Wednesday, March 9, 2022

Committee members present: Barb Anderson, Matt Flory, Sue Gentilli, Stephanie Krieg, Sue Knudson, Jennifer Lamprecht, Jodi Morris, Christine Norton, Stefan Gildemeister, Greg Hanley, Kate Hust, Steve Inman, Craig Johnson, Alisha Odhiambo, Denise Schneekloth, Abbie Zahler, Craig Helmstetter, David Satin

Committee members absent: Lori Bethke, Cara Broich, Reetu Syal

Staff members present: Collette Cole, Jess Donovan, Gunnar Nelson, Julie Sonier

Observers: Ian Sutker, Denise McCabe, Angie Pokharel, Sherri Ryan

UPDATE: Multi-Race Reporting – Gunnar Nelson

Gunnar Nelson provided an update on how multiple races will be reported in the future. MNCM is planning to report patients in each race category to which they identify, instead of having a "multi-race" category. MNCM looked at what others are doing nationally (e.g., Census Bureau) and there is not a consistent way of how to handle this information.

Highlights of the committee's discussion included the following:

- Another method would be to create separate categories for all of the race combinations; however, the sample size can get very small, which makes it difficult to draw conclusions.
- It may be helpful to still analyze results by a pooled multi-race category internally to continue to track disparities. This will be easy to do.
- Another check that was suggested would be to look at results by those who indicated one race (e.g., Black) compared to those who indicated the same race plus another race (e.g., Black + White). This information would not necessarily be publicly reported on but could help inform some of the information that is included in the reports.

UPDATE: Measure Review and Prioritization (MRP) Subcommittee Progress – Jess Donovan

Jess Donovan provided a brief update on the progress made by the Measure Review and Prioritization (MRP) subcommittee. The purpose of this subcommittee is to evaluate the current process of measure review and to make recommendations to the larger MARC on how to modernize the process of measure review, selection and prioritization. Within this work, a health equity lens will also be incorporated into how measures are reviewed and prioritized. The subcommittee has met twice so far.

DISCUSSION: Social Risk Factor Data Collection Priorities – Collette Cole

Collette Cole presented on one of the MNCM's Board of Directors strategic priorities involving the incorporation of social risk factors (SRF) into core MNCM activities. Last fall, MNCM conducted a survey of medical groups to understand the current state and use of data for SRF. In January, MNCM published a series of issue briefs that summarized the results of the survey, provided a landscape of

national activity related to SRF and lessons learned in collecting Race, Ethnicity, Preferred Language and Country of Origin (RELC) data.

Collette reviewed the results of the survey which are available in MNCM's [Minnesota Medical Groups' Collection and Use of Data on Health-Related Social Risk Factors](#) issue brief. The survey revealed that many Minnesota health care providers are already collecting data for health-related social needs, particularly in primary care. Food, housing and transportation are the most common SRF data being collected and were identified as top priorities. On a national level, there are a variety of activities being done and interest in relation to SRF data collection, including work done by the Gravity Project, CMS and NCQA.

MNCM is recommending 10 data elements for exploration: food insecurity; housing insecurity/instability; homelessness; transportation; utility assistance; interpersonal violence; education; financial strain; social isolation; and, substance abuse. MNCM will be convening a technical advisory group (TAG) to explore the SRF data elements. The TAG will be tasked with providing technical guidance and input outlining the steps needed (i.e., roadmap) to incorporate SRF data into MNCM's core collection activities by 2025. The TAG will meet four times beginning in April.

Highlights of the committee's discussion included the following:

- Collection of SRF data is the next step in understanding variation among populations. While risk adjustment is important, it rarely helps providers help patients.
- The work by the TAG will be technical to ensure that the data elements coming from a variety of sources can be included in measurement for stratification.
- It will be important to be mindful of the messaging used around these data elements since it has multiple layers - the health care system cannot necessarily "fix" the issues identified. However, the goal of this information is to understand where these issues are concentrated to help communities get resources and can be used by health care providers for care coordination.
- Another future goal of this work is to create a standard way of collecting this data, much like what MNCM has done with best practice in the collection of RELC data.