

Minnesota Department of Health Overview

Mission

Minnesota's public health system is known as one of the best in the nation. It is built upon a strong partnership between the Minnesota Department of Health (MDH), local public health agencies, tribal governments and a range of other organizations. The department's mission is to protect, maintain and improve the health of *all* Minnesotans. It has about 1,500 employees and an annual budget of approximately \$500 million in state, federal and fee-based funds.

The Minnesota Department of Health provides the following services

- Birth and death certificates.
- Around-the-clock monitoring for infectious diseases.
- Assurance that the water and food are safe to drink and eat.
- A swift, effective response to disease outbreaks and public health emergencies.
- Investigation into novel illnesses.
- Planning with hospitals and health care systems to rapidly care for large numbers of injured or ill victims.
- An immunization program for preventable diseases.
- Data to identify economic trends such as health care costs.
- Data to identify public health concerns, such as obesity.
- Health reforms to improve population health and the medical system.
- Quality measurement and public reporting of clinical care.
- Statewide health improvements that focus on policy, environmental, and systems changes in communities.

- Assurance that inappropriate care in nursing homes, hospitals and other care facilities is corrected.
- Planning to help ensure rural Minnesotans have access to care.
- Statewide food programs for women, infants and children.
- Information about health behaviors and chronic disease prevention, such as which diseases are among the most prevalent, costly and preventable.
- Information about effective approaches to improving health and reducing the state's incidence of chronic diseases.
- Efforts to eliminate health disparities between Minnesota's different ethnic populations.
- Programs that encourage people to make healthy choices.
- Advice about reducing environmental and pollution risks to health.
- Assurance the dead are disposed of properly.

"Public Health is what we, as a society, do collectively to assure the conditions in which people can be healthy."

- Institute of Medicine

MDH and Health Care Reform

In 2008, Minnesota enacted landmark health reform legislation that took a comprehensive approach to public health investment, market transparency, care redesign and payment reform and consumer engagement. The reform package included the following initiatives.

The Statewide Health Improvement Partnership

SHIP works to improve health and prevent illness by decreasing the percentage of Minnesotans who are obese or overweight or use tobacco. SHIP works upstream to prevent these conditions by partnering with hundreds of schools, communities, clinics, and employers. The goal is to increase access to healthy choices by implementing smoke-free policies and other structural changes that make it easy for people to be physically active and eat right. SHIP was implemented in 2009.

Health Care Homes

As part of reform, Minnesota created a process for certifying primary care clinics as health care homes, if they meet certain standards of patient-centered care. Certified health care homes can then receive care coordination payments for those patients on public health programs that have complex or chronic conditions. This new approach to primary care promotes coordinated care from a team of health care providers focused on helping the patient meet their health goals.

Quality, Cost, and Payment Reform

Part of the health reform law aims to make sure the right financial incentives are in place to encourage changes in health care that reduce cost and improve quality. Minnesota has implemented a Statewide Quality Reporting and Measurement system that requires clinics and hospitals to collect, report and share data about the quality of the care they provide patients. MDH released its first annual statewide quality report in 2010.

The 2008 reform law also charged the department with developing a method for comparing health care providers based on cost and quality. MDH calls this effort Provider Peer Grouping and released initial results to hospitals in 2011. The ultimate goal is to create a database of information that

consumers, insurers and others can use to make smarter health care purchases. The plan is also to incorporate this data into the health insurance exchange that the state is developing.

Historical Milestones

1858: Minnesota Legislature authorized towns and cities to enact public health regulations for controlling communicable disease.

1872: Minnesota became the fourth state to establish a state board of health, behind Massachusetts, California and Virginia.

1977: State Board of Health abolished and MDH was established along with local public community health service agencies throughout the state.

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