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

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SQRMS overview

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

Context for State health reform

- High quality in Minnesota relative to other states
- Wide variation in costs and quality across different health care providers, with no evidence that higher cost or higher use of services is associated with better quality or better health outcomes for patients
- Health care costs are rising, placing greater share of health care costs on consumers
- What tools do consumers have to choose how to spend their health care dollars?

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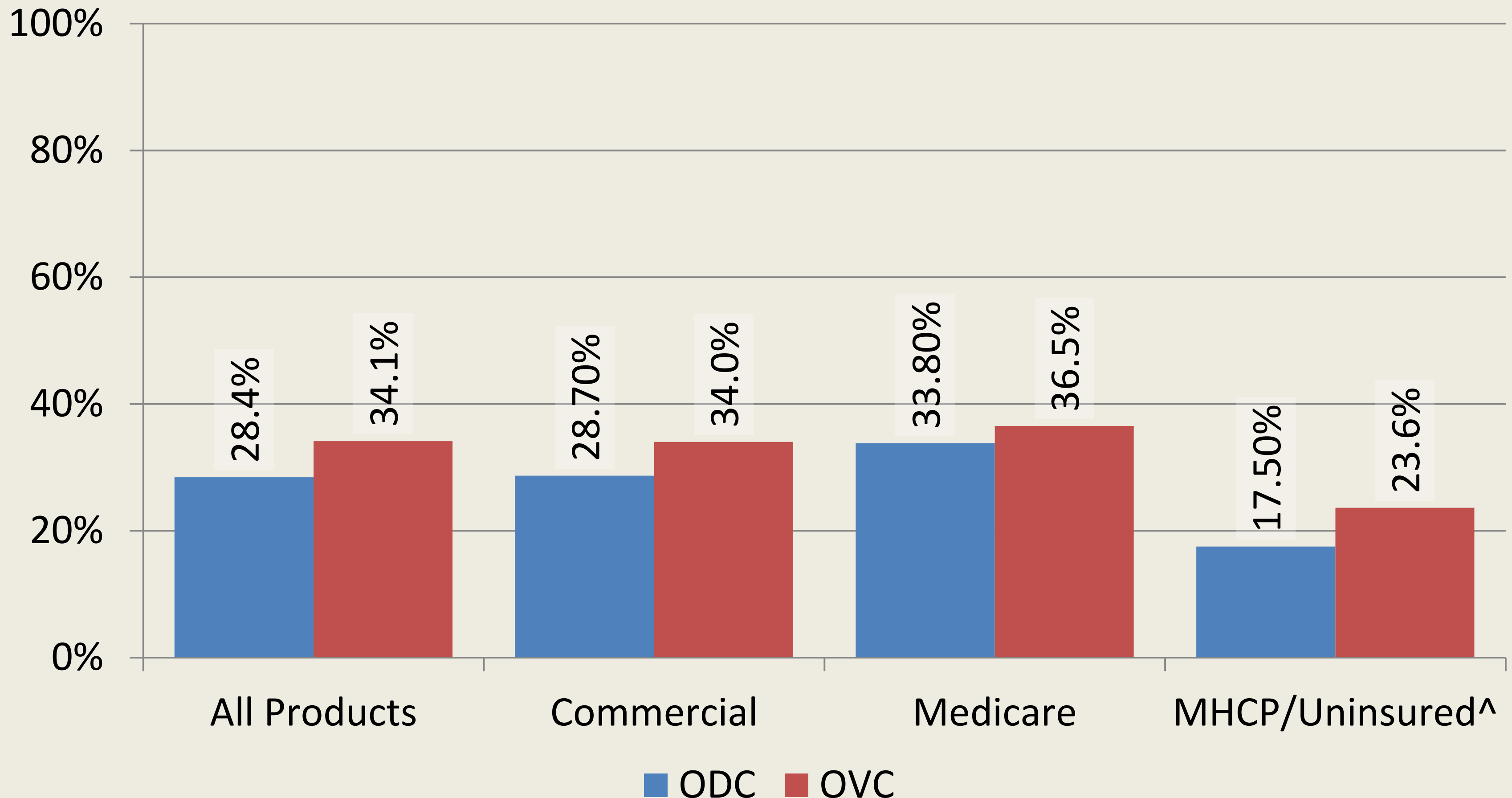
Optimal Diabetes Care (ODC) & Optimal Vascular Care (OVC), 2009



Source: Statewide Quality Reporting and Measurement System

^MHCP are Minnesota Health Care Programs, which include Medicaid and MinnesotaCare

