

# The Minnesota Statewide Quality Reporting and Measurement System (SQRMS): An Overview

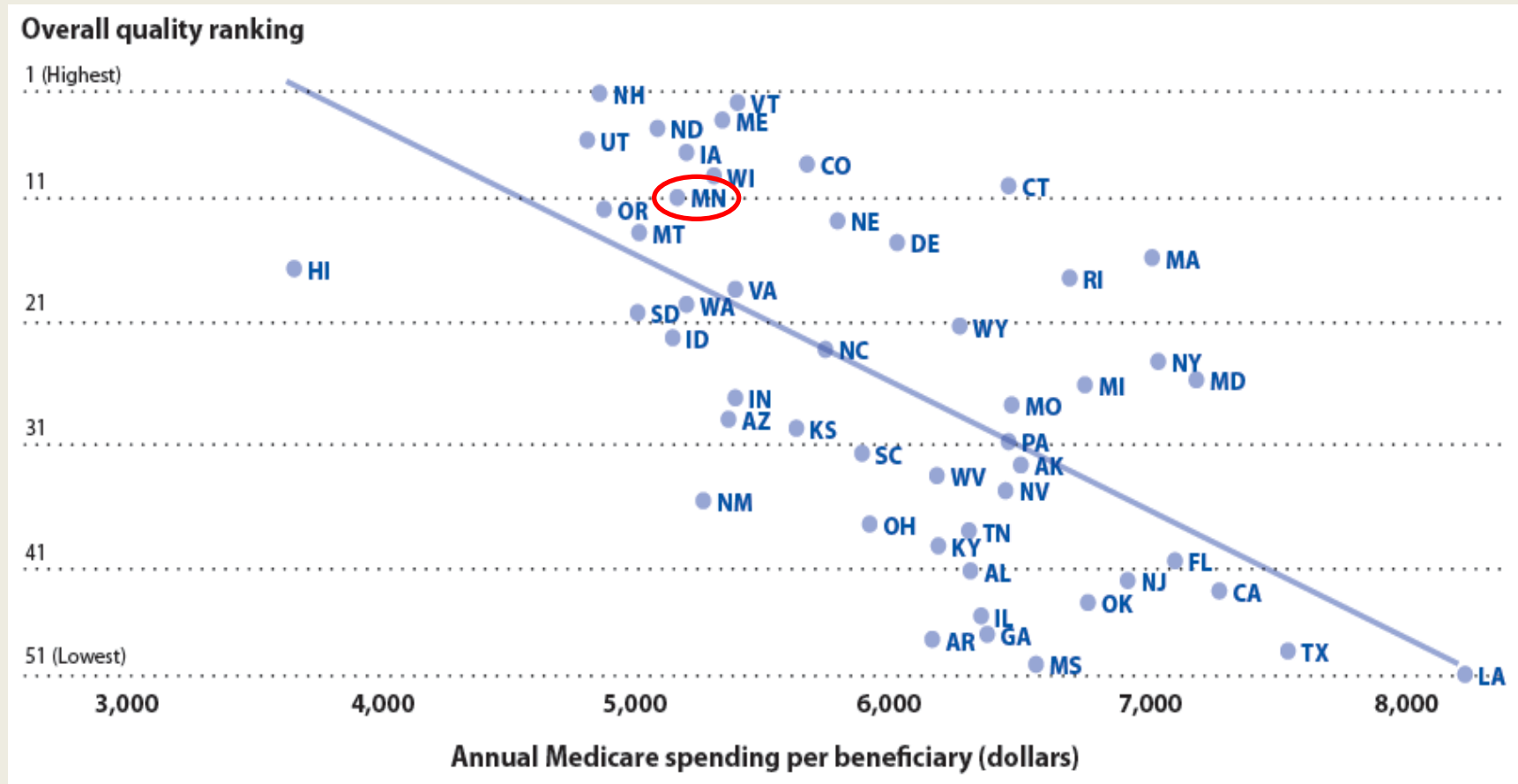
Denise McCabe

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# SQRMS overview

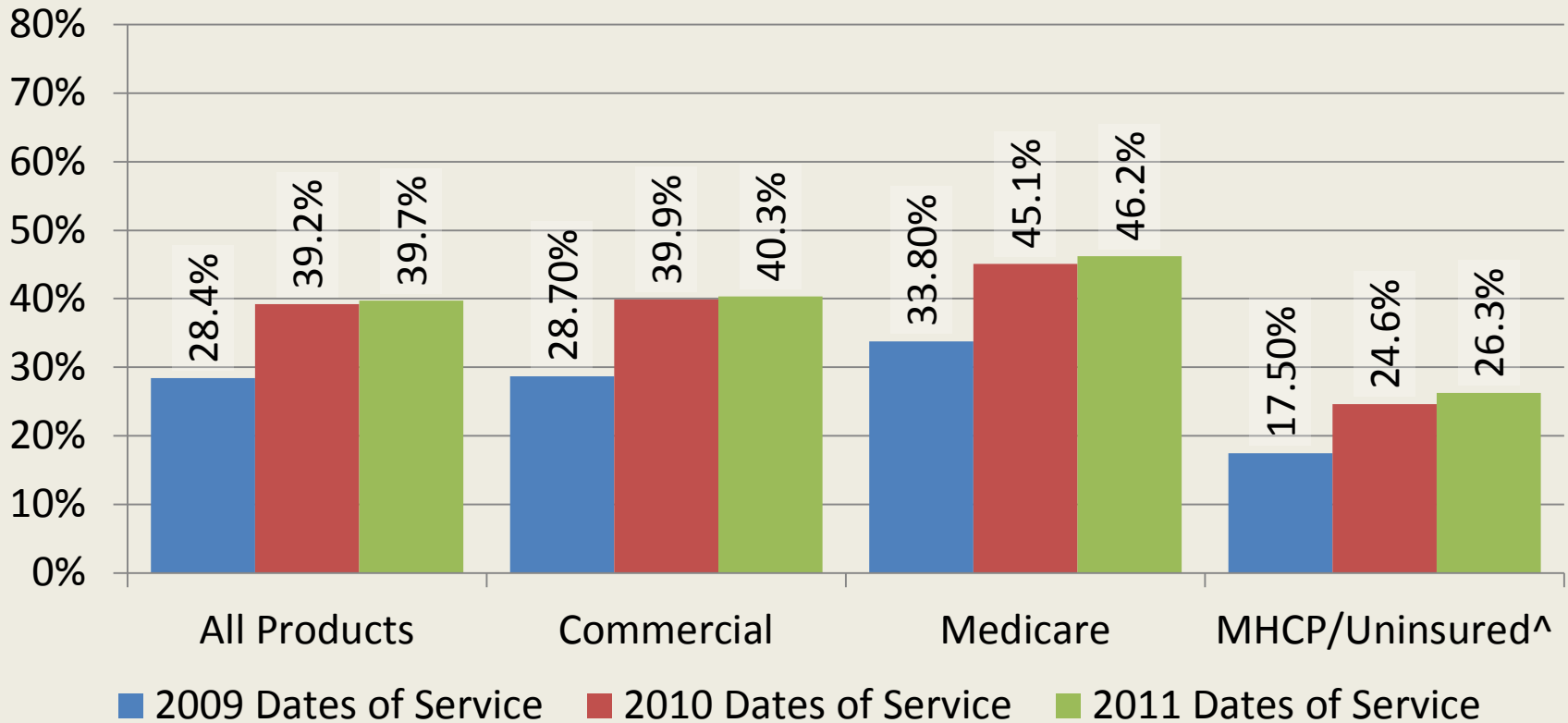
- Context
- Objectives and goals
- Rulemaking and opportunities for input
- Quality measures
- Stakeholder recommendations

# Relationship Between Quality of Care and Medicare Spending: As Expressed by Overall Quality Ranking, 2000–2001



Data: Medicare administrative claims data and Medicare Quality Improvement Organization program data. Adapted and republished with permission of *Health Affairs* from Baicker and Chandra, "Medicare Spending, The Physician Workforce, and Beneficiaries' Quality of Care" (Web Exclusive), 2004.

# Example: Percent of Minnesota Diabetics who Receive Optimal Diabetes Care (ODC)



Source: Statewide Quality Reporting and Measurement System, Health Economics Program

<sup>^</sup>MHCP are Minnesota Health Care Programs, which include Medicaid and MinnesotaCare

# How is SQRMS making a difference?

- Informs providers and patients about the quality of care



With daughter Riley, 7, at her side, Kim Warne tested her blood sugar. She and her husband credit the staff at the CentraCare clinic with helping them get their Type II diabetes under control.

## **CentraCare Clinic in Becker, MN:**

*Looking at the scores, posted online by a group called MN Community*

*Measurement, Barnett says she and her colleagues made up their minds: "We need to do something to change this."*

*Two years later, the Becker clinic was rated second-best in the state for diabetes care, with a score of 60 percent.*

Source: Star Tribune, July 30, 2011

# Statutory requirements:

## Minnesota's 2008 Health Reform Law

- Establish standards for measuring quality of health care services offered by health care providers
- Establish a system for risk adjusting quality measures
- Physician clinics, hospitals, and ambulatory surgical centers are required to report
- Issue annual public reports on provider quality
  
