MN Community MEASUREMENT

LEVERAGING THE POWER OF DATA TO ADDRESS HEALTH, PRICE AND WASTE

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MNCM **empowers** health care **decision makers** with **meaningful data** to drive improvement.

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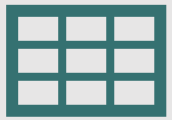
MN Community Measurement empowers health care decision makers with meaningful data to drive improvement.

Multi-stakeholder convening

Measure developer



Data collection, validation

Public transparency

Value-based payment

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We're stronger together. MNCM grew out of the idea that we accomplish more when we:

Agree on common priorities, and reduce fragmented, conflicting, and/or duplicative efforts

Combine data across payers and providers to get more statistically reliable and comparable measures

Create transparency of data to empower decision makers (consumers, employers, providers, and payers)

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What does measurement have to do with affordability?

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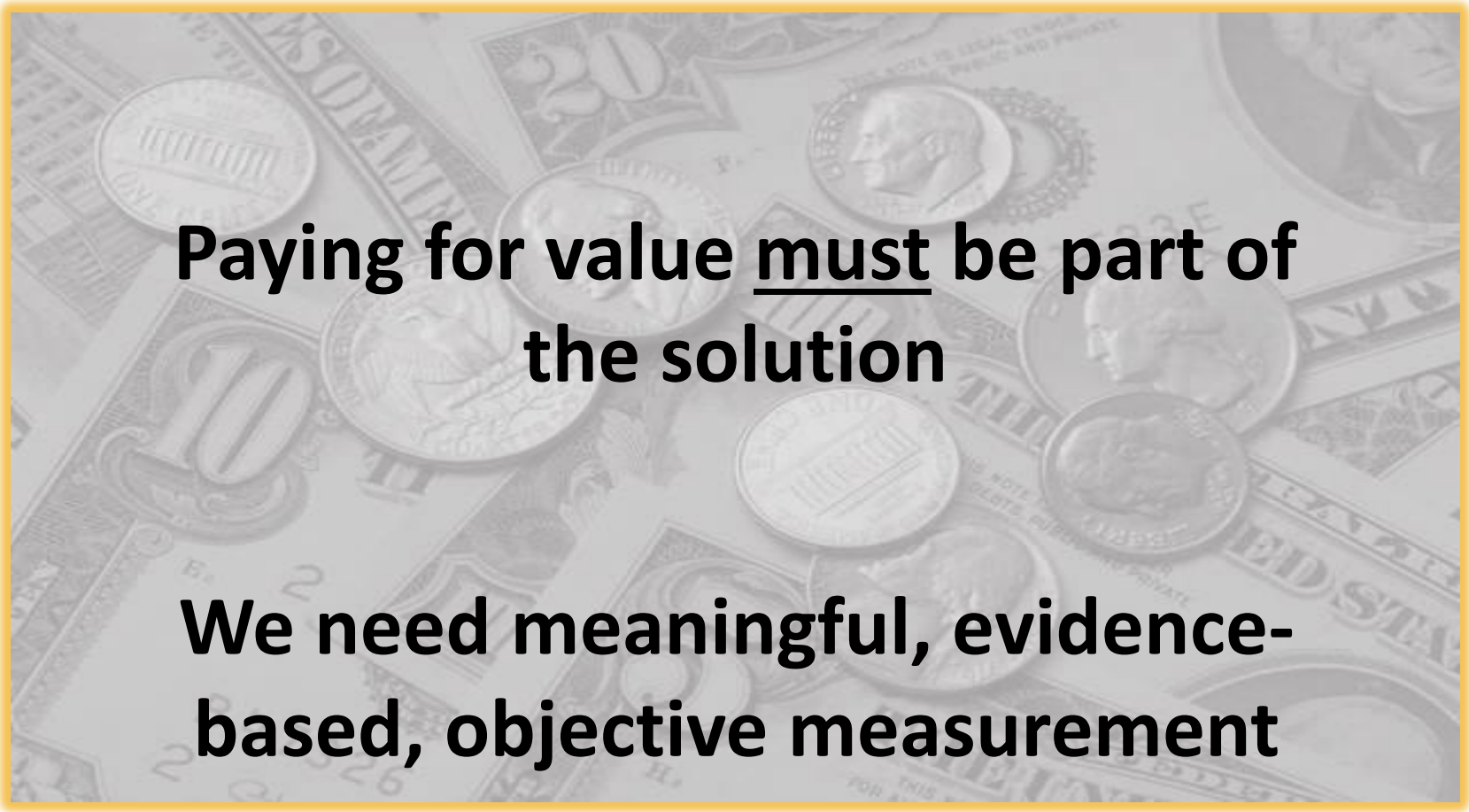
Multiple approaches are needed to improve affordability



