MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC)
Wednesday, June 10, 2020
Meeting Minutes

Members Present: Sue Knudson (Co-chair), Rahshana Price-Isuk (Co-chair), Barb Anderson, Janet Avery, Cristina Baker, Lori Bethke, Joe Bianco, Cara Broich, Clarissa Cox, Karolina Craft, Matt Flory, Sue Gentilli, Stefan Gildemeister, Greg Hanley, Steve Inman, Deb Krause, Jennifer Lamprecht, Asif Mujahid, Christine Norton, Christopher Restad, Jonathan Rose, David Satin, Mark Sonneborn
Absent: Jordan Kautz, Sue Mitchell
MNCM Staff: Liz Cinqueonce, Collette Cole, Jess Donovan, Will Muenchow, Julie Sonier

Topic	Discussion
Welcome & Introductions	Sue Knudson called the meeting to order and introduced herself as MARC co-chair. Sue introduced two new MARC members who were unable to attend the first meeting of the year: Jennifer Lamprecht and Cristina Baker. This meeting was conducted via WebEx only so a roll call of committee members was taken. Additional MNCM Board members, MNCM staff and observers also introduced themselves.

Impact of COVID-19 & Key Considerations	Sue provided a summary of the discussion that the MNCM Board of Directors have in terms of COVID-19 and input received from medical groups. The summary was used to help frame the discussion for MARC members to expand upon or add to:
	• TELEHEALTH & VIRTUAL VISITS
	  ○ What are the differences in quality care between virtual visits and in-person visits?
	  ○ What kinds of barriers are providers and patients facing during these virtual visits?
	• EXACERBATION OF EXISTING CONCERNS
	  ○ Disparities
	  ○ Mental health
	  ○ Opioid prescribing
	  ○ Substance abuse
	• FLEXIBILITY
	  ○ Need to understand pressure providers are facing
	  ○ Flexibility needed in timelines of data collection
	  ○ Standards of measurement should NOT be lowered because of the pandemic
	• LOW-VALUE CARE
	  ○ "Pause" in care delivery may be informative to measurement needs
	  ○ What else can we learn from this "pause"?
	• OPPORTUNITY
	  ○ MNCM is a neutral and credible organization
	  ○ How can MNCM added information and value that addresses each of these concerns?

Discussion/Round Robin	Rahshana provided the discussion questions sent out to committee members prior to the meeting and went down the roster so that each member had the opportunity to share their input. The discussion questions were as follows: • What are the things that MNCM should consider as we look at how information is reported at the medical group level for 2020 dates of service? • What are the key considerations related to care delivery transformation and future quality measurement and reporting purposes? (e.g., disparities, immunization rates, etc.) • What are the key pieces of information that consumers would need in terms of the impact of COVID-19? • Other areas of concern? Items/topics discussed by committee members included: CARE DELIVERY & DIRECT PATIENT CARE Several committee members shared what they are experiencing in care delivery and direct patient care, particularly for routine screenings, immunizations, and well-child visits. Many routine screenings (e.g., breast cancer screening, colorectal cancer screening) and immunizations have been put on hold or delayed for many patients. The HEDIS immunization measures require a relatively long enrollment period so patients who have switched insurance product (e.g., commercial to Medicaid) during this time will likely not be captured in the measure and the denominator will decrease.

Well-child visits have also been significantly impacted, especially for families who have lost their insurance. Some of these issues are outside of the provider's control and patients are choosing which services they receive due to limited access to in-person office visits.

Additionally, health plans are trying to identify vulnerable members and reach out to them with information regarding COVID-19.

HEALTH CARE DISPARITIES/INEQUITY

Many committee members named health care disparities/inequity as a key analyses/topic to gather information on. In particular:

- How has it impacted existing gaps or created new gaps among populations?
- How are the geographic locations of clinics contributing to disparities?
- Within race/ethnicity groups, which communities/demographics are being disproportionately affected?

BARRIERS TO RECEIVING CARE

Committee members described the following barriers to receiving care during COVID-19:

- Lack of experience/comfort with using technology
- Access to technology
- Language barriers
- Fear of coming into the clinic – patients often rely on their relationships to make decisions

IMPACT ON CLINIC BUSINESS

The committee also discussed how some medical groups are closing clinics which will likely cause decreases in rates for measures. Additionally, some clinic/measurement staff are being furloughed or laid off. As a result, reporting may be difficult for some medical groups.

