

The Minnesota Experience: The Role of Measurement and Collaboration in Advancing the Triple Aim

Pay for Performance Summit
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Measurement

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Overview of Presentation

- Explore the “versions” of ICSI and MNCM that have developed through the years
- See the partnerships between the two organizations
- Review results of measurement and improvement initiatives
- Understand how the Triple Aim is shaping the two organizations

Who we are

- ICSI founded 1993
 - A non-profit collaborative of providers, health plans and purchasers/consumers focused on quality and value improvement; supported by five non-profit health plans, membership dues, “sweat equity,” and contracts/grants
- MNMCM founded 2004
 - A non-profit collaborative of physicians, hospitals, health plans, employers and consumers dedicated to improving health through public reporting

“ICSI Versions”

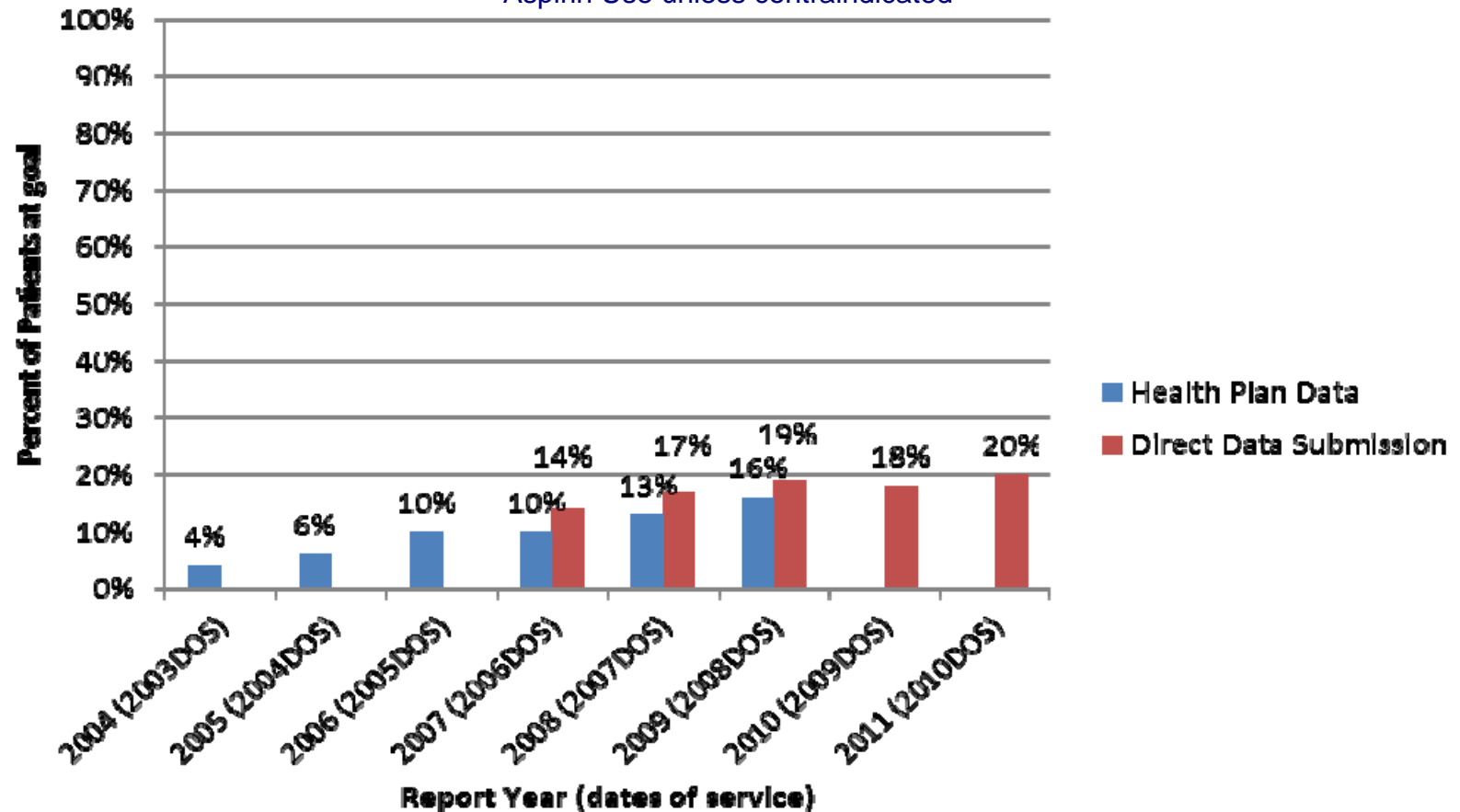
- **ICSI 1.0** – 1993-1996
 - Expert in **evidence-based care**
 - › Currently, 37 guidelines and protocols

- **ICSI 2.0** – 1997-2005
 - Plus expert in **process improvement**
 - › Our “QI boot” camp is one of our most popular offerings
 - › Addressing culture in an organization has become as important as “evidence” (technical)

