



# MINNESOTA HEALTH CARE QUALITY REPORT

## PART 2: CLINICAL QUALITY MEASURES REPORTED BY PAYERS

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Results for care delivered in 2021 | Report released January 2023

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### ABOUT MN COMMUNITY MEASUREMENT

As an independent nonprofit dedicated to empowering health care decision makers with meaningful data, MN Community Measurement (MNCM) is a statewide resource for timely, comparable information on health care quality, costs and equity. While Minnesota has some of the best health indicators in the country, there continues to be wide variation in health care quality and wide disparities in outcomes for different population groups. Quality measurement in health care delivers value to patients, providers, payers, purchasers, and the community.

### ABOUT THIS REPORT

Since 2022, MN Community Measurement's *Health Care Quality Report* has been released in three parts. The goal of this change is to provide more timely public reporting of information on health care quality, as data are received at different times of the year:

- [Part 1: Clinical quality measures reported by medical groups](#)
- Part 2: Clinical quality measures reported by payers
- [Part 3: Top performing medical groups across all quality measures](#)

This report summarizes all clinical quality measures reported by payers for the 2021 measurement year and includes:

- Summary of performance rates by measure
- Achievable benchmark goals by measure
- Variation in performance rates across payers for each measure
- Trend in performance rates across multiple years for each measure
- Statewide results for each measure

Medical group performance rates are available through MNCM's Dynamic Tables, an interactive tool available [here](#). Medical group profile pages through MNHealthScores are also available [here](#).

### ACKNOWLEDGEMENTS

This report is made possible by the engagement of several stakeholders, medical groups, payers and MNCM's Data Validation and Data Analysis teams. Each are committed to continuous improvement and recognize the important role measurement plays in helping our community establish priorities and improve together.

MNCM extends our thanks to all medical groups and payers for contributing the data necessary for measurement and to the many members of MNCM committees, workgroups and staff providing ongoing guidance to shape this important work. Please see full list of contributors on p. 17.

### REPORT AUTHORS & CONTRIBUTORS

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## KEY FINDINGS IN 2021

- Except for the Immunizations for Adolescents (Combo 2) measures, the 2021 rates for all measures remained significantly below their respective 2018 rates, or pre-pandemic rates. However, the rates for most measures either remained stable or significantly increased in 2021 compared to 2020.
- The largest increases in rates in 2021 compared to 2020 occurred in the Osteoporosis Management in Women Who Had a Fracture measure (+9.8 percentage points) and the Controlling High Blood Pressure measure (+7.9 percentage points).
- Across all measures, there continues to be significant variation in performance among medical groups, with the largest variation occurring in the Chlamydia Screening in Women and the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measures.
- The Childhood Immunization Status (Combo 10) measure had a significant decrease in 2021 compared to 2020. Numerator compliance for this measure requires that eligible children receive all appropriate vaccinations by the time they turned two in 2021. It is possible that care delivery disruptions in 2020 and 2021 due to COVID-19 may have contributed to the decrease in this rate.

# STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

## PREVENTIVE HEALTH

2021 measurement year

QUALITY MEASURE	2021 Statewide Average	2021 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchmark/Max
Breast Cancer Screening	72.6%	83.3%	36,912	13.3%	90.2%	
Cervical Cancer Screening	70.2%	83.0%	866	37.6%	91.9%	
Childhood Immunization Status (Combo 10)	53.0%	69.7%	683	24.7%	83.5%	
Chlamydia Screening in Women	47.7%	60.0%	14,573	10.8%	85.2%	
Immunizations for Adolescents (Combo 2)	36.4%	56.4%	797	11.5%	75.5%	

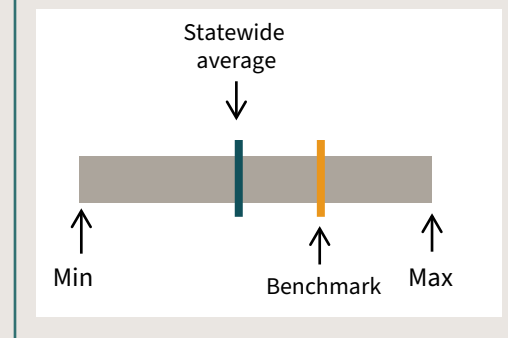
**Benchmark:** 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

**Gap:** The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

In response to requests from community members, MNMCM is continuing the 90th percentile benchmark in the 2023 report. This table provides an overview of the statewide rates by measure and identifies an achievable goal for quality care through the benchmark rate.