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MNCM data are powerful and motivate change

TABLE 3: High Performers in 2018 – Primary Care/Multi-Specialty Care Medical Groups

	QUALITY MEASURE	Allina Health (15 of 23)	Entira Family Clinics (13 of 21)	Essentia Health (16 of 23)	Health-Partners Clinics (19 of 23)	Mankato Clinic (15 of 23)	Mayo Clinic (11 of 22)	Park Nicollet Health Services (21 of 23)	Stillwater Medical Group (7 of 14)
PREVENTIVE HEALTH	Breast Cancer Screening	•		•	•	•	•	•	^
	Cervical Cancer Screening	•			•			•	^
	Colorectal Cancer Screening	•		•	•	•	•	•	
	Chlamydia Screening	•	•		•			•	^
	Childhood Immunization Status (Combo 10)	•				•		•	^
	Adolescent Immunization (Combo 2)						•		^
CHRONIC CONDITIONS	Optimal Diabetes Care	•	•	•	•			•	
	Diabetes Eye Exam	•	^	•	•			•	^
	Optimal Vascular Care		•	•	•			•	
	Controlling High Blood Pressure	•	•	•		•		•	^
	Optimal Asthma Control – Adults	•	•	•	•	•		•	•
	Optimal Asthma Control – Children	•	•	•	•	•		•	•
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD				•	•	•	•	^
DEPRESSION	Adolescent Mental Health and/or Depression Screening	•		•	•	•	•	•	•
	PHQ-9 Utilization		•	•	•	•	•	•	•
	PHQ-9 Follow-up at 6 Months	•	•	•	•	•		•	
	PHQ-9 Follow-up at 12 Months		•	•	•	•	•	•	•
	Depression Response at 6 Months	•	•	•	•	•	•	•	
	Depression Response at 12 Months		•	•	•	•	•	•	•
	Depression Remission at 6 Months	•	•	•	•	•	•	•	
	Depression Remission at 12 Months		•	•	•	•	•	•	
OTHER	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	•			•		^	•	^
	Follow-up Care for Children Prescribed ADHD Medication		^						•

*Included if eligible for at least five measures.
Blank = average or below average
^Not reportable for this measure (too few patients in measure denominator)

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Public transparency – mnhealthscores.org

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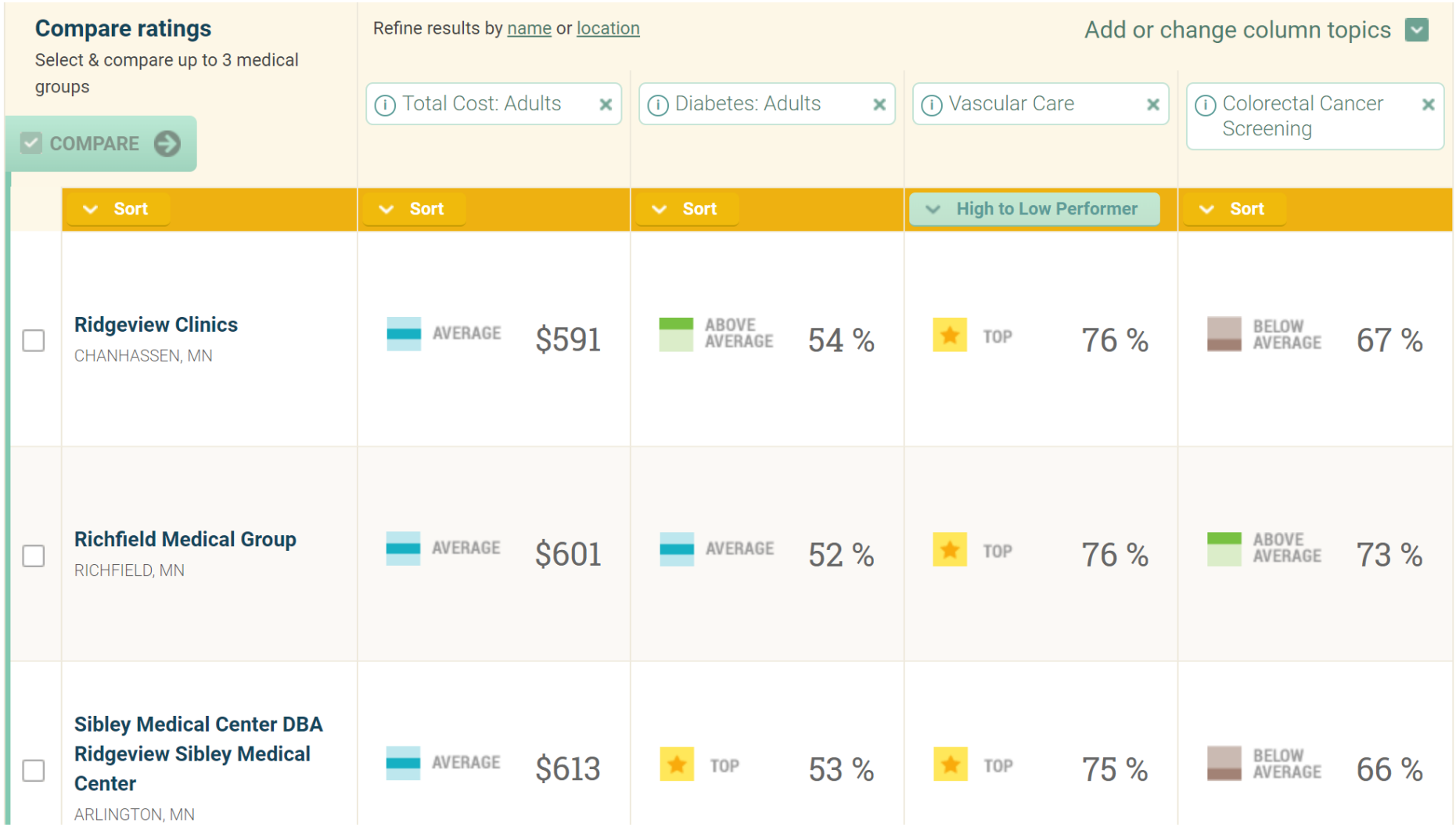
Public transparency – cost *and* quality



