Measurement Framework Steering Team Meeting #4 Summary

Monday, November 18, 2019
1:00-4:00 PM
HIWAY Federal Credit Union, St. Paul, MN

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Participants

Steering Team:

- Bill Adams
- Graham Briggs
- Courtney Jordan Baechler
- Karolina Craft
- Marie Dotseth
- Renee Frauendienst (phone)
- Olivia Jefferson
- Lisa Juliar (phone)
- Scott Keefer (phone)
- Deb Krause
- Deatrick LaPointe
- Jennifer Lundblad
- Gretchen Musicant
- Diane Rydrych
- David Satin
- Julie Sonier
- Marcus Thygeson
- Tyler Winkelman
- Pahoua Yang
- Maiyia Yang Kasouaher

MDH Project Staff:
Sarah Evans, Stefan Gildemeister, David Hesse, Denise McCabe, Jeannette Raymond

Turnlane:
Alex Clark, Cassandra Canaday

Meeting Objectives

- Review and finalize the latest draft of the framework model design (based on the work of the framework model workgroup) and provide input;
- Review and finalize the draft governance charter and assumptions (based on the work of the governance workgroup) and provide input; and
- Identify additional steps that need to be taken to close-out phase 2.

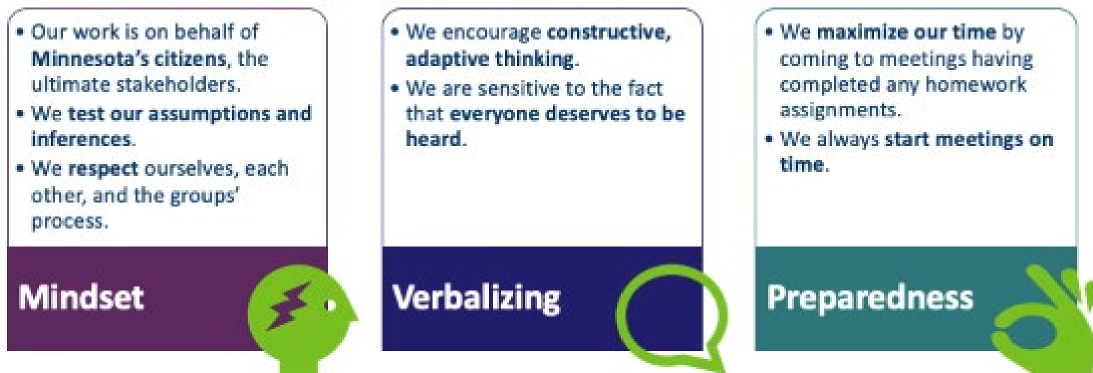
Welcome and Grounding

Co-chairs Jennifer Lundblad and Marie Dotseth welcomed participants by providing an overview of the agenda and meeting objectives.

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).

Framework Model Workgroup Overview

Karolina Craft shared the framework model workgroup's process since the September Steering Team meeting, including the who participated on workgroup, the number of meetings, and the steps taken by the group. Additionally, Karolina highlighted the key changes the workgroup made to the framework model.

Minnesota Framework for Health and Health Equity Measurement and Improvement

This document reflects input from the framework model workgroup to-date.

Context and Opportunity

Minnesota is a national leader on many fronts, with our exemplary public health system, our commitment to advance health equity, the quality of our health care, and the many ways communities across the state contribute to health and well-being. Notably, for years we have measured and reported various aspects of clinical and hospital quality, and have collectively developed a standardized statewide approach to measurement.

Minnesota, however, also faces daunting challenges. We have increasing chronic disease rates, rising health care costs, and economic and social conditions that often work against our efforts to assure a healthy population. We have persistent disparities in health outcomes that are rooted in inequities related to geography, housing, income, and education. We see gaps in health outcomes according to sexual orientation, gender identity, disability, race, other factors, and the intersectionality of these

- **Scope of work:**
  - Refine emerging measurement framework model vision, values, principles, and domains; and
  - Sense-check full model
- **Members:**
  - Bill Adams, Karolina Craft, Renee Frauendienst, Diane Rydrych, David Satin, Tyler Winkelman

Draft Framework Model Refinement

Table groups reviewed each section of the framework, discussing and sharing suggested revisions to the strengthen the model. Subsequently, as a large group, the Steering Team shared reactions, thoughts, and reflections on the current draft framework model. Bullet points to the right include a synthesis of key input from the group, while Appendix A includes all detailed input generated.

