MN Community MEASUREMENT

Empowering Rural Health Care Providers

LEVERAGING DATA FOR QUALITY, EQUITY, AND RESEARCH

MAY 22, 2025

Topics

- Background on MN Community Measurement
- A new strategic vision and approach for 2025-2030
- Engagement opportunities for rural providers
- Measurement and Reporting
- Facilitated Data Sharing – MNCM CHIRP Program
- Facilitated Engagement in Research – MN EHR Consortium

Our Mission and Evolving Role

MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do

Multi-partner convening

Measure developer

Data collection, validation

Public transparency

Facilitated Data Sharing

How MNCM data are used

Quality improvement

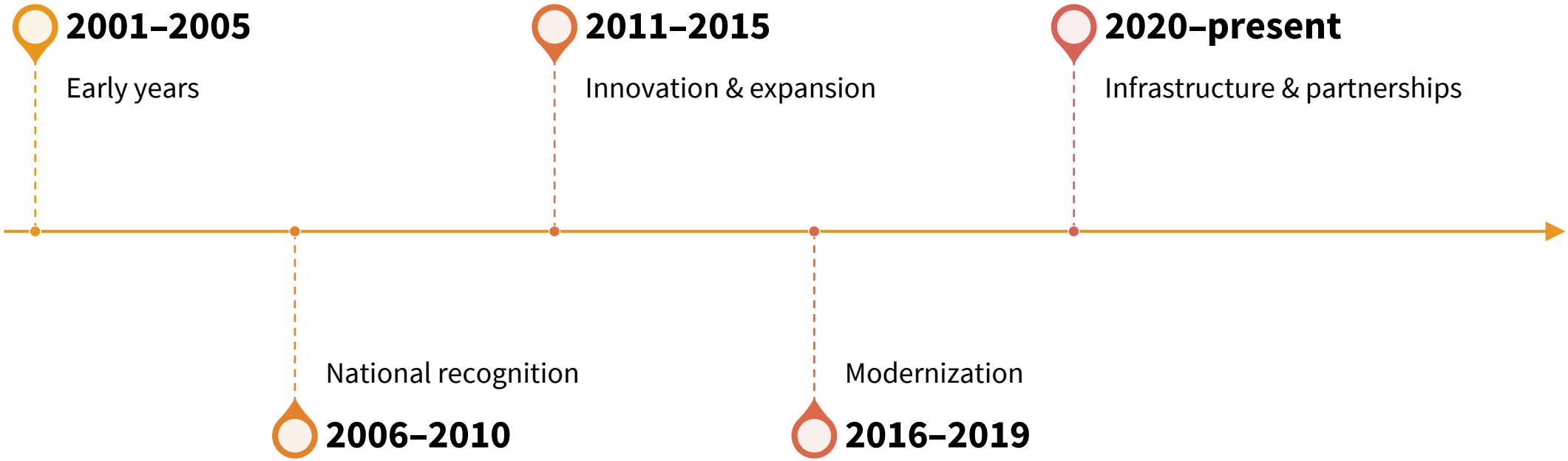
Benchmarking

Value-based payment

Reducing disparities

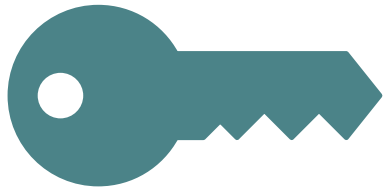
Research partnerships

MNCM From Inception to Today



Diverse Support for Evolving Needs

From health plan collaboration to a diverse model of grants, contracts, and services.



Key lesson: Adaptability and alignment with community needs have kept us relevant.

Why change?

Transparency alone hasn’t fully translated into improved outcomes.

Feedback from our partners:
Need for more collaboration, data-sharing, and shared accountability.

Reimagining MNCM's Role

No single actor can solve these challenges alone.

