DEPARTMENT OF HEALTH

Measurement Framework Steering Team Meeting #5 Summary

Thursday, February 13, 2020
1:00-4:00 PM
Wilder Center, St. Paul, MN

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Participants

Steering Team:

- Bill Adams
- Graham Briggs
- Karolina Craft
- Marie Dotseth
- Scott Keefer
- Rahul Koranne
- Deb Krause
- Deatrick LaPointe
- Jennifer Lundblad
- Sarah Reese (phone)
- Diane Rydrych
- David Satin
- Janet Silversmith
- Julie Sonier
- Pahoua Yang
- Maiyia Yang Kasouaher

MDH Project Staff:

Sarah Evans, Stefan Gildemeister, David Hesse, Denise McCabe, Jeannette Raymond

Turnlane:

Alex Clark, Cassandra Canaday

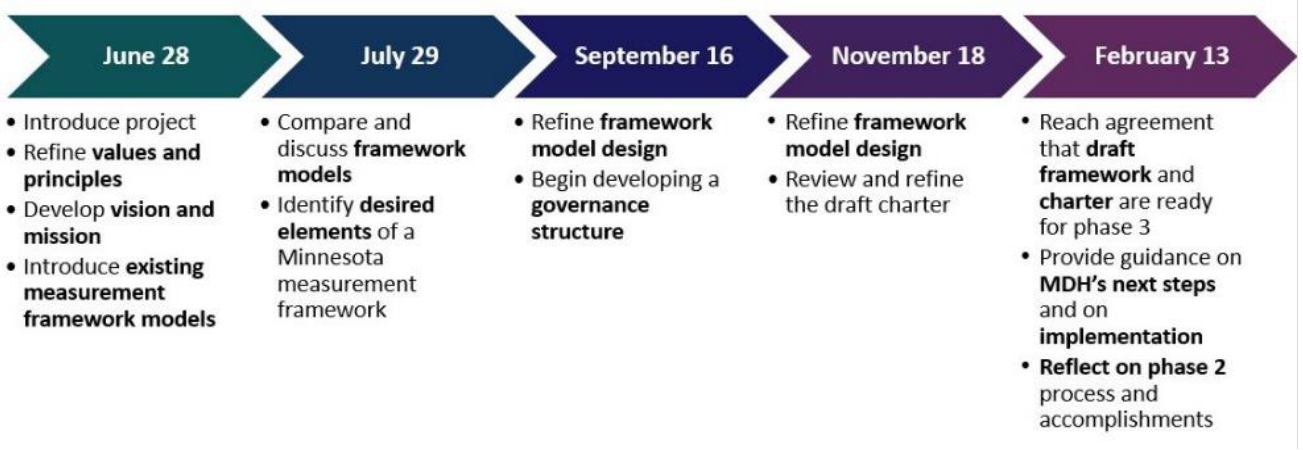
Meeting Objectives

- Generate final input on the draft framework model and charter and reach agreement that they are ready for phase 3 handoff;
- Provide guidance on MDH's next steps and on implementation
- Reflect on phase 2 process and accomplishments

Welcome and Grounding

Review of Accomplishments

Co-chairs Jennifer Lundblad and Marie Dotseth welcomed participants. Jennifer reminded participants of all that's been accomplished during the arc of the Steering Team's work throughout phase 2 (right graphic) and provided an overview of the meeting objectives and agenda.



Steering Team Agreements

Prior to discussion on core agenda topics, Alex Clark highlighted the Steering Team agreements, which are meant to guide the group's conduct during meetings (left graphic).

Process summary of the framework model refinement

In kicking off the discussion, Jeannette Raymond provided a summary of the key steps that have been taken and the progress that has been made in framework model development:

- Refined and defined the values and principles started by the Phase 1 team
- Reviewed existing measurement framework models
- Retitled the model “Minnesota Framework for Health and Health Equity Measurement and Improvement”
- Developed a vision statement
- Added a section on how and why any interested group may use this framework
- Articulated four areas of measurement

Jeannette also clarified that this model document was designed with multiple audiences and uses in mind:

- This framework model is intended to be a measurement tool that any person or organization can use as a lever to advance health and equity improvement goals; and
- There will be a statewide implementation of this framework model, with the governance body and MDH focusing on a handful of priorities.

