

## MINNESOTA HEALTH CARE QUALITY REPORT

Part 1: Clinical quality measures reported by medical groups

**Community Webinar** September 20, 2022

# WELCOME!



Thanks for joining us today.



All webinar participants are in "listen-only" mode. To ask a question, please type your question into the "Q&A" box at the bottom of your

screen at any time during the webinar.



During the discussion section, you may also use the "raise hand" function to ask a question.



MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

# MNCM Members, Thank you!

#### **Health Plan Members**











🛞 Hennepin Health



**Medical Group Members** 



# **MNCM Mission Supporter Program**

Financial support is essential to sustain and grow our objective, unbiased work. Your support helps assure our independent work continues. It's an opportunity for your organization to demonstrate its support and commitment to improving health care quality, equity, and affordability while strengthening our work.

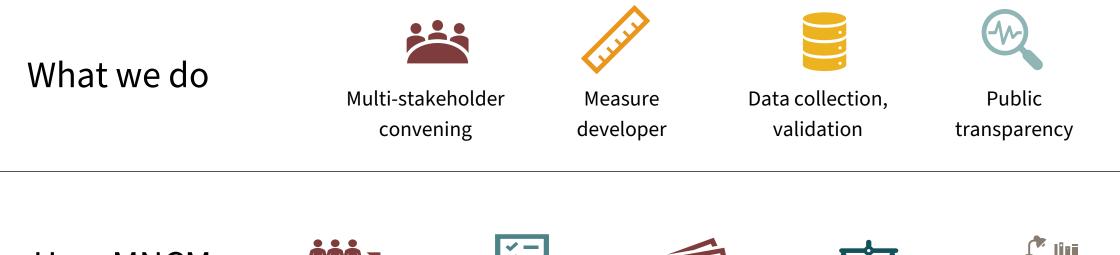
#### **Current Silver Level Supporters**

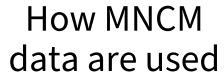




www.mncm.org/mission-supporter-program

# MNCM empowers health care decision makers with meaningful data to drive improvement.









Reducing disparities

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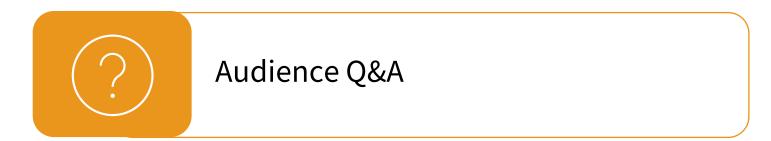
Research partnerships

# TODAY'S PRESENTATION

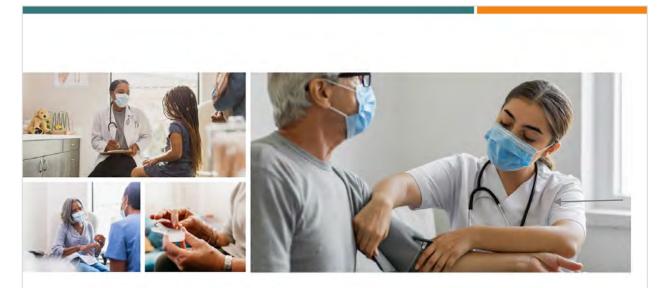




#### Demo of MNCM's Dynamic Tables



## THE REPORT



#### **MINNESOTA HEALTH CARE QUALITY REPORT**

PART 1: CLINICAL QUALITY MEASURES REPORTED BY MEDICAL GROUPS

Results for care delivered in 2021 | Report released September 2022

Available on MNCM's website: <u>https://mncm.org/reports/#community-reports</u>

MN Community Measurement

#### **QUALITY REPORT SCHEDULE**



**Part 1** – Clinical quality measures reported by medical groups



**Part 2** – Clinical quality measures reported by health plans



**Part 3** – Top performing medical groups across all quality measures

## **INCLUDED IN PART 1 REPORT**

- Summary of performance rates by measure
- **RETURNING!** Achievable benchmark goals by measure
- Variation in performance rates across medical groups for each measure
- Trend in performance rates across multiple years for each measure
- NEW! Variation in performance rates across Minnesota three-digit ZIP code regions

#### **KEY FINDINGS**

|\*़्रै\* □□□□ Most 2021 rates still significantly below 2019 (pre-pandemic) rates ... but gap has narrowed



Return to more typical patient volumes



Largest increases in rates compared to 2020 occurred in Follow-up PHQ-9/9M at 12 Months for both adolescents and adults

Significant variation in performance among medical groups, particularly in the Optimal Asthma Control measures



