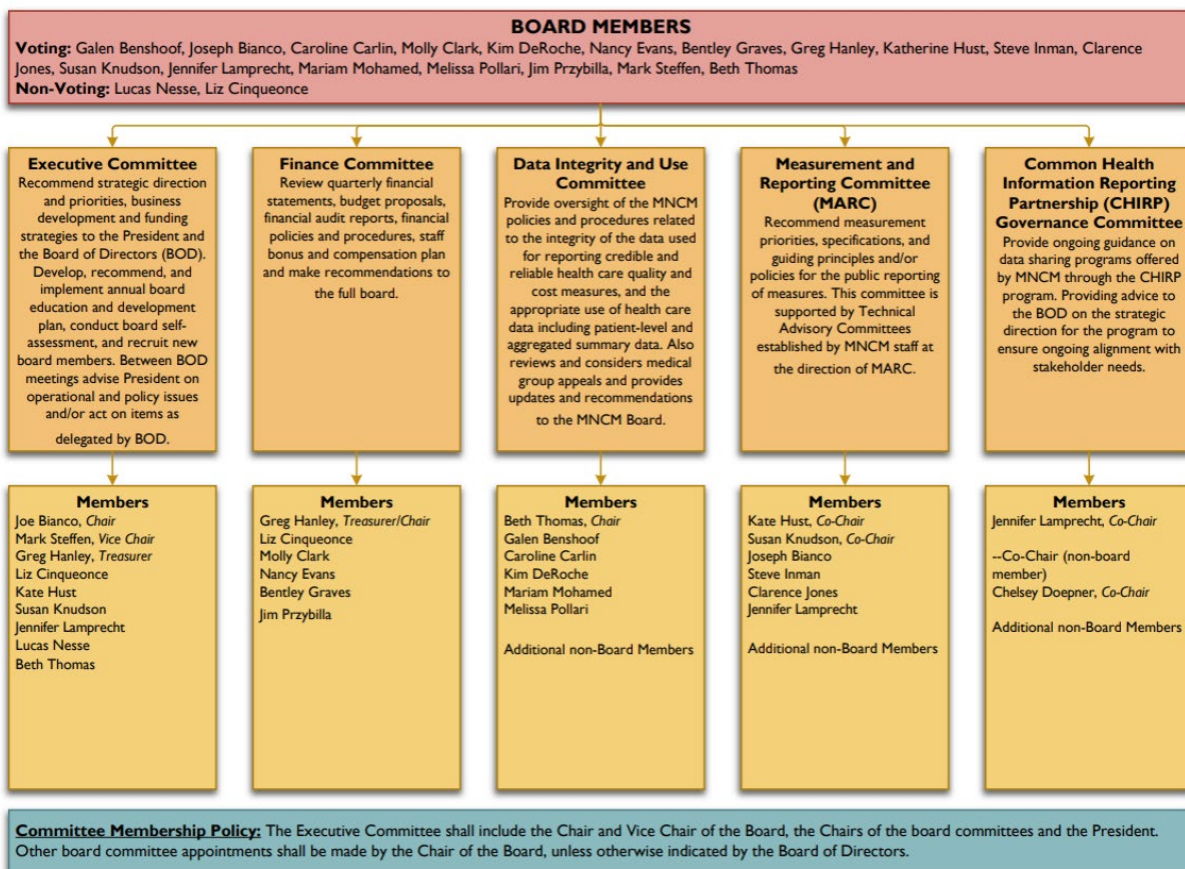President and CEO
MN Community Measurement

Mission

MN Community Measurement (MNCM) is a 501(3) nonprofit organization dedicated to empowering health care decision makers with meaningful data to drive improvement. A trusted source of health care data since 2005, MNCM is a trusted statewide resource for timely, comparable information on health care quality, cost, and equity.