Framework Model Updates

On behalf of the Framework Model Workgroup, Bill Adams highlighted changes made to the model since the November Steering Team meeting (below left). Bill shared that the Workgroup feels this document is ready for phase 3 handoff, knowing it is a living document that will continue to evolve over time.

Innovation

- Removed stand-alone value and integrated into “Dynamic and responsive” value

Accountability

- Updated to say “users of the framework will clarify roles, responsibilities, and accountabilities”

Principle 3

- Removed language about duplication
- Added language about data sharing

DEPARTMENT OF HEALTH

Minnesota Framework for Health and Health Equity Measurement and Improvement

This document reflects input from the Steering Team and Model Workgroup to-date.

Context and Opportunity

Minnesota is a national leader on many fronts, with our exemplary public health system, our commitment to advance health equity[1], the quality of our health care, and the many ways communities across the state contribute to physical and mental health[2] and well-being. Notably, for years we have measured and reported various aspects of clinical and hospital quality, and have collectively developed a standardized statewide approach to measurement.

Minnesota, however, also faces daunting challenges. We have increasing chronic disease rates, rising health care costs, an aging population, and economic and social conditions that often work against our efforts to assure a healthy population. We have persistent disparities in health outcomes that are rooted in inequities related to geography, housing, income, and education. We see gaps in health outcomes according to race, sexual orientation, gender identity, disability, other factors, and the intersectionality of these characteristics.[3] When compared to the rest of the country, our racial disparities stand out in particular. Data demonstrate that health outcomes in Minnesota are consistently worse for American Indians, African-Americans,

Final Input on the Framework Model

Bill's overview of framework model changes led to broader discussion on input received by Steering Team members who shared the Framework Model document with their colleagues and partners and reflected on changes that should be made to the Framework Model document based on this feedback.

Further detail on input received from colleagues and partners is included in Appendix A

Suggested changes to the Framework Model document included:

- Include an abstract or executive summary at the top that includes a concise articulation of the vision
- Explicitly name who will use the model, making clear who will be required to use it and who should be encouraged to
- Structural and institutional racism needs to be named as barrier to achieving health equity, and the Steering Body should be asked to look at how this model does or does not perpetuate structural racism
- Be clearer regarding whether this could, should, and/or will be linked to payment, keeping in mind that that could end up increasing structural racism
- Acknowledge that we're building on a strong foundation, but question whether it's enough
- Clarify the relationship to existing measurement systems and efforts (e.g., SQRMS, the Governor's health priorities)
- Clarify the role/inclusion of quality of services/process measures
- Bring more clarity to how broad/narrow the health priorities may be

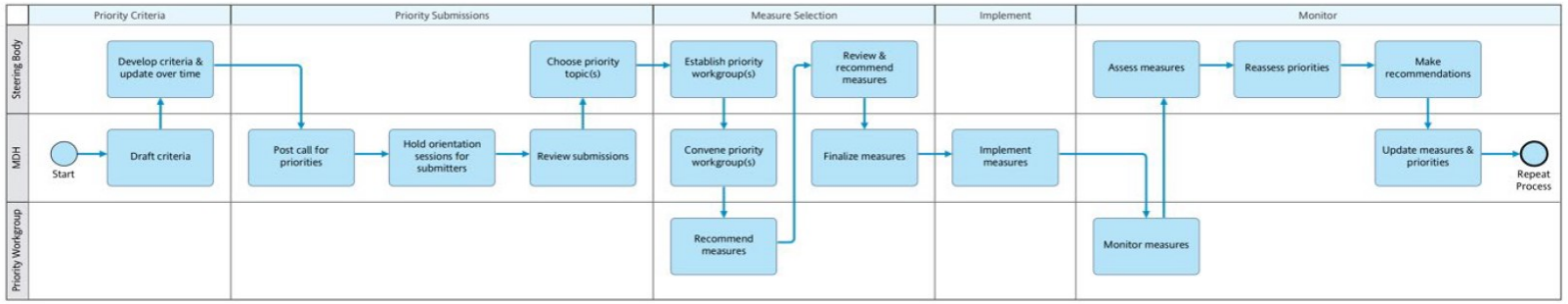
Steering Team members affirmed that with final adjustments based on this input, the framework model is sufficiently developed for phase 3

