Minnesota Statewide Quality Reporting and Measurement System

January 10, 2017

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Quality Reform Implementation Supervisor
Health Economics Program

Overview

- Context and background
- Annual measure set update steps, timeline, and opportunities for input
- Results
- Resources
Context

- Health care growth exceeds growth in income and wages

Cumulative Percent Change in Key Minnesota Health Care Costs and Economic Indicators


Background

- Minnesota hospitals, clinics, and health plans have a rich history of health care quality measurement

Prior to 2005
- Health insurers used quality measures to assess provider performance
- Measurement was burdensome and inconsistent

2005
- MN Community Measurement established
- Better coordinate quality measurement activities, develop new measures with community support, and publicly report results

2008
- MN Health Reform Law
Minnesota’s 2008 Health Reform Law and Quality Measurement

- Establish standards for measuring quality of health care services offered by health care providers
- Establish a system for risk adjusting quality measures
- Hospitals and physician clinics are required to report
- Health plans may use the standardized measures; may not require reporting on measures outside the official set

Minnesota Statutes 62U.02

Organizational Roles

<table>
<thead>
<tr>
<th>MDH</th>
<th>Stratis Health</th>
<th>Minnesota Hospital Association</th>
<th>MN Community Measurement</th>
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</thead>
<tbody>
<tr>
<td>- Annually updates the Quality Rule that defines the measure set</td>
<td>- Develops recommendations for the uniform set of quality measures for MDH's consideration</td>
<td>- Facilitates data collection from hospitals and data management</td>
<td>- Facilitates data collection and validation with physician clinics and data management</td>
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<tr>
<td>- Obtains input from the public at multiple stages of rulemaking</td>
<td>- Facilitates the Hospital Quality Reporting Steering Committee and subcommittees</td>
<td>- Submits data collected to MDH</td>
<td>- Submits collected data to MDH</td>
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<td>- Publicly reports summary data</td>
<td>- Develops and implements educational activities and resources</td>
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<td>- Works with groups of stakeholders to review and maintain measures</td>
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Alignment with Other Programs

**State**
- Health Care Homes
- Integrated Health Partnerships Demonstration
- Quality Incentive Payment System and Bridges to Excellence
- Accountable Communities for Health
- Office of Health Information Technology
- Community Wellness Grant
- Minnesota Stroke Registry
- Minnesota Asthma Program
- Health Promotion & Chronic Disease programs

**Federal**
- Hospital Value-Based Purchasing
- Hospital Readmissions Reduction Program
- Hospital Acquired Condition Reduction Program
- Medicare Beneficiary Quality Improvement Project (MBQIP)
- Meaningful Use
- Merit-based Incentive Payment System

**Rulemaking and Opportunities for Stakeholder Input**

1. MDH invites interested stakeholders to submit recommendations for standardized measures to MDH, and to comment on hospital measure recommendations.
2. MDH holds a public forum to present measure recommendations, and take questions and comments.
3. MDH publishes a proposed rule with a 30-day public comment period.
4. MDH adopts final rule by the end of the year.
Quality Rule Appendices

Emergency Department Transfer Communication (EDTC) Composite, 2015

Sixty percent or more of patients met all measure criteria at 43 of 77 critical access hospitals

<table>
<thead>
<tr>
<th>Percentage of patients that met all EDTC criteria</th>
<th>Number of hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100%</td>
<td>11</td>
</tr>
<tr>
<td>80-89%</td>
<td>5</td>
</tr>
<tr>
<td>70-79%</td>
<td>9</td>
</tr>
<tr>
<td>60-69%</td>
<td>18</td>
</tr>
<tr>
<td>50-59%</td>
<td>8</td>
</tr>
<tr>
<td>40-49%</td>
<td>7</td>
</tr>
<tr>
<td>30-39%</td>
<td>10</td>
</tr>
<tr>
<td>20-29%</td>
<td>3</td>
</tr>
<tr>
<td>10-19%</td>
<td>4</td>
</tr>
<tr>
<td>0-9%</td>
<td>2</td>
</tr>
</tbody>
</table>

Service year: January 1 through December 31, 2015
Source: MDH Health Economics Program analysis of Quality Reporting System data
Value-Based Purchasing Total Performance Scores, 2015