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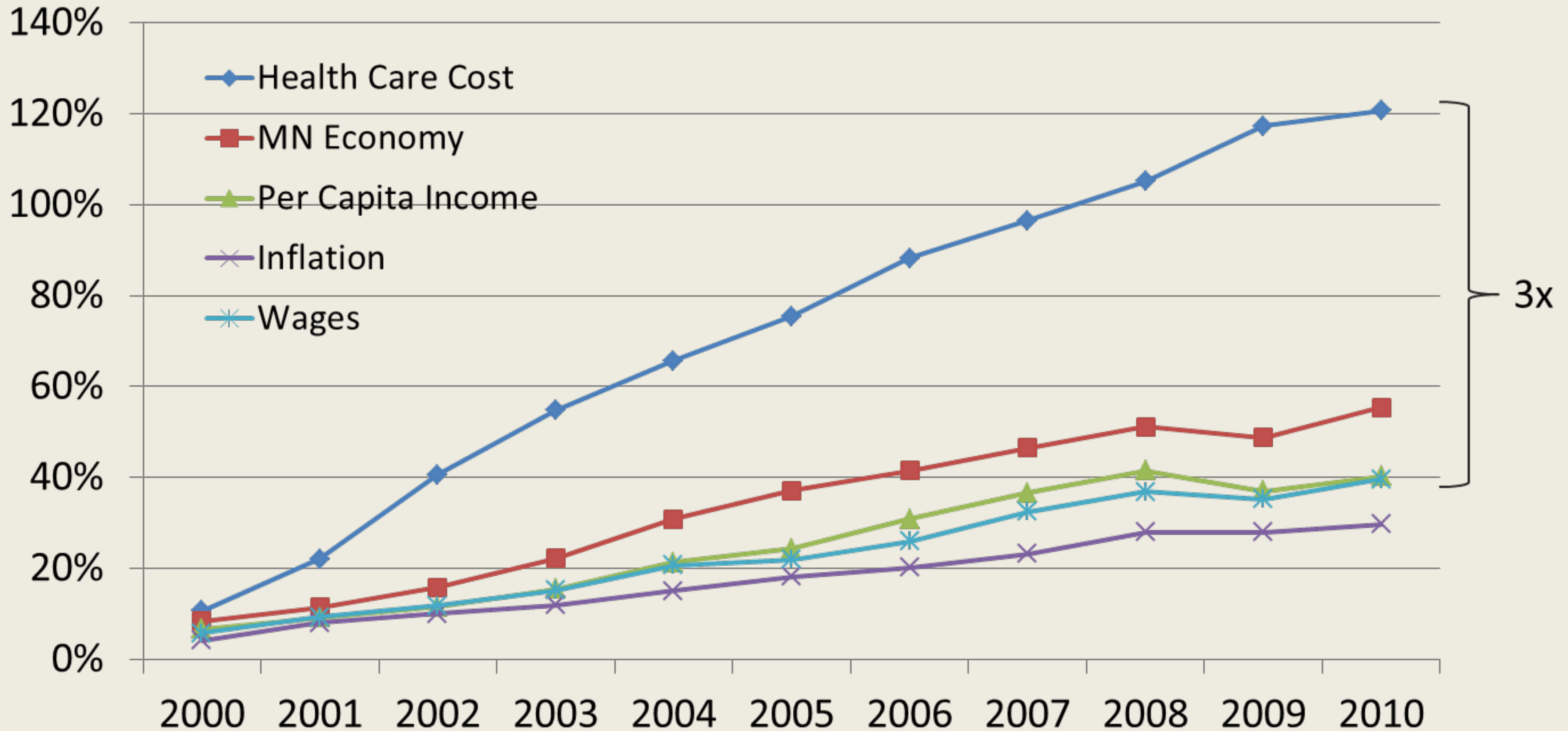
Health care growth exceeds growth in income and wages



Source: HEP analysis of annual health plan reports, preliminary

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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

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Objectives 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

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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 the quality incentive payment system;
  - Conduct outreach to providers; and
  - Manage data collection activities

- MDH has a 5-year, $4 million contract with MN Community Measurement (MNCM) as lead member of consortium that includes the: Minnesota Hospital Association (MHA), Stratis Health, Minnesota Medical Association (MMA), and 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
- November 2012
  - Third update to administrative rules

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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. MNCM submits preliminary measure recommendations to MDH mid-April; MDH opens public comment period
3. MNCM submits final measure recommendations to MDH by June 1; MDH opens public comment period
4. MNCM measure recommendations are presented at a public forum toward the end of June
5. MNCM 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

