



DEPARTMENT  
OF HEALTH

# Measurement Framework Steering Team Meeting #2 Summary

Monday, July 29th, 2019

1:00-4:00 PM

HIWAY Federal Credit Union, St. Paul, MN

# Participants

## Steering Team:

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

### **MDH Project Staff:**

Sarah Evans, Stefan Gildemeister (phone), David Hesse, Denise McCabe, Jeannette Raymond

### **Turnlane:**

Alex Clark, Cassandra Canaday

# Meeting Objectives

- More clearly define the Steering Team's role in Phase 2 of framework development and establish our approach to **decision-making**;
- Compare and discuss **existing framework models** to help us envision the type of model that will work best for Minnesota, and **identify desired elements** of a Minnesota measurement framework;
- Further refine our **framework definition building off of our June discussion and today's framework model discussion**; and
- Introduce the topic of **stewardship, or governance**, which will be the focus of our September meeting.

## Experiential Goals

- Get to know each other
- Feel that the expertise and contributions each of us brings to this table are valued
- Feel excited about the opportunity the framework presents, and
- Share leadership

# Welcome and Grounding

Co-chairs Jennifer Lundblad and Marie Dotseth welcomed participants by providing an overview of the meeting objectives and introducing the new facilitators for phase 2, Alex Clark and Cassandra Canaday of Turnlane.

Additionally, Jennifer reminded participants of the arc of the Steering Team's work throughout phase 2 (see right).

## Arc of Work



## Steering Team Agreements



Prior to discussion on core agenda topics, Alex Clark highlighted the Steering Team agreements, which are meant to guide the group's conduct during meetings (see left).

Alex also noted that, given the wealth of diverse perspectives and lived experiences, conflict and tension may arise within the Steering Team. Alex encouraged leaning into these moments rather than avoiding them, as they can help the group make progress.

# Steering Team's Role and How Decisions Will Be Made

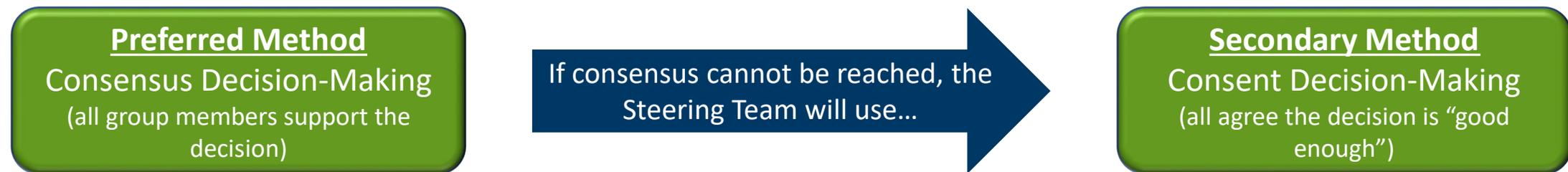
## The Role of the Steering Team

The group revisited their role and charge within the process of developing Minnesota's measurement framework.

*The Steering Team serves in an advisory role and a consultative capacity to the state and to MDH in informing the development of the measurement framework.*

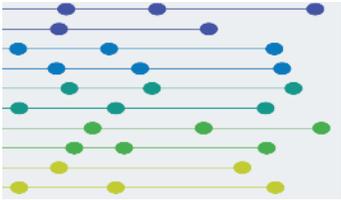
## Decision-Making within the Steering Team

To ensure there are clear, common expectations for how the Steering Team will make decisions, Alex provided meeting participants with four potential group decision-making approaches to consider (see Appendix A). After small group discussions, the Steering Team agreed to the following approach. If the methods below fail, the Steering Team agreed to defer to MDH.



# Learning from Other Measurement Frameworks

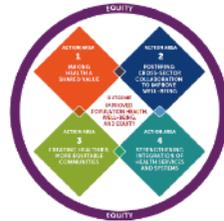
Meeting participants turned their attention toward the various frameworks that were reviewed by small groups following the June 28<sup>th</sup> meeting. One to two members from each small group provided a brief overview of their assigned framework, then answered clarifying questions to help Steering Team members understand the design and approach of each example (also see Appendix B).