Discussion Questions

- What kind of input and feedback did you receive from those you shared the framework model in response to the homework questions?
- Based on the input we collectively generated from others, what key next steps can MDH take to further enhance the framework model before transitioning into phase 3?
- What last comments or feedback do you have on the framework model before handoff to the phase 3 group for further refinement and implementation?

Health Priority Selection and Framework Implementation

Marie Dotseth then walked the Steering Team through the proposed Health Priority Submission Process, which was developed based on Steering Team and Governance Workgroup feedback. Marie noted the process steps and how they fit within the broader Measurement Framework Implementation Diagram (*figure below, also see Appendix B*).



Key Steps Highlighted

- MDH and the Steering Body would develop criteria to consider health priority submissions
- MDH would issue a call for health priority submissions and hold orientation sessions for submitters
- MDH would review submissions and—with input from the Steering Body—select one to two priorities as a starting place
- The Steering Body would establish workgroups for each priority, MDH would help convene those workgroups, and existing and/or developed measures would be used to establish a set of measures, which would then be finalized for implementation Myriad measurement implementation activities would be undertaken with considerable community involvement
- Progress would be monitored and assessed, recommendations would be made, and the process would repeat

Input on Priority Selection and Framework Implementation

Steering Team shared reactions and feedback to the proposed Health Priority Submission Process, noting key considerations to keep in mind and offering suggestions for improving the process.

Priority Selection Input

- Measurement tends to start with what we can measure. This is a BIG STEP toward measuring what really matters
- It's unclear how the governor's priorities will fit in – be cautious of priority overload
- Consider piloting the Framework using one of the governor's priorities
  - This may alleviate time burden, but it's less transparent —even if these somehow came from community input, it's not clear that that's the case or how it happened
- Adding some examples of the selection process would be very helpful
- Clarify how long specific priorities will remain priorities
- There's some concern regarding the crowdsourcing element of this, as this could make reporting feel too voluntary and people often have trouble estimating their own needs. However, with the balance of groups submitting, MDH refining, and the Steering Body selecting, some members of the Steering Team felt that this would mitigate some of these potential issues

General Governance Input

- Community engagement will be critical in this process, but it's still hard to see where communities fit into this priority selection process—within the makeup of the Steering Body? In Priority Workgroups? This should be clarified further.
- If MDH makes all final decisions, that needs to be clearer, or it risks alienating the communities we hope to engage
- MDH could work with other government agencies (e.g. MNDOT, DHS, etc.) to broaden the table and leverage state resources
- It's not clear whether the next phase Steering Body will be selected to do this work, or whether some of this Phase 3 work will happen and then then Steering Body will be selected and convened – bring more clarity to the future process

Progress Update on Charter Development

Alex Clark shared a brief summary of the Governance Workgroup's latest discussion, as well as a high-level overview of the changes made to the Charter since the November Steering Team meeting.
(*See Appendix C for more detail*)

