

A Measurement Framework for a Healthier Minnesota

RESULTS FROM PHASE ONE OF FRAMEWORK DEVELOPMENT

In 2009, the Commissioner of Health established a standardized set of quality measures for health care providers across the state that built on existing voluntary measurement efforts. The standardized quality measure set is called the Statewide Quality Reporting and Measurement System (Quality Reporting System). Quality measurement is a valuable tool that health care delivery organizations and providers, purchasers, and others use to drive improvements in health care quality, curb costs, and bring accountability and transparency to patient outcomes. However, there is still a lot about quality measurement and its impact that is uncertain, and much has changed in health care delivery and payment since the Quality Reporting System began.

Acknowledging the need for Minnesota to critically assess the impact and effectiveness of its current measurement system, the Minnesota Legislature directed the Minnesota Department of Health (MDH) to develop a quality measurement framework in consultation with a broad group of stakeholders.¹ This opportunity allows the state to imagine and design a system of measurement that is responsive to lessons learned from prior experience and to define the value of a Minnesota system within an evolved local and national measurement landscape. MDH's legislative report, "[A Measurement Framework for a Healthier Minnesota](#)," provides comprehensive findings from the first phase of framework development.²

Over the past nine months, MDH conducted the following activities to inform the development of the quality measurement framework:

- an environmental scan of quality measurement efforts in other states, and;
- a robust, "community-owned" stakeholder engagement process that included a steering team, individual and small group interviews with stakeholders (including representatives of communities disproportionately impacted by health disparities), and a workgroup of internal partners.

Key Findings

In this first phase of framework development, stakeholder conversations generated the following findings about the bigger picture of what we measure in Minnesota and why, and how different stakeholders can contribute to a new measurement framework for a healthy Minnesota.

¹2017 Minnesota Session Laws, Chapter 6, Article 4, Section 3.

²Minnesota Department of Health (MDH). (2019). *A Measurement Framework for a Healthier Minnesota: Report to the Legislature*. Saint Paul, MN: Minnesota Department of Health.

<https://www.health.state.mn.us/data/hcquality/docs/frameworkreport.pdf>

- **There is strong enthusiasm in Minnesota for evolving health quality measurement and creating a stronger focus on improvement.** Stakeholders showed much enthusiasm for the topic of health quality measurement and for a system that can help us set and achieve improvement goals. They exhibited a keen interest in building upon collective experience to develop a new quality measurement framework to foster a healthier Minnesota.
- **Measurement for a healthier Minnesota should focus on more than health care.** Stakeholders emphasized that the quality framework and measurement system that flows from it should go beyond clinical care to track key metrics in public and population health, as well as health system performance.
- **The framework must be nimble and adaptable.** Some stability is important to track progress and allow for quality improvement activities, and it is also important to have a system that evolves over time as priorities change and in response to ongoing evaluation about what does and does not work.
- **There is strong agreement among diverse stakeholders about the values and principles that should underpin the measurement framework** (see figure 1). There was consensus on key elements, such as fostering ongoing communication and collaboration among stakeholders, measuring what matters, and making information actionable to different stakeholders.
- **Minnesota's health care quality measurement and reporting efforts exist within a larger context.** Minnesota's system must be attentive to other programs to avoid duplication, reduce data collection and reporting burden, and assure Minnesota's state-focused system is meaningful and adds value.
- **There is work remaining to refine the initial set of values and principles.** Before we can translate these values and principles into specific recommendations for changes to the Quality Reporting System, we need to work through some trade-offs and offer additional clarity.
- **Communities disproportionately impacted by disparities must have a strong role in defining health and health quality, and deciding how quality is measured.** All stakeholder groups thought the framework should intentionally and authentically advance health equity. Community members said that ongoing community engagement and leadership will be key to the full development, implementation, maintenance, and evolution of the measurement framework and system, and that the goal of this authentic engagement is to work *with* communities, not for or on behalf of them. Community members and others emphasized that the authentic approach MDH took to community engagement for this first phase of framework development was transformational and nation-leading.
- **The successful implementation of a measurement framework for a healthier Minnesota requires a robust, inclusive stewardship process with clear roles and accountability.** Stakeholders strongly felt that a stewardship process for the ongoing development and implementation of the health quality measurement framework must be trusted, transparent, and able to include all perspectives.

Figure 1. Emerging Health Quality Measurement Framework Values and Principles

VALUES

The Minnesota Quality Framework fosters:

1. Fairness and equity
2. Connection and collaboration
3. Measurement that matters
4. Actionable information
5. Improvement
6. Accuracy and rigor
7. Innovation
8. Transparency and simplicity
9. Efficiency

PRINCIPLES

1. Health is more than health care, and a measurement framework should recognize this by:
 - a. Linking up with overarching concepts of quality (e.g., safety);
 - b. Incorporating and appropriately accounting for provider, system, community, cultural, and patient factors that contribute to variation in quality measure results; and
 - c. Exploring factors at the population/neighborhood level and across systems of care (e.g., ambulatory, long term, behavioral).
2. A measurement system should seek to measurably foster improvement in health outcomes, health care quality, health equity, patient experience, and population health, and reduction in costs for patients, health care providers, and purchasers.
3. Quality measurement should be patient-centered and produce information that is meaningful, fair, transparent, and actionable for different stakeholders (e.g., patients, health care providers, health plans) in different ways (e.g., decision-making, public reporting, internal improvement, value-based purchasing). Measures do not need to be used by all stakeholders for all purposes.
4. Quality measurement in Minnesota should be parsimonious, appropriately balance value for stakeholders with reporting burden, and not duplicate other efforts.
5. Minnesota must measure what is most important; a measurement framework should provide cohesiveness and alignment around what is important.
6. The quality framework should be regularly monitored and updated via an inclusive, transparent process to ensure it meets goals.

Roadmap to Completing Framework Development

Together with a broad range of stakeholders, MDH has laid a solid foundation for developing a measurement framework for a healthier Minnesota that MDH and partners will begin implementing in 2020. Additional work is needed to finish developing the framework, and some of these next steps will continue to evolve. MDH developed a roadmap to complete the framework during 2019, and critical components include:

- Leading an ongoing and inclusive stakeholder engagement process to gather additional input to help shape the framework, establish bi-directional communication with stakeholders, and continually inform best practices for a transparent and inclusive process;
- Finalizing certain framework components, such as naming framework users and identifying their needs, and identifying principles and characteristics of an evaluation plan;
- Articulating an effective stewardship structure; and
- Developing an implementation blueprint that specifies actions for MDH and key partners across professional organizations, communities, and others.

Conclusions

Across the board, stakeholders are excited to create a new framework for health quality measurement and improvement, and firmly believe that Minnesota should continue to be a leader and innovator in this space. Nevertheless, change is hard, and difficult conversations and decisions lie ahead as we determine quality improvement priorities, identify accountability paths, select measures, and allocate resources.

We had many questions going into this framework development process around alignment, improvement goals, use of measures, and more, and we are on the road to building a measurement framework that will help us to answer these and other fundamental questions. Building from the foundation that we collectively established this year, we are committed to developing the health quality measurement framework in consultation with stakeholders during 2019. We will provide the full framework to the Minnesota Legislature by the end of 2019, and will begin implementing the framework in 2020.

Stay Informed

MDH provides updates on the quality framework initiative—including opportunities for input—through [Quality Framework](https://www.health.state.mn.us/data/hcquality/measfrmwk) (<https://www.health.state.mn.us/data/hcquality/measfrmwk>), announcements and additional methods.

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A MEASUREMENT FRAMEWORK FOR A HEALTHIER MINNESOTA

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