- Minnesota Statutes, 62U.02

# Objective and goals

- Enhance market transparency by creating a uniform approach to quality measurement
- Improve health / reduce acute care spending
- Quality measures must be based on medical evidence and be developed through a participatory process
- Public reporting quality goals:
  - Make more quality information broadly available
  - Use measures related to either high volume or high impact procedures and health issues
  - Report outcome measures or process measures that are linked to improved health outcomes
  - Not increase administrative burden on health care providers where possible

# Partnership among MDH and community organizations

- MDH conducted a competitive procurement process in the fall of 2008 to contract out key activities:
  - Develop recommendations for quality measures and quality incentive payment system;
  - Conduct outreach to providers; and
  - Manage data collection activities
- MDH has a 4-year, \$3 million contract with MN Community Measurement (MNCM) as lead member of consortium that includes: the Minnesota Medical Association (MMA), Minnesota Hospital Association (MHA), Stratis Health, and the University of Minnesota

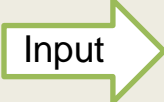
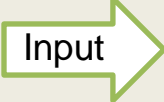

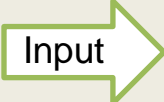
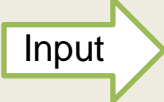


# Historical timeline

- December 2009
  - First set of administrative rules established SQRMS
- January 2010
  - Data collection for publicly reported quality measures began
  - Health plans no longer permitted to require data submission on measures outside the standardized set
- November 2010
  - MDH issued its first public report with data on the standardized measures to be publicly reported
  - First update to administrative rules
- November 2011
  - Second update to administrative rules

# Rulemaking and opportunities for stakeholder input



-  1. MDH invites interested stakeholders to submit recommendations for the addition, removal, or modification of measures to MDH by June 1
-  2. MNMCM submits preliminary measure recommendations to MDH mid-April; MDH opens public comment period
-  3. MNMCM submits final measure recommendations to MDH by June 1; MDH opens public comment period
-  4. MNMCM measure recommendations are presented at a public forum toward the end of June
- 5. MNMCM submits final measure specifications to MDH by July 15
-  6. MDH publishes a new proposed rule by mid-August with a 30-day public comment period
- 7. Final rule adopted by the end of the year

# Physician clinic measures

Measures	Reporting
<ul style="list-style-type: none"> <li>• Optimal diabetes care</li> <li>• Optimal vascular care</li> <li>• Health information technology survey</li> <li>• Depression remission at six months</li> </ul>	Required for reporting in January/February of every year on the previous calendar year dates of service
<ul style="list-style-type: none"> <li>• Optimal asthma care</li> <li>• Colorectal cancer screening</li> <li>• Primary c-section rate</li> </ul>	Required for reporting in July/August of every year on the previous 12 months dates of service
<ul style="list-style-type: none"> <li>• Patient experience of care</li> </ul>	Required for reporting beginning in 2013 on Sept. – Nov. 2012 dates of service
<ul style="list-style-type: none"> <li>• Total knee replacement</li> </ul>	Required for reporting beginning in 2014 on 2012 dates of service

# Ambulatory surgical center measures

- ASCs will begin submitting data on three measures in July on previous 12 months dates of service
  - Prophylactic intravenous antibiotic timing
  - Hospital transfer / admission
  - Appropriate surgical site hair removal

# Hospital measures

- Hospitals will submit data on more than 50 measures for 2012 reporting
  - CMS Hospital Compare inpatient and outpatient measures
  - Agency for Healthcare Research and Quality (AHRQ) indicators
  - The Joint Commission
  - Vermont Oxford Network (VON)
  - National Healthcare Safety Network (NHSN)
  - Health Information Technology (HIT)

# Future physician clinic measures for development

- As part of its contract with MDH, MNCM has been developing new measures
  - Low back pain: Spine surgery
  - Pediatric preventive care
- Measure development is a multi-year process
  - MNCM has recommended including the spine surgery measure in this year's rule
  - Pediatric preventive care measures are under development and will not be part of the 2012 rulemaking process

# Resources

- Subscribe to MDH's Health Reform list-serv to receive weekly email updates at:  
<http://www.health.state.mn.us/healthreform>
- Minnesota Statewide Quality Reporting and Measurement System:  
<http://www.health.state.mn.us/healthreform/measurement/index.html>
- MN Community Measurement:  
[www.mncm.org](http://www.mncm.org)

# Recommendations submitted to MDH

- One professional association recommended that physicians be allowed to use the CAHPS Surgical Care Survey in cases where that tool is more appropriate for their practice than the CG-CAHPS Visit Survey
- One medical group suggested specification modifications for the optimal diabetes care, optimal vascular care, and depression remission at six months measures
- A health system, clinic, and interest group offered suggestions for how to enhance SQRMS
- One professional association recommended use of the OQ-30.2 tool in all behavioral health settings and associated measurement
- One interest group proposed the development of a quality measure for tobacco use and treatment



# Questions and discussion