

Quality Framework Steering Team Meeting Agenda

Date/Time: September 6, 2018; 9:30 a.m. – 12:30 p.m. Central Time

Location: HIWAY Federal Credit Union, 840 Westminster Street, St. Paul, MN 55130

Telephone: 1-888-742-5095; 933-209-2697

- I. **Welcome** (15 minutes)
- II. **Stakeholder Input Update** (15 minutes)
- III. **Transition from Phase 1 to Phase 2** (2 hours, 5 minutes)
 - a. Summary of Phases 1 and 2
 - b. Phase 2 stakeholder engagement
 - c. Closing-out Phase 1
 - i. Status report to Legislature
 - ii. Communications
- IV. **Next Steps** (5 minutes)
- V. **Public Comment** (10 minutes)
- VI. **Thank You and Acknowledgements** (10 minutes)
- VII. **Adjourn**



Quality Framework

Steering Team Meeting #7

September 6, 2018

Agenda



- Welcome
- Stakeholder input
- Transition from Phase 1 to Phase 2
- Next steps
- Public comment
- Thank you and acknowledgements
- Adjourn

Goals for today's meeting



1. Hear input from a subgroup of the **e-Health Advisory Committee**,
2. Review an **updated Phase 1 and 2 summary handout** that incorporates feedback from our August meeting, and discuss the **structure of and transition to Phase 2** in greater depth; and
3. Close-out Phase 1 with discussion around **MDH's approach to the status report for the Legislature** and a **communications strategy**

Project goals and legislative charge

Project goals

The framework is intended to become guidance to the broader community that:

Articulates the **values** of statewide quality measurement across the spectrum of stakeholders

Includes **guiding principles** for a system of health quality improvement and measurement

Responds to the **legislatively-established criteria**

Establishes principles for **ongoing framework evaluation, maintenance, and updates**

Legislative charge

Develop a framework in collaboration with a broad group of stakeholders that:

Articulates statewide **quality improvement goals**

Fosters **alignment** with other measurement efforts

Identifies the most **important elements** for assessing the quality of care

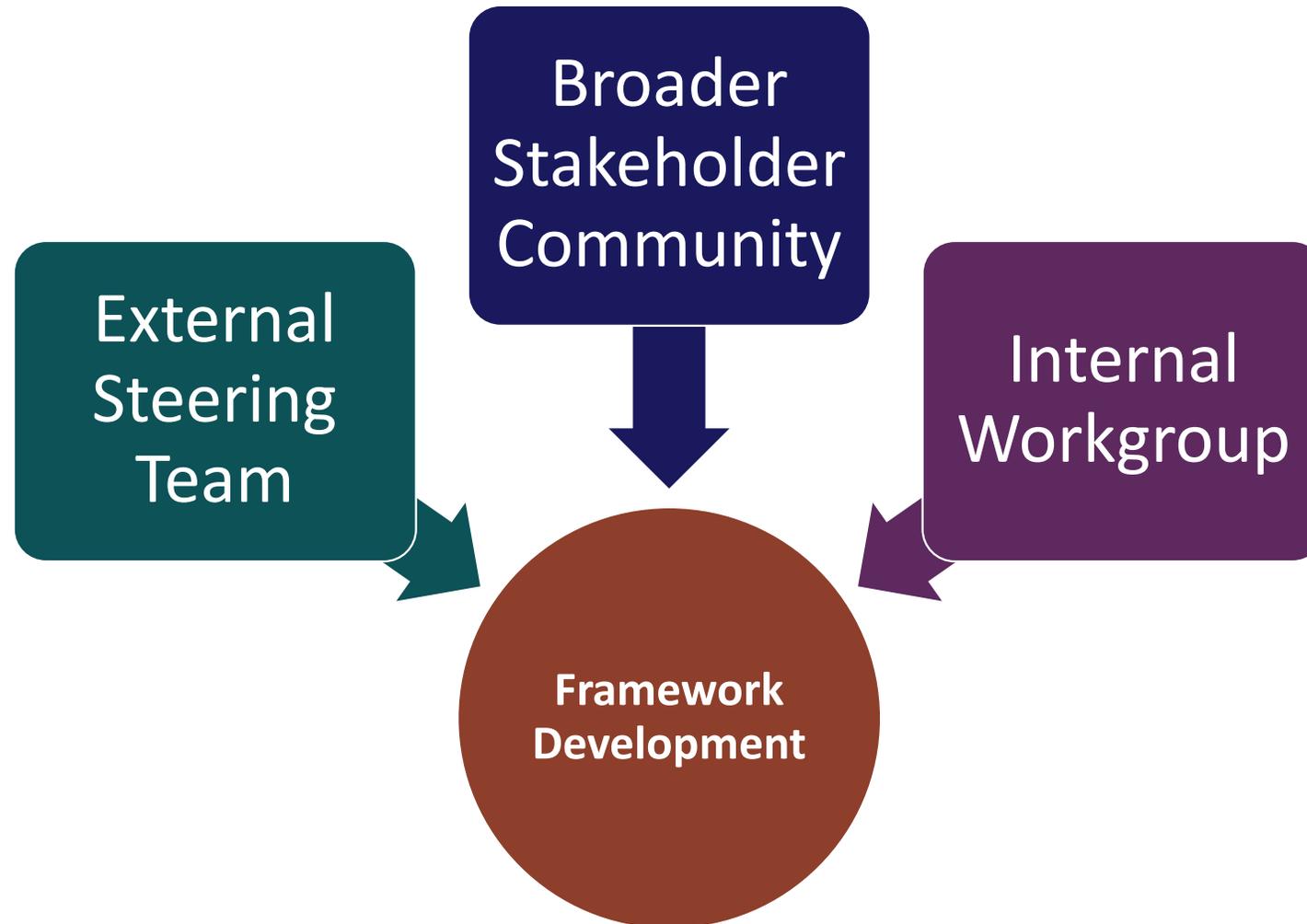
Ensures **clinical relevance** and

Defines the **roles** of stakeholders

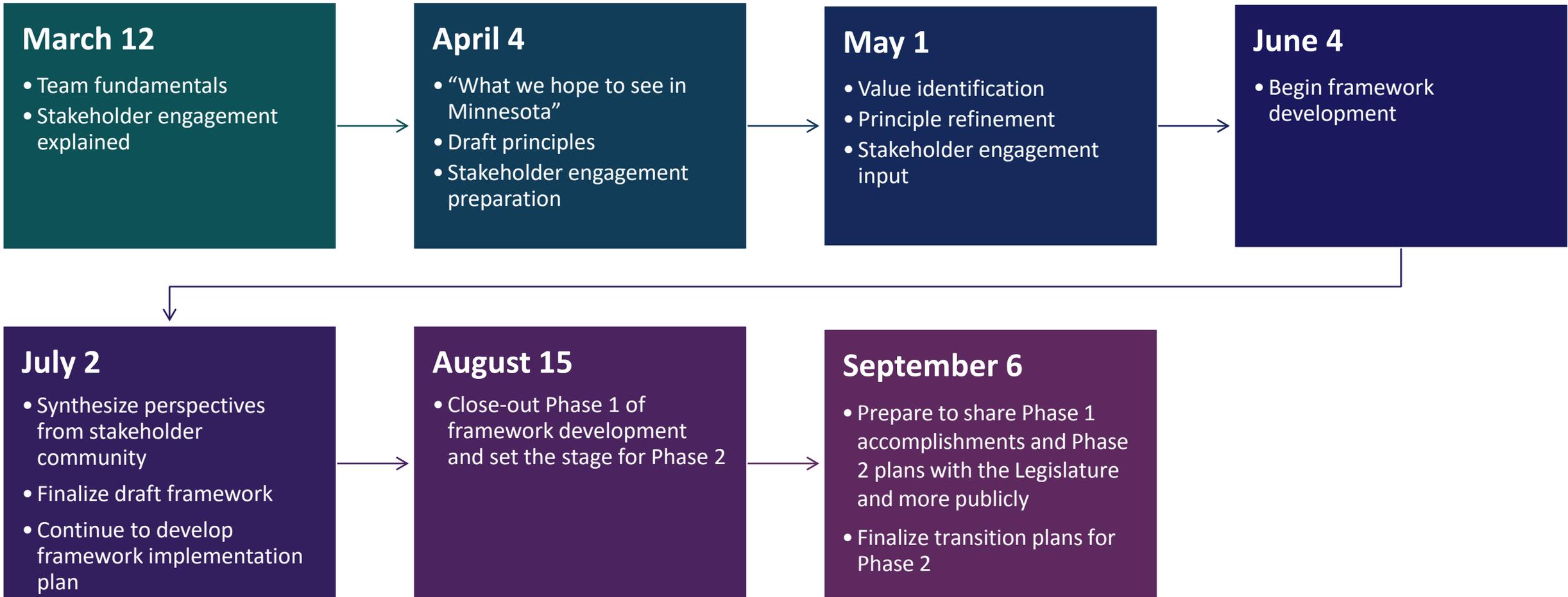
Steering Team role

- Assist with the identification, articulation, and prioritization of **framework objectives**;
- Advise on the **key topics and questions** to use in outreach with a broader stakeholder audience;
- Think through the right perspective/people include in the **stakeholder consultation**;
- **Synthesize input from the broader stakeholder community** to contextualize and articulate themes and recommendations, and help build a roadmap, if necessary, towards a Minnesota quality framework; and
- Discuss ideas for **ongoing framework evaluation, maintenance, and updates**

Stakeholder input



Framework development arc



Meeting #6 summary



Stakeholder updates and input

- e-Health Advisory Committee subgroup



Roadmap development

Framework Development: Progress and Remaining Work

Goal: A system of measurement that fosters improvement in health outcomes, health care quality, health equity, patient experience, and population health, and reduces costs for patients, providers, and purchasers

