

MN Community Measurement 2022 ANNUAL REPORT



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Dear friends,

I am delighted to share MNCM's annual report for 2022 with you. The report highlights MNCM's work, accomplishments, and contributions to achieving our mission of empowering health care stakeholders with data to drive improvement. It also acknowledges and thanks the supporters,

volunteers, and staff who make it all possible.

Zooming out from the day to day demands of specific projects to look at the big picture of accomplishments over a full year, I am always struck by how much we have achieved. It's like climbing a mountain – although it may feel like progress is slow in the moment, it's only when you turn around to look behind that you realize how far you've come and the breathtaking views you've earned as a result.

We know, of course, that there are always more ways that MNCM's capabilities as a convener, measure developer, data aggregator and validator, publisher of trusted data, and research partner can be leveraged. The work that we have been doing over the past several years to modernize MNCM's data infrastructure has led to many new opportunities to advance MNCM's mission in the community. Examples include new analytics and tools to support quality improvement, faster development and testing of important new measure concepts, and the ability to streamline data sharing between health care providers and payers to make it possible to focus on what matters most: improving patient care and outcomes.

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. As always, we welcome all those who wish to join us in support of this important work.

Julie Sonier, MPA MNCM President and CEO



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Special Note: Images to reports in this document can be clicked on to access the full report from the MNCM website.

Looking Ahead



Advancing MNCM Strategic Priorities

MNCM's strategic plan for 2021 to 2025 has four key priorities: maintaining and building on our strong foundation, innovating and modernizing to meet stakeholders' evolving needs, developing and expanding our relationships to achieve broader impact, and making health equity a priority that is embedded in all areas of our work.

Highlights of MNCM's accomplishments in 2022 that make progress toward these goals include:

New process for measure review and prioritization

With the help of a subcommittee of MNCM's Measurement and Reporting Committee (MARC), MNCM created a new process for identifying new measurement priorities and reviewing existing measures. The new process ensures that health equity is a key consideration in all decisions about what to measure.

Roadmap for collection of social risk factors data

A Technical Advisory Workgroup developed a roadmap for MNCM to collect social risk factors data by 2025. The main goals were to find a way of collecting social risk factors that 1) accommodates providers' use of multiple approaches and tools for collecting this information from patients, 2) avoids creating additional burden for providers, and 3) will be robust and adaptable as national approaches and expectations evolve.

MNCM Strategic Priorities



More timely and actionable data and reports

MNCM modified its annual report publication and data release schedule to release information in a more timely way, enhanced reports with new geographic and trend data, launched a Dynamic Tables tool that allows interactive sorting and filtering of medical group and clinic performance measures, and launched profile pages to provide an at-a-glance summary of measures by medical group and clinic. In addition, MNCM launched an enhanced version of its dashboard reporting tool for medical groups that are supporting members of MNCM.

Continued progress in data modernization

The transition to MNCM's PIPE data collection system continued in 2022, with about 28 percent of the patients represented in the clinical data collected in the 2021 Measure Year data cycle submitted via PIPE. Onboarding of additional medical groups continued throughout the year, with medical groups representing over 75 percent of clinics and 90 percent of patients engaged in the process by year-end.

Common Health Information Reporting Partnership (CHIRP)

CHIRP is an MNCM initiative aimed at streamlining and standardizing data flows between providers and payers, and vice versa. The goal is to reduce burden and provide access to more timely information for use in quality improvement activities. The CHIRP workgroup has finalized its recommendations for provider-to-payer data and is anticipated to complete its work on payer-to-provider data flows in the first half of 2023.



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Advancing MNCM Strategic Priorities

Leveraging data to support health equity

In collaboration with the Minnesota Department of Human Services and the University of Minnesota, MNCM was awarded a six-month grant from the Preparedness and Treatment Equity Coalition (PTEC) for a project focused on leveraging data to understand and address disparities in vascular and diabetes care. The study aimed to identify drivers of variation in outcomes for Asian, Black, Hispanic/Latinx, and Indigenous/Native communities, to inform data-driven interventions to help target the root causes of disparities. In 2022 MNCM completed a grantfunded project aimed at better understanding the reasons for disparities in quality measures for diabetes and vascular disease, with a particular focus on Asian, Black, Hispanic/Latinx, and Indigenous/ Native populations in Minnesota. An advisory group to the project



identified and prioritized actions needed to reduce disparities. The top three priority strategies included:

- Data Data, especially SDOH data, is essential to creating successful strategies to reduce disparities. The data will help inform decisions around collective actions, support funding of interventions and assist with the evaluation of strategies.
- Community-informed Interventions Using data, stakeholders can develop community-informed interventions and identify the resources available within communities to address SDOH needs.
- Collaboration In order for strategies to be successful, it is imperative that collaboration and partnerships occur across stakeholders and within communities most impacted by disparities and social disadvantage.

