

## Meeting Summary: Measurement Framework Steering Team Meeting #1

Date: 06/28/2019  
Summary prepared by: MDH staff  
Location: Orville L. Freeman Building, B144

### Attendance

#### Steering Team

- Bill Adams
- Graham Briggs
- Ellen De la torre
- Marie Dotseth
- Renee Frauendienst
- Olivia Jefferson
- Courtney Jordan  
Baechler
- Lisa Juliar
- Scott Keefer
- Rahul Koranne
- Deb Krause
- Deatrick LaPointe
- Jennifer Lundblad
- Gretchen Musicant
- Sarah Reese (phone)
- Diane Rydrych
- Janet Silversmith
- Marcus Thygeson
- Maiyia Yang  
Kasouaher

**MDH Project Staff:** Debra Burns, Magie Darling, Sarah Evans, Stefan Gildemeister, Denise McCabe, Jeannette Raymond

### Action Items

- Review measurement framework examples
- Engage with colleagues on meeting discussion questions and topics
- Read “A Measurement Framework for a Healthier Minnesota” report
- Attend MDH presentation of an overview of Phase 1 of measurement framework development (optional)

## Agenda and Meeting Notes

### Welcome and Introductions

The co-chairs, Jennifer Lundblad and Marie Dotseth, welcomed everyone to the meeting and acknowledged the breadth of expertise and perspectives represented on the Steering Team. Marie noted that both the Phase 2 Steering Team and Minnesota Department of Health (MDH) staff involved in the project represent broader perspectives, as compared to Phase 1 given stakeholder consensus that we should expand the scope beyond health care to health broadly. Jennifer reviewed the Steering Team Agreements, which outline core principles to guide Steering Team member interactions.

Steering Team members then introduced themselves and shared their thoughts on the potential for the project. Members articulated that the project provides an opportunity:

- For Minnesota to be bold and innovative, and create a new tomorrow that moves beyond the status quo to impact and improve population health.
- To move beyond quality reporting to health reporting, and make measurement meaningful not only for systems, but for individuals and communities.
- To come together as a state to decide what is important, align our systems, and create a broad enough framework so that everyone sees their place in it.
- To create intentional opportunities to work together—ensuring that patient and community voices are included—to produce something tangible that organizations can use.
- To be intentional about how to achieve health equity, including how to use our resources most effectively.

### Introduction to the Measurement Framework Project

Marie reviewed the project's background, including its legislative origins, and Jennifer walked the group through "Measurement Framework Development: Progress and Remaining Work"—a table from the "Measurement Framework for a Healthier Minnesota" report—which summarizes what was accomplished in Phase 1, the roadmap for completing framework development in Phase 2, and the vision for implementation in Phase 3. Jennifer remarked that this will be a living document, and changes are expected based on the work of the Steering Team as it further develops the framework.

Co-chairs, returning Steering Team members and MDH staff shared the following reflections on the work of Phase 1:

- There was a very intentional process to develop measurement framework values and principles that included a lot of stakeholder engagement and discussions about trust and transparency, stewardship and governance, and the importance of community-engagement.

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- It was a complex struggle to understand the clinical and quality measurement aspects, but measures seem underutilized and it was important to be open to what is missing in our current system. I'm glad we are looking at how to better utilize what we already have.
- We got a lot of feedback from the community. There was tension on the values, but high-level consensus. The full list of contributors is in report Appendix E.
- Throughout the stakeholder engagement process, we uncovered many connections that exist between the work of the Minnesota Department of Health (MDH) and others, including the Minnesota Medical Association and community groups.
- In a project conducted by the Quality Measurement Enhancement Project (QMEP) Community Engagement Team, community members reflected on their experiences as patients and what quality primary health care means to them. MDH will send the report, "Community Leaders' Perspectives of Health, Quality Primary Health Care, and Payment Based on Quality Measures" to the Steering Team. The project demonstrated how important community engagement is to health quality measurement work, and that we can, in fact, engage with community members on quality measurement. Marie commented that the meeting during which this report was presented to Commissioner Malcolm was one of the most impactful meetings on patient experience she had attended.
- There is a great deal of pride for what Minnesota has accomplished, in terms of leadership in quality and safety measurement and reporting, which leads to a natural desire to see what's next.

Jennifer then reviewed meeting goals, the Steering Team's role, and the scope of work for Phase 2. One Steering Team member asked for clarity about how the Steering Team will make decisions. Jennifer explained that in Phase 1, the Steering Team used consensus-based decision-making. Jennifer said that this group will decide what decision-making method to use during the July meeting.

