MN Community MEASUREMENT

MNCM and Measurement Overview

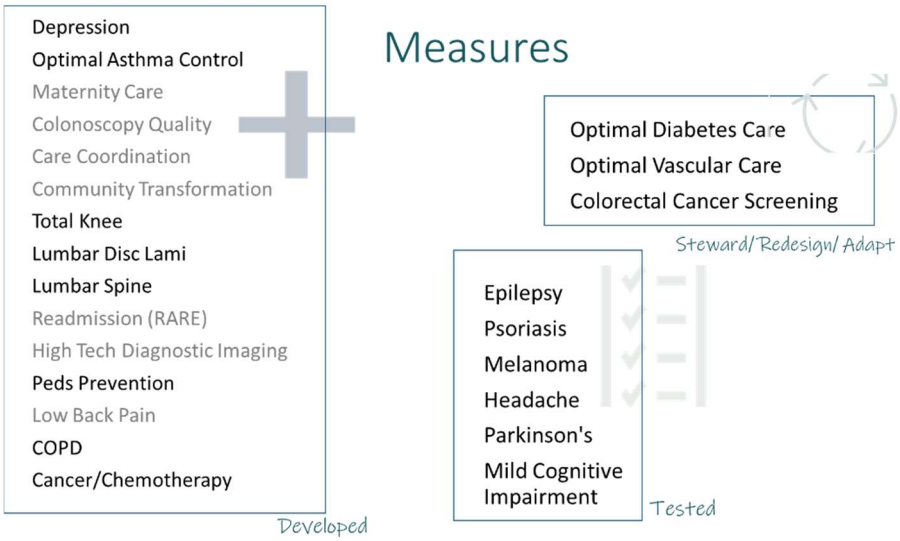
MN Community Measurement (MNCM) is a non-profit organization that empowers health care decision makers with meaningful data to drive improvement. A trusted source of health care data and public reporting since 2003, MNCM works with medical groups, health plans, employers, consumers, and state agencies to spur quality improvement, reduce health care costs and maximize value.

MNCM has been in the measure development space since 2008 and has focused on developing measures that are patient centric and outcome based, several of which are which are included in CMS' Quality Payment Program and/or endorsed by the National Quality Forum (NQF).

MNCM pays particular attention to select measure concepts for development that are meaningful and have the potential to affects large numbers of people or have a substantial impact on health outcomes and quality of life. Guiding principles for great measures include those that are patient centered, evidence based, actionable by providers, demonstrate variability and opportunity for improvement, measure testing properties of reliability and validity and the burden of collecting and reporting the data can be minimized.

Measure Development and Testing

We have experience in developing new measures and assisting other measure stewards to collect data and test their measures for use. The following graphic depicts measures that MNCM has either developed from the measure concept stage (de novo) or those in which stewardship has been assumed and additionally displays measures that have been tested for other measure stewards.



For more information on any of the measures within these various measure sets, please feel free to contact MNCM at support@mncm.org

MNCM Measure History 2007 - 2020

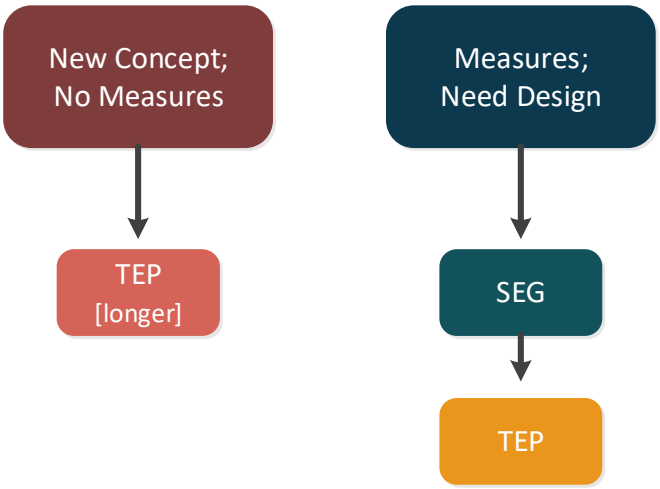
Measures can be at various different stages of development, from a mere idea (concept) to a measure that has been partially tested and considered for further use.

Regardless of the stage of development, the goals of measurement and testing activities are the same → great measures that can move the health of the population and the quality of care needle forward.

