2004 Health Care Quality Report

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Executive Summary *November 2004*

- **Blue Cross Blue Shield/Blue Plus of Minnesota**
- **First Plan of Minnesota**
- **HealthPartners** • **Medica**
- **Metropolitan Health Plan**
- **PreferredOne** • **UCare Minnesota**

MN Community Measurement® is pleased to present the 2004 Health Care Quality Report. This year's report covers nine clinical topics and includes over 50 individual measures relating to treatment of asthma, depression, diabetes and hypertension; immunizations for children and adolescents, well care for infants; and screening for breast cancer, cervical cancer and Chlamydia infection. Optimal Diabetes Care (patients meeting all recommended treatment targets to decrease cardiovascular risk)[1] is reported for the third year. Other quality measures are based on HEDIS® (Health Plan Employer Data and Information Set) definitions. The report highlights both medical group excellence and continued opportunities for improving care.

A primary objective of this report is to provide reliable information to support medical group quality improvement. An equally important objective is achieving greater health care transparency. This report is an important first step. Overall results, including medical group results, will be shared with the public in November. Medical groups strongly support the objectives of this report.

The Institute of Medicine Report, *Crossing the Quality Chasm*, states, "Between the health care we have, and the care we could have lies, not just a gap, but a chasm." Health care systems, designed to treat acutely ill patients, less consistently provide high quality care for chronic conditions. Medical advances occur at a continuously increasing pace, yet take years to become standard care. Opaqueness, complexity, fragmentation and variability characterize today's health care system. Without reliable comparative information, quality improvement remains incremental at best and our health care system will continue to fall short of its potential. Medical groups will find this report useful to inform and guide systems and deliver better patient care. Patients will have access to the most extensive, understandable information on health care quality ever. This information will serve to enhance the physician-patient partnership and better patient care will be the result.

Optimal Diabetes Care results are available for the third year. This quality measure puts patients at the center of the assessment. Twenty percent or more of patients with diabetes at Crossroads Medical Centers, PA, Fairview Clinics, Lakeview Clinic, Northwest Family Physicians, and Superior Health Medical Group reach all treatment goals for decreasing risk of cardiovascular complications: HbA1c at or below 8.0, LDL-cholesterol under 130, blood pressure under 130/85 mm hg, do not use tobacco and take daily aspirin. Camden Physicians Ltd., Mayo Clinic, and Park Nicollet Health Services have twenty percent or more of patients with diabetes reaching all

treatment goals in their results prior weighting. An achievable benchmark has been established that will challenge all Minnesota medical groups to evaluate the care they provide and improve to the highest possible standard. Patients throughout Minnesota will be the winners.

Methodology and environmental changes may impact comparability to 2003 results. Specifically, additional steps were incorporated into the member attribution process and medical groups were asked to validate the Tax IDs used to define their medical group. This process identified the need to split some of the medical groups into new reportable medical groups for 2004.

The data in this report were derived from administrative data provided to health plans and, in selected instances, review of randomly sampled medical histories by trained data abstractors. Rigorous processes have been put in place for data validation. Also, Stratis Health was invited and agreed to participate in MN Community Measurement. Their ability to provide data on Fee For Service Medicare patients meant that the following five medical groups achieved minimum sample size requirements to be reportable: Family Practice Medical Center – Willmar; Hutchinson Medical Center; Minnesota Rural Health Cooperative, Regina Medical Center and Ridgeview Care System. Lastly, vaccine shortages could impact results for childhood and adolescent immunization measures.

Overall rates were weighted by the number of eligible members corresponding to each unique combination of health plan, medical group and insurance product. Statistics involving aspirin use were restricted to patients over 40 years of age. Weighted computations corrected for any imbalance with respect to the number of eligible members vs. number of sampled members for each unique health plan, medical group and insurance product combination.

