HEALTH CARE IN MINNESOTA

Summary Report on Quality, Disparities, and Cost

For care delivered in 2023

CELEBRATING 20 YEARS | 2005-2025
MN Community MEASUREMENT

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, disparities, and costs. 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. Measuring and reporting on health care quality and cost helps consumers understand how care varies across providers, allows providers to identify improvement opportunities and see how their quality results compare to others, and helps health plans and other purchasers better understand and improve value for the money spent on health care.

ACKNOWLEDGEMENTS

This report is made possible by the engagement of numerous community partners, including medical groups, payers, and MNCM staff. 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, to the State of Minnesota for its support through the Statewide Quality Reporting and Measurement System (SQRMS), and to the many members of MNCM committees, workgroups, and staff providing ongoing guidance to shape this important work.

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ABOUT THIS REPORT

This report provides an overview of clinical quality, cost, and utilization measures reported by medical groups and payers for the 2023 measurement year. It offers a comprehensive analysis of health care in Minnesota, focusing on quality, disparities, and cost. The report includes key insights such as performance trends over time by measure, performance rates compared to achievable benchmark goals, regional variations in performance by three-digit zip code, and summaries of quality measures by race, ethnicity, preferred language, and country of origin. These actionable findings are designed to help community partners identify areas for improvement.

Additional information can be found in the **MNCM Resources** section of this report.

EXECUTIVE SUMMARY

The *Health Care in Minnesota: Summary Report on Quality, Disparities, and Cost* by MN Community Measurement (MNCM) provides a comprehensive analysis of health care performance across the state for the 2023 measurement year. The report evaluates health care quality, disparities, and cost trends, offering valuable insights for community partners including medical groups, payers, policymakers, and community organizations.

KEY FINDINGS

Health Care Quality

- **Medical Group-Reported Measures:** Significant gaps remain in the Optimal Asthma Control and Depression Care measures, with thousands of patients needing improved care to meet statewide benchmarks.
- **Colorectal Cancer Screening:** Screening rates have increased for the newly eligible 45-49 age group. While the 2023 rate for all age groups has significantly increased compared to 2022, it remains significantly lower than 2021.
- **Payer-Reported Measures:** Breast Cancer Screening, Controlling High Blood Pressure, and Diabetes Eye Exams saw modest improvements, while Childhood and Adolescent Immunization rates declined.
- **Childhood Immunization Status:** The Childhood Immunization Status (Combo 10) measure has been showing significant decreases in statewide rates since 2020.

Health Care Disparities

- **Racial and Ethnic Gaps:** Black, Indigenous, and Hispanic/Latinx patients experienced the most disparities across multiple measures, particularly in Colorectal Cancer Screening.
- **Language and Country of Origin:** Patients speaking Hmong, Karen, Somali, and Spanish, as well as those from Laos, Mexico, and Somalia, had lower rates of preventive care and chronic disease management compared to statewide averages.

Health Care Costs and Utilization

- **Rising Costs:** The total cost of care increased by 8.4% in 2023, primarily driven by a 15.3% rise in pharmacy costs and higher outpatient hospital service utilization.
- **Service Utilization:** All categories of medical services saw increased use, except for inpatient admissions. Women aged 36-64 had the highest number of claims, while men aged 18-35 had the lowest number of claims.

SECTION 1: HEALTH CARE QUALITY

Measures Reported by Medical Groups

The quality measures are split into two categories – measures reported by medical groups and measures reported by payers.

This section covers the measures reported by medical groups, and includes four sets of analyses:

- **Benchmark Analysis.** This analysis provides a summary of the performance rates for the measurement year and includes achievable benchmark goals by measure. The benchmark provided is intended to illustrate an achievable target based on actual performance observed in the market. This information can be used by medical groups to understand their current performance relative to statewide performance and establish improvement goals aligned with benchmarks for each measure.
- **Rates Over Time.** These tables provide rates for each of the measures over five years as well as an indicator of significant changes compared to the previous year. This information can be used by community partners to prioritize health care improvement efforts.
- **Rate Variation by Three-Digit ZIP Code Region.** These tables assess the rates of each of the three-digit ZIP code regions across Minnesota and compares them to a re-calculated statewide rate that includes only Minnesota residents (Minnesota Resident Average). This information can be used by community partners, including local public health departments, to inform strategies to improve health care at the local level and to prioritize resources and interventions in the areas most in need.
- **Age Analysis for Colorectal Cancer Screening.** This special analysis for the Colorectal Cancer Screening measure examines the impact of expanding the eligible age range from 50–75 to 45–75 in 2022, focusing on screening rates among the 45–49 age group following the U.S. Preventive Services Task Force (USPSTF) recommendation.

MEASURES

- Colorectal Cancer Screening
- Optimal Asthma Control – Adults
- Optimal Asthma Control – Children
- Optimal Diabetes Care
  - *HbA1c Control*
  - *BP Control*
  - *Daily Aspirin Use*
  - *Statin Use*
  - *Tobacco-Free*
- Optimal Vascular Care
  - *BP Control*
  - *Daily Aspirin Use*
  - *Statin Use*
  - *Tobacco-Free*
- Adolescent Mental Health and/or Depression Screening
- Adult Depression Suite
  - *Follow-up at 6/12 Months*
  - *Response at 6/12 Months*
  - *Remission at 6/12 Months*
- Adolescent Depression Suite
  - *Follow-up at 6/12 Months*
  - *Response at 6/12 Months*
  - *Remission at 6/12 Months*

For more analyses of these measures, visit: **Performance Hub**

SECTION 1: HEALTH CARE QUALITY

Measures Reported by Medical Groups

KEY FINDINGS

Benchmark Analysis

- *For both the adult and child/adolescent measures, the Optimal Asthma Control and the PHQ-9/9M Utilization had the largest gaps between the respective statewide rates and the benchmark rates.*

Rates Over Time

- *Two of the Adult Depression measures had the largest increases in rates compared to 2022 – Follow-up at Six Months and 12 Months (3.9 percentage point and 5.3 percentage point increases, respectively).*
- *While the rates for the Daily Aspirin components for both the Optimal Diabetes Care and Optimal Vascular Care measures have remained high, both measures have seen significant decreases in rates over the last two years.*

Rate Variation by Three-Digit ZIP Code Region

- *The 567xx region (Thief River Falls area) had significantly lower rates on all five adult measures, while the 550xx (Stillwater area) and 553xx (Minnetonka area) regions had significantly higher rates on four out of five adult measures compared to the Minnesota Resident Average.*
- *Seven regions had significantly lower rates on two out of three child/adolescent measures, while four regions had significantly higher rates on two out of three measures compared to the Minnesota Resident Average.*

Age Analysis for Colorectal Cancer Screening

- *Since the change in eligible age range in 2022, the Colorectal Cancer Screening measure has remained significantly below the 2021 rate. However, the rate did significantly increase in 2023 compared to 2022 by almost three percentage points.*
- *Additional age analysis revealed that the screening rate for the 45-49 age group has increased since 2022 by almost 13 percentage points.*

For more analyses of these measures, visit: **Performance Hub**

STATEWIDE RESULTS

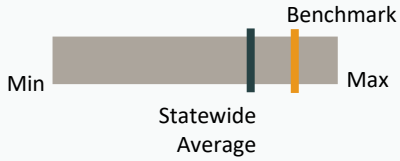
Adults

	QUALITY MEASURE	2023 Statewide Average	2023 Benchmark	Gap	Minimum	Maximum	Variation *Min/Statewide Average/Benchmark/Max*
Preventive Health & Chronic Conditions	Colorectal Cancer Screening	70.4%	75.3%	81,445	0.0%	79.8%	
	Optimal Asthma Control	51.4%	67.7%	25,387	0.0%	100.0%	
	Optimal Diabetes Care	46.3%	50.3%	14,533	14.3%	56.8%	
	Optimal Vascular Care	55.4%	55.4%	8,317	20.7%	69.1%	
Depression Care	PHQ-9/9M Utilization	79.0%	95.6%	27,755	0.0%	100.0%	
	Follow-up PHQ-9/9M at Six Months	51.1%	60.1%	9,446	0.0%	75.0%	
	Response at Six Months	18.8%	21.9%	3,930	0.0%	34.8%	
	Remission at Six Months	10.3%	12.7%	2,776	0.0%	21.4%	
	Follow-up PHQ-9/9M at 12 Months	49.7%	60.0%	10,111	3.8%	69.6%	
	Response at 12 Months	19.2%	24.2%	5,160	1.9%	33.6%	
	Remission at 12 Months	11.0%	13.4%	2,794	0.0%	21.4%	

DEFINITIONS & KEY

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 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.*



For the adult population, the Optimal Asthma Control and PHQ-9/9M Utilization measures have the largest gaps between the statewide average and the benchmark of the measure:

- *Over 25,000 patients with asthma would need to be added to the numerator of the Optimal Asthma Control measure to reach the benchmark goal of 67.7%.*
- *Over 27,000 patients with depression would need to be added to the numerator of the PHQ-9/9M Utilization measure to reach the benchmark goal of 95.6%.*

STATEWIDE RESULTS

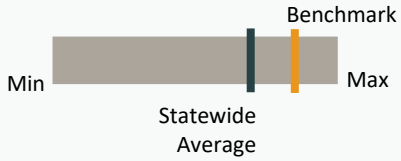
Children/Adolescents

	QUALITY MEASURE	2023 Statewide Average	2023 Benchmark	Gap	Minimum	Maximum	Variation *Min/Statewide Average/Benchmark/Max*
Preventive Health & Chronic Conditions	Optimal Asthma Control	53.9%	67.4%	8,697	0.0%	97.2%	
	Adolescent Mental Health and/or Depression Screening	92.8%	98.9%	10,066	0.0%	100.0%	
Depression Care	PHQ-9/9M Utilization	81.8%	100.0%	1,736	3.3%	100.0%	
	Follow-up PHQ-9/9M at Six Months	45.7%	56.9%	962	20.0%	73.9%	
	Response at Six Months	14.4%	19.3%	470	3.1%	25.4%	
	Remission at Six Months	7.5%	11.9%	433	0.0%	16.9%	
	Follow-up PHQ-9/9M at 12 Months	41.9%	53.3%	997	9.7%	65.1%	
	Response at 12 Months	14.7%	21.4%	628	2.9%	26.8%	
	Remission at 12 Months	7.3%	11.0%	361	0.0%	14.9%	

DEFINITIONS & KEY

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 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.*



Like the adult population, the Optimal Asthma Control and PHQ-9/9M Utilization measures for the child/adolescent population have the largest gaps between the statewide average and the benchmark:

- *Over 8,000 patients with asthma would need to be added to the numerator of the Optimal Asthma Control measure to reach the benchmark goal of 67.4%.*
- *Over 1,700 patients with depression would need to be added to the numerator of the PHQ-9/9M Utilization measure to reach the benchmark goal of 100%.*