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Physician clinic measures

Measures	Reporting
• Optimal diabetes care • Optimal vascular care • Health information technology survey • Depression remission at six months	Required for reporting in January/February of every year on the previous calendar year dates of service
• Optimal asthma care • Colorectal cancer screening • Primary c-section rate	Required for reporting in July/August of every year on the previous 12 months dates of service
• Patient experience of care	Required for reporting in 2015 on Sept. – Nov. 2014 dates of service
• Total knee replacement	Required for reporting beginning in 2014 on 2012 dates of service

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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 2013 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)
  - Minnesota Stroke Registry indicator
  - Health Information Technology (HIT)

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Future physician clinic measures for development

- As part of its contract with MDH, MNCM has been developing new measures
  - Spine surgery
  - Pediatric preventive care
- Measure development is a multi-year process
  - MNCM has recommended including the pediatric prevention measures in this year's rule

How is SQRMS making a difference?

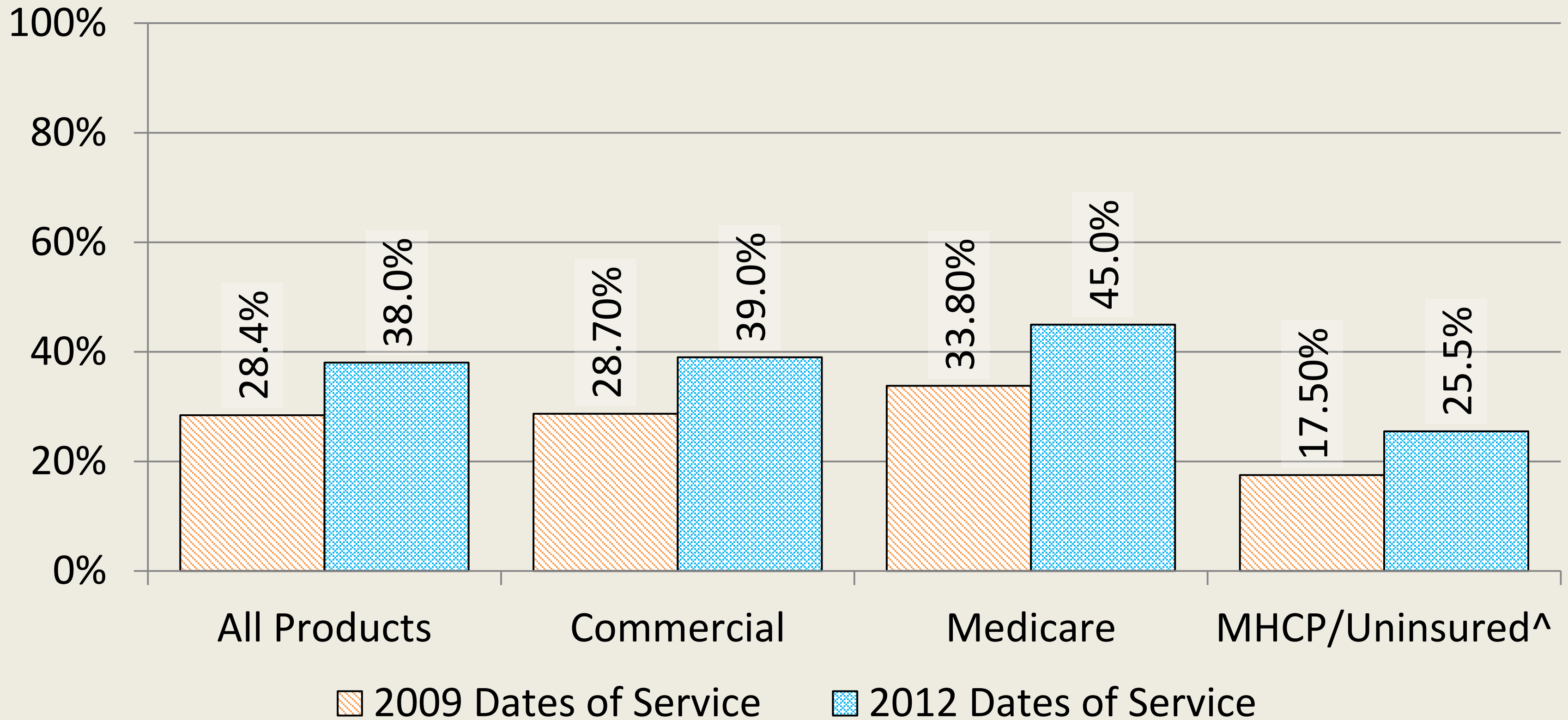
- Informs providers and patients about the quality of care

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

Optimal Diabetes Care (ODC)