For preventive health measures, Breast Cancer Screening has the largest gap between the statewide average and the benchmark for the measure. Just under 37,000 patients would need to be added to the numerator in order to reach the benchmark goal of 83.3%.

### How to read variation chart



[Click here](#) for a complete list of measure definitions.

## RATES OVER TIME

### PREVENTIVE HEALTH

2021 measurement year

Measure	Measurement Year					
	2016	2017	2018	2019	2020 <sup>^</sup>	2021
Breast Cancer Screening	76.6%	76.7%	76.5%	-	72.2% ▼	72.6% ▲
Cervical Cancer Screening	73.5% ▲	70.5% ▼	71.3%	-	64.4% ▼	70.2% ▲
Childhood Immunization Status (Combo 10)	53.8%	59.8% ▲	56.2% ▼	-	56.9%	53.0% ▼
Chlamydia Screening in Women	49.8% ▼	50.5% ▲	51.9% ▲	51.2% ▼	44.7% ▼	47.7% ▲
Immunizations for Adolescents (Combo 2)	-	26.4%	31.2% ▲	-	33.3%	36.4% ▲

▲ Significantly higher than previous year (based on 95% confidence interval)

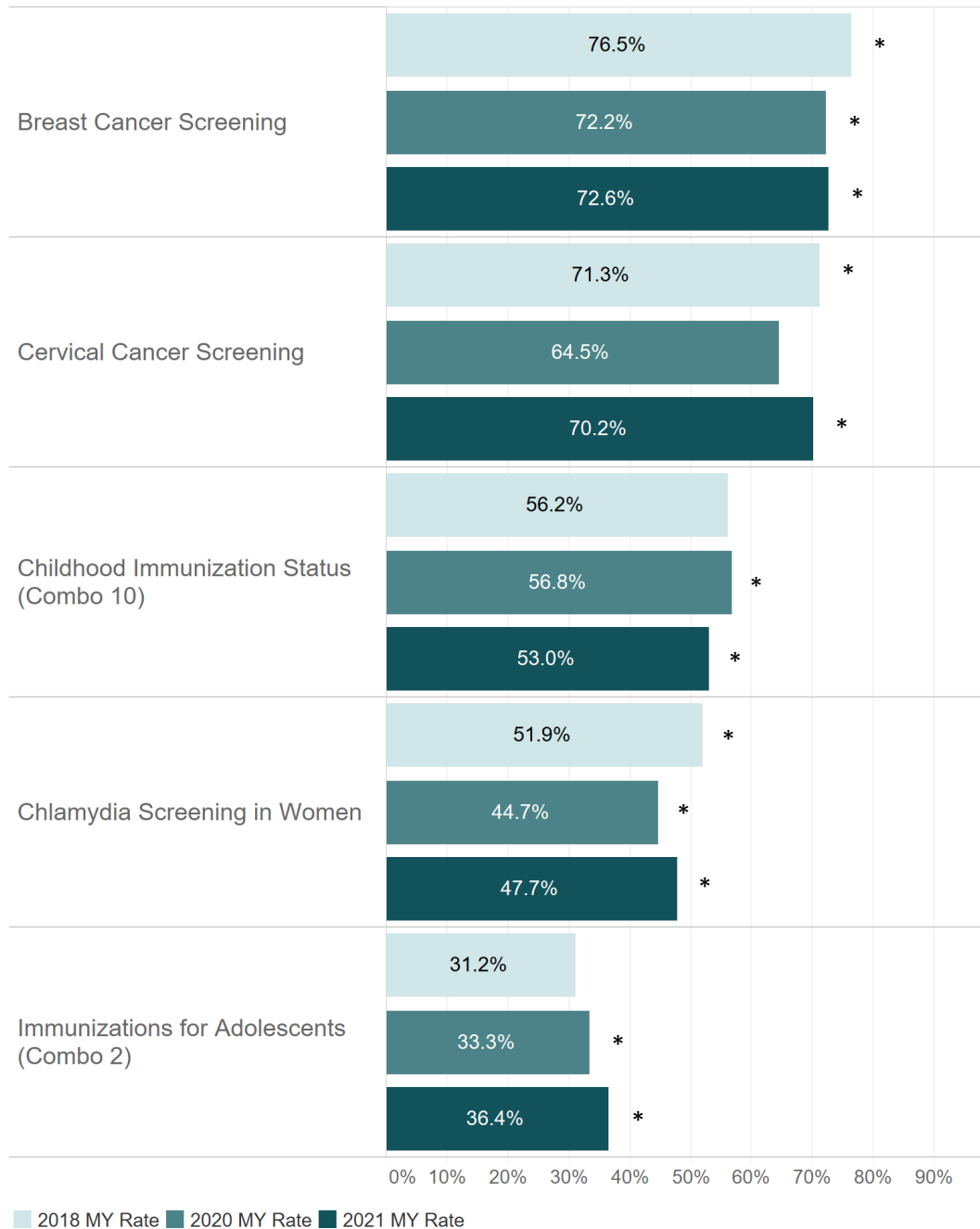
▼ Significantly lower than previous year (based on 95% confidence interval)

