

OVERVIEW

This Spotlight Report presents 2020 Minnesota statewide results for eleven health care quality measures that are based on data that MN Community Measurement obtains and aggregates from health plans each year. These measures are part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information set, or HEDIS. The measures are calculated from health care claims or a combination of claims and clinical data. MNCM combines this data from ten health plans, enabling analysis and comparisons across medical groups.

Results for 2020 are presented with comparison to 2018 as context for understanding the disruptions to care caused by the COVID-19 pandemic in 2020. (The pandemic also interrupted data collection and validation for 2019 performance on most of these measures in early 2020.) In many respects, however, 2020 should be considered a new baseline from which recovery should be measured. Although MNCM is also publishing 2020 quality measures for individual medical groups, we urge caution in using this data or changes in rates for specific medical groups between 2018 and 2020 to draw general conclusions about quality of care. Organizations faced different types of challenges that are likely reflected in the data in ways that are not typical of overall quality of care. However, MNCM stakeholders strongly supported continuing to make the data publicly transparent.

KEY FINDINGS

Of the eleven quality measures in this report, seven showed statistically significant declines between 2018 and 2020. The largest declines in performance were seen for controlling high blood pressure (11.4 percentage points), osteoporosis management in women who have had a fracture (11.4 percentage points), and eye exams for patients with diabetes (8.0 percentage points). Because of changes in methodology, one measure, Avoidance of Antibiotic Treatment for Acute Bronchitis, is not comparable between 2018 and 2020.

This report is a companion to an [August 2021 Spotlight Report](#) summarizing quality measures that rely on clinical data collected directly from health care providers.

For more information on the factors that affected care delivery and quality measure results in 2020, see the [August 2021 Spotlight Report](#).

MNCM's annual report on [health care cost and utilization](#), published November 2021, provides further data about how COVID-19 impacted Minnesota's health care system in 2020.

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KEY FINDINGS continued

Of the measures that apply to children, the childhood and adolescent immunization rates were stable, with statistically insignificant decrease of 2.3 percentage points and increase of 3.3 percentage points, respectively. The measure for follow-up care for children who were prescribed ADHD medication was also stable in 2020 compared to 2018.

For the measures where performance declined between 2020 and 2018, several factors likely contributed. MNCM's August 2021 [Spotlight Report](#) examined many of these factors, including patient barriers to receiving care, provider staffing and capacity, and disruptions and shifts of care delivery (e.g., closures, shift to telehealth). Additional considerations relevant to the measures in this report include the following:

