

Midwest Health Initiative (MHI) Frequently Asked Questions

1. What is the Midwest Health Initiative (MHI)?

MHI, a regional quality improvement collaborative, brings together physicians, hospitals, employers, insurers and consumers to share information and drive continuous improvements in health and health care. Its mission is to create a common table where shared knowledge and understanding inspire improvements in health and in the quality, affordability, safety, timeliness, patient-centeredness, and equity of health care.

2. How is MHI governed?

Early on, MHI was governed by a subset of the St. Louis Area Business Health Coalition (BHC) Board and health plan leaders. Now, with MHI becoming fully operational, a multi-stakeholder board with representation from health care providers, health plans, purchasers and the community has been seated. MHI defines purchasers as local businesses, labor unions or governments that purchase health benefits for their employees or constituents.

3. How did MHI get started?

The impetus for MHI came from St. Louis employers working together through the St. Louis Area Business Health Coalition (BHC). The BHC and local health plans collaborated to create an independent non-profit, community benefit organization, called the Midwest Health Initiative. The first task of MHI was to create a de-identified database of medical claim information. MHI owes its early success to the generous contributions of many including employers, health plans and other organizations. They believed accurate, actionable information could have tremendous power in the hands of those committed to a sustainable, high-quality health care future for our region.

4. What is the relationship of MHI to BHC?

Through its leadership, the employer members of the BHC provided the initial impetus for MHI. The BHC has supported MHI through financial and in-kind services and it continues to staff and facilitate MHI. BHC also holds a seat on the MHI Board.

5. How will MHI handle public reporting of quality and affordability information?

MHI understands the complexities of providing the public with comparative information on health care. Its board is committed to working through these issues through dialogue and collaboration. MHI will work with its multi-stakeholder Board and Physician Leadership Council to determine when and how to present this information to the public. At every step, MHI will recognize improving the region's health and health care as its primary mission and empowering physicians with accurate, actionable information as a way to achieve that end. Your input in this dialogue is welcome and appreciated.

6. What is the MHI region?

The region is currently defined as the St. Louis MSA and the 16 counties west.

7. Where does the information come from?

The initial data set contains 2005 – 2007 medical claim data across various health plans (Anthem, Mercy Health Plan, GHP and United Health Care) as well as from employers, unions, and MO HealthNet. More current data is being collected. This initial Clinical Quality Review will not include patients with coverage through MO HealthNet.

8. When will more current data be available?

During 2010, the data will be refreshed every six months. Beginning in 2011, reports are expected to cover care provided during the prior six month period. In the future, the MHI board may consider more frequent data refreshes.

9. How will the MHI Board make decisions about data use?

MHI's founders developed a set of principles to guide Board decisions regarding data use and sharing. A copy can be found at www.MidwestHealthInitiative.org to help you more fully understand MHI's intent and purpose.

10. How are physicians involved?

Providing meaningful information to physicians, particularly those focused on the overall health of their patients, is an early critical goal of MHI. Three physicians currently serve on MHI's Board of Directors, each for a three-year term. Additionally, MHI has a Physician Leadership Council (PLC) that makes recommendations regarding strategic direction, data use and all issues of clinical significance. MHI hopes the PLC will also serve as a forum for physicians to hear the questions, concerns and recommendations of their colleagues.

11. What about hospitals?

Hospitals are also important partners to MHI and sit on the MHI Board. MHI will provide each hospital a report on key safety, quality, financial, and utilization measures with relevant benchmarks.

12. Are other reports planned?

In addition to the hospital and physician reports, MHI also plans a community report with information on high-prevalence diseases and variation in care quality, resource utilization, and cost. This report will not include physician-specific information. Eventually, MHI plans public reporting of hospital and physician-specific information. Please see Question 4 for more information on public reporting.

13. Which clinical quality measures will be reported in the Clinical Quality Reviews (CQRs)?

MHI CQRs will utilize evidence-based, nationally-standardized measures that are endorsed by major standard-setting organizations, the National Quality Forum (NQF) and the AQA Alliance (AQA). The AQA Alliance was formed by the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), America's Health Insurance Plans (AHIP), and the Agency for Healthcare Research and Quality (AHRQ), to more effectively and efficiently improve performance measurement, data aggregation, and reporting in the ambulatory care setting. This report was developed by the MHI Physician Leadership Council and approved by the MHI Board.

14. How is patient confidentiality protected?

Health plans transmit medical claims data, which go through an automatic encryption process before they are received by the data vendor (Thomson Reuters) so as to ensure strict HIPAA compliance. The data systems on which they are maintained undergo regular audits by a qualified, outside vendor to ensure data security.

15. How were the measures calculated? Why may the diabetes population look smaller for some measures?

Scores equal the percentage of patients in the physician sample that received, or did not receive, the designated service. The denominator is the number of patients who should or should not have received the service. The numerator is the number of patients who received, or did not receive, the service based on claims data. Data from one small source did not capture all laboratory services. Patients from this population were removed from the denominator for laboratory measures.

16. How is a physician's specialty (peer group) determined?

Physician specialty was obtained from the provider directories submitted by the commercial health plans and unions participating in MHI. Some physicians were reported with multiple specialties, both within and across health plans. If any plan directory identified a physician as a primary care physician (defined as internal medicine or family/general practice), the physician was reported as a primary care physician for this project.

17. How are patients attributed to a physician?

Each patient was attributed to the primary care physician with the most evaluation and management (E&M) visits during the measurement period. Only patients eligible for a measure are included.

18. Why am I held accountable when my patient does not comply with my recommendations for treatment?

MHI understands patients play an important role in their care. MHI reports are designed to help physicians gauge how often patients under their care receive services consistent with national standards. All services received by the patient are included, even when provided by a physician other than the one receiving the report. This information can help focus your efforts to educate patients and their families about the importance of recommended treatment and their responsibilities so you can move forward in partnership to improve their health.

19. Will physicians have an opportunity to verify their data?

Physicians will be provided a service to verify their data in future reports.

20. How will MHI support quality improvement efforts?

MHI will provide information on quality improvement resources as it becomes available. Please share useful resources with MHI to assist other physicians as they strive to provide the highest quality care. These resources may include yourself or other physicians, national quality improvement organizations or national speakers.

Physicians can provide input, request more information or report potential errors by contacting the St. Louis Area Business Health Coalition (BHC), which provides MHI with administrative and other staff assistance. Also, MHI intends to send future reports and communications largely via email. To stay connected or give feedback, please email MHI@stlbhc.org, visit www.MidwestHealthInitiative.org or call 314-721-8715.