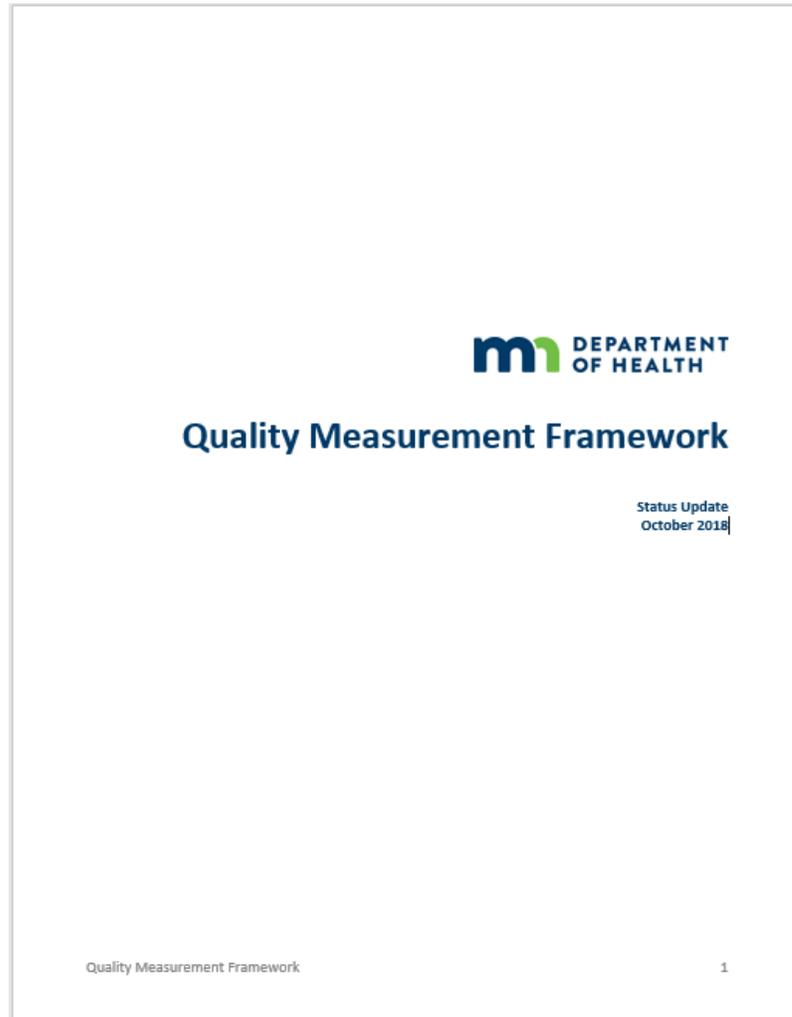
Phase 1 Progress March – September 2018 WE HAVE...	Phase 2 Expected Accomplishments 6-12 months WE WILL HAVE...	Sample Implementation Activities 2020 and beyond WE WILL...
Articulated values	<ul style="list-style-type: none"> Identified for whom measurement should matter Criteria for making measurement actionable Recommendations on how to resolve tensions between efficiency, simplicity and transparency 	<ul style="list-style-type: none"> Establish system vision and goals, including improvement goals across clinical, population health, public health, and equity dimensions
Developed guiding principles	<ul style="list-style-type: none"> Proposed approaches for identifying what measurement is most important Identified potentials for unintended consequences 	<ul style="list-style-type: none"> Set parameters for measurement, including, but not limited to, selecting measures that “matter”, specifying intended uses for measure data, conducting burden and benefit analyses, etc.
Used an intentional process to create values and principles, and include broad stakeholder input and community voice	<ul style="list-style-type: none"> Collected and incorporated additional recommendations from stakeholders Recommendations on how to continue a transparent, inclusive process that includes broad stakeholder input and patient/community voice Drafted a communications plan to disseminate information out to and receive feedback from stakeholders 	<ul style="list-style-type: none"> Continue and potentially adjust a process for ongoing stakeholder input to inform measurement system activities
Determined that the stewardship process should be trusted, transparent, and able to include all perspectives	<ul style="list-style-type: none"> Proposed a structure for framework stewardship that includes resource needs Defined accountability paths and ownership for framework implementation Recommendations for relationship building that promote shared accountability (providers, systems, communities) and articulate roles Drafted a roadmap for framework implementation under political, operational, system power, authority, and resource realities Determined which roles should be outside stewardship, i.e. be independent of it (evaluation?) 	<ul style="list-style-type: none"> Implement an approach to community and patient engagement at all levels of decision-making Stand-up a framework stewardship structure Develop processes for evaluating the measurement system as guided by the framework and evolving the system over time
Decided that: <ul style="list-style-type: none"> measurement is more than clinical care and SQRMS exists as a subset of the envisioned system and will evolve within it 	<ul style="list-style-type: none"> Named framework clients and identified their needs Recommendations to guide the measurement of health and health care, including how to measure on different levels and across scopes (e.g., measuring the “middle” and the “edges”, across systems of care, at the population/neighborhood level, etc.) 	<ul style="list-style-type: none"> Respond to legislatively-mandated criteria, including alignment with other measurement initiatives
Decided that measurement must be subject to ongoing evaluation	<ul style="list-style-type: none"> Drafted an evaluation plan 	

Phase 2 stakeholder engagement

- **Discussion**

In Phase 2, what does the guidance body look like in terms of composition? Is there a hybrid approach to consider? **What perspectives should be continued, added, or strengthened?**

Status report to Legislature



1. Letter
2. Executive Summary
3. Introduction
4. Background
5. Approach
6. Findings
7. Conclusion
8. Acknowledgments
9. Appendices

Communications

Audiences:

- Legislature
- Stakeholders – Steering Team, interviewees, internal workgroup, and others
- General public

Methods:

- Report
- Fact sheets
- Written and/or in-person communications with interviewees
- Present at meetings and conferences convened by stakeholder organizations
- Webinars
- Customizable PowerPoint template for Steering Team and other stakeholders to use
- MDH website and GovDelivery



Next steps



- Status report to Legislature
- Steering Team meeting 7 summary

Public comment



Thank you and acknowledgements

*Thank
you*



Stay updated on Quality Framework progress:

- Quality Framework webpage (<http://www.health.state.mn.us/healthreform/measurement/measfrmwk>)
- [GovDelivery](#): Statewide Quality Reporting and Measurement System

