Minnesota Statewide Quality Reporting and Measurement System (SQRMS)

January 14, 2016

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Planner Principal
Health Economics Program

MDH Minnesota Department of Health
Overview

- Context for health care quality measurement
- Annual measure set update
- Use of data
- Resources
Context for State Health Reform

- High quality in Minnesota relative to other states
- Wide variation in costs and quality across different health care providers, with no evidence that higher cost or higher use of services is associated with better quality or better health outcomes for patients
- Health care costs are rising, placing greater share of health care costs on consumers
- What tools do consumers have to choose how to spend their health care dollars?
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
- Physician clinics and hospitals 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
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 Inpatient and Outpatient Quality Reporting Programs
- Hospital Value-Based Purchasing
- Hospital-Acquired Condition Reduction Program
- Medicare Beneficiary Quality Improvement Project (MBQIP)
- Meaningful Use
- Physician Quality Reporting System (PQRS)
## Partnership among MDH, Stratis Health, and MHA

<table>
<thead>
<tr>
<th>MDH</th>
<th>Stratis Health</th>
<th>MHA</th>
</tr>
</thead>
</table>
| • Annually updates the quality rule that defines the measure set  
• Obtains input from the public at multiple steps of rulemaking  
• Publicly reports summary data  
• Develops vision for further evolution of the Quality Reporting System | • Develops recommendations for the uniform set of quality measures for the State’s consideration  
• Facilitates the Hospital Quality Reporting Steering Committee and subcommittees  
• Develops and implements educational activities and resources | • Facilitates data collection from hospitals and data management  
• Develops recommendations for the Quality Incentive Payment System for the State’s consideration |

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**MDH**

[Logo: Minnesota Department of Health]

**MHA**

[Logo: A Better State of Health]
Rulemaking and Opportunities for Stakeholder Input

1. MDH invites interested stakeholders to submit recommendations for standardized measures
2. MDH presents measure recommendations at a public forum
3. MDH publishes a proposed rule with a 30-day public comment period
4. Final rule typically adopted by the end of the year

*Blue spaces denote when public comment periods begin*
Historical Timeline

Dec. 2009
First set of administrative rules established SQRMS

Nov. 2010
First update to administrative rules

Jan. 2010
Data collection for publicly reported quality measures began
Health plans no longer permitted to require data submission on measures outside the standardized set

2011-2015
Annual updates to administrative rules
Quality Rule Appendices
## Patient Safety for Selected Indicators, 2012 to 2014

Most hospitals had patient safety performance as expected or better from 2012 to 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>Lower</th>
<th>Same</th>
<th>Higher</th>
<th>No Results</th>
<th>Lower</th>
<th>Same</th>
<th>Higher</th>
<th>No Results</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>16</td>
<td>37</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>78</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2013</td>
<td>16</td>
<td>38</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>78</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2014</td>
<td>7</td>
<td>47</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>78</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- "Lower" = Performance was better than expected
- "Same" = Performance was as expected
- "Higher" = Performance was worse than expected

Service year: October 1 through September 30.
Source: MDH Health Economics Program analysis of SQRMS data.
Percent of Patients Who Reported That Their Doctors “Always” Communicated Well, 2012 to 2014

Minneapolis hospital have performed better than the national average from 2012 to 2014

Service year: October 1 through September 30.
Source: MDH Health Economics Program analysis of SQRMS data.
Patients who reported YES they would definitely recommend the hospital, 2012 to 2014

Minnesota hospital have performed better than the national average from 2012 to 2014

Service year: October 1 through September 30.
Source: MDH Health Economics Program analysis of SQRMS data
SQRMS Website

Adopted Rule - December 2015

Health Care Quality Measures

Enacted in 2008, Minnesota's Health Reform Law requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state. The goal is to create a more uniform approach to quality measurement to enhance market transparency and drive health care.
Resources

- [www.health.state.mn.us/healthreform/measurement/index.html](http://www.health.state.mn.us/healthreform/measurement/index.html)

Minnesota Statewide Quality Reporting and Measurement System (SQRMS)

Subscribe to MDH’s Health Reform list-serv to receive updates

- [www.health.state.mn.us/healthreform](http://www.health.state.mn.us/healthreform)
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2016 Hospital Measures

Vicki Tang Olson, Stratis Health

2016 Statewide Quality Reporting and Measurement System (SQRMS)
January 14, 2016
Objectives

• Share the process used for 2016 hospital measures recommendations
• Review recommended changes to the 2016 hospital slate of measures
2016 Hospital Measures Recommendation Process
Changes to Process

