MN Community MEASUREMENT

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

1

WELCOME!

Thanks for joining us today.

All webinar participants are in "listen-only" mode. To ask a question, please type your question into the "Q&A" box at the bottom of your screen at any time during the webinar.

During the discussion section, please use the "Raise Hand" function to respond to the discussion questions.

MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

2

AGENDA

- Background on MN Community Measurement
- Overview of current MNCM data and reports
- Deep dive on data related to health disparities
- Other analysis and research projects
- Future evolution of data collection
- Audience Q&A
- Opportunity for input - our questions for you!

3

3

POLLING QUESTION
How familiar are you with MN Community Measurement and its work?

4

4

POLLING QUESTION
What type of organization do you work for?
(select all that apply)

5

5

MNCM grew out of the idea that we accomplish more when we:

Bring people together to agree on common priorities

Create a single, trusted source of data that's meaningful and powerful

Make data transparent to empower decision makers

6

6

MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do

Multi-stakeholder convening   Measure developer   Data collection, validation   Public transparency

How MNCM data are used

Quality improvement   Benchmarking   Value-based payment   Reducing disparities   Research partnerships

7

7

WHAT MAKES MNCM DATA UNIQUE?

- Breadth and depth of measurement and public reporting
  - Quality, cost, equity
  - Claims data, clinical data
- Comprehensiveness of data
  - Clinical data – all patients, all payers
  - State law creates requirements for participation in certain measures
- Standards for RELC data collection and public reporting
  - Attention to *how* data are collected by providers in addition to *what* is collected (patient self-report, ability to record multiple race categories)

8

8

PRIORITIZING MEASURES

	Meaningful and important	Outcomes prioritized over processes
	Evidence-based	Measure leads to or reflects a desired health outcome
	Opportunity for improvement	Gap vs. desired outcomes Variability across providers
	Feasible	Can be collected without undue burden
	Actionable	Providers' actions can influence the measure results

9

9

WHAT WE MEASURE

Topic areas

Preventive care

Chronic disease management

Specialty care (e.g., orthopedic surgery, cancer)

Cost (total cost, prices, & utilization)

Types of measures

Process

Outcome

Patient-reported outcome

Full list of measures for 2021 is available on MNCM's website at:
https://mncmsecure.org/website/MARC/Slate%20of%20MNCM%20Measures%20for%202021%20Reporting_FINAL.pdf

10

10

MNCM REPORTS

Four summary reports released annually:

MINNESOTA HEALTH CARE
QUALITY REPORT

RESULTS FOR CARE DELIVERED IN 2019

RELEASED MARCH 2021

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MINNESOTA HEALTH CARE
DISPARITIES

BY RACE, HISPANIC ETHNICITY, LANGUAGE AND COUNTRY OF ORIGIN

2020 REPORT

RELEASED MAY 2021

MN Community MEASUREMENT

HEALTH CARE COST &
UTILIZATION IN 2020

PUBLISHED NOVEMBER 2021

MN Community MEASUREMENT

2020 MINNESOTA
HEALTH CARE
DISPARITIES
by Insurance Type

RELEASED MARCH 2021

Available at: https://mncm.org/reports/#community-reports

11

PUBLIC TRANSPARENCY

mnhealthscores.org

MNHealthScores
from MN Community Measurement

Clinic Quality Ratings   Medical Group Quality & Cost Ratings   Hospital Quality & Patient Experience   Cost of Services & Procedures Ratings   See All Measure Topics

Compare ratings on the quality and cost of healthcare in Minnesota and neighboring areas.

Get started by selecting one of the following categories:

Clinic Quality Ratings   Medical Group Quality and Total Cost   Hospital Quality and Patient Experience   Cost of Services and Procedures