Small Group Discussion Questions

- Does this latest version of the framework model bring us clarity around the issues raised in the September Steering Team meeting? If not, where is focus and attention needed?
- Is the equity emphasis sufficient?
- What pieces of the framework resonate or are strong?
- What changes or considerations would you highlight to further strengthen this latest draft?

Context and Opportunity

- Emphasize that the opportunity is to advance health equity by moving from "commitment" to action
- Let's not just focus on what's there--let's give explicit attention to what isn't

Values

- Revised values are improved in clarity and in definitions from the earlier version
- It's good to see equity as a stand-alone value

Principles

- Let's maybe add something about addressing unconscious biases
- The language feels slightly too idealistic, some recommend editing it to be more practical

Health Priorities, Equity Targets, and Measurement Areas

- All of the first 3 columns are drivers of health--perhaps the "drivers of health" column should be renamed "social drivers of health"
- We are missing a key "why": racism and exposure to racism is a health driver and can be measured

Using the Framework

- May still be hard for organizations to see how to operationalize this and how to prioritize their efforts. It may be helpful to add more examples for different types of organizations (ex: a nonprofit, a health system, etc.)

General framework model input

- The framework should be a collective statement about what we believe creates health
- Don't bury the punchline--maybe put the "Using the Framework" section and/or the framework itself earlier in the document

Draft Framework Model Refinement (cont.)

Questions for Consideration

- Should stewardship be an added value? Are we investing our resources wisely to get the desired outcomes?
- Are these values for the process, or goals for the end product?
- What is the distinction between "values" and "principles," and do we need both?
- Is it clear throughout the framework model that we mean physical AND mental health and well-being?
- Where and by whom are goals and targets set?

Tensions to Manage Over Time

- It's still not clear what the enforcement mechanisms may be. Where will sticks vs. carrots be used?
- Who sets priorities? Will there be a set of statewide priorities and/or will users leverage their own? Or some combination of both?
- Is it intended that users will take these general principles and develop their own priorities and measures? Or by "using the framework" do we mean using the specific priorities defined by MDH?
- Is there an expectation of accountability for the policy and drivers measures? Who's accountable?
- Should the framework and/or outcomes be static? Do measures change within each priority? Are outcomes consistent across all priorities?
- How might families and communities use the framework? How might this be better reflected in the framework?

Governance Workgroup Overview

Representing the Governance Workgroup, Julie Sonier provided a brief overview of the progress made in developing a draft governance charter, which was informed by the group's input on the seven governance characteristics discussed during September's Steering Team meeting.

- **Scope of work:**
  - Develop emerging governance structure and characteristics to inform a governance charter
- **Members:**
  - Bill Adams, Marie Dotseth, Renee Frauendienst, Rahul Koranne, Deatrick LaPointe, Jennifer Lundblad, Gretchen Musicant, Julie Sonier

Minnesota Measurement Framework Governance Charter

Purpose

Minnesota is a national leader on many fronts, with our exemplary public health system, our commitment to advancing health equity, the quality of our health care, and the many ways communities across the state contribute to health and well-being. However, Minnesota also faces daunting challenges, especially persistent disparities in health outcomes that are rooted in inequities related to race, income, education, disability, and geography. Many communities, systems, and individuals in Minnesota are working hard to improve health and well-being; but it is difficult to know if these efforts are making a real difference. The purpose of this governance body is to create and maintain a measurement framework capable of generating meaningful answers to the urgent questions we face about health in Minnesota.

Statutory Authorization

Now, our state has the opportunity to imagine and design a measurement system that addresses some of the lessons of the first years and critically considers improvement goals as part of the equation.

Draft Governance Charter Refinement

After reviewing the draft governance charter, Steering Team members, in small groups, discussed the governance approach and characteristics that are integrated within the charter and subsequently engaged in large group discussion with all Steering Team members. See Appendix B for all feedback captured on governance.

