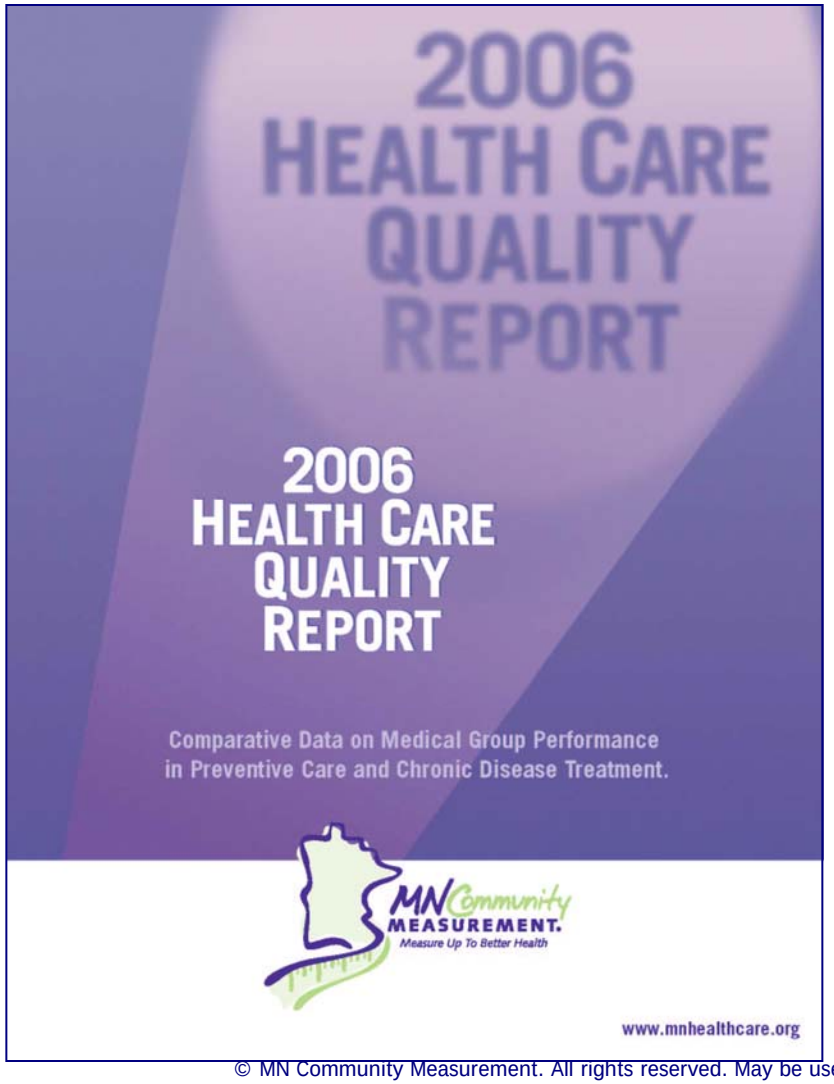
MN Community Measurement Overview

Mission: Accelerate the improvement of health by publicly reporting health care information

A community effort of providers, purchasers, consumers and health plans

- Participating in:
  - Medicare Better Quality Information
  - Minnesota's QCare Initiative
  - RWJF Aligning Forces for Quality
  - Minnesota Bridges to Excellence

2006 Health Care Quality Report



- Reports on 14 quality measures
- Reports results of more than 100 medical systems
  - 73 multi-specialty groups
  - 22 single-specialty groups
  - 21 urgent/convenience care
  - 90% of Minnesotans get their care from these providers

Institute of Medicine
Pay for Performance Report 2006

- The current payment system actually impedes progress toward the six aims
- There is no incentive for redesign of systems of care
- Payment incentives can drive behavior for better quality
- Incentive alone will not be enough
  - EMR
  - Public reporting
  - Patient incentives

Why Use a Combined Measurement Process Across the Market?