### Values and Principles Refinement

Jeannette Raymond introduced the values and principles that were developed during the first phase of the measurement framework project, and Steering Team members took turns reading each value and principle aloud. Afterwards, Steering Team members worked in small groups and discussed the following:

- **What language or concepts need clarification? Or need to be added?**
- **Where do you see existing or potential tensions?**
- **In light of the tensions you've cited, what are the implications for a governance or decision-making structure? What needs to be in place? Who can make these decisions?**

Steering Team members recorded their feedback on discussion sheets and reported the following highlights to the group:

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- We need to clarify what we mean by “quality.” Is it only health care? Or do we need to get to health?
- There’s some ambiguity in the quantum leap from clinical quality to health. In the future, we envision health measurement and health improvement, so clinical quality has to reflect that.
- The first principle should be more action-oriented.
- It should be clear that we are elevating the patient perspective above that of clinicians and payers.
- We should be more direct about what is included.
- We should better highlight a culture of equity that includes structural racism and its impact on health. That would be Minnesota stepping out and calling it as it is.
- We need to leverage aspects of existing quality measurement that tracks patient experience. A health equity framework could fit within that work.
- It takes a village. If we are going from a clinical measurement framework to health, it takes a collaborative, community-wide effort. We need to make sure we are inclusive of all partners.

Public observers offered the following feedback:

- We have all the data. So what?

### **Minnesota Measurement Framework Vision and Mission**

To begin developing a shared understanding of what a measurement framework is, Jeannette presented the following definition to the Steering Team for consideration:

Definition: A structure that contains a set or sets of measures that will:

- Be used by many to inform decision-making, action and accountabilities to:
  - Improve individual health outcomes
  - Improve population health outcomes
  - Reduce health inequities
  - Improve health care quality and patient experience
  - Reduce costs for patients, health care providers and purchasers
  - Spur innovation (e.g., advancing health equity, healthy communities, engaging patients, value-based purchasing)
  - Other...
- When measured over time, demonstrate improvement, opportunities for further action or catch an eroding trend
  - Some measures will be publicly reported
  - Some efforts may use the framework structure to determine measures, but these may not be publicly reported

Steering Team members responded with the following feedback on the definition:

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- The concept of using the framework to recognize where collaboration is happening can be clearer, specifically how the framework can foster collaboration.
- Consider incorporating the idea of an adaptive approach. I feel uncomfortable defining this as a set of measures. Perhaps instead, it is a set of concepts to be measured.
- Consider including the idea that measures may evolve over time as we change our approach.
- It seems like a leap to go from framework to measures. We first need to define what the framework is and its purpose.
- It is important that we philosophically agree that that clinical quality and quality measurement is still only oriented to 10-20% of the population. We need to reorient our language to capture the broadening of our scope to health generally.
- We should be clear that improvement applies both to what we are doing and what data we are collecting and analyzing.

To further develop the framework mission and vision, Steering Team members worked in small groups and discussed the following:

- **How can you envision a measurement framework being used to drive health improvement and innovation, and by whom?**
- **How might you, your community, or your organization use a measurement framework?**
- **Are there others that would use it and how?**
- **Are there things that came up in the discussion that could inform a refinement of our definition of a framework?**

Steering Team members recorded their feedback on discussion sheets and small groups reported on the following examples of how the framework could be used:

- Beyond the clinical space
  - It could be used as a health equity model to better allocate resources. It could also be used to inform technology infrastructure to help capture, synthesize, and disseminate information.
- Alignment
  - It could be used to bring different systems together, and to help us look at collective roles to better understand the different pieces leading to an outcome.

Public observers offered the following feedback:

- As a large employer, the framework is a conversation starter. We pay an inordinate amount for health care. We can use the framework as a way to talk to insurance administrators. It will help us think more about the social determinants of health and ensure we're all on the same page to affect change.
- It will help us recognize who our partners should be.

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### Measurement Framework Models and Preparation for July Meeting

Jeannette introduced the homework for the next meeting, which is for Steering Team members to review four existing measurement framework summaries alongside questions to guide the review. Jeannette then asked for Steering Team member volunteers willing to work in small groups that MDH will facilitate to review and present a framework during the July meeting.

The existing measurement frameworks are:

- Robert Wood Johnson Foundation (RWJF) Vision to Action Framework;
- Health Opportunity and Equity (HOPE) Initiative;
- Institute of Medicine (IOM) Vital Signs: Core Metrics for Health and Health Care Progress; and
- Centers for Medicare & Medicaid (CMS) Meaningful Measures.

Steering Team members were encouraged to offer additional framework suggestions. One member suggested that the group consider Blue Cross Blue Shield of Minnesota's "The Cost of Health Inequities in Minnesota."

### Public Reflection and Comments

There was no public comment.

### Closing

Co-chairs thanked the Steering Team for its work. Co-chairs and Steering Team members offered the following closing comments:

- I want to challenge us to be specific in who we are talking about and who we are impacting. When we talk about users of the system, we should be more intentional about acknowledging those most impacted by disparities.
- There is tension in the broad scope of the project and the details.
- We're talking about changing a complex system. There is significant risk of harm due to unintended consequences. Structure drives process drives outcomes.
- There is a framework for health-in-all-policies. We may want to use that to help us navigate unintended consequences.
- We should be aware of our own biases and perspectives. A lot of times in a setting of innovation, some are passionate and some are just along for the ride. Let's be transparent.
- As we go through the next few meetings, we should all be thinking about what this means for our respective organizations. The biggest fear is creating something we don't use. I want to express the hope that we are all thinking about this in the same way.

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## Next Meeting

**Date:** July 29, 2019

**Time:** 1:00-4:00 PM

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

Agenda items: Compare and discuss measurement framework models, identify desired features of a Minnesota measurement framework

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