<sup>^</sup> Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care. In many respects, 2020 should be considered a new baseline from which recovery should be measured.

“-” data not available for this year and/or significant measure change.

NOTE: Due to COVID-19 related interruptions, statewide rates for 2019 were not available for any measure, except for Chlamydia Screening in Women.

[Click here](#) for a complete list of measure definitions.



## RATE CHANGES PREVENTIVE HEALTH

- For almost all measures, performance rates significantly increased in 2021 compared to 2020.
- Apart from the Immunizations for Adolescents (Combo 2) measure, the rates for all other measures in 2021 remained lower than the rates in 2018.

\* Significant change from previous year

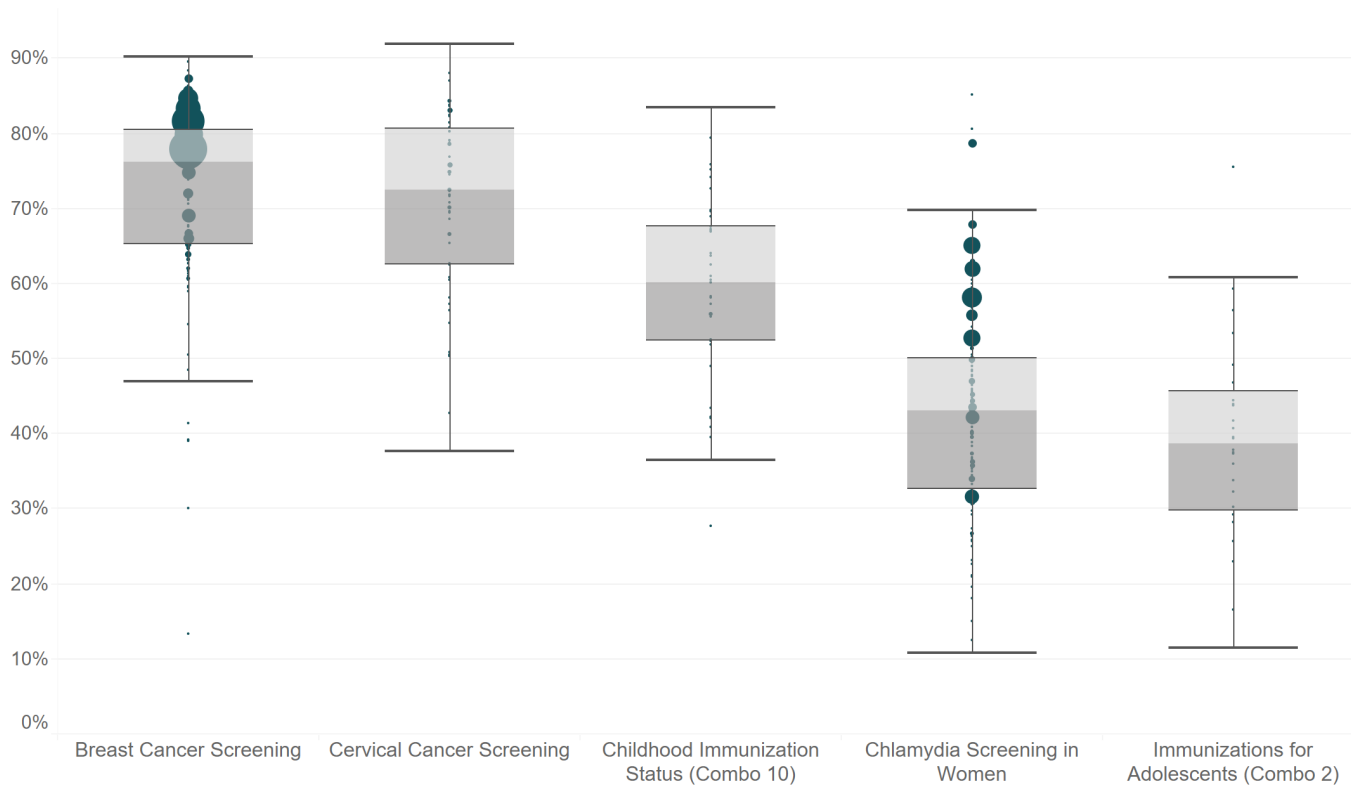
^ Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care. In many respects, 2020 should be considered a new baseline from which recovery should be measured.

