

memo

DATE: January 13, 2020
SUBJECT: Proposed Expedited Permanent Rules Governing Health Care Quality Measures
Minnesota Statewide Quality Reporting and Measurement System (Quality Reporting System), 2020 Reporting Year

The Minnesota Department of Health (MDH) is required to annually review and publish any proposed amendments to Minnesota Rules, Chapter 4654 (i.e., the Quality Reporting System).¹ MDH published proposed amendments for the 2020 reporting year in the State Register on January 13, 2020, and posted the proposed changes, including changes to the rule's appendices and measure specifications, on its website: [Annual Quality Rule Update \(https://www.health.state.mn.us/data/hcquality/ruleupdate.html\)](https://www.health.state.mn.us/data/hcquality/ruleupdate.html). **The publication of the proposed amendments initiates a formal 30-day comment period which ends on February 12, 2020.** MDH invites comment on the proposed rule, appendices, measure specifications, and potential alternative designs.

Largely, the proposed rule aligns closely with the existing requirements, which is consistent with MDH communications and, in part, related to the agency's process of developing a new health measurement framework, which will inform future measure set updates. For more information on this initiative, please visit [Measurement Framework \(https://www.health.state.mn.us/data/hcquality/measfrmwk.html\)](https://www.health.state.mn.us/data/hcquality/measfrmwk.html).

Proposed Changes

Two priorities govern MDH's current measurement strategy concerning quality of care in Minnesota: (1) aiming to identify what matters most for our State in terms of health care quality, impact, and improvement; and (2) reducing reporting burden, as much as possible, through aligning measurement with other federal and local initiatives.

Key proposed changes for quality measurement and reporting in 2020 as compared with 2019 are outlined below. These modifications maintain alignment with federal and local initiatives.

New Measure Cap Implementation and Modifications to Three Measures

Retention of primary care measures.

- During the 2017 legislative session, the Legislature made a number of changes regarding quality measurement, including by requiring MDH to implement a measure cap by 2020.

¹Because MDH did not make significant changes to reporting requirements for physician clinics and hospitals for the 2019 reporting year, MDH did not promulgate the Rule and, in its place, issued technical guidance.

Under the measure cap, MDH may require reporting of no more than six statewide measures by single-specialty physician practices and no more than 10 measures by multispecialty physician practices.

- To implement the cap for primary care measures, MDH is considering:
 - The measure criteria in statute—including administrative burden for health care providers, and alignment with the Centers for Medicare & Medicaid Services’ (CMS) Merit-based Incentive Payment System (MIPS) and local initiatives;
 - Input from surveyed medical groups and health plans²; and
 - Emerging measurement framework themes such as advancing health equity and improving mental health outcomes.
- **MDH is retaining six primary care measures in the proposed rule:** (1) Optimal Diabetes Care composite; (2) Optimal Vascular Care composite; (3) Optimal Asthma Control composite, Asthma Education and Self-Management component; (4) Colorectal Cancer Screening; (5) Depression Remission at Six Months; and (6) Adolescent Mental Health and/or Depression Screening.
 - Physician clinics have been reporting most of the primary care measures that are in rule to the Quality Reporting System between nine and 10 years, with the exception of the adolescent mental health measure that was implemented in 2015.
 - The depression, colorectal, and asthma control measures are in MIPS, and the diabetes measure is under consideration for addition to MIPS.
- MDH considers asthma measurement to be one measure under the cap.
 - Physician clinics began reporting the Optimal Asthma Care composite measure under the Quality Reporting System in 2011. This composite measure included three component measures: control, risk, and education. Beginning in 2015, the measure steward, MN Community Measurement (MNCM), removed the education component and changed the name of the composite measure to “Optimal Asthma Control”. MDH retained the composite measure and education component measure in rule, and physician clinics continued to report asthma data as they had prior to this change in measure specifications. In rule, MDH also specified the reporting of race, ethnicity, preferred language, and country of origin for the composite measure. Because the denominator for the composite and component measures is the same, this socio-demographic information has always been included in the education component measure as well.
- **MDH invites interested parties to comment on whether asthma should be counted as one or two measures for purposes of the measure cap.**

²MDH surveyed a sample of medical groups (50) and health plans (nine) about their use of Quality Reporting System measures. Twenty-six medical groups and six health plans completed the survey.