- Focus medical group improvement effort
- Signal strength: alignment increases the impact
- Efficient data collection
- Reliable source for consumers

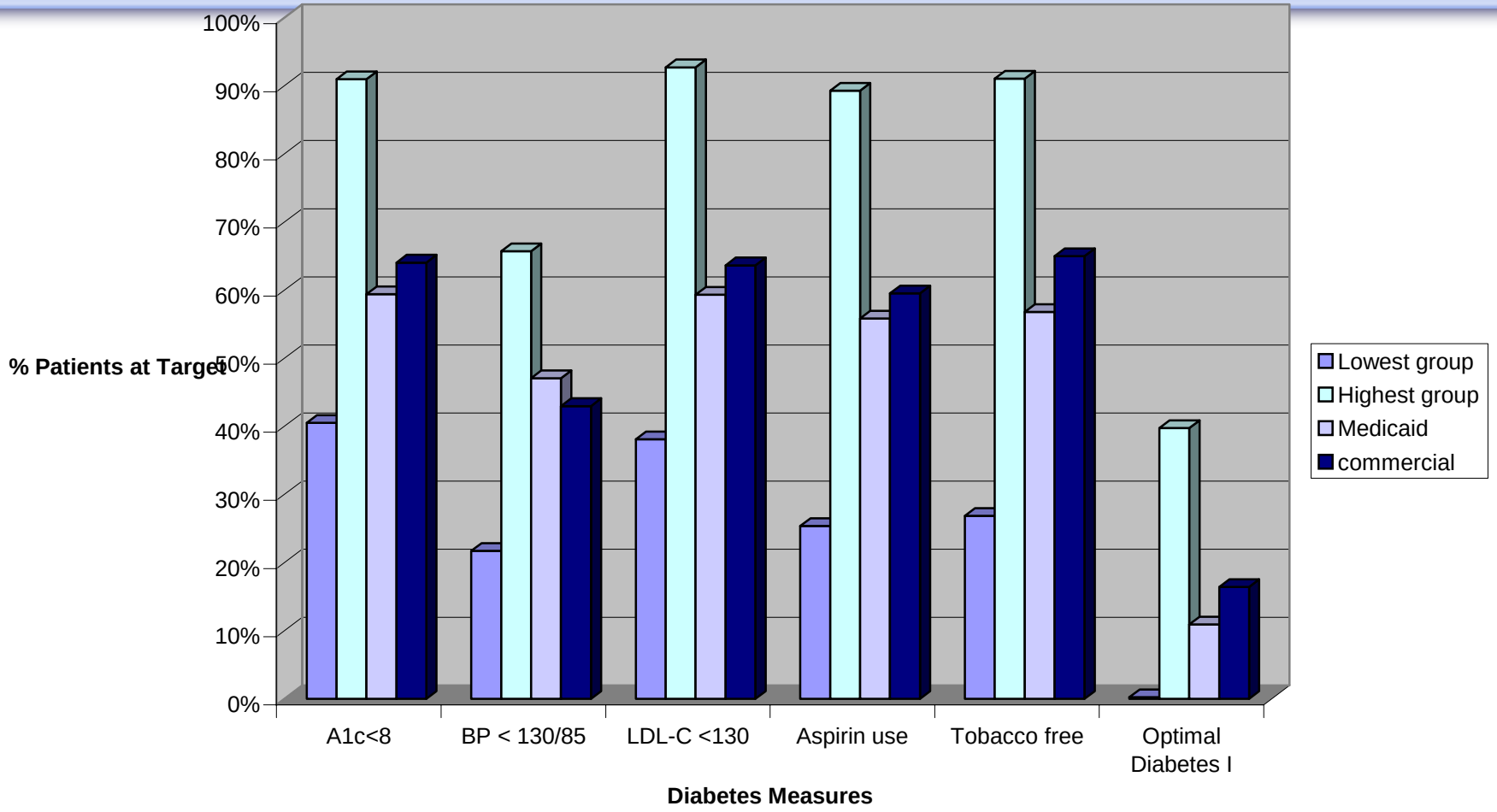
Why Work Together on Payment?

"Poor Quality is an equal opportunity problem."

Differences between socio-demographic groups is small compared to the gap in recommended care.

Asch, S. "Who is at Greatest Risk for Receiving Poor Quality Health Care?" New England Journal of Medicine. March 16, 2006.