Edited the charter to reflect Steering Team feedback from the November meeting

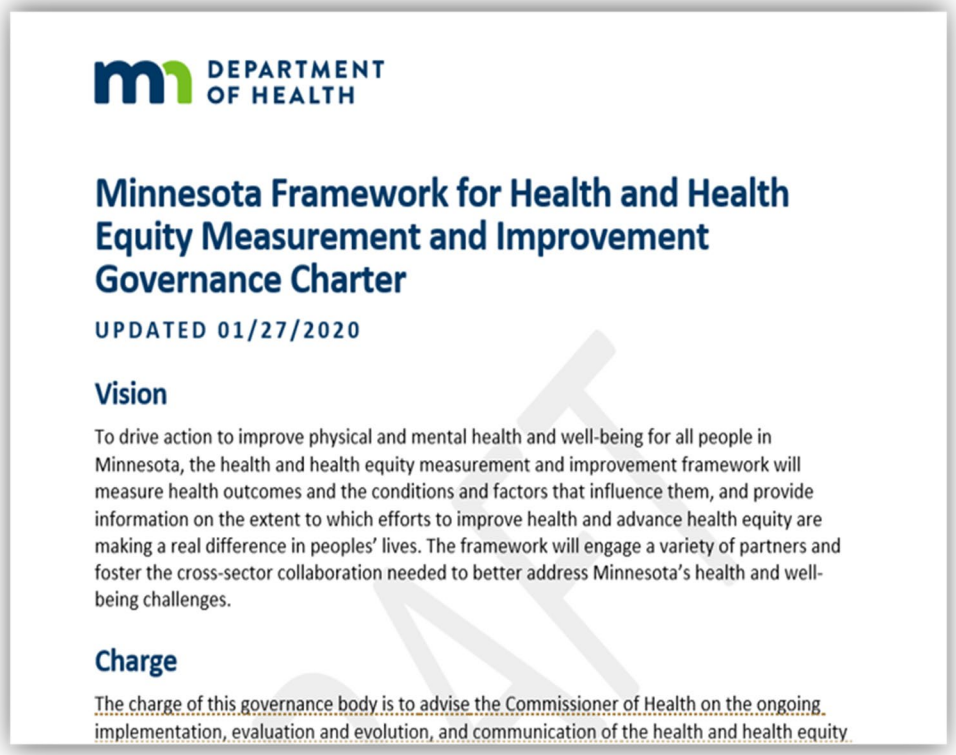
(Greater detail on the next slide)

Met **once** via phone since the November Steering Team meeting

Members: Bill Adams, Marie Dotseth, Renee Frauendienst, Rahul Koranne, Deatrick LaPointe, Jennifer Lundblad, Gretchen Musicant, Julie Sonier

Made some significant changes:

- Changed the group's name from "governance body" to "steering body"
- Reorganized to provide clarity on responsibilities
- Provided input on the Priority Submission Process



DEPARTMENT OF HEALTH

Minnesota Framework for Health and Health Equity Measurement and Improvement Governance Charter

UPDATED 01/27/2020

Vision

To drive action to improve physical and mental health and well-being for all people in Minnesota, the health and health equity measurement and improvement framework will measure health outcomes and the conditions and factors that influence them, and provide information on the extent to which efforts to improve health and advance health equity are making a real difference in peoples' lives. The framework will engage a variety of partners and foster the cross-sector collaboration needed to better address Minnesota's health and well-being challenges.

Charge

The charge of this governance body is to advise the Commissioner of Health on the ongoing implementation, evaluation and evolution, and communication of the health and health equity

Final Input on the Draft Steering Body Charter

After reviewing the most recent draft of the governance charter, Steering Team members worked through several discussion questions and shared thoughts within small groups, which was followed by large group discussion among all Steering Team members.

Discussion Questions

- Should the steering body member selection process include nominations and/or applications? If nominations are to be involved, should potential members be allowed to self-nominate?
- How many members should the steering body include?
- How frequently should the steering body meet to begin implementing the framework?
- If a potential member of this new body looked at this charter, would they have the information they need to fully understand the role of the group and the expectations of those serving on it? How might the charter be strengthened?

See Appendices D and E for more detailed feedback captured during the discussion on governance.

Steering Team Comments

- Further clarify the time commitment to serve on the Steering Body
- Provide more detailed information on health priority-specific workgroups and the roles that experts will play
- Include the Measurement Framework Implementation Diagram to the charter and ensure the roles of Steering Body members, as included in the diagram, are clarified in the charter (e.g., developing criteria, etc.)
  - Clarify decision-making roles
- Clarify the expectation that Steering Body members are expected to share the framework and monitor its use within their organizations and partnerships
- Opinions on whether the Steering Body member selection process should involve nominations differed, but there was a general consensus that there should be an application process and that anyone should be able to apply (or self-nominate) if desired
- The majority felt that monthly Steering Body meetings seem most appropriate for at least the initial implementation phase
- Most agreed that 15 Steering Body members seems fine, and that the appropriate size is about 15-20members. Many emphasized the need to focus on ensuring that these members adequately represent relevant stakeholder groups, especially communities most impacted by disparities.

