

2018 MINNESOTA HEALTH CARE QUALITY REPORT

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Who is MN Community Measurement?

MN Community Measurement (MNCM) is a non-profit organization that empowers the community with data and information to drive improvement in health care cost and quality. MNCM was formed as a community resource where all health care stakeholders – whether they buy, manage, provide, deliver, oversee, or consume health care – come together and mutually invest in improvement for a better tomorrow.

MNCM specializes in developing, collecting, analyzing, and publicly reporting information on health care quality and cost. Founded in 2005, our multi-stakeholder collaborative includes physicians, hospitals and health systems, health plans, employers, consumers, and state government.

MNCM strives to deliver data and information that is timely, actionable, and relevant for each stakeholder in the community to fulfill their role in advancing improvement and affordability.

Acknowledgements

This work is made possible by the guidance and decision-making of our multi-stakeholder Board of Directors, Measurement and Reporting Committee (MARC), Health Equity Advisory Council, Data Planning Committee, and measure development/redesign workgroups and committees. We appreciate their collaboration and participation. We also rely on health systems and health plans to contribute data to fulfill our mission.

INTRODUCTION AND KEY FINDINGS

While Minnesota has some of the best health indicators in the country, there continues to be wide variation in health care quality. MN Community Measurement (MNCM) has been empowering the community with data and information to drive improvement in health care cost and quality since 2005. This report summarizes all clinical quality measures collected by MNCM in 2018. The measures were developed or chosen for public reporting to address gaps in quality and to focus community efforts on improvement.

The Value of Measuring Health Care Quality

Quality measurement in health care delivers value to patients, providers, payers and purchasers, and the community.

Value to Patients. Since inception, MNCM has been a pioneer and national leader in quality measurement and is known for developing measures that focus on both clinical and patient-reported outcomes. Outcome measures are preferred because they reflect the patient's state of being as a result of clinical intervention and the provision of care. Patient reported outcomes are even more desirable because they reflect the patients' own assessment of their health, symptom state, function and quality of life.

Value to Providers. Quality measurement in health care gives providers information about how they are doing compared to their peers and helps them identify and prioritize improvement opportunities. Data supports providers in delivering high quality care for patients and aids in achieving performance objectives under value-based payment arrangements.

Value to Payers and Purchasers. In recent years, public and private payers and purchasers – in Minnesota and nationally – have been moving toward paying for value instead of volume of health care services. These new value-based models factor in both the cost and quality of health care, making the availability and use of meaningful quality measures even more important. Medicare, for example, is now prioritizing outcome measures and patient reported outcome measures to inform payments to providers under the Medicare Quality Payment Program (QPP). The state Medicaid program is also using these measures in their value-based payment arrangements.

Value to Community. Quality measurement provides an opportunity for the community to come together to identify gaps and focus together on key areas where improvement is needed. With a common focus, stakeholders are empowered to drive more rapid improvements in the quality and value of care delivered and advance the overall health of the population.

This report includes statewide, medical group and clinic level results of clinical quality measures. The measures in this report are recommended by the MNCM Measurement and Reporting Committee and are reviewed annually for continuation or retirement.

MNCM by the Numbers

- » 9 MNCM-stewarded measures are endorsed by the National Quality Forum (NQF)
- » 11 MNCM-developed measures are included in the Medicare Quality Payment Program (QPP)
- » 35 quality measures are reported on mnhealthscores.org

What's new in 2018?

Changes to this report include new measures, removal of retired measures, changes to an existing measure, and a new benchmark analysis for the quality measures.

- » MNMCM is publicly reporting medical group results for two additional measures:
 - » Immunizations for Adolescents – Combo 2 (see description on page 14).
 - » Diabetes Eye Exam (see description on page 14).
- » MNMCM retired four measures reported in previous years including Pediatric Overweight Counseling, Maternity Care: C-Section Rate, Appropriate Treatment for Children with URI, and patient experience of care survey.
- » MNMCM made changes to the denominator of the Colorectal Cancer Screening measure to align with the national measure stewarded by the National Committee for Quality Assurance (NCQA). The changes removed preventive service codes previously included, reducing the size of the total population included in the measure.
- » MNMCM added a benchmark/gap analysis for the quality measures showing the potential impact if performance for all measures were raised to the level currently being achieved by high performing medical groups (see page 7).