MN Community Measurement



Measurement Issues for Government Programs

- Total population vs. Medicaid population
- Disparities and Risk Adjustment
- Appropriateness of Measures for the population

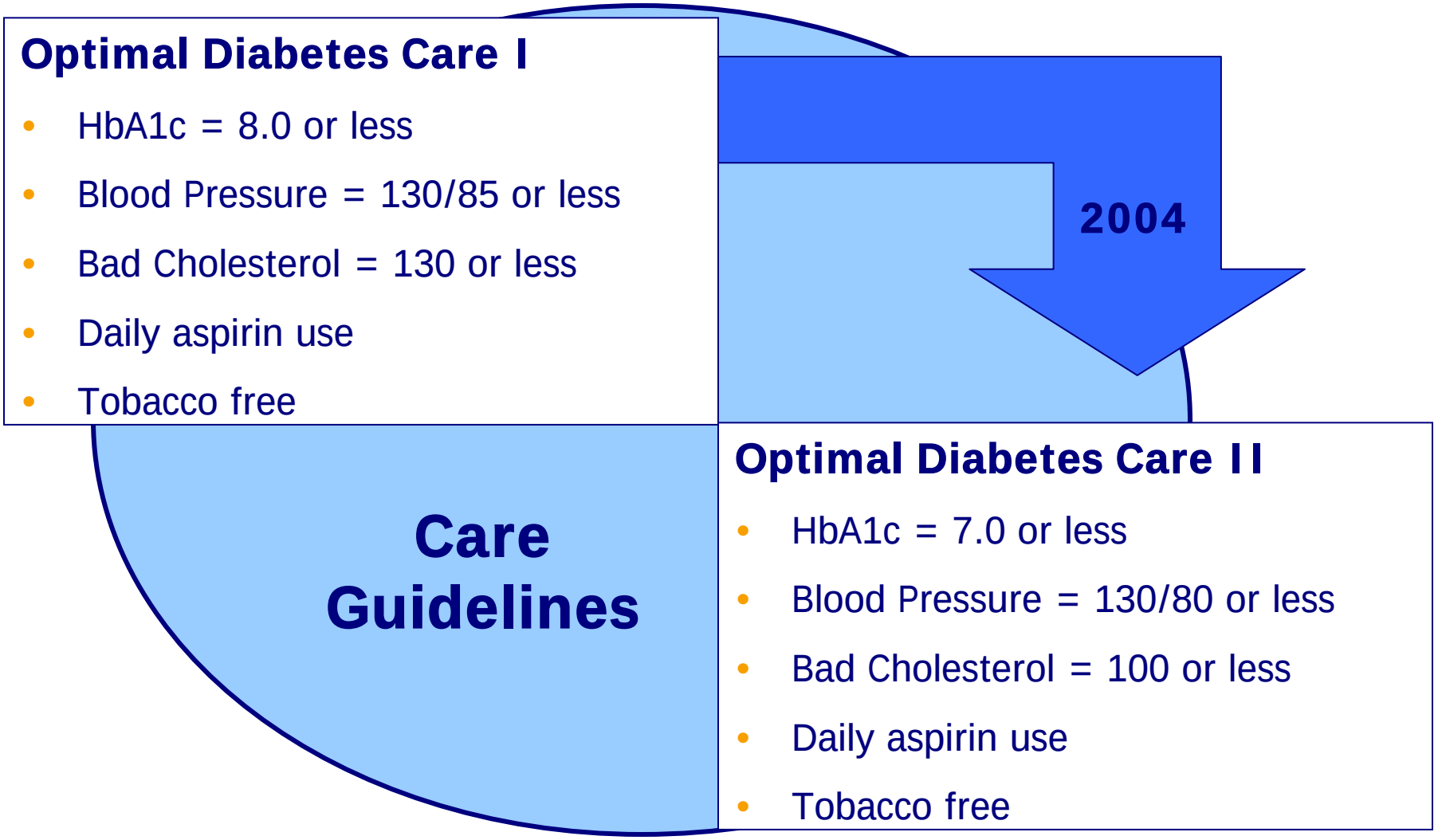
Role of MNCM

- Builds on an accepted state-wide process
- Data is broad – includes commercial insured, public programs, and Medicare
- Results being used by health plans, public programs, employers
- Composite measures available for diabetes and vascular care

Why Composite Measures?