## National Collaborative for Health Equity: The Health Opportunity and Equity (HOPE) Initiative

Maiya Yang Kasouaher and Marcus Thygeson highlighted:

- Social and structural determinants focus, very little on health care
- Asset-based orientation
- Promotes cross-sector collaboration



## Robert Wood Johnson Foundation (RWJF): Vision to Action Framework

Janet Silversmith highlighted:

- Very upstream measures
- Challenges status quo
- Poses a big gap between where MN is now
- Promotes cross-sector collaboration



## Institute of Medicine: Core Metrics for Health and Health Care Progress

David Satin highlighted:

- Emphasis on health care measures, many on access and prevention
- Lacks focus on health equity
- Has experienced low levels of adoption



## Centers for Medicare & Medicaid Services (CMS): Meaningful Measures

Julie Sonier highlighted:

- Emphasis on health care
- Lacks focus on equity
- Places patients at center
- Heavy on process measures
- Not very actionable

# Desired Elements of Minnesota's Measurement Framework

Participants reviewed the analogy of a measurement framework as a tree – the definition and properties serving as the trunk, the domains as branches, and the measures as leaves. See Appendix C for further detail on how this analogy fosters common language for framework development.

Meeting participants then broke into small groups to discuss key questions about other measurement frameworks in order to identify what elements may be most suitable for Minnesota to consider.

Small groups shared perspectives and insights on these questions during debrief with all meeting attendees (see right for collective summary). Appendix D includes greater detail.

## Small Group Discussion Questions

- Share with your group which **one element** across all frameworks stood out most to you.
- What elements of these frameworks do you see as a **good fit for Minnesota**?
- If you were designing a framework for Minnesota, what **three domains** would you choose? These do not have to be from the models the group reviewed.

## Elements to Consider for Minnesota

### Properties

- + Informs strategic investments
- + Fosters a culture of health
- + Scope includes social and structural det. of health
- + Promotes cross-sector collaboration
- + Incorporates an equity lens
- + Is asset-based, highly actionable, and process-focused
- + Utilizes evidence-based foundations
- + Includes the Triple aim
- + Clearly states goals
- + Focuses on community health and well-being

### Structural Features

- + Goal-focused hierarchy
- + Inclusion of “drivers” of health
- + Visual Model
- + Equity goal charts
- + Modular “plug and play” design
- + “Poster child” measures supplemented by more specific ones
- + Equity as an encircling aspect
- + Equity is important, explicit, and embedded
- + Organization by strategies/levers of change

### Domains

- + Rural Health
- + Access (broadly to include healthcare, supportive services, financial, etc.)
- + Telehealth
- + Cost or affordability (to people, families, and systems)
- + Policy
- + Clinical Outcomes
- + Context of community opportunity
- + Community features that affect health
- + Social det. of health
- + Advisory
- + Genetics

# Continued Refinement of Our Framework Definition

Participants reviewed the latest iteration of the framework definition, which was revised based on Steering Team input during the June 28<sup>th</sup> meeting (see Appendix E for all detail). Several individuals suggested additional changes to further refine the Steering Team's working definition.

## What is a measurement framework for health and health equity?



- ❖ A **set of domains** that together form a structure for identifying **appropriate and meaningful measures of health and health equity** for the **whole population** of Minnesota.
- ❖ Reflects the understanding that a broad range of **systems and social, economic, and environmental factors** create, influence, and perpetuate the health status of **individuals and communities**.
- ❖ Expresses a set of **values and principles** that guide **decision-making** for the framework and **connected collaborative efforts** to improve health and health equity.

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## Steering Team Input

- To further enable a shared definition, further clarity is needed on how this framework will be utilized and by whom
- Definition could be strengthened by adding a bullet about the intention of experimenting and learning together instead of being overly prescriptive about health measurement

## Parking Lot Questions for Additional Discussion

- Is it also intended to promote action across sectors?
- Who is reporting our to-be-determined measures (source of data)?
- What is the unit(s) of measurement and reporting accountability? Organization level? Community level?
- Will this be used to frame public communication about health improvement efforts?

# Primer for Steering Team Governance Development

Alex Clark provided participants with a brief overview on the topic of governance and how the Steering Team's work during phase 2 will result in a governance approach for future phases of developing the measurement framework.

The governance approach the Steering Team develops will:

Delineate who is accountable for performing certain tasks

Identify the roles and responsibilities necessary to support framework development and implementation

Outline which roles hold decision-making ability and authority

## Discussion

Participants shared that using a holistic definition of health and all the factors that determine health may require broader engagement from perspectives and sectors not currently represented within the Steering Team (e.g. transportation, law enforcement, etc). This specific topic will be revisited during the September meeting, which will include a more comprehensive discussion on governance.

