Quality Framework Steering Team Meeting Summary

MAD Draft 8/20/2018

Meeting Date: August 15, 2018

Present

Steering Team: Kelly Fluharty, Deatrick LaPointe, Kevin Larsen, Jennifer Lundblad, Diane Rydrych, David Satin, Julie Sonier, Mark Sonneborn, Maiyia Yang (alternate for Monica Hurtado)

MDH Staff: Marie Dotseth, Sarah Evans, Stefan Gildemeister, David Hesse, Denise McCabe

MAD Consultants: Lisa Anderson, Stacy Sjogren

Welcome

Stacy Sjogren from Management Analysis and Development (MAD) welcomed everyone to the meeting. Steering Team Co-Chairs Jennifer Lundblad and Diane Rydrych reminded the group of the goals of the meeting and the goals of the project.

Co-Chairs reviewed Steering Team roles and the Framework Development Arc.

Diane reviewed the Steering Team Meeting 5 Summary. The Steering Team suggested a wording change to the Steering Team Meeting 5 Summary to better reflect the Steering Team's vision of payers' role to date and in the future.

Stakeholder Input

The Steering Team was asked to reflect on the summaries of stakeholder interviews, meetings of MDH's internal workgroup, and the stakeholder panel discussion they received in advance of the meeting.

- Stakeholders repeatedly mentioned the notion of SQRMS trying to be everything to everyone, in contrast to Steering Team discussion around making the "big problem" of the framework bigger. Expansion of scope also expands the number of participants and resources they bring.
- Stakeholders often discussed accountability and ownership of the results of the measures. If the goal is to measure societal impact, it may be difficult to determine who should respond. Additionally, measures should target the people the system is hoping to impact, not necessarily the "middle of the pack" but the people on the edges. Said another way, we should be aware of measurement and resource use mismatch—we measure 80% of patients, but most of the resources are expended on 20% of patients.

- We should be more explicit about naming the racial equity focus which can lead us to say how we will change underlying structures that perpetuate racism.

Members were also asked if they had observed anything new that would contribute to the framework discussion.

- The Centers for Medicare & Medicaid Services (CMS) issued outpatient and inpatient rules generally along the theme of burden reduction, including a memo from CMS Administrator Seema Verma about simplified code and a push for patients over paperwork.

Members briefly discussed that there is value both in working within the federal context of burden reduction and in Minnesota innovating on its own. Transformative and pragmatic change are not mutually exclusive and could be accomplished with shared accountability for health outcomes. How shared accountability could work has yet to be defined.

Members also discussed how a new framework would practically change the structures of operation and combat institutional and structural racism.

- Targeted measures that capture those on the edges could address some of the problems of aiming for the middle, which tends to be favored systematically.
- Some pragmatic examples of changes to measurement structure at the federal level are:
  - Movement to decentralize the locus of control for measurement, allowing groups—like physician collaboratives—to approach the government and propose a type of measurement system that fits the population they serve, and
  - Development of a functional status measure, which poses questions and changes which questions are asked based on previous responses. Such an approach is already used in provider recertification.
- The provider recertification process is an example we could draw on for the framework. In that process, providers can use their own projects to substitute for standard methods of obtaining board recertification credits. Is there a way this could also be used for measurement in Minnesota, so that institutions—which are audited—that serve the populations have more control of priorities and measures?

Roadmap Development: Concluding Phase 1 and Transitioning to Phase 2

Stacy reminded the group of the process and shared assumptions leading up to this meeting. Diane updated the group that MDH has committed to a second phase of framework development.

The group reviewed a handout drafted by MDH that included Phase 1 accomplishments, tasks for Phase 2, and an implementation phase.

Stacy first asked the group whether there were any accomplishments they would like to celebrate. Members offered the following accomplishments:

- The process of Steering Team meetings and gathering stakeholder input was done well.
- Community engagement was a large component of the process, the community was given a voice in the high-level discussion, and that community voice is essential to the work.
- The framework and what SQRMS will be is clearer now than it was before.
  - To confirm, the Steering Team agreed that what SQRMS is currently will be a subset of the measurement system envisioned by the framework, and SQRMS will also change.
    - Patient experience will be important to measure.
    - The measurement system is still very abstract, and the more pragmatic details will be defined in Phase 2.