Quality is Improving; Chasm Remains

Minnesota Optimal Diabetes Care Measure

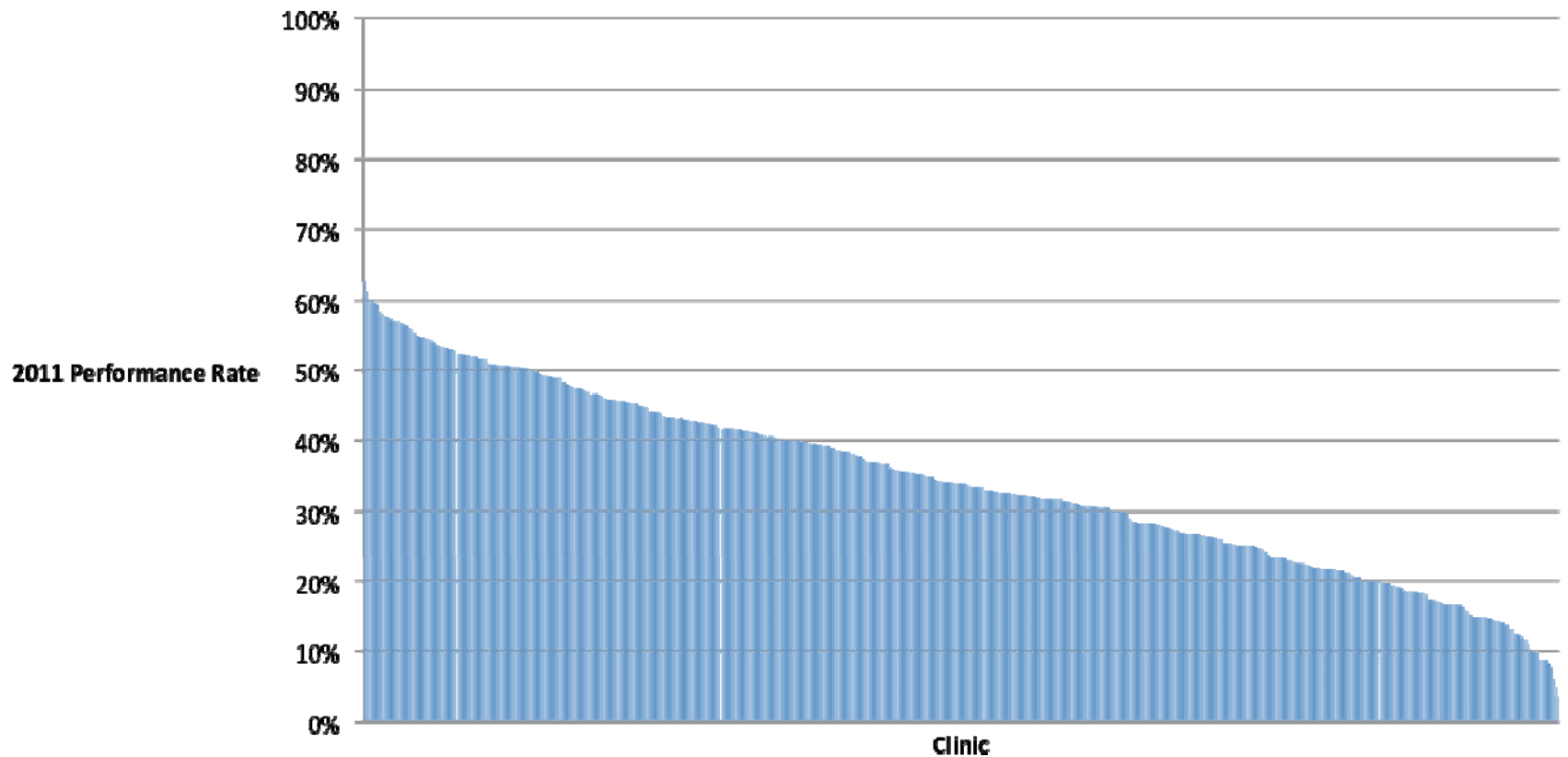
HbA1c<7.0, LDL<100mg/dl, Blood Pressure <130/80mmHG, Tobacco-free status, Daily Aspirin Use unless contraindicated**



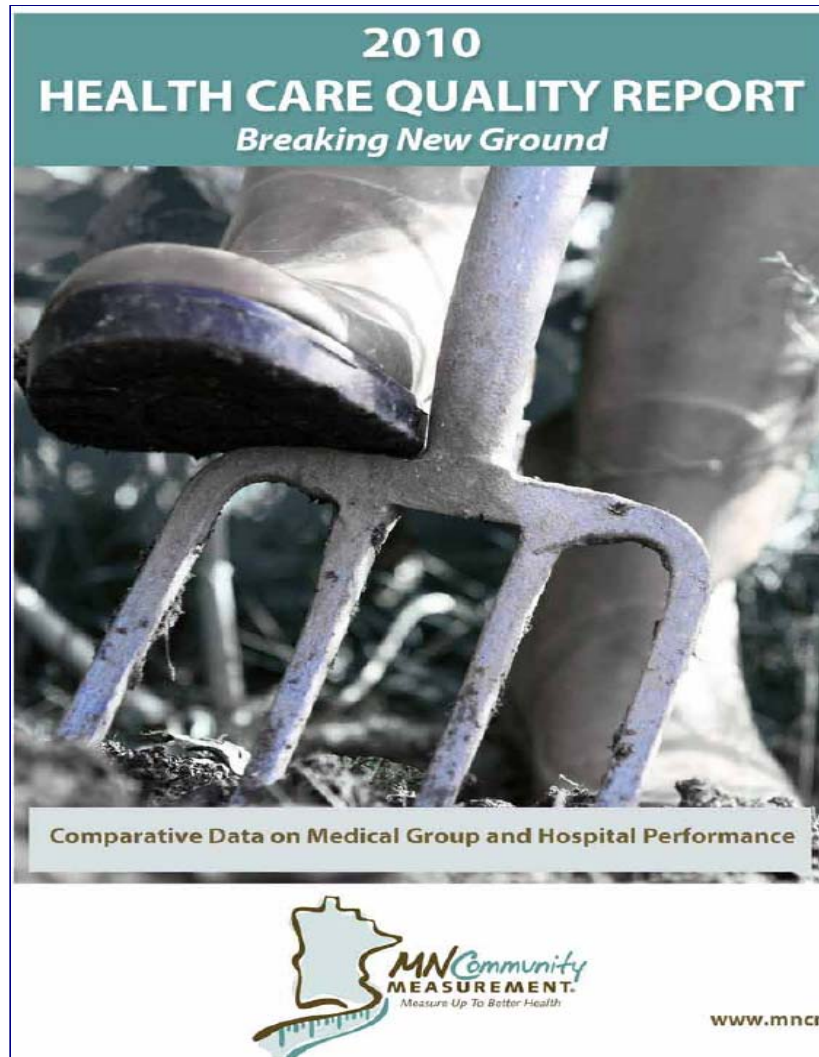
Clinic Performance Variation

Optimal Diabetes Care

2011 (2010DOS) Optimal Diabetes Care by Clinic



MNCM Health Care Quality Report



- Reports on 18 clinical quality measures, Health Information Technology, patient experience, cost of care, and hospital measures
- Reports results on 315 medical groups and 550 clinics

“MNCM Versions”

- **MNCM 1.0**
 - Health Plan data
 - Not for comparison

Impact

- › We assume we are better
- › Population verses individual
- › Focus on gaps
- › Public reporting matters

Why Community Wide Measurement?