Compare ratings

Select & compare up to 3 medical groups

COMPARE

Refine results by name or location

Add or change column topics

	Total Cost: Adults	Diabetes: Adults	Vascular Care	Colorectal Cancer Screening
	Sort	Sort	Sort	High to Low Performer / Sort	Sort
Ridgeview Clinics CHANHASSEN, MN	AVERAGE $591	ABOVE AVERAGE 54 %	TOP 76 %	BELOW AVERAGE 67 %
Richfield Medical Group RICHFIELD, MN	AVERAGE $601	AVERAGE 52 %	TOP 76 %	ABOVE AVERAGE 73 %
Sibley Medical Center DBA Ridgeview Sibley Medical Center ARLINGTON, MN	AVERAGE $613	TOP 53 %	TOP 75 %	BELOW AVERAGE 66 %

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November 2018 affordability convening

Meeting of health care stakeholders and thought leaders jointly convened by MNCM, ICSI, and Stratis Health

We need better data sharing within and across systems to achieve better outcomes. Reduce fragmentation of data and make data more available, timely, and actionable.

We need common or shared systems and practices to eliminate duplication and waste.

The push toward paying for value must not only continue but accelerate.

Our long history of collaboration in MN has taught us we can accomplish more together than any of us can alone.

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Challenges in measuring outcomes

Data

Technical challenges, expense, and effort required to extract data for meaningful measures

Risk Adjustment

To enable fair comparisons, need to adjust for factors beyond control/influence of providers

Collaboration

Setting priorities

Avoiding duplicative or conflicting efforts

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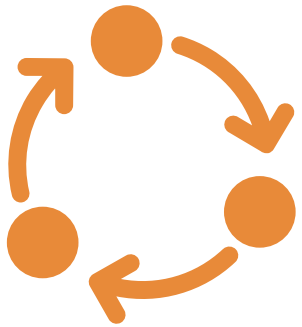
Evolution



- Improve timeliness, actionability, & usability of foundational data
- Reduce burden & cost associated with measurement

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MNCM PIPE: What problem are we trying to solve?

Outcome measures deliver high value, but are burdensome to report

Current methods of reporting are a barrier to more timely data submission & feedback

Data are more important than ever to inform strategies, achieve goals, and earn financial incentives. Data must be timely to be useful.

