

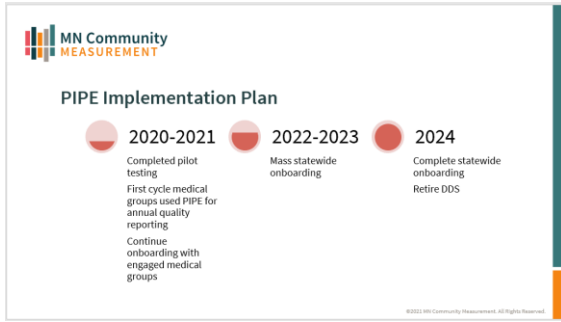
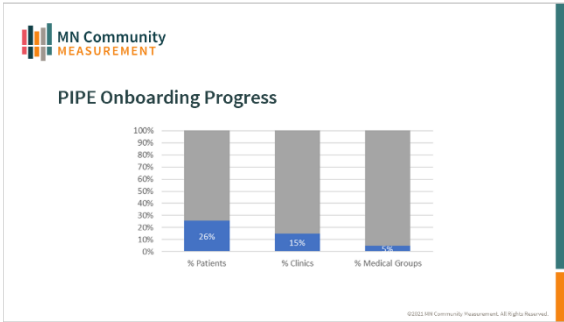
Wednesday, June 9, 2021

Meeting Minutes

Members Present: Sue Knudson (Co-chair), Rahshana Price-Isuk (Co-chair), Barb Anderson, Janet Avery, Lori Bethke, Joe Bianco, Cara Broich, Clarissa Cox, Karolina Craft, Matt Flory, Sue Gentilli, Greg Hanley, Kate Hust, Steve Inman, Craig Johnson, Jennifer Lamprecht, Jodi Morris, Asif Mujahid, Christine Norton, Jonathan Rose, David Satin, Reetu Syal, Abbie Zahler

Absent: Stefan Gildemeister

MNCM Staff: Trisha Brinkhaus, Liz Cinqueonce, Collette Cole, Jess Donovan, Sandy Larsen, Will Muenchow, Gunnar Nelson, Julie Sonier, Carlin Youthe

Topic	Discussion								
Welcome/Introductions	<p>Sue Knudson called the meeting to order and introduced five new MARC members: Kate Hust, Craig Johnson, Jodi Morris, Reetu Syal and Abbie Zahler. Additional MARC members, MNCM staff, Board members and observers also introduced themselves.</p> <p>Sue provided an overview of the committee charter and the conflict-of-interest policy (included in meeting packet).</p>								
UPDATE: PIPE Implementation	<p>Sandy Larsen, Manager of Data Collection and Integrity, and Will Muenchow, Vice President of Technology and Innovation, gave an update on implementation progress of MNCM’s new data collection and measure calculation technology known PIPE (Process Intelligence Performance Engine).</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="370 800 927 1119">  <p>PIPE Implementation Plan</p> <ul style="list-style-type: none"> 2020-2021 <ul style="list-style-type: none"> Completed pilot testing First cycle medical groups used PIPE for annual quality reporting Continue onboarding with engaged medical groups 2022-2023 <ul style="list-style-type: none"> Mass statewide onboarding 2024 <ul style="list-style-type: none"> Complete statewide onboarding Retire DDS </div> <div data-bbox="951 800 1511 1119">  <p>PIPE Onboarding Progress</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>% Patients</td> <td>26%</td> </tr> <tr> <td>% Clinics</td> <td>15%</td> </tr> <tr> <td>% Medical Groups</td> <td>5%</td> </tr> </tbody> </table> </div> </div> <p>PIPE is intended to replace the older system known as DDS or Direct Data Submission with the intent of reducing provider reporting burden and expanding the use of the data for purposes beyond measure calculation. MNCM has been developing this new technology for the past few years, and testing was completed in early 2021. Three medical groups submitted data in PIPE for the 2020 MY reporting in 2021. Onboarding with other engaged medical groups will continue in 2021. Mass statewide onboarding will occur in 2022-2023. Both DDS and PIPE systems will be maintained during this time and MNCM is evaluating the staff and resources needed to accomplish statewide onboarding. More information will be rolled out to medical groups this fall so that they can begin planning for PIPE. MNCM’s goal is to complete statewide onboarding so that all medical groups are reporting 2023 Measurement Year/Dates of Service under PIPE in 2024 and retire DDS.</p> <p>So far, MNCM is working with about 5% of medical groups across the state and these groups contribute about 26% of the patients in the quality measures. Regular progress updates will be given at future Board and committee meetings.</p>	Category	Percentage	% Patients	26%	% Clinics	15%	% Medical Groups	5%
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UPDATE: Review of 2020 Measurement Year Results	<p>Gunnar Nelson, Health Economist, provided a review of the 2020 measurement year (2020 dates of service) results. Note: these slides/results are preliminary and are not currently available for distribution.</p> <p>KEY TAKEAWAYS AND NOTES:</p> <ul style="list-style-type: none"> • Large declines in the measure denominators for adolescents/children – reflecting more avoided or missed care for kids. • For adults, missing labs, blood pressures, procedures and patient-reported outcomes drove declines in statewide performance. <ul style="list-style-type: none"> ○ 2020 results reflect challenges of transition to telehealth and access to in-person care. ○ Monitoring trends going forward will be important, especially for care delivered via telehealth. • Growth in the Hispanic/Latinx patients and Multi-Race patients every year, even before 2020 								