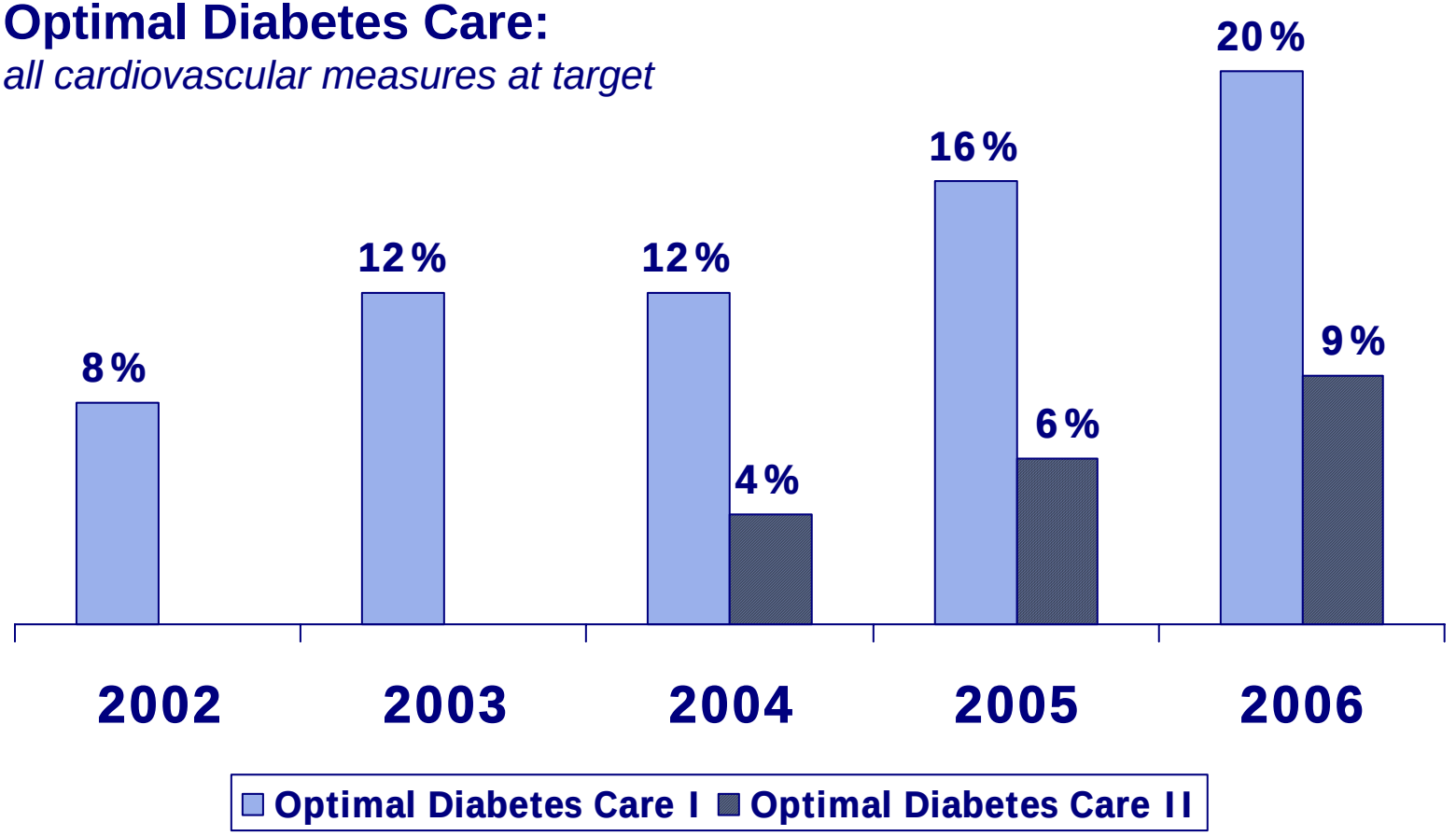
- The Optimal Diabetes composite has four outcome measures, one process measure
  - Individual measures were process measures
  - Rates were relatively high with little variation
- Composite is a more complete measure
  - Takes the whole patient into account
  - Reflects performance of entire care system
- Performance is more easily understood
  - One score vs. many individual measure rates

Optimal Diabetes Care Measures



Steady Improvement in Diabetes Care

Optimal Diabetes Care:
all cardiovascular measures at target



MnBTE Process

- Medical Groups recognized based on MNCM results
- Standard patient attribution process applied to identify payment amounts per group
- Groups can be rewarded at the site level with new direct data submission process
- Providers receive one aggregate check from all participants

Priorities for Alignment

Examples:

- Condition or treatment goal
- Measure definitions
- Assessment process
- Payment threshold
- Payment process

- HbA1c management for diabetes
- HbA1c 7.0 or less
- Same data collection, population, sample size
- X% of pts at target, or most improved
- Timing and amount