RATES OVER TIME

Adults

Measure	2019	2020	2021	2022	2023
Colorectal Cancer Screening	73.2%	70.6% ▼	72.2% ▲	67.8% ▼	70.4% ▲
Optimal Asthma Control	53.4%	46.6% ▼	50.3% ▲	50.3%	51.4% ▲
PHQ-9/9M Utilization	77.6%	68.7% ▼	71.7% ▲	76.5% ▲	79.0% ▲
Depression: Follow-up PHQ-9/ 9M at Six Months	48.5%	47.9% ▼	45.3% ▼	47.3% ▲	51.1% ▲
Depression: Response at Six Months	19.4%	18.9% ▼	18.1% ▼	17.9%	18.8% ▲
Depression: Remission at Six Months	11.3%	11.0%	10.3% ▼	10.1%	10.3%
Depression: Follow-up PHQ-9/ 9M at 12 Months	41.8%	39.6% ▼	43.9% ▲	44.4%	49.7% ▲
Depression: Response at 12 Months	17.0%	16.5% ▼	18.1% ▲	17.4% ▼	19.2% ▲
Depression: Remission at 12 Months	10.1%	9.9%	10.6% ▲	10.1% ▼	11.0% ▲
Optimal Diabetes Care (Composite)	45.4%	40.6% ▼	43.6% ▲	44.6% ▲	46.3% ▲
HbA1c Control	70.2%	67.2%	70.5% ▲	71.8% ▲	73.5% ▲
Blood Pressure Control	83.0%	76.0% ▼	79.0% ▲	79.7% ▲	81.0% ▲
Statin Use	88.3%	87.4% ▼	87.9% ▲	88.0%	88.0%
Daily Aspirin Use	99.3%	99.1% ▼	99.1%	98.7% ▼	98.6% ▼
Tobacco-free	84.2%	84.0%	84.1%	84.6% ▲	84.9% ▲
Optimal Vascular Care (Composite)	60.3%	53.8% ▼	56.5% ▲	55.3% ▼	55.4%
Blood Pressure Control	83.8%	76.9% ▼	79.9% ▲	80.5% ▲	81.6% ▲
Statin Use	91.6%	90.9% ▼	91.5% ▲	91.4%	91.7% ▲
Daily Aspirin Use	90.9%	88.0% ▼	89.8% ▲	87.3% ▼	86.3% ▼
Tobacco-free	82.5%	82.0% ▼	82.4% ▲	82.4%	82.4%

▲ Significantly higher than previous year
▼ Significantly lower than previous year

NOTE: We urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

RATES OVER TIME

Children/Adolescents

Measure	2019	2020	2021	2022	2023
Optimal Asthma Control	58.3%	56.0% ▼	56.2%	53.5% ▼	53.9%
Adolescent Mental Health and/or Depression Screening	88.7%	89.8% ▲	91.2% ▲	92.0% ▲	92.8% ▲
PHQ-9/9M Utilization	79.3%	72.2% ▼	75.5% ▲	81.6% ▲	81.8%
Depression: Follow-up PHQ-9/ 9M at Six Months	43.4%	45.5% ▲	42.7% ▼	45.4% ▲	45.7%
Depression: Response at Six Months	15.5%	16.5%	14.3% ▼	14.2%	14.4%
Depression: Remission at Six Months	8.0%	8.5%	7.4% ▼	7.0%	7.5%
Depression: Follow-up PHQ-9/ 9M at 12 Months	38.9%	35.6% ▼	40.1% ▲	38.9%	41.9% ▲
Depression: Response at 12 Months	14.5%	13.2% ▼	13.3%	13.6%	14.7%
Depression: Remission at 12 Months	7.8%	7.0%	7.0%	6.9%	7.3%

▲ Significantly higher than previous year
▼ Significantly lower than previous year

NOTE: We urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

SUMMARY OF RATE VARIATION BY THREE-DIGIT ZIP CODE

Adults

Three-Digit ZIP Code	Major City	CRC	OAC	ODC	OVC	Remiss 6M
Minnesota Resident Average*		**70.6%**	**51.7%**	**46.5%**	**56.0%**	**10.2%**
550xx	Stillwater	71.6% ▲	55.9% ▲	48.8% ▲	58.6% ▲	10.6%
551xx	St. Paul	70.3% ▼	54.9% ▲	48.1% ▲	60.3% ▲	9.5%
553xx	Minnetonka	71.2% ▲	54.7% ▲	49.0% ▲	59.2% ▲	9.6%
554xx	Minneapolis	67.5% ▼	51.6%	43.6% ▼	55.5%	8.5% ▼
556xx	Two Harbors	68.0% ▼	28.1% ▼	40.3% ▼	56.9%	10.4%
557xx	Cloquet	72.1% ▲	51.5%	44.2% ▼	55.6%	12.1% ▲
558xx	Duluth	72.9% ▲	47.6% ▼	45.8%	56.7%	12.6% ▲
559xx	Rochester	73.4% ▲	52.1%	49.2% ▲	52.2% ▼	14.1% ▲
560xx	Mankato	71.0% ▲	50.0% ▼	46.4%	53.3% ▼	11.5% ▲
561xx	Windom	64.0% ▼	22.6% ▼	42.7% ▼	48.4% ▼	9.1%
562xx	Willmar	74.0% ▲	42.3% ▼	47.4%	52.5% ▼	8.0% ▼
563xx	St. Cloud	74.0% ▲	53.6% ▲	47.1%	53.1% ▼	6.2% ▼
564xx	Brainerd	72.7% ▲	48.1% ▼	44.5% ▼	54.1% ▼	15.1% ▲
565xx	Detroit Lakes	67.4% ▼	43.2% ▼	42.7% ▼	49.7% ▼	11.9% ▲
566xx	Bemidji	67.9% ▼	28.5% ▼	35.6% ▼	45.2% ▼	10.4%
567xx	Thief River Falls	68.5% ▼	12.3% ▼	44.2% ▼	48.8% ▼	7.2% ▼

▲ Significantly higher than Minnesota Resident Average
▼ Significantly lower than Minnesota Resident Average
* Minnesota Resident Average is a recalculated statewide average that includes only patients with a Minnesota ZIP code as their residence.

CRC = Colorectal Cancer Screening
OAC = Optimal Asthma Control
ODC = Optimal Diabetes Care
OVC = Optimal Vascular Care
Remiss 6M = Depression Care: Remission at Six Months

To view interactive maps by measure, visit: **Performance Hub**

SUMMARY OF RATE VARIATION BY THREE-DIGIT ZIP CODE

Children/Adolescents

Three-Digit ZIP Code	Major City	OAC	AMH	Remiss 6M
Minnesota Resident Average*		**53.9%**	**93.4%**	**7.5%**
550xx	Stillwater	56.6% ▲	95.1% ▲	6.5%
551xx	St. Paul	58.1% ▲	94.2% ▲	5.3% ▼
553xx	Minnetonka	59.4% ▲	94.8% ▲	7.2%
554xx	Minneapolis	54.6%	91.8% ▼	5.8%
556xx	Two Harbors	36.7% ▼	87.2% ▼	4.7%
557xx	Cloquet	56.1%	93.2%	6.0%
558xx	Duluth	55.8%	93.1%	8.3%
559xx	Rochester	54.0%	95.1% ▲	13.1% ▲
560xx	Mankato	49.7% ▼	92.4% ▼	8.7%
561xx	Windom	15.0% ▼	79.6% ▼	8.9%
562xx	Willmar	40.4% ▼	91.7% ▼	6.7%
563xx	St. Cloud	54.3%	96.3% ▲	5.6%
564xx	Brainerd	43.6% ▼	95.2% ▲	6.3%
565xx	Detroit Lakes	47.4% ▼	87.8% ▼	9.4%
566xx	Bemidji	30.2% ▼	88.5% ▼	6.8%
567xx	Thief River Falls	10.5% ▼	63.7% ▼	6.4%

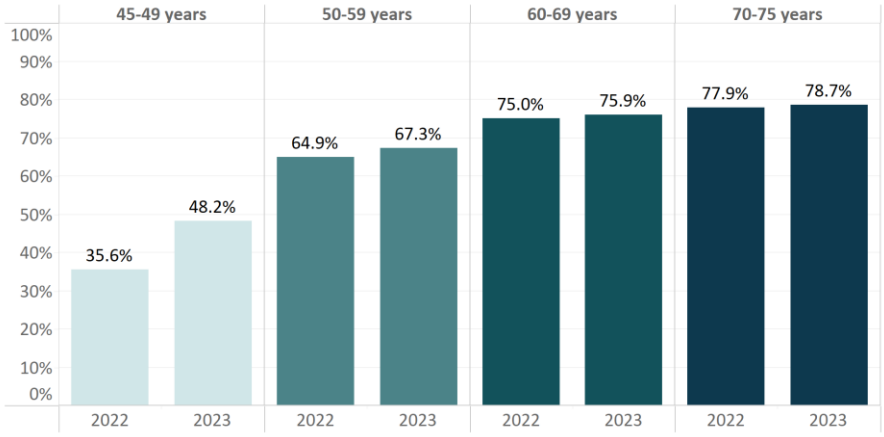
▲ Significantly higher than Minnesota Resident Average
▼ Significantly lower than Minnesota Resident Average
* Minnesota Resident Average is a recalculated statewide average that includes only patients with a Minnesota ZIP code as their residence.

OAC = Optimal Asthma Control
AMH = Adolescent Mental Health and/or Depression Screening
Remiss 6M = Depression Care: Remission at Six Months

To view interactive maps by measure, visit: **Performance Hub**

COLORECTAL CANCER SCREENING

Spotlight



COMMUNITY INSIGHTS

Enhancing Early Detection: Colorectal Cancer Screening for Ages 45-49

Matt Flory

Associate Director – State Partnerships, American Cancer Society (ACS)

In 2022, the U.S. Preventive Services Task Force (USPSTF) updated Colorectal Cancer Screening recommendations to include 45-49-year-olds. As a result, the National Committee of Quality Assurance (NCQA) expanded the eligible age range from 50-75 to 45-75.

Understanding the Change in Screening Age

In recent years, colorectal cancer has notably increased in individuals aged 40-50. In fact, colorectal cancer has emerged as the number one cause of cancer-related deaths in men under the age of 50 and the second leading cause in women under 50. This trend underscores the need for targeted awareness among health care providers and their patients to improve screening rates and promote early detection. Encouragingly, Minnesota has demonstrated progress in screening for this age group, surpassing the national screening average of 20%. As shown above, the screening rate for individuals in Minnesota has increased by nearly 13 percentage points since 2022.

Strategies to Improve Screening for Ages 45-49

While the screening rate for this age group is above the national average and continues to improve over time, the rates are still well-below the rates of the other age groups. Fortunately, there are resources available to promote earlier screening, including guides and toolkits developed by ACS and the National Colorectal Cancer Roundtable (NCCRT):

- Colorectal Cancer Screening Guidelines: *ACS-recommended guidelines*.
- 2023 Lead Time Messaging Guidebook: *Shares focus-group tested messages to promote earlier screening.*
- Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices: *Provides evidence-based strategies to improve screening for primary care providers.*

SECTION 2: HEALTH CARE QUALITY

Measures Reported by Payers

This section covers the measures reported by payers, and includes two sets of analyses:

- **Benchmark Analysis.** This analysis provides a summary of the performance rates for the measurement year and includes achievable benchmark goals by measure. The benchmark provided is intended to illustrate an achievable target based on actual performance observed in the market. This information can be used by medical groups to understand their current performance relative to statewide performance and establish improvement goals aligned with benchmarks for each measure.
- **Rates Over Time.** These tables provide rates for each of the measures over five years as well as an indicator of significant changes compared to the previous year. This information can be used by community partners to prioritize health care improvement efforts.

