

MN Community Measurement

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MN Community Measurement

Accelerating the Improvement of Health Through Public Reporting

A community effort of providers, purchasers, health plans

- A source of reliable information across the spectrum of care
- Provide information that is used by providers to improve care and by patients to make choices
- Improve the efficiency of reporting

Community Measurement - Background

- Fifth year of report
 - 2002 diabetes
 - 2003 nine clinical topics, 20 measures
 - 2004 first public report
 - 2005 group comparisons
 - 2006 expanded measures and groups
- State-wide report on 73 medical groups - where 90% of Minnesotans get their primary care.
- Includes Medicare, Medicaid, Commercial, Self-Insured with 10 health plans

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?

- “Poor quality is an equal opportunity problem”
- Focus medical group improvement effort
- Signal strength: alignment increases the impact
- Efficient data collection/sample size
- Reliable source for consumers

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

MN P4P Building Blocks

- Providers and health plans develop consensus on evidence based guidelines, relevant measures, and provide implementation support
- Aggregate payer data, review physician performance according to ICSI measures, publicly report results
- Reward performance through existing health plan programs and BTE



MnBTE Process

- Medical Groups recognized based on MNCCM 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

Optimal Diabetes Care Measures

Optimal Diabetes Care I

- HbA1c = 8.0 or less
- Blood Pressure = 130/85 or less
- Bad Cholesterol = 130 or less
- Daily aspirin use
- Tobacco free

Care Guidelines

Optimal Diabetes Care II

- HbA1c = 7.0 or less
- Blood Pressure = 130/80 or less
- Bad Cholesterol = 100 or less
- Daily aspirin use
- Tobacco free

