

Overview of Minnesota Statewide Quality Reporting and Measurement System

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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...

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Partnership between MDH and Community Organizations



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




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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

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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.

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Definition

- An ASC is a free standing facility organized for the specific purpose of providing elective outpatient surgery for preexamined prediagnosed low risk patients

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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

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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

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Ambulatory Surgery Center Measures

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

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Revising Administrative Rules

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


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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

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MDH's First Public Report Published November 2010



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MDH Quality Report

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




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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
- Stratis Health:
www.stratishealth.org


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Introduction to Data Submission

Preparing for 2011 Ambulatory Surgical Center Reporting



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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



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Registration & Data Submission Timelines

Season	Task	Opens	Closes
Spring	Registration opens: (starting in 2011 with an annual refresh of registration each following year)	March 2011	April 2011
Early Summer	Data Submission Preparations: -Download the Data Collection Guide along with other collection and submission tools - Complete the denominator certification process	May 15, 2011	July 1, 2011
Mid to Late Summer	Data Submission: -Prophylactic IV Timing -Appropriate Surgical Site Hair Removal -Hospital Transfer/Readmission	July 1, 2011	August 15, 2011


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Getting Started:
www.mncm.org



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Registration

- ▶ Download instructions: www.mncm.org
- ▶ Register ASCs on MNCM 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

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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

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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 receive 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 antibiotic not administered by the intravenous route

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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

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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

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Data Submission Requirements

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

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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

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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

The image shows a screenshot of a data collection form titled "DENOMINATOR CERTIFICATION - MEASUREMENTS/REPORTING CENTER/ASC". The form is divided into several sections, including "PATIENT INFORMATION", "MEASURE INFORMATION", and "DATA SOURCES". It contains various fields for entering patient details, measure specifications, and data source information. The form is presented in a table-like layout with multiple rows and columns.

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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

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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)

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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

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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 measures
 - ▶ Clinic calculates and submits summary totals for each data element

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Data Submission Methods

- ▶ 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

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The Data Portal

ASC Site	Commercial Insurance	MN Health Care Programs	Medicare	Uninsured / Self Pay
TEST ASC	50.0 %	40.0 %	5.0 %	5.0 %

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The Data Portal

ASC Site	Number of Patients that Meet Inclusion Criteria (Less Exclusions)	Total Patients Excluded	Number of Patients Submitting	Number of Patients Meeting Measure Criteria
TEST	514	2	514	510
ASC				

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The Data Portal

ASC Site	Measure	Patients Meeting Inclusion Criteria	Exclusions	n / d	Preliminary Rate
TEST	Prophylactic IV Antibiotic Testing	542	25	58 / 60	96.7%
ASC	Hospital Transfer/Admission	500	N/A	40 / 60	66.7%
	Appropriate Surgical Site Hair Removal	514	2	510 / 514	99.2%
	Prophylactic IV Antibiotic Testing	542	25		96.7%
	Hospital Transfer/Admission	500	N/A		66.7%
	Appropriate Surgical Site Hair Removal	514	2		99.2%

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Data Validation

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

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Results

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

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Keeping informed ...



- ▶ MNCM site: www.mncm.org
 - ▶ Download registration instructions
 - ▶ Learn about upcoming information sessions
- ▶ MNCM 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

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Thank you!

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