MEASURES

- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status (Combo 10)
- Chlamydia Screening in Women
- Immunizations for Adolescents (Combo 2)
- 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

KEY FINDINGS

Benchmark Analysis

- *For the preventive health measures, the Cervical Cancer Screening measure had the largest gap between the statewide rate and the benchmark rate, with almost 45,000 more patients with an up-to-date screening needed to achieve the benchmark.*
- *For the acute and chronic conditions measures, the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure had the largest gap between the statewide rate and the benchmark rate, with over 5,000 more patients appropriately not being prescribed an antibiotic needed to achieve the benchmark.*

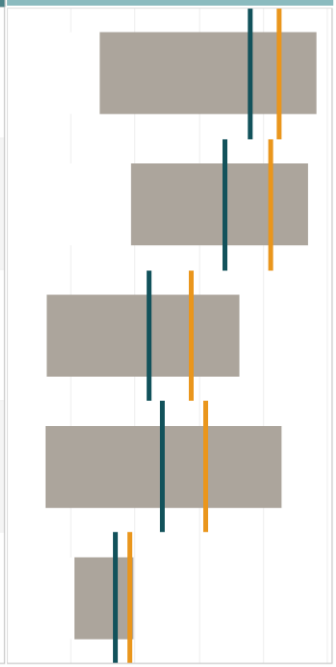
Rates Over Time

- *For the preventive health measures, the Breast Cancer Screening measure had the largest increase in rate compared to 2022 (1.0 percentage point increase).*
- *For the acute and chronic conditions measures, the largest increase from 2022 occurred in the Use of Spirometry Testing in the Assessment and Diagnosis of COPD (2.4 percentage point increase).*
- *The Childhood Immunization Status (Combo 10) has continued to significantly decrease over the last few years. A possible explanation for this decrease is a lower uptake in annual influenza immunization in recent years. See Community Insights section on page 18 for more information.*

STATEWIDE RESULTS

Preventive Health

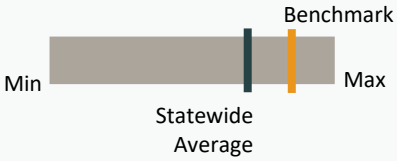
QUALITY MEASURE	2023 Statewide Average	2023 Benchmark	Gap	Minimum	Maximum	Variation *Min/Statewide Average/Benchmark/Max*
Breast Cancer Screening	75.8%	85.0%	30,950	28.8%	96.6%	
Cervical Cancer Screening	68.0%	82.1%	44,874	38.6%	93.8%	
Childhood Immunization Status (Combo 10)	44.4%	57.5%	3,467	12.5%	72.5%	
Chlamydia Screening in Women	48.4%	62.2%	13,851	11.9%	85.7%	
Immunizations for Adolescents (Combo 2)	34.0%	38.4%	952	21.2%	39.5%	



DEFINITIONS & KEY

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 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.*



This table provides an overview of the statewide rates by preventive health measures and identifies an achievable goal for quality care through the benchmark rate:

- *Cervical Cancer Screening had the largest gap between the statewide average and the benchmark measure. Almost 45,000 patients would need to be added to the numerator to reach the benchmark goal of 83.1%.*
- *Immunizations for Adolescent (Combo 2) had the smallest gap needing just over 950 patients added to the numerator to reach the benchmark goal of 38.4%.*

STATEWIDE RESULTS

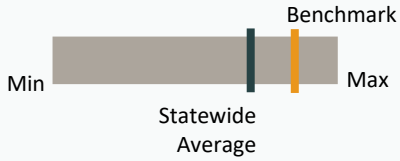
Acute & Chronic Conditions

QUALITY MEASURE	2023 Statewide Average	2023 Benchmark	Gap	Minimum	Maximum	Variation *Min/Statewide Average/Benchmark/Max*
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	65.0%	88.1%	5,011	19.4%	100.0%	
Controlling High Blood Pressure	72.5%	80.5%	18,070	28.2%	89.0%	
Diabetes Eye Exam	61.1%	67.6%	11,772	33.3%	100.0%	
Follow-up Care for Children Prescribed ADHD Medication	39.0%	43.6%	184	12.8%	75.8%	
Osteoporosis Management in Women who had a Fracture	30.5%	36.7%	182	15.9%	44.8%	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	30.6%	39.4%	671	17.0%	52.4%	

DEFINITIONS & KEY

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 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.*



This table provides an overview of the statewide rates by acute and chronic conditions measures and identifies an achievable goal for quality care through the benchmark rate:

- *Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis had the largest gap between the statewide average and the benchmark for the measure. Over 5,000 patients would need to be added to the numerator to reach the benchmark goal of 88.1%.*
- *Follow-up Care for Children Prescribed ADHD Medication has the smallest gap needing 184 patients added to the numerator to reach the benchmark goal of 43.6%.*

RATES OVER TIME

Measure	2019	2020	2021	2022	2023
Breast Cancer Screening	-	72.2% ▼	72.6% ▲	74.8% ▲	75.8% ▲
Cervical Cancer Screening	-	64.5% ▼	70.2% ▲	68.8%	68.0%
Childhood Immunization Status (Combo 10)	-	56.8%	53.0% ▼	48.1% ▼	44.4% ▼
Chlamydia Screening in Women	51.2% ▼	44.7% ▼	47.7% ▲	48.7% ▲	48.4%
Immunizations for Adolescents (Combo 2)	-	33.3%	36.4% ▲	35.8% ▼	34.0% ▼
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	-	57.8%	59.3%	66.8% ▲	65.0% ▼
Controlling High Blood Pressure	-	62.3%	70.2% ▲	71.0%	72.5% ▲
Diabetes Eye Exam	-	56.4% ▼	59.7% ▲	60.3% ▲	61.1% ▲
Follow-up Care for Children Prescribed ADHD Medication	-	38.8%	38.8%	39.3%	39.0%
Osteoporosis Management in Women Who Had a Fracture	-	20.1% ▼	29.9% ▲	28.3%	30.5%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	-	33.0% ▼	29.9% ▼	28.2% ▼	30.6% ▲

▲ Significantly higher than previous year
▼ Significantly lower than previous year

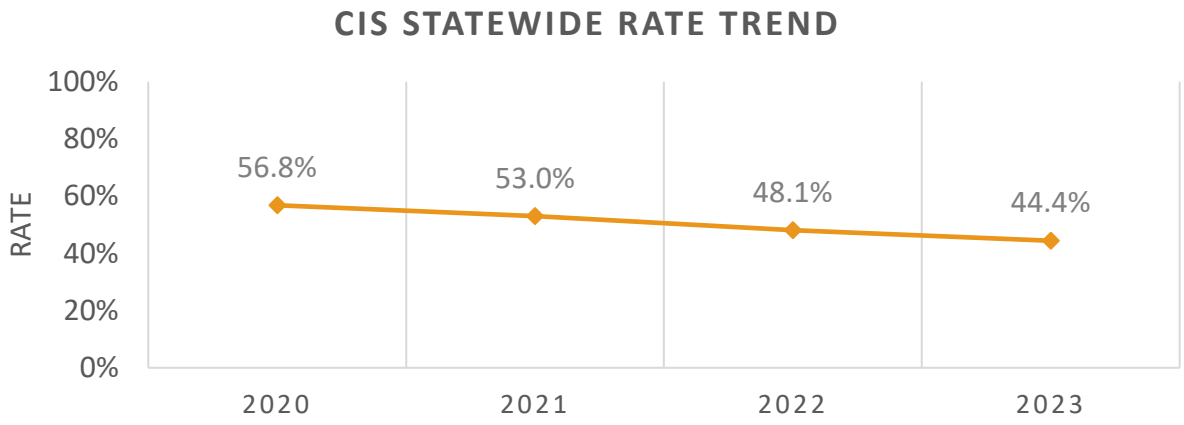
"-" data not available for this year and/or significant measure change.

NOTES REGARDING COVID-19 PANDEMIC:

- We urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.
- Because of interruptions, rates for 2019 were not available for any of the measures included in this report, except for Chlamydia Screening in Women.

CHILDHOOD IMMUNIZATION STATUS (CIS)

Spotlight



COMMUNITY INSIGHTS

Childhood Immunization Rates: Addressing The Flu Vaccine Gap

Dr. Steven Inman

Medical Director, Children's Health Network

The Children's Health Network (CHN) continuously monitors immunization rates to ensure the highest standards of pediatric care. Over the past several years, CHN has observed a steady trend in immunization rates, with one major exception: the flu vaccine.

Understanding the Decline

At CHN, while most vaccines in the Childhood Immunization Status (Combo 10) measure have seen slight increases from 2022 to 2024, flu vaccine uptake has decreased. Vaccine hesitancy, often cited as a major concern, does not appear to be the primary driver of this decline. Most childhood vaccines have maintained stable rates despite growing hesitancy, suggesting other factors at play for the decline in flu immunization.

Strategies for Success

Despite the overall dip, some CHN clinics have managed to achieve flu vaccination rates of 70% or higher. The common thread among these high-performing clinics is their commitment to accessibility and convenience for families:

- **Extended Clinic Hours:** Offering night, weekend, and regular workday flu clinics makes it easier for families to get vaccinated.
- **Staffing Support:** Utilizing outside nursing agencies, such as Heartland Home and UCare Mobile, helps to host after-hours "Flu and COVID Vaccine Clinics" while preventing burnout among regular clinic staff.
- **Parental Convenience:** Allowing parents to receive their flu vaccine alongside their child to increase convenience for families.
- **Effective Communication:** Sending email and text reminders to entire clinic patient lists ensures timely awareness and action.

SECTION 3: HEALTH CARE DISPARITIES

Stratification by Race, Ethnicity, Language, and Country of Origin (RELC) is available for measures reported by medical groups. This stratification provides a more granular view into where gaps in care exist, enabling community partners to implement data-driven strategies to reduce disparities.

There are three sets of analyses in this section for the medical group reported quality measures:

- **Stratification of statewide rates by Race/Ethnicity.** These snapshots provide an analysis for measures in which there is a significant gap between the rate of the race/ethnicity group and the statewide rate. The analysis describes how many additional patients within the race/ethnicity group would need to be added to the numerator to eliminate the disparity.
- **Stratification of statewide rates by Preferred Language.** The top five languages with the largest populations of patients across the measures are included. For the 2023 measurement year, the languages are: English, Hmong, Karen, Somali, and Spanish.
- **Stratification of statewide rates by Country of Origin.** The top five countries with the largest populations of patients across the measures are included. For the 2023 measurement year, the countries are: Laos, Mexico, Somalia, Thailand, and the United States.

KEY FINDINGS

Race/Ethnicity

- *The Colorectal Cancer Screening measure had the largest gaps in rates between the statewide rate and the rates of each of the race groups.*
- *Black patients in Minnesota had the highest number of significant disparities (13 out of 18 measures).*

Preferred Language

- *Adults who speak Hmong, Karen, Somali or Spanish had significant disparities on three out of five measures. However, Hmong-speakers had a significantly higher rate of Optimal Vascular Care. English-speakers had significantly higher rates of Colorectal Cancer Screening and Optimal Diabetes Care.*
- *Adolescents who speak Somali or Spanish had significantly lower rates of Adolescent Mental Health and/or Depression Screening, while those English- and Karen-speakers had significantly higher rates compared to the statewide rate.*