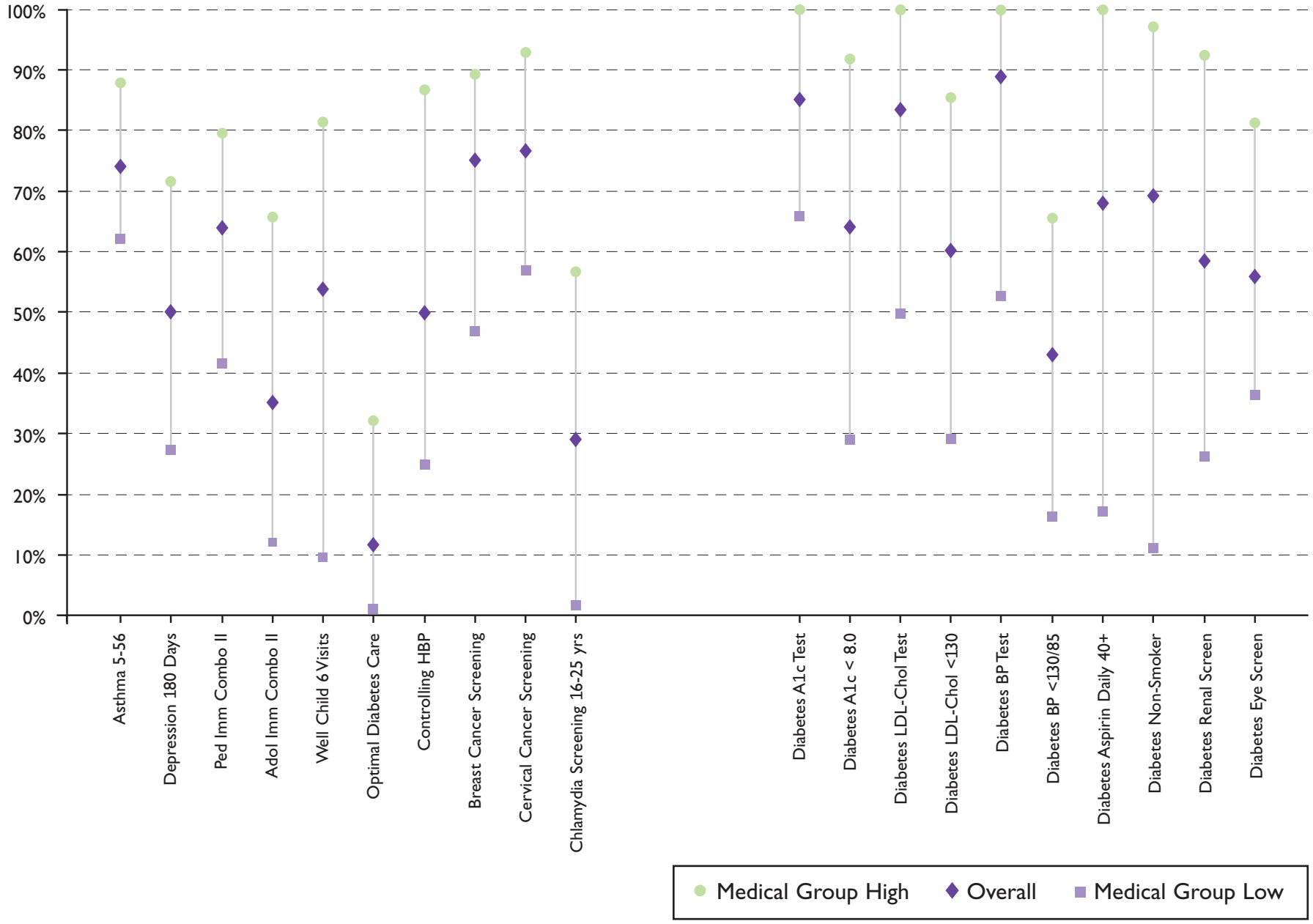
Diminishing the "hassle factor" detracting medical groups from efforts to improve quality is a goal of MN Community Measurement.

The Minnesota Department of Health has agreed to reduce the number of redundant charts audits previously required to report on health care quality.