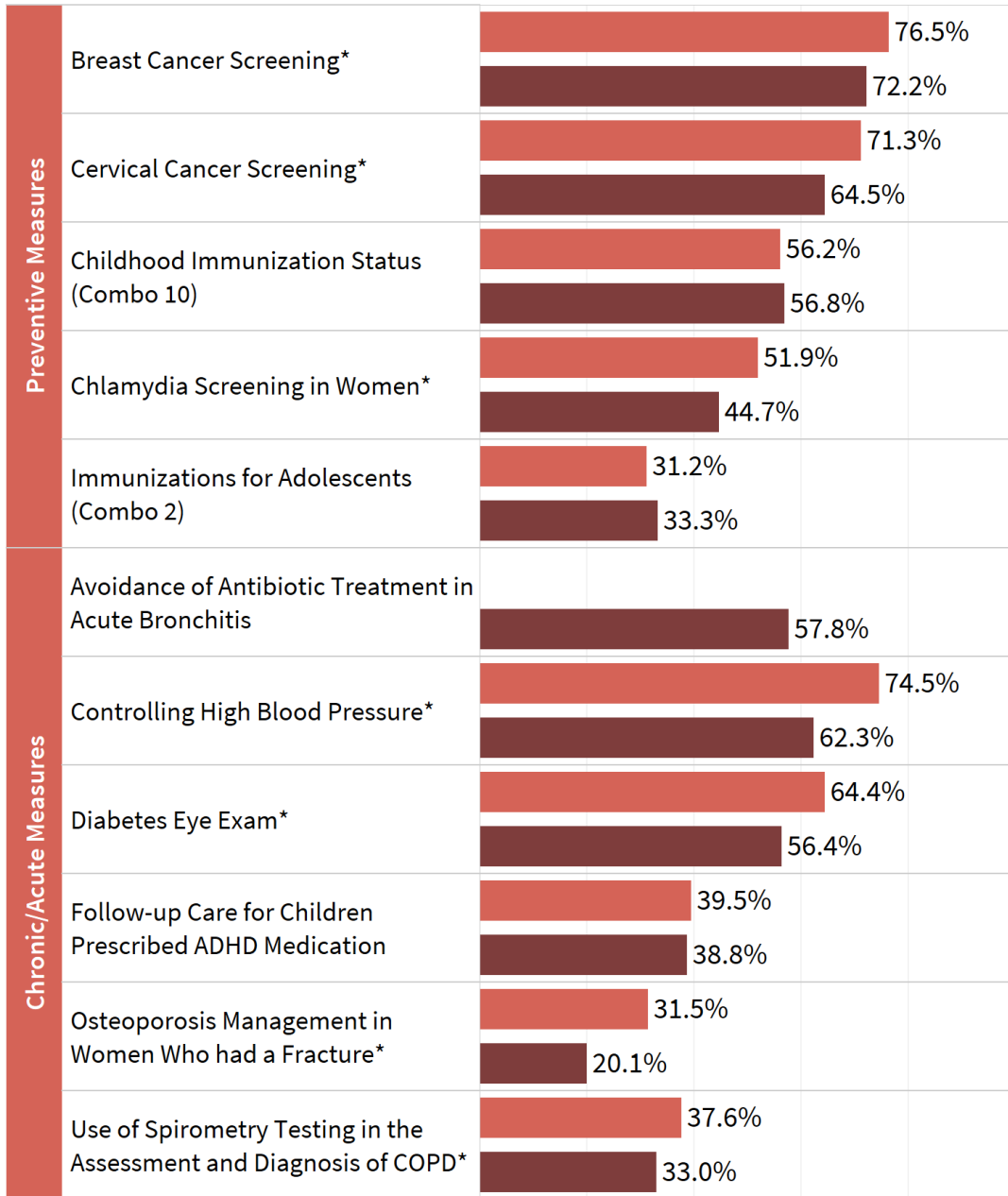
- Most of these measures require face-to-face encounters, though two of the measures with the largest declines could potentially be managed remotely via telehealth. Notably, not all of the measures that require face to face encounters declined – the two immunization measures were statistically stable.
- The measures also vary in the time periods included. For example, the breast cancer screening measure looks at breast cancer screening over a 26-month period for women who are eligible to be included in the measure denominator, which includes significant periods of time prior to the emergence of the pandemic. On the other hand, the measure of eye exams for patients with diabetes looks at whether patients previously diagnosed with diabetes had an eye exam during 2020.

This report is possible because of the engagement of several stakeholders who are committed to driving improvement and recognize the important roles that collaboration and measurement play in helping our community establish priorities and improve together. MNCM extends particular thanks to the following health plans for their collaboration in providing the data for this report:

- Blue Cross Blue Shield of MN
- HealthPartners
- Hennepin Health
- Itasca Medical Care
- Medica
- PreferredOne
- PrimeWest
- Sanford Health
- South Country Health Alliance
- Ucare



RATE CHANGES



■ 2018 ■ 2020

Bronchitis Treatment underwent a major redesign in 2019

2018 = care delivered in 2018 and reported in 2019

2020 = care delivered in 2020 and reported in 2021



DEFINITIONS

	MEASURE	DEFINITION
PREVENTIVE MEASURES	Breast Cancer Screening	The percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years.
	Cervical Cancer Screening	The percentage of women 21-64 years of age who were screened for cervical cancer using the following criteria: <ul style="list-style-type: none"> • Women 21-64 years of age who had cervical cytology performed within 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) contesting 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. The measure calculates a rate for each vaccine and nine separate combination rates.
	Chlamydia Screening in Women	The percentage of sexually active women ages 16-24 who had at least one test for chlamydia during the measurement year.
	Immunizations for Adolescents (Combo 2)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one Tdap vaccine; and the complete human papillomavirus vaccine series by their 13 th birthday.

DEFINITIONS

	MEASURE	DEFINITION
CHRONIC/ACUTE MEASURES	Avoidance of Antibiotic Treatment in Acute Bronchitis/ Bronchiolitis	The percentage of cases of acute bronchitis/bronchiolitis for patients aged 3 months of age and older that did not result in an antibiotic dispensing event.
	Controlling High Blood Pressure	The percentage of adults 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).
	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 children 6-12 years of age 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.
	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 test or a prescription for a drug to treat osteoporosis in the six months after fracture.
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	The percentage of adults 40 years of age and older who have a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received spirometry testing to confirm the diagnosis.

Attribution: All results are measured using all eligible patients from the participating health plans. Attribution to a particular medical group is not required.