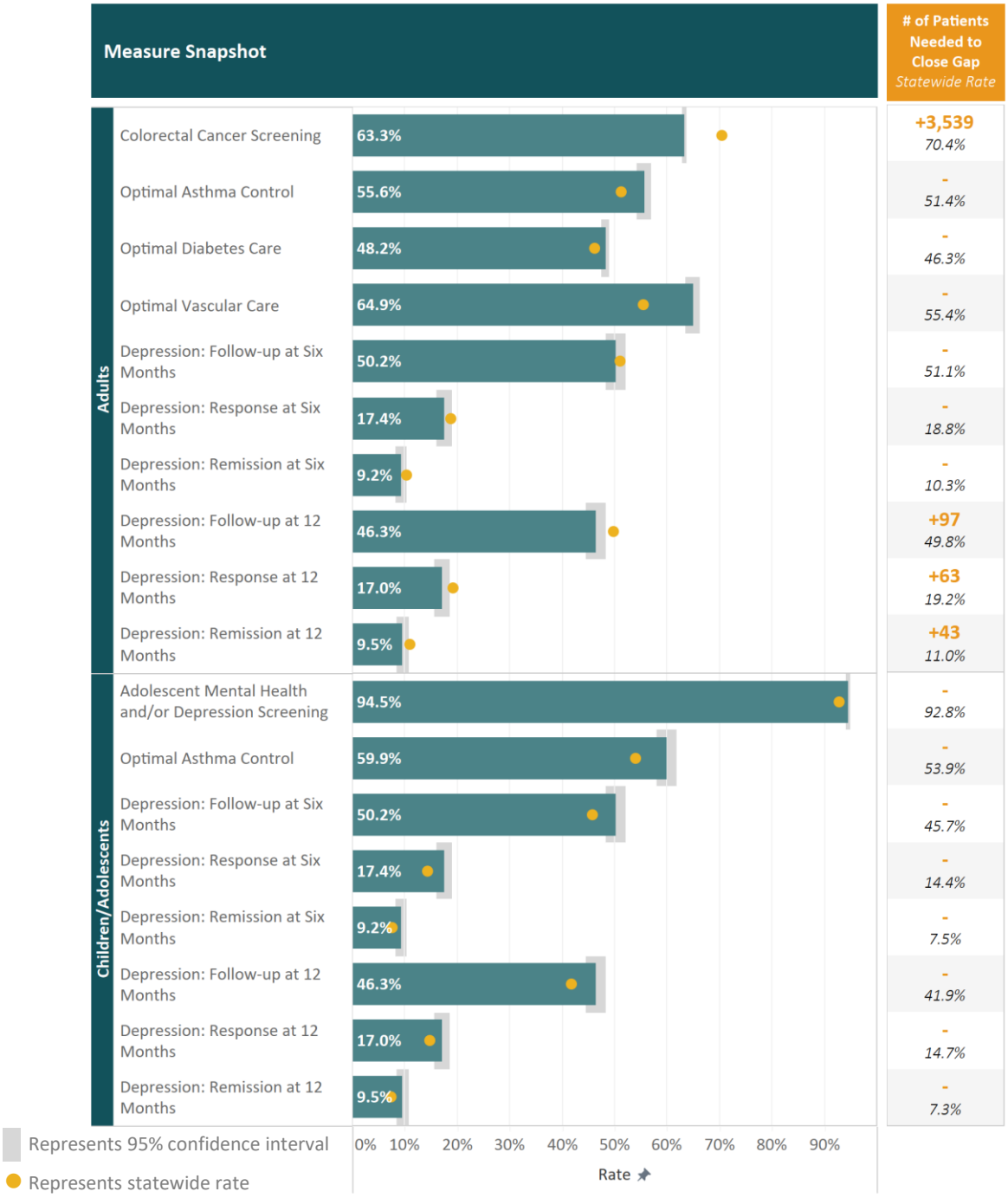
Country of Origin

- *Adults from Laos, Mexico, and Somalia had significant disparities on three out of five measures.*
- *Adolescents from Mexico and Somalia had significantly lower rates of Adolescent Mental Health and/or Depression Screening compared to the statewide rate.*

For more demographic analyses, visit: **Performance Hub**

ASIAN PATIENTS

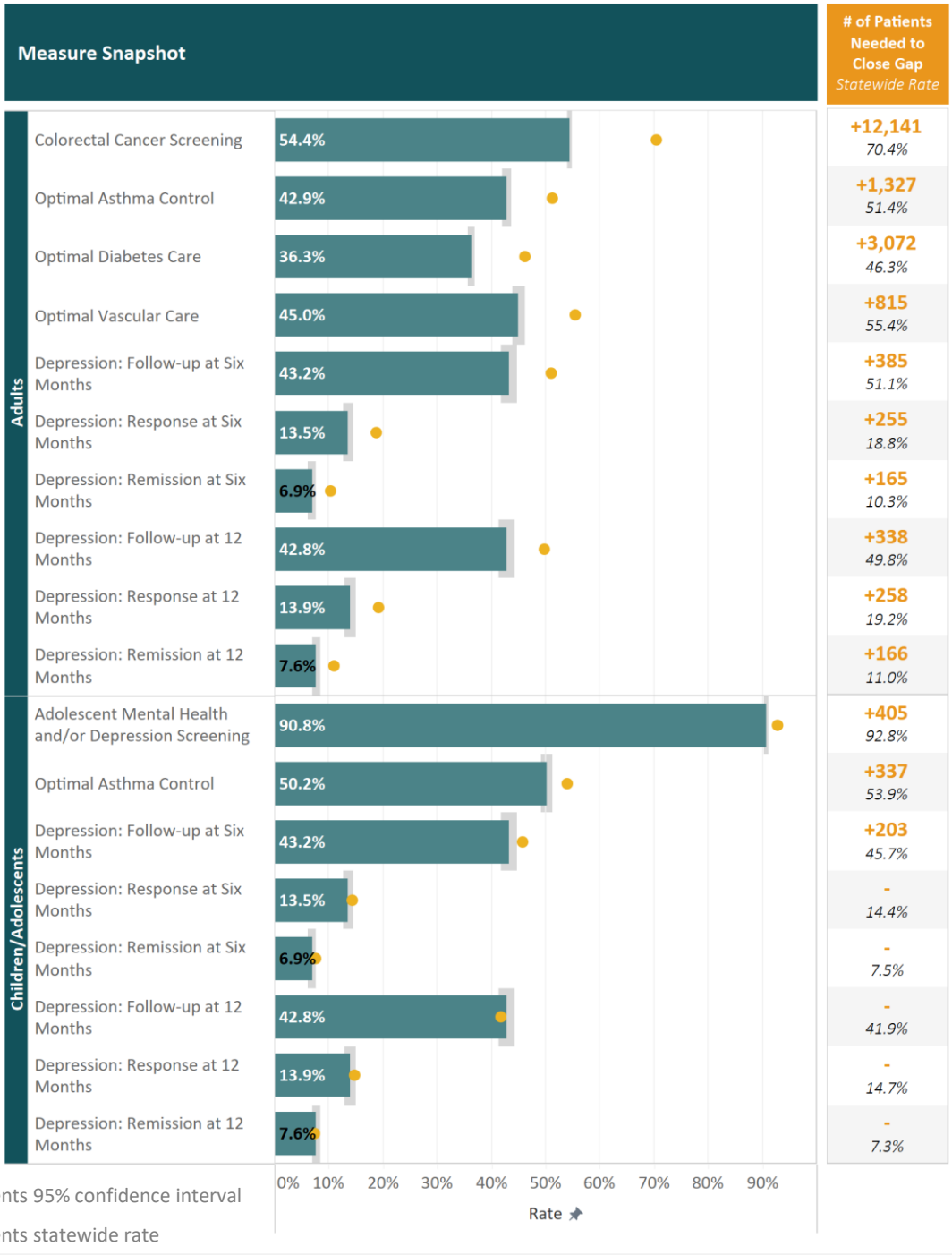
Measure Snapshot



For Asian patients in Minnesota, significant gaps exist for three out of 18 measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; just over 3,500 more eligible patients who are Asian would need to have an up-to-date screening to eliminate the disparity.

BLACK PATIENTS

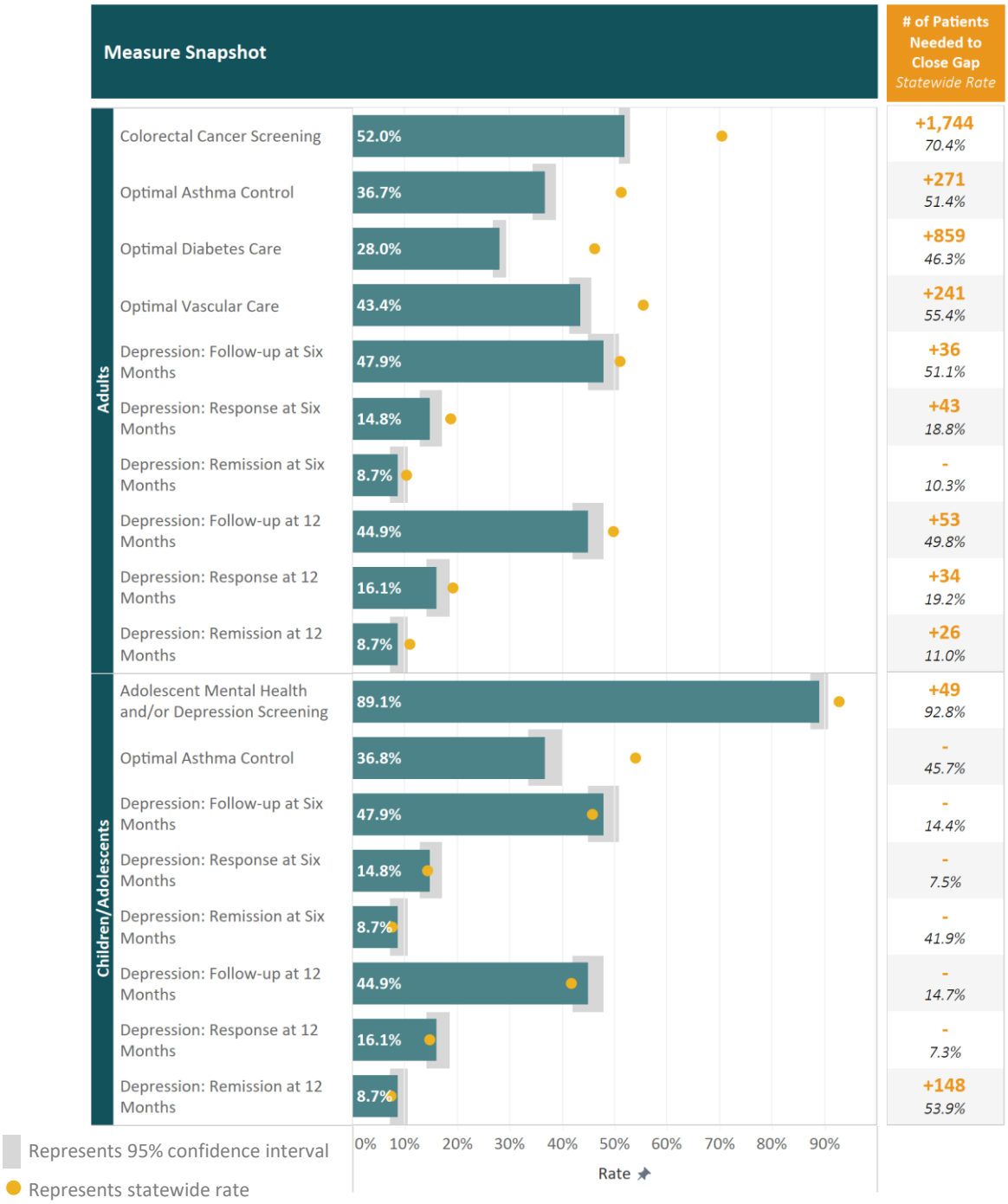
Measure Snapshot



For Black patients in Minnesota, significant gaps exist for 13 out of 18 measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; just over 12,000 more eligible patients who are Black would need to have an up-to-date screening to eliminate the disparity.