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PIPE Goals

Streamline data collection/ reduce burden of data reporting

Reduce duplication of effort to understand and apply measure specifications

Reduce time and resources needed for data validation and auditing

Increase availability of timely and actionable information for providers and health plans

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Innovation: CHIRP

- Common Health Information Reporting Partnership
- Build on role as trusted convener
- Support success in managing populations for better value

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The problem

Payers

- Don’t have timely, actionable, consistent access to data about their members
- Individually, struggle to achieve the signal strength with providers needed to advance quality, affordability, and population health

Providers

- Don’t have timely, actionable, consistent data from payers about their patients
- Are asked to provide clinical data to payers in multiple, inconsistent ways
- Receive claims-based data from payers in multiple, inconsistent ways

Consumers/Patients

- Sometimes miss recommended screenings or obtain them unnecessarily due to lack of information flow
- May not be identified for care management interventions even when they are at high risk

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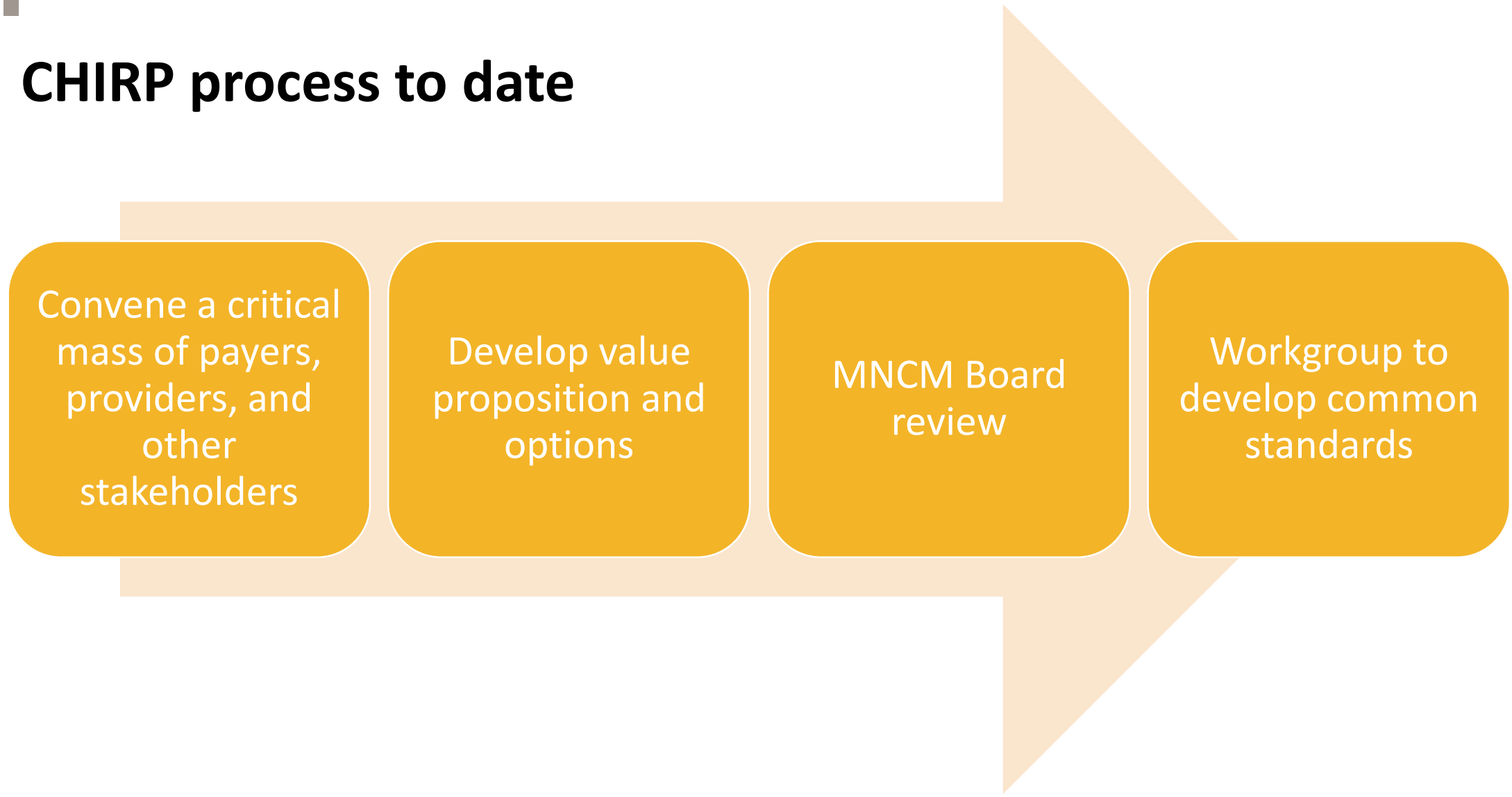
CHIRP process to date



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3 key takeaways

Outcomes

Data on clinical outcomes is critical for value-based payment.

The technical challenges are solvable.

No “One Size Fits All” Solutions

Regional collaboratives have a key role to play.

What works in one place may not be best in another.

Collaboration

The critical ingredient: shared goals and trust.

Meet stakeholders where they are.

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We can make health care **more affordable** by making it **better**.

We need **better health care information** to get there.