Measure Development Workgroups

Measure development workgroups consist of volunteer subject matter experts who understand the condition or measure concept being proposed. They represent different points of view, (e.g., providers, patients, payers, or purchasers, etc.) who come together with the common goal of utilizing valuable measurement resources to reduce gaps and improve care and outcomes.

The type and scope of work that is needed will often dictate what types of measure development groups are needed and how they will work together. When MNCM first started developing measures for new measure concepts, a consensus based process was used with a full technical expert panel to develop each part of a measure construct. This type of method works best when a measure concept is relatively unexplored, without guidelines or literature support, yet need for measurement with known gaps in care.



In exploring a measure concept, one of the first things that a measure developer needs to understand is the overall measure landscape to avoid duplicity of effort. Why reinvent the wheel if there is already a great measure that is already developed and

tested that could be implemented? However, if significant work has already commenced or extensive guidelines exist, the development process can be expedited and the expert review process leveraged by utilizing the SEG/TEP model.

Specification Engineering Group (SEG)

The Specification Engineering Group (SEG) is a small working group of three to four subject matter experts in the area that is being measured, most frequently the denominator population. For example, with a clinical measure concept of diabetes, the type of subject matter experts needed are practicing physicians in the specialties of internal medicine, endocrinology, and family medicine.

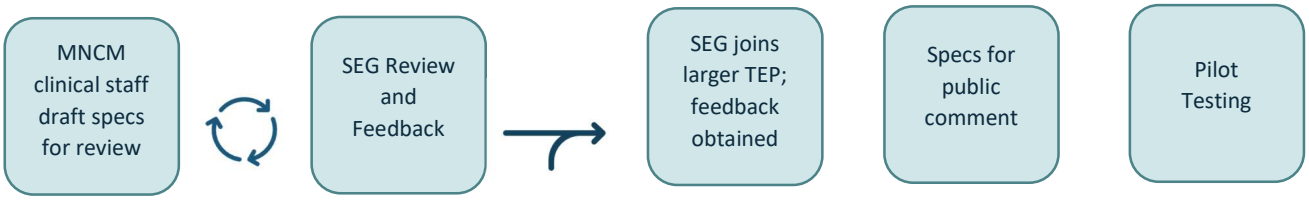
A SEG is used when a measure concept is well developed, that is many experts have explored the concept previously, some measures may exist or have been tested, guidelines have been established, national strategy groups have convened around the topic, etc. There is a foundation in which a measure developer could create draft measure specifications for a SEG to review, discuss edit and give feedback.

Specification Engineering Group (SEG) Roster

Name	COI *	Member Type	Organization	Email
Provider Name	✓	Clinical Provider, Specialty, Chair		
Provider Name	✓	Clinical Provider, Specialty		
Provider Name	✓	Clinical Provider, Specialty		
Provider Name	✓	Clinical Provider, Specialty		

* Conflict of Interest Declaration- ✓

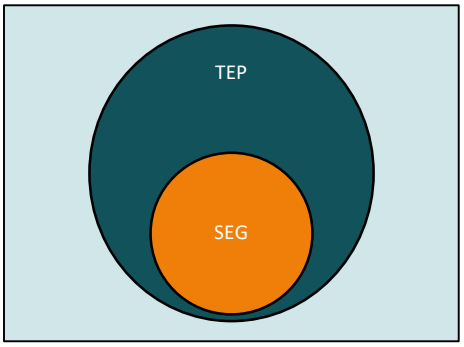
The SEG typically meets two to three times virtually with MNCM staff to review detailed prepared specifications; the SEG will do a “deeper dive” to review the content of the measure construct (i.e., value sets that make up the denominator, exclusions) but staff will do research to create content and review with the group. The SEG is led by the workgroup chair, relies on the measurement expertise of MNCM staff, and is a consensus based process.



The expected number of meetings for the SEG group is two or three virtual meetings 1.5 hours long, but realistically there may be less meeting time with more specification review completed via email between meetings as the work could be very straight forward.

- 2 to 3 SEG meetings
- 2 TEP meetings

In this model, the SEG members are also members of the Technical Expert Panel.



Technical Expert Panel (TEP)

A Technical Expert Panel (TEP) is a multi-stakeholder group of individuals who are selected based on their expertise in caring for patients with a clinical condition of interest. TEP members share their experience and help identify potential strengths and weaknesses with the proposed measure construct. Patients are important members of the TEP who share their experience and help keep the group and the work product patient centered.