The Path Forward: MDH Next Steps and Asks

MDH Next Steps

Marie highlighted the next steps MDH will take to advance the framework and transition into phase 3 in 2020:

- Engage with external and internal stakeholders and partners to refine the framework and consider its use, including how to tie the framework into our agency strategic plan;
- Explore the relationship of the Statewide Quality Reporting and Measurement System (SQRMS) with the framework, and communicate how the framework and other initiatives will shape SQRMS going forward; and
- Stand-up a Steering Body.

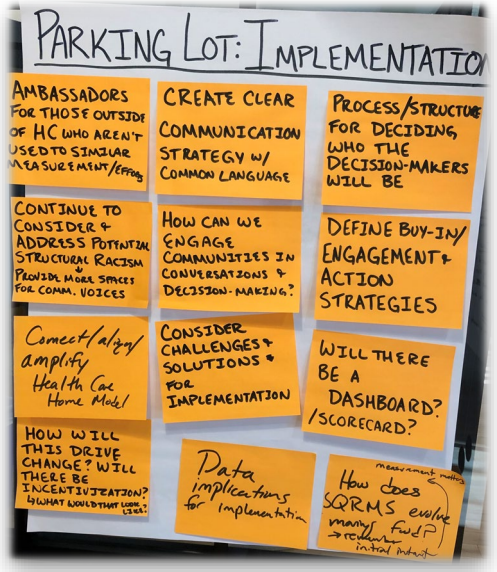
Asks from MDH of Steering Team Members

Marie also made a set of asks of the group about how to support this effort moving forward, and encouraged ongoing two-way communication:

- Champion the work
- Share the framework and implementation tools with partners and colleagues
- Provide input if/when solicited
- Find ways to utilize the framework model
- Generate awareness when steering body is being selected and nominate others if applicable
- Consider applying to be a member of the Phase 3 steering body
- Discuss the priority submission process with your organization/coalition and encourage them to participate if applicable

Input on MDH's Next Steps and Implementation

Following Marie's overview of MDH next steps and asks, the Steering Team shared thoughts and reflections on the transition from phase 2 to phase 3.
To close out phase 2, Alex reviewed several implementation-focused items that had been raised by the Steering Team during earlier segments of the agenda. The Steering Team added to this set of items, providing final input for MDH consideration on framework implementation.
See Appendix F for further detail on implementation-related feedback.



Steering Team Input

- We have a real opportunity to do measurement differently here—keep in mind that the process, not the measurement, is the innovation.
  - This is tremendous innovation—to get people and patients engaged, and finally ask them what's important to be measured, and to cross sector lines in measurement for improving health.
- There's a lot of anxiety around the burden of process measures. Remember the initial intent of this project: measuring what matters and addressing reporting burden on health care sector.
- Continued and improved engagement with patients and communities, especially those who have rarely or never been at the table, will be critical to the Framework's ongoing success and effectiveness in improving health equity.
- MDH is one of several government entities who need to be involved. It's time to invite the others; this will probably take an overarching authority figure to accomplish.

Public Comments and Meeting Close

Public Comments

- A member of the public commented on the importance of developing measures that have impact and are rooted in the hierarchy of needs. To truly get at the health disparities that trouble MN, the public commenter suggested, we should go back to simple things and measure those.

Closing and Reflection

- Jennifer Lundblad offered closing remarks of gratitude and appreciation, observing that this has been one of the most intellectually challenging projects she's been involved with. She expressed that, although this process has often felt like organized chaos, she believes we are on cusp of breakthrough work, and when we get there, the end result will truly be measurement that matters in the service of improvement.
- Jennifer reminded the Steering Team that the progress made in this phase has only been possible because of all of them, and expressed appreciation for their expertise and everything she has learned from them.

