

# Implementing Statewide Measurement on Access, Cost and Quality in MN

IOM Workshop on Core Metrics for the Triple Aim  
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# Overview

- Measurement context
- Some examples
- Challenges & lessons

# MEASUREMENT CONTEXT

# Measurement Context in MN

- Legislative foundation for activities at the Health Department
  - Health reform efforts in early 1990s
  - Goal of cost containment lead to authorization of data collection & research
  - Focus on population-based monitoring and trending of “access, utilization, quality, and health care cost”
- Innovative private sector
  - Managed care, measurement and shared-savings
  - Largely a non-profit plan and hospital environment
  - Collaborations on generating evidence and best practices

# Measurement Context, contd.

- More recent dynamics
  - Legislative Commission on Health Access
  - Various Governor initiatives on health reform
- Triple aims of 2008 MN reforms
  - Improve population health (Statewide Health Improvement Program)
  - Enhance patient experience (Health Care Home initiative)
  - Improve cost trends through transparency in cost & quality and payment reform
- Governor Dayton's Health Care Reform Task Force

## Health Care Spending

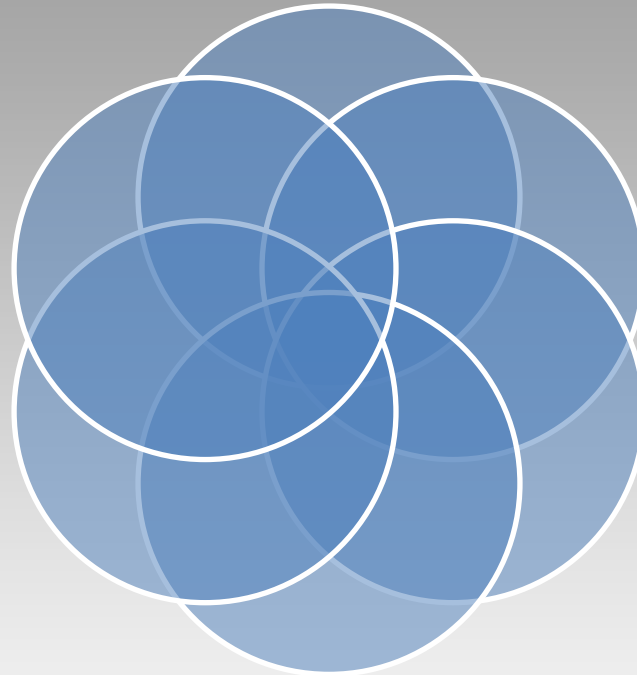
- Type of coverage
- Payer Type
- Capital investments