- **In the event that there is strong support for counting asthma as two measures, MDH will remove the Optimal Vascular Care composite measure from the final rule for the 2020 reporting year.**
- Despite its importance for promoting high-quality care, which can prevent heart attack and stroke in patients with ischemic vascular disease, this measure appears an appropriate candidate for removal for two reasons: in its performance, it has remained flat over the past two years, raising questions about whether it has topped out or reached a step where improvement no longer occurs without considerable changes in blood pressure control and tobacco use; and second, it is also not currently included in MIPS.

Inclusion of the adolescent population in the Depression Remission at Six Months measure.

- MNMCM decided to add patients 12 through 17 years of age to the Depression Remission at Six Months measure for the 2020 reporting year.³ MNMCM has been communicating this change to physician clinics since 2017. MNMCM made this change with input from its advisory bodies based on evidence showing the prevalence of depression among adolescents statewide and nationally.
- MDH proposes modifying the Depression Remission at Six Months measure to include the adolescent population.

Modification of reporting period for the Adolescent Mental Health and/or Depression Screening measure.

- MNMCM is revising the reporting schedule for the Adolescent Mental Health and/or Depression Screening measure to align with the reporting of other primary care measures.
- MDH proposes to shift the reporting period such that provider submission of data begins in January.

Modification of the Emergency Department Transfer Communication composite measure.

- In the spring of 2018, Stratis Health and the University of Minnesota Rural Health Research Center⁴ convened a national technical expert panel to review the measure, and make recommendations to modernize and streamline it. Originally, the composite measure had seven component measures with 27 elements, and now, the modified measure has been reduced to eight elements. The names and titles of the component measures and data elements have also been updated for clarity. This updated measure is included in the Medicare Beneficiary Quality Improvement Project (MBQIP).
- MDH proposes adopting the updated measure specifications to align with MBQIP.

³MNMCM stewards the Depression Remission at Six Months measure meaning they own and are responsible for maintaining the measure.

⁴The University of Minnesota Rural Health Research Center stewards the Emergency Department Transfer Communication measure.

Measure Removals

Removal of orthopedic measures: Total Knee Replacement, Spinal Surgery – Lumbar Fusion, and Spinal Surgery – Lumbar Discectomy Laminotomy.

- MNMCM suspended its collection of the orthopedic measures during the 2020 reporting year.⁵ MNMCM is building a new streamlined data collection method and recent measure redesign would have required significant revisions in the current data collection system; therefore, MNMCM is pausing collection of the orthopedic measures.
- MDH believes the orthopedic measures are valuable as they incorporate patient reporting on physical and mental quality of life, functionality, and pain for high cost procedures.
- MDH proposes removing these measures from the rule for the 2020 reporting year.

Removal of two critical access hospital measures: Admit Decision Time to Emergency Departure Time for Admitted Patients – Overall Rate; and Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival.

- CMS removed these measures from its inpatient and outpatient reporting programs.
- MDH proposes removing these measures from the rule.

Comments Sought

MDH invites public comment on the proposed rule, appendices, measure specifications, and measure cap during the 30-day rulemaking comment period that closes at 4:30 p.m. on February 12, 2020. Interested persons or groups must submit comments or questions to: Denise McCabe, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882, 651-201-3550, or health.sqrms@state.mn.us. Please refer to the Health Care Quality Measures website for additional information: [Annual Quality Rule Update \(https://www.health.state.mn.us/data/hcquality/ruleupdate.html\)](https://www.health.state.mn.us/data/hcquality/ruleupdate.html).

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To obtain this information in a different format, call: 651-201-3550.

⁵MNCM stewards the orthopedic measures.