Data as a tool for **empowerment, not just evaluation.**

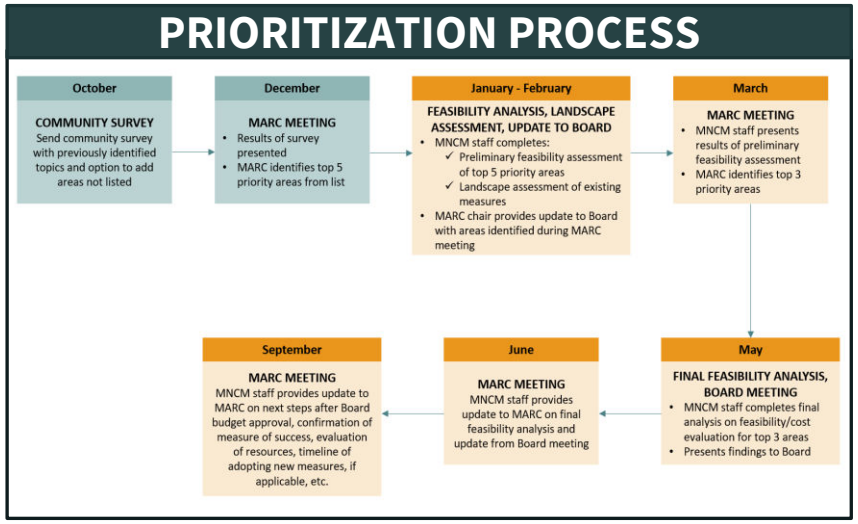
A collective commitment to health as a shared goal.

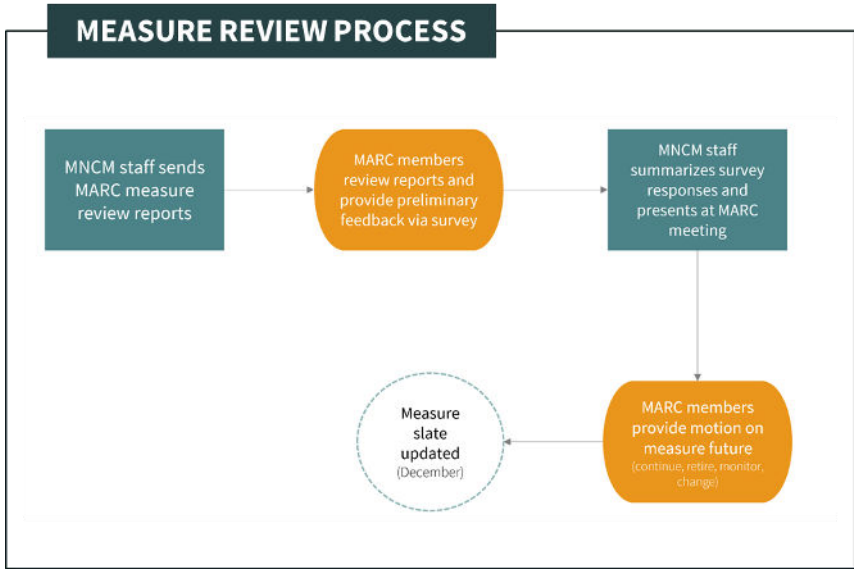
MNCM's Next Chapter

- Measuring what matters to communities.
- Creating shared tools and insights.
- Fostering collaboration and innovation.
- Centering equity.
- Supporting action at all levels.

Examples of Change Already Underway

- Modernized measure review and prioritization
- Statewide Performance Hub
- Health Care in Minnesota: Summary Report
- Community-focused infographics & blogs
- Facilitated research collaborations