INDIGENOUS/NATIVE PATIENTS

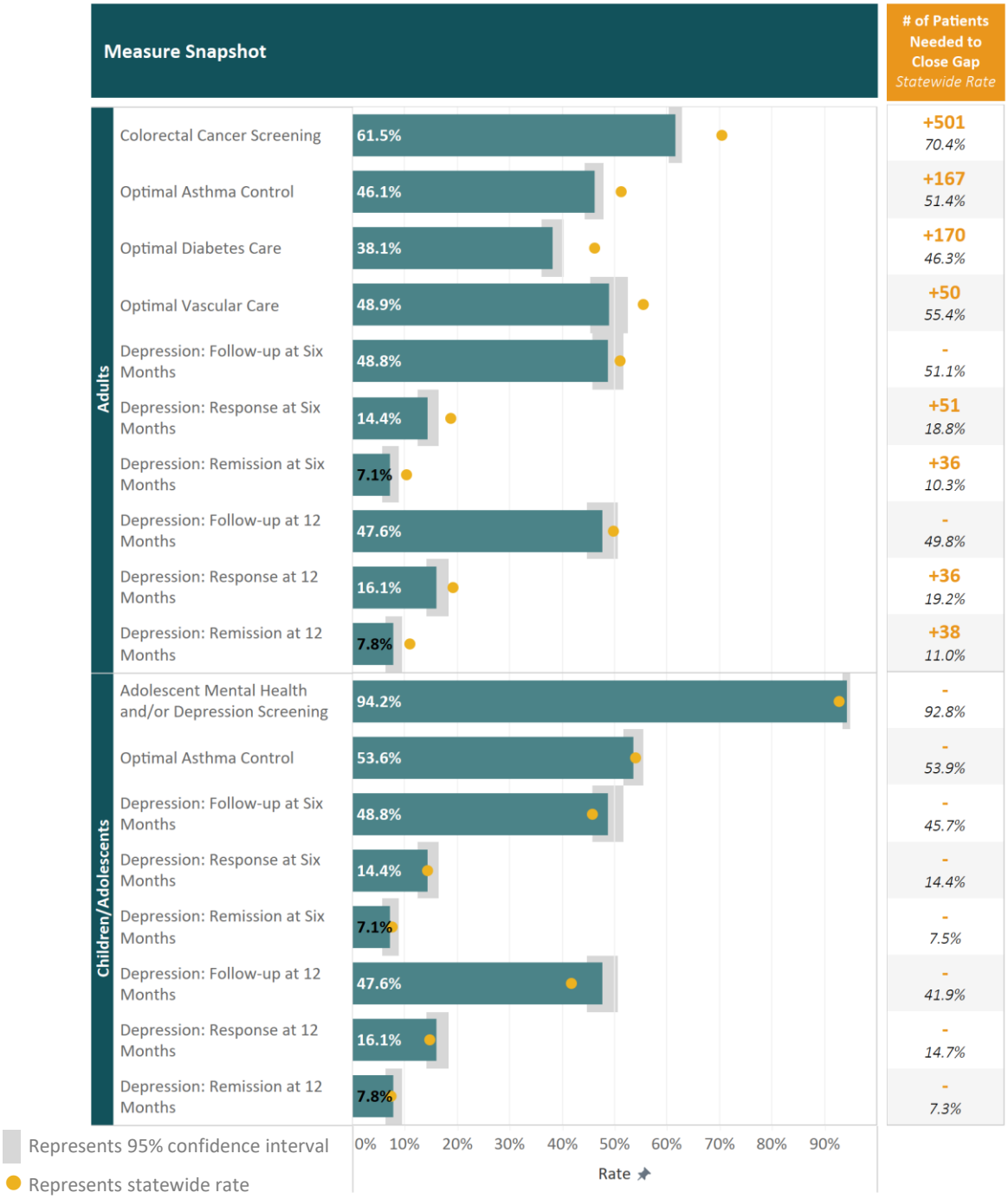
Measure Snapshot



For Indigenous patients in Minnesota, significant gaps exist for 11 out of 18 measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; just over 1,700 more eligible patients who are Indigenous would need to have an up-to-date screening eliminate the disparity.

MULTI RACIAL PATIENTS

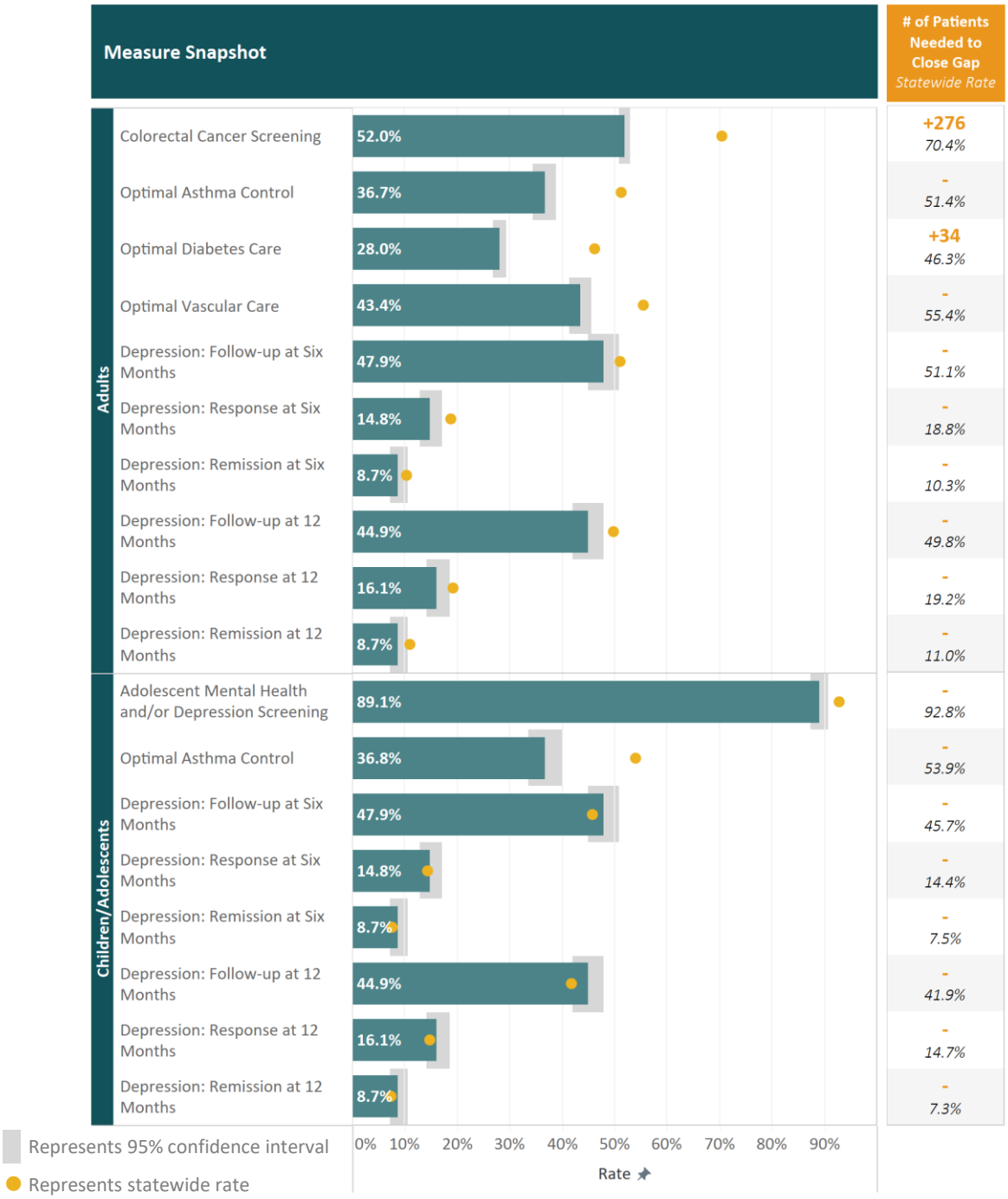
Measure Snapshot



For Multi Racial patients in Minnesota, significant gaps exist for eight out of 18 measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; just over 500 more eligible patients who are Multi Racial would need to have an up-to-date screening to eliminate the disparity.

NATIVE HAWAIIAN PATIENTS

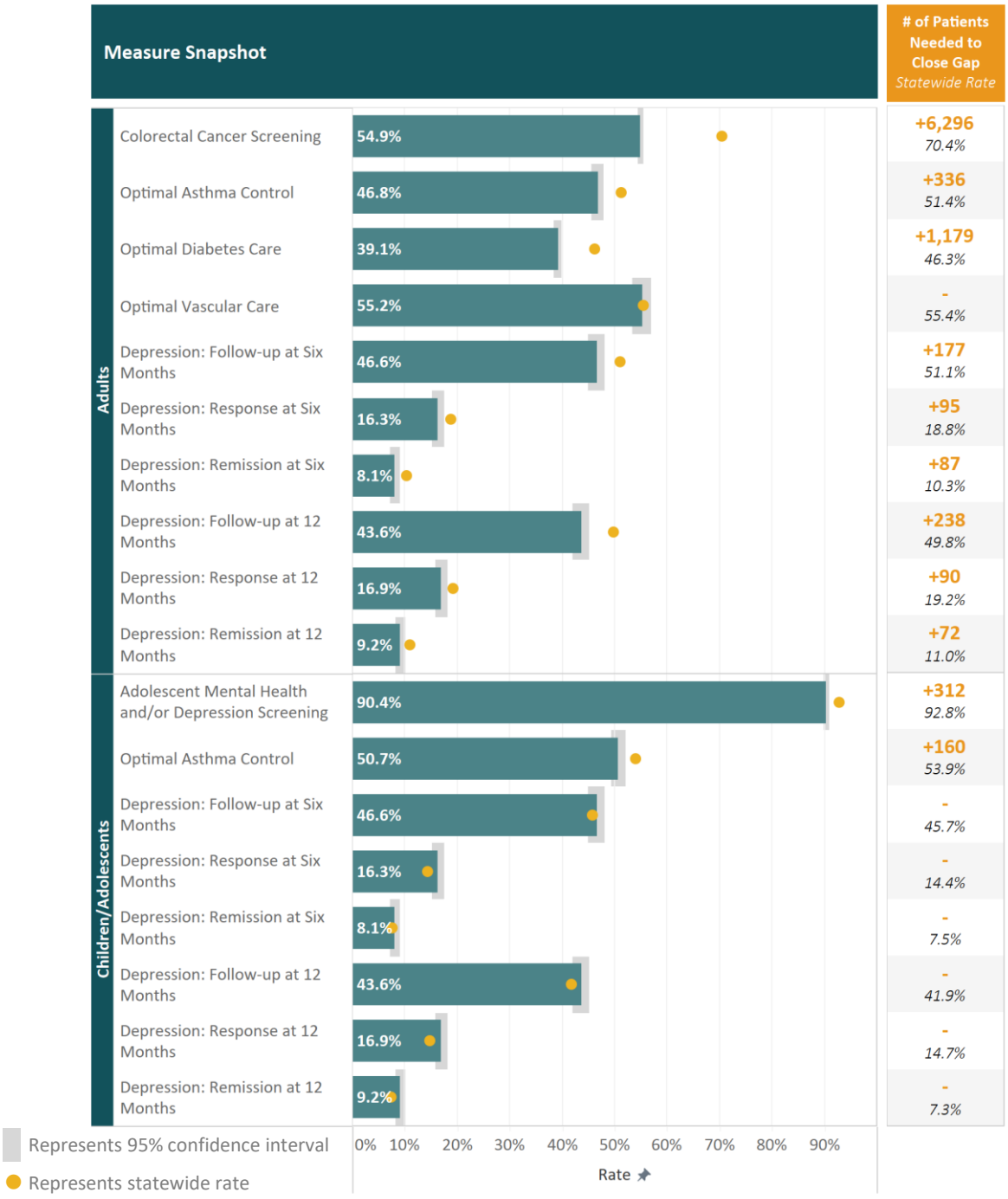
Measure Snapshot



For Native Hawaiian patients in Minnesota, significant gaps exist for two out of 18 quality measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; nearly 300 eligible patients who are Native Hawaiian would need to have an up-to-date screening to eliminate the disparity.