EXAMPLE: VARIATION IN QUALITY
Medical group performance on different topics
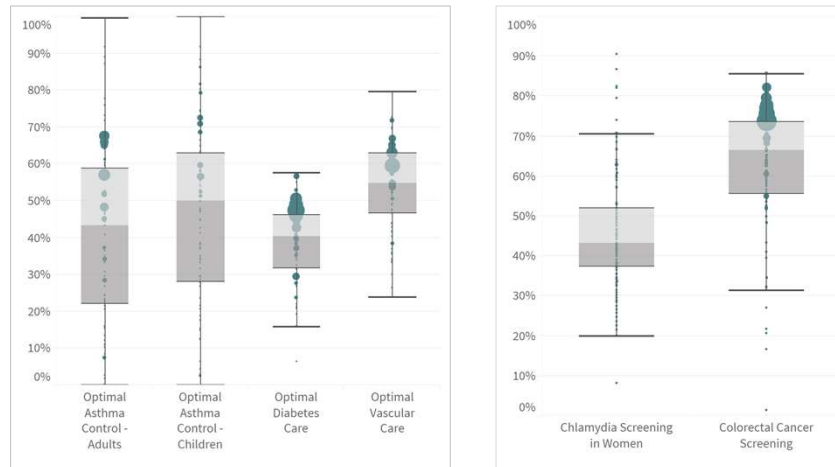
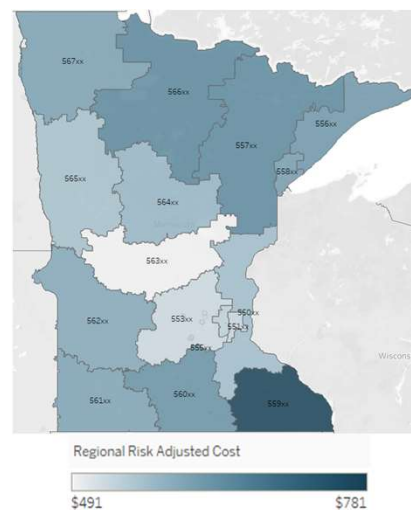From MNCM's *Minnesota Health Care Quality Report: Results for Care Delivered in 2019*

13

13

EXAMPLE: VARIATION IN COST

Regional comparison of total cost among commercially insured patients

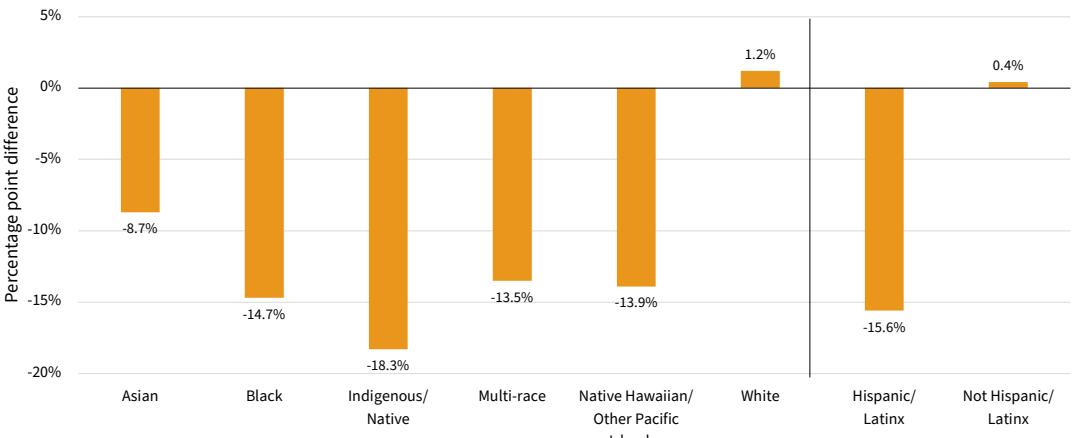From MNCM's *Health Care Cost & Utilization in 2020 Report*

14

14

EXAMPLE: DISPARITIES IN COLORECTAL CANCER SCREENING

Data for calendar year 2019. Percentage point difference from statewide average for patients with race/ethnicity information available (excludes clinics not using best practices in RELC data collection). Statewide average for race is 73.7%, ethnicity is 71.8%.

