MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC) /
Health Equity Advisory Council (HEAC) Meeting
Wednesday, September 11, 2019
Meeting Minutes

Members Present: Sue Knudson (MARC Co-Chair), Rahshana Price-Isuk (MARC Co-Chair), Barb Anderson[+], Janet Avery[+], Lori Bethke[+], Joe Bianco[+], Karolina Craft[+], Nancy Garrett[^], Sue Gentilli[+], Stefan Gildemeister[+], Bentley Graves[*^], Greg Hanley[+], Lynn Hassan Jones[^], Jordan Kautz[+], Deb Krause[*+], Chris Norton[+], Christopher Restad[+], Jonathan Rose[+^], Allan Ross[+], Patricia Ruiz de Somocurcio[^], Laura Saliterman[+], David Satin[+], Mark Sonneborn[+], Dan Trajano[*+^] (HEAC Co-Chair)
Absent: Tesha Alston[^], Clarissa Cox[+], Jennifer DuPuis[^], Roli Dwivedi[^], Renee Frauendienst[^], Jamie Gulley[^], Andrea Hillerud[^], Julia Joseph-DiCaprio[^], Theresa Kalugdan[^], Gaye Massey[^] (HEAC co-chair), Mariam Mohamed[^], Ekta Prakash[^], Michelle Waste[^], Pahoua Yang[^]
MNCM Staff: Jess Amo, Liz Cinqueonce, Gunnar Nelson, Collette Pitzen, Julie Sonier
*MNCM Board member [+]MARC Member ^HEAC Member

Topic	Discussion
Welcome & Introductions	Rahshana Price-Isuk called the meeting to order and introduced herself as MARC co-chair. Rahshana welcomed members of both the Measurement and Reporting Committee (MARC), members of the Health Equity Advisory Council (HEAC) and members of the Board of Directors. The purpose of this second joint meeting between committees is to review and discuss the results of the community survey regarding measurement gaps. Members of MARC, HEAC, and the Board of Directors introduced themselves. Rahshana also welcomed observers.
Approval of Minutes	The committee reviewed minutes from the May 8, 2019 meeting and the June 12, 2019 meeting. **For the May meeting, David Satin made a motion to accept the minutes; Mark Sonneborn seconded the motion. Motion passed. For the June meeting, David Satin made a motion to accept the minutes; Karolina Craft seconded the motion. Motion passed.**

Summary & Discussion of Measure Concept Community Feedback	Collette Pitzen, MNCM Clinical Measure Developer, reviewed the scope of the effort to identify and prioritize new measurement needs.
	
	<u>The top five measure concepts from "dot activity" in joint MARC/HEAC meeting in June were:</u>
	1. Improvements in health inequity
	2. Anxiety
	3. Pre-natal care engagement
	4. Healthy Days
	5. Shared decision making
	
	<u>After June meeting:</u>
	• Three-week survey was sent out to the community via MNCM's Measurement Minute from mid-July to early August
	• Survey had responses from 94 participants
	  ○ Majority of the respondents worked in quality improvement, administration and data analysis
	  ○ Many were providers (primary care and specialty care), health plans, organizations and patients
	• Three feedback methods used in survey:
	  ○ "Slider bar" for top 15 concepts – respondents rated each concept from 0 to 100
	  ○ Rank voting – respondents ranked top three choices
	  ○ Suggestions for other measure concepts
	
	<u>The top five measure concepts from the "slider bar" method in the survey were:</u>
	1. Well-child checks
	2. Multiple chronic conditions
	3. Opioids
	4. Medication adherence
	5. Prediabetes
	After combining the results from the community survey with the results from the MARC/HEAC activity, the following concepts were ranked the highest:

1. Improvements in health equity
2. Opioids
3. Well-child checks
4. Anxiety
5. Annual wellness visits

Additional concepts proposed by the community included:

- PCP established
- Screening for Adverse Childhood Events (ACEs)
- Food insecurity
- Metabolic syndrome
- Tobacco use counseling
- Postpartum depression screening
- Engaged patient
- Episode & procedure cost
- Access to behavioral health
- Cognitive screening
- Homelessness
- Domestic abuse
- Autism
- Breastfeeding
- Patient satisfaction

Takeaways from survey:

- Demonstrates valuable concepts for stakeholders and the community
- Includes measures that may be used for quality improvement – not just public reporting
- Feedback will be used and considered when seeking external funding and partnership/collaboration
- Some concepts fit well with evolution of data collection – MNCM's development of the Process Intelligence Performance Engine (PIPE) – contingent on resource availability

QUESTIONS/COMMENTS/DISCUSSION

Summary of discussion for:
WELL-CHILD CHECKS/ANNUAL WELLNESS VISITS

- Some surprise that this topic was ranked high
- Information is already being collected for some third-party payers
- May overlap with other topics such as immunization, postpartum screening, ACEs, etc.
- Some providers are turning sports physicals into well-child checks; however, others are not