Key Agreed-Upon Next Steps and To Do's

- Update the Framework Model and Charter documents as suggested by Steering Team Members
- Integrate Steering Team feedback on the Priority Submission Process into any future documents, communications, etc.
- Consider creating several supplemental documents, possibly including:
  - A theory of change document outlining this effort's big vision and impact
  - More/ more developed examples to help potential users see themselves in the Framework and imagine how they might use it
  - An addendum with detail on how the Framework might be used. This could include a set of recommended actions for stakeholders and clearer definition of what meaningful engagement with the FW would look like
  - An externally-facing framework document and a clear, understandable communication strategy with common language so Steering Team members can share and be ambassadors to not only their colleagues and partners, but to communities as well
- Consider piloting the Framework using one of the governor's priorities
- Continue to consider and address potential structural racism; increase focus and emphasis on equity and inclusion in future processes
- Define strategies for generating buy-in, engagement, and action among stakeholders of various sectors
- Connect this effort to the work done by the Health Care Home Model and ensure this effort is aligned
- Think about a dashboard or scorecard to support those working toward implementation
- Explicitly state how this will drive change – will there be incentives? What would that look like?
- Clarify the relationship between this and SQRMS—how will SQRMS fit in to this? How does SQRMS evolve moving forward?
- Communicate roles in future processes—clarify whether the next phase Steering Body will be selected to do Phase 3 work, or whether some Phase 3 work will happen and then then Steering Body will be selected and convened.

See Appendices for further detail

Appendix A: Framework Model Feedback from Colleagues and Partners

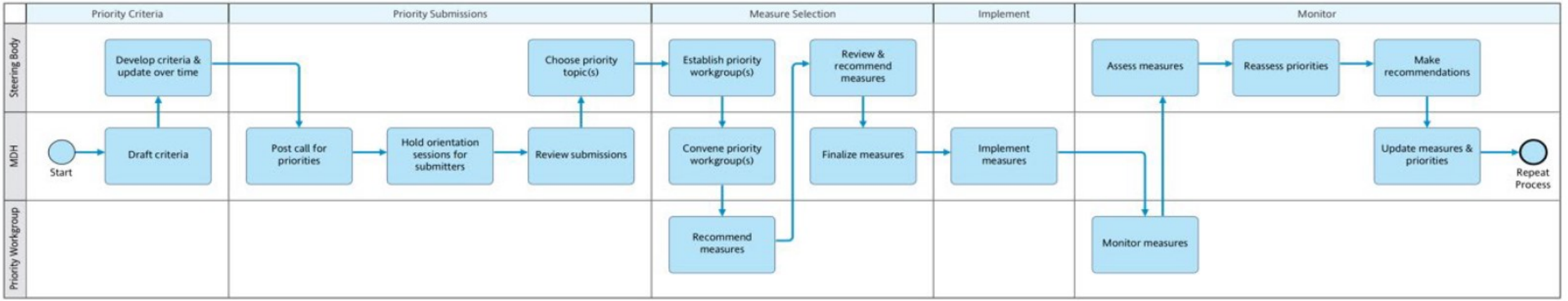
Feedback

- Philosophically, we're on the right track. If MN can pull this off and truly set priorities that engage across communities, address equity issues, and measure health in a more comprehensive way, we'll be breaking new ground.
- It is still hard for many potential users to see themselves in this Framework Model document—there's a specific lack of clarity in who should and must use it and what they might use it for. It's vital that people see themselves and their role in the work, or this could diffuse responsibility via broader stakeholder use: "When everyone's responsible, no one is" (some may assume others will own and in turn, not collaborate)
- It's not clear how this is meant to be used and engaged with. Is it a theoretical framework to orient thinking? Is it intended to guide needs assessments? Is it mostly intended for those doing work in areas pertaining to the social determinants of health? Is it meant to be a tool to help those on the clinical side? Is the goal to helps us as a group measure our impact in the communities we serve?
- The Framework Model, in this document, still feels too theoretical/conceptual and vague. With this level of detail, some readers have a hard time grasping it without further explanation, and some Steering Team members worried that is vagueness could give the Phase 3 Steering body too much leeway to implement the framework in ways that are not fully aligned with this Steering Team's intentions and input.
- The Framework Model document "buried the lead" by not describing what the Framework actually is until later in the document.
- The scope could be clearer