2019 and Beyond

In 2019, MNMCM will be focused on reducing burden, enhancing measurement and reporting, advancing alignment, and influencing national and regional efforts.

Reducing Burden. Obtaining clinical data necessary to report on quality measures can be a burdensome effort for those collecting and submitting the data. In 2018, MNMCM completed an evaluation of the drivers of provider burden and engaged community stakeholders to inform the development of a phased plan to streamline quality data submission. MNMCM will be partnering with several medical groups to pilot test a new data infrastructure and submission process in early 2019. The system includes mechanisms to automate data extraction, submission, and rate calculation. MNMCM will onboard additional organizations to the new system following the pilot and throughout 2020.

Continuing and Enhancing Measurement and Reporting. MNMCM will continue collecting and disseminating data on health care quality, with a few notable enhancements in 2019. First, MNMCM will report a new measure for the first time – Osteoporosis Management in Women Who had a Fracture. Data show that Minnesota is behind when it comes to screening for osteoporosis, and evidence supports the recommendation for women who had a fracture to receive screening. MNMCM is also expanding the adult depression outcome measures to include the adolescent population (ages 12–17) in preparation for the 2020 report year. Depression prevalence among adolescents is estimated at 12.8% or over 3 million in the United States. Finally, MNMCM will be preparing for implementation of the new Symptom Control During Chemotherapy measures for oncology practices. This measure uses information from the National Cancer Institute's patient reported outcome assessment tool to assess pain, nausea and constipation during chemotherapy.

Advancing Alignment and Measurement. Measure alignment, redesign and development of meaningful measures are fundamental organizational priorities. Each year, MNMCM considers new evidence and guidelines relating to measures used in Minnesota and engages stakeholders to review and make recommendations to advance alignment and measurement. In 2018, this work focused on review of new blood pressure guidelines and their impact on MNMCM Optimal Diabetes Care and Optimal Vascular Care measures. In 2019, MNMCM will convene measure development redesign workgroups on spine surgery, total knee replacement, and asthma measures to address key questions related to the measure constructs.

Influencing Nationally and Regionally. MNMCM is a local voice with a national and regional influence. To date, MNMCM has received endorsement for nine measures and has 11 measures in Medicare’s Quality Payment Program. MNMCM is also participating in national collaborations like the Core Quality Measures Collaborative, a national effort hosted by the National Quality Forum that includes the Centers for Medicare and Medicaid Services (CMS), private payers, primary care and specialty care societies, and consumer and employer groups. The effort promotes measure alignment and harmonization across payers in order to provide stronger “signal strength” for quality improvement and reduce reporting burden. MNMCM will also continue discussions with border state organizations focused on quality measurement and improvement to advance alignment.

Key findings in this report

- » Substantial gains could be achieved if performance on quality measures were raised to a benchmark level defined by current high performers. For example, the current statewide average rate for colorectal cancer screening is 70.7 percent, but the benchmark is 75.3 percent. If all medical groups achieved the benchmark level, over 54,000 more patients would be screened for colorectal cancer (see page 7).
- » There is significant variation in medical group performance for all measures, but several medical groups are achieving noteworthy results for many of the measures. For example, eight primary care or multi-specialty care medical groups and four pediatric groups had rates significantly above the statewide average on at least 50 percent of the measures for which they were eligible (see pages 10 and 11).
- » Several medical groups achieved consistent improvement over time on multiple measures. For example, Lakewood Health System and Park Nicollet Health Services consistently improved on five quality measures since 2016 (see page 12).

