



Minnesota Bridges to Excellence (MNBTE)

The connection between care delivery and outcomes is clear: Improve the level of care patients receive, and positive outcomes are likely to follow. Minnesota Bridges to Excellence (MNBTE), a purchaser-led pay-for-performance program introduced by the Minnesota Health Action Group in 2006, advances both care delivery and outcomes by rewarding clinics for meeting or exceeding a strict set of care standards for patients with diabetes, depression and vascular disease. These three conditions are known to be primary drivers of health care costs. The goals of MNBTE are to:

- Improve the quality of care for patients
- Raise the level of purchaser and consumer awareness about the variation in quality
- Stimulate clinic improvement through transparency of publicly reported outcomes information and financial recognition

How it works

To be eligible for a Minnesota Bridges to Excellence reward, clinics must have a specified percentage of patients at optimal levels of care, or significantly increase this number over the previous year.

- For optimal diabetes care, measurement components include levels of blood sugar, cholesterol, and blood pressure, along with non-smoking status and daily aspirin use for patients at risk for cardiovascular disease.
- For optimal vascular care, vascular disease measurements include cholesterol, and blood pressure, along with non-smoking status, and daily aspirin for all patients.
- For depression care, “Remission at 6 Months” measures improvement in a patient’s PHQ-9 score within a six-month period of time. (The PHQ-9 is a standardized set of nine questions that helps the doctor and patient understand the degree of a patient’s depression.)

The measures were initially developed by the Minnesota-based Institute for Clinical Systems Improvement (ICSI), and the data is self-reported by medical groups on behalf of their clinics to Minnesota Community Measurement (MNCM) where it is verified, audited and publicly reported. As the founder of Minnesota Bridges to Excellence, the Minnesota Health Action Group manages the program and convenes public and private employers to fund the rewards. The Action Group also administers the reward calculation and payout for the Quality Incentive Payment System (QIPS) on behalf of the State of Minnesota.

The program’s success ties back to its ability to align private and public purchasers with a common objective and a common set of metrics. More specifically, public sector purchasers, such as the State of Minnesota and the Department of Human Services, have united with the private sector to define and communicate common performance standards that are important to the health of all Minnesotans. As a result, all patients receive the same benefit of high-quality care and transparent performance information that is so valuable to all Minnesotans.

Why it Matters

The financial impact of conditions like diabetes, vascular disease, and depression is well documented, and clinics that qualify for rewards from Minnesota Bridges to Excellence have made a commitment to improving outcomes for patients with these conditions. This is significant because co-morbidity complicates the treatment of chronic conditions and increases health care costs while lowering workplace productivity. Treating the whole person and all of their health needs is essential for achieving the best outcomes possible for each patient.

Consider the fact that many people suffer from more than one of these chronic conditions. In fact, according to the Centers for Disease Control and Prevention, adults with diabetes are two to four times more likely to die of heart disease or experience stroke than adults without diabetes. Meanwhile, people with diabetes or vascular disease may be at greater risk for depression.

Champions of Change

The financial rewards are made possible by the Minnesota Bridges to Excellence Champions of Change, a group of health care purchasers that sponsor the pay-for-performance program. Champions include Best Buy, Carlson Companies, Southwest/West Central Service Cooperative, State of Minnesota - State Employee Group Insurance Plan, Minnesota Department of Human Services, Target, University of Minnesota, U.S. Bank, and Wells Fargo. These organizations provide health care coverage to nearly a million Minnesotans.

MNBTE Guiding Coalition

Advised by a guiding coalition of the Champions of Change, health care providers, health plans, and organizations involved with quality reporting and improvement, the Minnesota Health Action Group sets the performance goals for MNBTE and oversees the provider reward process. Clinics that meet the performance goals receive a financial reward based on performance against these goals.