

Report #3, Quality Health Care Committee

TO: Minnesota Medical Association House of Delegates
Convening September 17, 2008

Under the leadership of the MMA Quality Health Care Committee, the MMA promotes excellence in health care, encourages physicians to lead quality-improvement efforts, and works to create a culture that supports quality improvement.

The Quality Health Care Committee has met four times since the 2007 Annual Meeting (November 27, 2007, February 20, 2008, May 15, 2008, and August 13, 2008). The committee has undertaken activities in the following areas:

Creating a Culture of Health Care Quality Improvement

To date, the MMA has published seven issues of the *MMA Quality Review*, a publication devoted to matters of quality improvement, clinical quality data, and transparency for Minnesota's physicians. In the past year, the *Quality Review* has focused on several issues relevant to clinical practice, such as building a medical home, implementing electronic health records, advancing quality-improvement activities, and improving patient handoffs.

The Quality Health Care Committee recognizes that medical students and residents must learn the basic skills required to continually improve the quality of their care. In collaboration with the University of Minnesota Academic Health Center, members of the Quality Health Care Committee have volunteered to mentor second-year medical students in doing quality-improvement and patient safety projects at their respective facilities. These projects allow medical student to apply quality principles to real clinical situations. Members of the Quality Health Care Committee will also provide subject matter expertise to medical school faculty as they redesign the curriculum. The new curriculum will incorporate quality improvement, patient safety, medical economics, and other issues relevant to practicing modern medicine. The goals of the new curriculum are to make learning about quality and safety practical and part of the students' education throughout medical school, clerkship, and residency.

In 2008, the committee will select its third recipient of the MMA Physician Leadership in Quality Award. The purpose of this award is to recognize physicians who have demonstrated leadership in advancing quality and safety in health care. Brian Anderson, M.D., is the 2008 award winner. Dr. Anderson has engaged health care organizations throughout the state in quality and safety. His work with Stratis Health has lead to significant changes in safety in rural hospitals, and as Board Chair of MN Community Measurement, he is a visible champion for public reporting and transparency. Dr. Anderson will be recognized at the MMA's 2008 House of Delegates Annual Meeting in St. Paul.

Quality Improvement Resources and Tools

The Quality Health Care Committee continues to provide MMA members with the most current, relevant, and useful quality-improvement tools and resources. Several useful tools are

available in the quality section of the MMA's website, and each issue of the MMA *Quality Review* highlights quality or safety initiatives, clinical practice guidelines, tools, and resources that will improve health care.

The MMA promotes participation in state and federal quality efforts such as Minnesota Community Measurement, the Institute for Clinical Systems Improvement (ICSI) initiatives, and CMS Physician Quality Reporting Initiative (PQRI).

Through the Minnesota Alliance for Patient Safety (MAPS), the MMA and the Minnesota Hospital Association have co-led an effort to develop a standardized informed consent form to verify that patients have made an informed decision about surgical and invasive procedures. The new document meets all regulatory requirements, including new conditions of participation set out by the CMS. The MAPS form is written at a fourth-grade reading level and has been translated into Russian and Spanish. The standardized form is posted on the MAPS website, www.mnpatientsafety.org.

Performance Measurement and Reporting

The MMA continues to work towards transparency of quality information that is meaningful, fair, and does not add to physician and staff administrative burdens. In November 2007, the MMA issued a first-of-its-kind report reviewing pay for performance in Minnesota. The report resulted in significant national attention. It also provided the opportunity for staff and leadership to connect with members about a key issue. As of December 2007, MMA staff, MMA leadership, and member physicians had made nearly 15 presentations on pay for performance to component medical societies, professional associations, and medical staff at several hospitals and clinics.

Based on the MMA's findings, CMS and Minnesota pay-for-performance programs utilize 151 different measures, assess 73 disease states, and measure 11 systems improvements. Pay-for-performance programs also use multiple measures, are inconsistent within the measure specifications, and require participants to use multiple data collection methods. This has led the MMA and the Minnesota Council of Health Plans to work together to align pay-for-performance measure specifications across programs and develop a long-term proposal for aligned measures.

In 2008, the Quality Health Care Committee and the Medical Practice and Planning Committee began a joint effort to review and address MMA policy regarding efficiency measurement (a representation of the cost and quality of services provided). As public and private organizations work to define efficiency, move to increased price and payment transparency, and evaluate resource use, the MMA will ensure patient and physician interests are represented. During 2008, the two committees will form a subgroup to better address these issues and develop corresponding MMA policy.

MMA continues to participate in the AMA Physician Consortium for Performance Improvement (PCPI) by attending meetings, participating in policy discussions, and encouraging MMA members to weigh in on PCPI's new quality measures. In addition, the MMA is working with MN Community Measurement to expand its measure set into specialty

care, beginning with measures of patients' recuperation after total hip and knee replacement surgery.

Health Information Technology (HIT)

As mandates for use of interoperable health information technology adoption draws nearer—by 2015 all hospitals and health care providers must have an interoperable electronic health records system and by 2011 all must use e-prescribing technology—the Quality Health Care Committee continues to encourage physicians to adopt, implement, and optimize health information technologies. As a member of the State's E-health Advisory Committee, the MMA helps shape state policy surrounding health IT.

Future Activities

During 2008 and 2009, the Quality Health Care Committee will:

- Provide quality and safety education and hold discussion with clinics, other committees, and component societies
- Continue to provide tools and resources to help Minnesota physicians improve quality of care
- Promote *MMA Quality Review* and MMA quality and safety resources
- Participate in Minnesota quality, safety, and measurement projects
- Monitor and communicate about national quality and safety activities
- Influence health care reform efforts related to quality

Concluding Remarks and Acknowledgements

The dedication, participation, and knowledge of the Quality Health Care Committee members accounts for the MMA's ability to move toward its quality mission. I would like to thank the following 2007-2008 members of the Quality Health Care Committee and its liaisons and guests: Thomas Arneson, M.D., M.P.H.; Nicole Beatty, medical student; Joseph Campanelli, M.D.*; Barry Bershow, M.D.*; Gretchen Crary, M.D.*; Peter Dehnel, M.D.; Evelyn Erickson, M.D.; John Frederick, M.D.*; Ryan Gassin, M.D., resident; Priyanka Gupta, medical student*; Doug Hiza, M.D.*; Kurtis Hoppe, M.D.; Philip Hoversten, MD, M.P.H.; Paul Huddleston, M.D.; Ken Joslyn, M.D.*; Thomas Marr, M.D.; Nicholas Meyer, M.D.; Gary Oftedahl, M.D.; Jane Pederson, M.D.; Lon Peterson, M.D.; Sandy Popham, M.D.; Peter Ragusa, medical student; Wael Salem, medical student*; Keith Stelter, M.D.; Jonathan Uecker, M.D.; Prathibha Varkey, M.D., M.P.H.*; Becky Schierman, M.P.H., MMA staff.

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