• Steering committee will convene throughout the year and will consider feedback from expert groups
• Preliminary slate of measures will be developed by April 15 each year to match the clinic measures recommendation process
Recommendations Process

1. **MDH focus**
2. **Identify potential measures**
3. **Convene team**
4. **Request feedback from expert groups**
5. **Team discussion**
6. **Preliminary Slate of Measures**
7. **Added step**
8. **Final Slate of Measures**

Enhanced step

Enhanced step

Enhanced step
Process after Recommendations

- Final Recommendations
- Public Forum
- Proposed Rule
- Formal Comment Period
- Final Rule
2016 Hospital Slate of Measure Changes
Topic areas for potential new/added measures

• Federal alignment – CMS and HRSA
• Cost/Spending
• Readmissions
• End of Life
• Patient Safety
• Mental/Behavioral Health
Alignment
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

CAH Hospital Slate of Measures

Inpatient Quality Reporting Program (IQR)

Outpatient Quality Reporting Program (OQR)

Additional Measures for MN

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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
Relationship of National Programs

- Readmission Reduction (RRP) Program
- Value-Based Purchasing (VBP) Program
- Inpatient Quality Reporting Program (IQR)
- Hospital Acquired Condition (HAC) Program
- Outpatient Quality Reporting Program (OQR)
- Medicare Beneficiary Quality Improvement Program (MBQIP)
- ED Transfer Communication
- HIT Survey
- Stroke Indicators
- Additional Measures for MN

Health Reform Minnesota
A Better State of Health
Hospital Slate of Measures

- Readmission Reduction (RRP) Program
- Value-Based Purchasing (VBP) Program
- Hospital Acquired Condition (HAC) Program
- Medicare Beneficiary Quality Improvement Program (MBQIP)

CAH Hospitals

Additional Measures for MN

PPS Hospitals
Data Submission of VBP, RRP and HAC results

- Results in summer
- Final results in October
- Hospital Compare in December
- Required for MN in January
FY2016 VBP Fact Sheet
FY 2016 HAC Reduction Program Domain Weighting and Measures (Payment adjustment effective for discharges from October 1, 2015 – September 30, 2016)

**Domain 1**
(AHRQ Patient Safety Indicators)
- 25%

**Domain 2**
(CDC NHSN Measures)
- 75%

### Domain 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score 1-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRQ* PSI/90 Measure</td>
<td></td>
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<tr>
<td>PSI 1 Pressure ulcer rate</td>
<td></td>
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<tr>
<td>PSI 4 Iatrogenic pneumothorax rate</td>
<td></td>
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<tr>
<td>PSI 7 Central venous catheter-related bloodstream infection rate</td>
<td></td>
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<tr>
<td>PSI 8 Postoperative hip fracture rate</td>
<td></td>
</tr>
<tr>
<td>PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis rate (DVT)</td>
<td></td>
</tr>
<tr>
<td>PSI 13 Postoperative sepsis rate</td>
<td></td>
</tr>
<tr>
<td>PSI 14 Wound dehiscence rate</td>
<td></td>
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<tr>
<td>PSI 15 Accidental puncture and laceration rate</td>
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</tr>
</tbody>
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*The Agency for Healthcare Research and Quality

### Domain 2

**Performance Period**
January 1, 2013 – December 31, 2014

<table>
<thead>
<tr>
<th>CDC NHSN* Measures</th>
<th>Average Score 1-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI SIR rate</td>
<td>1-10</td>
</tr>
<tr>
<td>CAUTI SIR rate</td>
<td>1-10</td>
</tr>
<tr>
<td>SSI Colon Abdominal Hysterectomy</td>
<td>1-10</td>
</tr>
</tbody>
</table>

*Centers for Disease Control and Prevention National Healthcare Safety Network

<table>
<thead>
<tr>
<th>Potential Measures for FY2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSA</td>
</tr>
<tr>
<td>CDI</td>
</tr>
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</table>
FY2016 Readmissions

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
PPS Changes
Value-Based Purchasing

• FY2016
  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
Hospital Compare files

- hvbp_ami_10_28_2015.csv
- hvbp_Efficiency_10_28_2015.csv
- hvbp_hai_10_28_2015.csv
- hvbp_hcahps_10_28_2015.csv
- hvbp_imm2_10_28_2015.csv
- hvbp_outcome_11_17_2015.csv
- hvbp_pn_10_28_2015.csv
- hvbp_scip_10_28_2015.csv
- hvbp_tps_10_28_2015.csv
Hospital-Acquired Conditions Program Score