Comments

- Purpose and overview sections could be better aligned with framework
- Call out employers as potential users
- Add a conflict resolution section or further detail
- Incentives for using the framework model could be spelled out
- Some Steering Team members noted a desire to hold responsibility for recommending steps toward progress where needed instead of solely overseeing process
- Clearly indicate who is responsible for data management
- Clarify MDH's role and how MDH will use the framework model. Clarify what a "super user" is

Small Group Discussion Questions

- What feedback do you have about the way the charter is structured?
- What do you like about the charter?
- Where could it be clearer?
- What areas, if any, are missing that would bring greater clarity to what the governance body will be responsible for?
- Do you feel this charter will set up the governance body to achieve its goals in phase 3 and beyond?

Considerations for Implementation

Throughout the meeting, a number of questions and comments surfaced regarding implementation of the framework. Although implementation won't be formally considered during Phase 2, the questions raised and advice suggested by this group should be considered during Phase 3. Some of the considerations for implementation are listed below. See Appendix C for greater detail.

Notes for Implementation Phase

- Make the framework usable for different audiences (including families and community members) and provide concrete examples of what use might look like for different user groups to help them see themselves (and their resources) in it
- Collect and compile the evidence base for the framework to support its development and credibility
- Track successes and best practices, track or show momentum (especially. on policy issues)
- Help users clearly see who's doing what, identify what needs to happen and who needs to do it to move towards our goals
- Consider the extent to which the governance body and/or MDH should help facilitate others' use of the framework
- Determine how best to leverage data: determine the right sources for it, make good use of it, be a good steward of it. Find a way to display all measures in one place or dashboard
- Explore data to find new needs and trends. If the results in the different domains of this framework are not linked, we won't learn anything new about the full picture of inequities in health. Consider who should be responsible for doing this
- Consider what kind of infrastructure and technology will be required to implement this

Public Comments, Meeting Close, and Next Steps

Public Comments

There were no comments from public observers.

Next Steps

- ❑ Provide input via the post-meeting survey (Steering Team members)
- ❑ Share the framework with at least one individual who is not part of the Steering Team
  - A revised Framework Model will be sent to Steering Team members by the end of December, along with a brief question set to generate input

Framework Model Small Group Discussion

Section 1: Context and Opportunity + Vision

Comments

- Emphasize that the opportunity is to advance health equity by moving from "commitment" to action and achieving demonstrable results
- This section states that "our measurement systems today do not provide us with the information essential to improving the health of the state." It may be more accurate to say that we don't use the information that we do have in the right way. Additionally, we may want to call out the need to reassess whether we are measuring the right things
- Let's not just focus on what's there--let's give explicit attention to what isn't. We need to identify what data is missing and what new measures may be needed, especially with regards to social determinants
- Naming groups could be problematic--you'll always leave someone out. If we do name groups, it may be best to provide examples and data instead of just a list
- We should more explicitly note the shift in focus from health care to health

Questions

- Should we identify and prioritize the most egregious disparity in the state (race)?
- When listing daunting challenges, should we call out aging?

Framework Model Small Group Discussion (cont. 2)

Section 2: Values

Comments

- Revised values are improved in clarity and in definitions from the earlier version
- It's good to see equity as a stand-alone value
- "Accountability" remains vague, and it's unclear whether this is truly a value. We should consider fleshing it out here or considering it primarily a governance issue
- "Responsiveness" may not be the right word--consider saying "dynamic" instead to emphasize the need to be not just responsive but proactive and adaptive
- Let's consider listing racism and exposure to racism as drivers of health. This could be a part of #5-innovation if we look for ways of measuring this. There are current studies and literature on measuring exposure to racism
- May need to add further guidance on and/or a definition for equity to create a common language to help organizations understand what it is and operationalize it
- It seems like some of this section could be consolidated

Questions

- Should innovation be included as a value? The idea seems right, but the word is over-used. The framework itself (including the process and overall approach, not just the measures) is innovative. Should we call that out? Should we weave innovation into other values rather than listing it as a stand-alone?
- Should stewardship be an added value? Are we investing our resources wisely to get the desired outcomes?
- Are these values for the process, or goals for the end product?