Other reports

MNCM has also launched a new topical report series that presents data by measurement focus area. These reports bring together performance results on both quality and health equity for measures relevant in each category. The series is intended to provide a more in-depth, user friendly view of measure results that can more effectively draw attention to the wealth of data that MNMCM publishes, engage stakeholder audiences more effectively, and catalyze improvement.

See below for links to three topical reports:

[!\[\]\(feabb98897b440bc8695a03336a6e2df_img.jpg\) **Depression Care in Minnesota – 2018 Report**](#)

[!\[\]\(9dfdaff1d86ba3c1f8353b4d1b61b8c5_img.jpg\) **Quality of Chronic Conditions in Minnesota – 2018 Report**](#)

[!\[\]\(83f22ed94ec5517769dd76d702c6bfd8_img.jpg\) **2018 Preventive Health Measures**](#)

In addition, reports focused on variation by race, ethnicity, language, country of origin, and insurance coverage type will be released in March 2019.

STATEWIDE SUMMARY RESULTS BY MEASURE

Table 1 provides an overview of the statewide rates by measure for primary care, and shows significant variation and/or room for improvement in all measures. Even for measures where the statewide average is high, such as breast cancer screening, wide variation exists in performance across medical groups.

The table also includes a “benchmark” to illustrate overall room for improvement. MNMCM calculated the benchmark as the 90th percentile for all medical groups or the 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients. In other words, at least 10 percent of medical groups **and** 10 percent of patients included in the measure are above the benchmark – demonstrating that this level of performance is within reach.

MNMCM calculated the potential impact if all medical groups were able to achieve the benchmark. The number of additional patients who would reach optimal status or goal if all medical groups were to achieve the benchmark is listed in the column labeled “gap.” For example, if all medical groups achieved the benchmark of 75.3 percent for colorectal cancer screening, over 54,000 additional Minnesota residents would be screened. The gray shaded bar in the variation column shows the range of medical group performance. The statewide average for each measure is illustrated by the red line, and the benchmark is shown by the green line.

There are two important caveats to the benchmark analysis:

- » First, socioeconomic status of patient populations can create barriers to achieving optimal outcomes. While there are examples of medical groups achieving the benchmark while serving disproportionately high numbers of patients with low socioeconomic status, it might not be possible for all.
- » Second, in many cases there is substantial room for statewide improvement beyond the current benchmark; therefore, the benchmark should not be interpreted as a statewide goal. As an example, the benchmark for depression remission at six months is currently 8.9 percent, and over 2,000 patients would benefit if all medical groups were able to achieve this benchmark. The fact that the benchmark is so low, however, is an indicator that broad-based improvement across all medical groups is needed to help as many patients as possible in achieving this outcome.



TABLE 1: Statewide Results for Primary Care Measures

QUALITY MEASURE		2018 Statewide Average (2017 Dates of Service)	BENCHMARK OF CARE		VARIATION	RANGE OF RESULTS BY MEDICAL GROUP	
			Benchmark ¹	Gap ²	Min/Mean/Benchmark/Max 0% 50% 100%	Minimum	Maximum
PREVENTIVE HEALTH	Breast Cancer Screening	76.7%	86.2%	30,292		15.5%	93.9%
	Cervical Cancer Screening	70.5%	83.2%	34,095		22.0%	89.3%
	Colorectal Cancer Screening	70.7%	75.3%	54,074		0.0%	89.4%
	Chlamydia Screening in Women	50.5%	65.9%	8,242		2.2%	85.2%
	Childhood Immunization Status (Combo 10)	60.4%	75.6%	2,878		3.1%	85.1%
	Immunizations for Adolescents (Combo 2)	27.5%	44.7%	922		10.7%	64.1%
CHRONIC CONDITIONS	Optimal Diabetes Care	44.9%	49.2%	13,208		12.3%	57.0%
	Diabetes Eye Exam	65.6%	71.0%	8,299		44.6%	77.0%
	Optimal Vascular Care	61.5%	67.2%	10,047		23.1%	73.2%
	Controlling High Blood Pressure	78.2%	86.2%	15,237		36.8%	96.1%
	Optimal Asthma Control – Adults	50.8%	65.2%	19,094		0.0%	87.4%
	Optimal Asthma Control – Children	57.9%	70.6%	9,128		0.0%	83.9%
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	37.5%	48.5%	1,338		23.6%	55.3%
DEPRESSION	Adolescent Mental Health and/or Depression Screening	78.8%	98.5%	27,893		0.0%	100.0%
	PHQ-9 Utilization	71.6%	88.9%	36,084		0.0%	100.0%
	PHQ-9 Follow-Up at 6 Months	33.9%	39.9%	6,555		0.0%	54.6%
	PHQ-9 Follow-Up at 12 Months	27.7%	33.1%	6,024		0.0%	54.9%
	Depression Response at 6 Months	14.1%	17.0%	3,205		0.0%	27.3%
	Depression Response at 12 Months	11.5%	14.3%	3,128		0.0%	29.3%
	Depression Remission at 6 Months	8.3%	10.2%	2,056		0.0%	18.2%
	Depression Remission at 12 Months	6.9%	8.9%	2,155		0.0%	20.7%
OTHER	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	36.1%	69.4%	5,110		5.9%	89.8%
	Follow-Up Care for Children Prescribed ADHD Medication	41.3%	53.0%	572		28.3%	70.0%