## Insurance Coverage

- Type of coverage
- Barriers to insurance
- Barriers to access

## Provider Performance

- Quality
- Cost
- Financial disclosure
- Competition



## Ins. Market Performance

- Solvency/fin. disclosure
- Competition
- Plan Report Cards

## Health Plan Benefits

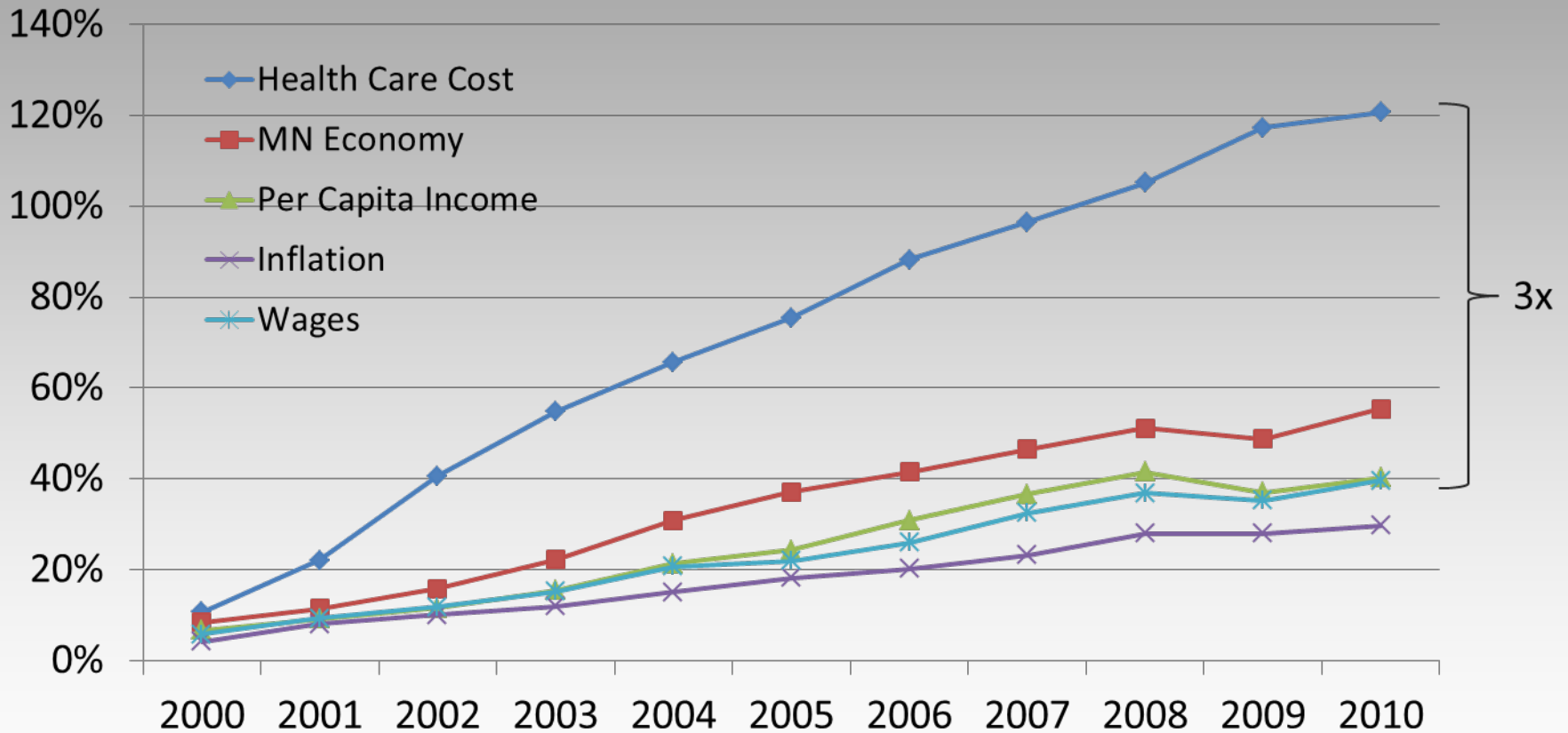
- Small group/individual
- Claims distribution
- ESI trends

## Population Health

- Vital stats/behavioral risk factors
- Prevention initiatives
- Public health system