Steering Team members will receive additional material on governance approaches for review ahead of the September 16<sup>th</sup> Meeting.

# Public Comments, Meeting Close, and Next Steps

## Public Comments

There were no comments from public observers.

## Meeting Close

Alex Clark noted that action items from the meeting will be communicated via email. In addition to specific actions resulting from the July meeting, there will be required preparatory activities before the September 16<sup>th</sup> meeting.

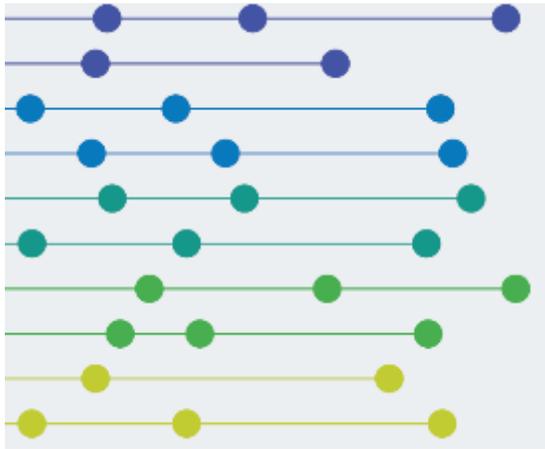
## Next Steps

- Provide input via the post-meeting survey (Steering Team members)
- Complete required review and preparation before the September 16<sup>th</sup> meeting (Steering Team members)

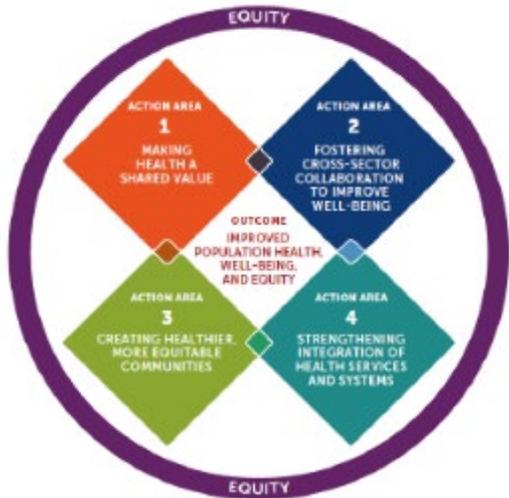
# Group Decision-Making Approaches

Approach	Intent of Approach	Pros	Cons
Consensus Decision-Making	Consensus strives to incorporate everyone's perspectives, needs, and ultimately their permission.	<ul style="list-style-type: none"> <li>• Satisfies all constituents</li> <li>• Fosters strong, united groups</li> <li>• Equalizes the distribution of power in a group</li> <li>• Constituents leave prepared to implement</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a lot of time</li> <li>• Very challenging for groups with low trust or competing interests</li> <li>• Difficulty increases as group grows larger</li> <li>• Subject to compromises that may not serve the group well</li> </ul>
Democratic Decision-Making	A group is presented with a series of options to vote on. The option with the most support is carried forward.	<ul style="list-style-type: none"> <li>• Transparent process</li> <li>• Perceived as fair</li> <li>• People easily grasp where the process begins and ends (unlike consensus and consent)</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerable to groupthink or political campaigning</li> <li>• Majority feels little need to compromise with minority</li> <li>• Lack of ownership on implementing decisions - "I didn't vote for that!"</li> </ul>
Consent Decision-Making	Consent means the absence of objections. Similar to consensus, consent invites group participation in the decision-making process but instead of granting each member the power to mold the proposal in pursuit of a compromise, consent urges the group to accept a "good enough" solution.	<ul style="list-style-type: none"> <li>• Fast and consultative</li> <li>• Encourages iterative, "good enough" solutions</li> <li>• Doesn't require agreement</li> <li>• Promotes objective debate</li> </ul>	<ul style="list-style-type: none"> <li>• The decision-making process can be rushed toward a suboptimal solution</li> <li>• The process can feel unfamiliar and uncomfortable</li> <li>• Can ignore team cohesion in the decision-making process</li> <li>• Can be harmful if used on wide-impact, long-lasting decisions</li> </ul>
Consultative Decision-Making	Consultative decision-making means asking for input from a set of individuals, but ultimately reserving the decision for one individual or group.	<ul style="list-style-type: none"> <li>• Fast</li> <li>• Generates additional perspectives beyond decision-maker</li> <li>• Helps gauge how a decision will play out politically</li> <li>• Gives access to technical knowledge</li> <li>• Opportunity to influence key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• People may feel excluded and unimportant</li> <li>• May result in limited buy-in and support</li> <li>• Creates the perception of politicking</li> </ul>