[Click here](#) for a complete list of measure definitions.

# RATE VARIATION BY MEDICAL GROUP

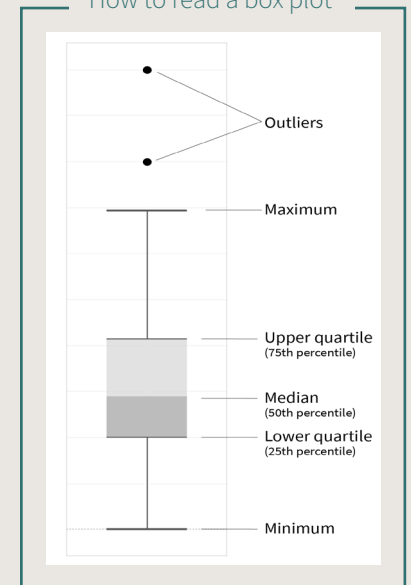
## PREVENTIVE HEALTH

2021 measurement year



- There continues to be significant variation among all preventive health measures.
- The Chlamydia Screening in Women measure has the largest variation across medical groups for the adult population.

How to read a box plot



Does not include medical groups with fewer than the threshold number of patients needed for public reporting.

[Click here](#) for a complete list of measure definitions.

# STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

## ACUTE & CHRONIC CONDITIONS

2021 measurement year

QUALITY MEASURE	2021 Statewide Average	2021 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchmark/Max
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	59.3%	75.9%	920	16.7%	95.7%	
Controlling High Blood Pressure	70.2%	79.3%	1,395	23.1%	87.7%	
Diabetes Eye Exam	59.7%	66.6%	12,231	25.8%	78.9%	
Follow-up Care for Children Prescribed ADHD Medication	38.8%	47.6%	437	24.6%	58.1%	
Osteoporosis Management in Women who had a Fracture	29.9%	37.3%	144	18.4%	45.5%	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	29.9%	35.2%	295	17.1%	47.0%	

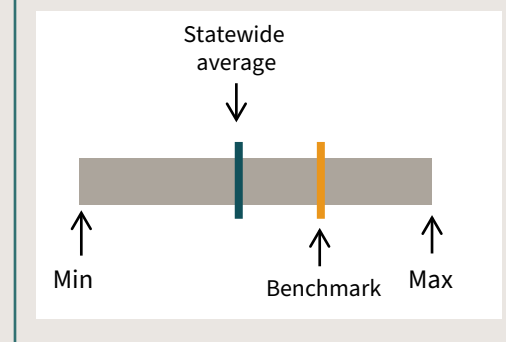
**Benchmark:** 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

**Gap:** The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

In response to requests from community members, MNCM is continuing the 90th percentile benchmark in the 2023 report. This table provides an overview of the statewide rates by measure and identifies an achievable goal for quality care through the benchmark rate for the adult population.

For acute and chronic conditions measures, the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure has the largest gap between the statewide average and the benchmark for the measure. Just over 900 patients would need to be added to the numerator in order to reach the benchmark goal of 75.9%.

### How to read variation chart



[Click here](#) for a complete list of measure definitions.