Stacy asked the group if they had any additions to Phase 2. The Steering Team suggested the following changes:

- Add a row to the table that includes process, communication, and resources. For Phase 2, this might include definition of what is most important, users, and the need to prioritize.
- Articulate how the framework exists and operates within the larger context of quality measurement (local, national, federal, etc.), which is constantly changing.
- Define the best ways to measure and analyze measure data that are inclusive of the edges and do not just cater to a one-size-fits-all system. Members discussed that there are a variety of methods to better understand outcomes for different populations than are traditionally assessed.
- Determine a process to come up with new ways to measure and to modify current measurement, identify resources, and be realistic in what can be accomplished; consider options for measure testing and demonstrating incremental success.
- Discuss how to determine accountability for broad measures that reach beyond a single clinic or other setting.
- Continue the discussion of the possibility for a core set of standard measures and flexible measures that depend on population and circumstances.
- Articulate the intent to carry on with community engagement.

- Discuss resources, scope of needs, and statutory authority and what, if any, changes are needed.
- Determine how framework development and changes to the measurement system will be communicated to stakeholders and the community, including how their input has been used and how they can continue to provide input.
- Explore possibilities for stakeholder-driven measurement. The Quality Incentive Payment System (QIPS) was intended to do something similar. This may be state-initiated or delegated to health plans or providers. It may also involve peer learning.

Members also discussed that there needs to be enough flexibility in Phase 2 to allow those involved to adapt to other changes and pursue opportunities as they arise. The implementation phase should have similar flexibility, but members said they would also like to see continuity of their intent of the values and principles, which could be open to interpretation.

Beyond Phase 2, the following will also need further discussion and definition:

- Distinctions between each phase, particularly referring to theoretical measures.
- Continue to focus on alignment and balancing burden with benefit.
- Determine what about the intent behind the values and principles needs to be explicit and what should be left for the group charged with implementation to interpret.
- In terms of the implementation phase presented in the table, it may be helpful to have less specificity and present implementation topics in narrative form.

Phase 2 Structure

The Steering Team reflected on the advantages of a small group to discuss challenges and reach agreement, and suggested the Phase 2 group be slightly larger. Members also discussed the need for representation of stakeholder groups not currently present on the Steering Team, and the possibility for a hybrid group that includes both organizational representatives and individuals speaking from their own perspectives. Such a group would need to be carefully constructed to balance power dynamics.

Specifically, the Phase 2 group should consider the value of selecting members with broad organizational perspectives who can play a linking role to their respective stakeholder communities and also the potential risks associated with selecting members with narrower perspectives, say, from a specific hospital within a broader system.

It was noted that whatever shape a Phase 2 body takes, it will be important to continue obtaining broad stakeholder input as was set-up in Phase 1.

Steering Team members shared that it was helpful for them to participate as individuals rather than as representatives of their organizations for the first phase of framework development. If Phase 2 will

include representatives of organizations and entities, it should include community members that know what communities are going through and explicitly include representatives from across ethnic and cultural groups, ages, genders, etc. This can be done by finding people that bridge technical gaps. Organizations and entities should have credibility among their peers.

Members also discussed the potential impact of a change in gubernatorial administration. They agreed that it is important to maintain the current momentum, regardless of uncertainty. It may also be valuable to include legislators or other high-level leaders to garner support.

Next Steps

Stacy closed the meeting by asking the group how they currently felt about the quality framework. Most members expressed cautious optimism while recognizing the large volume of work that remains to be done in future phases of framework development.

The next scheduled Steering Team meeting will be **Thursday, September 6th from 9:30 a.m. to 12:30 p.m.** at HIWAY Federal Credit Union.

Homework

Homework to be determined by MDH and may involve further reflection on stakeholder input or on the questions the framework should answer.

Public Comment

There was no public comment.

Adjourn