¹ Benchmark is the 90th percentile of medical groups or 90th percentile of patients, whichever is lower

² The gap is the additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

Table 2 provides an overview of statewide results by measure for the orthopedic surgery measures. The process measures, which reflect patient-reported outcome (PRO) tool administration, are calculated as rates. In general, there is low administration of the PRO tools before and after surgery.

The outcome measures reflect the average change in points for a tool-specific scale. For example, statewide results show that patients who had a total knee replacement attained a 16-point change in functional status on a 48-point scale after surgery; however, the range across medical groups was 1.5 to 25.0. This demonstrates improved knee function after surgery, but wide variation in outcomes.

TABLE 2: Statewide Results by Measure – Orthopedic Surgery Measures

QUALITY MEASURE			2018 Statewide Average (2016 Dates of Service)	RANGE OF RESULTS BY MEDICAL GROUP	
				Minimum	Maximum
SPINE SURGERY LUMBAR FUSION	Process Measures	Patients assessed functional status before AND after surgery using Oswestry Disability Index (ODI) tool	41.4%	0.0%	53.0%
		Patients assessed quality of life before AND after surgery using Promis Global Health 10 tool	27.9%	0.0%	62.4%
		Patients receiving Visual Analog Scale (VAS) tool to assess back pain before AND after surgery	33.9%	0.0%	62.7%
		Patients receiving Visual Analog Scale (VAS) tool to assess leg pain before AND after surgery	34.3%	0.0%	62.7%
	Outcome Measures	Average change in patient reported functional status at one year after surgery	20.1 pts	14.5 pts	25.6 pts
		Average change in patient reported quality of life (physical health status) at one year after surgery	6.9 pts	5.4 pts	16.7 pts.
		Average change in patient reported quality of life (mental health status) at one year after surgery	2.9 pts	1.5 pts	9.9 pts
		Average change in patient reported back pain at one year after surgery	3.3 pts	2.4 pts	3.2 pts
		Average change in patient reported leg pain at one year after surgery	3.2 pts	2.5 pts	4.4 pts
TOTAL KNEE REPLACEMENT (TKR)	Process Measures	Patients assessed functional status before AND after surgery using Oxford Knee Scale (OKS) tool	29.7%	8.6%	71.2%
		Patients assessed quality of life before AND after surgery using Promis Global Health 10 tool	24.3%	5.2%	64.6%
	Outcome Measures	Average change in patient reported functional status at one year after surgery	16.4 pts	1.5 pts	25.0 pts
		Average change in patient reported quality of life (physical health status) at one year after surgery	7.1 pts	(0.9) pts	16.7 pts
		Average change in patient reported quality of life (mental health status) at one year after surgery	1.9 pts	(3.9) pts	10.2 pts

HIGH PERFORMING MEDICAL GROUPS

As shown in **Table 3**, in 2018, eight primary care or multi-specialty medical groups had rates significantly above the statewide average on at least 50 percent of the measures for which they were eligible.* Detailed results by medical group and clinic are available in the online appendix to this report, and at mnhealthscores.org.