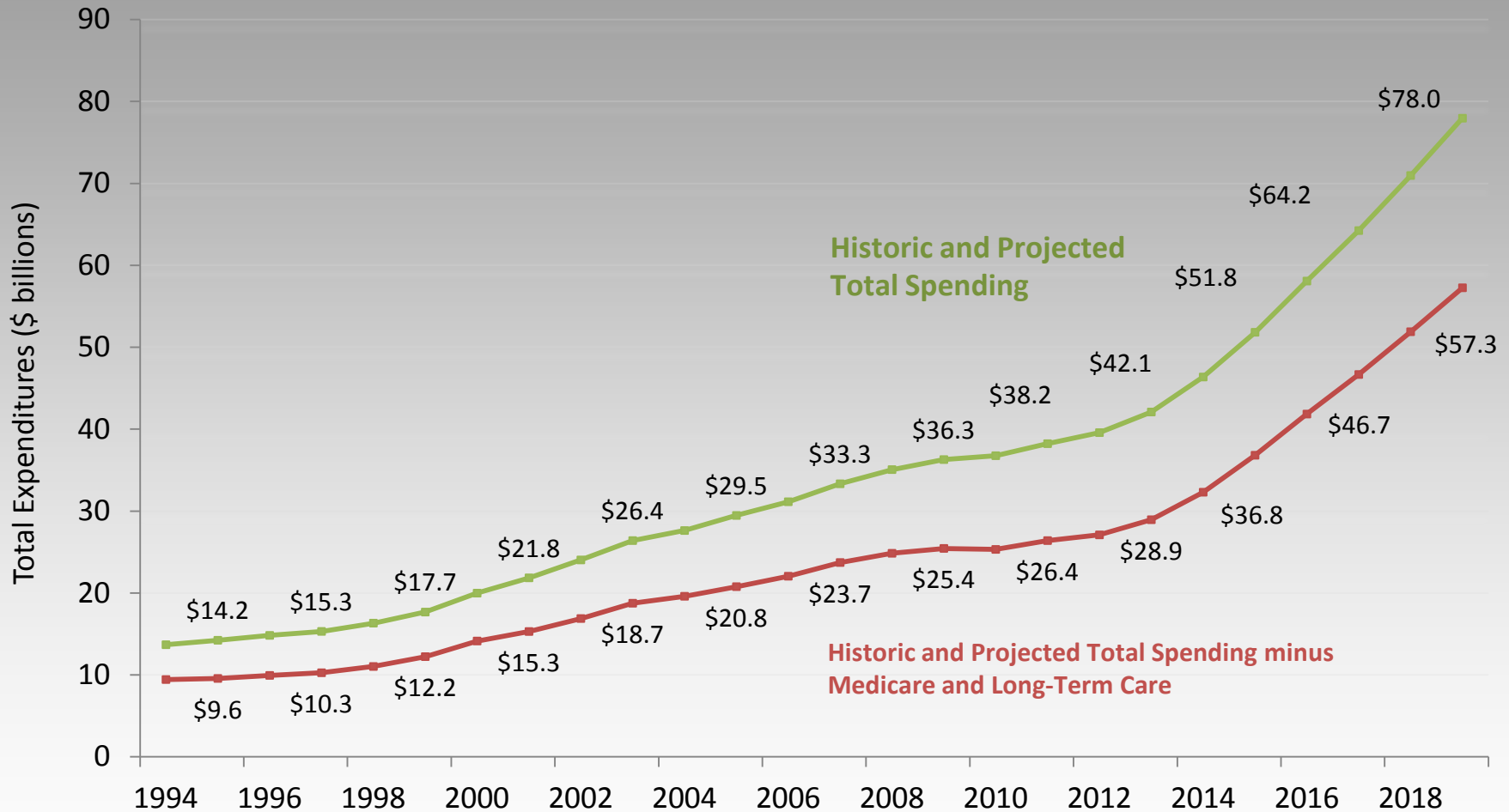
# EXAMPLES

# Why Do We Care: Health Care Growth Exceeds Growth in Income & Wages

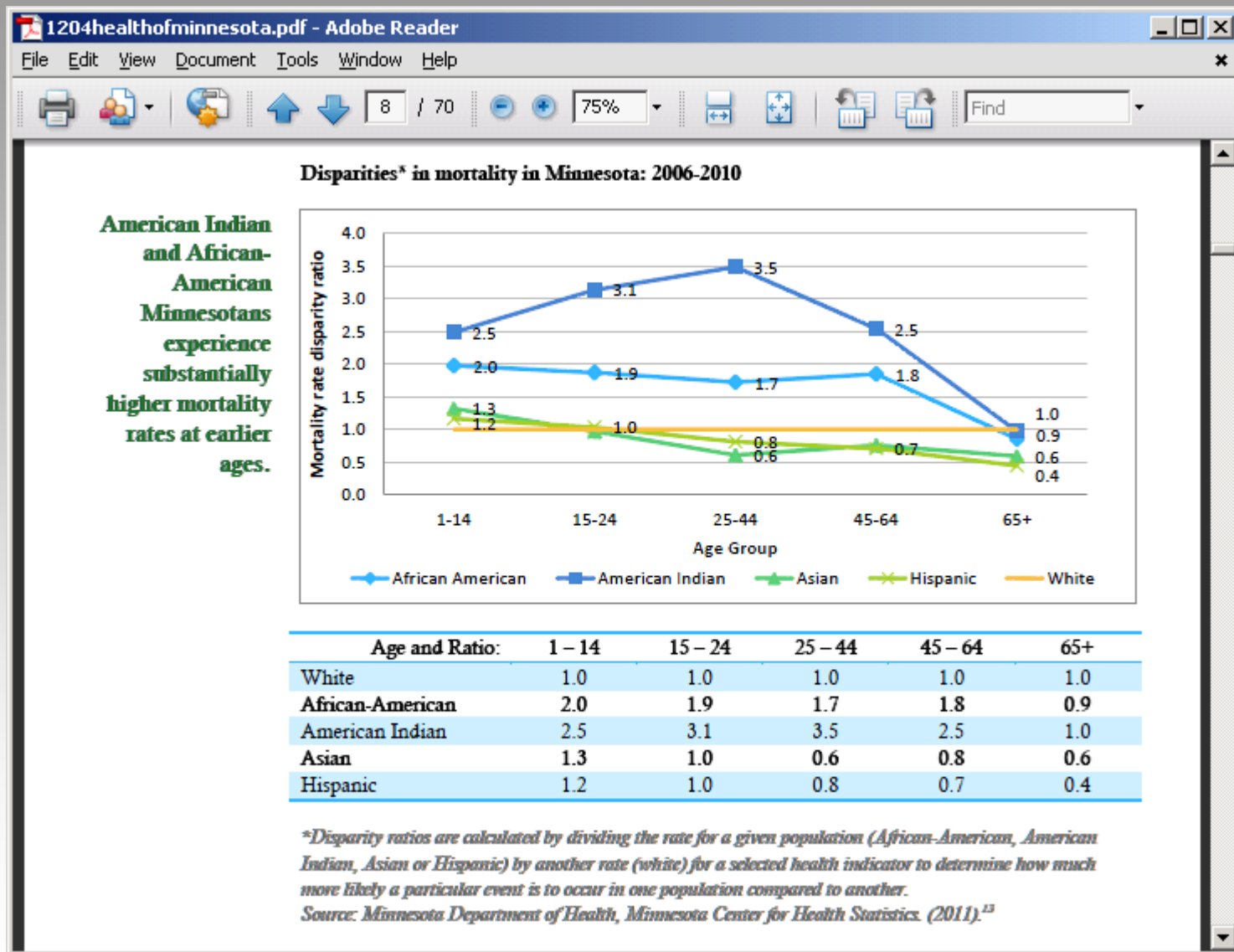




# Estimates & Projections of Health Care Spending w/o the Effect of MN Reforms

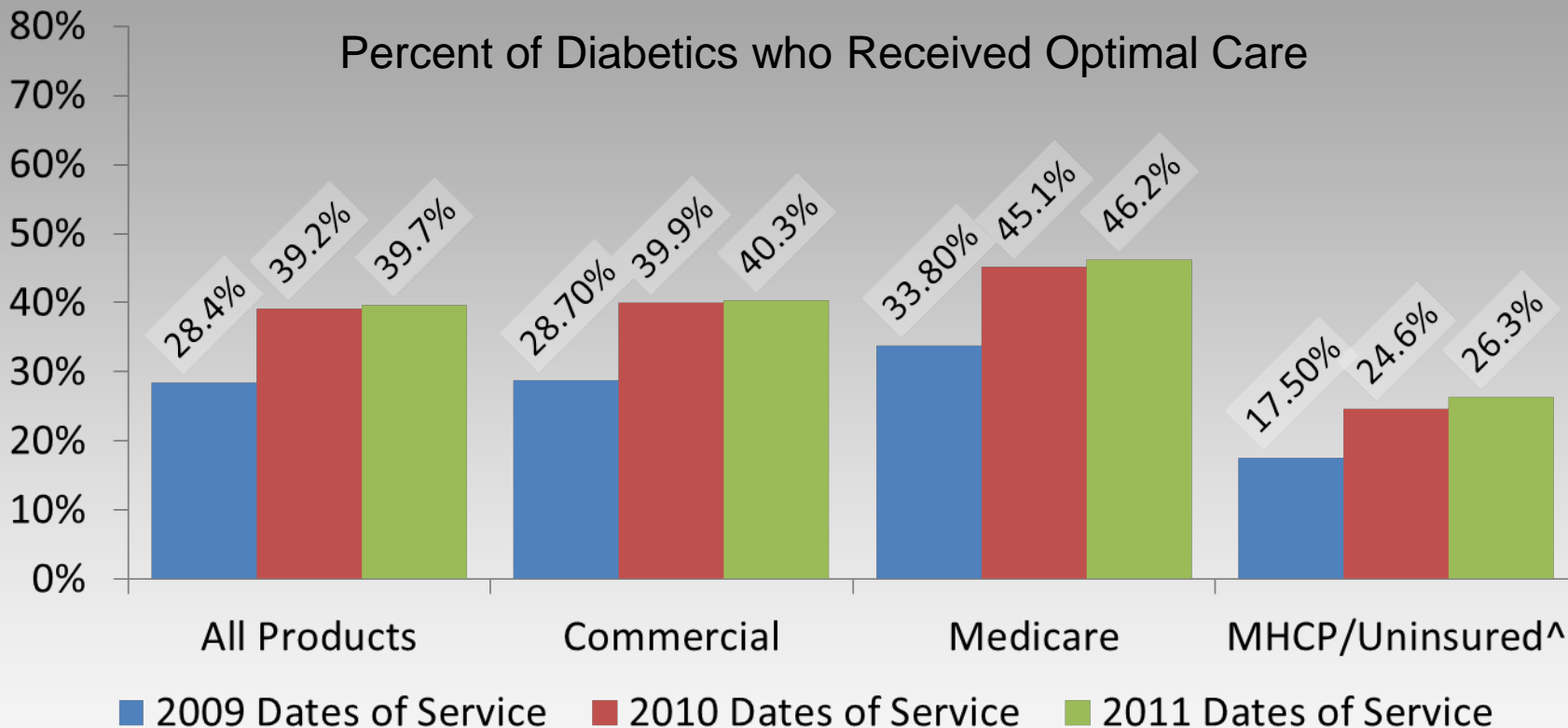


