



MN Community Measurement

2021 ANNUAL REPORT



Dear friends,

Once again, I'm pleased to share MN Community Measurement's annual report with you. I am thankful for the opportunity to lead this organization, for our many engaged partners who are so committed to working together to improve health care in Minnesota, and for MNCM's talented staff without whom progress toward our goals would not be possible. I am especially thankful for the dedication and commitment of Minnesota's health care providers who serve on the front lines of the response to the ongoing COVID-19 pandemic.

In 2021, our health care system continued to face the most serious challenges that most of us have ever seen. We began to see the impacts of the pandemic on health care quality and outcomes in MNCM's data, through two Spotlight Reports that we published using data from **medical groups** and from **health plans**. Meanwhile, the health care system continued to be challenged by the unpredictable landscape of the pandemic, including serious constraints on staffing and other resources. Through it all, I have heard an unwavering commitment from MNCM's stakeholders to continuing to make progress — especially on identifying and reducing health disparities.

MNCM has achieved **national recognition** for its measurement and reporting of health disparities by race, ethnicity, language, and country of origin. This work provides a strong foundation for supporting our partners with data to inform their efforts to improve health equity, and provides a foundation for future collaborative work to standardize data collection on important factors like food, housing, and transportation that affect health outcomes. I look forward to sharing more about this work with you in 2022 and to working together to make progress toward shared goals.

MNCM is grateful for ongoing support and engagement from our community partners, including health plans, health care providers, state agencies, employers, researchers, and consumers. Each of these perspectives is critically important to MNCM's ongoing work as an objective, trusted source of relevant and actionable information to drive health care improvement. Thank you for your continued partnership, and we welcome all those who wish to join us in support of this work.

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Looking Ahead

Measure	Reporting Status	Notes
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Slate of Measures for 2022 Reporting

Continued Excellence in Measurement and Transparency

Modernizing Processes for Prioritizing, Developing, and Revising Measures

MNCM chartered a new sub-committee of the Measurement and Reporting Committee (MARC) to evaluate and make recommendations to modernize MNMCM's process of measure review, selection, and prioritization. This work includes recommendations on how MNMCM should incorporate health equity into the review of existing measures and the development of new measures. The subcommittee began its work in January and will report recommendations to MARC in mid-2022.

Expanding on Improvements to MNMCM Reports and Transparency Tools

In 2021, MNMCM completed development and testing of a new transparency resource that will be made available to the community in first quarter of 2022. The MNMCM Dynamic Tables are an enhancement to the traditional appendix tables included in MNMCM's public reports. The new resource was developed to improve the usability of the data and includes several options to view, filter, and sort the data MNMCM provides to the public.

Understanding the Impact of COVID-19 Pandemic

MNCM published two Spotlight Reports and six measure-specific Issue Briefs summarizing 2020 results of measures calculated based on clinical data directly from providers and administrative data from health plans. The special series documented how the COVID-19 pandemic has impacted the quality of care for certain health conditions during 2020 and was the first comprehensive source of information available to show how key metrics of health care quality and outcomes changed in 2020 compared to 2019. MNMCM's work in understanding the impact of the COVID-19 pandemic on quality measures was also highlighted in the November/December issue of *Minnesota Medicine*.

Spotlight Reports



Social Risk Factors Data Collection: Lessons Learned from Minnesota's Experience Collecting Race, Ethnicity, Language and Country of Origin



Summary of National Activity on Identifying and Addressing Health-Related Social Needs



Minnesota Medical Groups' Collection and Use of Data on Health-Related Social Risk Factors

2020 Reports



Innovation to Drive System Improvement

Implementing MNCM's Modernized Approach to Measurement

MNCM's 2021 data collection and validation cycle for clinical data marked the first time that medical groups were able to submit their data using the PIPE system, with successful submission by three early adopters (two large groups and one small medical group). MNMCM anticipates completing the transition to PIPE for all medical groups by the end of 2023. At the conclusion of 2021, 10% of medical groups were fully onboarded or in progress — representing 12% of clinics and 23% of patients.

PIPE

MNCM is on a mission to make quality measurement easier and more useful. PIPE is a new suite of technologies designed to:

- Centralize application of measure specifications to reduce burden and duplication of effort;
- Allow more frequent data submission to enable delivery of more timely feedback reports and data;
- Improve feedback reporting with an enhanced portal and an option to receive reports through a data feed.

MNCM anticipates all medical groups will be onboarded to the new system by the end of 2023.

Planning for Data Aggregator Validation

MNCM began the planning and technical work to secure validation of the PIPE data system through NQCA's Data Aggregator Validation program. Validation through the DAV program would mean that data aggregated and delivered via PIPE would be considered standard supplemental data for health plans to use in quality reporting for the National Committee on Quality Assurance's (NCQA's) HEDIS measures. These efforts are expected to reduce data burden and cost for health plans and health care providers.