2004

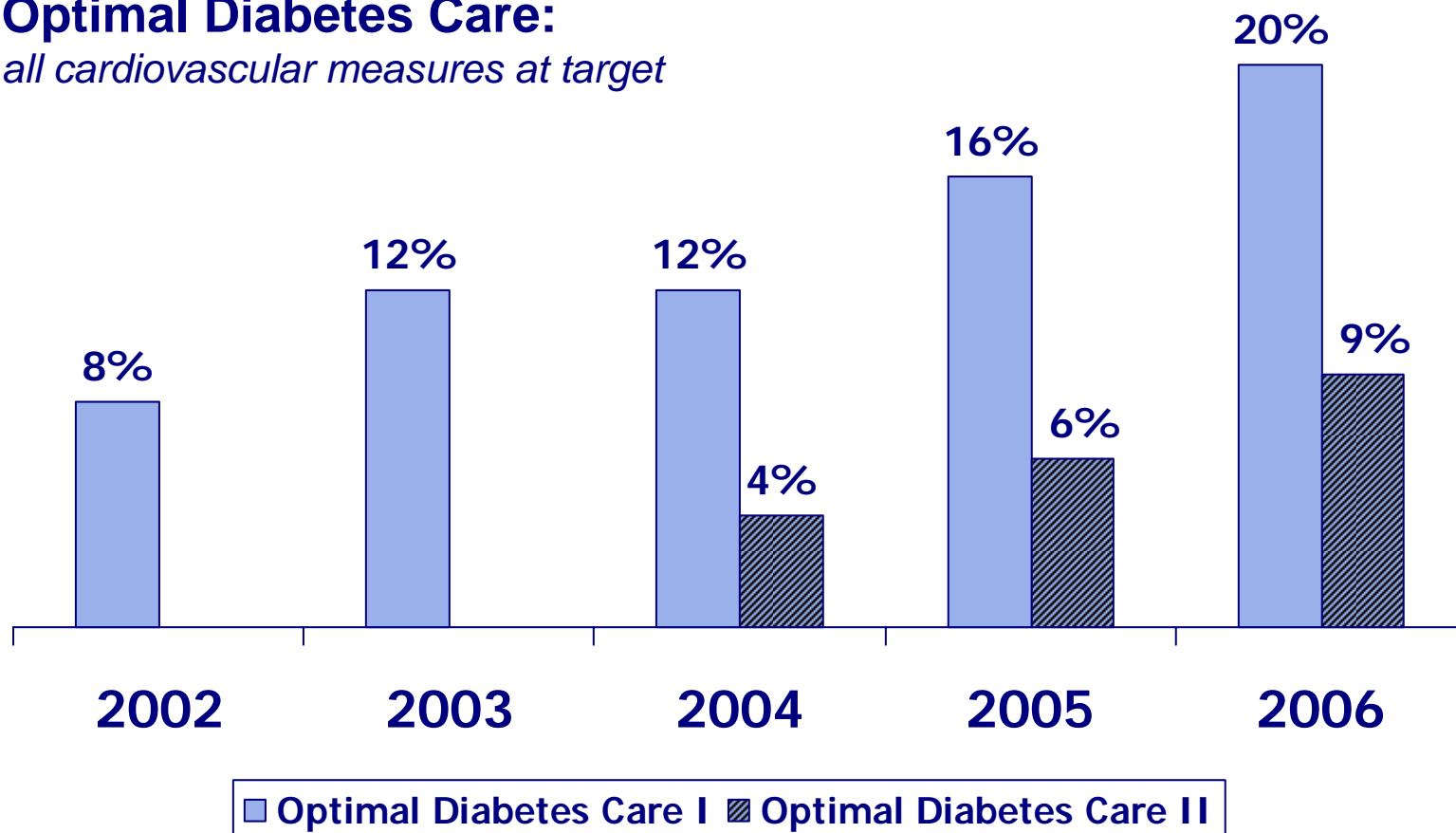


Why Composite Measures?

- 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

Steady Improvement in Diabetes Care

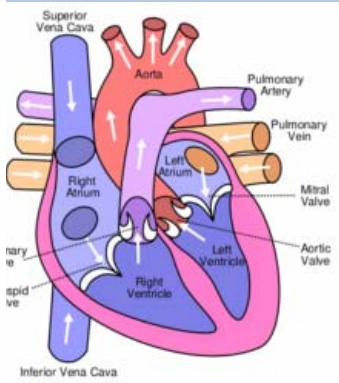
Optimal Diabetes Care:
all cardiovascular measures at target



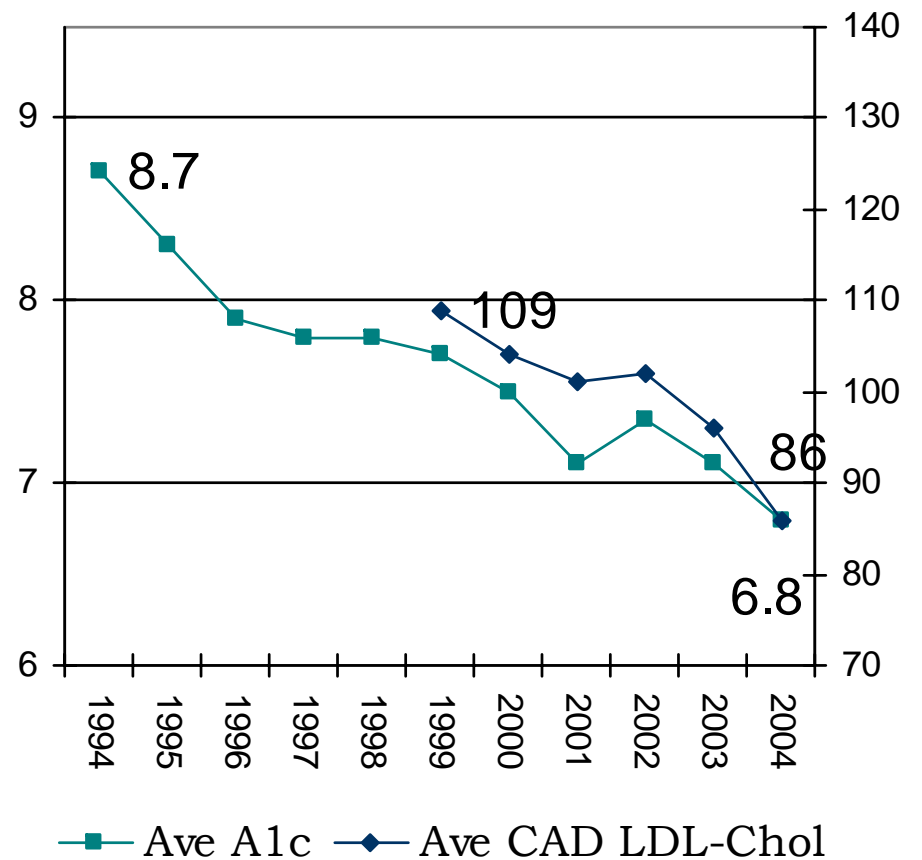
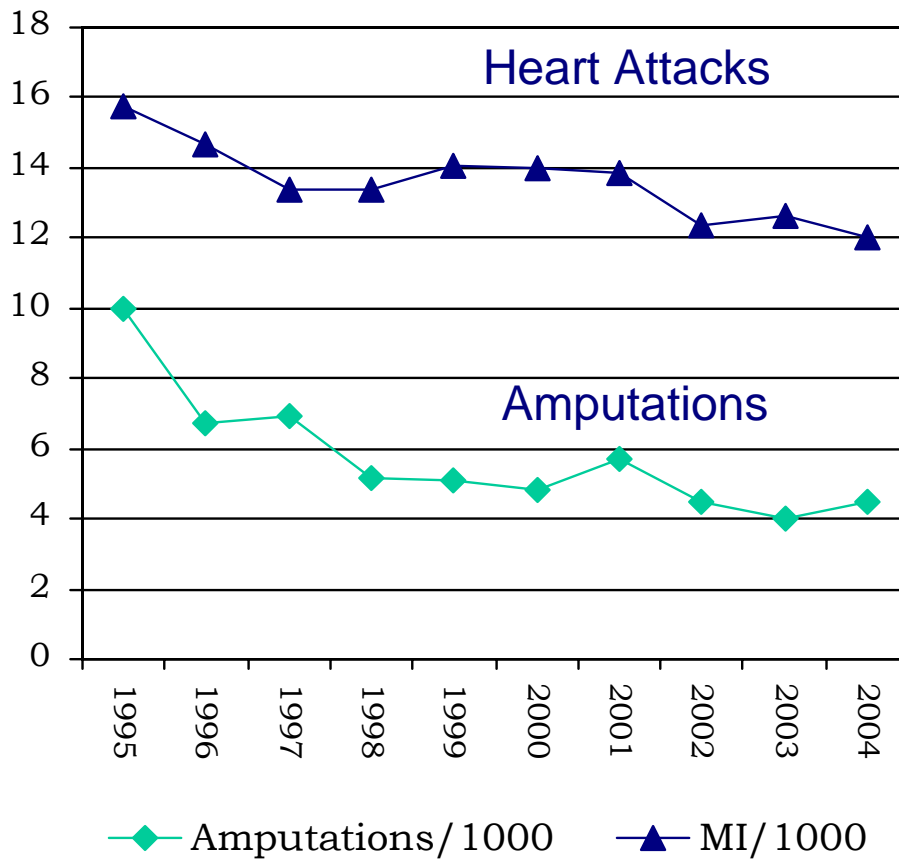
Impact on Patients