- Trusted source of information
- Focus improvement efforts
- Standards for comparison
- Efficient use of resources

What Am I?



“MNCM Versions”

- **MNCM 1.0**
 - Health Plan data
 - Not for comparison
- **MNCM 2.0**
 - Clinical data
 - Tied to improvement projects

Clinical Data Advantages

- All patients represented
- Faster results
- Site level reporting
- Increased provider confidence in data
- Encourages use at point of care
- Collects clinical and patient reported data not available in claims

Alignment for Quality Improvement

- Diabetes strongly recommended as one of the core commitment projects for ICSI membership (Version 2.0)
- Chronic disease management focus evolved at ICSI
 - Guideline enhancements, registry development, goal setting (Qcare), care coordinators
- Recognition by purchasers for improvements in diabetes care

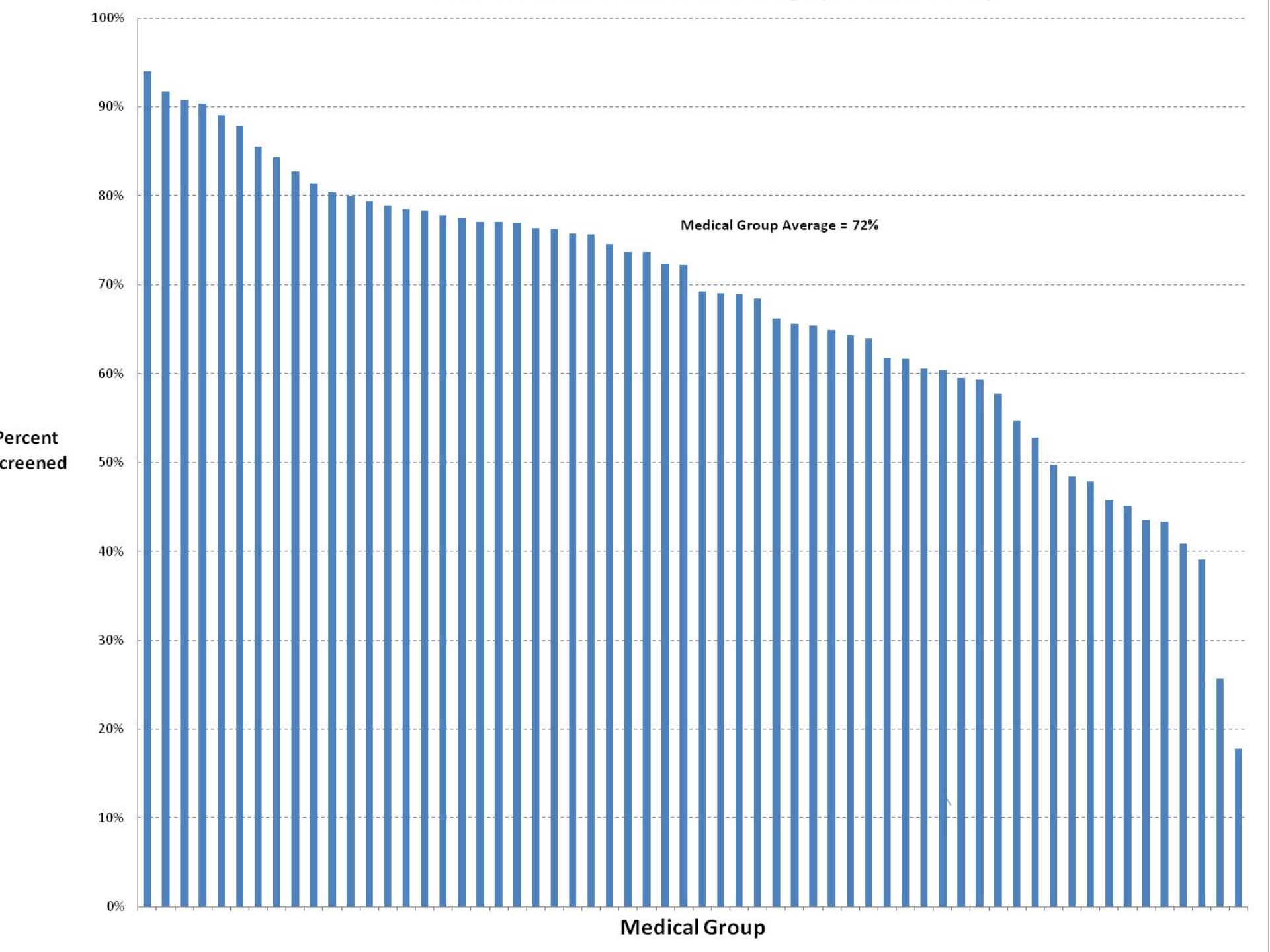
ICSI Colo-rectal Cancer Collaborative

2011-2012

- *14- month virtual learning collaborative in partnership with Minnesota Department of Health and American Cancer Society*
- *Working with 12 organizations to **implement ICSI colorectal cancer screening guideline** and key components to **increase screening rates from 66% to 80%***
- *Targeted training for **SDM** in screening choices*
- *Uses **statewide Colorectal Cancer Screening measure**, collected by Minnesota Community Measurement*