HISPANIC/LATINX PATIENTS

Measure Snapshot

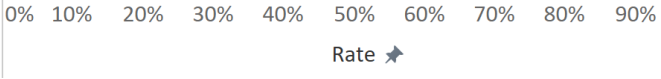


For Hispanic/Latinx patients in Minnesota, significant gaps exist for 11 out of 18 quality measures compared to the statewide rates. The largest gap occurred in the Colorectal Cancer Screening measure; over 6,000 eligible patients who are Hispanic/Latinx would need to have an up-to-date screening to eliminate the disparity.

STATEWIDE RATES BY PREFERRED LANGUAGE

Adults

Measure	Language	Denominator	
Colorectal Cancer Screening	STATEWIDE	1,626,453	70.4%
	English	601,224	73.0%
	Hmong	1,418	47.6%
	Karen	346	53.8%
	Somali	3,190	32.1%
	Spanish	4,990	48.5%
Optimal Asthma Control	STATEWIDE	153,820	51.4%
	English	150,479	51.5%
	Hmong	91	37.4%
	Karen	178	47.8%
	Somali	702	43.2%
	Spanish	1,018	40.7%
Optimal Diabetes Care	STATEWIDE	342,704	46.3%
	English	319,243	46.7%
	Hmong	1,965	36.9%
	Karen	857	33.5%
	Somali	3,331	41.1%
	Spanish	7,780	36.9%
Optimal Vascular Care	STATEWIDE	195,962	55.4%
	English	190,757	55.3%
	Hmong	661	65.2%
	Karen	156	46.8%
	Somali	490	54.7%
	Spanish	1,069	55.2%
Depression: Remission at Six Months	STATEWIDE	88,539	10.3%
	English	85,494	10.4%
	Hmong	360	7.5%
	Karen	176	14.8%
	Somali	127	11.0%
	Spanish	685	9.1%



Represents 95% confidence interval

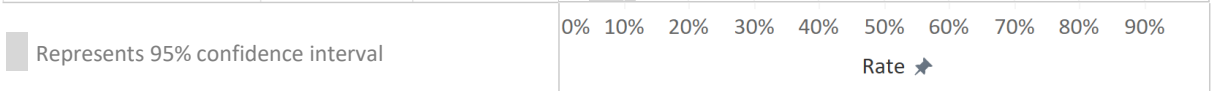
For the adult measures, patients who speak Hmong, Karen, Somali or Spanish had significantly lower rates compared to the statewide rate on three of the five measures.

Patients who speak Hmong had a significantly higher rate of Optimal Vascular Care, and patients who speak English had significantly higher rates of Colorectal Cancer Screening and Optimal Diabetes Care compared to the respective statewide rates.

STATEWIDE RATES BY PREFERRED LANGUAGE

Children/Adolescents

Measure	Language	Denominator	
Adolescent Mental Health and/or Depression Screening	STATEWIDE	164,590	92.8%
	English	149,884	93.2%
	Hmong	645	91.6%
	Karen	745	96.6%
	Somali	3,432	88.7%
	Spanish	5,880	87.4%
Optimal Asthma Control	STATEWIDE	61,865	53.9%
	English	58,055	54.1%
	Hmong	59	40.7%
	Karen	282	53.5%
	Somali	989	50.2%
	Spanish	1,511	50.5%
Depression: Remission at Six Months	STATEWIDE	10,839	7.5%
	English	10,356	7.6%
	Spanish	223	7.6%



Among children and adolescents, patients who speak Somali or Spanish had significantly lower rates for both Adolescent Mental Health and/or Depression Screening and Optimal Asthma Control compared to the statewide rate.

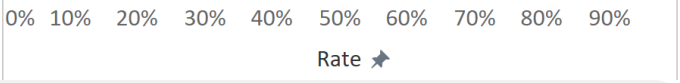
Patients who speak Hmong also had lower rates of Optimal Asthma Control compared to the statewide rate. However, patients who speak Karen or English had significantly higher rates of Adolescent Mental Health and/or Depression Screening compared to the statewide rate.

NOTE: The number of patients who speak Hmong, Karen or Somali did not meet the public reporting threshold of at least 30 patients for the Depression: Remission at Six Months measure. As a result, the rates for these patients were removed from the chart.

STATEWIDE RATES BY COUNTRY OF ORIGIN

Adults

Measure	Country	Denominator	
Colorectal Cancer Screening	STATEWIDE RATE	1,626,453	70.4%
	Laos	1,972	53.1%
	Mexico	3,353	53.5%
	Somalia	3,618	34.5%
	Thailand	330	58.8%
	United States	503,180	74.3%
Optimal Asthma Control	STATEWIDE RATE	153,820	51.4%
	Laos	131	42.0%
	Mexico	756	45.1%
	Somalia	1,031	38.2%
	Thailand	210	48.6%
	United States	136,082	51.4%
Optimal Diabetes Care	STATEWIDE RATE	342,704	46.3%
	Laos	3,019	39.9%
	Mexico	6,302	36.5%
	Somalia	4,419	38.5%
	Thailand	604	36.3%
	United States	282,871	46.5%
Optimal Vascular Care	STATEWIDE RATE	195,962	55.4%
	Laos	1,132	67.9%
	Mexico	856	53.0%
	Somalia	647	55.3%
	Thailand	120	55.8%
	United States	177,388	55.0%
Depression: Remission at Six Months	STATEWIDE RATE	88,539	10.3%
	Laos	339	7.7%
	Mexico	511	8.0%
	Somalia	227	7.5%
	Thailand	114	7.0%
	United States	75,013	10.4%



Represents 95% confidence interval

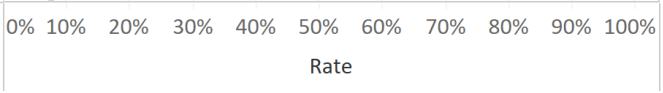
Among the adult measures, patients from Laos, Mexico, and Somalia had significantly lower rates compared to the statewide rate on three of the five measures displayed here.

Patients from Laos had a significantly higher rate of Optimal Vascular Care, and patients from the United States had a significantly higher rate of Colorectal Cancer Screening compared to the respective statewide rates.

STATEWIDE RATES BY COUNTRY OF ORIGIN

Children/Adolescents

Measure	Country	Denominator	
Adolescent Mental Health and/or Depression Screening	STATEWIDE RATE	164,590	92.8%
	Laos	52	96.2%
	Mexico	378	84.7%
	Somalia	614	89.4%
	Thailand	468	94.9%
	United States	142,579	93.3%
Optimal Asthma Control	STATEWIDE RATE	61,865	53.9%
	Mexico	74	43.2%
	Somalia	122	51.6%
	Thailand	78	55.1%
	United States	56,259	54.4%
Depression: Remission at Six Months	STATEWIDE RATE	10,839	7.5%
	United States	9,504	7.6%



Represents 95% confidence interval

Among children/adolescents, patients from Mexico and Somalia had significantly lower rates of Adolescent Mental Health and/or Depression Screening compared to the statewide rate.

Patients from the United States had significantly higher rates of Adolescent Mental Health and/or Depression Screening compared to the statewide rate.

NOTE: The number of patients from Mexico, Somalia, and Laos did not meet the public reporting threshold of at least 30 patients for the Depression: Remission at Six Months measure and/or the Optimal Asthma Control measure. As a result, the rates for these patients were removed from the chart.

BRIDGING THE GAP

Spotlight

COMMUNITY INSIGHTS

Connecting Community Partners to Data

Clarence Jones

Executive Director/Community Health Strategist, HUE-MAN Partnership

Data is a powerful tool for identifying health care gaps, but its true impact comes from the people who recognize and act on it. Community organizations must be aware of the data available to them, just as data providers must understand the needs of the organizations that can use it. Addressing health care disparities requires a series of small, strategic actions rather than a one-size-fits-all solution. Community-driven discussions help set priorities, ensuring that initiatives reflect real needs and lead to meaningful change.

Strategies for Impact

- **Community Discussions:** Health care solutions should be shaped by community priorities, with all members—beyond just health systems and providers—playing a role in the conversation.
- **Bidirectional Communication:** Community organizations and data providers must connect, ensuring both have access to the information needed to drive change. Often, they share the same goals but speak different languages—bridging this gap is key.
- **Finding the Right Partners:** Health care systems must actively seek out community organizations to collaborate in addressing disparities, ensuring efforts are both targeted and effective.

> *"In a baseball game, the idea is always to get on first base. Now, how do you get on first base? Sometimes you walk, sometimes you get a hit, sometimes you get hit... But... you can't get back to home until you get on first base. So, the first thing that I think that we're trying to get people to do is to enter the conversation in a way in which they can get on first base so that we can get to home."*

HUE-Man Partnership Initiatives

The HUE-Man Partnership is a collaboration of health care, community, and professional organizations to address health care disparities and to create healthier communities through innovative partnerships. Based on community discussions, the HUE-Man Partnership uses data to help develop successful strategies to address gaps in care. They have worked on initiatives related to cardiovascular health, colorectal and prostate cancer, infant mortality, and more. Through its work, the HUE-Man Partnership has contributed to approximately 300,000 screenings and 50 papers.

SECTION 4: HEALTH CARE COST

MNCM has one of the most robust public transparency efforts in the nation related to health care costs, which provides perspective on total cost of care (TCOC), resource use, and price as drivers of total cost. This report includes data from our analysis of 2023 health care costs for Minnesotans who had private health insurance.

The total cost of health care in Minnesota continues to increase. TCOC measures all medical and pharmacy costs for a patient. This information is important for all purchasers of health care because all Minnesotans benefit from reliable health care cost information delivered in a comparable, consistent manner.

TCOC is a combination of two factors: resource use (the amount and intensity of care) and prices.