Three-digit ZIP code regions show variation in performance rates across Minnesota

#### **STATEWIDE PERFORMANCE & BENCHMARKS** Adult population

QUALITY	/ MEASURE	2021 Statewide Average	2021 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchma
ns Ns	Colorectal Cancer Screening	72.2%	77.1%	70,705	0.0%	80.9%	
Chronic Conditions	Optimal Asthma Control	50.3%	66.1%	22,883	0.0%	99.6%	
ronic C	Optimal Diabetes Care	43.6%	47.6%	13,867	1.9%	55.8%	
Chi Chi	Optimal Vascular Care	56.5%	59.4%	5,867	11.5%	75.3%	
I	PHQ-9/9M Utilization	71.7%	94.4%	47,168	0.0%	100.0%	+
	Follow-up PHQ-9/9M at Six Months	45.3%	54.1%	10,608	0.0%	72.1%	A CONTRACTOR
Care	Response at Six Months	18.1%	23.4%	6,288	0.0%	33.1%	
Depression Care	Remission at Six Months	10.3%	14.1%	4,442	0.0%	20.5%	
Depre	Follow-up PHQ-9/9M at 12 Months	43.9%	52.2%	10,557	0.0%	72.2%	
f	Response at 12 Months	18.1%	21.4%	4,975	0.0%	35.8%	
1	Remission at 12 Months	10.6%	13.5%	3,888	0.0%	23.6%	

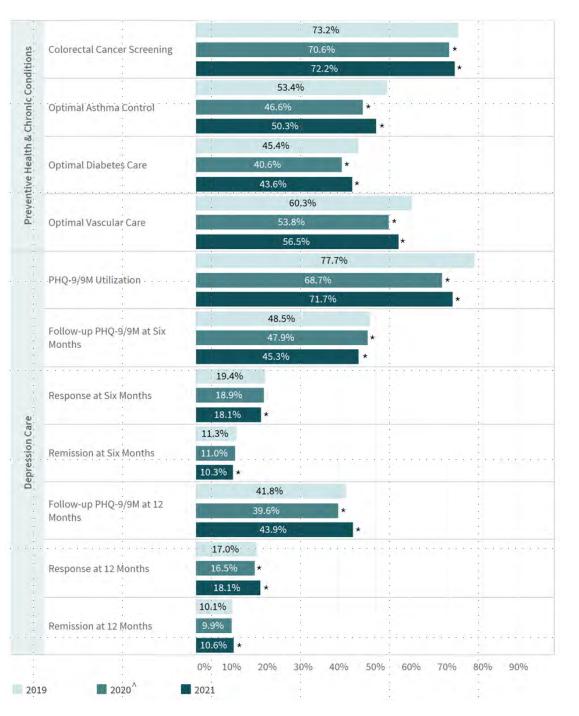
Benchmark: 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

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

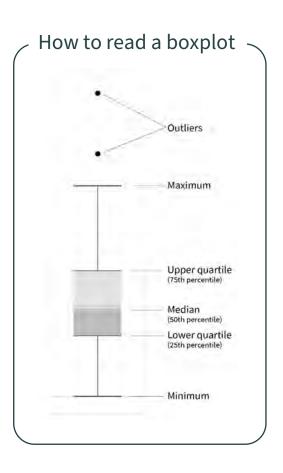
#### **RATE CHANGES** Adult population

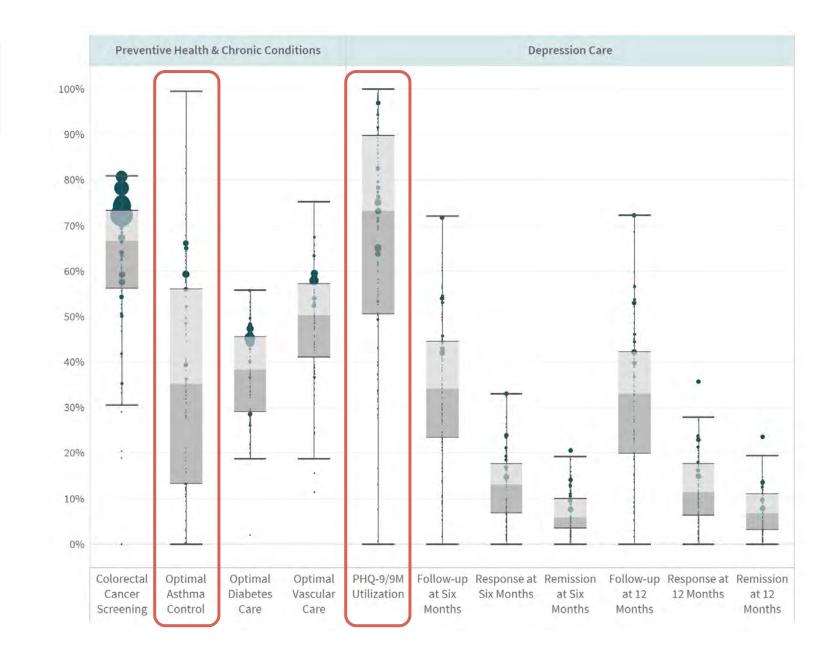
- Almost all measures have increased since 2020
- For most measures, rates remained significantly below 2019
- Six-month depression measures decreased from 2020 to 2021, but timeline for these measures mainly occurs in 2020
- \* Significant change from previous year