# Health Disparities



# Statewide Quality Measurement & Reporting System

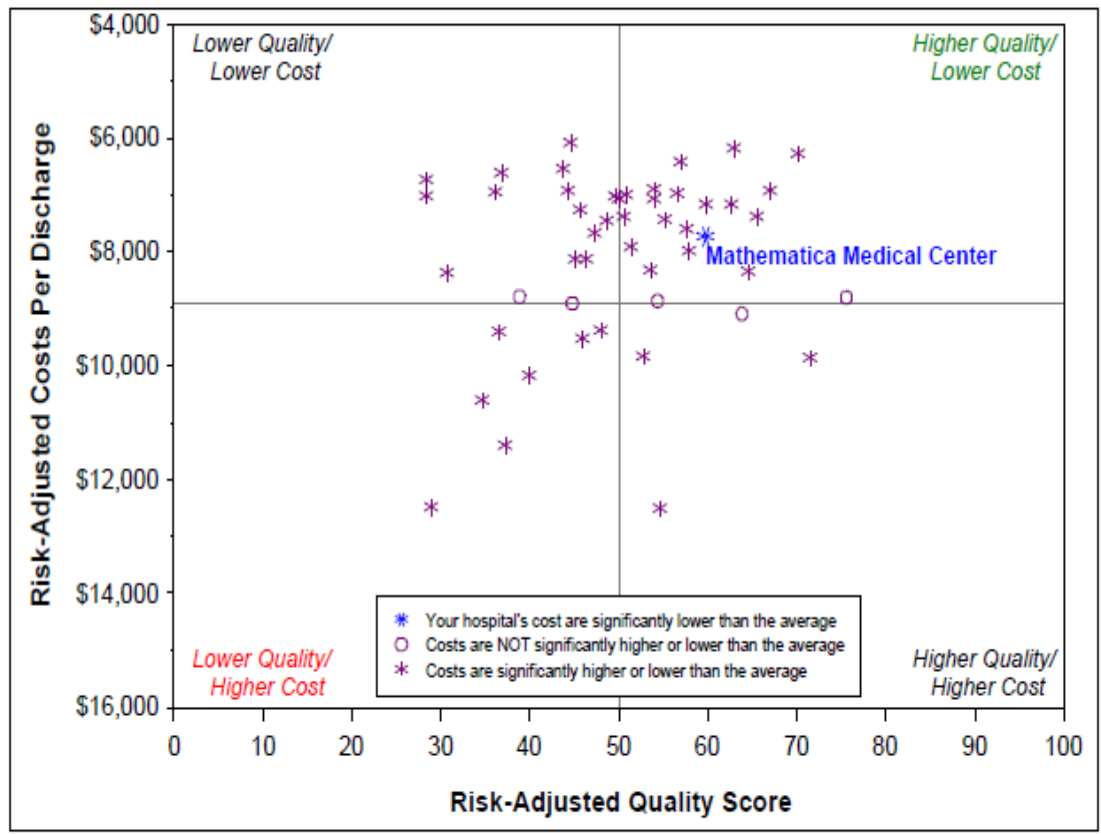
## Quality Variation: Diabetes Optimal Care



Source: Statewide Quality Reporting and Measurement System, Health Economics Program

<sup>^</sup>MHCP are Minnesota Health Care Programs, which include Medicaid and MinnesotaCare

### Exhibit A: Total Care Risk-Adjusted Quality Scores and Risk-Adjusted Costs per Discharge for PPS hospitals in Minnesota



# A CHANGING ENVIRONMENT



## Health Care Spending

- Type of coverage
- Payer type
- Capital investments
- Per person spending

## Provider Performance

- Quality
- Cost
- Financial
- Competition

## Provider Innovation

- People in innovative payment arrangements
- \$\$ at risk
- Care coordination
- Incentive payments