What we do	Multi-stakeholder convening	Measure developer	Data collection, validation	Public transparency	Facilitated Data Sharing

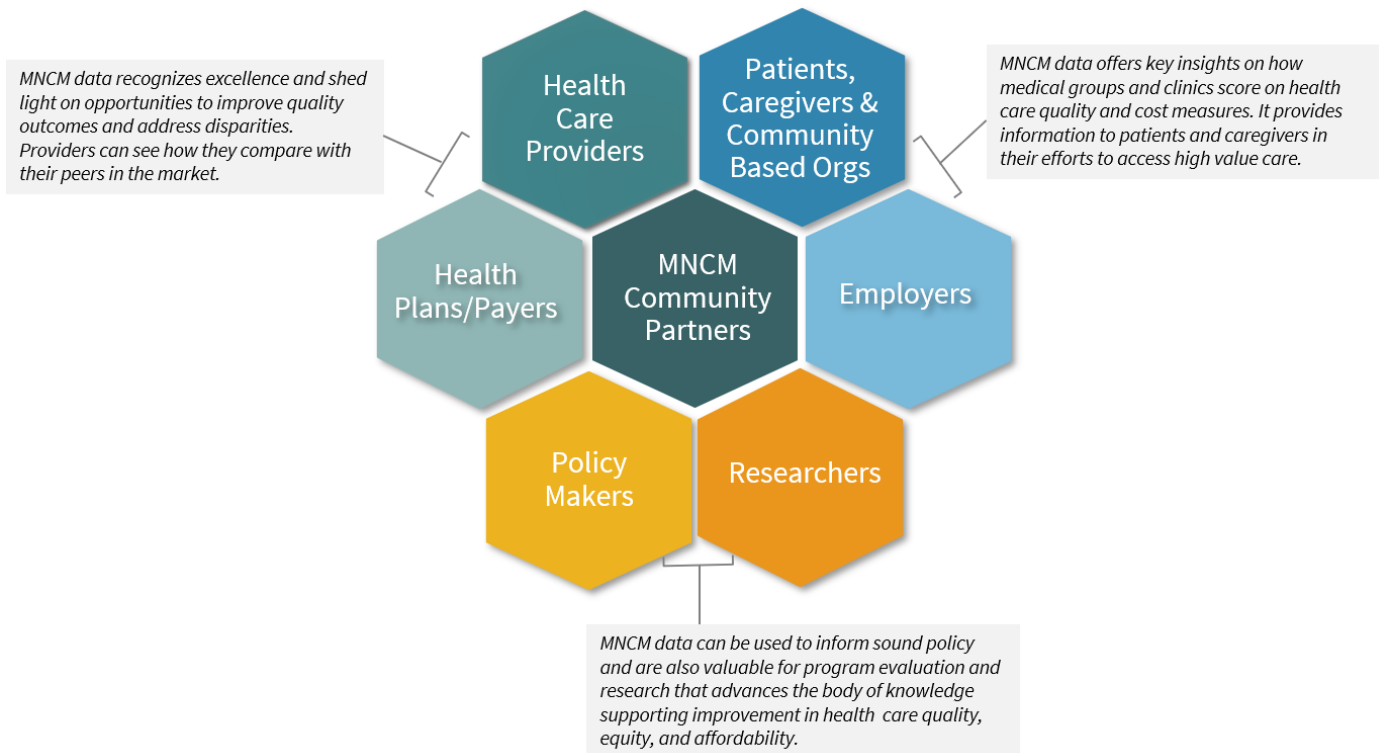| How MNCM data are used	Quality improvement	Benchmarking	Value-based payment	Reducing disparities	Research partnerships

Governance and Leadership

MNCM's Board of Directors consists of at least fifteen voting directors and not more than twenty-five voting directors. It includes health plan members, health care providers, employers, academia/research, consumers, and state government. There are five committees of the MNCM Board of Directors. The organizational chart below illustrates the relationship between the MNCM Board of Directors and the five committees.

MNCM BOARD OF DIRECTORS AND COMMITTEES

BOARD MEMBERS
Voting: Galen Benshoof, Joseph Bianco, Caroline Carlin, Molly Clark, Kim DeRoche, Nancy Evans, Bentley Graves, Greg Hanley, Katherine Hust, Steve Inman, Clarence Jones, Susan Knudson, Jennifer Lamprecht, Mariam Mohamed, Melissa Pollari, Jim Przybilla, Mark Steffen, Beth Thomas
Non-Voting: Lucas Nesse, Liz Cinqueonce

Executive Committee
Recommend strategic direction and priorities, business development and funding strategies to the President and the Board of Directors (BOD). Develop, recommend, and implement annual board education and development plan, conduct board self-assessment, and recruit new board members. Between BOD meetings advise President on operational and policy issues and/or act on items as delegated by BOD.