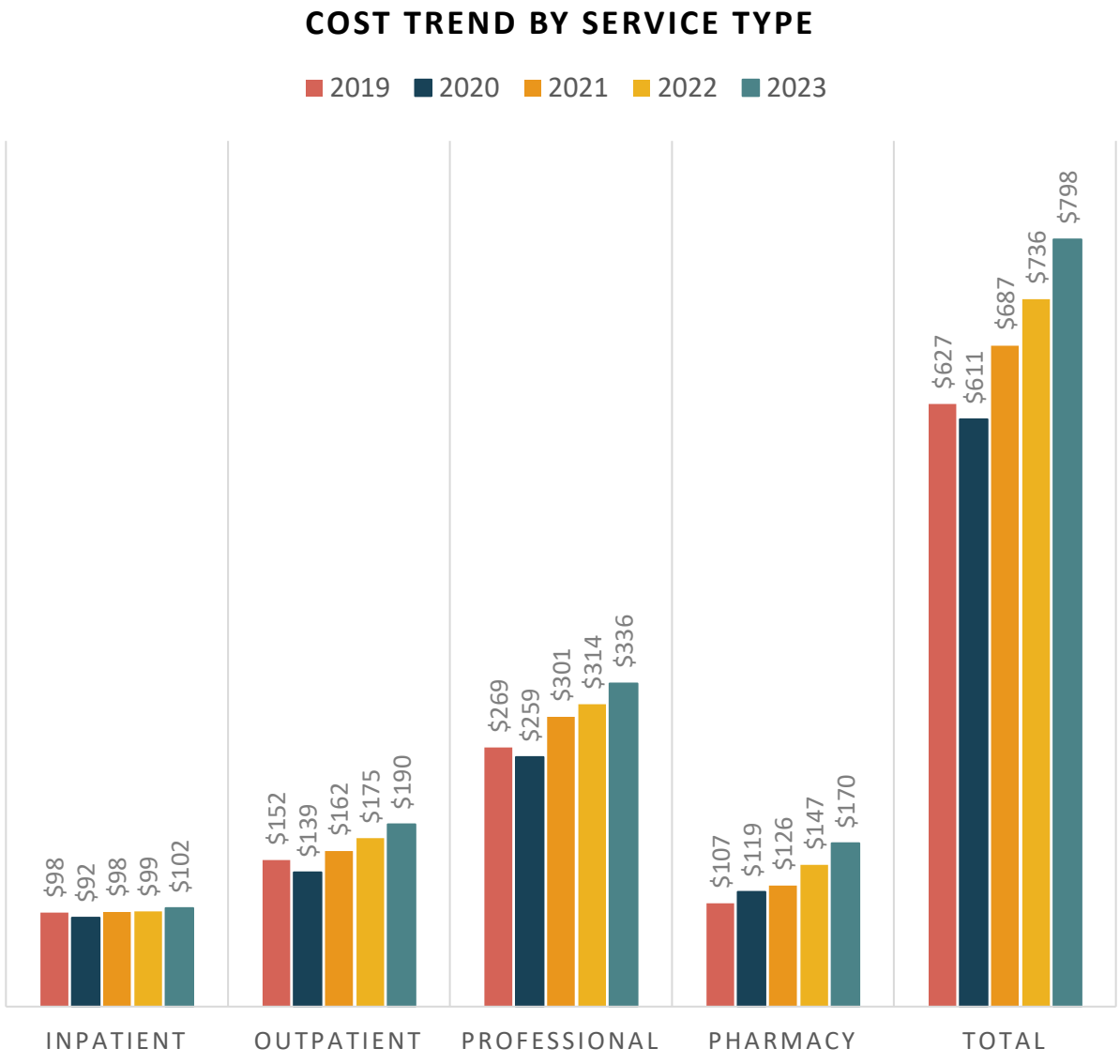
KEY FINDINGS

- *Total costs per attributed patient without adjustments for outliers increased by 8.4 percent in 2023. This represents an increase of $62 per patient per month. On an annual basis, the increase was $744 per person.*
- *Cost for pharmacy cost use increased the most, by 15.3 percent, followed by outpatient hospital services, which increased by 8.3 percent.*
- *All categories of medical services utilization increased compared to 2022, except for inpatient admissions which remained the same.*
- *Women accessed health care at a higher rate than men when looking at health care claims. Specifically, women aged 36 to 64 had the highest number of claims, while men aged 18 to 35 had the lowest number of claims in 2023.*

For more analyses of these measures, visit: **Performance Hub**

TOTAL COST OF CARE

Commercially Insured Patients



In 2023, the average TCOC for commercially insured patients cared for by Minnesota primary care providers was $798 per month, an increase of $62 compared to 2022 and $111 compared to 2021.

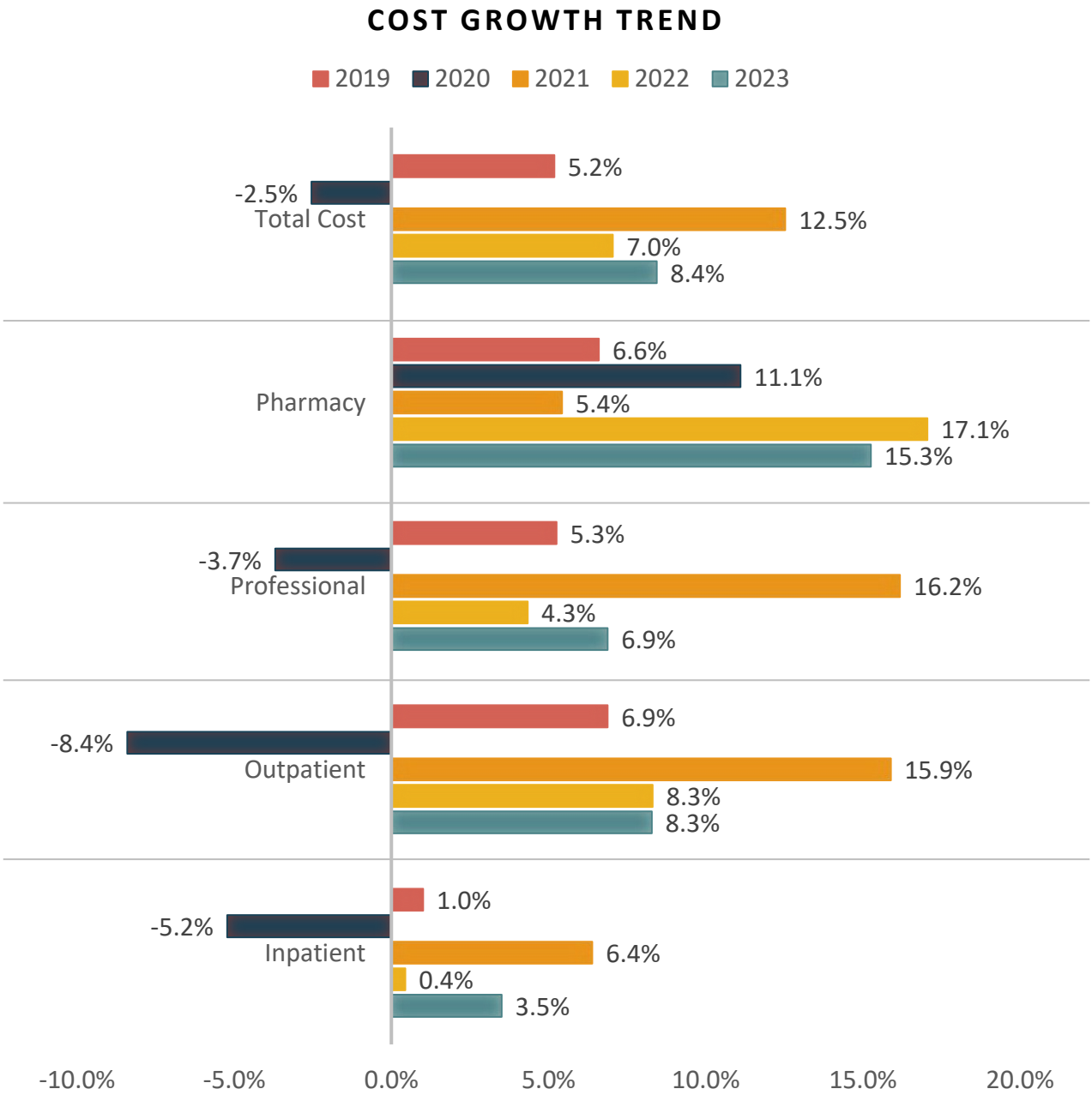
This chart includes all costs for patients who were attributed to a primary care provider, without adjustments for high-cost outliers.

High-cost outliers are costs over $125,000 for any patient. This analysis includes 1,047,251 commercially insured patients aged 1-64 and $9.4 billion in claims.

NOTE: We urge caution in using 2020 data for comparison to other years and to draw general conclusions.

TOTAL COST OF CARE

Commercially Insured Patients



Statewide, TCOC increased by 8.4 percent in 2023. Over the three-year periods of 2021, 2022, and 2023. Cost for pharmacy use increased the most, by 15.3 percent, followed by outpatient hospital services, which increased by 8.3 percent.

NOTE: We urge caution in using 2020 data for comparison to other years and to draw general conclusions.

UTILIZATION

Commercially Insured Patients

Utilization Metrics per 1,000 patients per year

	2019	2020	2021	2022	2023
Emergency Room	171	147	163	175	180
Outpatient Surgery	138	112	134	144	152
Primary Care Visits	2,618	2,510	2,718	2,660	2,681
Lab	6,272	5,467	6,272	6,480	6,835
Radiology	983	862	996	1,048	1,112
Prescription Drugs *(count of 30-day prescriptions)*	15,433	15,666	16,880	17,617	18,501
Inpatient Admissions	53	47	47	45	45

Total cost is driven by both the amount of resources used and the price of each resource. To further understand variation in resource use, MNCM's analysis includes the utilization of common categories of medical services, such as hospital admissions or radiology services. The table above shows the utilization of services over time.

In 2023, all categories of medical services utilization increased compared to 2022, except for inpatient admissions. Radiology, lab, outpatient surgery, and prescription drugs saw an increase between five to six percent from 2022.

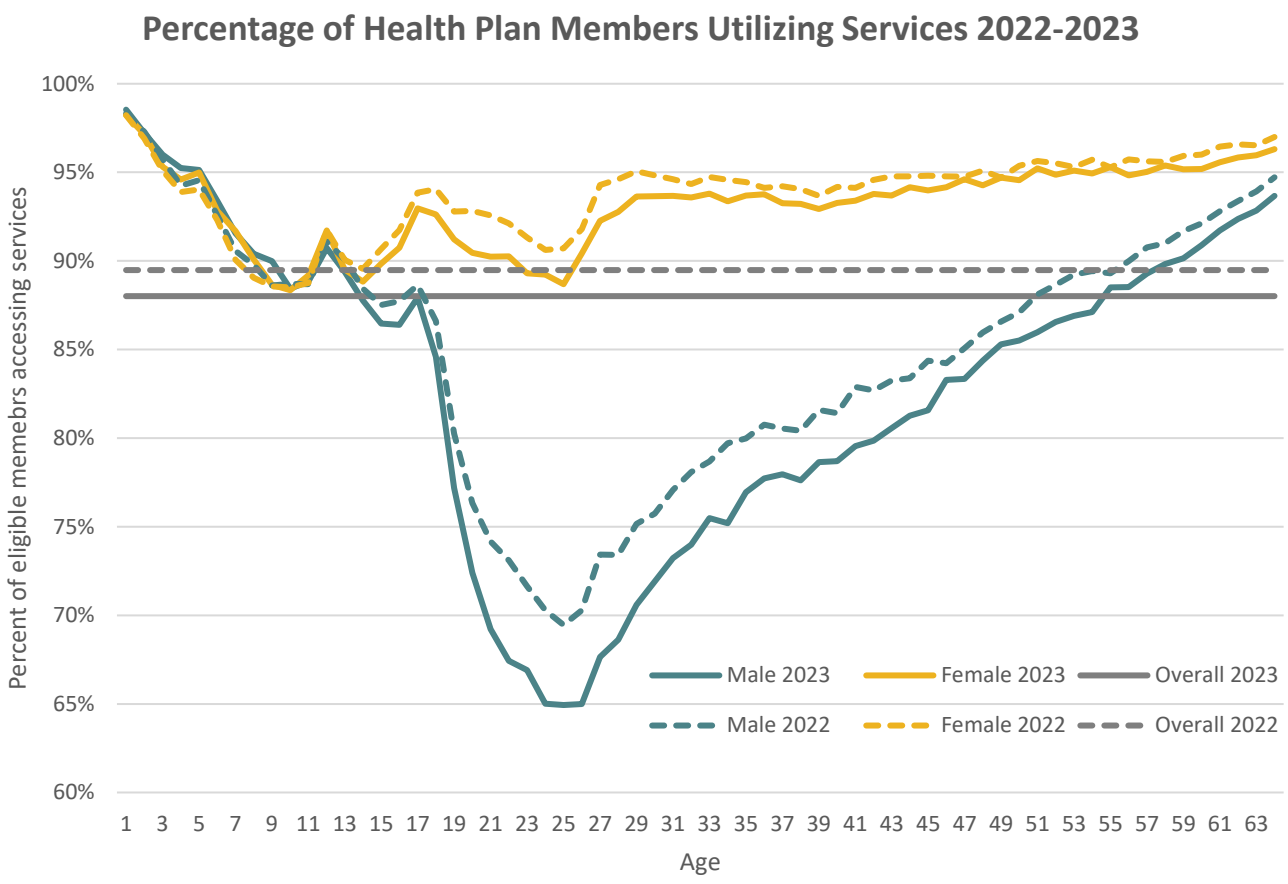
How to interpret the "Per 1,000"

Utilization figures are listed in the commonly used "Per 1,000 Per Year" format. Or "What is the average number of events for 1,000 patients over a 12-month period?"