TABLE 3: High Performers in 2018 – Primary Care/Multi-Specialty Care Medical Groups

QUALITY MEASURE		Allina Health (15 of 23)	Entira Family Clinics (13 of 21)	Essentia Health (16 of 23)	Health-Partners Clinics (19 of 23)	Mankato Clinic (15 of 23)	Mayo Clinic (11 of 22)	Park Nicollet Health Services (21 of 23)	Stillwater Medical Group (7 of 14)
PREVENTIVE HEALTH	Breast Cancer Screening	•		•	•	•	•	•	^
	Cervical Cancer Screening	•			•			•	^
	Colorectal Cancer Screening	•		•	•	•	•	•	
	Chlamydia Screening	•	•		•			•	^
	Childhood Immunization Status (Combo 10)	•				•		•	^
	Adolescent Immunization (Combo 2)						•		^
CHRONIC CONDITIONS	Optimal Diabetes Care	•	•	•	•			•	
	Diabetes Eye Exam	•	^	•	•			•	^
	Optimal Vascular Care		•	•	•			•	
	Controlling High Blood Pressure	•	•	•		•		•	^
	Optimal Asthma Control – Adults	•	•	•	•	•		•	•
	Optimal Asthma Control – Children	•	•	•	•	•		•	•
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD				•	•	•	•	^
DEPRESSION	Adolescent Mental Health and/or Depression Screening	•		•	•	•	•	•	•
	PHQ-9 Utilization		•	•	•	•	•	•	•
	PHQ-9 Follow-up at 6 Months	•	•	•	•	•		•	
	PHQ-9 Follow-up at 12 Months		•	•	•	•	•	•	•
	Depression Response at 6 Months	•	•	•	•	•	•	•	
	Depression Response at 12 Months		•	•	•	•	•	•	•
	Depression Remission at 6 Months	•	•	•	•	•	•	•	
	Depression Remission at 12 Months		•	•	•	•	•	•	
OTHER	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	•			•		^	•	^
	Follow-up Care for Children Prescribed ADHD Medication		^						•

*Included if eligible for at least five measures.

Blank = average or below average

^Not reportable for this measure (too few patients in measure denominator)

In 2018, four pediatric medical groups had rates significantly above the statewide average on at least 50 percent of the measures for which they were eligible.*

TABLE 4: High Performers in 2018 – Pediatric Medical Groups

QUALITY MEASURE	Central Pediatrics (4 of 6)	Fridley Children’s and Teenagers’ Medical Center (13 of 22)	South Lake Pediatrics (16 of 23)	Wayzata Children’s Clinic (19 of 23)
PREVENTIVE HEALTH				
Chlamydia Screening	•			
Childhood Immunization Status (Combo 10)			•	•
Adolescent Immunization (Combo 2)	•	^	•	•
CHRONIC CONDITIONS				
Optimal Asthma Control – Children	•	•	•	•
DEPRESSION				
Adolescent Mental Health and/or Depression Screening	•	•	•	•
Follow-up Care for Children Prescribed ADHD Medication		^	•	

*Included if eligible for at least four measures.

Blank = average or below average.

^Not reportable for this measure

MEDICAL GROUPS WITH CONSISTENT IMPROVEMENT OVER TIME

In addition to the high performing medical groups listed in Tables 3 and 4, 10 medical groups achieved consistent improvement on three or more quality measures since 2016. They are listed below in in alphabetical order.