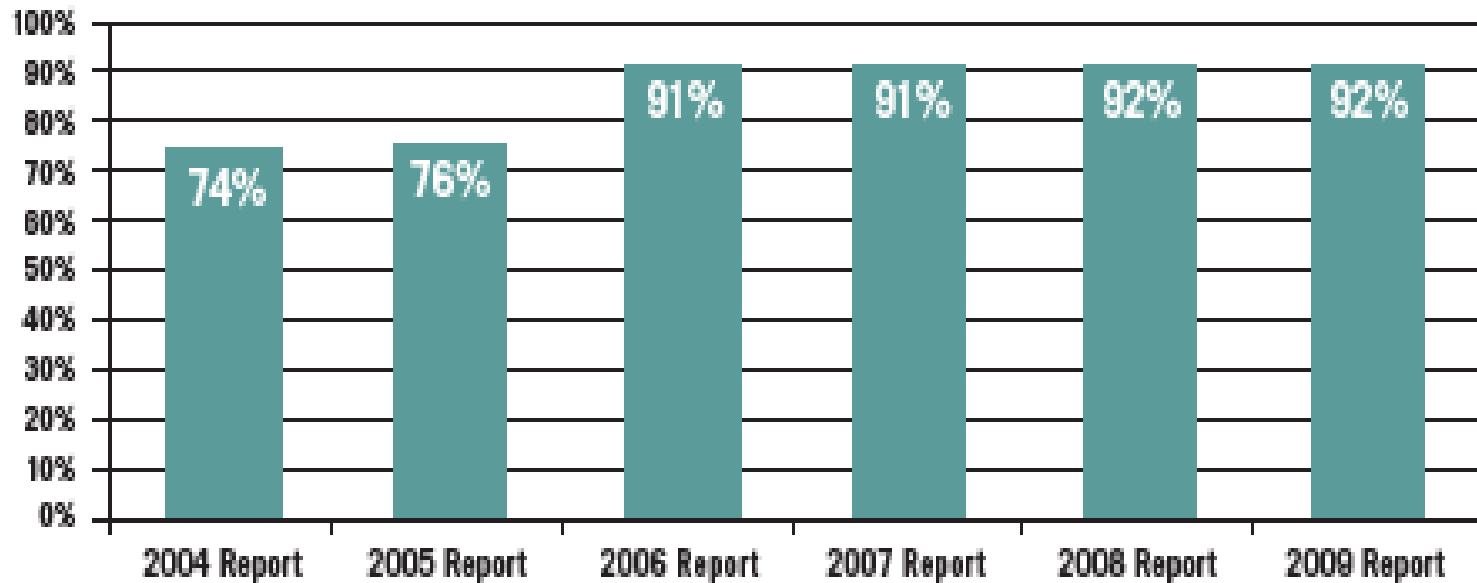
Colonoscopy Quality and Surveillance

- Procedure Quality Measures
 - Volume of Procedures Performed
 - Completion Rate
 - Adenoma Detection Rate
- Surveillance Measures
 - Patient waited appropriate interval for repeat colonoscopy
- New screening measure from medical record – all patient data



Asthma Measure Improvement

Figure 6: Statewide Medical Group Level Rates for Use of Appropriate Medications for People with Asthma (Ages 5-56)



Note: Caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.

New Asthma Care Composite

- Asthma well controlled
- Patient reported emergency department and hospital visits
- Written asthma plan

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- **ICSI 3.0** – 2006-2010
 - Plus **honest broker table**

High Tech Diagnostic Imaging



Institute for Clinical Systems Improvement (ICSI) High Tech Diagnostic Imaging Initiative

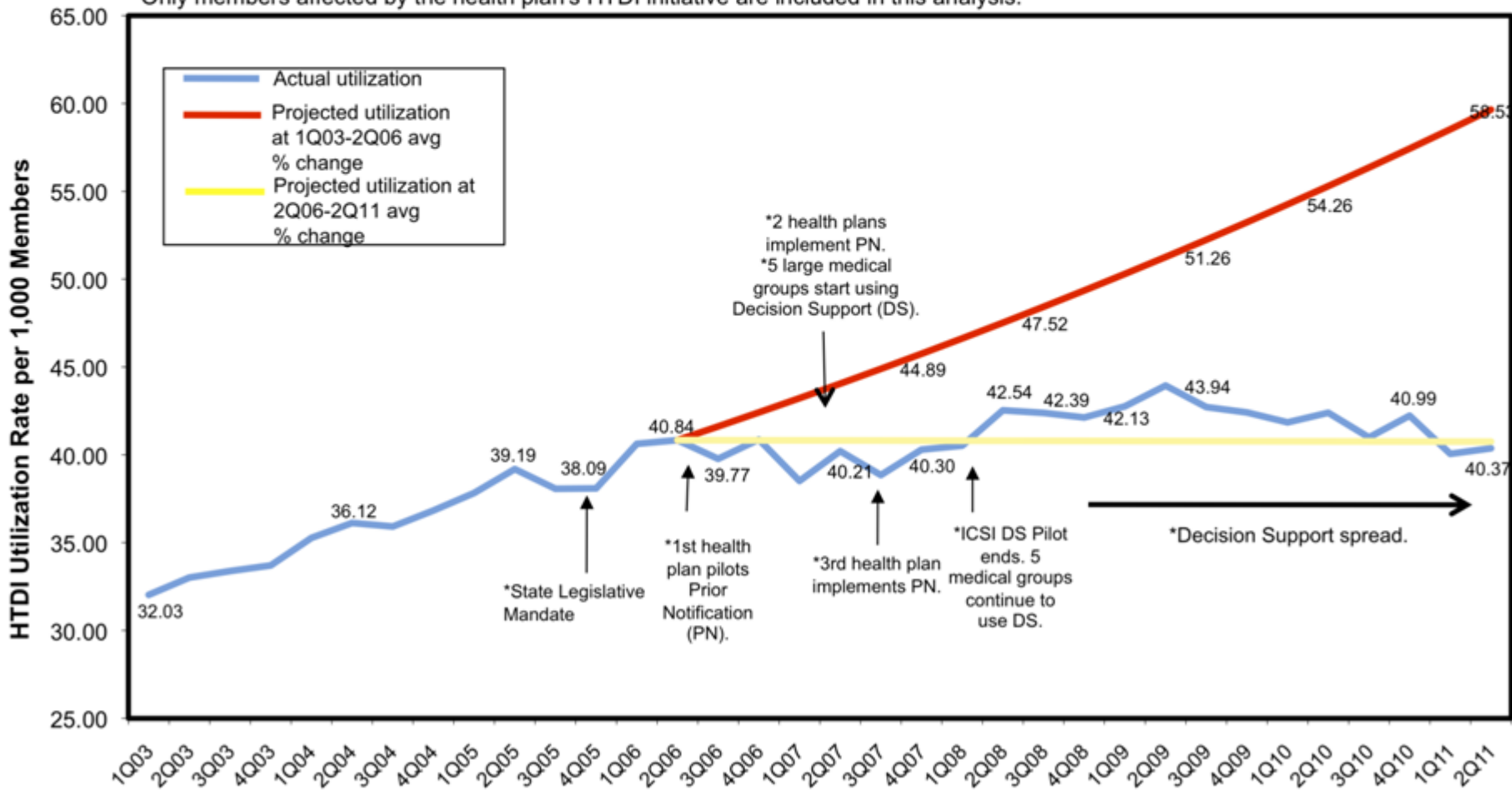
Aggregate HTDI Utilization Rate per 1,000 Members, 1Q03-2Q11