^ 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.



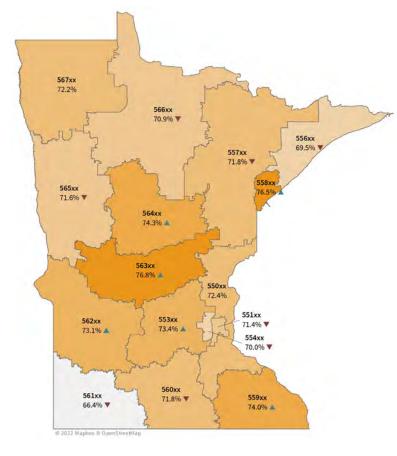
#### VARIATION BY MEDICAL GROUP Adult population



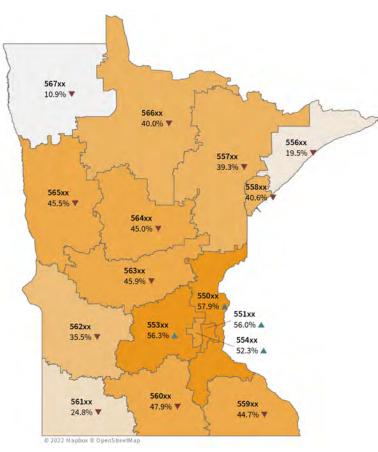


#### **VARIATION BY THREE-DIGIT ZIP** Adult population

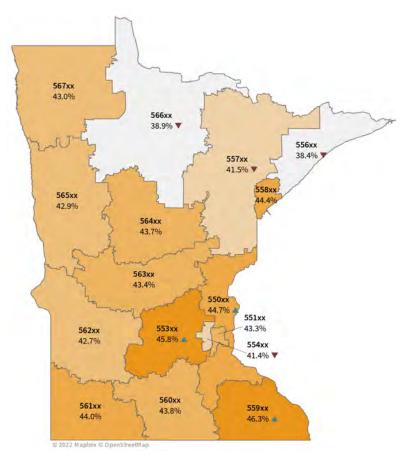
#### **Colorectal Cancer Screening**



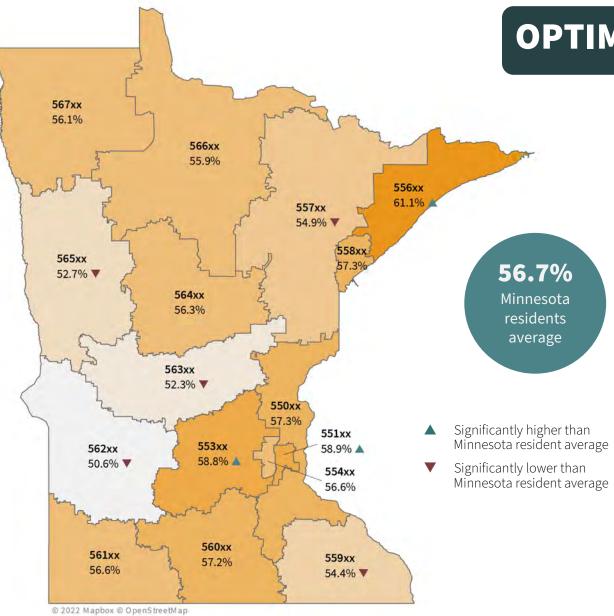
#### **Optimal Asthma Control**



#### Optimal Diabetes Care







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Three-digit ZIP Code	Major City
550xx	Stillwater
551xx	St. Paul
553xx	Minnetonka
554xx	Minneapolis
556xx	Two Harbors
557xx	Cloquet
558xx	Duluth
559xx	Rochester
560xx	Mankato
561xx	Windom
562xx	Willmar
563xx	St. Cloud
564xx	Brainerd
565xx	Detroit Lakes
566xx	Bemidji
567xx	Thief River Falls