Framework Model Small Group Discussion (cont. 3)

Section 3: Principles

Comments

- Principle 1b mentions "dismantling inequitable structures; let's maybe add something about addressing unconscious biases
- Some ST members felt that principle #1 seems a bit defensive and could be reframed in a more positive way. Other groups felt it was okay as is
- The language feels slightly too idealistic to some members of the Steering Team, who recommend editing it to be more practical
- Could add specific language about access to innovative technology and software to principle 1c, and tie it to detection of needs
- “Some are assumptions, some are goals, but we still agree with them all”
- Regarding principle 4: at least avoid duplication in any state-mandated measures

Questions

- Should we call these something else? "Principles" does not seem clear enough.
- Is health or health care defined elsewhere, and if not, should we use WHO definition?
- What is the distinction between "values" and "principles," and do we need both? Is this section redundant? Might we just need to rename it?
- Is it clear enough that we mean physical AND mental health and well-being?
- Regarding principles 4 & 5: What is quantitative? What is qualitative? Should we explicitly note this?
- Regarding principle 5: does this mean that if someone else measures this that MN can NOT also do this movement?

Framework Model Small Group Discussion (cont. 4)

Section 4: Health Priorities, Equity Targets, and Measurement Areas

Comments

- All of the first 3 columns are drivers of health--perhaps the “drivers of health” column should be renamed “social drivers of health”
- Socio-economic should be a driver, not an outcome, if we are calling this a health framework. If we call it something bigger, like a well-being framework, then maybe it would remain an outcome
- We are missing a key underlying "why": racism and exposure to racism is a driver of health and should be measured.
- These domains are not using the same data set and being aggregated from one source
- Consider distinguishing between access to resources and/or services vs. access to information (i.e. internet)
- Recommend highlighting transportation and housing in drivers

Questions

- Should we include socio-economic within "health and well-being" category, per WHO definition (which defines health to include physical, mental, and social well-being)?
- Regarding patient experience: could this be broadened to include expectations?
- Should value for investment be a measure in the outcome domain?
- How do we add data to this so it doesn't feel like this is "just politics"?
- How do we appropriately prioritize so this doesn't become a "free for all"?
- Is there an expectation of accountability for the policy and drivers measures? If so, who is accountable--policymakers?
- Inclusion of policy environment could potentially create division instead of collaboration. What happens to the framework when a new administration takes over?
- Should the framework and/or outcomes be static? Do measures change within each priority? Are outcomes consistent across all priorities?

Framework Model Small Group Discussion (cont. 5)

Section 5: Using the Framework

Comments

- May still be hard for organizations to see how to operationalize this and how to prioritize their efforts. It may be helpful to add more examples for different levels and types of organizations (ex: a nonprofit, a health system, etc.)
- It seems like someone outside of the system (government, health care, public health) would probably have a hard time understanding this or seeing benefit for them. Not sure people who want to have better health or groups who experience inequity could see themselves in it
- Keep in mind that there needs to be consistency over time in many measure areas to allow tracking of trends and evaluation of impact
- The last paragraph is key. The approach of each of the 4 measurement areas is very different and they fulfill different roles
- If we don’t link the results in the different domains, we won't learn anything new about the full picture of inequities in health
- Should add a bullet for purchasers of health care, including employers and individuals
- This section should be built out further

Questions

- It's still not clear what the enforcement mechanisms may be. Will it be enforced via SQRMS, contracts, etc.? Where will you use sticks and where will you use carrots?
- Who prioritizes what we need to work on? Will there be an overall agreed statewide set of priorities and/or will users have their own? Is it intended that users will take these general principles and develop their own priorities and measures? Or by "using the framework" do we mean using the specific priorities defined by MDH? How can we make these answers clearer?
- How do we operationalize this?
- How will MDH use this framework in the context of SQRMS (i.e., will it replace SQRMS? Will it positively or negatively impact it? etc.)?