MDH To Dos:

- Close any post-phase 1 To-do's
- Look back and assess what was in scope for Health Care Homes and what's duplicative to that effort; reap any synergies
- **Make some key changes to the Framework Model document**
  - Explicitly name who will use it, making clear who will be required to use it and who should be encouraged to
  - Structural and institutional racism that needs to be named as barrier to achieving health equity, and the Phase 3 Steering Body should be asked to look at how this model does or does not perpetuate structural racism.
  - Eliminate questioning language regarding whether what we're doing matters. Instead, acknowledge that we're building on a strong foundation, but question whether it's enough.
  - Include an intro, abstract, or executive summary at the top for context
  - Clarify the relationship to existing measurement systems and efforts (e.g., SQRMS, the Governor's health priorities)
  - Clarify the role/inclusion of quality of services/process measures
  - Bring more clarity to how broad/narrow the health priorities may be
  - Be clearer regarding whether this could, should, and/or will be linked to payment, keeping in mind that that could end up increasing structural racism
  - Offer a concise articulation of what the big vision is in positive, aspirational way
- **Consider drafting some supplemental documents to accompany the Framework Model document**
  - Creating more examples and further developing examples could help potential users see themselves in the Framework and imagine how they might use it
  - Draft an addendum with detail on how it might be used. This could include a set of recommended actions for stakeholders and clearer definition of what meaningful engagement with the FW would look like

Appendix B: Statewide Priority Selection and Implementation Process



Appendix C: Governance workgroup process summary

Overview of Changes:

- Title now reflects new title of the framework
- Former “Purpose:” section has been adapted into “Vision” section
- Removed unnecessary “Statutory Authorization” section
- Former “Overview” and “Charge” sections have been merged, condensed, and restructured for clarity and brevity
- “Accountability” section has been remodeled and restructured into “Roles and Responsibilities of MDH” section
- Content on term lengths and limits, representation, desired skills, and experience has been added
- Removed language about an Executive Committee language from the “Structure” section
- “Authority” and “Decision-making and Voting” sections have been removed

Appendix D: Feedback on Charter and Governance

Group Feedback

- Add the visual depiction of work/process diagram to the charter and add explanation on the top line of the flow chart (i.e., developing criteria, etc.)
- Clarify the time commitment further—it feels vague, and like a very big ask (especially asking members to share the Framework within their organizations and partnerships and keep their fingers on pulse of others using it). Be sure to balance Steering Body member's capacity and MDH capacity by shifting more work to MDH staff in between meetings
- Clarify who decides what and how the work is done/by whom
- Provide further detail on subgroups and the work they'll do, particularly emphasize the ability and opportunity to bring in outside voices for subgroups
- Perhaps think of the Steering Body as a board with fiduciary responsibilities. This could guide member recruitment and make-up

Appendix E: Charter/Governance Worksheet Feedback

Member Selection: Should it include nominations and/or applications?

- Some said yes— there should be nominations. Some said no there shouldn't be, and some said there should be both (e.g., applicants could be nominated or apply, applications would be accepted but applicants would require endorsement)
- It's unclear to some what the benefit of nomination would be
- We should spread the word and recruit applicants regardless of whether there are nominations
- No matter what, expectations of those applying and/or selected should be clear
- Potential Steering Body members should have to fill out an application regardless of whether there are nominations involved
- There are some lingering questions: Who would do the nominating if nominations were involved? Who would do the selecting?
- The general consensus was that if the process included nominations, there should be an option to self-nominate/apply without having been nominated by someone else
- Whatever the selection process looks like, representation should be an important and intentional consideration.

Meeting frequency: How many members should the Steering Body include?