Key Findings

- **Practice variation exists across all quality measures as the graph on the following page demonstrates. Such variation reflects opportunity for improvement.**
- **Rates of mammography and cervical cancer screening, asthma care and several components of diabetes care are the best and least variable. Quality measures relating to these clinical topics were among the earliest for which publicly reported health plan results have been available.**
- **Although not precisely comparable, all rates are increasing. Eye and renal screening in patients with diabetes HEDIS definitions change so an apparent decrease in rates from 2002 to 2003 likely does not represent a true decrease in screening.**
- **The proportion of patient with diabetes taking daily aspirin increased dramatically from 38% in 2001 to 68% in 2003.**
- **No medical group has the highest or the lowest rate across all measures.**

Practice Variation Exists Across All Quality Measures



MN Community Measurement is a success. Medical group cooperation, support for a more transparent healthcare system and commitment to delivering excellent patient care is an important part of the success. The new MN Community Measurement 501(c) organization, just created, will carry the work forward with a broadened coalition. We look forward to your participation, insight and guidance in this critically important part of transforming health care.

Thank You

Gail M. Amundson, MD, FACP, *Chair Community Measurement*

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[1]Agency for Healthcare Research and Quality (AHRQ), National Quality Measures Clearinghouse http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=4307

MN Community Measurement Leadership

2004 Board of Directors

Gail Amundson, MD, FACP, HealthPartners, and **Julie Brunner,** Minnesota Council of Health Plans, chairs.
Steven Richards, M.D., Blue Cross Blue Shield/Blue Plus of Minnesota; **Doug Hiza, M.D.,** First Plan of Minnesota; **Charlie Fazio, M.D.,** Medica; **Arthur Puff, M.D.,** Metropolitan Health Plan; **John Frederick, M.D.,** PreferredOne; **Craig Christianson, M.D.,** UCare Minnesota; **David Yauch, M.D.,** Aspen Medical Group; **Linda Walling, M.D.,** HealthEast; Janny Brust, MPH, Minnesota Council of Health Plans; **Ghita Worcester,** UCare Minnesota; **Sarah Cook,** PreferredOne; **Larry Bussey,** Medica; **Joachim Roski, Ph.D., MPH,** National Committee for Quality Assurance (NCQA). Each has provided strategic direction and contributed generously of their time and talent.

2004 Data Planning Committee

Mark Holmberg, Blue Cross Blue Shield/Blue Plus of MN; **Diane Wehrle, Rachel Woods,** HealthPartners; **Maren Fustgaard, Karen Oudekerk, Phaedra Johnson,** Medica; **Yale Hicks,** Metropolitan Health Plan; **Sarah Cook, Deb Doyle,** PreferredOne; **Ann Herzog-Morrison,** UCare Minnesota; **Gail Amundson, M.D.,** Project Board; **Eileen Smith,** Minnesota Council of Health Plans. The Data Planning Committee provides measurement and data technical expertise without which this report would not be possible.

Medical Group Advisory Board

Linda Walling, M.D., HealthEast, **David Yauch, M.D.,** Aspen Medical Group, chairs.
BJ Mellema, M.D., Affiliated Community Medical Centers; **Phil Hoversten, M.D.,** Allina Medical Clinic; **Don Wennberg, M.D.,** Brainerd Medical Center, P.A.; **Richard Gebhart, M.D.,** Camden Physicians; **David Tilstra, M.D.,** CentraCare Health System; **Tom Rolewicz, M.D.,** Columbia Park Medical Group; **Barry Bershow, M.D.,** Fairview Health Services; **David Thorson, M.D.,** Family Health Services of Minnesota; **Gary McDowell,** Family Practice Center-Willmar; **Jean Krause,** Gundersen Clinic, Ltd.; **Mark Nyman, M.D.,** Mayo Clinic; **Rhonda Ketterling, M.D.,** MeritCare; **Victoria Champeau,** Minnesota Healthcare Network; **James Keane, M.D.,** Multicare Associates of the Twin Cities; **Dan Noonan, M.D.,** North Clinic; **LaTanya Carey, M.D.,** NorthPoint Health & Wellness; **Bruce Penner,** NorthStar Physicians; **Terry Murray,** Quello Clinic; **Tim Noren,** Regina Medical Center; **Hugh Renier, M.D.,** St. Mary's/Duluth Clinic Health System; **Paul McGinnis, M.D.,** Western Wisconsin Medical Associates, S.C.
The Medical Group Advisory Board provides input on project policy direction and communication. Participation on the Medical Group Advisory Board is open to medical directors and quality improvement leaders from participating medical groups.