PROS	CONS
• Strong public health measure – opportunity for early detection and prevention • Ensures patient comes in for visit – creates opportunity for health topics to assessed and addressed	• Challenges with addressing all topics for patients with chronic or multiple chronic diseases in one visit • Challenges with patients who are not coming in for an annual visit but are coming in to treat chronic conditions only • Challenges with getting patients to come in at all • Challenges with patients switching providers/clinics • Challenges with getting adolescents to come in – typically come in for sports physicals • Challenges with getting patient to understand the importance of annual visits

Summary of discussion for:
OPIOIDS

- Discussion in June primarily build around opioid stewardship, building on ICSI work (i.e., acute, chronic and postsurgical prescribing)
- ICSI developed new measures that incorporate CDC guidelines for opioid stewardship

PROS	CONS
ICSI has already developed measures – opportunity for MNCM to act as a venue for public reporting and/or improvement	Caution against publicly reporting individual providers/clinics with high opioid utilization – potential for unintended consequences • Would need to report aggregated information – may be better for improvement reporting (not public reporting)

	Summary of discussion for:
	IMPROVEMENT IN HEALTH EQUITY
	National Quality Forum (NQF) developed framework – splits measurement of health inequity into two domains
	1. Health disparities in care within existing quality measures in different population subsets – addressing and reducing health disparities
	2. Health equity performance at organizational level (e.g., culture of equity, collaboration across sectors, structures to support culture of equity)
	
	OTHER DISCUSSION POINTS
	• Caution against moving towards process measures only
	  ○ However, process measures can be viewed as a "steppingstone" to outcome measures
	  ○ Process measures often support outcome measures
	• Survey sent to those who are aware of MNCM and are familiar with quality improvement
	• Importance of staying aligned with national measures, while still pushing forward and driving improvement

MNCM Updates	**TEST OF SIGNIFICANCE FOR TOTAL COST OF CARE**
	Gunnar Nelson, health economist at MNCM, provided an update on tests of significance for the Total Cost of Care (TCOC) measure:
	• Current test of significance: one standard deviation from the mean method
	• Cost measure is a continuous measure so there are several limitations to using this method:
	  ○ Does not account for volatility of cost within group
	  ○ Does not account for variance in population size
	  ○ It assumes normal distribution – the TCOC measure represents more of a one-tail distribution
	  ○ Does not allow for comparisons between medical groups
	• Four health plans (BCBS, HealthPartners, Medica, PreferredOne) submitted TCOC files at patient-level in 2019
	  ○ Used to identify more useful calculation to test the comparison to the mean and address the issues above
	• Recommendation – use a "Bootstrapping Technique" to calculate confidence interval:
	  ○ Many samples pulled from full data set to calculate an outcome (Total Cost Index)
	  ○ After enough samples are measured, the variation in the results becomes the confidence interval
	  ○ Testing determined 600 sample runs are needed to accurately calculate confidence intervals
	  ○ For 2019 TCOC report, MNCM Cost Technical Advisory Committee approved this method – Bootstrapping with replacement with 600 sample runs
	  ○ Significance testing (MNHealthScore Label – above average, average, below average) will be completed by comparing the range of the medical group to the range of the overall population
	  ○ Method is more accurate, more mathematically valid and more usable for public consumption
	
	QUESTIONS/DISCUSSION
	• Bootstrapping method was tested with multiple runs – found that there was no real difference in calculation of the confidence intervals after 600 sample runs
	• Running the method more than 600 times did not significantly increase the distribution of the results
	
	2020 REPORTING FOR ORTHOPEDIC AND CANCER MEASURES
	Julie Sonier, President of MNCM, provided an update on 2020 reporting for orthopedic and cancer measures:
	• Decision made by the Board of Directors to postpone implementation of the cancer measure and pause on data collection for the orthopedic measures for the 2019/2020 fiscal year
	• Decision related to need to invest in new technology to complete data collection (i.e. changes to data collection for orthopedic measures and implementation of data collection for cancer measures)
	• MNCM is currently in process of implementing a new, streamlined data collection method (PIPE) that is lower cost to maintain and change
	  ○ Timing of changes to orthopedic measures and build of cancer measures made sense to wait until the new method is available
	• Not likely that the cancer measures would be included in the state's required set of measures (SQRMS)
	• Orthopedic measures are in SQRMS but are not currently part of the data that MNCM provides to MNCM
	• National implications:
	  ○ Work towards NQF endorsement for cancer measures is on hold since measure changed from pilot
	  ○ Redesign changes for orthopedic measures accepted by CMS and included in the 2020 Quality Payment Program (QPP) measure specifications

	○ Orthopedic measures would not be able to maintain NQF endorsement without data but should not impact continued use by CMS in the QPP **DISCUSSION** • Reconsideration of implementation of these measures will occur next year; however, it is resource-dependent
Meeting Adjournment	The next meeting will be Wednesday, December 4, 2019. Sue adjourned the meeting.

Next Meeting: Wednesday, December 4, 2019