## RATES OVER TIME

### ACUTE & CHRONIC CONDITIONS

2021 measurement year

Measure	Measurement Year					
	2016	2017	2018	2019	2020 <sup>^</sup>	2021
Avoidance of antibiotic treatment in acute bronchitis/bronchiolitis	-	-	-	-	57.8%	59.3%
Controlling High Blood Pressure	-	-	-	-	62.3%	70.2% ▲
Diabetes Eye Exam	-	65.6%	64.4%	-	56.4% ▼	59.7% ▲
Follow up care for children prescribed ADHD Medication	42.7%	41.3%	39.5%	-	38.8%	38.8%
Osteoporosis management in women who had a fracture	-	-	31.5%	-	20.1% ▼	29.9% ▲
Use of spirometry testing in the assessment and diagnosis of COPD	39.2%	37.5%	37.6%	-	32.4% ▼	29.9% ▼

▲ Significantly higher than previous year (based on 95% confidence interval)

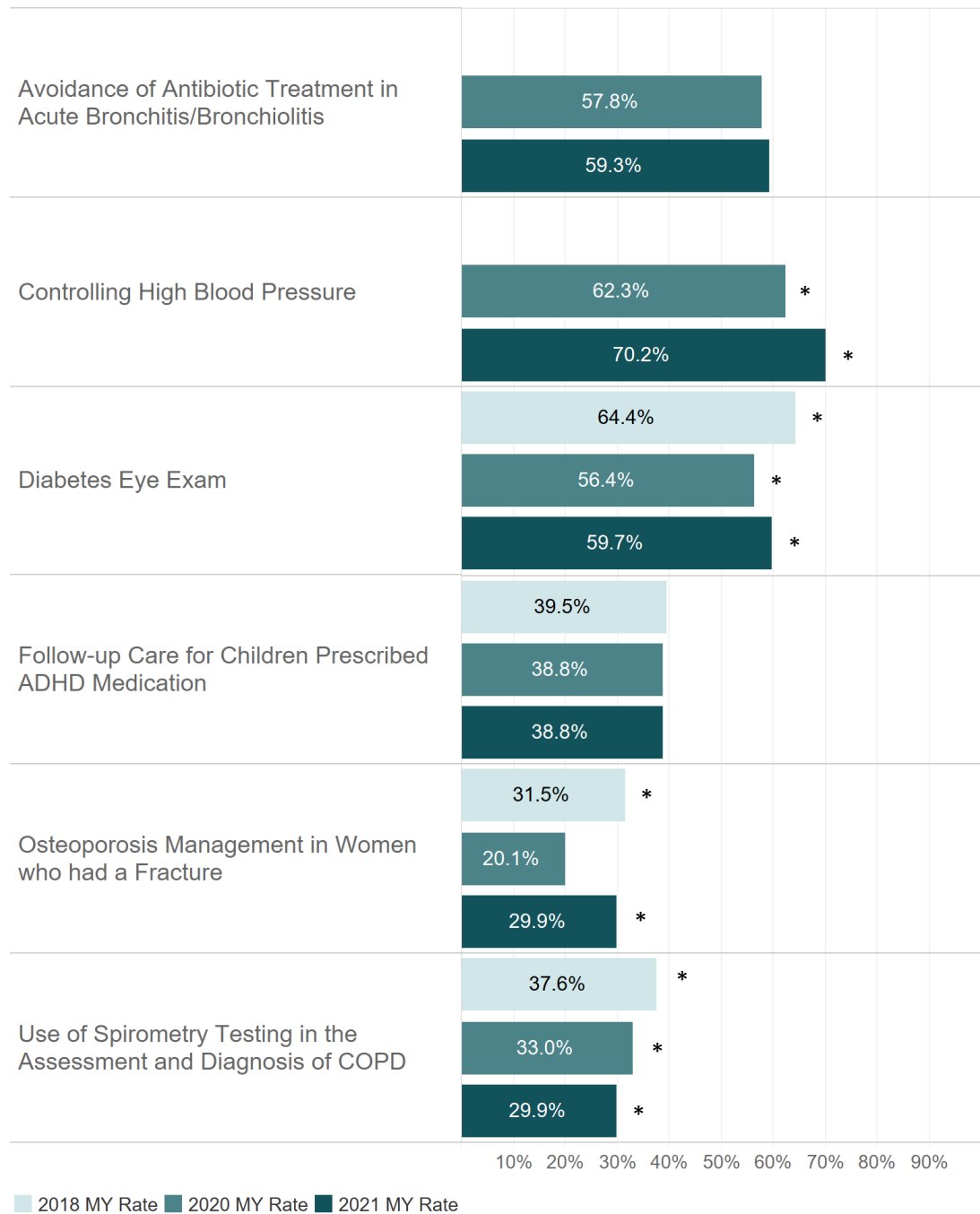
▼ Significantly lower than previous year (based on 95% confidence interval)