2004 Project Director

Lark Arrichiello

Participating Medical Groups 2004

- 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.
- 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
- Gundersen Clinic
- HealthEast
- HealthPartners Central Minnesota Clinics
- HealthPartners Medical Group and Clinics
- Hennepin County
- Hutchinson Medical Center, P.A.
- Lakeview Clinic, Ltd
- 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 Aitkin 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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(Based on 2003 dates of service)

Quality Measure	Rate	± 95%	Eligible Population	Page
Asthma Care	73.8%	0.6%	21,682	8
Behavioral Health Care				
Depression Treatment – Acute Phase	66.0%	0.8%	12,406	10
Depression Treatment – Continuation Phase	50.6%	0.9%	12,406	12
Children's Health				
Immunizations				
Children	63.6%*	1.6%	29,512	14
Adolescent	35.0%*	1.5%	26,160	15
Well Child Visits	53.1%	0.6%	25,011	16
Diabetes Care				
Optimal Care (all 5 cardiovascular risks at target)	11.9%*	1.0%	49,612	18
HbA1c <=8.0	64.0%*	1.0%	49,612	19
Blood Pressure < 130/85	42.8%*	1.0%	49,612	19
LDL-C < 130	60.1%*	1.0%	49,612	19
Aspirin Use	67.8%*	1.0%	49,612	20
Tobacco Free	69.2%*	1.0%	49,612	20
High Blood Pressure Treatment	60.4%*	1.6%	52,252	29
Women's Health				
Breast Cancer Screening (Mammogram)	75.3%	0.3%	81,520	31
Cervical Cancer Screening (Pap smears)	77.8%	0.2%	230,528	31
Chlamydia Screening	29.1%	0.4%	56,757	31

