Overview of Minnesota Statewide Quality Reporting and Measurement System

May 4, 2011
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Quality Measures
Statutory Requirements

• Minnesota Statutes, § 62U.02, Subd.1 and 3
• The commissioner of health shall develop a **standardized set of measures** by which to assess the quality of health care services offered by health care providers...
• The commissioner shall establish standards for measuring health outcomes, establish a system for risk adjusting quality measures, and issue annual public reports on provider quality...

Partnership between MDH and Community Organizations

• MDH has a 4-year, $3 million contract with MN Community Measurement (MNCM) as lead member of consortium including MMA, MHA, Stratis Health and the University of Minnesota

Publicly Reporting Quality: MDH Goals

• Make more quality information broadly available
• Use measures related to either high volume or high impact procedures and health issues
• Report outcome measures or process measures that are linked to improved health outcomes
• Not increase administrative burden on health care providers where possible

Statewide Quality Reporting and Measurement System

• First set of administrative rules established the Statewide Quality Reporting and Measurement System in December 2009
  – Specifies a broad standardized set of quality measures as well as a much smaller set for public reporting
  – Outlines provider responsibilities to submit data on applicable quality measures
  – Outlines how health plans may use quality measures
• Annual update of quality reporting rules
  – Minnesota Statutes 62U.02 requires MDH to annually review quality reporting rules
  – Minnesota Rules Chapter 4654 outlines the process by which MDH will conduct this annual review
• Second set of administrative rules updated the Statewide Quality Reporting and Measurement System in November 2010.

Definition

• An ASC is a free standing facility organized for the specific purpose of providing elective outpatient surgery for preexamined prediagnosed low risk patients
Ambulatory Surgery Center Measures

- Three quality measures are required for reporting beginning in July 2011 on July 1, 2010 – June 30, 2011 dates of service
  - Prophylactic IV antibiotic timing
  - Hospital transfer/admission
  - Appropriate surgical site hair removal
- High-level information about submission requirements for ASCs added to the technical appendices to MN Rules, Ch 4654
  - Registration
  - Data submission

Risk Adjustment

- Risk adjustment
  - Minnesota Rules, Chapter 4654.0200, Subpart 17
  - Results are risk adjusted, consistent with Minnesota Statutes 62U.02
- Hospital transfer/admission measure
  - Risk adjustment by primary payer type
    - 2011: Entire ASC patient population
    - 2012: Only patients included in the measure

Ambulatory Surgery Center Measures

- MDH, Stratis Health, and MNCM continue working together to educate providers about reporting requirements

Revising Administrative Rules

- MNCM develops and vets recommended measures as part of its contract with MDH
- MDH invites stakeholders to submit recommendations directly to MDH by June 1st

Current Iteration of Statewide Quality Measurement and Reporting System

- All recommendations were presented at June public meeting
- MDH conducted an informal comment period to inform rule drafting process
- MDH published a new proposed rule on August 9, 2010 with a 30-day comment period
- The updated administrative rule was adopted on November 29, 2010

MDH’s First Public Report Published November 2010
MDH Quality Report

- Four regional reports
- 2010 report included quality information on physician clinics and hospitals
- Risk adjusted results

Resources

- Subscribe to MDH’s Health Reform list-serv to receive weekly email updates at: http://www.health.state.mn.us/healthreform
- Minnesota Statewide Quality Reporting and Measurement System: http://www.health.state.mn.us/healthreform/measurement/index.html
- MN Community Measurement: www.mncm.org
- Straits Health: www.straitsoh.org

Introduction to Data Submission

Preparing for 2011 Ambulatory Surgical Center Reporting

Registration & Data Submission Timelines

<table>
<thead>
<tr>
<th>Season</th>
<th>Task</th>
<th>Opens</th>
<th>Closes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>Registration opens (starting in 2011, with an annual refresh of registration each following year)</td>
<td>March 2011</td>
<td>April 2011</td>
</tr>
<tr>
<td>Early Summer</td>
<td>Data Submission Preparations:</td>
<td>Download the Data Collection Guide along with other collection and submission tools</td>
<td>May 15, 2011</td>
</tr>
<tr>
<td>Late Summer</td>
<td>Data Submission</td>
<td>- Prophylactic IV Timing</td>
<td>July 1, 2011</td>
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<tr>
<td></td>
<td></td>
<td>- Appropriateness of Surgical Site Hair Removal</td>
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<tr>
<td></td>
<td></td>
<td>- Hospital Transfer/Readmission</td>
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MN Community Measurement

- Publicly reports health care quality measures with the goal of improving the health of patients
- 2004: HEDIS measures by medical group
- Health plan data
- 2006: DDS measures by clinic site
- Data submitted by clinics
- 2010: Statewide Quality Reporting and Measurement System
Getting Started:
www.mncm.org