Aggregate Data Include: BCBSMN, HealthPartners, Medica, UCare and MN DHS Medicaid FFS

Claims and Membership Data (Hospital Inpatient and ER Claims Excluded)

*Membership profile differs across health plans.

**Only members affected by the health plan's HTDI initiative are included in this analysis.



DIAMOND

(Depression Improvement Across Minnesota Offering a New Direction)

- Redesigning care
- Redesigning payment

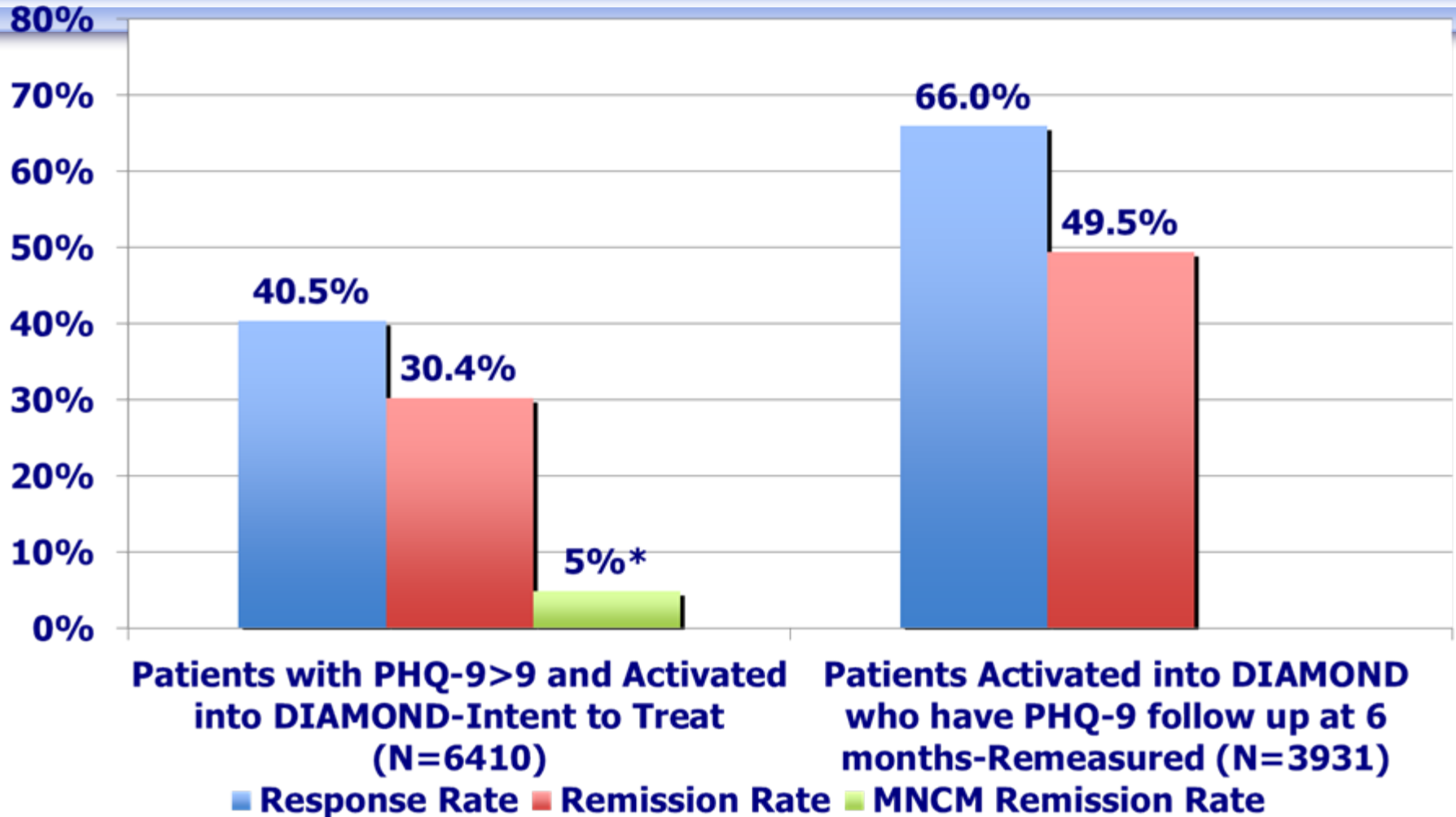


Depression Care Measure

- Initially was refills of anti-depressant medications – a HEDIS measure
- Use of PHQ-9 Assessment Tool being used in quality improvement
 - Six and Twelve Month Remission Rate
 - Six and Twelve Month Response Rate (patient must be in treatment for numerator score)
- MNMCM submitted and received National Quality Forum Endorsement for PHQ-9

DIAMOND Program

Outcomes Measures at 6 Months



*MNCM rate includes all depressed patients with PHQ-9 > 9 who may or may not be part of DIAMOND.

