

MN Community Measurement

What is MN Community Measurement?

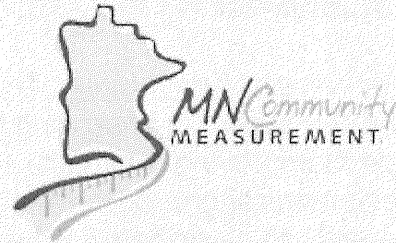
MN Community Measurement is a first-of-its-kind collaboration among health plans and provider groups designed to improve the quality of medical care in Minnesota.

Minnesota leads the country in its collaborative approach to improving health care. Our goal: to ensure Minnesota continues to lead the nation in providing high quality medical care. MN Community Measurement brings together health plans, medical groups, physicians, patients, employers and others to report on the results of our health care quality improvement efforts.

What We Do

MN Community Measurement improves care by:

- Reporting the results of health care quality improvement efforts in a fair and reliable way to medical groups, regulators, purchasers and consumers.
- Providing resources to providers and consumers to improve care.
- Increasing the efficiencies of health care reporting in order to use our health care dollars wisely.



Why Public Reporting ?

Quite simply, public reporting spurs change. Reporting results gives patients information they need to work more closely with their physicians and other health care providers. The best quality improvement will take place when patients and providers compare their results with others.

As an independent, community-based organization, MN Community Measurement can assure health care providers and the public of the reliability of our results. We can recognize what Minnesota does well, and help focus on areas that need the most improvement.

The Healthcare Quality Report

In 2004, MN Community Measurement released a comprehensive report developed through extensive review of data from 52 provider groups, representing more than 700 Minnesota clinics. The study, containing over 46 measurements, determines how well patients in provider groups meet health screening or treatment goals recommended by the Institute for Clinical Systems Improvement (ICSI). The following conditions and screening areas are measured:

Diabetes care	Asthma medication use
Child & teen immunizations	Depression medication use
Well child visits	Controlling high blood pressure
Breast and cervical cancer screenings	Chlamydia screenings

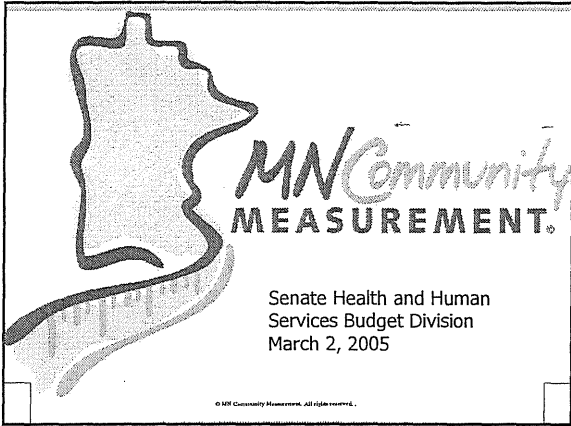
Communicating Results

Our website (www.mnhealthcare.org) has information for employers, providers and the public on improving health care. The site helps patients understand their role in improving their care and shows the results on quality measurement for each medical group. In the future we will be adding more features to encourage patients to participate further in improving their care.

Our History

MN Community Measurement has grown to become a leading resource for improving healthcare in Minnesota.

- 2002 – MN Community Measurement was formed by Minnesota health plans as a way to provide meaningful quality information to medical groups. The Health Care Quality Report was started with eight diabetes care measurements.
- 2003 – The report was expanded to eight additional clinical topics.
- 2004 – Quality Report results were made public on the website www.mnhealthcare.org.
- 2005 – MN Community Measurement became a separate non-profit company with a board representing employers, health plans, medical groups, hospitals, and quality improvement organizations.



MN Community Measurement

Improve patient care in Minnesota

- Report results on health care quality measures
- Provide resources for patients and providers to improve care
- Improve the efficiency of health care quality reporting

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Why Public Reporting Matters

- Improvement requires measurement
- Reporting provides
 - Recognition for those performing well
 - Motivation for those who are not
- Community Driven – reliable information
- Health care bedrock
 - Desire to provide excellent patient care

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Community Measurement - Background

- Begun by Health Plans in 2002
- Third year of report
 - 2002 diabetes
 - 2003 nine clinical topics, 20 measures
 - 2004 first public report
- 2005 – new community board founded by Minnesota Medical Association and health plans

2004 Health Care Quality Report

- Evidence based guidelines
- Key chronic care and preventive screening
- Measured at medical group level
 - where system change can occur
- Standardized reporting
- Administrative data augmented with medical record review