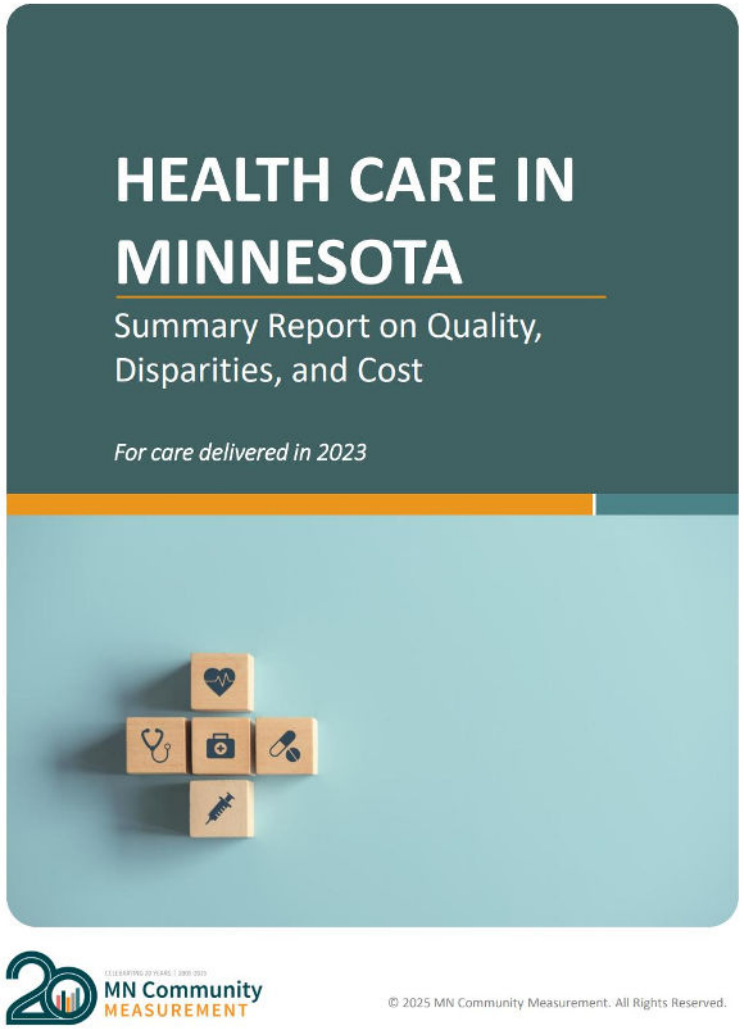




Community Guided Measurement

Modernized Measure Review

- Community input through MARC reviews and surveys.
- Ensures measures reflect current priorities and emerging needs.
- Always open for public comment.



Beyond the Data: Pathways to Action

Health Care in Minnesota Report

- Latest report delivers insights + action pathways.
- Customized recommendations for different audiences.
- Encourages every partner to find their role in improving health outcomes.

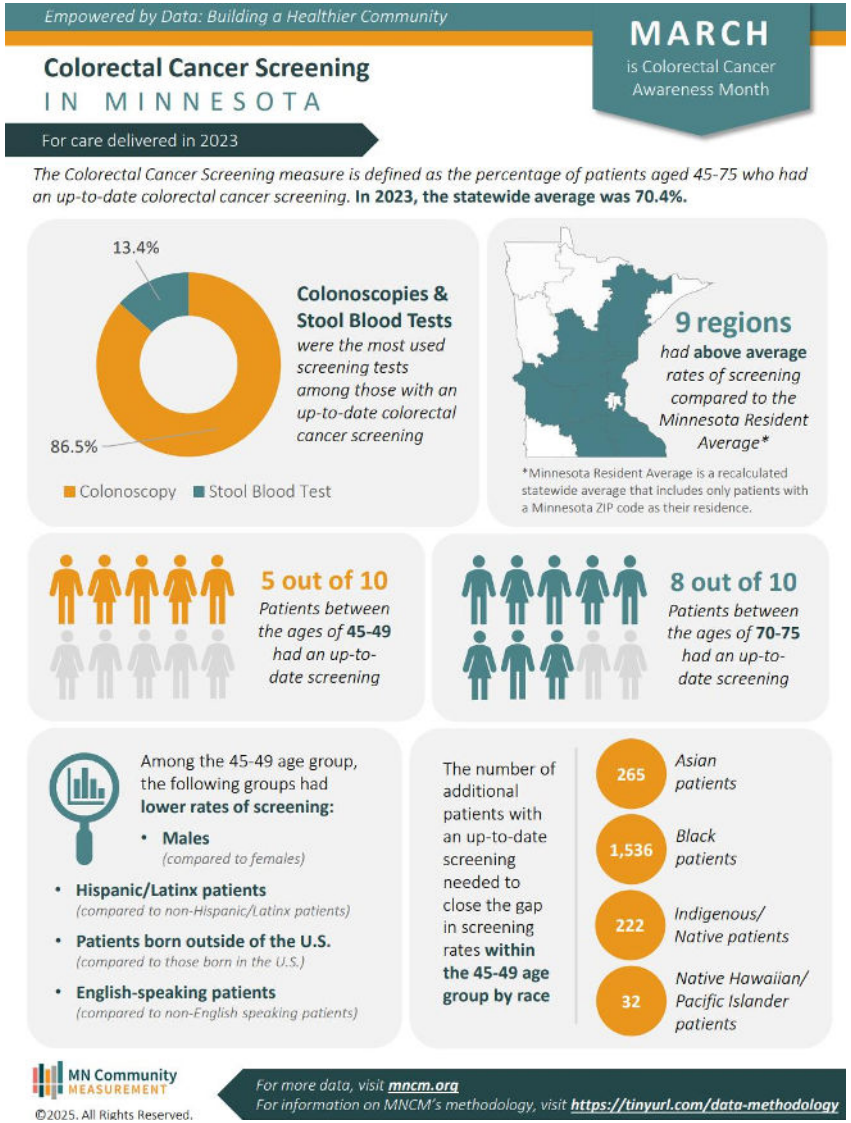
https://mncm.org/reports/#community-reports