## **STATEWIDE PERFORMANCE & BENCHMARKS**

#### Child & Adolescent population

QUALITY M	EASURE	2021 Statewide Average	2021 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchmark/I
Preventive Health & Chronic Conditions	Adolescent Mental Health and/or Depression Screening	91.2%	98.4%	11,889	0.0%	100.0%	
Preve Heal Chro Cond	Optimal Asthma Control	56.2%	68.0%	42,141	0.0%	100.0%	
Adolescent Depression Care	PHQ-9/9M Utilization	75.5%	93.8%	3,041	10.9%	93.5%	
	Follow-up PHQ-9/9M at Six Months	42.8%	54.6%	1,260	7.6%	61.7%	
	Response at Six Months	14.3%	21.1%	754	0.8%	29.3%	
	Remission at Six Months	7.4%	13.1%	635	0.0%	16.7%	
	Follow-up PHQ-9/9M at 12 Months	40.1%	50.9%	1,124	8.2%	62.5%	
	Response at 12 Months	13.3%	20.0%	738	0.0%	21.5%	
	Remission at 12 Months	7.0%	10.3%	378	0.0%	15.4%	

**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.

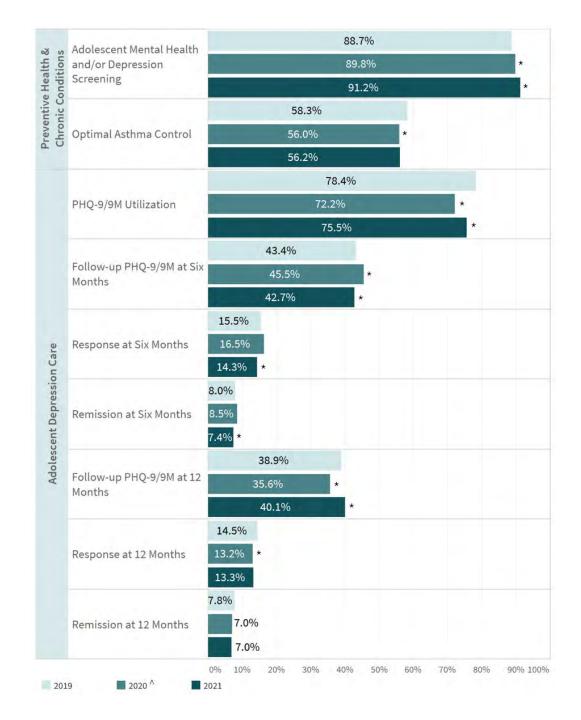
**Gap:** The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

#### **RATE CHANGES** Child & adolescent population

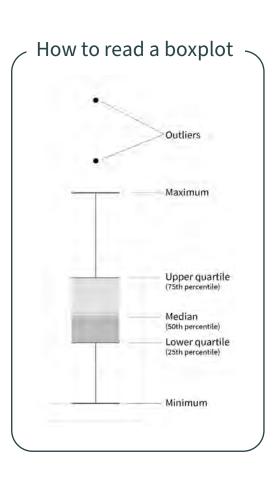
- The 2021 rates for three measures were significantly higher than the 2020 rates
- For most measures, rates remained significantly below or stable since 2019
- Adolescent Mental Health Screening measure rate significantly increased since 2019
- Six-month depression measures decreased from 2020 to 2021, but timeline for these measures mainly occurs in 2020

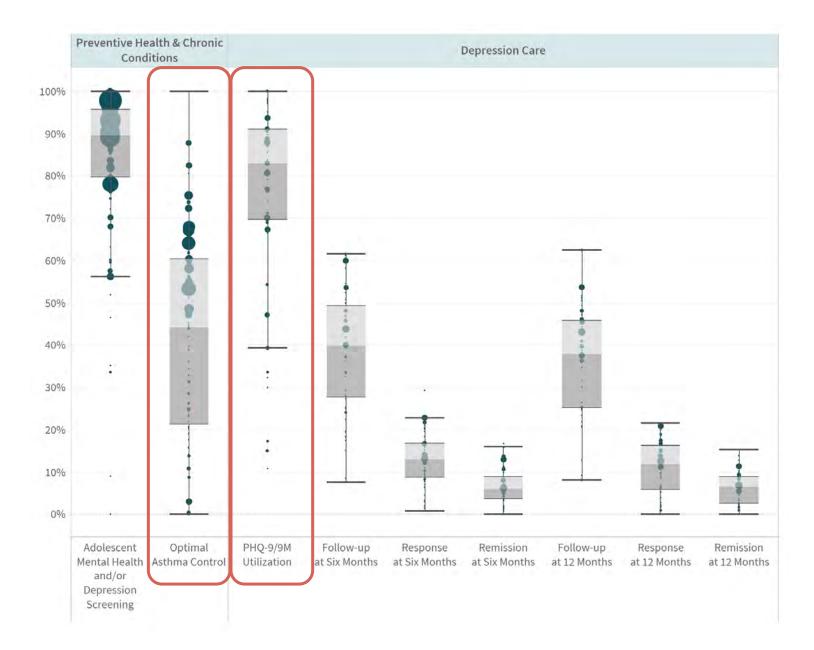
\* Significant change from previous year