In order to be efficient and effective, an ideal workgroup or technical expert panel size should be limited to no more than 17 members (15 +/- 2). Groups larger in size have more difficult completing measure development tasks and smaller sized TEP would not be representative.

The TEP's role is to convene and review the work and recommendations of the SEG and to provide feedback about the specifications to the SEG. The SEG will take that feedback under consideration prior to releasing measure specifications for public comment.

Recommended TEP Membership:

- 4 SEG members, including chair
- 2 to 4 more clinical providers (content experts)
- 2 patients
- 1 data analyst
- 1 clinic administrator
- 1 quality improvement specialist
- 1 - 2 health plan or payer representatives
- 1 employer representative

Technical Expert Panel (TEP) Roster

Name	COI *	Member Type	Organization	Email
Provider Name	✓	Clinical Provider, Specialty, SEG Chair		
Provider Name	✓	Clinical Provider, Specialty, SEG		
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Provider Name	✓	Clinical Provider, Specialty, SEG		
	✓	Clinical Provider		
	✓	Clinical Provider		
	✓	Clinical Provider		
	✓	Clinical Provider		
	✓	Patient		
	✓	Patient		
	✓	Data Analyst		
	✓	Clinic Administrator		
	✓	QI Specialist		
	✓	Payer		
	✓	Employer		

* Conflict of Interest Declaration- ✓

The expected number of meetings for the TEP group is two virtual meetings 1.5 hours long.

Expectation and Responsibilities of Members

- Complete conflict of interest declaration form prior to any participation any meeting.
- Respond to requests about their availability for meetings; scheduling is based on best availability.
- Actively participate in group discussion.
- Participate in decisions between or after meetings via email as needed. (SEG)
- The workgroup convenes to review pilot results and make further recommendations for measure use based on pilot results (SEG)

Other Definitions:

Measure Development Activities: those processes that are related to measure design and implementation including population definition (denominator), desired targets of the measure (numerator), measure calculation, patient reported outcome tool selection if applicable, exclusions, risk adjustment variables, data sources and the development of measurement specifications.

Chair: content expert who works with the MNCM staff to guide the measure development process and serve as a champion/ spokesperson for the measure/s. For clinical measures, this would be a clinician experienced in the care of the measured population. In this model, the chair would lead both the SEG and the TEP. ** Note MNCM staff will prepare all materials for chair and plan brief prep call ahead of meeting.*

MNCM Staff: MNCM measure development staff serve in the role of workgroup facilitator and measure development expert. Assists the chair to determine next steps and direction for the work of the group. Staff is responsible for meeting planning, documentation, communication, and writing measurement specifications.

Guest: SEG members, during the course of their work, may decide that specific, focused expertise is needed that does not currently exist within the membership. A request for guest participation must be communicated to the chair and MNCM lead staff and approved by the chair in advance of the meeting. Guests will be identified as such and recorded in the meeting minutes/notes.

Observer: SEG meetings are not open for observation. TEP meetings are not public meetings, but occasionally, specific types of individuals (contractors, MNCM staff) may request to observe a technical expert panel (TEP) meeting. Observers do not contribute to the discussion or provide feedback related to measurement activities. Observers will communicate their request to observe well in advance of the meeting and must be approved by the chair. Observers will be recorded in the meeting minutes/notes.

Example MNCM Specification

Measure	Functional Status After Total Knee Replacement	
Description	The percentage of patients 18 years of age and older who had a primary total knee replacement surgery and who scored a 37 or greater on the Oxford Knee Score (OKS) tool or a 71 or greater on the KOOS JR tool one-year (9 to 15 months) postoperatively.	
Measurement Period	Procedure Period: January 1 through December 31, 2018 Preoperative Assessment Period: October 1, 2017 through December 31, 2018 Postoperative Assessment Period: October 1, 2018 through March 31, 2020	
Eligible Population	**Eligible Specialties**	Orthopedic Surgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Primary total knee replacement surgery (*Primary TKR* Value Set) performed by an eligible provider in an eligible specialty during the procedure period
Denominator	The eligible population	
Numerator	The number of patients in the denominator with a one-year (9 to 15 months) postoperative OKS score of greater than or equal to 37 or a KOOS JR score of greater than or equal to 71	
Exclusions	None	
Measure Scoring	Rate/Proportion	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	