For more information on the project and its findings, please see the *project report* and the *May 2022 webinar*.



MNCM in the Community: Publications and Events

In 2022, MNCM published several new reports on health care quality and disparities in Minnesota, presented several public webinars, launched new tools for accessing data on our website, and hosted a successful Annual Conference bringing the community together to discuss priority topics for improving health care, health outcomes, and health equity.

Reports on health care delivered in 2020

In the first half of 2022, MNCM published several reports on care that was delivered in 2020. These reports included MNCM's annual reports on health care quality, disparities by insurance type, and disparities by race, ethnicity, language, and country of origin. Not surprisingly, the reports on care delivered in 2020 showed significant declines in performance for most quality measures, due to the impacts of the COVID-19 pandemic.



Minnesota Health Care Quality Report



Minnesota Health Care Disparities By Race, Hispanic Ethnicity, Language, and Country of Origin 2021 MINNESOTA HEALTH CARE DISPARITIES By Itsurance Type The second seco

Minnesota Health Care Disparities Insurance Type

HEALTH CARE QUALITY REPORT

Part 1: Clinical Quality Measures Reported by Medical Groups

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Minnesota Health Care Disparities By Race, Hispanic Ethnicity, Language,

MINNESOTA HEALTH CARE DISPARITIES

and Country of Origin

Reports on health care delivered in 2021

In an effort to make data available in a more timely way, MNCM adopted a new schedule for public reporting of data on quality and disparities. MNCM receives data on quality measures at different times during the year, and the new strategy enables more timely publication closer to when data are received and validated. In the fall of 2022, MNCM published its Health Care Quality Report Part 1 and its report on Health Care Disparities by Race, Hispanic Ethnicity, Preferred Language and Country of Origin for care delivered in 2021. In general, these reports showed a rebound in quality performance in 2021, but results for most measures remained below pre-pandemic levels. Wide disparities in quality by race, ethnicity, language, and country of origin persist, with results for most groups remaining below pre-pandemic levels.

Special reports

Special reports published by MNCM in 2022 included a series of three issue briefs summarizing the results of work to better understand how medical groups are collecting data from patients on social risk factors, how the national landscape is evolving in terms of social risk factor measurement, and how MNCM can draw on lessons learned from standardizing collection of data on race, ethnicity, language, and country of origin to begin collecting and harmonizing data on social risk factors. In addition, the report from the grant project funded by the Preparedness and Treatment Equity Coalition was published in May 2022.



Factors Data

Collection





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Leveraging Data to Understand and Address Disparities in Vascular and Diabetes Care





MNCM in the Community: Publications and Even

Community webinars

Topics for public webinars presented by MNCM in 2022 included leveraging data to improve health and equitable outcomes, health inequities in diabetes and vascular care, and overviews of the Health Care Quality Report Part 1 and Health Care Disparities by Race, Hispanic Ethnicity, Preferred Language, and Country of Origin for care provided in 2021.



Using MNCM Health Care Data as a Resource for Improving Health and Equitable Outcomes

View the Webinar | View the Slides

RATE CHANGES Child & adolescent population	A Constant of the Constant of
 The 2021 rates for three measures were significantly higher than the 2020 rates 	
 For most measures, rates remained significantly before or stable since 2019 	Any Constants of Constants
 Adolescent Mental Health Screening measure rate significantly increased since 2019 	A
 Six-month depression measures decreased from 2020 to 2021, but timeline for these measures mainly occurs in 2020 	
* Significant charge from previous year	Annual States
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Health Care Quality in Minnesota: A Webinar Series (EHR Quality Measures)

View the Webinar View the Slides



Health Inequities in Optimal Diabetes Care and Optimal Vascular Care Measures

View the Webinar | View the Slides

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Minnesota Health Care Disparities By Race, Hispanic Ethnicity, Language & Country of Origin (RELC)

View the Webinar | View the Slides



New tools for accessing MNCM data

During 2022, MNCM updated the transparency tools on its website. This included the addition of new **profile pages** that provide an at-a-glance summary of all of the measures published by MNCM for each medical group and clinic, and a new **Dynamic Tables** tool with interactive options to view, filter, and sort the data that MNCM provides to the public on health care quality, cost, and utilization.