Supporting CHIRP Implementation

MNCM completed development and testing of the provider-to-payer data standard developed as part of its CHIRP (Common Health Information Reporting Partnership) initiative. Significant progress was made in extracting the provider to payer standard from the PIPE system. Successful extraction and testing occurred for the four related files in PIPE: demographics, encounter, blood pressure, and lab/procedure. MNMCM also finalized the CHIRP payer-to-provider data standard, and it is now available for voluntary implementation.

Achieving Broader Impact and Engagement

Adapting Measurement to Address Issues that Emerged from the COVID-19 Pandemic

MNCM engaged community and stakeholders to understand the implications of the COVID-19 pandemic on MNMCM measures through the Measurement and Reporting Committee, and via a community survey to further inform discussions of MARC and the MNMCM Board. As a result of this work, MNMCM modified denominators of measures relying on office visit to include telehealth visits and in alignment with NCQA, and allowed patient recorded digital blood pressures. MNMCM also adjusted its cost measures to account for virtual care in patient attribution. Based on community recommendations, in 2021, measures were reported on statewide and medical group results only for 2020 dates of service.

Accelerating Improvement Through Learning Opportunities

MNCM's 2021 Annual Conference was held virtually on February 17 and 18. The event included a special pre-conference summit on mental health, designed to fuel conversation about community collaboration to improve mental health care and outcomes. The conference provided an in-depth look at challenges and opportunities resulting from COVID-19, insights from community members on the impacts of the pandemic on care delivery and health care quality in 2020, and highlighted strategies to reduce health care disparities and improve equity. National experts contributed key insights into improving affordability and value in health care, including how to harness lessons learned during the pandemic to drive health care system improvement into the future. The two-day event convened 207 participants interested in finding new ways to collaborate and advance improvement.



Julie Sonier (bottom left) with three session presenters at the 2021 Annual Conference.

MNCM's work in understanding the impact of the COVID-19 pandemic on quality measures was also highlighted in the November/December issue of *Minnesota Medicine*.



MNCM's 2021 webinar series engaged more than 400 participants and covered an array of issues of interest to the community. Subjects covered by the series included an overview of the Common Health Information Reporting Partnership (CHIRP), highlighting new approaches for data sharing among health care payers and providers; an introduction to the MNCARES research study focused on discovering what approaches to care coordination in primary settings produce the best care quality, utilization, and patient centered outcomes; and a recap of findings from the research project led by MNMCM to advance mental health outcomes in Minnesota — illuminating clinic practices that contribute to higher rates of performance on depression measures and providing insights on what is needed to support quality improvement initiatives and programs to help patients with depression.

Achieving Broader Impact and Engagement

Continuing & Expanding Partnership with State of Minnesota

MNCM supported three state agencies in their work to advance health care quality, equity, and affordability. This work included:

- Collecting and delivering data for the Statewide Quality Reporting and Measurement System administered by the Minnesota Department of Health and redesigning and delivering enhanced benchmarking reports to support the Health Care Homes program.
- Producing an annual report on statewide disparities by insurance type in partnership with the Minnesota Department of Human Services (DHS), delivering analysis needed for administration of the Integrated Health Partnership Program, and integrating new information to support DHS in understanding and addressing the underlying causes behind health care disparities.
- Providing Minnesota Management and Budget with data specific to its health care provider network and supporting efforts to promote access to high value health care through the State Employee Group Insurance Program.

Advancing High-Value Care

MNCM partnered with the Minnesota Chamber of Commerce, the Minnesota Council of Health Plans, and the Minnesota Hospital Association in a pilot project focused on advancing high value care. Specifically, the project sought to uncover the prevalence of potentially preventable services delivered in Minnesota. MNMCM served as the analytic backbone for the project, engaging national and local employers and payers to gather necessary data, review pilot results review pilot results, and identify options for future direction of this work.

Advancing Progress on Mental Health Outcomes

In 2021, MNMCM continued its work on the study funded by the Eugene B. Washington Community Engagement Award from the Patient-Centered Outcome Research Institute (PCORI), Improving Together: Advancing Mental Health Outcomes in Minnesota. The findings from the study, which included structured interviews, surveys, and stakeholder and community convenings, were highlighted at the Mental Health Summit held in conjunction with the MNMCM Annual Conference, and via the MNMCM 2021 webinar series. Additionally, MNMCM published a [Spotlight Report](#) summarizing the study findings and providing key insights on engaging stakeholders to accelerate improvement of mental health care and outcomes in Minnesota.



