

# m e m o

DATE: June 16, 2017

SUBJECT: Minnesota Statewide Quality Reporting and Measurement System – Physician Clinic Measure Considerations for the 2018 Report Year

Two priorities govern the Minnesota Department of Health’s (MDH) measurement strategy concerning quality of care in Minnesota: (1) aiming to identify what matters most for our State in terms of health care quality, impact, and improvement; and (2) reducing reporting burden, as much as possible, through aligning measurement with other federal and local initiatives. As we look ahead to the 2018 report year under the Minnesota Statewide Quality Reporting and Measurement System, we are considering whether to suspend or remove two measures, and change reporting timelines for three measures and a survey.

## Questions

1. Should MDH maintain, suspend, or remove the **Cesarean Section Rate** quality measure from mandatory reporting?
  - Medical groups have been reporting the Cesarean Section Rate measure since 2012, and the annual statewide average has ranged from 21% to 26%. Rates have remained roughly constant across payer types. In recent years, the number of medical groups with high Cesarean section rates has decreased: in 2014, 11% of medical groups had Cesarean section rates of 30% or higher, but in 2016 only 6% of medical groups had a rate of 30% or higher.
  - MN Community Measurement (MNCM) is considering retiring the [Cesarean Section Rate](#) measure from its slate of measures for the 2018 report year.<sup>1</sup>
  - The Cesarean Section Rate measure is not included in the federal Merit-based Incentive Payment System (MIPS).<sup>2</sup>

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<sup>1</sup>MNCM is an independent health care quality measurement organization in Minnesota. Currently, MNCM is the Commissioner’s data collection designee for the 2018 report year; the organization has served in that role since December 2008.

<sup>2</sup>The federal [Quality Payment Program](#) implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Clinicians that bill Medicare Part B more than \$30,000, provide care for more than 100 Medicare Part B patients, and are not participating in an Advanced Alternative Payment Model are part of the MIPS track of the Quality Payment Program. MIPS participants may earn a performance-based payment adjustment to Medicare payment that is based on quality, improvement activities, advancing care information, and cost. For the quality component, clinicians must select 6 quality measures from a list of 271, and submit measure data for 2017 service dates to CMS by March 31, 2018 to receive the payment adjustment in 2019.

- It remains unclear whether pathways for decisions about performing Cesarean Section and potential improvements can be appropriately identified at the medical group level.
2. Should MDH maintain, suspend, or remove the pediatric **Overweight Counseling** quality measure from mandatory reporting?
- Clinics have been reporting the pediatric Overweight Counseling measure since 2015. The statewide rate was 85% in report years 2015 and 2016. This rate was constant across patient payer types, and rural and urban areas of the state. In 2015, over 75% of clinics counseled at least 60% of their patients, and in 2016, this proportion increased to nearly 80% of clinics. There is some room for improvement—for example, in 2016, 8% of clinics counseled fewer than one-third of their patients.
  - MNMCM is considering retiring the [Overweight Counseling](#) measure from its slate of measures for the 2018 report year.
  - The Overweight Counseling measure, as specified by MNMCM, is not included in MIPS.
3. Should MDH shift the reporting timeline for the **Optimal Asthma Control, Asthma Education and Self-Management, and Colorectal Cancer Screening** quality measures from mid-year to the beginning of the year, to be aligned with MNMCM and support timely reporting under MIPS? Additionally, to accommodate this change to the reporting schedule, should MDH postpone the fielding of the annual **Ambulatory Health Information Technology Survey** from February to September?
- For the 2018 report year, MNMCM is rescheduling the reporting of the [Optimal Asthma Control and Colorectal Cancer Screening](#) measures from July to January.
  - The Optimal Asthma Control and Colorectal Cancer Screening measures are included in MIPS, and participating clinicians that choose to report these two measures for MIPS must submit data by March 31, 2018.

## Supplemental Information: Measure Specification Changes

MNMCM is the measure steward of the **Optimal Asthma Control, Colorectal Cancer Screening, and Depression Remission at 6 Months** quality measures, which are also included in the Quality Reporting System. MNMCM is making some changes to measure specifications—in part, to better align measures and reporting processes with MIPS—that will take effect in 2018.

- MNMCM is changing the service dates of the [Optimal Asthma Control and Colorectal Cancer Screening](#) measures from July 1 through June 30, to January 1 through December 31.
- For the [Colorectal Cancer Screening](#) measure, MNMCM is removing the exclusion for death during the measurement period and is expanding the encounter type criteria to include new and established patient office visits and home visits.

- MNMCM is modifying the index and assessment period for the [Depression Remission at 6 Months](#) measure.

## How to Comment

In addition to providing input on physician clinic measurement priorities and opportunities for alignment, MDH also invites interested stakeholders to:

- Review and comment on the Hospital Quality Reporting Steering Committee's hospital measure recommendations; and
- Submit recommendations on the addition, removal, or modification of standardized quality measures for physician clinics and hospitals.

For reference, current reporting requirements are delineated in the [Appendices to Minnesota Administrative Rules, Chapter 4654](#)

(<http://www.health.state.mn.us/healthreform/measurement/measures/appendices.pdf>).

Hospital measure recommendations, and measure recommendation criteria can be found on our [Annual Quality Rule Update webpage](#)

(<http://www.health.state.mn.us/healthreform/measurement/ruleupdate>).

**Interested persons or groups must submit comments, recommendations, and questions by**

**July 17 to:** Denise McCabe, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882; phone 651-201-3550; fax 651-201-5179; or email [health.reform@state.mn.us](mailto:health.reform@state.mn.us).

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