*Adapted from Nobl's "The Decider"*



- Reviewers: Olivia Jefferson, Marcus Thygeson, Maiyia Yang Kasouaher
- Alignment: General alignment; little about health care in HOPE
- Desirable features: Asset-based approach, equity lens, social and structural determinants of health, culture of health
- Actionability: Fosters cross-sectoral collaborations
- Adoption: Consider adopting portions of HOPE and adding them to our existing measurement system
- Key question: How might **health care** see themselves in the HOPE framework?



- Reviewers: Bill Adams, Courtney Jordan Baechler, Rahul Koranne, Janet Silversmith
- Alignment: General alignment; RWJF is action-oriented
- Desirable features: Action areas, drivers, measures
- Actionability: Fosters collaboration and partnership
- Adoption: Consider adopting RWJF with modifications
- Key question: Are we **tweakers** or **visionaries**, are we taking a **step** or making a **leap**, are we **evolutionary** or **revolutionary**?

# IOM Vital Signs: Core Metrics for Health and Health Care Progress



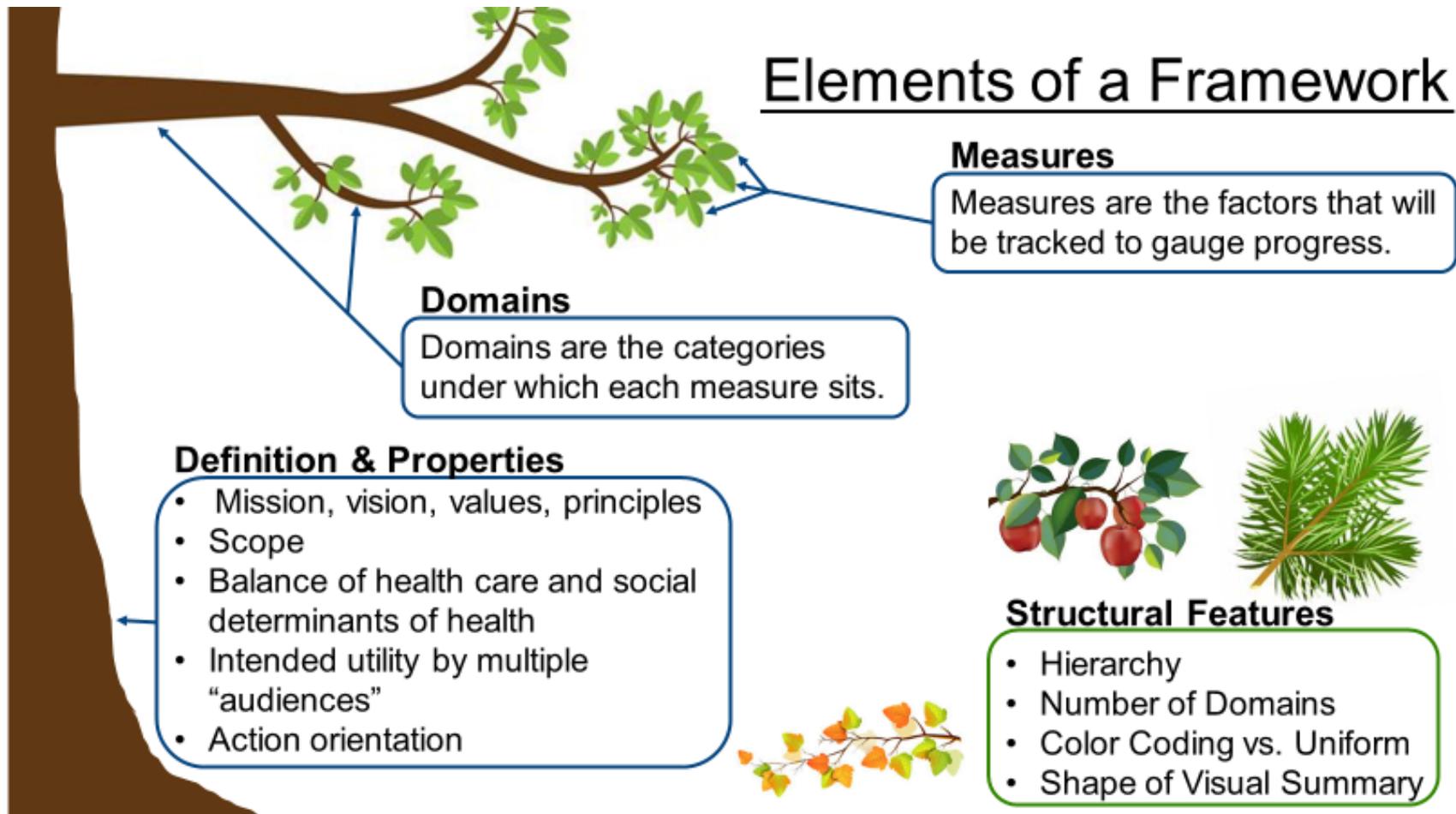
- Reviewers: David Satin, Marcus Thygeson, Tyler Winkelman
- Alignment: General alignment; IOM does not emphasize health equity, and connection and collaboration
- Desirable features: Core measure set, triple aim
- Actionability: Fosters cross-sectoral collaborations and partnerships
- Adoption: Consider adopting the IOM framework with modifications
- Key question: How would **funding** be leveraged to encourage cross-sectoral approaches?