The study was also highlighted in the September/October issue of [Minnesota Medicine](#).




Working Toward Improved Health Equity

Completing an Environmental Scan of Social Risk Factor Data Collection

In the fall of 2021, MNMCM surveyed medical groups to gather information on how they currently collect data from patients to identify and address health-related social needs. Specifically, the survey sought to glean information that would help to understand Minnesota health care providers' use of screening tools, the populations screened, how the data are being used, and the real and perceived barriers to more effective and efficient data collection and use. The results of the survey provide information about where there are similarities and differences across medical groups regarding data on health-related social needs and risk factors. The survey will serve as the foundation for discussions about where there may be opportunities to align data collection practices to improve health outcomes and reduce health disparities. During this period, MNMCM also completed a landscape assessment to understand the national context for this work, including detail emerging on data standards and harmonization efforts, and best practices for data collection and reporting.

Advancing Data-Driven Efforts to Target Health Disparities

In November, MNMCM, in collaboration with the Minnesota Department of Human Services and the University of Minnesota, was awarded a grant from PTEC via AcademyHealth to advance a project focused on leveraging data to understand and address disparities in vascular and diabetes care. The study aims to identify drivers of variation in outcomes for Black, Hispanic/Latinx, and Native American communities, to inform data-driven interventions to help target the root causes of disparities. The findings from the project will be available to the community in the spring of 2022.



Research Partnerships

Collaborating with the Minnesota EHR Consortium

MNCM continued as an active participant in the Minnesota EHR Consortium in 2021, a collaborative effort among Minnesota health systems and other organizations that aims to leverage clinical data from multiple providers to inform research. MNMCM's key contributions to this work during 2021 included the environmental scan of social risk factor data collection described above and developing ways to assist smaller medical groups that do not have their own internal capacity to participate in the work of the consortium.

Partnering to Study Care Coordination Models

MNCM continued its partnership with HealthPartners Institute and MDH on MNCARES, a project funded by the Patient-Centered Outcomes Research Institute (PCORI) to study and compare the effect of two models of care coordination on patient outcomes. MNMCM is responsible for providing input into the study design and operational plan of data flow – and is responsible for aggregating data from all sources relevant to the study and producing the final data set for HealthPartners Institute to conduct the analysis. In 2021, study partners secured approval for an expanded scope to learn more about the impact the pandemic has had on patients receiving care coordination services. MNMCM completed collection of data for a historical cohort of patients who received care prior to the pandemic, and is currently working with four payer partners to collect utilization data about Historical Cohort patients who had insurance coverage through these payers. A second round of data collection pertaining to care delivered following the pandemic will begin in 2022.



Advancing National and Regional Alignment

MNCM remained actively engaged at the national level to represent and share Minnesota perspectives on priorities for measurement and alignment by:

- Serving on the National Quality Forum’s Measure Application Partnership (MAP) Coordinating Committee and Rural Health Workgroup. MAP advises the Centers for Medicare & Medicaid Services (CMS) on the selection of quality measures for use in federal programs.
- Participating in the Core Quality Measures Collaborative (CQMC) Steering Committee and workgroups focused on orthopedics, pediatrics, and oncology. CQMC is a public-private collaborative focused on aligning quality measures across payers. Nine MNMCM measures are included in the 2021 CQMC core measure sets. MNMCM participates on the digital quality measurement, cross-cutting measures, implementation, and measure model alignment workgroups.

- Collaborating with other regional improvement and health data entities to advance the role of regional collaboration through Civitas Networks for Health.
- Contributing to a National Quality Forum expert panel on patient-reported outcome performance measures (PRO-PMs).

Nine MNMCM measures continue to be included in CMS programs, including measures for depression remission, asthma, total knee replacement, and spine surgery.



MNCM In the News

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Research Studies About MNCM's Work or Using MNCM Data



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Acknowledgments

Health Plan Members

- Blue Cross and Blue Shield of Minnesota
- Hennepin Health
- HealthPartners
- Medica
- PreferredOne
- PrimeWest Health System
- South Country Health Alliance
- UCare

Supporting Members

Medical Group Members

- Allina
- Avera Medical Group
- CentraCare Health
- Entira Family Clinics
- Essentia Health Fairview/HealthEast/UMP
- FirstLight Health System
- HealthPartners Medical Group
- MN Rural Health Cooperative
- North Memorial
- Ortonville Area Health Services
- Premier Ob-Gyn

Advocacy Organization Members

- Medical Alley
- Minnesota Chamber of Commerce
- Minnesota Rural Health Cooperative

2021 Service on MNMCM Board of Directors

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2021 Service on MNMCM Board of Directors

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Acknowledgments

2021 Service on MNCM Committees, Workgroups, and Technical Advisory Groups

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