DIAMOND Measure Period: Sept 08-
Oct 11

MNCM Measure Period: Jul 09 - Jun 10

“MNCM Versions”

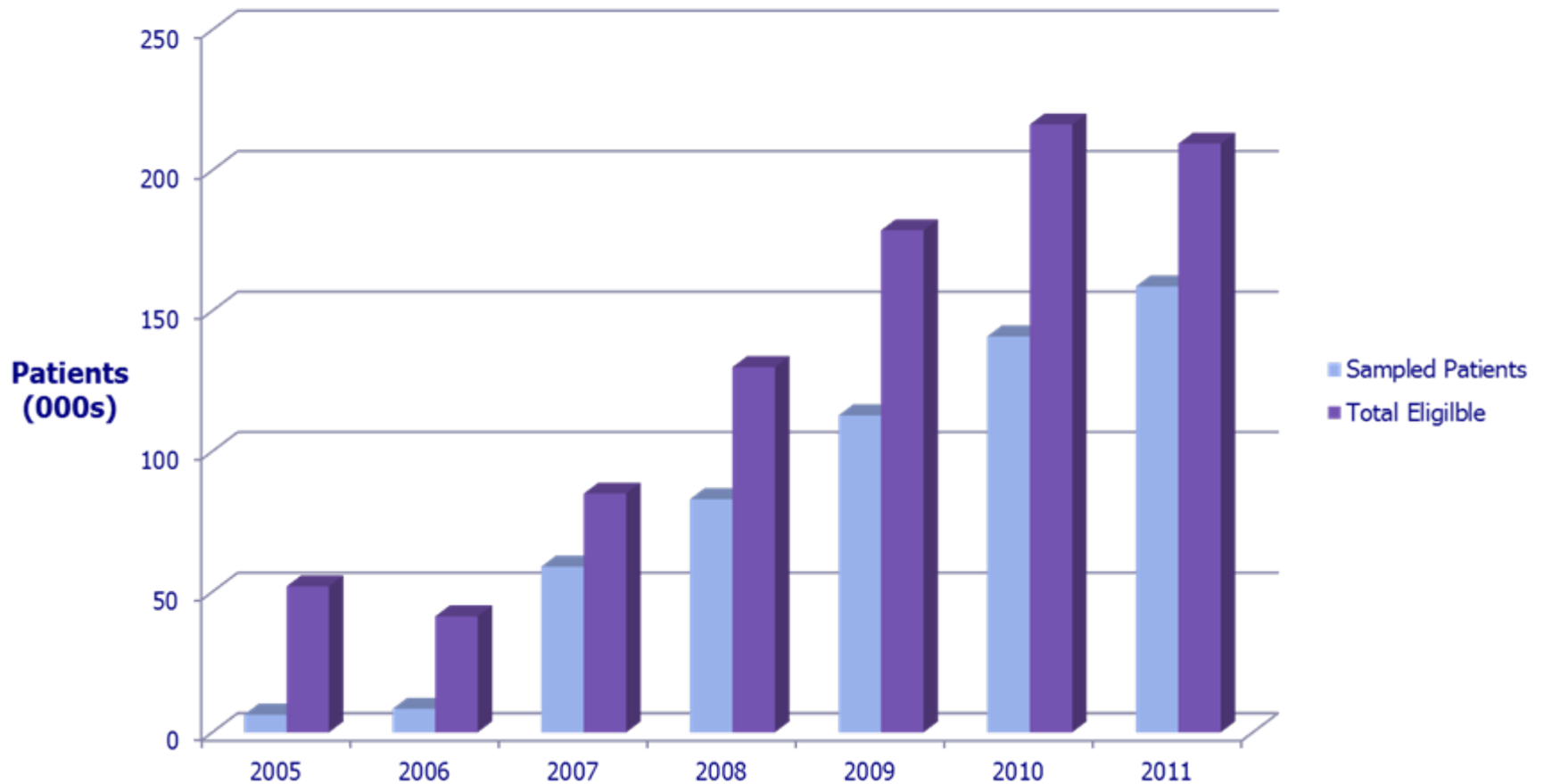
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 - Tied to improvement projects
- **MNCM 3.0**
 - Focus on value – beyond primary care

