

# Minnesota Bridges to Excellence

## Recognizing and Rewarding Those Who Deliver Better Patient Care

Minnesota Bridges to Excellence (MNBTE) is a purchaser-led, pay-for-performance program introduced by the Minnesota Health Action Group in 2005. MNBTE advances care delivery and outcomes by rewarding clinics for meeting or exceeding strict care standards for patients with diabetes, depression, and vascular disease. These conditions are known to be primary drivers of health care costs.

### OUR GOALS:



### CHAMPIONS OF CHANGE

Financial rewards are made possible by MNBTE Champions of Change, a group of health care purchasers that sponsor the program.

Champions include:

- Best Buy
- Carlson Companies
- Southwest/West Central Service Cooperative
- State of Minnesota—State Employee Group Insurance Plan (SEGIP)
- Minnesota Department of Human Services (DHS)
- University of Minnesota
- U.S. Bank
- Wells Fargo



*"Members of the Guiding Coalition say MNBTE gives them a rare opportunity to talk about payment reform in a trusted, safe, confidential environment, among a group of people whose paths don't normally cross. And MNBTE proves the right type of payment reform leads to improved health outcomes."*

Carolyn Pare  
MN Health Action Group President and CEO

### HOW IT WORKS:

#### Eligibility and Measurement

To be eligible for a reward:

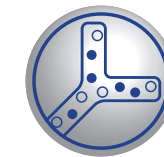
- Clinics must have a specified percentage of patients at optimal levels of care, or significantly increase this number over the previous year, and
- Have treated patients that receive their medical coverage from one of the Champions of Change (participating employers/purchasers).

#### Optimal Measures of Care\*



##### Diabetes

- Levels of blood sugar, cholesterol and blood pressure
- Non-smoking status
- Daily aspirin use for patients at risk for cardiovascular disease



##### Vascular

- Levels of cholesterol and blood pressure
- Non-smoking status
- Daily aspirin use



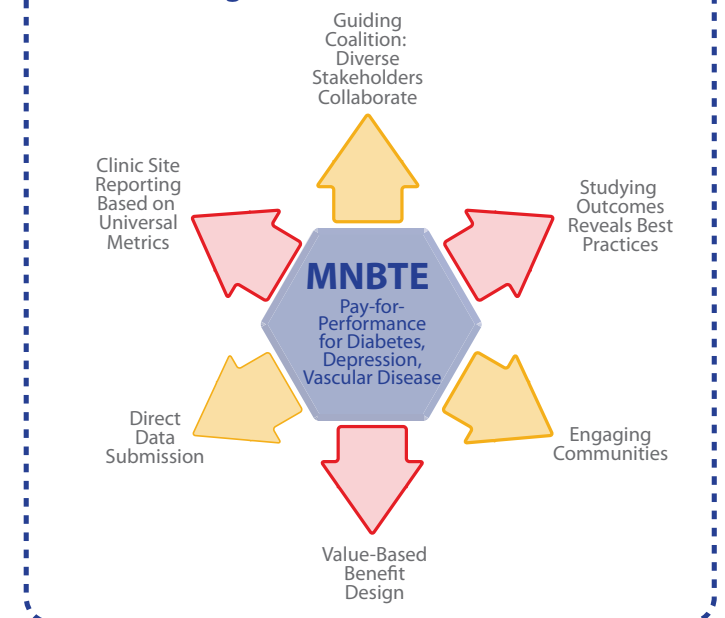
##### Depression

- "Remission at Six Months" (Improvement of moderate depression, based on a PHQ-9 score of greater than 9, to mild depression, a PHQ-9 score of 5 or less, within a six-month period.)

### GUIDING COALITION

Advised by a Guiding Coalition made up of the Champions of Change, health care providers, health plans, and organizations such as the Institute for Clinical Systems Improvement (ICSI), Minnesota Community Measurement (MNCM), Minnesota Medical Association, and Stratis Health, The Action Group sets performance goals for MNBTE and oversees the provider reward process. Clinics meeting performance goals receive financial rewards based on performance against these goals.

#### A Broad Range of Outcomes



\* Evidence-based guidelines were developed by the Minnesota-based Institute for Clinical Systems Improvement (ICSI). Measures based on the guidelines were developed by Minnesota Community Measurement (MNCM). Data is self-reported by medical groups on behalf of their clinics to MNCM where it is verified, audited and publicly reported. The Action Group also administers reward calculation and payout for the Quality Incentive Payment System (QIPS) on behalf of the State of Minnesota.

# Historical Timeline

## Minnesota Bridges to Excellence (MNBTE) and State of Minnesota Quality Incentive Payment System (QIPS)

“The Guiding Coalition meetings bring together the unique perspectives of employers, payers, providers, and measurement experts, which just doesn’t happen very often. It’s normally not easy to cross-pollinate ideas because of politics and proprietary strategies, but in our meetings, we are able to do so effectively for the good of improving patient care.”