## Insurance Coverage

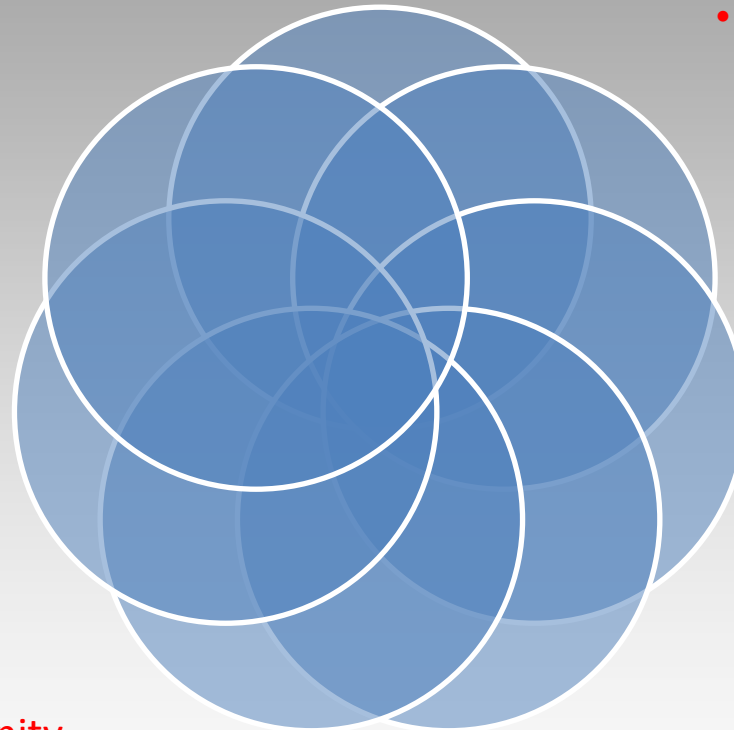
- Type of coverage
- Exchange/no-Exchange
- ESI contribution
- Barriers to insurance
- Barriers to access

## Affordability in HIX

- People receiving subsidies
- Average value of subsidies
- Premiums as % of income
- People exempted

## Integrated Community Networks/Services

- People with met referral needs
- Clinical and community preventive services



## Population Health

- Vital stats/behavioral risk factors
- Prevention initiatives
- Public health system
- Mental & emotional well-being

## Health Plan Benefits

- Small group/individual
- ESI trends
- Claims distribution
- Actuarial value

## Ins. Market Performance

- Solvency/fin. disclosure
- Competition
- Choice
- Medical Loss Ratio/Rate trends
- QHP characteristics/performance
- Funds moved through risk-adjustment

# CHALLENGES & LESSONS



# Challenges & Lessons

- Establishing clarity about purpose in developing measures
- Customizing measure set(s) customized for a given purpose
- Aligning measures within states and across payers (including federal)
- Speeding up measure development cycle
- Growing evidence about effectiveness of initiatives in public health and prevention
- Tracking & communicating measurement results in a more organized fashion (and not by data set)
- Developing composites or indexes that help policy makers assess progress
- And...

Firefox

health.citizensolve.org/?utm\_source=www.citizensolve.org&utm\_medium=redirect&utm\_campaign

Citizen Solutions: Health

CitiZing! BETA Projects Calendar Organizations About Sign In • New User?

# Citizen Solutions


A DIFFERENT CONVERSATION ABOUT FIXING HEALTH CARE

General Project  
Teens Project

Home Meeting Summaries & Videos Bi-weekly Discussion Your Stories Open Discussion Resources About Join Project

## About This Project

Citizen Solutions was an effort conducted spring and summer of 2012 to engage Minnesotans in a conversation about what's important to the future of health and health care in our state.



**Many thanks to all who participated.**

## Final Reports Delivered to Task Force

Thank you for your input! We've learned magnitudes from our conversations with Minnesotans online and around the state.

As promised, on August 7th, 2012 the findings from this project were presented in a report the bipartisan Minnesota Health Care Reform Task Force, responsible for making **health care policy recommendations to the governor and the legislature.**

Final reports for this project are now available:

[Main Report](#) [Online Participation Report](#) [Teen Participation Report](#)

Once you've had a chance to look them over, please:


[Comment on the Reports](#)

You can also view [Appendix A](#), with poll data from the presentations.

## Project Activities

### In-person Community Conversations

All community conversations have been completed. View [meeting summaries & videos](#). Or, host your own conversation and let us know what you



Report a Bug

Give Feedback

Thanks! But, if you haven't had enough...

Additional online information on Minnesota's health care market:

[www.health.state.mn.us/health/economics](http://www.health.state.mn.us/health/economics)

Additional online information on provider transparency:

[www.health.state.mn.us/healthreform/payment](http://www.health.state.mn.us/healthreform/payment)

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