* Reflects the weighted overall rate for this measure

Asthma Care

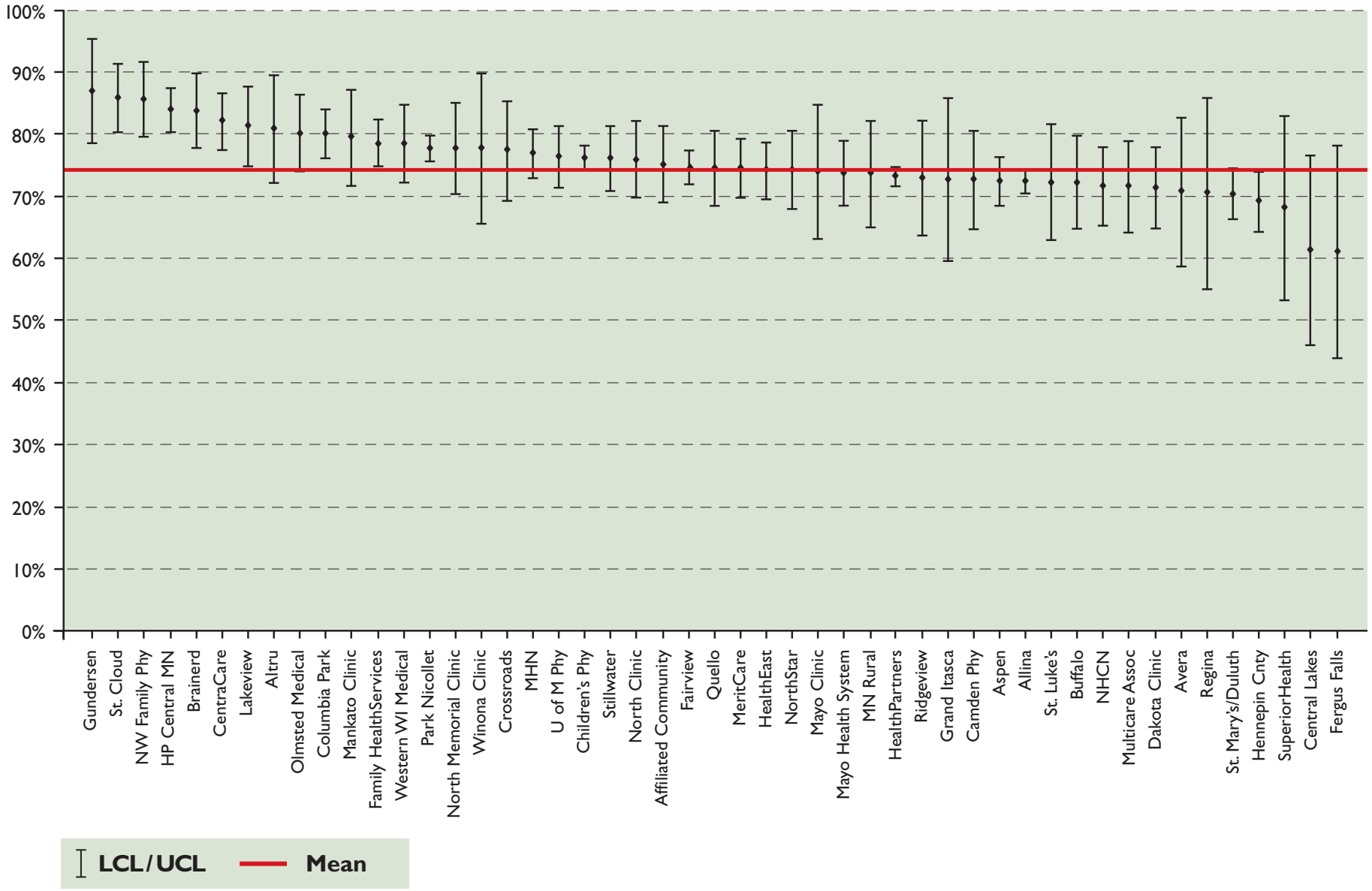
Use of Appropriate Medications for People with Asthma

This measures the percentage of patients age 5 to 56 years old with persistent asthma who were continuously enrolled in their health plan during the measurement year and were evaluated as having been prescribed medications which are accepted as primary therapy for long-term control of asthma (inhaled corticosteroids; cromolyn sodium and nedocromil; leukotriene modifiers and methylxanthines).

Use of Appropriate Medications for People with Asthma	Overall Rate	± 95%	Numerator	Denominator
All Ages (5 - 56)	73.8%	0.6%	15,999	21,682
Age 5 - 9	73.8%	1.7%	1,846	2,503
Age 10 - 17	70.5%	1.3%	3,355	4,759
Age 18 - 56	74.9%	0.7%	10,798	14,420

(Based on 2003 dates of service)

Appropriate Medication for People with Asthma - Age 5 to 56



Depression

Antidepressant Medication Management

This measures the percentage of patients age 18 years or older as of April 30 of the measurement year, continuously enrolled in their health plan from 120 days prior to and 245 days following the diagnosis of major depression, who were diagnosed with a new episode of depression and treated with antidepressant medication as defined by:

- Acute treatment phase: members who remained on antidepressant medication for the entire 12-week (84 days) acute treatment phase
- Continuation treatment phase: members who remained on antide pressant medication for at least 6 months.

