

# Overview of Minnesota Statewide Quality Reporting and Measurement System

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Sara Bonneville

# 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 MN Community Measurement

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

# Public 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**
- **Second set of administrative rules updated the Statewide Quality Reporting and Measurement System in November 2010.**
- **Current iteration of administrative rules updated the Statewide Quality Reporting and Measurement System in November 2011.**
- **Generally:**
  - **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**

# First Iteration of Quality Reporting Rules: Adopted 2009

## 2010 Reporting

- **CMS / Joint Commission**
  - Core Measures: AMI, Heart Failure, Pneumonia, SCIP
- **Agency for Healthcare Research and Quality (AHRQ)**
  - Inpatient Quality Indicators (IQI):
    - AAA volume and mortality
    - CABG volume and mortality
    - PTCA volume and mortality
    - Hip fracture mortality
  - Patient Safety Indicators (PSI):
    - Pressure ulcers
    - Death among surgical inpatients with serious treatable complications
    - Postoperative PE or DVT
    - Obstetric trauma with and without instrument-assisted vaginal deliveries
- **Health Information Technology (HIT)**

# First Iteration of Quality Reporting Rules: Adopted 2009 (cont.)

## 2011 Reporting

- Measures for 2010 reporting
- CMS / Joint Commission
  - Outpatient Measures:
    - Outpatient (ED) AMI/chest pain
    - Outpatient surgery
  - Patient Experience:
    - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
    - This measure is not required for hospitals with fewer than 500 admissions in the previous calendar year

# First Iteration of Quality Reporting Rules: Adopted 2009 (cont.)

## 2011 Reporting (cont.)

- **Agency for Healthcare Research and Quality (AHRQ)**
  - **Inpatient Quality Indicators (IQI):**
    - Mortality for selected conditions composite
  - **Patient Safety Indicators (PSI):**
    - Patient safety for selected indicators composite
  - **Pediatric Patient Safety Indicators (PDI):**
    - Pediatric patient safety for selected indicators composite

# 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**
- **Stratis Health, MHA, MNCM develops and vets quality measure recommendations as part of contract with MDH**
- **Stakeholders are invited to submit recommendations directly to MDH**

# Revising Administrative Rules: General Timeline

- MDH invites interested stakeholders to submit recommendations for new standardized measures to MDH by June 1<sup>st</sup>
- Recommendations:
  - Submitted in early June
  - Informal public comment period conducted by MDH
- All recommendations are presented at public forum in mid-June
- MDH publishes a new proposed rule by mid-August with a 30-day formal public comment period
- Final rule adopted by end of the year

# Revising Administrative Rules

- MDH invites interested stakeholders to submit recommendations for new standardized measures to MDH by June 1<sup>st</sup>
- MNCM recommendations:
  - Preliminary recommendations submitted in April
  - Final recommendations submitted in early June
  - Informal public comment period conducted by MDH
- All recommendations are presented at public forum in mid-June
- MDH publishes a new proposed rule by mid-August with a 30-day formal public comment period
- Final rule adopted by end of the year

# Second Iteration of Quality Reporting Rules: 2010 Revision

- Adopted November 2010
- New measures were added for hospitals:

## Pediatric Measures:

- **CMS / Joint Commission:**
  - Home Management Plan of Care Given to Patient/Caregiver for Pediatric Asthma
  - Center for Disease Control and Prevention (CDC): Central line-associated bloodstream infection (CLABSI) event
- **Agency for Healthcare Research and Quality (AHRQ) :**
  - Pediatric Patient Safety Indicators (PDI): Pediatric heart surgery volume and mortality
- **Vermont Oxford Network (VON):** Late sepsis or meningitis in very low birth weight neonates
- **Deleted measures:** Colorectal surgery patients with immediate postoperative normothermia (SCIP-Inf-7)

# Current Iteration of Quality Reporting Rules: 2011 Revision

- Adopted November 2011
- New measures were added for hospitals:
  - CMS / Joint Commission:
    - Prevention Immunization Process of Care Measures: Pneumococcal immunization, Influenza immunization
    - Mortality Measures: AMI, Heart Failure, Pneumonia
    - Emergency Department Process of Care Measures: Median time from ED arrival to ED departure for admitted ED patients, Median time from admit decision time to ED departure time for admitted patients
  - Minnesota Stroke Registry Indicators:
    - NIH stroke scale (NIHSS) performed in initial evaluation
    - Door-to-imaging performed time
  - Emergency Department Transfer Communication (CAHs only): Administrative communication, patient information, vital signs, medication information, physician information, nurse information, procedures and tests
- Retired / Suspended measures

# Minnesota Stroke Registry Indicators

- **Emergency Department (ED) Stroke Registry Indicators:**
  - NIH stroke scale (NIHSS) performed in initial evaluation
  - Door-to-imaging performed within 25 minutes or less
- **Each hospital must submit the data required to calculate the ED Stroke Registry Indicators according to the following schedule:**

Discharge Dates	Data Submission Deadline
Third Quarter, 2011: July 1 – September 30	February 15, 2012
Fourth Quarter, 2011: October 1 – December 31	May 15, 2012
First Quarter, 2012: January 1 – March 31	August 15, 2012
Second Quarter, 2012: April 1 – June 30	November 15, 2012

# Next Steps

- MDH, Stratis Health, MHA and MNMCM will continue working together to educate providers about reporting requirements
- Subscribe to MDH's Health Reform list-serv to receive weekly email updates at:  
<http://www.health.state.mn.us/healthreform/govdelivery.html>