
Quality Framework Steering Team Meeting Summary

MAD Draft 7/12/2018

Final 8/27/2018

Meeting Date: July 2, 2018

Present

Steering Team: Kelly Fluharty, Monica Hurtado, Deatrick LaPointe, Kevin Larson, Jennifer Lundblad, Ross Owen, Diane Rydrych, David Satin, Julie Sonier, Mark Sonneborn, Maiyia Yang (alternate for Monica Hurtado)

MDH Staff: Marie Dotseth, Sarah Evans, Stefan Gildemeister, David Hesse, Denise McCabe

MAD Consultants: Lisa Anderson, Stacy Sjogren

Welcome

Stacy Sjogren from Management Analysis and Development (MAD) welcomed everyone to the meeting. Steering Team Co-Chairs Jennifer Lundblad and Diane Rydrych reminded the group of the goals of the meeting and the goals of the project.

Co-Chairs reviewed Steering Team roles and the Framework Development Arc. According to the Arc, there is one meeting remaining in September after today's meeting. There may be a possibility to add a meeting in August—remotely or in person.

Diane reviewed the Steering Team Meeting 4 Summary.

Stakeholder Feedback

MAD shared its findings from 14 stakeholder conversations, accounting for about 65 individuals. Steering Team members offered the following feedback:

- “Full alignment alone could cause SQRMS to become an afterthought” should be reworded to reflect that the intent is not to say that SQRMS is reactive. One member suggested it may not necessarily be negative.
- Clarify when comments were about the health care system and when they were about the measurement system.
- The group will need more direction on implementation of values and principles. General feedback has been that they are too broad. The Steering Team discussed the notion that SQRMS has tried to be all things to all people. A few members stressed that the current system does not adequately serve patients. Community conversations yielded feedback that values and principles are colorblind and they should mention structural racism.

- The statements regarding the relationship between measurement and improvement should be clearer to communicate that measurement alone does not drive improvement; people need to act on what they learn from measurement. That action can take several forms, such as investment of resources, public reporting, or effort made by the provider to understand the information and make changes.
- It would be helpful to know the context of the technology comments.
- The group would like to better understand the concept of using measures for activities other than the intended use.
- The group should remember that clinics and hospitals are not all integrated to the same degree.
- There was agreement that we should measure population health, and discussion about accountability and how to share on multiple levels. Providers can be accountable to know what is going on with their patients, clinics can be accountable for resource needs for patients, etc.
 - Providers often resist population health measures because they do not want to be held accountable for things that are beyond their control. Even if the intention of the measure is explicit, it may not hinder payers for using population health measures or social determinants of health in determining payment.
 - Alternatively, social determinants of health can also be used as a protective factor. We often jump to the conclusion that by measuring social determinants of health we're adding to the plates of providers and using measures for payment, but we're smart enough to use them for other purposes.
 - It is the social responsibility of the health care system that it provides assistance to those that are negatively impacted by its decisions. Data can also be helpful in the hands of the community. The health care system is not necessarily accountable for social determinants of health.

Deatrick LaPointe and Denise McCabe briefed the Steering Team on themes from community conversations. The Steering Team offered the following feedback:

- We need to realize that we filter information from communities (i.e. we determine what is important) and ensure that those in power are trained to adequately represent community perspectives. We don't want the community to feel "used."
- It will be important for MDH to continue being present as a partner in the community, rather than only asking for input. The community needs to feel engaged; they are not as versed in the appropriate entry points as other stakeholders. MDH needs to be proactive in providing space for the community to engage, even when there isn't a specific need to do so.
- Research is showing that patients/consumers are more concerned about the patient experience—whether clinic locations/times are convenient, ability to schedule appointments, etc.—than health care quality measures. Examples included Medicaid beneficiary testing, Stratis Health consumer outreach.

- Qualitative data can be a valuable tool in understanding the patient experience through stories. Will be important to engender buy-in. What could a qualitative measure look like? Steering Team cited CG-CAHPS¹ as the only example of which it was aware
 - Health Care Homes might be an example of programs that could be used as vehicles to bring those stories into the process.

Discussion

Steering Team members were asked what stood out to them from the stakeholder conversation themes and what conclusions they could draw from them.

