
Quality Framework Steering Team Meeting Summary

MAD Draft 3/12/18

Present

Steering Team: Kelly Fluharty, Monica Hurtado, Kevin Larsen, Jennifer Lundblad, Ross Owen, Diane Rydrych, David Satin

MDH Staff: Stefan Gildemeister, David Hesse, Denise McCabe

MAD Consultants: Lisa Anderson, Stacy Sjogren

Welcome and Introductions

Stacy Sjogren from Management Analysis and Development (MAD) welcomed everyone to the meeting. Stacy also reviewed room and conference call logistics.

The Steering Team Co-Chairs, Diane Rydrych from Minnesota Department of Health (MDH) and Jennifer Lundblad from Stratis Health, introduced themselves and led Steering Team introductions. Diane introduced the agenda.

Background

Stefan Gildemeister (MDH) highlighted key local and national health policy initiatives to provide context for where we have been in Minnesota in terms of quality measurement and improvement, what has changed over time, and where we are now. Jennifer Lundblad noted three federal milestones:

- 2002 – Centers for Medicare & Medicaid Services (CMS) core measures reporting, now called Value-Based Purchasing for prospective payment system hospitals, and ever-increasing sophistication in hospital quality reporting;
- 2008 – Implementation of the Physician Quality Reporting System (PQRS) and other outpatient clinic and physician-focus efforts; and
- 2009 – Health Information Technology for Economic and Clinical Health (HITECH) Act.

Stefan teed-up discussion questions for the group to ponder and asked whether they were the correct questions to ask, such as:

- Should quality measures be linked to goals around quality improvement, population health, health equity goals, cost reduction, disease burden?

- Should all statewide measures be used in quality improvement, public reporting, and pay-for-performance, or are different measures better suited to different functions?
- How do we measure *other* settings or *across* settings along the care continuum?
- How do we align with other measurement strategies without being duplicative or redundant or going backwards, and maintain a system that is relevant for Minnesota?
- What do we all need to know to be part of health quality improvement and the delivery of high quality care?

Discussion

- Q: What do we mean by “improvement?” A: MDH intentionally left that vague, so the Steering Team could help refine the meaning of “improvement.”
- In an environment of constrained resources, it will be important to make measurement and reporting more efficient and meaningful and to make sure to use all of the data that is collected. It is often difficult to know how hospitals and clinics use the data they collect.
- It is important to distinguish measurement and transparency as means to an end—what goal are we trying to achieve and for whom?
- It will also be important to think about how the data will be handled, especially for real time care delivery.
- Whatever the end result, MDH and the Steering Team must consider how it will impact the relationship between the patient and the provider and whether it increases trust between the community and the health care system.
- Health care quality improvement has lots of stakeholders, and MDH will have to be transparent about engaging them. It will be important to know the politics around this topic and who might be opposed to the end result.
- A potential outcome may be that SQRMS has run its course.

Legislation

The Co-Chairs provided background on the legislative charge and reminded the Steering Team that the timeline is short but needs to create space for an iterative process. Legislation assumes that the Statewide Quality Reporting and Measurement System (SQRMS) will continue, but it could look very different.

Discussion

One member suggested the group should discuss the impact of SQRMS to date. SQRMS was originally created to be a consistent set of measures. How successful was SQRMS in doing so? What should the goals be now? Is there a role for SQRMS in quality measurement and improvement?

Steering Team Role

The Co-Chairs reviewed the Steering Team charter and the role of the Steering Team. The role of this group is to help shape the process for gathering stakeholder input, including how the project team asks about quality improvement and who the project team asks the question to; and synthesize the input provided by stakeholders.

Steering Team members discussed the Steering Team's role further. As MDH attempts to gather a wide variety of stakeholder input, the Steering Team's role will be to synthesize, digest, and mediate when hearing conflicting or opposing views. The Steering Team will not make recommendations but help the stakeholder voices that MDH is hearing from make sense and lead to a potential framework. The Steering Team will advise on process and on what information MDH asks from others.

The Steering Team also discussed the importance of language and using terms that hold the same meaning for everyone.

Other topics discussed include:

- The quality framework discussion with this Steering Team will not end with the report to the legislature; the effort to guide provider organizations to transparency and transformation is likely ongoing.
- There is currently no dominant model for what a framework should look like, though the Steering Team binders include examples of frameworks.
- It will also be important for the Steering Team to consider how stakeholders (providers, payers, patients) value quality measurement.
- Minnesota could use an incremental approach, where the report outlines a process for developing and testing the framework iteratively. We could start with a preliminary framework of two to three measures. We could demonstrate that we have tested the framework, not just thought about it.
- Other states have developed quality measurement systems for specific purposes. For example, measurement has been the solution for some states as they implement value-based purchasing initiatives and accountable communities for health. Other states want to drive down health care costs and use measurement in that way. Others encourage care coordination and the measurement infrastructure. Minnesota is a leader in health care quality measurement. What is the State's interest? What are the key drivers for the executive branch, and are there shared goals/value propositions across agencies? Minnesota can continue to take risks and trail blaze versus finding a national solution that makes sense for Minnesota in which Minnesota regresses to the mean.
- "Why not regress to the mean?" is the question before us. What can Minnesota do differently and better that is best suited to our market and populations?
- The Steering Team should strive to continue asking questions as the project evolves, rather than focusing on answering initial questions.
- Health disparities will continue to be an important topic.

- The conversation is very technical. Think about who will be affected by this framework and by MDH. How do we keep in mind that the experts know the jargon, and communities of color and indigenous communities are not on the same level—how do we deal with this tension?

Stakeholder Engagement and Data Collection

Lisa Anderson from MAD presented the current data collection plan, a document that included research input from Steering Team members, and a starting list of stakeholders. MDH and MAD will reach out to additional stakeholders and seek for input from steering team members on other perspectives to include.

Discussion

- Especially for clinics with few resources, observation may be an effective way to learn about the burden of measurement.
- MDH should include information from its 2014 Advancing Health Equity report.
- MDH and MAD should ensure that they also reach out to stakeholders that are not health care experts.
- It will also be important to know what thoughts the legislature has around this topic.
- There is a tension between wanting to be authentic in stakeholder engagement and the time available.
- In the interest of quality improvement, this will be an iterative process, meaning that questions may evolve. If questions evolve, the project team may need to circle back to people they already spoke with.
- The project team will vet questions with the Steering Team as time allows. This may mean work for the Steering Team between meetings.

Next Steps

Stacy introduced next steps:

- Next meeting end of March/early April
- MAD will send Doodle polls for the remaining Steering Team meetings this week.
- Future communications to be found on MDH website, GovDelivery, or email health.sqrms@state.mn.us.
- A meeting summary will be sent with the next meeting's materials.

Public Comment

There was no public comment.

Adjourn