- The majority felt that meeting monthly seems most appropriate. Some noted that the Steering Body could and should meet at least monthly at first, but reevaluate frequency after initial implementation phase
- Some felt that quarterly meetings would be more appropriate
- A couple participants felt that the meeting frequency should be variable and/or flexible depending on the work and/or whether Steering Body members are reimbursed

Size: How frequently should the Steering Body meet?

- Most agreed that 15 seems fine, and that the appropriate range is about 15-20 members
- There will need to be a balance between the desire for "experienced" members and the need to not default to the "usual suspects"
- A number mentioned that representation considerations will be critical in determining the size of the Steering Body; several felt it was best to err on the side of more representation despite the decision-making costs. A number of specific perspectives that should be represented on this body were mentioned directly. Suggested membership included members representing:
  - State Government
  - Local Government
  - Health Care/Providers/Clinicians
  - Social Services
  - Partners (Housing, education, transportation, etc.)
  - Employers/businesses/purchasers
  - Philanthropy
  - Payers
  - Public Health
  - Data/measurement/tech/HIT
  - Communities/patients/consumers, especially communities most impacted by disparities (CMIs), such as:
    - PoC
    - Indigenous/Native/American Indian
    - Rural
    - LQBTQIA+
    - People w/disabilities
  - Maybe some at-large members as well

Appendix F: Feedback on MDH's Next Steps and Implementation

General Feedback

- We have a real opportunity to do measurement differently here—keep in mind that the process, not the measurement, is the innovation.
- There's a lot of anxiety around the burden of process measures. Remember the initial intent of this project: measuring what matters and addressing reporting burden on health care sector.
- Several Steering Team members noted that they enjoyed the process and were proud to have been a part of it so far. Some also expressed their intent to remain engaged in Phase 3 and beyond.
- This is tremendous innovation—to get patients engaged, and finally ask them what's important to be measured, and to cross sector lines in measurement and plan for improving health.
- Continued and improved engagement with patients and communities, especially those who have rarely or never been at the table, will be critical to the Framework's ongoing success and effectiveness in improving health equity.
- MDH is one of several players who need to be involved. It's time to invite other players; this will probably will take an overarching authority figure to accomplish.

MDH and Steering Body Implementation To Do's

- Prepare an externally-facing FW doc (not the internal version) and create a clear, understandable communication strategy with common language so Steering Team members can share and be ambassadors to not only their colleagues and partners, but to communities as well.
- Those outside of health care are not used to quality measurements and may be less likely to grasp or like this. In Phase 3, we will need to select ambassadors for these new partners.
- This process will require both internal and external champions of this work to carry it forward; in Phase 3 these champions will need to be identified.
- Establish a clear and transparent process and/or structure for deciding who the decision-makers will be.
- Continue to consider and address potential structural racism. One key step is to provide more spaces for community voices to be heard and engaged throughout this process, and to continually ask how we can engage communities in conversations and decision-making.
- When selecting measures, keep in mind that these can be a source of structural racism.
- Buy-in from across silos will be crucial and dedicated work to generate excitement should be taken. Define strategies for generating buy-in, engagement, and action among stakeholders of various sectors.
- Connect this effort to the work done by the Health Care Home Model and ensure this effort is aligned with that one.
- Consider challenges and solutions for Implementation. Acknowledge the challenges in the scope and help others externally work around challenges/ barriers by identifying strategic actions to make the Framework feel real.
- Think about tangible implementation possibilities. Will there be a dashboard? A scorecard?
- Consider data implications for implementation.
- Be sure to explicitly consider how this will drive change. Will there be incentivization? What would that look like?
- Clarify the relationship between this and SQRMS—how will SQRMS fit in to this? How does SQRMS evolve moving forward?
- Where possible, link and/or align measures to state and federal work, payments, health initiatives, and change efforts, with adjustments to address possible structural racism and discrimination.
- Create a theory of change, outlining this effort's big vision and impact.
- In facilitating next Phase, avoid starting with a blank slate—emphasize that they are building on the work of those before them.
- Make evaluation criteria clear.
- Increase focus and emphasis on equity and inclusion in the process.
- Consider using a pilot to help assess how the Framework would make a difference and drive action