- 14-24 lives per 1000 saved per year with controlled blood pressure
- 4-8 lives per 1000 saved per year with optimal diabetes control

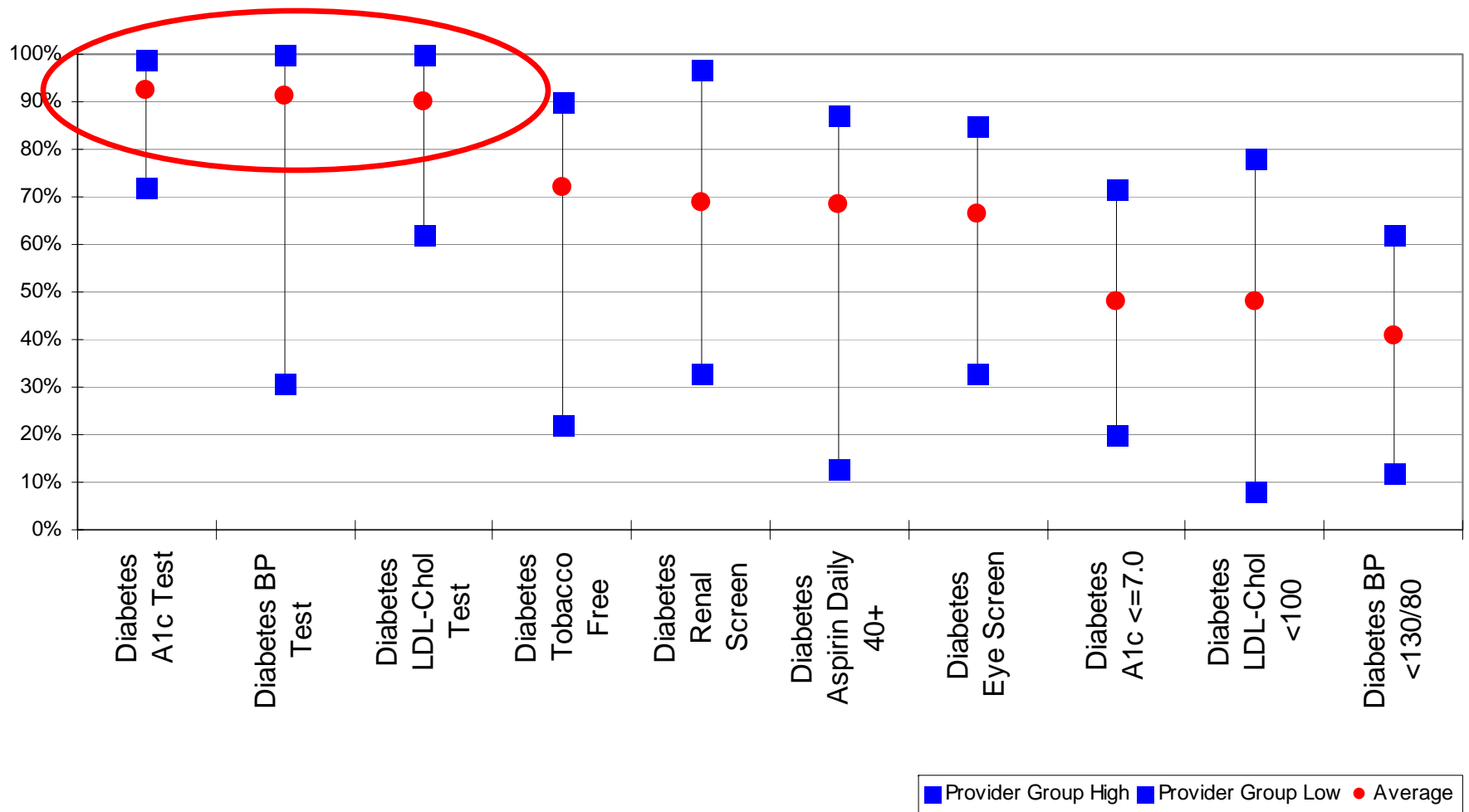
Source: National Committee for Quality Assurance



