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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- Multi-stakeholder convening
- Measure developer
- Data collection, validation
- Public transparency
- Value-based payment
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)
What does measurement have to do with affordability?
Multiple approaches are needed to improve affordability

Paying for value **must be part of** the solution

We need meaningful, evidence-based, objective measurement
MNCM data are powerful and motivate change.

| TABLE 3: High Performers in 2018 – Primary Care/Multi-Specialty Care Medical Groups |
|---------------------------------|---------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Breast Cancer Screening         | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Cervical Cancer Screening       | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Colorectal Cancer Screening     | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Chlamydia Screening             | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Childhood Immunization Status (Combo 10) | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Adolescent Immunization (Combo 2) | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| 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 | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| 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 Remission at 12 Months | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| Depression Remission at 6 Months | •                               | •                            | •                           | •                            | •                            | •                           | •                           |
| 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)
Public transparency – mnhealthscores.org

Compare ratings on the quality and cost of healthcare in Minnesota and neighboring areas.

Get started by selecting one of the following categories:

- Clinic Quality Ratings
- Medical Group Quality and Total Cost
- Hospital Quality and Patient Experience
- Cost of Services and Procedures
Public transparency – cost and quality

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Total Cost</th>
<th>Vascular Care</th>
<th>Colorectal Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ridgeview Clinics, CHANHASSEN, MN</td>
<td>$591</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richfield Medical Group, RICHLIEF, MN</td>
<td>$601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibley Medical Center DBA, Ridgeview Sibley Medical Center, ARLINGTON, MN</td>
<td>$613</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
November 2018

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

affordability convening

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.
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
Evolution

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

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

- Convene a critical mass of payers, providers, and other stakeholders
- Develop value proposition and options
- MNCM Board review
- Workgroup to develop common standards
Collaboration

The critical ingredient: shared goals and trust.

Meet stakeholders where they are.

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.