



## Health Reform Implementation Update November 2009

**GUIDING PRINCIPLES:** The unique, comprehensive package seeks to 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 the health of the population;
- Improve the patient/consumer experience; and
- Improve the affordability of health care.

Unprecedented collaboration among public and private partners – including consumers, patients, providers and payers – is critical to achieving these goals.

### POPULATION HEALTH

While all of the reforms strive to improve the health of all Minnesotans, an integral part of the health reform law is the public health component, the Statewide Health Improvement Program (SHIP). The goal of SHIP is to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease. SHIP will use effective, evidence-based strategies to create changes in policies, environments and systems to support healthy behaviors that reduce tobacco use and obesity.

- 40 grants have been awarded to community health boards throughout the state (several submitted joint applications) and tribal governments. These grants cover 87 out of Minnesota's 87 counties and eight of 11 tribal governments.
- Grantees are 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.

### MARKET TRANSPARENCY & ENHANCED INFORMATION

These reforms aim to improve the transparency of health care quality, cost and value in Minnesota, and to provide better information so that consumers, providers, purchasers and policymakers can make more informed decisions about health care. The goal of this transparency is to promote quality improvement, better management of chronic disease and more efficient resource use.

- **Statewide Quality Reporting System.** MDH has contracted with a consortium led by MN Community Measurement (MNCM) to develop recommendations for a set of standard quality measures and a set of quality measures for public reporting. After holding several public meetings in January and February, MNCM submitted final recommendations for quality measures to be initially included in the statewide quality reporting system. MDH has released a proposed rule that details the standard set of measures, as well as the timeline and instruction for submission. The 30-day comment period ended on October 7.
- **Provider Peer Grouping.** The peer grouping system will compare providers based on both quality and risk-adjusted cost, offering more comprehensive information for consumers, providers, health plans and employers. The system will use the quality measures currently used and those under development, as well as de-identified encounter data. An advisory group whose charge was to make recommendations to the Commissioner of Health on how to appropriately compare providers has written a final report on the methodology. The report is available on our Web site. MDH encourages comments on the report through December 1.

## CARE REDESIGN & PAYMENT REFORM

The law incorporates models that will change the way we deliver and pay for health care, with the goal of improving quality, reducing costs and promoting more consumer engagement in health care choices.

- **Health Care Homes.** A health care home is a redesign of primary care, allowing providers, patients and families to work in partnership to improve health and quality of life. Health care homes aim to improve the patient experience by centering care around the patient and family, improving access to care, and coordinating care between providers and community resources. Health care homes also represent one type of payment reform because providers will be reimbursed for care coordination, a service that adds comprehensive value, rather than only for specific procedures and tests.
  - A report evaluating collaborative learning methods is available on our Web site.
  - A health care home kick-off conference was held in October.
  - The health care home certification process launched in September.
  - A steering committee and work groups are meeting to develop the payment methodology.
  - Committees on outcomes measurement and education/resources have begun meeting.
  - The proposed rule for certification of health care homes was published on July 6; public comments were accepted through Aug. 6.
- **Baskets of Care.** Baskets of care will bundle services together in order to encourage providers, payers and consumers to think differently about health care service delivery by packaging related services together in a way that supports high-quality, lower-cost care. Baskets pull together health care services that are currently paid for separately, but are usually combined to deliver a full diagnostic or treatment procedure for a patient. 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. The steering committee met on October 15 to review the recommendations for the baskets of care project. The Institute for Clinical Systems Improvement (ICSI) held an educational webinar on October 27 and a summit for early adopters on November 9.
- **Quality Incentive Payment System.** The statewide quality incentive payment system will reward high-quality providers. MNMCM has submitted final recommendations for the quality incentive payment system measures and methodology. An Incentive Payment Work Group and the Hospital Quality Reporting Steering Committee serve in advisory roles to MNMCM on work related to the development of the payment system. The work groups function as one of the mechanisms to ensure that the development of the payment system is a community-driven process.

## CONSUMER ENGAGEMENT

Consumer engagement is a unifying theme across the programs. All aspects of the law will help empower consumers to be more proactive and knowledgeable about how health status and health care quality impact health care costs.

- **Consumer Engagement Initiative.** The legislation requires that MDH develop strategies to engage consumers around the issues of cost and quality in health care. MDH is looking at ways to embed discussions and awareness about these issues throughout the health reform efforts. MDH is exploring what incentives are needed to get consumers to act themselves or advocate for health system changes.
- **AARP/MDH Focus Groups.** MDH partnered with the AARP to hold three focus groups in October. The groups explored consumer attitudes toward health care cost and quality.
- **Health Care Homes Capacity Assessment.** Consumer understanding of and interest in health care homes have been measured in a health care homes capacity assessment performed by a consortium led by the Minnesota Academy of Pediatrics Foundation.
- **Baskets of Care Consumer Feedback.** MDH convened a moderated “listening session” in May with consumer and employer members of the baskets of care subcommittees to get their feedback on the baskets and the benefits of and barriers to participating in them.

**For more information: [www.health.state.mn.us/healthreform](http://www.health.state.mn.us/healthreform)**