15

15

MOTIVATION FOR DISPARITIES REPORTS

Address concerns about fair comparisons of quality measures, especially outcomes

Call attention to disparities and drive improvement

Track progress over time

16

16

BEST PRACTICES IN RELC DATA COLLECTION

- Best practice is defined as the ability of the patient to:
    - Self-report
    - Select multiple race categories (no "multiple race" category)

- Medical groups can be best practice in one RELC category and not another

- MNCM reviews data each year and ensures that best practice status is correct
    - Checks for coding errors (e.g., no patients submitted with English as preferred language)
    - Comparison to last year's best practice status
    - RELC attestation form

MNCM Handbook on Collection of REL data: https://helpdesk.mncm.org/helpdesk/KB/View/23222001-handbook-on-the-collection-of-raceethnicitylanguage-data-in-medical-groups   17

17

MEASURES FEATURED

| MEASURE	DESCRIPTION
Optimal Diabetes Care	Percentage of patients ages 18-75 with diabetes (type 1 or type 2) whose diabetes was optimally managed as defined as achieving all of the following: 1) HbA1c < 8.0; 2) BP < 140/90; 3) On a statin medication; 4) Tobacco-free; 5) On daily aspirin, if ischemic vascular disease is present
Optimal Vascular Care	Percentage of patients ages 18-75 with ischemic vascular disease (IVD) whose IVD was optimally managed as defined as achieving all of the following: 1) BP < 140/90; 2) On a statin medication; 3) Tobacco-free; 4) On daily aspirin
Optimal Asthma Control (Children & Adults)	Percentage of patients ages 5-17 (children) and ages 18 years and older (adults) with asthma whose asthma was optimally controlled as defined as achieving all of the following: 1) Asthma well-controlled as defined by the most recent asthma control tool results in the measurement period; 2) Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalization due to asthma in the last 12 months
Colorectal Cancer Screening	Percentage of patients ages 50-75 who are up-to-date with appropriate screening for colorectal cancer
Adolescent Mental Health and/or Depression Screening	Percentage of patients ages 12-17 who were screened for mental health and/or depression at a well-child visit using a specified tool
Depression Suite (Adolescents & Adults)	Percentage of adolescents (12-17) and adults (18 years and older) with depression who: • PHQ-9 follow-up measures: Had a completed PHQ-9/PHQ-9M tool within six/12 months (+/- 60 days) after the index event • Response measure: Demonstrated a response to treatment (at least 50 percent improvement) six/12 months (+/- 60 days) after the index event • Remission measure: Reached remission (PHQ-9/PHQ-9M score less than 5) six/12 months (+/- 60 days) after the index event

18

18

DISPARITIES BY INSURANCE TYPE REPORT
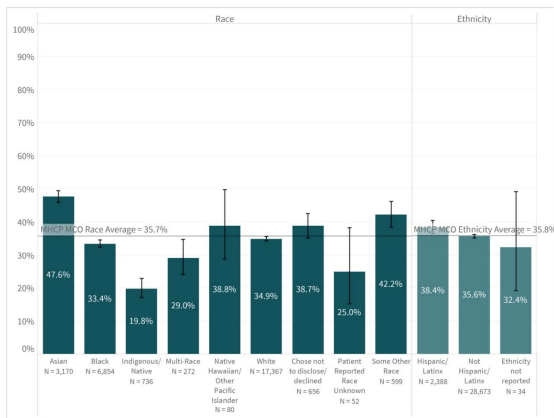Example: Optimal Diabetes Care

TREND IN OPTIMAL DIABETES CARE
2016 – 2020 report years
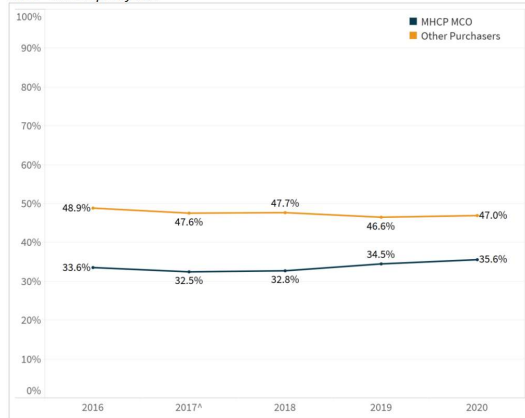
MHCP MCO RATES BY RACE/ETHNICITY
2020 report year (2019 dates of service)