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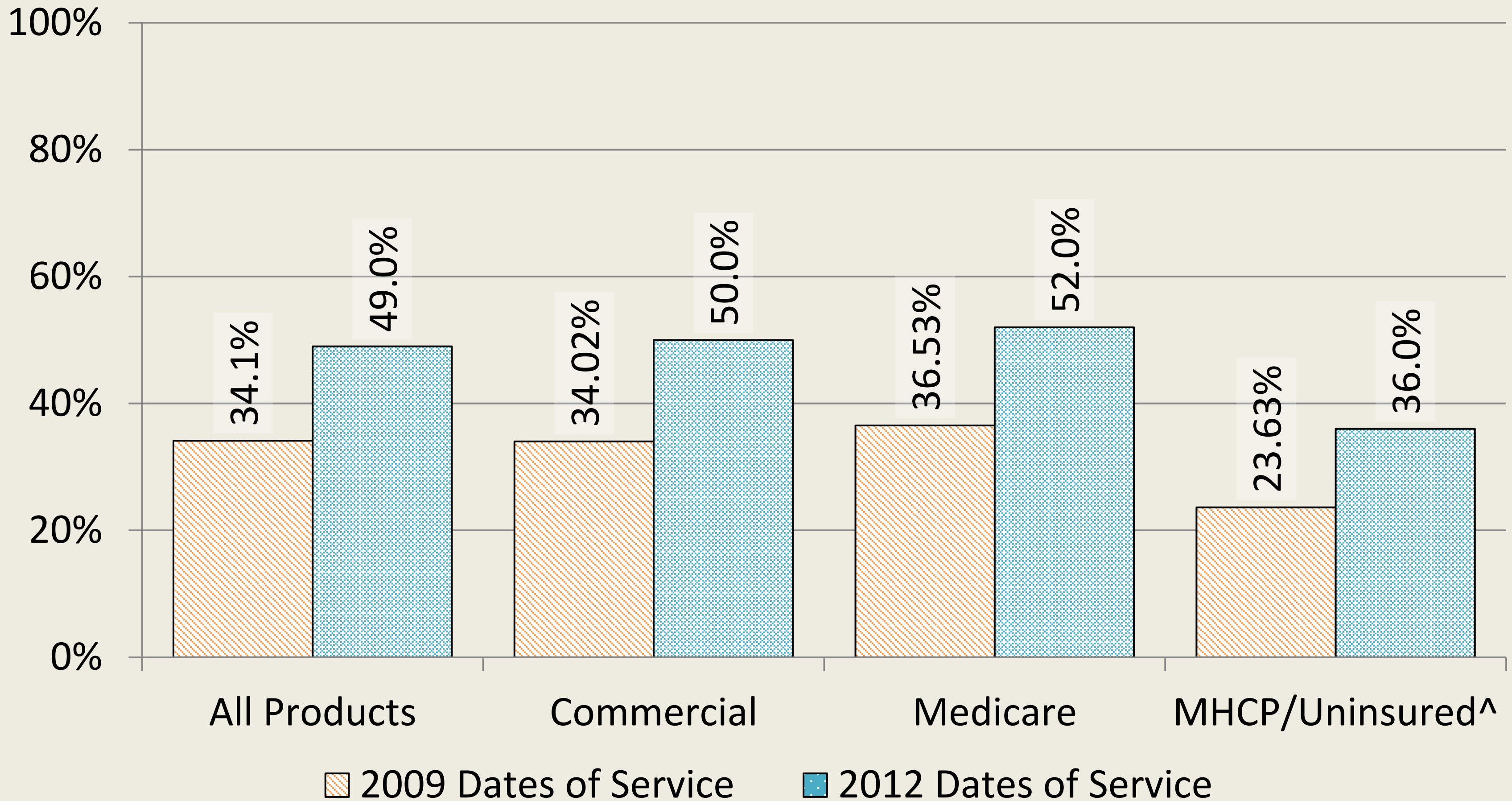
Optimal Vascular Care (OVC)



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Recommendations submitted to MDH

- One health system encouraged alignment among state and federal reporting requirements
- One professional association recommended that MDH consider adding nursing sensitive indicators to SQRMS
- One interest group proposed the development of a quality measure for tobacco use and treatment

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

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Questions and discussion

- Patient experience
- Questions and comments from the audience

Patient experience

CG-CAHPS Surveys	12-month core	12-month core + PCMH supplemental questions
Description	Asks about experiences with ambulatory care in the last 12 months	Same as the 12-month version, plus additional items to measure medical home concepts not covered by the core items
Number of questions in adult survey	34 items	52 items
Domains	Access, provider communication, office staff, provider rating	Access, provider communication, office staff, provider rating
Additional domains		
Recommend provider	Can be added	Included
Attention to mental health	Can be added	Included
Self-management support	Can be added	Included
Shared decision-making	Can be added	Included

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