TABLE 5: Medical Groups With Consistent Improvement on Three or More Measures

MEASUREMENT YEARS 2016–2018	
Medical Group Name	Number of Measures Improved
Cuyuna Regional Medical Center	3
Entira Family Clinics	4
Fairview Mesaba Clinics	3
HealthEast Clinics	3
Hutchinson Health	4
Lakewood Health System	5
Mayo Clinic	3
Park Nicollet Health Services	5
Ridgeview Sibley Medical Center	4
Sanford Health – Sioux Falls Region	4

Consistent improvement for a measure is defined as having at least a two-percentage-point improvement each year since 2016.

MEASURE DESCRIPTIONS

Preventive Health

Cancer Screening Measures

- » Breast Cancer Screening: The percentage of women ages 50–74 who received a mammogram during the prior two years (the measurement year or prior year).
- » Cervical Cancer Screening: The percentage of women ages 21–64 who were screened for cervical cancer during the measurement year using either of two criteria: women age 21–64 who had a cervical cytology performed every three years or women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.
- » Colorectal Cancer Screening: The percentage of adults ages 50–75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:
 - » Colonoscopy during the measurement year or the nine years prior, or
 - » Flexible sigmoidoscopy during the measurement year or the four years prior, or
 - » CT colonography during the measurement year or the four years prior, or
 - » Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior, or
 - » Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year.

Infectious Disease Measure

- » Chlamydia Screening: The percentage of sexually active women ages 16–24 who had at least one test for chlamydia during the measurement year.

Immunizations

- » Childhood Immunization (Combo 10): The percentage of two-year-old children who received all the following vaccines by their second birthday:
 - » Four diphtheria, tetanus and acellular pertussis (DTaP)
 - » Three inactivated polio (IPV)
 - » One measles, mumps and rubella (MMR)
 - » Three H influenza type B
 - » Three hepatitis B
 - » One chicken pox (VZV)
 - » Four pneumococcal conjugate
 - » One hepatitis A
 - » Two or three rotavirus
 - » Two influenza
- » Immunizations for Adolescents (Combo 2): The percentage of adolescents 13 years of age who had:
 - » one dose of meningococcal conjugate vaccine
 - » one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and
 - » completed the human papillomavirus (HPV) vaccine series by their 13th birthday

Chronic Conditions

Diabetes Measures

- » Optimal Diabetes Care: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) and whose diabetes was optimally managed as defined by achieving ALL five of the following:
 - » HbA1c less than 8.0 mg/dL
 - » Blood Pressure less than 140/90 mm Hg
 - » On a statin medication, unless allowed contraindications or exceptions are present
 - » Non-tobacco user
 - » Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present
- » Diabetes Eye Exams: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Circulatory Measures

- » Optimal Vascular Care: The percentage of patients 18–75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed as defined by achieving ALL four of the following:
 - » Blood pressure less than 140/90 mm Hg
 - » On a statin medication, unless allowed contraindications or exceptions are present
 - » Non-tobacco user
 - » On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present
- » Controlling High Blood Pressure: The percentage of adults 18–75 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled based on the following:
 - » Adults 18–59 years of age whose BP was <140/90 mm Hg
 - » Adults 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
 - » Adults 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

Respiratory Measures

- » Optimal Asthma Care – Adults: The percentage of adults 18–50 years of age who had a diagnosis of asthma and whose asthma was optimally controlled as defined by achieving the following:
 - » Asthma well-controlled as defined by the most recent asthma control tool result
 - » Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)
- » Optimal Asthma Care – Children: The percentage of children (5–17 years of age) who had a diagnosis of asthma and whose asthma was optimally controlled as defined by achieving the following:
 - » Asthma well-controlled as defined by the most recent asthma control tool result
 - » Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)
- » Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of adults 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

Depression

Adult Depression

Process Measures (assessing symptoms)

- » PHQ-9 Utilization: The percentage of patients with a diagnosis of Major Depression or Dysthymia who also have a completed PHQ-9 tool during the measurement period. This measure determines the PHQ-9 tool use rate for patients with Major Depression or Dysthymia.
- » PHQ-9 Follow-up at 6 Months: The percentage of patients with depression who have a completed PHQ-9 tool within six months after the index event (+/- 30 days).
- » PHQ-9 Follow-up at 12 Months: The percentage of patients with depression who have a completed PHQ-9 tool within 12 months after the index event (+/- 30 days).