Scores ranged from 22 to 82 for 44 Minnesota hospitals

Total Performance Score domains:
- Clinical care (process and outcome measures)
- Patient- and caregiver centered experience of care/care coordination
- Patient safety
- Efficiency and cost reduction

Service year: Dates vary by component: October 1, 2013 – June 30, 2015 or January 1 through December 31, 2015
Source: MDH Health Economics Program analysis of Quality Reporting System data

Percent of Patients Who “Strongly Agreed” They Understood Their Care When Leaving the Hospital, 2013 and 2015

Minnesota’s rate was slightly higher than the national average in both 2013 and 2015

Service years: January 1 through December 31, 2013 and April 1, 2015 through March 31, 2016
Source: MDH Health Economics Program analysis of Quality Reporting System data
Percent of Patients Who Gave their Hospital a Rating of 9 or 10, 2013 and 2015

Minnesota’s rate was slightly higher than the national average in both 2013 and 2015

Service years: January 1 through December 31, 2013 and April 1, 2015 through March 31, 2016
Source: MDH Health Economics Program analysis of Quality Reporting System data
Resources

- Minnesota Statewide Quality Reporting and Measurement System
  - [www.health.state.mn.us/healthreform/measurement](http://www.health.state.mn.us/healthreform/measurement)

- Subscribe to MDH's Health Reform Announcements to receive updates
  - [www.health.state.mn.us/healthreform](http://www.health.state.mn.us/healthreform)

Contact Information

- For questions about the Statewide Quality Reporting and Measurement System, contact:

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2017 Hospital Measures
Statewide Quality Reporting and Measurement System (SQRMS)

Jennifer Lundblad and Sarah Brinkman,
Stratis Health
January 10, 2017

Objectives

• Briefly describe the process used for 2017 hospital measures recommendations
• Review 2017 hospital SQRMS measures
2017 Hospital Measures Recommendation Process

Hospital Measures Recommendation Process

• Hospital Quality Reporting Steering Committee was established in 2009 to make annual recommendations about hospital measures
  – Multi-stakeholder, state-approved committee
• Preliminary slate of measures is recommended to MDH by April 15 each year
  – Stratis Health leads this work, in partnership (and under subcontract with) MN Community Measurement
Recommendations Process

1. MDH focus
2. Identify potential measures
3. Convene committee
4. Request feedback from expert groups
5. Committee discussion
6. Preliminary State of Measures
7. Final State of Measures

Process after Recommendations

1. Final Recommendations
2. Public Forum
3. Proposed Rule
4. Formal Comment Period
5. Final Rule
Federal Measure Alignment

- Historically, looked at every measure that was part of the CMS inpatient and outpatient programs
- Over time, there has been variation between the SQRMS slate of measures for PPS hospitals and Critical Access Hospital (CAH) measures

Hospital Slate of Measures

- PPS Hospital Slate of Measures
- Inpatient Quality Reporting Program (IQR)
- Outpatient Quality Reporting Program (OQR)
- CAH Hospital Slate of Measures
- Additional Measures for MN
National and MN Programs

- Medicare Beneficiary Quality Improvement Program (MBQIP)
- ED Transfer Communication
- HIT Survey
- Stroke Indicators
- Additional Measures for MN

MN Hospital Measures

- Medicare Beneficiary Quality Improvement Program (MBQIP)
- Critical Access Hospitals
- Additional Measures for MN
Data Submission of VBP, RRP and HAC results

Results in summer
Final results in October
Hospital Compare in December
Required for MN in January

Value-Based Purchasing (VBP) Fact Sheet

FY2017 Hospital-Acquired Condition (HAC) Fact Sheet


FY2017 Readmissions Measures

FY2013 & FY2014 (added algorithm to exclude planned admissions)
- 30 day Readmissions Acute Myocardial Infarction (AMI),
- 30 day Readmissions Heart Failure (HF)
- 30 day Readmissions Pneumonia (PN);

FY 2015 Additions
- 30 day Readmissions chronic obstructive pulmonary disease (COPD)
- 30 day Readmissions elective total hip arthroplasty (THA) and total knee arthroplasty (TKA)

FY 2016 No Additions

FY 2017 Additions
- 30 day Readmissions coronary artery bypass graft (CABG) surgery
- Expanded population for the 30 day Readmissions Pneumonia measure