Annual Conference

MNCM's 2022 Annual Conference was again held virtually, providing remote access for more than 200 attendees to explore together how we can continue to build on the significant work our community has done to advance improvements in health care quality, equity, and affordability. Major conference topics included leveraging data and collaboration to tackle health disparities, addressing food insecurity through community partnerships, and the future of measurement in Minnesota and nationally.



Presenters for the first session of the MNCM 2022 Annual Conference (Clockwise from top left: Liz Cinqueonce, Mark Matthias, Julie Sonier, and Jennifer Lundblad)



State and National Collaboration and Impact

Highlights of MNCM's involvement at both the state and national levels in 2022 include the following:

- MNCM continued to partner with the Minnesota Department of Health, Minnesota Department of Human Services, and the State Employee Group Insurance Program at Minnesota Management and Budget to provide data and analysis that supports the state's needs related to population health, monitoring health care quality and health care disparities, and health care purchasing.
- Partnering with the **Minnesota Department of Health** and **HealthPartners Institute,** MNCM is engaged in a research project to compare the effectiveness of different models of care coordination.
- MNCM is an active participant in the Minnesota Electronic Health Records Consortium, a collaborative effort among Minnesota health systems and other organizations that aims to leverage clinical data to inform research and policy. MNCM's role is to enable participation by smaller medical groups that do not have the capacity to participate in the work of the Consortium on their own.
- Several MNCM-developed quality measures continue to be used nationally by the Centers for Medicare and Medicaid Services (CMS) in payment incentive programs.

- MNCM is actively involved in the work of the Core Quality Measures Collaborative (CQMC), a publicprivate partnership that aims to align quality measures for value-based payment across public and private payers. Several MNCM measures are included in CQMC core measure sets, and MNCM participates on the CQMC Steering Committee and several workgroups.
- MNCM also served on the **National Quality Forum's Measure Applications Partnership** (MAP) Coordinating Committee and Rural Health Workgroup. MAP advises CMS on the selection of quality measures for use in federal programs.
- Through its active involvement in **Civitas Networks for Health**, MNCM collaborates with other regional health improvement and health data organizations to advance common goals related to the use of data for improving health care quality, affordability, and equity.



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 Minnesota
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Naga Ammineni, *Data Integration Engineer* Trisha Brinkhaus, *Health Data Analyst* Collette Cole, *Clinical Measure Developer*



• Hennepin Health

Hennepin Healthcare

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- Medica
- PreferredOne

- PrimeWest Health
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- UCare

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Gunnar Nelson, Health Economist, Director, Analysis & Reporting Deb Olson, Director, HR & Administration Kathie Pugaczewski, Director of Business Transformation & Growth Ma Xiong, Director, Data Strategy & Analytics Maegi Yang, Project Coordinator

Acknowledgments

2022 Service on MNCM Committees, Workgroups, and Technical Advisory Groups

Teko Agbonon, Medica Srilalitha Akurati, Allina Health Barb Anderson. Mankato Clinic Sarah Anderson. Itasca Medical Care Vivian Anugwom, Allina Health Antonia Apolinario-Wilcoxon, Equity Strategies, LLC Annette Baumann, Hennepin Health Jana Beckering, Allina Health Lori Bethke, Entira Family Clinics Shari Black, Mayo Clinic Nathan Chomilo, Minnesota Department of Human Services Heather Clark. PreferredOne Jill Coleman. Essentia Health Maria Collazo-Clavell, MD, Mayo Clinic Dan Collins, Essentia Health Brittney Dahlin, Minnesota Association of Community Health Centers Nagwai Davis, Hennepin Health Staci Debus, South Country Health Alliance Lisa Deml, South Country Health Alliance Chelsey Doepner, UCare Macy Dotty, Cuyuna Regional Medical Center Myranda Erickson, Itasca Medical Care Matt Flory, Minnesota Cancer Alliance Sue Gentilli, Allina Health Mallory Gikling, PreferredOne Stefan Gildemeister, Minnesota Department of Health David Haynes, University of Minnesota Christopher Henderson, Hennepin Health Jerri Hiniker, Stratis Health Matt Hoenck, South Country Health Alliance

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