Outcome Measures (improvement in symptoms)

- » 6 Month Response: The percentage of patients with depression who demonstrated a response to treatment (at least 50 percent improvement) six months after the index event (+/- 30 days).
- » 12 Month Response: The percentage of patients with depression who demonstrated a response to treatment (at least 50 percent improvement) 12 months after the index event (+/- 30 days).

Outcome Measures (absence of symptoms)

- » 6 Month Remission: The percentage of patients with depression who reached remission (PHQ-9 score less than five) six months after the index event (+/- 30 days).
- » 12 Month Remission: The percentage of patients with depression who reached remission (PHQ-9 score less than five) 12 months after the index event (+/- 30 days).

Adolescent Depression

Process Measure (assessing symptoms)

- » Adolescent Mental Health and/or Depression Screening: The percentage of patients ages 12–17 who were screened for mental health and/or depression at a well-child visit using a specified tool.

Other Measures

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

- » The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Follow-up Care for Children Prescribed ADHD Medication

- » The percentage of children ages 6–12 prescribed a new attention-deficit/hyperactivity disorder (ADHD) medication who had at least one follow-up visit within 30 days of when the ADHD medication was dispensed.

Orthopedic Surgery Measures

Spine Surgery Lumbar Fusion Measures

Process Measures

- » Patients assessed functional status before AND after surgery using Oswestry Disability Index (ODI) tool
- » Patients assessed quality of life before AND after surgery using Promis Global Health 10 tool
- » Patients receiving Visual Analog Scale (VAS) tool to assess back pain before AND after surgery
- » Patients receiving Visual Analog Scale (VAS) tool to assess leg pain before AND after surgery

Outcome Measures

- » Average change in patient reported functional status at one year after surgery
- » Average change in patient reported quality of life (physical health status) at one year after surgery
- » Average change in patient reported quality of life (mental health status) at one year after surgery
- » Average change in patient reported back pain at one year after surgery
- » Average change in patient reported leg pain at one year after surgery

*The spine surgery discectomy/laminotomy measure had low volumes in 2018 due to the conversion from ICD-9 to ICD-10 so results are not publicly reported. The measure identifies disc herniation surgeries based on a single ICD-9 code and CPT code, but the translation of the single ICD-9 code to ICD-10 significantly reduced the volume of eligible patients. MNM has convened a measure redesign workgroup to consider expansion of the denominator codes to identify all eligible discectomy/laminectomy procedures without specified diagnosis codes.

Total Knee Replacement Measures

Process Measures

- » Patients assessed functional status before AND after surgery using Oxford Knee Scale (OKS) tool
- » Patients assessed quality of life before AND after surgery using Promis Global Health 10 tool

Outcome Measures

- » Average change in patient reported functional status at one year after surgery
- » Average change in patient reported quality of life (physical health status) at one year after surgery
- » Average change in patient reported quality of life (mental health status) at one year after surgery

DEFINITIONS

COPD: Chronic Obstructive Pulmonary Disease is a progressive lung disease that makes breathing difficult. It includes two types of lung conditions – chronic bronchitis and emphysema.

Composite measures: A measure of two or more component measures, each of which individually reflects quality of care, combined into a single performance measure with a single score. The individual components are treated equally (not weighted). Every component must meet criteria to be counted in the numerator for the overall composite measure. The composite measures in this report include:

- » Optimal Diabetes Care
- » Optimal Vascular Care
- » Optimal Asthma Control – Adults
- » Optimal Asthma Control – Children
- » Childhood Immunization Status (Combo 10)
- » Immunizations for Adolescents (Combo 2)

Outcome Measures: These measures reflect the actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change. The outcome measures in this report include:

- » Optimal Diabetes Care
- » Optimal Vascular Care
- » Optimal Asthma Control – Adults
- » Optimal Asthma Control – Children
- » Controlling High Blood Pressure

Patient Reported Outcome Measure (PROM): A validated survey instrument or tool used to collect information directly from a patient.