<sup>^</sup> Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care. In many respects, 2020 should be considered a new baseline from which recovery should be measured.

“-” data not available for this year and/or significant measure change.

NOTE: Due to COVID-19 related interruptions, statewide rates for 2019 were not available for any of the measures listed here.

[Click here](#) for a complete list of measure definitions.



## RATE CHANGES

### ACUTE & CHRONIC CONDITIONS

- Majority of the measures had significant performance rates increase in 2021 compared to 2020.
- Apart from the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure, the rates for all other measures in 2021 remained significantly lower than the rates in 2018.
- Significant change to the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure in 2019 so data prior is not comparable

\* Significant change from previous year

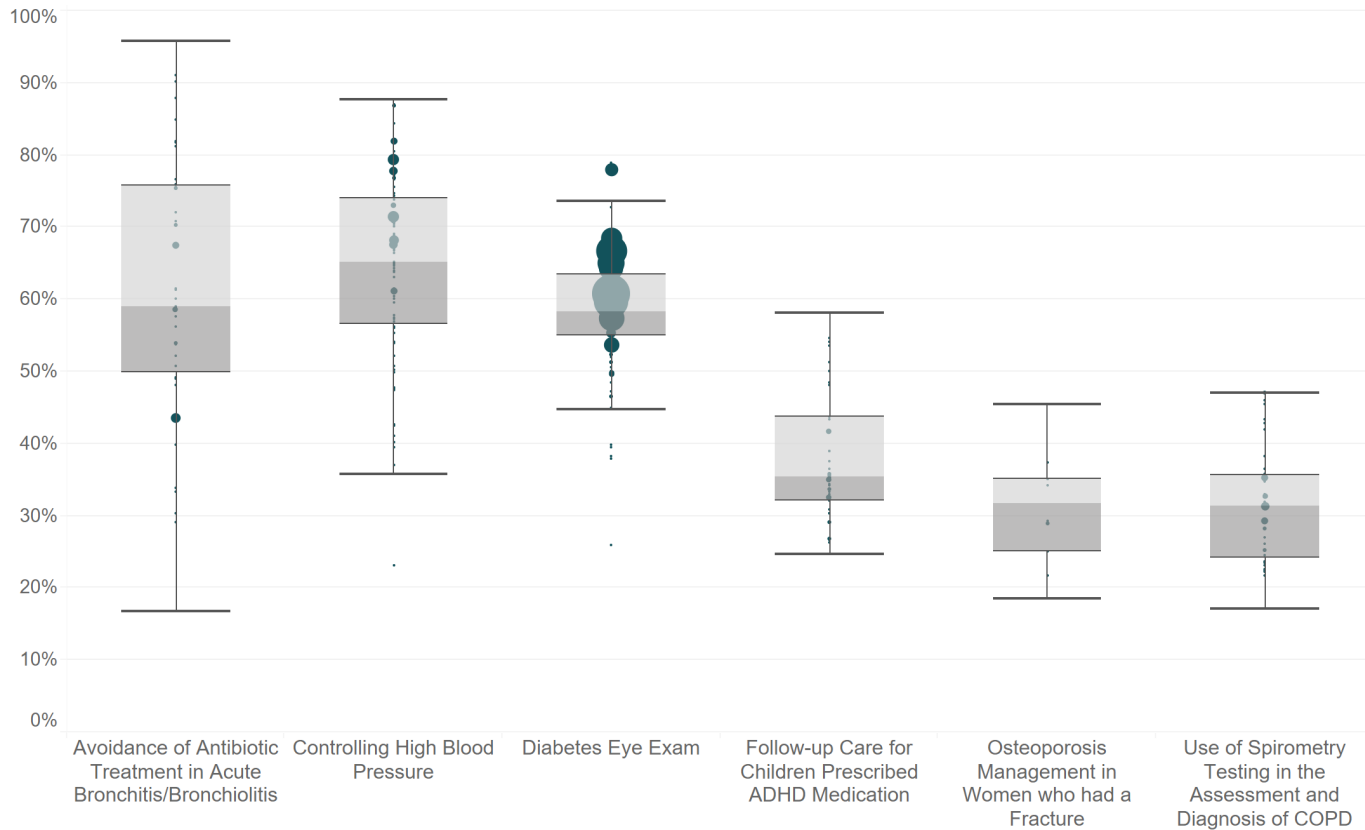
^ Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care. In many respects, 2020 should be considered a new baseline from which recovery should be measured.