Framework Model Small Group Discussion (cont. 6)

General Feedback on the Framework Model

Comments

- Really nice job putting together the framework
- The framework should be a collective statement about what we believe creates health
- Consider how the governance body can make recommendations based on what's being learned from framework--and how they can intentionally learn from framework/measures
- Distinguish more clearly between capital P priorities and little P priorities and who might be doing what
- Goal: find and show progress and reasons why progress is or isn't being made
- Approach should be iterative: progress that will evolve based on what's learned
- Really nice job putting together the framework
- Don't bury the punchline--maybe put the "Using the Framework" section and/or the framework itself earlier in the document

Questions

- It seems we have some core assumptions to revisit. For example, measurement for what?
- Where are goals and targets set?
- How might families and communities use the framework? How might this be better reflected in the framework?

Governance Charter Small Group Discussion

General governance notes

Comments

- Clarify MDH's role and how MDH will use it without delving too far into the weeds
- Mandatory and voluntary aren't the only two types of measures--note various forms accountability may take
- Recommend outlining who is responsible for data management
- Clarify what a “super user” is and how this differs from other users
- Purpose and overview could be better aligned with framework
- Call out employers as potential users
- Recommend adding a conflict resolution section or further detail
- Add further clarity on how this will be run and what it will be like for members. Will it be run like a board? A committee? What's the time commitment?

Governance Charter Small Group Discussion (cont.)

General governance notes (cont.)

Questions

- How will this drive big change? What is our theory of change? What are the levers to pull to make big progress?
- How can we make the governance body and framework resilient through political changes?
- How might incentives need to be spelled out?
- What happens to SQRMS?
- How should the governance approach balance members' competing agendas and/or potential conflicts of interest?
- How could and should this body connect with and leverage other existing bodies?
- Who has final authority regarding health priorities? How many will there be?
- How will members be selected and who will select them?
- How do we share this broadly with an audience beyond the Steering Team before phase 3 to get buy-in and engagement from others?
- What is the sustainability plan?
- How might this work foster discovery of knowledge?
- What resources will be needed to support 1) the governance process and 2) the success of this effort?
- Will this body be responsible for recommending steps toward progress where needed?

Notes for Implementation

Implementation Considerations Raised in Discussing the Framework Model

General Framework Model Input

- MDH could establish a data warehouse that links these domains to clinical data to generate meaningful answers to urgent questions
- What kind of infrastructure and technology will be required to make this real/implemented?
- How does implementation work with the framework?
- Consider different contexts/organizations to model how this would be used
- Return-on-investment for implementing framework?
- Priorities will make implementation considerations real
- Track successes and best practices , track or show momentum (esp. on policy)
- Determine how best to leverage data: determine the right sources for it, make good use of it, be a good steward of it. Find a way to display all measures in one place or dashboard
- Help users clearly see who's doing what, identify what needs to happen and who needs to do it to move towards our goals
- Explore data to find new needs and trends. Who will do this? If the results in the different domains of this framework are not linked, we won't learn anything new about the full picture of inequities in health
- Be a hub to tell the story of health in MN--and write a better ending
- Collect and compile the evidence base for the framework to support its development and credibility
- Consider the extent to which the governance body and/or MDH should help facilitate others' use of the framework

Values

- Framework can be a tool for advocacy in communities. Appendix/examples could help lay out what accountability looks like for different organizations
- Improve interoperability of data sharing
- Incentivize tech innovation return-on-investment

Principles

- Geographic needs should be flexible to meet specific needs (i.e. suicide prevention)
- 1)c. access technology innovation and software to detect needs (i.e. suicides high rates) specific areas

Health Priorities, Equity Targets, and Measurement Areas

- Geographic metric to learn and develop best practices for implementation
- How to measure quality of services?
- How do we measure outcomes? (Quantitative Data, Qualitative Data, etc.)

Using the Framework

- Promote transparency in metrics--ID broad areas to focus in 1-3 yrs road map
- Geo scan risk factors/outcomes detect to target increase use, e.g., framework and statewide metrics
- Make the framework usable for different audiences (inc. families, etc.) and provide concrete examples of what use might look like for different user groups to help them see themselves (and their resources) in it