Turning Data Into Insight

The Statewide Performance Hub

- Interactive dashboards showing:
  - Trends over time.
  - Variation across medical groups.
  - Disparities by demographics.
  - Geographic variation.

https://mncm.org/performancehub/



Infographics, Blogs, and Community Sharing

- Year-round releases aligned with health awareness months.
- Amplifying community stories and resources.
- Inviting partners to contribute their activities.

https://mncm.org/reports/#infographics

EHR Consortium & HTAC Overview

Minnesota EHR Consortium

The Minnesota EHR Consortium unites 11 major health systems, the Department of Health, and partners like MNCM to support real-time public health analysis

Each system maps their EHR data to the OMOP Common Data Model and runs analyses locally, enabling coordinated insight while maintaining full data control.

Key Points:

Federated model: No data warehouse — analytics run at the health system.

OMOP standardization: Ensures cross-system consistency.

Supports public health: Chronic disease tracking, equity analysis, COVID response.

The Consortium creates shared capacity for data-driven decision-making statewide — fast, secure, and trusted.

HTAC – Health Trends Across Communities

Neighborhood-Level Health Insights for Action
HTAC is a public dashboard built on Consortium data, showing the prevalence of over 30 conditions across Minnesota's communities.
The data is updated quarterly, de-identified, and viewable by race, ethnicity, age, sex, geography, and payer — right down to the census tract.

HTAC Enables:

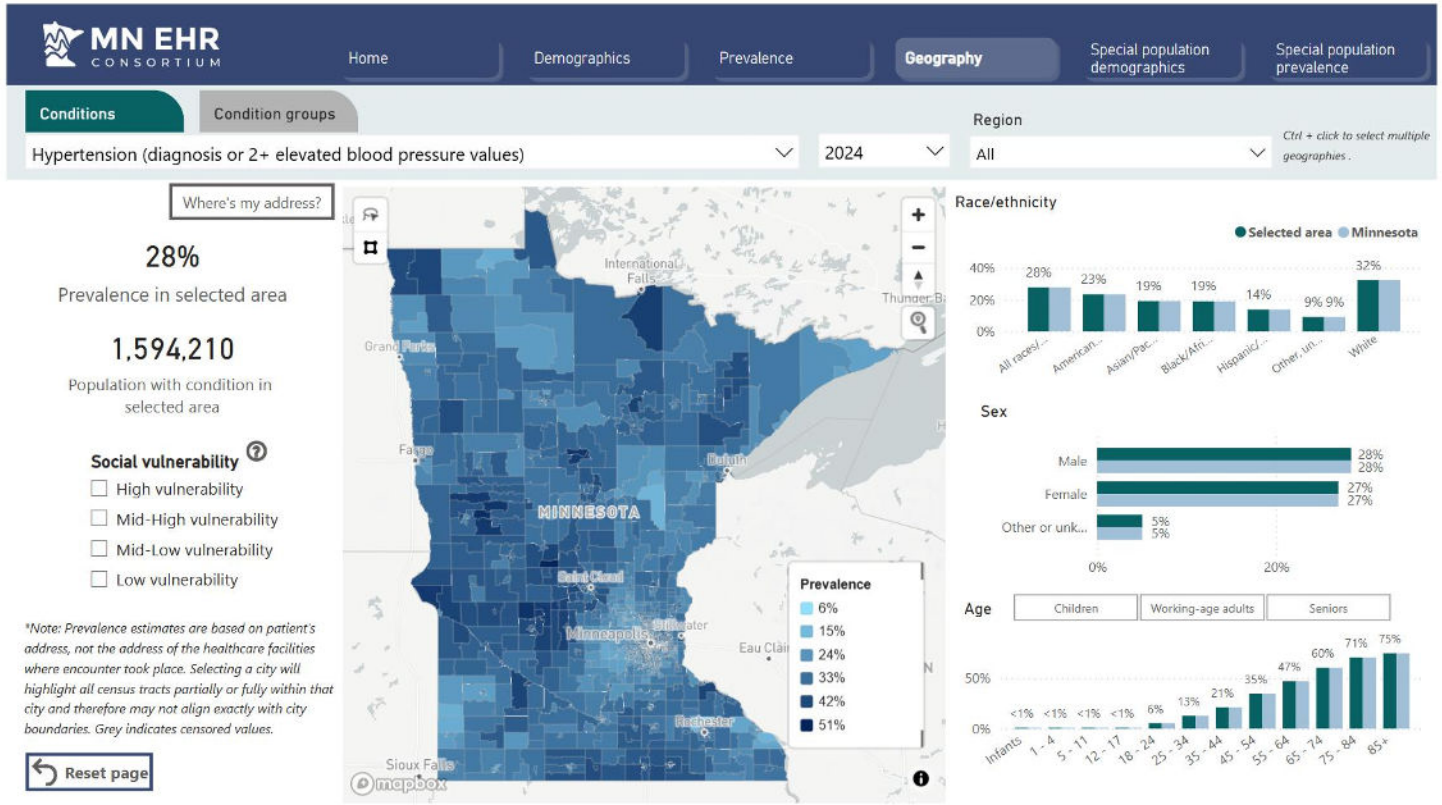
- Targeted CHNAs and equity planning
- Monitoring of mental health, substance use, chronic conditions
- Comparisons by location and demographic trends
- Built for health departments, hospitals, and nonprofits,
- HTAC turns EHR data into a tool for public health impact.

MN EHR CONSORTIUM

Contact Search

EXPLORE OUR FINDINGS ABOUT US PROJECTS NEWS + EVENTS

https://mnehrconsortium.org/



Bridging the Gap for Small & Mid-Sized Practices

- MNCM enabling access to research collaboratives via MN-EHRC.
- HTAC dashboards help track chronic & behavioral health trends statewide.

https://mnehrconsortium.org/health-trends-across-communities-minnesota-dashboard

Bridging the Gap

Enabling Access to Statewide Research Infrastructure
Medical groups, regardless of size, can participate in advanced research and public health efforts — without needing to build their own infrastructure.