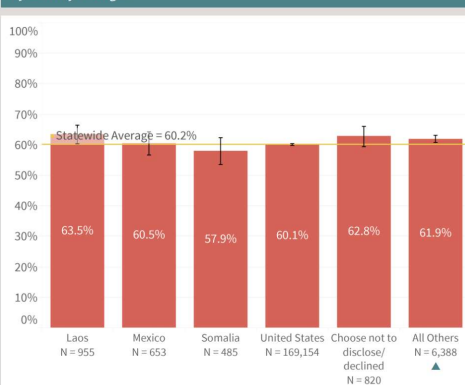From MNCM's *2020 Minnesota Health Care Disparities by Insurance Type Report*

19

19

DISPARITIES BY RELC REPORT
Example: Optimal Vascular Care

Optimal Vascular Care
By Country of Origin

Patients from **Laos, Mexico, Somalia or the United States** or patients whose **country of origin was not disclosed** make up the largest portion of the eligible population.

42.9% Black patients born in U.S.

46.1% Black patients born outside U.S.

Black patients born in the United States have **significantly lower** rates of optimal vascular care compared to Black patients born outside the United States.
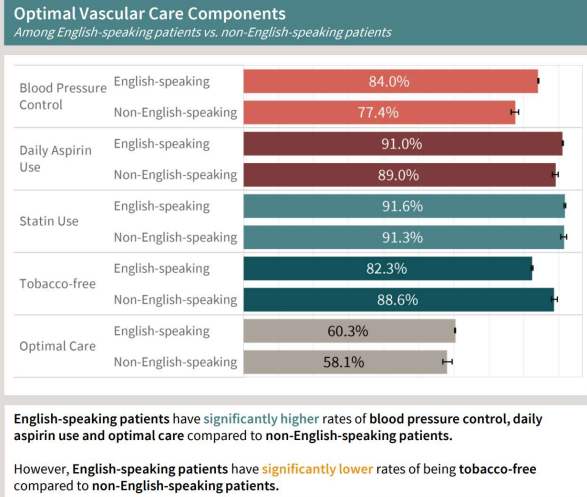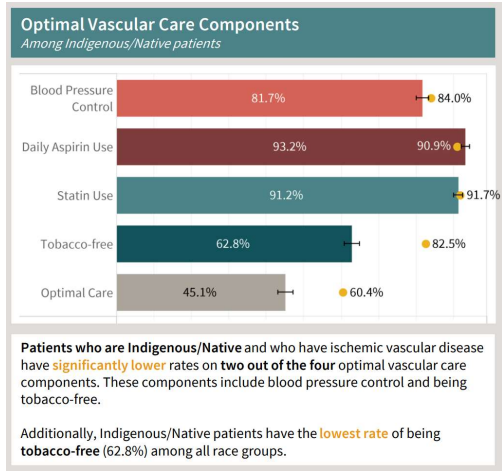
From MNCM's *Minnesota Health Care Disparities by Race, Hispanic Ethnicity, Language and Country of Origin 2020 Report*

20

20

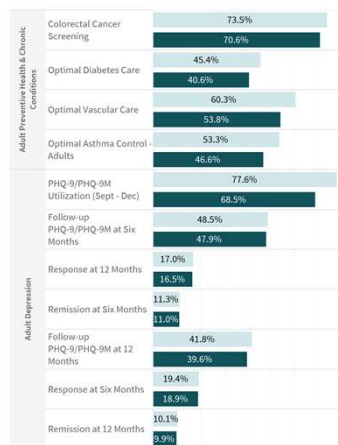From MNCM's *Minnesota Health Care Disparities by Race, Hispanic Ethnicity, Language and Country of Origin 2020 Report*

21
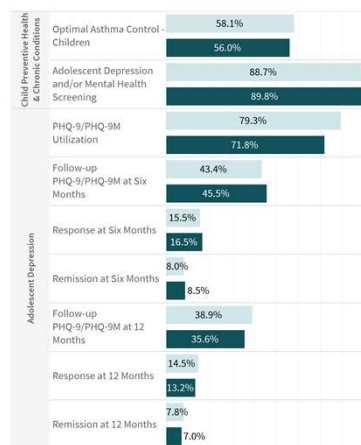
From MNCM's *Spotlight Report: Summary of Health Care Quality Measures for 2020*