New Measures

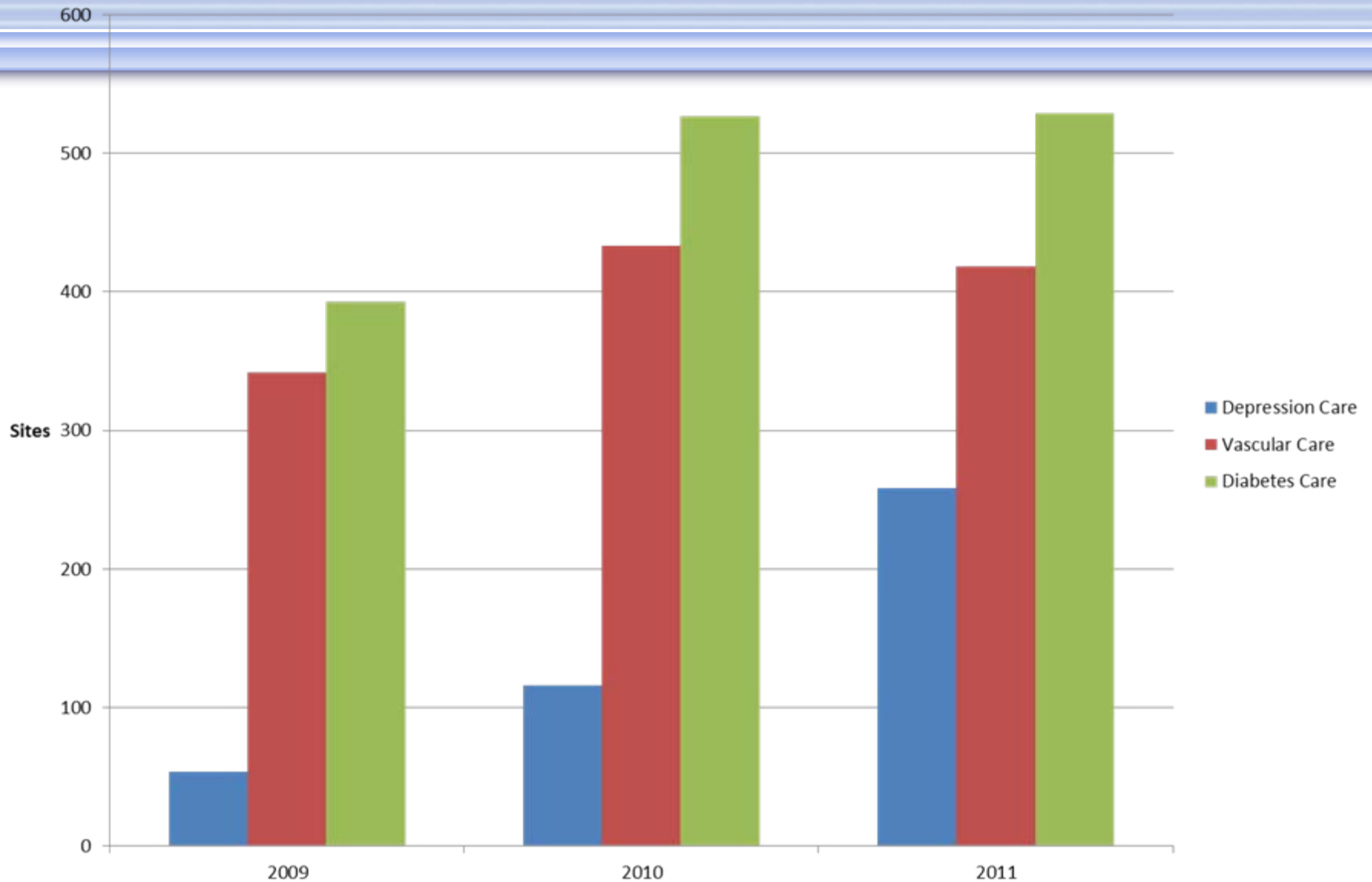
- Total Knee Replacement
 - 3 and 12 month assessment post surgery
 - Patient functional status (Oxford Score)
 - Patient Quality of Life (EQ-5D)
- Low Back Pain
 - Patient functional status post surgery
- Maternity Care
 - Percent caesarian
 - Percent induced < 39 weeks

Public Reporting Growth

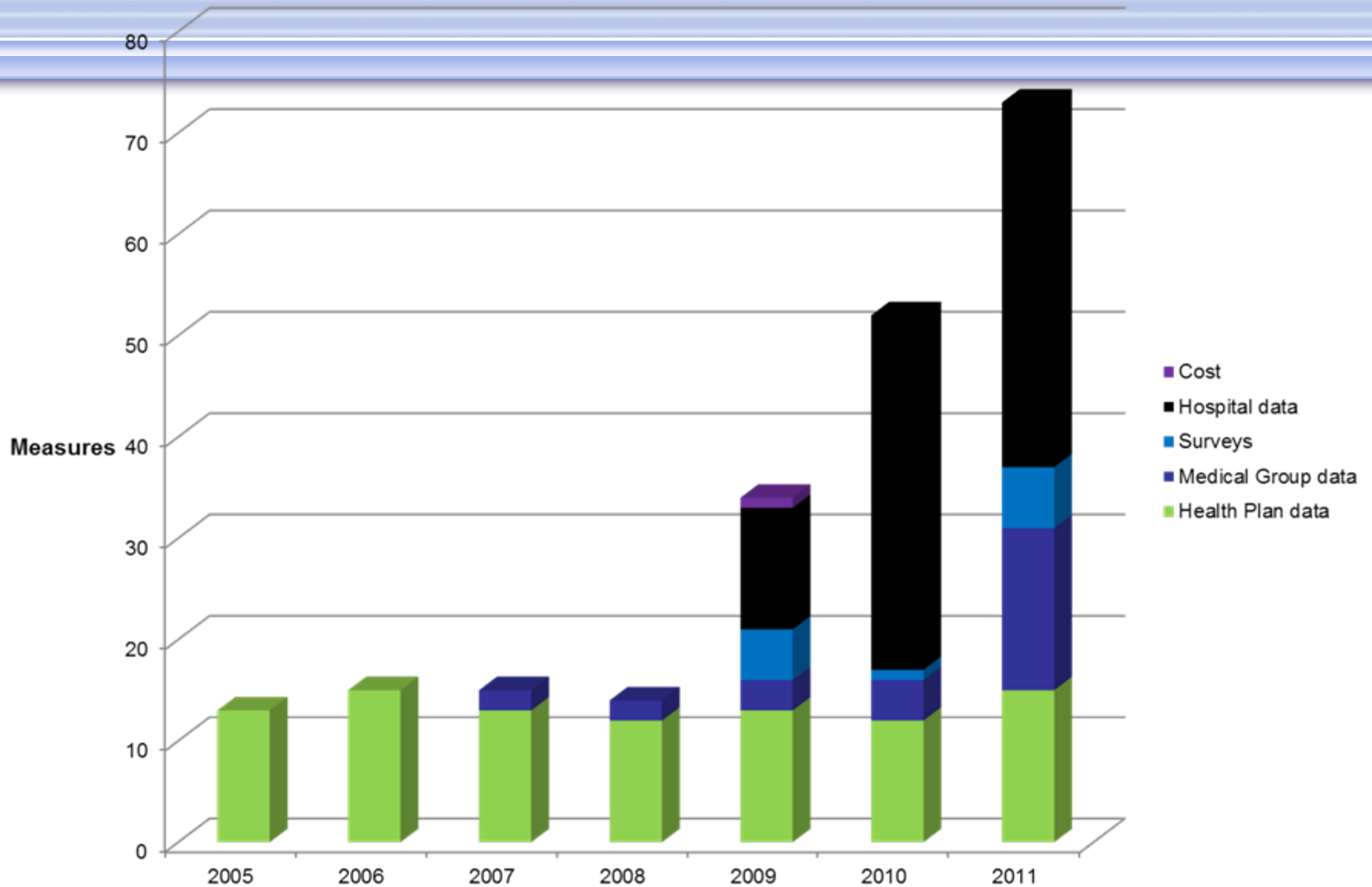
MN Community Measurement Diabetes Patients Measured