Finance Committee
Review quarterly financial statements, budget proposals, financial audit reports, financial policies and procedures, staff bonus and compensation plan and make recommendations to the full board.

Data Integrity and Use Committee
Provide oversight of the MNCM policies and procedures related to the integrity of the data used for reporting credible and reliable health care quality and cost measures, and the appropriate use of health care data including patient-level and aggregated summary data. Also reviews and considers medical group appeals and provides updates and recommendations to the MNCM Board.

Measurement and Reporting Committee (MARC)
Recommend measurement priorities, specifications, and guiding principles and/or policies for the public reporting of measures. This committee is supported by Technical Advisory Committees established by MNCM staff at the direction of MARC.

Common Health Information Reporting Partnership (CHIRP) Governance Committee
Provide ongoing guidance on data sharing programs offered by MNCM through the CHIRP program. Providing advice to the BOD on the strategic direction for the program to ensure ongoing alignment with stakeholder needs.

Members
Joe Bianco, *Chair*
Mark Steffen, *Vice Chair*
Greg Hanley, *Treasurer*
Liz Cinqueonce
Kate Hust
Susan Knudson
Jennifer Lamprecht
Lucas Nesse
Beth Thomas

Members
Greg Hanley, *Treasurer/Chair*
Liz Cinqueonce
Molly Clark
Nancy Evans
Bentley Graves
Jim Przybilla

Members
Beth Thomas, *Chair*
Galen Benshoof
Caroline Carlin
Kim DeRoche
Mariam Mohamed
Melissa Pollari

Additional non-Board Members

Members
Kate Hust, *Co-Chair*
Susan Knudson, *Co-Chair*
Joseph Bianco
Steve Inman
Clarence Jones
Jennifer Lamprecht

Additional non-Board Members

Members
Jennifer Lamprecht, *Co-Chair*

--Co-Chair (non-board member)
Chelsey Doepner, *Co-Chair*

Additional non-Board Members

Committee Membership Policy: The Executive Committee shall include the Chair and Vice Chair of the Board, the Chairs of the board committees and the President. Other board committee appointments shall be made by the Chair of the Board, unless otherwise indicated by the Board of Directors.

Revised May 2024

MNCM Community Partners

MNCM programs and services are designed to empower health care decision makers with meaningful data to drive improvement. We strive to deliver products that meet the specific needs of each community partner.

MNCM data recognizes excellence and shed light on opportunities to improve quality outcomes and address disparities. Providers can see how they compare with their peers in the market.

MNCM data offers key insights on how medical groups and clinics score on health care quality and cost measures. It provides information to patients and caregivers in their efforts to access high value care.

Health Care Providers

Patients, Caregivers & Community Based Orgs

Health Plans/Payers

MNCM Community Partners

Employers

Policy Makers

Researchers

MNCM data can be used to inform sound policy and are also valuable for program evaluation and research that advances the body of knowledge supporting improvement in health care quality, equity, and affordability.

Enterprise Infrastructure

The MNCM Enterprise Infrastructure is the technical layout that supports all MNCM technical initiatives.

MNCM PIPE Data Infrastructure

The PIPE Data Portal functions as a comprehensive ingestion, validation, and calculation engine for processing both payer and clinical data. It enables medical groups and payers to submit data securely through an encrypted upload site, ensuring a high level of data protection and confidentiality. Once files are transferred, they undergo a rigorous validation process to confirm compliance with established PIPE data standards. Any data elements failing to meet these standards are promptly rejected, requiring resubmission and revalidation to ensure data integrity and accuracy before being entered into the database.

The system operates using a role-based access control (RBAC) model, strictly adhering to the principle of least privilege. This security measure limits user access to only the data and functions necessary for their job roles, minimizing the risk of unauthorized access or data exposure. Both the PIPE Application and the broader MNCM Infrastructure undergo regular SOC2 audits, demonstrating our ongoing commitment to maintaining robust security controls and adhering to industry-leading standards. Additionally, the supporting data systems are ISO27001 and SOC2 Type 2 audited, further underscoring our dedication to stringent security practices, continuous monitoring, and data protection.

