

# memo

DATE: May 11, 2020

SUBJECT: 2020 Statewide Quality Reporting and Measurement System Technical Update

The Minnesota Department of Health (MDH) has updated the Minnesota Statewide Quality Reporting and Measurement System (Quality Reporting System). We continuously work with providers and other stakeholders to create an evolving set of standard health care quality measures that are rooted in evidence. We publish changes to the measurement set annually.

We issued a proposed rule on January 13, 2020 and opened a 30-day public comment period. We received seven comments on the proposed rule from: two health care providers, one integrated nonprofit health care provider and insurance company, two health care quality measure developers, the Department of Human Services, and two industry organizations representing health care providers that jointly submitted their comments. See [Summary of Proposed Changes](#)

(<https://www.health.state.mn.us/data/hcquality/measures/docs/memo20chgsumm.pdf>) for more information about measure modifications and removals.

Because we are only modifying and removing several measures for physician clinics and hospitals, and to ease administrative burdens during the statewide response to the COVID-19 pandemic, we are not promulgating a final rule for the 2020 reporting year; instead, we are issuing technical guidance about the changes.<sup>1</sup> We made these modifications to align with a legislative physician clinic measure cap and reduce reporting burden, as much as possible, through aligning measurement with other local and federal initiatives.

**Here is a summary of the 2020 changes to the state's health care quality measures.**

## Physician Clinic Quality Measures

### Modifications

- Expanded eligible patients for the **Depression Remission at Six Months** measure to include patients aged 12 through 17. The measure steward, MN Community Measurement (MNCM), made this change with input from its advisory bodies based on evidence showing the prevalence of depression among adolescents statewide and nationally.<sup>2</sup>

---

<sup>1</sup>Quality Rule Appendices A, B, and E indicate that quality measures are required for reporting in 2018 and every year thereafter.

<sup>2</sup>Measure stewards own and are responsible for maintaining their measures.

- Shifted reporting of the **Adolescent Mental Health and/or Depression Screening** measure from April through May to January through March to align with MNMCM revisions to their reporting schedule to bring uniformity to the reporting of all primary care measures.

## Removals

- Removed the **Optimal Vascular Care (OVC)** measure to implement a new measure cap.<sup>3</sup> This removal was necessary because we decided to continue to count Optimal Asthma Control, and Asthma Education and Self-Management as two measures as we have done since 2015. Our decision is consistent with some comments we received on the proposed rule. For more information about these measures and considerations, see [Summary of Proposed Changes](#) (<https://www.health.state.mn.us/data/hcquality/measures/docs/memo20chgsumm.pdf>).
- Removed **Total Knee Replacement, Spinal Surgery – Lumbar Fusion, and Spinal Surgery – Lumbar Discectomy Laminotomy** orthopedic outcome measures to align with MNMCM’s pause in data collection for these measures during the 2020 reporting year.

## Hospital Quality Measures

### Prospective payment system (PPS) hospitals

#### Modifications

- Aligned reporting schedule with that of the Centers for Medicare & Medicaid Services (CMS). CMS announced that for programs with data submission deadlines in April and May 2020, submission of those data are optional based on the hospital’s ability to report during the COVID-19 pandemic. Additionally, CMS will not include data reflecting services provided January 1 through June 30, 2020 in calculations for the Medicare quality reporting and value-based purchasing program. We have aligned with these modifications and will continue to align with any other applicable data submission and measure calculation changes that CMS makes throughout 2020. The applicable Quality Reporting System PPS measures include the:
  - **Hospital Acquired Condition Reduction Program Score;**
  - **Hospital Readmissions Reduction Program Excess Readmission Ratio; and**
  - **Hospital Value-Based Purchasing Total Performance Score.**

---

<sup>3</sup>During the 2017 legislative session, the Legislature made a number of changes regarding quality measurement, including by requiring MDH to implement a measure cap by 2020 (Minnesota Statutes, section 62U.02, subdivision 1). Under the measure cap, MDH may require reporting of no more than six statewide measures by single-specialty physician practices and no more than 10 measures by multispecialty physician practices.

## Critical Access Hospitals (CAH)

### Modifications

- Aligned reporting schedule with that articulated by the Federal Office of Rural Health Policy (FORHP), which oversees the Medicare Beneficiary Quality Improvement Project (MBQIP). FORHP encourages hospitals to continue to report quality measures during the COVID-19 pandemic, although such reporting is optional for the Quarters 1 and 2 reporting periods in 2020. We have aligned with these modifications and will continue to align with any other applicable data submission changes that FORHP makes throughout 2020. Applicable measures include:
  - **Elective Delivery (PC-01);**
  - **Influenza Vaccination Coverage Among Healthcare Personnel (HCP/IMM-3);**
  - **Fibrinolytic Therapy Received within 30 Minutes (OP-2);**
  - **Median Time to Transfer to Another Facility for Acute Coronary Intervention – Overall Rate (OP-3a);**
  - **Median Time from ED Arrival to ED Departure for Discharged ED Patients (OP-18);**
  - **ED-Patient Left without Being Seen (OP-22);**
  - **Catheter Associated Urinary Tract Infection (CAUTI); and**
  - **Emergency Department Transfer Communication Composite (EDTC).**
- Reduced the elements of the **Emergency Department Transfer Communication** composite measure. The measure steward, University of Minnesota Rural Health Research Center, reduced the seven-component composite measure from 27 to eight elements.

### Removals

- Discontinued two CAH measures. CMS removed two measures from its inpatient and outpatient reporting programs that are also in the Quality Reporting System:
  - **Admit Decision Time to Emergency Departure Time for Admitted Patients – Overall Rate** effective with January 1, 2020 discharge dates; and
  - **Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival** effective with January 1, 2020 discharge dates.

### Supplemental information

Please visit [Quality Measures: 2020 Report Year](https://www.health.state.mn.us/data/hcquality/measures) (https://www.health.state.mn.us/data/hcquality/measures) for a list of Quality Reporting System measures, measure specifications, and other information.

## QUALITY REPORTING SYSTEM TECHNICAL UPDATE

Minnesota Department of Health  
Health Economics Program  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3550  
[health.sqrms@state.mn.us](mailto:health.sqrms@state.mn.us)  
[www.health.state.mn.us/data/hcquality](http://www.health.state.mn.us/data/hcquality)

05/11/20

*To obtain this information in a different format, call: 651-201-3550.*