TELEHEALTH/VIRTUAL VISITS

Many committee members feel that the use of telehealth/virtual visits is here to stay and should be incorporated into measure definitions. Home blood pressure readings should also be considered for inclusion in the appropriate measures. Patients may prefer virtual visits going forward because it is more convenient for scheduling (e.g., do not need to take time off of work to travel to clinic). Additionally, NCQA announced that they will be adding telehealth visits to their HEDIS measures – this information will be released in July 2020.

However, it is important to understand the quality of care between telehealth/virtual visits and in-person office visits. Finally, training of the healthcare workforce will likely be impacted because students are learning through virtual visits and not through hands-on experience.

DATA COLLECTION/REPORTING

The committee cautioned against making comparison between rates using 2020 dates of service and previous (or future years). Instead, the rates calculated using 2020 dates of service should be considered a new baseline, which could be informative for medical groups/clinics. Rate decreases are expected across all measures. However, many members expressed the importance of collecting data and how valuable it will be for medical groups. Committee members discussed several options for reporting, including putting measures into three different buckets:

1. Public reporting as usual
2. Blinded reporting
3. Private (or internal) reporting

With each of these options, statewide rates could be publicly reported as well. Additionally, the Risk Adjustment Committee (RAC) will be meeting to figure out how COVID-19 will affect risk adjustment of measures.

MENTAL HEALTH

Several committee members shared concerns about mental health and how it relates to social isolation due to COVID-19. For depression and anxiety, it can be difficult to have patients fill out the PHQ-9/PHQ-9M/GAD-7 when they are not coming into the office. While these tools can be administered virtually, patients may be more likely to forget to fill out and/or send back the tools to the provider.

	OPPORTUNITIES The committee recognized several opportunities for data collection and reporting: • Understanding the impact on low-value care • Understanding the impact on long-term care • MNCM's PIPE technology could provide information to stakeholders based on what they need without adding any additional burden on providers • MNCM can provide valuable information based on measures for medical groups/clinics and consumers to understand the impact of COVID-19
Next Steps	Rahshana outlined the next steps following this discussion and the plan for the rest of the year: • **July/August** o MNCM staff will send out a brief poll/survey (maximum of 3 questions) to gather broader input from community members o MNCM staff will also address technical issues related to the measures • **September** o MNCM staff will provide MARC with a summary of the community input o MARC will identify additional information needed to inform recommendations for collecting/reporting 2020 dates of service (2021 report year) • **October/November** o MNCM staff will engage with the measure review committee for annual review of the measures and develop a draft recommendation for consideration by MARC • **December** o MARC will review and finalize the recommendation on the slate of measures and reporting to the MNCM Board of Directors
Final Thoughts	Rahshana asked committee members to provide final thoughts on what they believe would be highest priority in terms of information gathering from the community. Most committee members felt that broader questions may be beneficial to begin with. Examples include: o What are potential issues with the current measures/how can we improve existing measures? o What are the opportunities for new measures/what would be helpful to measure for stakeholders? o What impact will COVID-19 have on health care disparities? o What barriers are your providers and/or patients facing? o How has billing been impacted? o How many visits will be converted over to in-person visits once an initial assessment is made virtually? o What will influence patients to feel safe and engage with their provider to stay up to date with their care? o How do you access/use MNCM information now? o How would you like to access use MNCM information in the future? o What is your greatest unmet need for info in the future? o We know disparities persist. How can data reporting help move the needle? o How do we make sure our understanding of community health is current and culturally, socioeconomically appropriate? o How do we address gaps in data, use adjacent and secondary data? o How many patients are deferring care due to lack of insurance or concerns about safety? Additionally, committee members suggested interviewing community members/stakeholders outside of the healthcare field to see what is truly meaningful to the community. Public health collaboratives could also provide valuable insight as to what would be important to the community.
Meeting Adjournment	The next meeting will be Wednesday, September 9, 2020. Rahshana adjourned the meeting.

Next Meeting: Wednesday, September 9, 2020