2017 SQRMS PPS Hospital Reporting

CMS Value-Based Purchasing Measures

• FY2017
  o Total Performance Score
  o Unweighted and weighted domain score for clinical process of care, patient experience of care, outcome and efficiency
  o Measure scores
CMS Hospital-Acquired Conditions Program Score

- FY2017
  - Total HAC score
  - Domain 1 score
  - Domain 2 score
  - Measure scores

CMS Readmissions Reduction Program Composite Score

- FY2017
  - Total Readmissions score: number of 30 day readmission measures with excess readmissions for:
    - Acute myocardial infarction (AMI)
    - Heart failure (HF)
    - Pneumonia (PN)
    - Total knee arthroplasty (TKA) & total hip arthroplasty (THA)
    - Chronic obstructive pulmonary disease (COPD)
    - Coronary artery bypass graph (CABG)
  - Minnesota-calculated measure: Summary of weighted excess readmissions score
Inpatient Measures

- ED-1a: Median time from ED arrival to ED departure for admitted ED patients
- ED-2a: Median time from admit decision time to ED departure time for admitted patients
- IMM-2: Influenza immunization
- PC-01: Early elective deliveries
NHSN Measures

- CAUTI: Catheter-associated urinary tract infection
- OP-27: Healthcare personnel influenza immunization (inpatient & outpatient combined)

Outpatient Measures

- OP-1: Median time to fibrinolysis
- OP-2: Fibrinolytic therapy received within 30 minutes
- OP-3: Median time to transfer to another facility for acute coronary intervention
- OP-4: Aspirin at arrival
- OP-5: Median time to ECG
Outpatient Measures (cont.)

- OP-18: Median time from ED arrival to ED departure for discharged ED patients
- OP-20: Door to diagnostic evaluation by a qualified medical professional
- OP-21: Median time to pain management for long bone fracture
- OP-22: Patient left without being seen

Outpatient Measures (cont.)

- OP-23: Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival
- OP-25: Safe surgery checklist
- EDTC: Emergency department transfer communication composite
Claims-Based Measures: 30-Day Readmission Rates

- Heart failure (READM-30-HF)
- Pneumonia (READM-30-PN)
- Chronic Obstructive Pulmonary Disease (READM-30-COPD)

2017 SQRMS PPS and Critical Access Hospital Reporting
Measures

- HCAHPS Patient Experience of Care
- Minnesota Stroke Registry Indicators
  - Door-to-imaging initiated time
  - Door-to-needle time to intravenous thrombolytic therapy
- Health Information Technology (HIT) Survey

Claims-Based Measures

- AHRQ IQI 91: Mortality for selected conditions
- AHRQ PSI 90: Patient safety for selected indicators
- AHRQ PSI 04: Death rate among surgical inpatients with serious treatable complications
Data Submission

Inpatient, NHSN* & MN Stroke Registry

- Third Quarter, 2016: February 15, 2017
- Fourth Quarter, 2016: May 15, 2017
- First Quarter, 2017: August 15, 2017
- Second Quarter, 2017: November 15, 2017

Outpatient (OQR)

- Third Quarter, 2016: February 1, 2017
- Fourth Quarter, 2016: May 1, 2017
- First Quarter, 2017: August 1, 2017
- Second Quarter, 2017: November 1, 2017

EDTC (CAHs only)

- Fourth Quarter, 2016: January 31, 2017
- First Quarter, 2017: April 30, 2017
- Second Quarter, 2017: July 31, 2017
- Third Quarter, 2017: October 31, 2017
Exploring New Measures

Topic areas prioritized by Committee in 2015

- Federal alignment to composite measures – CMS and HRSA
- Cost/Spending
- Readmissions
- End of Life
- Patient Safety
- Mental/Behavioral Health
Patient Safety

• Hospital Quality Reporting Steering Committee recommended development of a composite measure for PPS and CAH hospitals
• Patient safety workgroup chartered, and has been exploring options

Patient Safety (cont.)

• Workgroup has articulated three options, no recommendation yet:
  1. Comprehensive safety composite inclusive of clinical care and harm measures, as well as organizational and system characteristics
  2. Patient safety composite measure focused on clinical care and harm
  3. Do not develop or adapt anything new, recognizing that there are already a number of safety measures and composites
Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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