MNCM PIPE Project Portal

The PIPE Project Portal is a specialized tool designed to support MNCM initiatives that require advanced data ingestion and validation capabilities, but without the calculation functionalities offered by the PIPE Data Portal. This system allows MNCM to establish new projects, create unique data sets, and assign data submitters and users to authorized projects with a focus on precision and security. The PIPE Project Portal enforces multi-factor authentication (MFA) for user logins, requiring each user to utilize unique credentials. This security feature is consistent with the protections used by the PIPE Data Portal, ensuring a unified high level of security across both platforms.

Participating data submitters upload their data through a secure, encrypted site, guaranteeing data protection throughout the submission process. Once data is uploaded, it undergoes a thorough validation process to ensure it meets the specific PIPE Project data standards. Any data elements that fail to conform are automatically rejected and must be resubmitted and revalidated prior to being entered into the database. The portal also utilizes a role-based access control (RBAC) system and strictly adheres to the principle of least privilege, limiting user access to only what is necessary for their roles. The data systems powering the PIPE Project are certified under ISO27001 and SOC2 Type 2, underscoring MNCM's dedication to robust security practices and data protection.

MNCM Data Visualization Portal

The MNCM Data Visualization Portal (DVP) offers MNCM community partners secure and streamlined access to a range of MNCM-generated reports, such as Member Benchmark reports, Dynamic Tables, and additional data-driven insights. Designed to support a wide range of user needs, the portal serves as a comprehensive resource for accessing, analyzing, and visualizing key healthcare data.

Accessible via any modern web browser, the DVP ensures a user-friendly and intuitive experience, making critical data easily available without the need for specialized software installations. Users can navigate through interactive tables, perform custom queries, and review benchmark comparisons to better understand healthcare performance trends and outcomes. The portal's robust data visualization capabilities empower users to derive actionable insights, identify areas for improvement, and drive meaningful changes within their organizations.

In addition to its ease of access, the DVP employs advanced security measures to protect sensitive data, ensuring that only authorized users can view and interact with reports and visualizations. This commitment to data protection and user-centric functionality makes the DVP a vital component of MNCM's efforts to enhance healthcare quality and transparency.

MNCM Core Programs
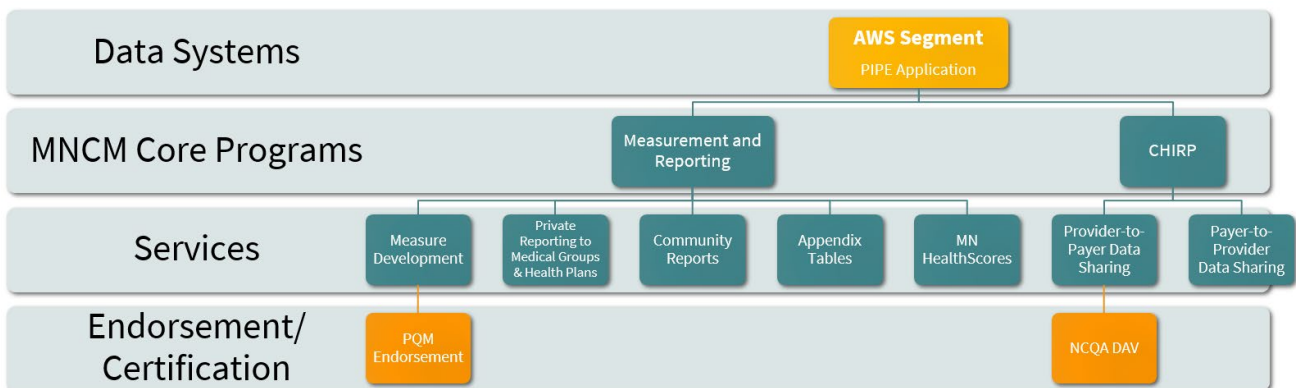
MNCM's core programs are focused in two primary areas that are directly aligned with its mission to empower health care decision makers with meaningful data to drive improvement. The two core programs are:

- Measurement and Reporting
- Facilitated Data Sharing (CHIRP)

Both core programs rely on MNCM's legal framework, its enterprise infrastructure, and its security program. The two core programs have been designed with an eye toward both meeting local needs and aligning with activities at the national level.

Measurement and Reporting Program

MNCM partners with several organizations that support statewide measurement and reporting. Measurement and reporting services include measures of both clinical quality and health care cost and utilization.