Registration
- Download instructions: www.mncm.org
- Register ASCs on MNCP Data Portal: https://data.mncm.org/login
  - First time users must request login/password
  - ASC information
  - Clinical Staff upload
  - Questions? E-mail support@mncm.org

The Measures
- Three separate NQF Endorsed Measures
- Dates of Service (July 1, 2010 – June 30, 2011)
- ASCs will provide summary counts (numerators and denominators) for the following measures:
  - Prophylactic IV Antibiotic Timing
  - Hospital Transfer/Admission
  - Appropriate Surgical Site Hair Removal

Prophylactic IV Antibiotic Timing
- Measure used to assess the percentage of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection who received the prophylactic antibiotic on time.
  - **Denominator:** All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection
  - **Numerator:** Number of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time
  - **Allowable Exclusions:**
    - ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of infections other than surgical site infections (e.g., bacterial endocarditis)
    - ASC admission with a preoperative order for a prophylactic IV antibiotic not administered by the intravenous route

Hospital Transfer/Admission
- Measure used to capture any ASC admissions who are transferred or admitted to a hospital upon discharge from the ASC
  - **Denominator:** All ASC Admissions
  - **Numerator:** Number of ASC admissions requiring hospital transfer or hospital admission upon discharge from the ASC
  - No allowable exclusions for this measure

Appropriate Surgical Site Hair Removal
- Measure used to capture the number of ASC admissions who have appropriate surgical site hair removal
  - **Denominator:** All ASC admissions with surgical site hair removal
  - **Numerator:** Number of ASC admissions with surgical site hair removal with clippers or depilatory cream
  - **Allowable exclusions:** ASC admissions who perform their own hair removal
Data Submission Requirements

- Follow timelines
- Submit data for all measures for all ASC locations
- Participate in validation process
- Have rates publicly reported

Denominator Certification

- Assurance that population (denominator) is identified according to measure specifications
- Documentation needed
  - Description of process used to identify patients
  - Denominator template form
  - Upload documentation onto MNCM Data Portal
  - MNCM reviews for completeness

Denominator Certification

- Documentation MNCM will look for:
  - Correct dates of service
  - Allowable exclusions
  - Total population or sample
  - Sampling method
  - Data sources for each measure
  - Method for determining the percent distribution of payer mix in your patient population

Total Population versus Sample

- Total population
  - Most precise rates
  - Submit all patients if total admissions is <60
- Random sample:
  - Minimum random sample required: 60 records per site, per measure
  - Plus an oversample of 20 in case exclusions are identified
  - Excel list: use the “RAND” function in Excel
  - Paper list: select every “Nth” patient

Data Collection

- After denominator method is certified
- After billing and patient records are complete for dates of service for the measure
- Data collection methods
  - EMR extraction
  - Manual data abstraction
- Data collection tools (Data Portal, Resources tab)
  - Data collection forms
  - Data spreadsheet templates
  - Inter-rater reliability (IRR)

Data Collection

- Patient level tracking
  - For all measures
    - Patient ID, DOB, Admission Date, Provider performing procedure
  - For Prophylactic Antibiotic IV Timing
    - Type of antibiotic administered
    - Date/Time administered
    - Date/Time of incision
  - For Hospital Transfer/Admission
    - Documentation location
    - Reason for transfer
  - For Appropriate Surgical Site Hair Removal
    - Hair removal method
Data Submission Methods

- Process of submitting data via the secure internet MNCM Data Portal
- Insurance Payer Mix Distribution for all ASC Admissions for dates of service
  - Commercial/private, Minnesota Health Care Programs, Medicare, uninsured/self-pay
- Spreadsheet of detailed patient data
  - Use the patient level detailed spreadsheets to calculate the numerators and denominators for each measure
  - Clinic calculates and submits summary totals for each data element

Summary Data Submission

- For each measure, submit the following counts:
  - Number of patients that meet inclusion criteria
  - Number of patients submitting
  - Number of patients excluded (where applicable)
  - Number of patients meeting the numerator measure criteria
    - E.g., number of patients with an order for a prophylactic IV antibiotic, who received the prophylactic antibiotic on time

The Data Portal

Data Validation

- Validates the clinic’s data collection process
- Patient level tracking sheet will be used during the validation process
- Collaborative process
Results

- Minnesota Department of Health report
- MN Community Measurement:
  - www.mnhealthscores.org
  - Health Care Quality Report

Keeping informed …

- MN CM site: www.mncm.org
- Download registration instructions
- Learn about upcoming information sessions
- MN CM Data Portal: https://data.mncm.org/login
- Register ASCs and Clinical Staff
- Register contact info to receive communications
- Resources tab
  - Download data collection guide and tools
  - FAQs by measure/topic
- Questions? E-mail support@mncm.org

Thank you!

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