# CMS Meaningful Measures



- Reviewers: Scott Keefer, Julie Sonier
- Alignment: General alignment; CMS does not emphasize health equity, and connection and collaboration and is focused on health care
- Desirable features: Strategic goals, cross-cutting criteria, overarching measurement categories, visual model
- Actionability: Informs strategic investments, not a useful model for cross-sectoral collaborations
- Adoption: The Minnesota framework should be informed by the best of the measurement frameworks under review
- Key question: What is the **there** we are trying to get to, **how** do we get from here to there, and **what** will it take to get there?

# Thinking of Framework Development as a Tree



## Small Group Discussion Questions

- Share with your group which **one element** across all frameworks stood out most to you.
  - Major Themes:**
    - Cross-sector collaboration
    - Framework scopes that recognize that health is broader than health care
    - Evidence based
    - Clear hierarchies
    - Recognition of health equity and disparity at some level
    - Focus on community health and well-being
    - Some significant parties are missing from the table
- What elements of these frameworks do you see as a **good fit for Minnesota?**
  - Major Themes:**
    - Leveraging existing efforts, data, and evidence base
    - A focus on equity
    - Actionability and accountability
    - Relevant, tailored measures that take context into account
    - Comprehensive balance between health care, social determinants/upstream factors, equity, policy
    - Emphasis on healthy communities
- If you were designing a framework for Minnesota, what **three domains** would you choose? These do not have to be from the models the group reviewed.
  - Major Themes:**
    - Community and Community Health
    - Policy
    - Cross-sector collaboration
    - Community Partnerships and Engagement
    - Access
    - Advisory
    - Clinical Outcomes
    - Cost or Affordability
    - Individual Outcomes
    - Patient Experience
    - Healthcare System Performance
    - Social Determinants of Health
    - Equity
    - Rural Health
    - Disparities
    - Socio-economic factors

## Large Group Discussion

- Which **one element** across all frameworks stood out most to you as a **good fit for Minnesota**?

### Major Themes:

- Health is more than health care
- Health equity—it's its own domain but also underlies all other domains, needs to be both explicit and embedded
- Cross-sector collaboration and accountability
- Working with communities and focusing on their health and well-being
- Agile/adaptable model and orientation
- Rigorous evidence-base
- Actionability
- Cost and affordability as part of access—should focus particularly on the cost of care for patients/individuals/families

- If you were designing a framework for Minnesota, what **key domains** would you choose?

### Major Themes:

- Access to health care (possibly including tech, telehealth, interoperability, affordability/financial access)
- Advisory
- Clinical outcomes
- Affordability
- Community-level factors
- Individual-level/patient-reported outcomes
- System performance and affordability
- Policy