[Click here](#) for a complete list of measure definitions.

# RATE VARIATION BY MEDICAL GROUP

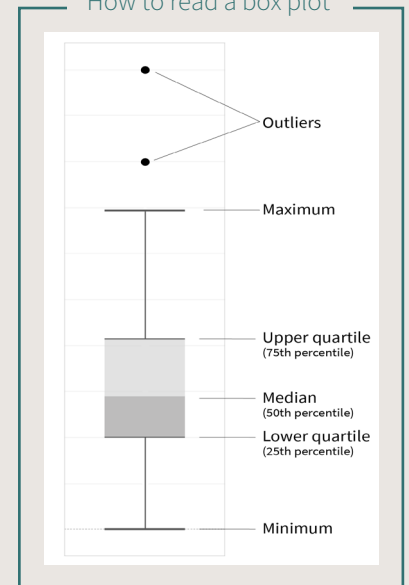
## ACUTE & CHRONIC CONDITIONS

2021 measurement year



- There continues to be significant variation among all Acute and Chronic Conditions.
- The Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure has the largest variation across medical groups.

How to read a box plot



Does not include medical groups with fewer than the threshold number of patients needed for public reporting.

[Click here](#) for a complete list of measure definitions.

# DEFINITIONS & METHODOLOGY

# DEFINITIONS

## GENERAL DEFINITIONS

**Measurement year:** The time period being assessed and the year in which care was delivered.

## MEASURE DEFINITIONS

**Breast Cancer Screening:** The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.

**Cervical Cancer Screening:** The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

**Childhood Immunization Status (Combo 10):** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

**Chlamydia Screening in Women:** The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Percentage

**Immunizations for Adolescents (Combo 2):** The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

**Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis:** The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

**Controlling High Blood Pressure:** The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

# DEFINITIONS

## MEASURE DEFINITIONS CONTINUED

**Diabetes Eye Exam:** The percentage of adults 18-75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

**Follow-up Care for Children Prescribed ADHD Medication:** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

**Osteoporosis Management in Women who had a Fracture:** The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

**Use of Spirometry Testing in the Assessment and Diagnosis of COPD:** The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

## SUMMARY OF MEASURE TYPES

### MEASURES REPORTED BY PAYERS

QUALITY MEASURE	PROCESS	OUTCOME	HYBRID	ADMIN
PREVENTIVE HEALTH	Breast Cancer Screening	•		•
	Cervical Cancer Screening	•		•
	Childhood Immunization Status (Combo 10)	•		•
	Chlamydia Screening in Women	•		•
	Immunizations for Adolescents (Combo 2)	•		•
ACUTE/CHRONIC CONDITIONS	Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	•		•
	Controlling High Blood Pressure		•	•
	Diabetes Eye Exam	•		•
	Follow-up Care for Children Prescribed ADHD Medication	•		•
	Osteoporosis Management in Women who had a Fracture	•		•
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	•		•

**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).

**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.

**Hybrid measures:** These measures use payer claims data and medical record review data to identify patients who are eligible for the measure and who meet the numerator criteria.

**Admin measures:** These measures use payer claims data to identify patients who are eligible for the measure.

## METHODS

HEDIS is a national set of performance measures used in the managed care industry that were developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS measures use data from the administrative or hybrid data collection methodology.

### DATA COLLECTION

**Administrative Method:** These HEDIS measures use payer claims data to identify the patients who are eligible for the measure (denominator) and for the numerator.