22

COVID-19 & RACE/ETHNICITY
Example: Colorectal Cancer Screening

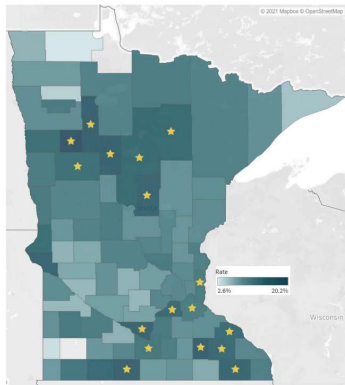From MNCM's *Issue Brief: Colorectal Cancer Screening in 2020*

23

23

GEOGRAPHIC ANALYSIS

Adult Depression: Remission at Six Months

Colorectal Cancer Screening

Among the 87 Minnesota counties, approximately 11 out of 100 adults with depression were considered in remission (PHQ-9/PHQ-9M score < 5) within six months (+/- 60 days) of treatment.

From MNCM's *2020 Infographic: MN Depression Care Outcomes by County of Residence (2019 Dates of Service)*

The starred (★) counties have colorectal cancer screenings rates that are significantly above the average rate for the 87 Minnesota counties.

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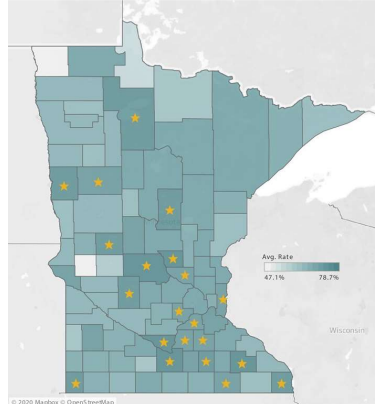
From MNCM's *2019 Colorectal Cancer Screening (Infographic)*

24

24

2/9/2022

OTHER USES OF DATA
Research and evaluation

- Beyond the data that we publish, MNCM partners with other organizations on research and evaluation
- These efforts leverage several key strengths:
  - Neutral third party/convener
  - Existing legal agreements for data sharing
  - Secure technical infrastructure
  - Rich data set
- Two main types of projects:
  - Custom files from existing MNCM data
  - Project-specific data collection, aggregation, and analysis – clinical, claims, and/or survey data

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25

25

FUTURE EVOLUTION OF MNCM DATA AND MEASURES

- Complete transition to modernized clinical data submission platform by end of 2023
  - More timely feedback to support performance improvement
  - Less burden on providers to understand detailed measure specifications
  - More ability to adapt/change measure set in response to changing priorities

- Planning for addition of data elements for social risk factors

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26

26

13

POLLING QUESTION
What are some ways that you can envision MNCM data being useful to you?
(select all that apply)

27

27

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QUESTIONS

Please type your questions into the "Q&A" box at the bottom of your screen

28

28

QUESTIONS FOR TODAY'S AUDIENCE

To respond, please use the "Raise Hand" function and we will unmute your line

- What level of geographic analysis is useful?

- What other analysis with existing data would be useful to you?

- What other ways of presenting information are most valuable?

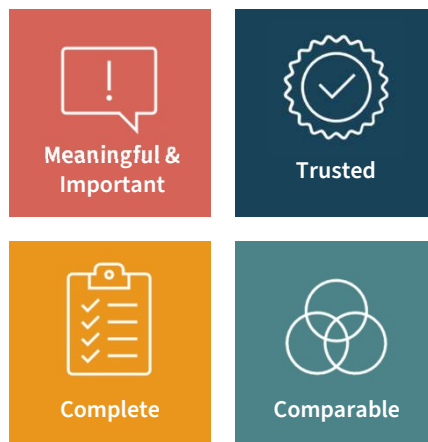- What additional topics would be a priority from your perspective?

29

29

MNCM is a unique and powerful source of data to drive improvement in health care

Meaningful & Important

Trusted

Complete

Comparable

30

30

THANK YOU!

MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

Please reach out to us at support@mncm.org with additional questions related to available data or how our data can support your work.

Consider attending MNCM's Annual Conference on April 27 – more info on agenda and speakers coming soon! The event will be virtual again this year.

Join our mailing list for newsletters and other updates:
https://mncm.org/news/#newsletters

31

31