



Minnesota Health Reform Implementation February 2009 Update

VISION: Create meaningful, transformative health reform based on the Institute for Healthcare Improvement's Triple Aim. The goals of the Triple Aim are to *simultaneously*:

- Improve population health;
- Improve patient/consumer experience; and
- Improve affordability of health care.

In implementing the comprehensive initiatives, the state is seeking unprecedented collaboration among public and private partners, including input from consumers, patients, providers and payers. Achieving these goals will require a redesign of care and a change in the culture of health and health care for all stakeholders, based on the following components of the 2008 health reform legislation.

1. **STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP).** This program will provide funding to help communities across Minnesota reduce obesity and tobacco use. Activities to date:
 - a. Created and convened work groups, developed funding methodology, menu of interventions, data collection and surveillance systems, and began development of evaluation plan.
 - b. Developed competitive grant process and requirements for grantees. Grantees will be required to create community action plans, assemble community leadership teams, establish partnerships, and implement and evaluate interventions in order to make progress toward a set of process and performance measures.
 - c. RFP is under development and nearing completion (anticipated release Feb. 9, 2009; applications due on April 13, 2009). Grants begin July 2009.
2. **PAYMENT REFORM AND MARKET TRANSPARENCY.** The payment reforms in the bill are intended to promote quality improvement, better management of chronic disease and more efficient resource use. In addition, public reporting of health care cost and quality information will allow providers, purchasers and policy makers to make better decisions about health and health care delivery.
 - a. **Quality Incentive Payment System.** MDH has contracted with a consortium led by MN Community Measurement (MNCM) to develop recommendations for a set of standard quality measures, a set of quality measures for public reporting, and the quality incentive payment system. Several public meetings have been held, where MNCM has presented an inventory of existing health care quality measures and preliminary recommendations for public reporting.
 - b. **Provider Peer Grouping.**
 - i. **Encounter Data.** MDH has contracted with the Maine Health Information Center (MHIC), a private nonprofit organization that collects encounter data on behalf of four other states, to design and implement Minnesota's encounter data collection system. MDH will work closely with the MHIC and with Minnesota stakeholders to facilitate the secure and efficient collection of de-identified data. As specified in the law, the encounter data will only be used as a source of data to compare health care providers on a composite measure of cost and quality. A public meeting occurred in January to obtain stakeholder input on the specific data elements to be collected.
 - ii. **Peer Grouping Methodology.** MDH will solicit information and recommendations for the peer grouping methodology through a public RFI process. After this information is collected and synthesized, a work group will be convened to make recommendations to the Commissioner of Health on the peer grouping methodology. The work group is expected to begin meeting in the summer of 2009.

- c. **Baskets of Care.** MDH formed a steering committee to make recommendations to the Commissioner of Health on the initial seven baskets of care, and contracted with the Institute for Clinical Systems Improvement (ICSI) for facilitation of the steering committee and seven subcommittees that will recommend detailed definitions for the baskets of care. The initial seven baskets will include: diabetes, preventive care for children, preventive care for adults, asthma care for children, obstetric care, low back pain and total knee replacement. Public input was solicited for individual basket components prior to the subcommittees beginning their work.
3. **HEALTH CARE HOMES.** The health care home (HCH) is a model of delivering primary care in a comprehensive, coordinated, and culturally effective way. Health care homes can also help address the issues of underuse, misuse and overuse of care in the health care system. Activities to date:
 - a. **Outcomes.** MDH contracted in November 2008 with ICSI to develop broad outcomes or goals to be used to guide the evaluation of health care homes. Draft outcomes were open for public review and input; over 500 responses were received. Final outcomes recommendations are complete and posted on MDH Web site.
 - b. **Standards for Certification.** MDH convened a community forum held in December (archived on MDH Web site) that had over 130 people in attendance. Small work groups (consisting of 50+ stakeholder groups) convened to develop recommendations for certification standards. Draft standards were available for public review and input; 275 responses received. Final recommendations will be made to the Commissioners of Health and Human Services for final consideration and decision. Expedited rulemaking to begin in February for July 2009 deadline.
 - c. **Capacity Assessment.** MDH contracted in November 2008 with consortium led by the Minnesota Academy of Pediatrics Foundation to 1) conduct an assessment of the readiness of the primary health care delivery system to implement health care homes; 2) conduct an assessment of consumer understanding and readiness for the implementation of health care homes; and 3) to suggest recommendations that will guide capacity building efforts in establishing a statewide health care home system. Activities under this contract are scheduled to be completed by May 2009.
4. **OTHER.** The 2008 legislation contains a number of other provisions related to health care reform, including:
 - a. **Projections of Health Care Spending.** A contract was awarded to Mathematica Policy Research, Inc. for development of projections of health care spending in Minnesota and reviewing and certifying estimates of actual health spending in Minnesota. Activities under this contract are scheduled to be completed by June 30, 2010.
 - b. **Workforce Shortage Study Work Group.** Work group reported to the Commissioner on recommended changes in health professional licensure and regulation to ensure full utilization of health care professionals in the health care home and primary care delivery system. The final report is available on MDH Web site.
 - c. **Oral Health Practitioner Work Group.** Group was charged with advising the Commissioner on recommendations and legislation to specify the training and practice details for oral health practitioners by January 15, 2009. The final report is available on MDH Web site.
 - d. **Health Plan Community Benefit Study.** The law charged MDH to study and report on issues related to community benefit provided by nonprofit health plans in Minnesota. The final report is available on the MDH Web site.
 - e. **Health Insurance Affordability Study.** This report examining ways to structure a subsidy program to ensure that health insurance premiums and out of pocket costs meet legislatively established standards of affordability. The final report is available on the MDH Web site.

For updates, see: www.health.state.mn.us/healthreform