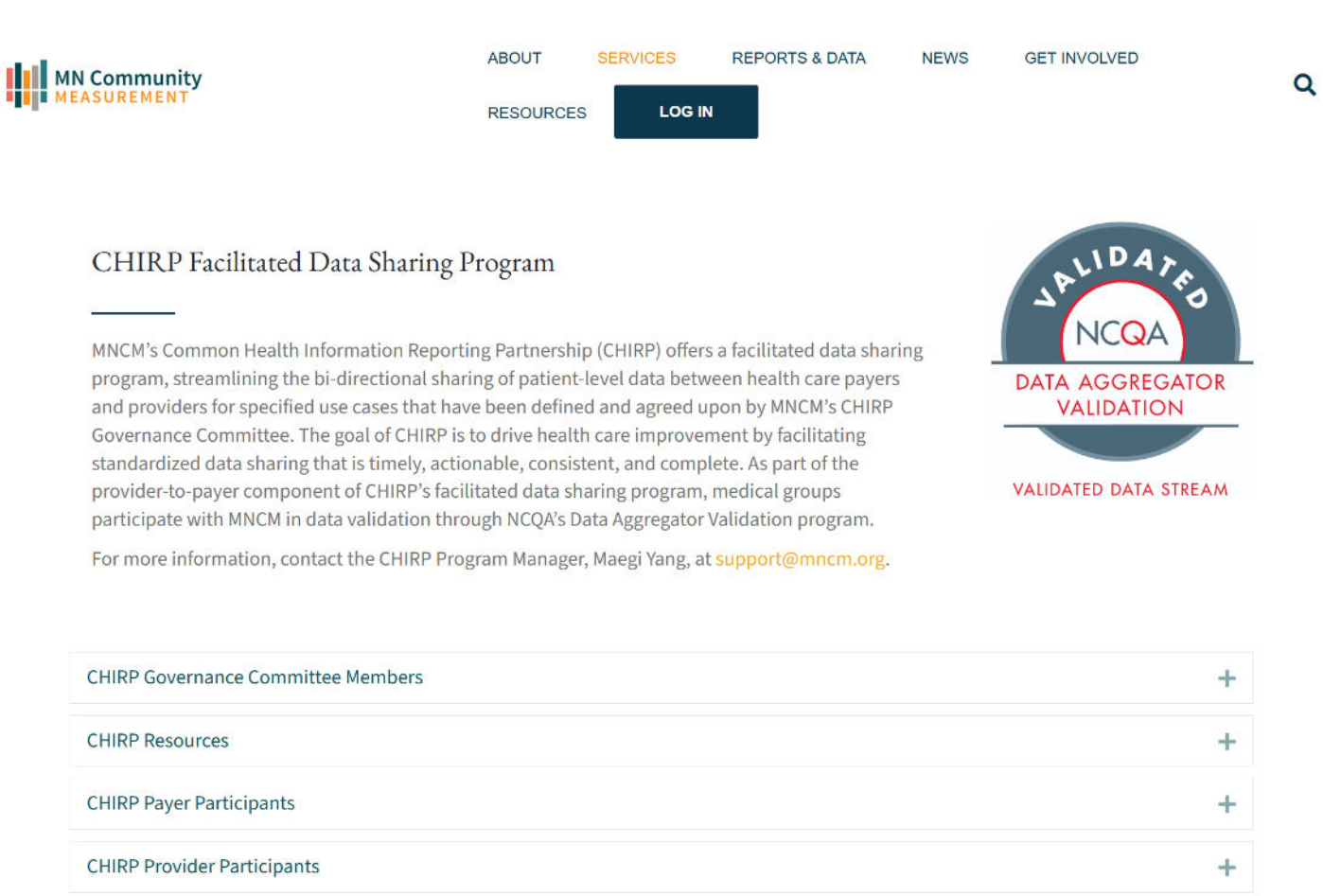
Participation Made Simple:
OMOP Integration via PIPE
Any medical group contributing data through PIPE can have that data seamlessly mapped into the OMOP Common Data Model.

- ➤ No need to build or maintain an internal OMOP environment.
- ➤ Enabled via a simple addendum to the existing PIPE agreement.
- ➤ Supports both daily and monthly data contributions.

Access to HTAC
Once data is in OMOP format, medical groups can participate in the **Health Trends Across Communities (HTAC)** initiative.

- ➤ Allows their data to be used in statewide chronic disease and behavioral health dashboards.
- ➤ Ensures inclusion in equity-focused public health initiatives and research collaborations.

MNCM makes it possible for all medical groups — large or small — to connect to the infrastructure powering statewide health intelligence.