- Breast Cancer Screening
- Chlamydia Screening in Women
- Diabetes Eye Exam
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis
- Follow-up Care for Children Prescribed ADHD Medication
- Osteoporosis Management in Women Who Had a Fracture

**Hybrid Method:** These HEDIS measures use payer claims data to identify the patients who are eligible for the measures. Numerator information comes from payer claims and medical record review data. Because medical record review data is costly and time-consuming to collect, payers select a random sample from the eligible patients to identify the measure denominator. For the immunization measures, payers also use data from the Minnesota Immunization Information Connection (MIIC).

- Cervical Cancer Screening
- Childhood Immunization Status (Combo 10)
- Immunizations for Adolescents (Combo 2)
- Controlling High Blood Pressure

**Continuous enrollment criteria:** The minimum amount of time for a member/patient to be enrolled in a payer to be eligible for a HEDIS measure. It ensures the payer 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.

### ELIGIBLE POPULATION SPECIFICATIONS

The eligible populations for the administrative and hybrid measures are identified by each participating payer using its respective administrative claims database. Payers assign patients to a medical group using a standard medical group definition based on a tax identification number (TIN). Administrative billing codes determine the frequency of a patient's visits to a medical group. For most measures, patients are assigned to the medical group they visited most frequently during the measurement period. Patients who visited two or more medical groups with the same frequency are attributed to the medical group visited most recently in the measurement period. The TIN is used as the common identifier for aggregating data across payers.



## METHODS CONTINUED

### CALCULATING RATES

HEDIS administrative and hybrid measures are reported at a medical group level and are expressed as percentages. Rates calculated for hybrid measures require weighting because of the sampling procedures applied. Rates and 95-percent asymmetrical confidence intervals are calculated for each measure for each medical group (Asymmetrical confidence intervals are used to avoid confidence interval lower bound values less than zero and upper bound values greater than one hundred). The medical group overall average is used to compare to the individual medical group's rate for the performance ratings. The statewide average includes attributed and unattributed patients.

HEDIS measures are not risk adjusted, therefore do not have Actual to Expected Ratios. Columns for Lower and Upper 95% Confidence Intervals are included. HEDIS measures are rated on the following scale:

- **Above:** Medical group's actual rate is significantly above the medical group average
- **Average:** Medical group's actual rate is equivalent to the medical group average
- **Below:** Medical group's actual rate is significantly below the medical group average

### THRESHOLDS FOR PUBLIC REPORTING

MNCM has established minimum thresholds for HEDIS public reporting to ensure statistically reliable rates. Only medical groups that meet the thresholds of 30 patients in the denominator of HEDIS administrative measures and 60 patients in the denominator of HEDIS hybrid measures are publicly reported.

### LIMITATIONS

Patients who are uninsured, self-pay, served by Medicaid/Medicare fee-for-service, or insured by payers not participating in MNMCM data collection are not reflected in the HEDIS results.

### Payers Contributing Data

- Blue Cross Blue Shield of MN
- HealthPartners
- Hennepin Health
- Itasca Medical Care
- Medica
- Preferred One
- Primewest Health
- Sanford Health
- South Country Health Alliance
- UCare

## NUMBER OF PATIENTS INCLUDED IN MEASURES

### MEASURES REPORTED BY PAYERS

QUALITY MEASURE	Age Range	Number of Eligible Patients	Number of Patients in Denominator
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	3 months and older	9,473	9,473
Breast Cancer Screening	50-74	341,315	341,315
Cervical Cancer Screening*	21-64	671,117	13,019
Childhood Immunization Status (Combo 10)*	2 years	44,302	6,539
Chlamydia Screening in Women	16-24	111,628	111,628
Controlling High Blood Pressure*	18-85	278,956	18,968
Diabetes Eye Exam	18-75	171,414	171,414
Follow-up Care for Children Prescribed ADHD Medication	6-12	8,517	8,517
Immunizations for Adolescents (Combo 2)*	By age 13	48,428	6,331
Osteoporosis Management in Women who had a Fracture	67-85	1,945	1,945
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40 years and older	9,731	9,731

This table shows the number of patients included in each measure for measures reported by payers.

Hybrid measures use a random sample of the eligible population. These measures are denoted with an asterisk (\*).

Hybrid measures include data from both claims and medical charts, non-hybrid measures include data from only claims.