Medical Groups

Representing 700 + clinics

- | | |
|--|--|
| <ul style="list-style-type: none"> • Affiliated Community Medical Centers • Allina Medical Clinic • Altru Health System • Aspen Medical Group • Avera Health/Tri-State Health Affiliates • Brainerd Medical Center, P.A. • Buffalo Clinic, P.A. • Camden Physicians • CentraCare Health System • Central Lakes Medical Center, P.A. • Children's Physician Network • Columbia Park Medical Group • Crossroads Medical Centers, P.A. • Dakota Clinic, Ltd. • Fairview Health Services • Family Health Services of Minnesota • Family Practice Medical Center-Willmar • Fergus Falls Medical Group, P.A. • Grand Itasca Clinic • Gunderson Clinic • HealthEast • HealthPartners Central Minnesota Clinics • HealthPartners Medical Group and Clinics • Hennepin County • Hutchinson Medical Center, P.A. • Lakeview Clinic, Ltd. | <ul style="list-style-type: none"> • Mankato Clinic, Ltd. • Mayo Clinic • Mayo Health System • MeritCare • Minnesota Healthcare Network • Minnesota Rural Health Cooperative • Multicare Associates of the Twin Cities • Neighborhood Health Care Network • North Clinic • North Memorial Clinic • Northstar Physicians • Northwest Family Physicians • Olmsted Medical Center • Park Nicollet Health Services • Quello Clinic, Ltd. • Regina Medical Center • Ridgeview Care System • Riverwood Albin Clinic • St Cloud Medical Group, Ltd. • St. Luke's Clinics • St. Mary's/Duluth Clinic Health System • Stillwater Medical Group • SuperiorHealth Medical Group • University of Minnesota Physicians • Western Wisconsin Medical Associates • Winona Clinic, Ltd. |
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2004 Health Care Quality Report [□] Overall Results

Results are not directly comparable

	2002	2003
Asthma Anti-inflammatory Medications	71%	74%
Depression Medication for 6 Months	49%	51%
Immunizations for children	63%	64%
Immunizations for adolescents	27%	35%
Infant Well Care 6 Visits	45%	53%
Hypertension Treatment	57%	60%
Breast Cancer Screening	76%	75%
Cervical Cancer Screening	76%	78%
Chlamydia Screening	26%	29%

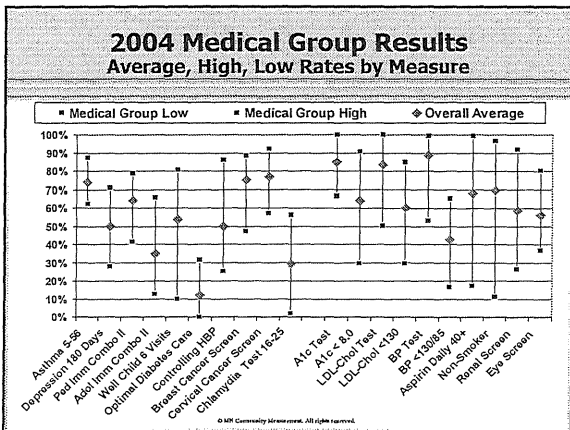
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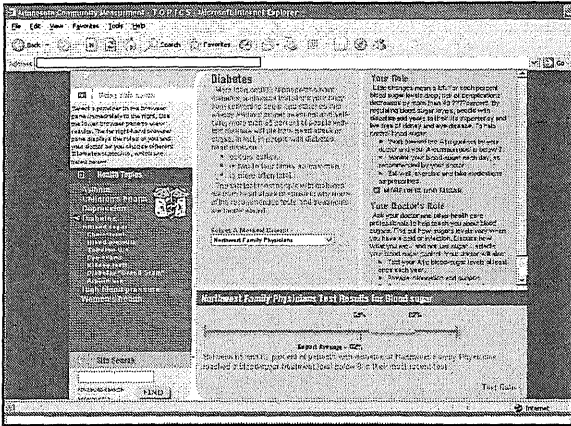
2004 Health Care Quality Report [□] Overall Diabetes Care

Results are not directly comparable

	2001	2002	2003
Optimal Diabetes Care All 5* cardiovascular risks @ target	8%	12%	12%
4 CV risks at target			40%
A1c <=8.0*	54%	62%	64%
LDL-Chol <130*	46%	57%	60%
BP <130/85*	36%	40%	43%
No Tobacco*	65%	69%	69%
Daily Aspirin*	38%	52%	68%
Eye Screening	60%	60%	56%
Renal Screening	66%	66%	59%

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Challenges

- Risk adjustment
- Level of reporting – what makes a medical group
- Differences in results by population
- Public engagement – rankings
- Pay for performance
- Over-utilization

Common Ground on Quality

- Use consistent measures
- Use community resources
- Provide opportunity for improvement
- Reward results

Future

- New members
- New methods
- New measures
 - Clinical
 - Other

Your source for reporting health care results

Questions or Comments

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