Current Services:

- *Private reporting to Medical Groups*
  The reports include clinic and patient level data and can be stratified by clinic/patient demographics (i.e., zip code, race, ethnicity, preferred language, country of origin). Medical groups that are supporting medical group members of MNCM receive access to additional data tools and reports.
- *Private reporting to Health Plans*
  Health plan members receive four types of reports on an annual basis: aggregated HEDIS measure data files, clinical measure aggregated data files, clinical measure patient level data files, and total cost of care data files.
- *Community Reports*
  MNCM community reports are publicly available and provide comparative data and analysis that benefit all the community partners we serve.
- *Appendix Tables*
  Appendix tables are available for each measure that MNCM publicly reports. These tables provide medical group and/or clinic level performance rates for each measure, including a comparison to the statewide average (i.e., rating). Medical group and/or clinic level rates are also stratified by insurance type, race, ethnicity, preferred language, and country of origin when applicable.
- *MNHealthScores*
  MNHealthScores is where community partners can find unbiased, trustworthy information on how medical groups and clinics perform on both clinical quality and cost measures. Consumers can use the data on this site to compare and choose clinics based on quality and cost ratings.

Common Health Information Reporting Partnership (CHIRP)

The MNCM Common Health Information Reporting Partnership (CHIRP) program began as a collaborative effort to address challenges around care delivery, population health management, and quality measurement. In 2023, with the adoption of the CHIRP Governance Policy and formation of the CHIRP Governance Committee of the MNCM Board of Directors, it was officially transitioned to a core program offered by MNCM. The governance committee provides recommendations to the MNCM Board of Directors on specific ways MNCM can support the community in addressing these challenges.

Current Services:

- *Provider-to-Payer Clinical Data Feeds*
  In 2023, MNCM began enrolling providers and payers into the CHIRP program for sharing of clinical data from providers to payers. Participating in this service requires both providers and payers to execute an addendum to their data use agreements with MNCM and expand data submissions via MNCM PIPE to include data fields required for patient matching.

  The clinical data elements that are shared from providers to payers include a subset of the clinical data elements that medical groups submit to MNCM via PIPE. The CHIRP Provider-to-Payer Data Standard defines the minimum data necessary for the use cases specified by the CHIRP Governance Committee and approved by the MNCM Board of Directors.

  To create additional value for CHIRP participants, MNCM has sought and completed validation through the NCQA Data Aggregator Validation program. Medical groups that enroll in the CHIRP program agree to actively participate in the Primary Source Verification (PSV) portions of the NCQA Data Aggregator Validation process in order to be included in MNCM's validated data stream.
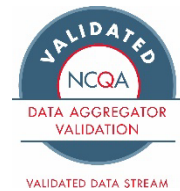
Future Services:

- *Payer-to-Provider Reporting*
  In 2024, the CHIRP Governance Committee finalized the policies and procedures for CHIRP Payer-to-Provider reporting to facilitate the sharing of reports from payers to providers for use cases specified by the CHIRP Governance Committee and approved by the MNCM Board of Directors. The data elements shared from Payer to Providers are submitted to MNCM via PIPE. The pilot is slated to begin at the end of 2024 with data exchange occurring in 2025.

MNCM Contract Services

Data & Analytics

From the rich data it collects, MNCM provides analytic services to generate insights that can inform various initiatives. MNCM provides additional tools to medical groups that are MNCM members. MNCM also contracts with payers and State government agencies to use the data for quality improvement purposes and to inform policies.

Improvement Initiatives

MNCM's expertise in engaging local partners to confirm data priorities and design the approach for data aggregation, validation, analysis, reporting, and data sharing can be leveraged for improvement initiatives. This includes developing metrics and data standards for de novo aggregation to capture data on interventions, data analysis, and gap report creations throughout the duration of the initiative.

Measure Development & Testing

MNCM is highly skilled in measure development, evaluation, testing and implementation. Several of our developed de novo measures have achieved national endorsement and/or acceptance into federal quality payment programs. MNCM is recognized for its development of patient reported outcome-based performance measures in the areas of depression, asthma, orthopedics, and COPD.

