Overview of the Minnesota Statewide Quality Reporting and Measurement System

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Statutory requirements

• Minnesota Statutes, Section 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 as a 4-year, $3 million contract with MN Community Measurement (MNCM) as lead member of a consortium that also includes
  - Stratis Health
  - Minnesota Hospital Association (MHA)
  - Minnesota Medical Association (MMA)
  - University of Minnesota
Objective and goals

• Overall objective: Create a uniform approach to quality measurement to enhance market transparency

• Public reporting quality 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
Annual update of quality reporting rules

- Minnesota Statutes, Section 62U.02 requires MDH to annually review quality reporting rules
- Minnesota Rules, Chapter 4654 outlines the process by which MDH conducts this annual review
- MNCM develops and vets quality measure recommendations as part of its contract with MDH
- Stakeholders are invited to submit recommendations directly to MDH
Ambulatory Surgical Center (ASC) definition

• An Ambulatory Surgical Center (ASC) is a freestanding facility organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low-risk patients.
ASC measures

• Three quality measures are required for reporting beginning in July 2012 on July 1, 2011 through June 30, 2012 dates of service
  – Prophylactic IV antibiotic timing
  – Hospital transfer/admission
  – Appropriate surgical site hair removal

• High-level information about registration and data submission requirements for ASCs is included in the technical appendices to Minnesota Rules, Chapter 4654
Risk adjustment

• Risk adjustment
  – Results are risk adjusted, consistent with Minnesota Statutes, Section 62U.02 and Minnesota Rules, Chapter 4654

• Hospital transfer/admission measure
  – American Society of Anesthesiologists (ASA) Physical Status classification categories
    • Physical status -1
    • Physical status -2
    • Physical status -3
Next steps

• MDH, Stratis Health, and MNCM will continue to work together to educate providers about reporting requirements related to the Statewide Quality Reporting and Measurement System
Resources

• Subscribe to MDH’s Health Reform list-serv to receive weekly email updates: 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
Contact

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