• FY2016
  o Total HAC score
  o Domain 1 score
  o Domain 2 score
  o Measure scores
Hospital Compare file

HOSPITAL_QUARTERLY_HAC_DOMAIN_HOSPITAL.csv
Readmissions Reduction Program Composite Score

• FY2016
  o Total Readmissions score *(Number of 30 day readmission measures with excess readmissions)*
    • Excess readmissions for AMI
    • Excess readmissions for Heart Failure
    • Excess readmissions for Pneumonia
    • Excess readmission for total knee/total hip arthroplasty
    • Excess readmission for Chronic Obstructive Pulmonary Disease
Hospital Compare file

READMISSION REDUCTION.csv
Composite Score

• Summary of weighted excess readmissions score
Measures Removed - PPS

- AMI-7a
- 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
- All outpatient measures
Alignment of Individual Measures for CAH
Measures continue - CAH

PC-01 Early elective deliveries
Imm-2 Influenza immunization
OP-2 Fibrinolytic therapy received within 30 minutes of emergency department
OP-3 Median time to transfer to another facility for acute coronary intervention
OP-4 Aspirin at arrival
OP-5 Median time to ECG
Inpatient Measures Added - CAH

- 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
- Catheter associated Urinary Tract Infection (CAUTI) event
- Healthcare personnel influenza immunization and OP-27 (inpatient and outpatient combined)
30 Day Readmissions Added CAH

- Heart Failure
- Pneumonia
- Chronic Obstructive Pulmonary Disease
Outpatient Measures Added CAH

• OP-1 Median time to fibrinolysis
• 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 ED-median time to pain management for long bone fracture
Outpatient Measures Added CAH

- OP-22 ED-patient left without being seen
- OP-23 ED-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
- OP-27 Influenza Vaccination Coverage among Healthcare Personal (combined with HCP)
Measures Removed - CAH

• Mortality measures
  o Acute myocardial infarction
  o Heart failure
  o Pneumonia
Composite MBQIP score

• Does not currently exist
• Recommendation that we develop a methodology to report one score for Critical Access Hospitals (CAH)
All PPS/CAH Hospitals
Measures Continue

- HCAHPS Patient Experience of Care
- Minnesota Stroke Registry Indicators
  - Door-to-imaging initiated time
  - Door-to-needle time to intravenous thrombolytic therapy
- 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
- HIT Survey
End of Life Measure

- Reported through question on Health Information Technology (HIT)
- Stage 3 meaningful use Advance Directives measure

More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data
Measures Removed PPS/CAH

AHRQ Measures

• Obstetric trauma – vaginal delivery with instrument (PSI 18)
• Obstetric trauma – vaginal delivery without instrument (PSI 19)
Pediatric Measures
Removed
Measures Removed PPS/CAH

AHRQ measures

- Pediatric Heart Surgery Mortality Rate measure (PDI 6)
- Pediatric Heart Surgery Volume measure (PDI 7)
- Pediatric patient safety for selected indicators composite measure. (PDI-19)
Measures for Children’s Hospitals - removed

- Peds AHRQ measures
- Late Sepsis or Meningitis in Neonates (Vermont Oxford Network)
- Central line-associated bloodstream infection (CLABSI) event in NICU/PICU
Data Submission
Inpatient (IQR) and MN Stroke Registry Data Submission

- Fourth Quarter, 2015: May 15, 2016
- First Quarter, 2016: August 15, 2016
- Second Quarter, 2016: November 15, 2016
Outpatient (OQR) Data Submission

- Third Quarter, 2015: February 1, 2016
- Fourth Quarter, 2015: May 1, 2016
- First Quarter, 2016: August 1, 2016
- Second Quarter, 2016: November 1, 2016
ED Transfer Communication
Data Submission – CAH only

• Fourth Quarter, 2015: January 31, 2016
• First Quarter, 2016: April 30, 2016
• Second Quarter, 2016: July 31, 2016
• Third Quarter, 2016: October 31, 2016
2017 Focus Areas for Measures
Topic areas for potential new/added measures

• Federal alignment – CMS and HRSA
  – FY2017 VBP, RRP, HAC
  – MBQIP

• Cost/Spending
• Readmissions
• End of Life
• Patient Safety
• Mental/Behavioral Health
Patient Safety

- Recommended development of a composite measure for PPS and CAH hospitals
- Focus would be on cultural/structural areas as well as patient harm
- Next steps would be to convene a workgroup
Questions?

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www.stratishealth.org
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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