	<ul style="list-style-type: none"> ○ Some medical groups have fine-tuned their intake process and are able to better capture race/ethnicity. ○ Patients may be reporting their race/ethnicity more frequently than before. ○ Found some patients reported only one race in previous years but are now reporting multiple races. ● Currently, MNMCM is unable to differentiate between in-person care and virtual care using the DDS system. <ul style="list-style-type: none"> ○ PIPE may be able to better capture these differences because the system collects billing codes; however, during the pandemic, providers were instructed to bill telehealth visits like an office visit, making it difficult to distinguish between the two. <p>REVIEW OF PRELIMINARY RESULTS</p> <ul style="list-style-type: none"> ● Colorectal Cancer Screening: Similar decreases in denominators and rates across demographics (with the exception of Multi-Race and Hispanic/Latinx – see note above) <ul style="list-style-type: none"> ○ Denominator includes eligible patients who were seen for any reason including those who came in for a COVID test. ● Optimal Diabetes Care: Similar decreases in denominators and rates across demographics (with the exception of Multi-Race and Hispanic/Latinx – see note above) <ul style="list-style-type: none"> ○ Among patients who were seen during the measurement period, rate decreases are primarily being driven by missing blood pressures and/or HbA1c tests. ● Optimal Vascular Care: Similar decreases in denominators and rates across demographics (with the exception of Multi-Race and Hispanic/Latinx – see note above) <ul style="list-style-type: none"> ○ Among patients who were seen during the measurement period, rate decreases are primarily being driven by missing blood pressures. ○ Have also noted a steady decrease in the aspirin component rate over the past four years. ● Optimal Asthma Control – Adults: Does not have as big of a decrease in the denominator compared to other measures, but has a consistent drop in rates. ● Adolescent Mental Health and/or Depression Screening: Substantially lower denominator across all demographics compared to 2019 dates of service. <ul style="list-style-type: none"> ○ Despite denominator decrease, rate of screening increased meaning when the patients were seen, they were more likely to be screened. ○ Previously only included well-child visits; however, telehealth visits were added in 2020 dates of service. ● Optimal Asthma Control – Children: Substantially lower denominator across all demographics compared to 2019 dates of service. <ul style="list-style-type: none"> ○ Rates have also dropped in this population. ○ This measure does include virtual visits.
<p>Discussion</p>	<p>COMMITTEE MEMBER OBSERVATIONS/THEORIES</p> <ul style="list-style-type: none"> ● Asthma exacerbations decreased likely because of people wearing masks and decreases in flu cases. ● Sports physicals are a big draw in getting adolescents to come into the clinics. With COVID-19, adolescent patients were not coming in. ● Behavioral/psych medical groups were potentially better equipped to switch to virtual care compared to primary care because they have used virtual care pre-pandemic. ● Several observations/experiences were shared as potential factors in changes to rates and patient populations as a result of COVID-19, including but not limited to: <ul style="list-style-type: none"> ○ Lack of access to care and/or resources, especially in poorer groups and rural areas ○ Restrictions on who came in for office visits ○ Patients told not to come in at all for office visits ○ Lack of urgency in completing patient-reported assessment tools (e.g., PHQ-9) ○ Patient fear of coming in to office ○ Clinic closures, either temporarily or permanently ○ Clinical staff furloughs/layoffs ○ Screen fatigue

	<ul style="list-style-type: none"> ○ Lack of privacy to complete virtual visits ○ Ability of clinic to quickly transition workflows to virtual care, especially in rural areas ● Results are consistent with what is being seen in clinical practice. <p>CONSIDERATIONS</p> <ul style="list-style-type: none"> ● Caution is recommended when comparing 2020 dates of service to other years because these dates will not be comparable to previous years. <ul style="list-style-type: none"> ○ However, 2020 measurement year data should be used as a new baseline going forward. ○ Future reporting could compare pre-COVID (2019), COVID (2020) and post-COVID (2021/2022) to better understand how the data has changed from previous baseline to the new baseline. ● The role of missing blood pressures and HbA1c should be clearly noted in reporting to help better understand why decreases in the optimal measures occurred. ● 2020 brought about a massive social change and it is difficult to say definitively how the pandemic affected the data – important not to overstate what we know. ● Models of health care will be changed post-pandemic – innovation in care delivery should be considered within the measures. <ul style="list-style-type: none"> ○ Monitoring and management of health conditions will no longer be dependent on office visits alone. ○ There are opportunities to leverage new ways of delivering care (e.g., remote management) to improve quality without incurring higher costs. ○ Measures may need to evolve to better suit the needs of and future changes in care delivery and payment models. ● It is important to understand what other measurement organizations are doing across the country with 2020 dates of service. ● Certain populations might be more likely to see their providers when they are sick and/or have insurance coverage and less likely to access care when they are healthy. <p>NEXT STEPS</p> <p>The next steps are for MNCM staff to:</p> <ul style="list-style-type: none"> ● Complete detailed final analyses of 2020 measurement year data ● Determine which analyses are to be included in published “spotlight reports” ● Create and publish “spotlight reports” ● Complete total cost of care analysis ● Publish medical group rates to MNHealthScores
Meeting Adjournment	The next meeting will be Wednesday, September 8 th . Rahshana adjourned the meeting.

Next Meeting: Wednesday, September 8, 2021 7:30am – 9:00am