Tim Hernandez, M.D.  
Entira Family Clinics

2005	2006	2007	2008	2009-2011	2012	2013-2015
<ul style="list-style-type: none"><li>■ In response to urgent calls for fundamental change to close the quality gap in health care delivery, and spurred by the release of the Institute of Medicine’s “Crossing the Quality Chasm” report, The Action Group* convenes members and health care representatives from the community to explore interest in MNBTE, an employer-led, pay-for-performance program based on a program developed by GE.</li><li>■ The Action Group taps into local organizations, ICSI (as the guideline developer), and MNMCM (as the measure development and public reporting entity), leveraging resources already in place.</li></ul> <p><i>The Action Group forms the Guiding Coalition, involving all the key stakeholders. This multi-stakeholder group begins working together to improve care.</i></p>	<p><i>The Action Group implements MNBTE.</i></p> <ul style="list-style-type: none"><li>■ MNBTE pays its first performance rewards for Optimal Diabetes Care (ODC) to nine medical groups.</li><li>■ Public and private purchasers from 14 organizations begin participating in MNBTE.</li><li>■ Employers determine a need for clinic-level data; providers determine a need for measures based on clinical data, moving beyond claims/administrative data. Employers can’t reward at the clinic level without Direct Data Submission (DDS), and agree they need clinical data to effectively reward those demonstrating excellence and to steer employees to the best providers.</li></ul> <p><i>Innovative community role models — companies deeply committed to the quality of care provided to employees — become “Champions of Change.”</i></p>	<ul style="list-style-type: none"><li>■ MNBTE adds rewards for Coronary Artery Disease (CAD).</li><li>■ Through The Action Group’s Champions of Change, MNBTE supports MNMCM DDS by stating performance rewards will only be paid based on DDS.</li><li>■ DHS joins MNBTE for its managed care plans.</li><li>■ MNBTE pays Optimal Diabetes Care and Coronary Artery Disease rewards based on clinic-level performance.</li></ul>	<ul style="list-style-type: none"><li>■ MNBTE adds Optimal Vascular Care (OVC) rewards for vascular disease as a replacement for the CAD measure.</li></ul> <p><i>Due to the success of MNBTE, legislation is introduced to implement Statewide Quality Reporting and Measurement System (SQRMS) and Quality Incentive Payment System (QIPS). Both pieces of legislation are passed.</i></p> <ul style="list-style-type: none"><li>■ When QIPS becomes operational, SEGIP and DHS must pay performance rewards through QIPS.</li></ul>	<ul style="list-style-type: none"><li>■ MNBTE adds Depression Remission at Six Months measure to program. (2009)</li><li>■ MNBTE adds Improvement rewards in addition to Achievement rewards for Optimal Diabetes Care and Optimal Vascular Care. (2010)</li><li>■ SEGIP and DHS continue to pay rewards through MNBTE in 2009, 2010 and 2011. SEGIP pays rewards for Depression Remission at Six Months, in addition to ODC and OVC; DHS continues to pay rewards only for ODC and OVC.</li><li>■ MNBTE adds Improvement rewards for Depression Remission at Six Months. (2011)</li><li>■ The Action Group conducts a qualitative study, Best Practices Associated with Optimal Diabetes Care and Optimal Cardiovascular Care Measures, to gain insights into clinic and system factors that contributed to clinic performance. Eight critical components for optimal performance are identified. Study results are shared widely within Minnesota and nationwide.</li></ul> <p><i>QIPS becomes operational on July 1, 2011— after 2011 performance rewards are calculated and paid.</i></p>	<ul style="list-style-type: none"><li>■ The Action Group administers QIPS on behalf of public sector purchasers, as a companion program to MNBTE.</li><li>■ QIPS purchasers pay rewards on Optimal Diabetes Care and Optimal Vascular Care, based on risk-adjusted MNMCM performance rates.</li><li>■ SEGIP continues to pay rewards for Depression Remission at Six Months in the MNBTE program (since this measure is not yet formally a part of QIPS).</li></ul>	<ul style="list-style-type: none"><li>■ The Action Group continues to administer QIPS for public sector purchasers.</li><li>■ Depression Remission at Six Months is added to QIPS. (2013)</li><li>■ SEGIP pays Depression rewards based on risk-adjusted performance rates through QIPS; DHS begins paying Depression rewards in 2015.</li><li>■ Achievement rewards are paid to 179 clinics and Improvement awards to 258 clinics (compared to nine in the first year).</li></ul>

\* formerly Buyers Health Care Action Group/BHCAG