

To: Katie Burns, Minnesota Department of Health
From: Carrie Coleman, MN Community Measurement
Date: Jan. 6, 2009

**Summary of Public Comments:
Public Meetings on Inventory of Quality Measures for Public Reporting
Dec. 8 – 11, 2008**

One attendee was concerned that the new measures selected for public reporting would rely on administrative data from payers, rather than clinical data. This attendee mistakenly thought that MNMCM uses administrative data through Deloitte consulting.

Several attendees raised concerns that increased reporting will require enhanced provider infrastructure, including electronic health records. They were concerned that providers are not quite ready, and that requiring enhanced infrastructure during the current tough economic times might not be a good idea.

Several attendees asked for clarification about whether reporting would be mandatory for all providers and whether reporting would be done at the individual physician level or clinic level.

Several attendees indicated that they would like the state's efforts to align with or substitute for other similar efforts. For example, attendees referred to alignment with the state's adverse reporting system, the BCHAG efforts and national efforts, and one attendee indicated they would like to see the state's system substituted for Leap Frog. Another attendee indicated a preference for measures of quality across care settings.

Several attendees asked whether the state might relieve hospitals from reporting on measures that do not represent a quality problem for that hospital. They indicated that they would prefer if hospitals were allowed to pick those measures that had value for their organizations.

An attendee representing physical therapists indicated their interest in participating in public reporting of quality measures.