Growth in Reporting Sites



Growth in MNCM Measures



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- **ICSI 3.0** – 2006-2010
 - Plus **honest broker table**
- **ICSI 4.0** – 2011-present
 - Plus **change agent for the Triple Aim**



Reducing Avoidable
Readmissions Effectively

Operating Partners

ICSI, Minnesota Hospital Association, Stratis Health

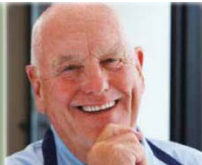
Collaborating Partners

MNCM, Minnesota Medical Association

Community Partners

BHCAG, DHS plus 60 more partners

www.RAREreadmissions.org

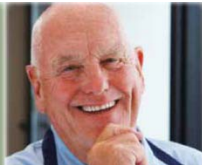


Triple Aim Goals:

- Reduce avoidable readmissions by 20% by 12/31/12
- Increase by 16,000 nights of sleep for patients and families in their own beds
- Decrease costs by over \$31 million dollars



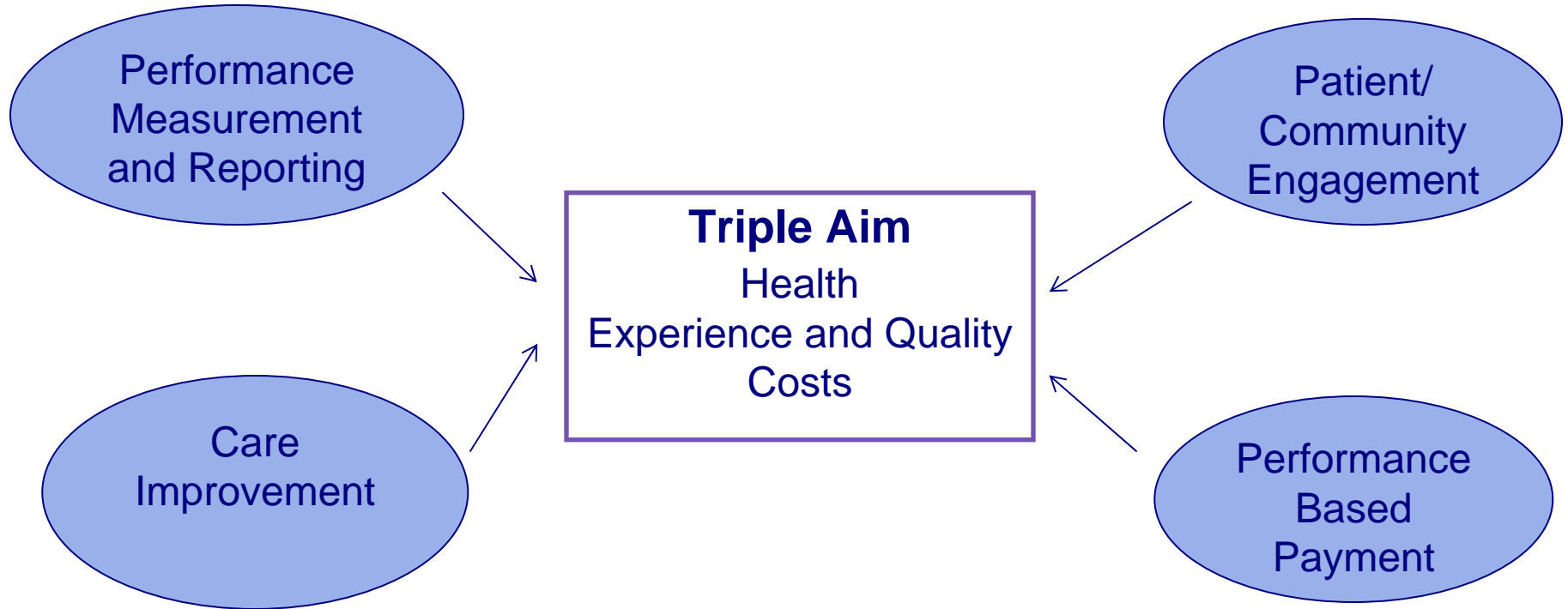
Reducing Avoidable
Readmissions Effectively



“Total Cost of Care: Balancing the Triple Aim” Forum

- November 2011 in Minnesota; approximately 300 attendees
- Topics:
 - What is TCOC; how is it measured
 - What questions to ask
 - Examples of people working on TCOC
 - Pioneer ACOs and their efforts
- Provided glossary of terms and a survey on measurement in our community
- Proceedings at www.icsi.org

Improving Results



Engage Local Communities

Alignment Across Payers

Other Measures Under Development

- High Tech Diagnostic Imaging Use
- Hospital Readmissions (attribution)
- Health Care Homes – Care Coordination
- Cost of Care

“MNCM Versions”

- **MNCM 4.0** - Triple Aim Reporting
 - Summary level results for consumers on the value of care
 - Actionable Data for providers to support improvement
 - Results used in Accountable Care Contracts

Vision for MNCM Triple Aim Reporting

Medical Group	Health Information Technology	Quality (Composite of Several Measures)	Patient Experience	Health Plan Specific Total Cost of Care Comparison	High Value (High Quality and Low Resource Use)
Evergreen	 Better	 Better	 Average	\$\$	
Lakestreet	 Better	 Better	 Better	\$	
Woodland	 Better	 Average	 Average	\$\$	
Parkdale	 Average	 Below	 Average	\$\$\$	
Vista	 Better	 Better	 Better	\$	

Questions or Comments

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