- The framework diagram should include a loop that represents getting stories and feedback throughout the process—not just for market research, but as an outcome to share with stakeholders and bring them along in the process. We need a clear understanding of who is going to use the framework and for what.
 - The diagram should also show accountability and responsibility for taking action.
- To date, few of the stakeholder conversations have been with payers, although payer support is very important to the effectiveness of the framework in driving change. To what degree is aligned payer behavior desirable or expected? What levers are available to MDH or other actors to influence alignment? It may be more difficult to align payer activities given the direction of the framework related to population health, though it will be important to have their perspective and buy-in.
- There was universal interest in knowing more about social determinants of health, qualitative data, and data sources.
- What is the whole purpose of the framework? If the goal is to advance health equity, the framework will need to be designed from that lens, understand what health equity is, and use the information we have gotten to help shape that. We don't want more of the same; we should take the challenge and risk to make significant change, if our goal is to advance health equity.
- How can we use technology to get at health care efficiency?
- “If a problem is too big to solve, make it bigger.” We may need to bring in more stakeholders and more solutions, understand implementation, and look to other states. Think beyond a measurement system to one that is population-based.

Examples:

- Michigan statewide provider attribution system forms the basis for quality-based contracts and denominators for all quality measures.
- HIT Roadmap for Minnesota, patient-centric view of how the next generation of health IT should work. This included a visual and instructions.

¹ Community Assessment of Healthcare Providers and Systems-Clinic & Group Survey
<https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>

Stacy asked the group what else they would need to move forward. The Steering Team responded they would like more synthesis in writing, to hear about discussions with the Internal Workgroup, and to hear from more unique perspectives.

Alignment Check

Stacy asked the group to reflect on the questions they developed in the first Steering Team meeting that they thought the framework should answer. She then asked the group if the values, principles, and other framework elements offer potential answers and whether those questions are still valid.

- Some of the questions can be answered now, including:
 - #2: Should all statewide measures be used in quality improvement, public reporting, and pay-for-performance, or are different measures better suited to different functions?
 - Different measures will be used for different purposes.
 - #3: How do we measure other settings or across settings along the care continuum?
 - The group has discussed measuring other settings and/or across settings but still needs to define how, who can act on results in those settings, why there should be measures, and how to prioritize.
 - #8: How do we know whether the system is working?
 - There will be a process for evaluative measures and building in goals, but the process is to be determined.
- Scope is still somewhat uncertain.
 - The questions imply the scope is the health care system, but group conversations have been broader, including topics such as population-level health. Questions might need to be more expansive, though they are still germane to what we want to do.
 - Who will use the framework and how is yet to be defined. Once defined, will likely help to define scope.
- Some other questions have emerged.
 - Who will use this framework and for what purpose?
- Some questions will not be answered by this group but will need to be answered by the framework. We have done the groundwork to help create a system that will get us to a place where we can answer these questions.

Framework Discussion

Stacy asked the following questions:

1. “What role or function does the community need from whomever is stewarding this emerging framework?”
2. “Looking at the framework diagram, how can stewardship be interpreted in terms of
 - a. characteristics?

b. or specific functions?”

3. “What are the keys to success? To whom will stewards be accountable and how?”

Discussion

The steward should be trusted, transparent and able to represent all perspectives in leadership and decision-making. A neutral convener is preferred, although it may not be possible to find a truly neutral convener as many entities have a stake in health quality measurement. The convener should:

- Be a trusted party; understand and value the interests of everyone using the system; foster shared leadership.
- Ensure that the process is going as planned (i.e. according to framework feedback loops, in line with values and principles); provide the guardrails._
- Manage personal and system power dynamics; ensure there are not massive winners and losers; ensure values and principles are being followed and that everyone is playing by the rules. Connect with the community and support the development of a health equity standard.
- Provide technical assistance, develop best practices, and foster a living system that adapts to what is and is not working well.
- Consider peoples’ health literacy; the system can learn from the community.
- Be transparent and collaborative; community leaders should be a part of this and have a decision-making role, not just providing input.
- Accountable to the legislature and governor; accountable to communities and health care systems.

Members discussed that accomplishing this may be trying to do too much, but some members acknowledged that a system that may negatively impact some has a responsibility to provide resources that can help mitigate those impacts.

There will need to be a system of checks and balances. We could utilize patient advisory groups in a way that makes the community accountable to the community to decide how to prioritize health in their community and what that means for investment in their health care system. They can be accountable for educating the community at large.

Next Steps

MDH will send information regarding the survey, public comment period, and Internal Workgroup.

There will be a stakeholder panel webinar in July (recording available by request).

The next scheduled Steering Team meeting will be **Thursday, September 6th from 9:30 a.m. to 12:30 p.m.** at HIWAY Federal Credit Union.

MDH will send a Doodle poll to determine whether an August meeting is feasible.

Homework

Homework to be determined by MDH and may involve further reflection on stakeholder input or on the questions the framework should answer.

Public Comment

There was no public comment.

Adjourn