Facilitated Data Sharing via CHIRP

Shared governance to decide what data needs to be shared and for what purpose

Data standards for bi-directional data sharing (provider-to-payer and payer-to-provider)

Established cadence for sharing to ensure more complete, current data

Visibility to care delivered outside of medical group

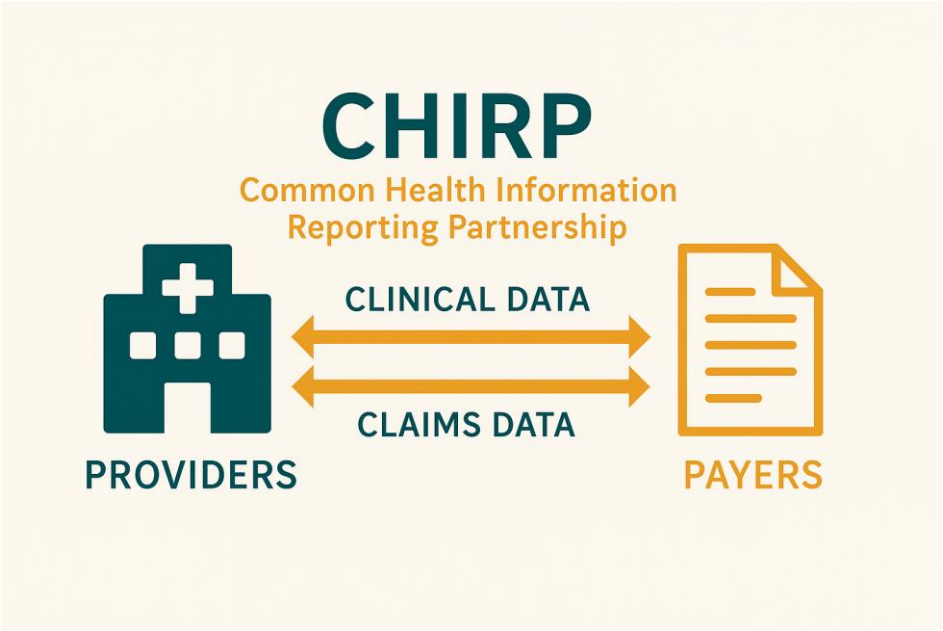
Increased efficiencies for providers and payers

CHIRP Overview

What is CHIRP?
A program by MN Community Measurement (MNCM) designed to facilitate secure, bi-directional data sharing between health care providers and payers, aiming to enhance health care quality, equity, and affordability.

Key Features:

- Streamlines the exchange of clinical and claims data for specific use cases.
- Utilizes standardized data formats to ensure consistency and completeness.
- Supports timely and actionable information flow to drive improvements in care delivery.



Benefits:

- **For Providers:**
  - Reduces administrative burden by minimizing redundant data requests.
  - Enhances accuracy in identifying care gaps.
  - Facilitates participation in value-based care initiatives.
- **For Payers:**
  - Improves efficiency in quality measurement and risk adjustment processes.
  - Provides access to more timely and comprehensive clinical data.
  - Supports better care coordination and population health management.

Participation Requirements:

- Providers must be onboarded onto MNCM's PIPE system.
- Execution of a CHIRP Provider-to-Payer Legal Addendum.
- Regular submission of specified data files (e.g., Demographic, Encounter, Lab/Procedure, Blood Pressure.

The Path Ahead

- MNCM's belief: **Data + Collaboration = Impact.**
- Reinforce our commitment to working **with you, for our communities.**
- Invitation to engage, partner, and help shape what's next.

CELEBRATING 20 YEARS | 2005-2025

MN Community MEASUREMENT

2025 Annual Conference

The Power of Partnership: Connecting Care and Community

Celebrating Two Decades of Impact

WEDNESDAY, SEPTEMBER 24, 2025- MINNEAPOLIS MARRIOTT NORTHWEST

HTTPS://MNCM.ORG/CONFERENCE2025/

https://mncm.org/

Join Us

- Visit our website, access tools, and share your feedback.
- Let's build a healthier Minnesota together.

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