An inpatient admission rate of 45 means that for every 1,000 patients in a year, there are 45 admissions for inpatient hospital services. A prescription drugs rate of 18,501 means for 1,000 patients there were 18,501 prescriptions ordered and filled in a year, or an average of 1.54 prescriptions per patient per month.

UTILIZATION

Commercially Insured Patients



	2023			2022			Change (23-22)		
Age Group	Female	Male	Overall	Female	Male	Overall	Female	Male	Overall
1 to 17	91.8%	91.0%	91.4%	91.8%	91.0%	91.4%	0.1%	0.0%	0.0%
18 to 35	91.8%	71.6%	81.7%	93.4%	75.9%	84.6%	-1.6%	-5.6%	-3.5%
36 to 64	94.6%	85.2%	90.0%	95.2%	87.2%	91.3%	-0.7%	-2.3%	-1.5%
All	93.2%	82.8%	88.0%	94.0%	85.0%	89.5%	-0.8%	-2.6%	-1.6%

Every year there are individuals enrolled in health plans who, even though they have benefits for the full 12 months, do not have any health care claims. The trend for 2023 is similar to what the trend was for 2022. Women accessed health care at a higher rate than men. Women aged 36 to 64 had the highest number of claims, while men aged 18 to 35 had the lowest number of claims.

PAIRING COST AND QUALITY

Spotlight

COMMUNITY INSIGHTS

Using Cost and Quality Data to Inform Benefit Designs

Bentley Graves

Director, Health Care and Transportation Policy, Minnesota Chamber of Commerce

Combining cost and quality data provides a holistic view of the health care landscape in Minnesota. The information in this report serves as a guiding tool to help community partners understand the overarching trends in health care delivery and cost. This dual lens is particularly crucial for employers and payers, who are tasked with balancing cost management with quality outcomes. For employers and payers – whether fully insured or self-insured – this report offers an essential snapshot of where resources can be best allocated to improve both the health of their employees and the quality of care they receive.

Strategies for Impact

- **Balancing cost and quality:** By examining both cost and quality metrics, community partners such as payers and employers can begin to identify opportunities for more effective care delivery, from adjusting plan designs to reevaluating network partnerships and even reconsidering payment models.
- **Strategic planning:** While the report may not provide very granular data that leads to immediate, specific decisions, it helps employers and payers stay informed about trends in the Minnesota health care market. This information acts as a catalyst for strategic planning, allowing organizations to think proactively about potential adjustments to their health care offerings.
- **Inform policies:** Many proposed health care policies and solutions tend to focus on only one side of the equation, either cost or quality, without considering the relationship between the two. By bridging that gap, it allows employers, payers, and policy makers to make more informed decisions about how to balance these elements in a way that drives value for employees while managing costs effectively.

In essence, MNCM's report serves as a strategic tool for those looking to improve health care delivery and payment models. It offers a framework to think about future actions, whether through changes in health care plans, network structures, or payment systems. By keeping an eye on the trends and using data responsibly, employers and payers can position themselves to meet the evolving needs of their employees and ensure they are getting the best value from their health care investments.

PATHWAYS TO ACTION

This report provides a data-driven foundation for health care partners—including providers, policymakers, payers, community organizations, and employers—to take strategic action. By leveraging this data, Minnesota can enhance health outcomes, reduce disparities, and make health care more affordable and efficient. In this section of the report, MNCM identified examples of ways that its community partners can use this information to drive improvement in health care.

PATHWAYS TO ACTION

Leveraging Data to Improve Health Care in Minnesota

Community Organizations

- **Health Equity Initiatives:** Community-based organizations can leverage the report's insights on disparities in care to advocate for programs that promote equitable health outcomes. This information can be used to inform and develop community programs that focus on increasing access to screening, mental health services, and chronic disease management.
- **Education & Outreach:** The data can inform community education campaigns on preventive care, mental health, and chronic disease management.

Employers & Purchasers of Health Care

- **Benefit Design:** Employers can use cost and quality data to design benefits that offer the best value and outcomes for their workforce.
- **Workplace Wellness Initiatives:** The insights from this report can guide the development of employer-sponsored wellness programs that address prevalent health concerns such as diabetes, hypertension, and mental health.

Payers

- **Value-Based Incentives:** Payers can use performance data to structure value-based payment models, rewarding providers who achieve high-quality care benchmarks.
- **Member Outreach & Preventive Care Programs:** Payers can develop targeted interventions, such as wellness programs and preventive screening reminders, to improve health outcomes among their members.
- **Cost Containment Strategies:** By analyzing trends in total cost of care and utilization, payers can identify areas where efficiency improvements and cost reductions are possible.

Policymakers

- **Legislative Decisions:** Policymakers play a crucial role in shaping health care to ensure quality, affordability, and equity. The data and insights from this report can help them make informed decisions about legislation, funding, and public health strategies to improve healthcare outcomes in Minnesota.

- **Policy Changes:** Policymakers can utilize data on health care disparities and costs to guide the development of policies that ensure equitable access to quality care. This data can be leveraged to design targeted programs that address the needs of specific communities.

PATHWAYS TO ACTION

Leveraging Data to Improve Health Care in Minnesota

Providers & Health Systems

- **Benchmarking & Performance Improvement:** Medical groups can compare their performance with statewide benchmarks to identify areas requiring quality improvement. This includes addressing gaps in asthma control, immunizations, colorectal cancer screening, mental health, and chronic disease management by implementing quality improvement initiatives to improve patient outcomes.
- **Targeted Care Interventions:** Providers can design care models and outreach strategies tailored to populations with the highest disparities. By utilizing stratified data on race, ethnicity, language, and country of origin, providers can collaborate with community organizations to create and implement culturally responsive interventions for populations facing the greatest health inequities.

Public Health Agencies

- **Resource Allocation:** Public health agencies can direct funding and resources to areas and populations with the greatest health disparities.
- **Public Health Initiatives:** Public health agencies can develop and implement data-informed initiatives by understanding health care quality outcomes and how these outcomes vary across geographies within the state.
- **Public Health Campaigns:** This information can be used to inform educational campaigns targeting communities with lower screening rates or lower rates of optimal care.

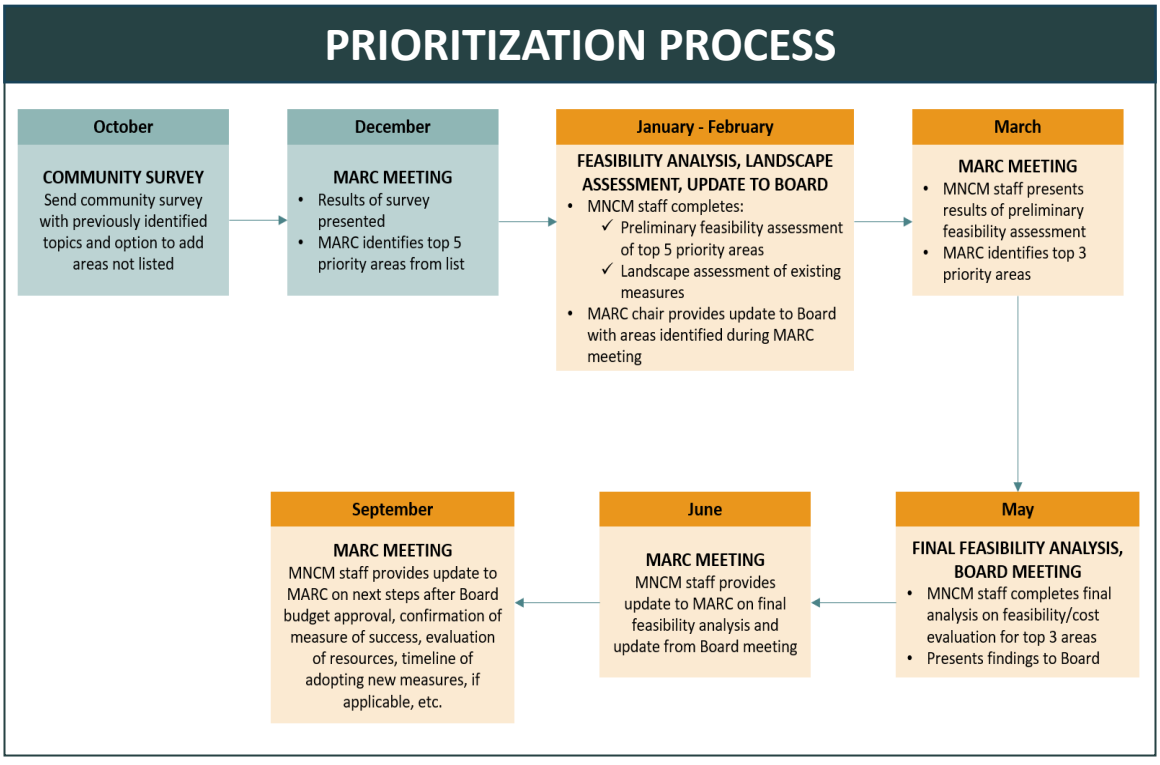
Researchers

- **Health Care Trends:** Researchers in healthcare, public health, economics, and policy analysis can leverage this report's data to conduct studies that improve healthcare outcomes, inform policy decisions, and advance medical knowledge
- **Inform Community and Academic Research Initiatives:** Researchers working with community organizations and academic institutions can use this report to guide research collaborations. Findings can be used as supporting data in grant applications for funding research on healthcare disparities, quality improvement, and cost control.

PATHWAYS TO ACTION

How Community Partners Can Engage with MNCM

MNCM conducts its measure prioritization process every three years to gather and assess input on potential measure priorities, with the goal of identifying new measure topics or areas not already covered in MNCM's Slate of Measures. Annually, MNCM's Measurement and Reporting Committee (MARC) reviews the Slate of Measures and provides recommendations to the Board of Directors for approval. Importantly, MNCM values community input and encourages feedback on priority areas at any time throughout the year.



We believe collaboration is key to advancing health care quality, equity, and affordability. We invite our community partners to share insights, provide input on measurement priorities, and contribute to meaningful improvement initiatives.

Our reports and resources are designed to support your efforts, and we welcome the opportunity to explore how we can work together to drive positive change.

For questions or collaboration opportunities, please contact us at support@mncm.org

MNCM RESOURCES

Measure Definitions

Definitions for the measures included in this report can be found on MNCM's website, Measure Definitions.

Methodology

The measures included in this report are collected from medical group electronic health records (EHR) and payer administrative claims. Information on the methodology for data collection, measure calculations, and risk adjustment can be found on MNCM's website, Methodology.

Appendix Tables

In addition to MNHealthScores, information on performance by medical groups and clinics by measures can be requested using this link, Appendix Table. MNCM will respond to your request in a timely manner.

Archived Community Reports

MNCM community reports from prior years can be found on MNCM's website. Prior year reports were released at different times throughout the year. Additionally, MNCM periodically produce spotlight reports, issue briefs, and infographics.

Additional Analytic Tools

Performance Hub
from MN Community Measurement

MNCM's Performance Hub provides comprehensive analyses of health care quality and cost measures through an interactive platform. Performance Hub includes information such as statewide rates and trends, medical group performance variation, statewide rates by demographics, and statewide rates by three-digit zip code regions.

MNHealthScores
from MN Community Measurement

MNHealthScores is where consumers can find unbiased, trustworthy information on how medical groups and clinics perform on both clinical quality and cost measures. This information can be used to inform smart choices about medical care. Consumers can use the data on this site to compare and choose clinics based on quality and cost ratings.