# What is a Measurement Framework for Health & Health Equity?



- ❖ A **set of domains** that together form a structure for identifying **appropriate and meaningful measures of health and health equity** for the **whole population of Minnesota**.
- ❖ Reflects the understanding that a broad range of **systems and social, economic, and environmental factors create, influence, and perpetuate the health status of individuals and communities**.
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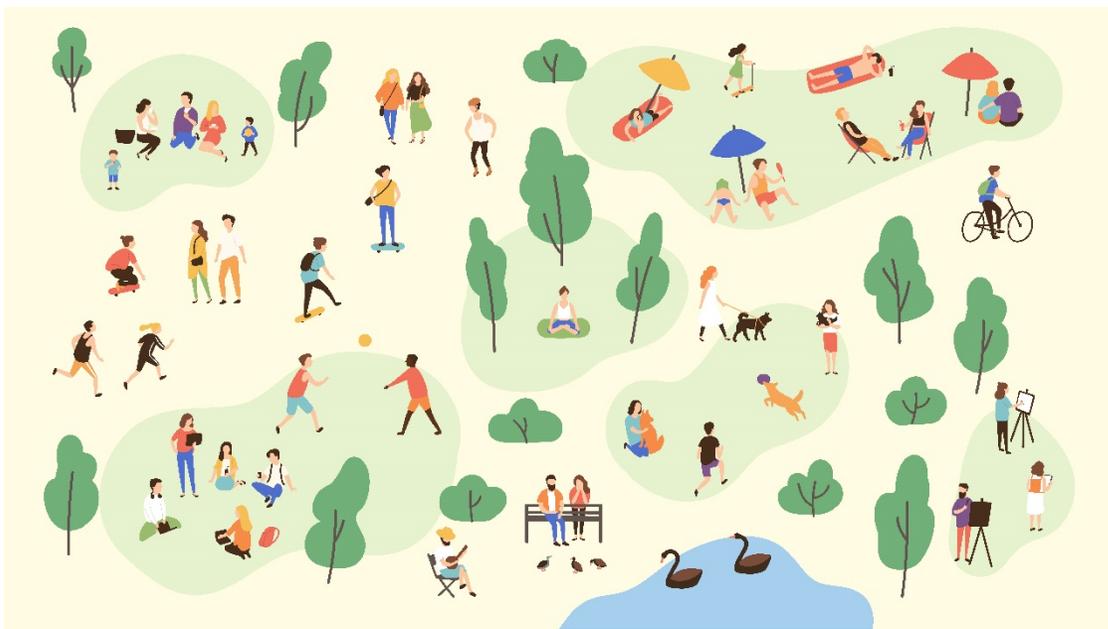
# What is a Measurement Framework for Health & Health Equity?

## The measurement framework will:

- Clearly frame the **range of factors** that need to be addressed to “**move the needle**” on health outcomes
- Be informed by those experiencing the **most negative health outcomes**, and reflect the **lived experience of people**
- Uncover factors that **historically have been obscured or ignored**
- Enable the establishment of **health improvement goals**
- Inform **decision-making, action and accountability** to drive:
  - Allocation of resources and strategic investments
  - Intentional action (working on the right things)
  - New and expanded partnerships, collaboration, and other alignment of efforts
  - Innovation



# What is a Measurement Framework for Health & Health Equity?



## The measurement framework will:

- Demonstrate improvement or catch eroding trends for:
  - Social, economic, and environmental factors that impact health
  - Population health outcomes
  - Health inequities
  - Health care delivery and other systems
- Frame public communication about health improvement efforts
  - With easy to understand graphic depiction

# Survey Results

The following synthesizes input from 12 Steering Team members who provided feedback on Meeting #2 (July 29<sup>th</sup>) via an online survey conducted by Turnlane.

All responses to questions below are on a scale from 1 – 5 with 1 being “Strongly Disagree” and 5 being “Strongly Agree”.

**The materials provided... helped me feel prepared to participate in discussion**

**Average**

**4.3** out of 5

**I felt that my perspectives were heard in this meeting**

**Average**

**4.0** out of 5

**I had adequate opportunities to voice my input in this meeting**

**Average**

**4.2** out of 5

**I feel like I understand the goals of this project**

**Average**

**3.9** out of 5

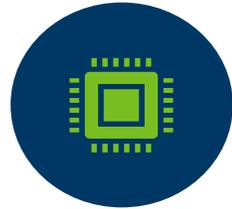
**I feel like I understand my role in this project**

**Average**

**3.8** out of 5

# Themes and Suggestions

*“At the beginning, we were talking about principles and decision making. **This was frustrating** to me and others - here we are in our second of three meetings, and these are such basic things. **How will we get to the desired outcomes?**”*



Fix technology issues—  
they're distracting and  
frustrating



Use clear, consistent  
language and modeling



Use a physical "parking lot"  
for ideas to keep discussions  
relevant



It is still unclear to many  
what we are trying to  
accomplish.



Keep discussion on track by using frequent grounding, consistent reminders of our goals, and stricter limits on people taking up too much time