Research Partnerships & Evaluation

MNCM is a community resource with key assets to support program evaluation and research to advance improvement in health care quality, equity, and cost. This includes expertise on clinical quality and cost measurement and analysis, data infrastructure and experience in supporting aggregation of data from multiple sources, and existing relationships with medical groups and payers enabling MNCM to be a key partner in rapidly engaging community partners for new research or evaluation projects.

Examples

Service	Partner	MNCM's Role*
Data and Analytics	MN Department of Health	• Data collection and production for the administration of the Statewide Quality Reporting and Measurement System (SQRMS) • Production of data files that MDH uses to create the Quality Reporting System Public Use Files (PUFs)
	MN Department of Human Services	• Production of data files for the administration of Minnesota Health Care Programs (MHCP) and Integrated Health Partnerships (IHP) • Production of community report on disparities by insurance type
	MN Management and Budget	• Production of data files for the administration of the State Employee Insurance Group Program (SEGIP)
Improvement Initiatives	Bayer	• Development of a chronic kidney disease (CKD) dashboard to track and assess improvement efforts related to CKD prevention, diagnosis, and treatment among patients with diabetes.
Measure Development & Testing	Endocrine Society	• Developed and tested measures focused on obesity care to improve health and well-being of patients with obesity.
Research	HealthPartners Institute, MN Department of Health	• Provided input into the MN Care Coordination Effectiveness Study (MNCARES) study design and operational plan of data flow. • Leveraged MNCM's legal framework to allow rapid engagement of participating health plans and medical groups to enable aggregation of study data. • Served as the data aggregator and managed integration and validation of data from all sources relevant to the study including clinical quality data and utilization data from payers • Produced the final de-identified data set for analysis.
	MN Electronic Health Record Consortium	• Facilitate engagement of smaller and mid-size medical groups for participation in MNEHRC projects. • Medical groups onboarded to PIPE or in the process of onboarding may sign an agreement authorizing MNCM to map their PIPE data to the common data model.
Evaluation	Pfizer	• Conduct evaluation to understand the current state of Comprehensive Medication Management (CMM) across payers, health systems, and community pharmacies in Minnesota.

*To ensure program integrity, when applicable, MNCM implements projects in compliance with its guidelines for engagement of commercial interests.

MNCM Innovation and National Alignment

MNCM's approach focuses on adopting national standards and solutions when they are available and meet the community's needs. However, MNCM does not wait for federal standards to evolve if there is a priority identified by the community. Instead, it innovates to create solutions that will best serve the needs of Minnesota, and actively influence and inform national standards as they evolve, drawing on local needs and experiences to drive meaningful change.

Examples

Topic	Innovation
Race, ethnicity, language, and country of origin (RELC) Data	• MNCM is a national leader in tracking health disparities by race, ethnicity, language, and country of origin and has developed a handbook on its data collection for medical groups. • MNCM has achieved race data completeness exceeding 90% for most of its clinical quality measures.
Social Risk Factors (SRF) Data	• Recently, MNCM's pioneering efforts in collecting SRF data serve as a model for national discussions on this critical issue. • MNCM developed a methodology for data collection of SRF from medical groups that allows for mapping of data to a SRF result (positive, negative, patient refused).
PIPE Data Infrastructure	• The PIPE Data Portal is an innovation that provides a lower tech and lower cost option than HL7 standards for data aggregation and validation. • PIPE also provides mechanisms to convert HL7 for data sharing with payers.

TWO OPTIONS TO PROVIDE FEEDBACK

IN-PERSON MEETINGS

MNCM will be convening meetings with community partners in December and January to gather insights to inform our new 2025-2030 strategic plan. The following questions will be explored:

1. What are your organization's current priorities related to advancing improvements in health, health care quality, health equity, and health care affordability?
2. In what ways is your organization currently engaging with MNCM's work and utilizing our data and services?
3. How are your data-related needs evolving, and how could MNCM's data and services better align to address these needs effectively?
4. What additional opportunities do you see for MNCM to enhance the ways it serves your organization in 2025-2030?
5. What additional opportunities do you see for MNCM to enhance the ways it serves the community in 2025-2030?

ONLINE SURVEY

MNCM is also gathering input from community partners through an online survey, and we welcome your insights to guide the evolution of our work.

Complete Survey here:

https://www.surveymonkey.com/r/MNCMServicesFeedback

CELEBRATING 20 YEARS | 2005-2025

MN Community
MEASUREMENT