Saves 80 Hearts, 120 Legs and 320 Eyes Each Year



Practice Variation Across Diabetes Care



www.mnhealthcare.org home page

Learn about MN Community Measurement

View a list of participating provider groups

Learn how quality data is collected and scored

The screenshot shows the MN Community Measurement website. At the top left is a logo with a map of Minnesota and the text "MN Community MEASUREMENT". Below the logo are four menu items: "WHAT WE DO", "NEWS & INFO", "GROUPS/CLINICS", and "METHODOLOGY". To the right of the menu is a photograph of a diverse group of people, including a man, a woman, and children, sitting around a table and eating. To the right of the photograph is the heading "Measuring health care quality" followed by a paragraph of text. Below the photograph and heading is a section titled "How does my group or clinic measure up?" which contains a search form with three dropdown menus labeled "Select by city:", "Select by county:", and "Select by condition:". To the right of the search form is a "PDF" icon and a "DISPLAY CHOICE" button. To the right of the search form is a section titled "Important local measurement news" with a small image of three people walking. To the right of the news section is a "Need Help?" section with a small image of a red pill and a blue envelope. At the bottom right of the page is the copyright notice "© 2006 MN Community Measurement © TM".

Measuring health care quality

MN Community Measurement is Minnesota's source for information on health care quality. We all know quality health care is important, but few understand how quality varies widely across hospitals, clinics or care systems. Today, many health care choices face consumers, and MN Community Measurement has free information to help make those difficult decisions. What is the best care for diabetes, and who in Minnesota has the best results? What about heart and artery disease or asthma? Our web site offers quality comparisons among medical groups or clinics. Use this information to make more informed choices, and discuss the results with your doctor or other provider. In addition, medical groups and clinics across the state use the results to improve the care and services they deliver.

How does my group or clinic measure up?

Accessing health care quality data from medical groups and clinics participating in MN Community Measurement is easy. Just chose one of the options below.

Select by city:

Select by county:

Select by condition:

PDF

DISPLAY CHOICE

Important local measurement news

This is a place to display a news item or something else you want to draw attention to on your web site. You can link directly to the item by simply clicking on the picture. It also is possible to link within the text. This area can be changed via a tool. This is not functional as yet but is here to demonstrate how it would look. Text will have to be written to fit the box ... unless I determine how to have blank space at the bottom but I think writing to fit is easier.

Need Help?

Take a few minutes and view an online demo of how to use this site.

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Search for quality ratings by provider location or health condition

Take a site tour for navigation tips

Ratings for major quality categories



Star categories

- Living with illness
- Getting better
- Staying healthy

☆☆☆ = Better-than-average performance

☆☆ = Average performance

☆ = Below-average performance

Issues for the Future

- Expand the measures
- How to engage consumers
- How long to provide incentives
- How encourage care system redesign

Lessons Learned

- Collaborate with interested stakeholders first
- Demonstrate value with initial program
- Test measures before expansion

Questions or Comments

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