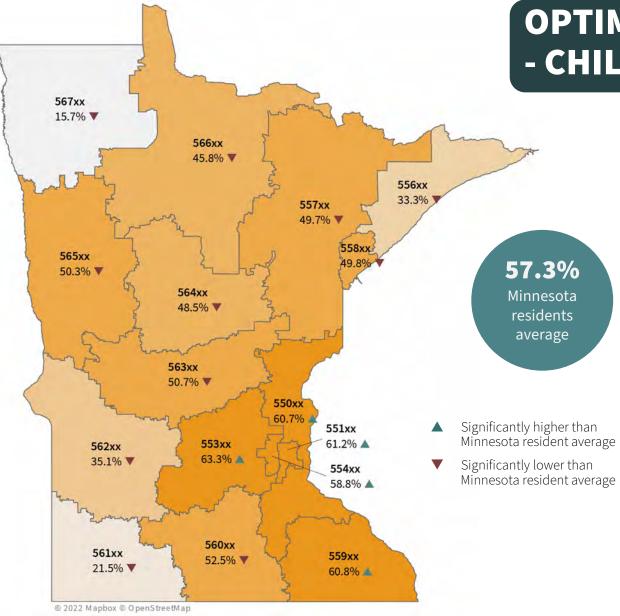
^ Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care. In many respects, 2020 should be considered a new baseline from which recovery should be measured.



#### VARIATION BY MEDICAL GROUP Child & adolescent population





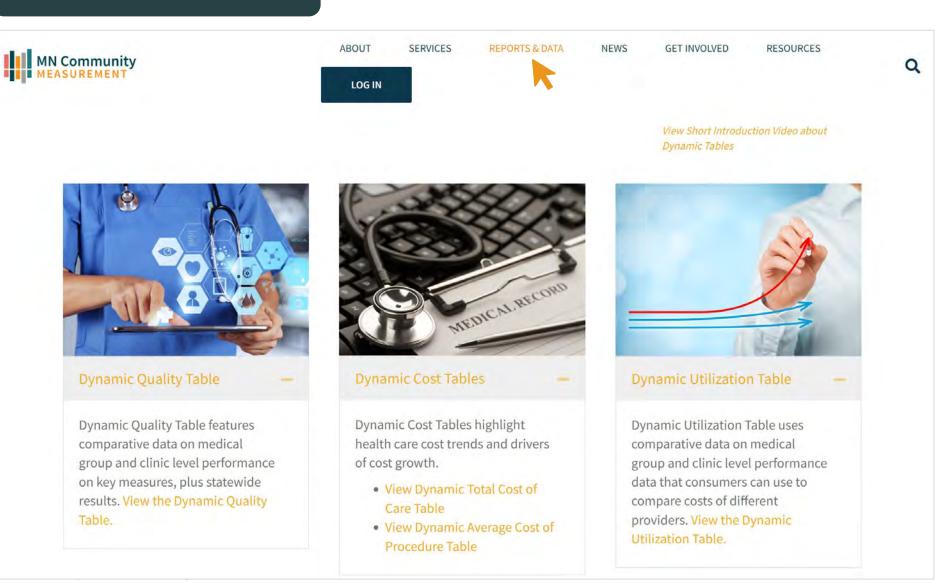


## OPTIMAL ASTHMA CONTROL - CHILDREN

Three-digit ZIP Code	Major City
550xx	Stillwater
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562xx	Willmar
563xx	St. Cloud
564xx	Brainerd
565xx	Detroit Lakes
566xx	Bemidji
567xx	Thief River Falls

## **DYNAMIC TABLES**







# Please type your questions into the "Q&A" box at the bottom of your screen

## THANK YOU!



MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

Please reach out to us at <u>support@mncm.org</u> with additional questions related to available data or how our data can support your work.





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