- » Asthma – The tools that can be used for the optimal asthma control measures include the Asthma Control Test (ACT); Childhood Asthma Control Test (C-ACT); Asthma Control Questionnaire (ACQ) and the Asthma Therapy Assessment Questionnaire (ATAQ).
- » Adult Depression – The tool used for the adult depression measures is the Patient Health Questionnaire (PHQ-9).
- » Lumbar Spine Fusion – The tools used for the Lumbar Spine Surgery measures include the Oswestry Disability Index (ODI) for functional status, the Promis Global Health 10 for quality of life (physical and mental health), and the Visual Analog Scale (VAS) for back and leg pain.
- » Total Knee Replacement – The tools used for the Total Knee Replacement measures include the Oxford Knee Score (OKS) for functional status and the Promis Global Health 10 for quality of life (physical and mental health).

Patient Reported Outcome – Performance Measure (PRO-PM): The measure built from a PROM. MNMCM’s PRO-PM measures include:

- » Optimal Asthma Control – Adults
- » Optimal Asthma Control – Children
- » Adult Depression (4 outcome measures)
- » Lumbar Spine Fusion (5 outcome measures)
- » Total Knee Replacement (3 outcome measures)

Process Measures: A measure that shows whether steps proven to benefit patients are being used. They measure whether an action was completed (e.g., having a medical exam or test, writing a prescription, or administering a drug). The process measures in this report include:

- » Adolescent Mental Health and/or Depression Screening
- » Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- » Breast Cancer Screening
- » Cervical Cancer Screening
- » Colorectal Cancer Screening
- » Chlamydia Screening
- » Childhood Immunization Status (Combo 10)
- » Immunizations for Adolescents (Combo 2)
- » Diabetes Eye Exams
- » Depression: PHQ-9 Utilization
- » Depression 6-month follow-up
- » Depression 12 Month follow-up
- » Follow-up Care for Children Prescribed ADHD Medication
- » Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- » Lumbar Spine Fusion: PRO tool use
- » Total Knee Replacement: PRO tool use

Health Care Effectiveness Data and Information Set (HEDIS) measures: A national set of performance measures used in the managed care industry and developed and maintain by the National Committee for Quality Assurance (NCQA). Clinical HEDIS measures use data from the administrative or hybrid data collection methodology.

- » Administrative Method: These HEDIS measures use health plan claims data to identify the patients who are eligible for the measure (denominator) and for the numerator. The HEDIS measures in this report that use the administrative method include:
 - » Breast Cancer Screening
 - » Chlamydia Screening
 - » Diabetes Eye Exam
 - » Follow-up Care for Children Prescribed ADHD Medication
 - » Use of Spirometry Testing in the Assessment and Diagnosis of COPD
 - » Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- » Hybrid Method: These HEDIS measures use health plan claims data to identify the patients who are eligible for the measure. Numerator information comes from health plan claims and medical record review data. Because medical record review data is costly and time-consuming to collect, health plans select a random sample from the eligible patients to identify the measure denominator. For the immunization measures, health plans also use data from the Minnesota Immunization Information Connection (MIIC). The HEDIS measures in this report that use the hybrid method include:
 - » Cervical Cancer Screening
 - » Controlling High Blood Pressure
 - » Childhood Immunization Status (Combo 10)
 - » Immunizations for Adolescents (Combo 2)

Continuous enrollment criteria: The minimum amount of time for a member/patient to be enrolled in a health plan to be eligible for a HEDIS measure. It ensures the health plan has enough time to render services. If a member/patient does not meet minimum continuous enrollment criteria, they are not eligible to be included in the measure denominator.

Online Appendices

 Methodology


DETAILED MEDICAL GROUP
AND CLINIC LEVEL TABLES


PRIMARY CARE MEASURES

 Preventive Health

 Chronic Conditions

 Depression

 Other

 Orthopedic Surgery
Measures