



Protecting, maintaining and improving the health of all Minnesotans

**PROVIDER PEER GROUPING “ROADMAP” OF ISSUES TO BE ADDRESSED**

MEETING	ISSUE	DESCRIPTION OF ISSUE
Advisory Meeting #1: Thursday, June 11	<b>Introduction</b> <b>Current related activities locally &amp; nationally</b> <b>Building blocks for analysis</b>	Understand the goal of the Advisory Group and how Provider Peer Grouping is currently used in MN and nationally. Understand what data sources will be available to measure cost and quality for MN physicians and hospitals.
<i>Technical Meeting #1: June 16/17/18</i>		
Advisory Meeting #2: Friday June 26	<b>Defining Parameters</b> <ul style="list-style-type: none"> <li>• Unit of Analysis</li> <li>• Types of Services to include</li> <li>• Medical Conditions</li> </ul>	Assess what provider level (clinic, medical group, hospital, hospital system, care system) cost and quality can/should be measured that is meaningful and accurate from a total care perspective and from a medical condition perspective. Evaluate types of services to include (e.g. pharmacy) and exclude (e.g. out of area care, dentists, nursing home care, etc.) Discuss meaning and use of measuring medical conditions for this purpose (comparison, not payment). Recommend how many and which health conditions on which separate cost and quality measures should be reported.
Advisory Meeting #3: Friday July 10 Advisory Meeting #4: Friday July 17	<b>Cost Measurement</b> <ul style="list-style-type: none"> <li>• Cost Comparison</li> <li>• Patient Attribution</li> <li>• Risk Adjustment               <ul style="list-style-type: none"> <li>○ Severity of Illness</li> <li>○ Patient Demographics</li> <li>○ Payer Mix</li> </ul> </li> <li>• Outlier Issues</li> </ul>	Consider how costs will be measured (e.g. total dollars including unit cost & resource use) based on data available. Propose how a patient’s care costs for services received during a year will be assigned to provider(s) for a total cost of care perspective. Discuss when patients should not be assigned. Consider whether a patient using multiple providers for care during a year for a specific condition will be assigned to one or many providers. Examine how to account for the cost differences in medical complexity across providers’ patient populations so a provider caring for sicker patients is not adversely impacted. Recommend how to consistently define conditions and the costs associated with them. Evaluate if and how providers’ cost measures should be adjusted for patients that are significantly

MEETING	ISSUE	DESCRIPTION OF ISSUE
		above or below the norm. Review how differing payer mixes, particularly a greater share of government payers, for each provider may impact the cost presentation for consumers and how to make adjustments if needed.
Advisory Meeting #4: Friday July 17 Advisory Meeting #5: Wednesday July 22	<b>Quality Measurement</b> <ul style="list-style-type: none"> <li>• Quality Comparison</li> <li>• Patient Attribution</li> <li>• Risk Adjustment <ul style="list-style-type: none"> <li>○ Severity of Illness</li> <li>○ Patient Demographics</li> <li>○ Payer Mix</li> </ul> </li>   <li>• Outlier Issues</li> </ul>	Evaluate which quality metrics can be measured based on data available and current measures already collected locally and nationally. Discuss how a patient's care received during a year for specific conditions or episodes should be assigned to one or many providers. Recommend how to consistently define conditions and the quality of care associated with those selected medical conditions. Evaluate if and how providers' quality measures should be adjusted for patients that are significantly above or below the norm.
Advisory Meeting #6: Monday July 27	<b>Combining Cost &amp; Quality</b>	Consider options on how cost and quality will be combined to peer group providers.
<b>AUGUST BREAK</b>	<b>Draft Report distributed in mid August</b>	
Advisory Meeting #7: Wednesday Sept 2	<b>Combining Cost &amp; Quality (continued)</b> <b>Information needs by audience</b>	Discuss needs of varying audiences (providers, consumers, health plans) for information and data that allow them to make meaningful decisions and actions that lead to improved cost and quality care.
Advisory Meeting #8: Friday Sept 11	<b>Finalize Outstanding Issues</b>	
Advisory Meeting #9: Sept 30	<b>Review Final Report/Closing</b>	