Antidepressant Medication Management	Overall Rate	± 95%	Numerator	Denominator
Acute Phase Treatment - 84 days	66.0%	0.8%	8,190	12,406
Continuation Phase Treatment - 180 days	50.6%	0.9%	6,271	12,406

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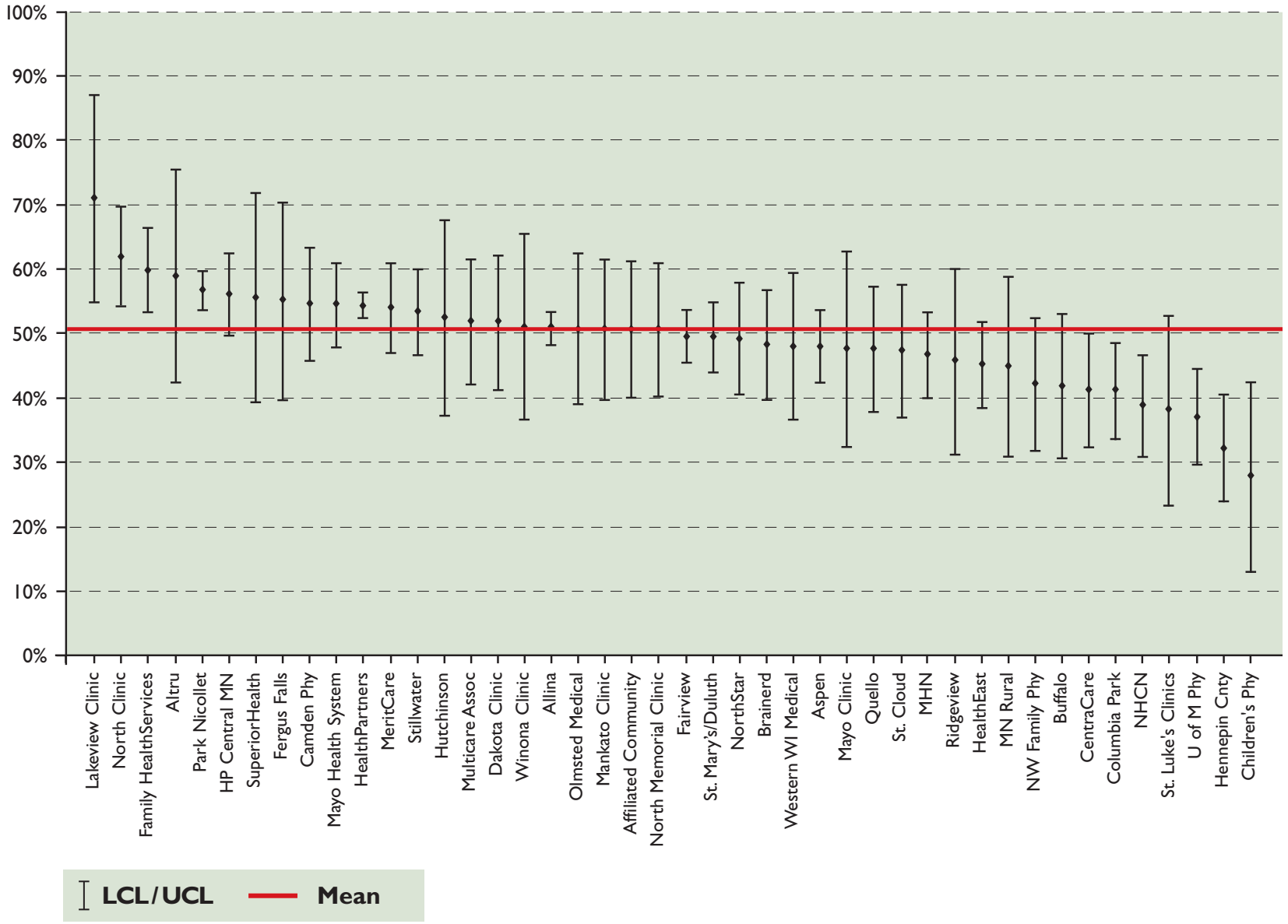
Remaining on Antidepressant Medication for 180 days



Children's Health

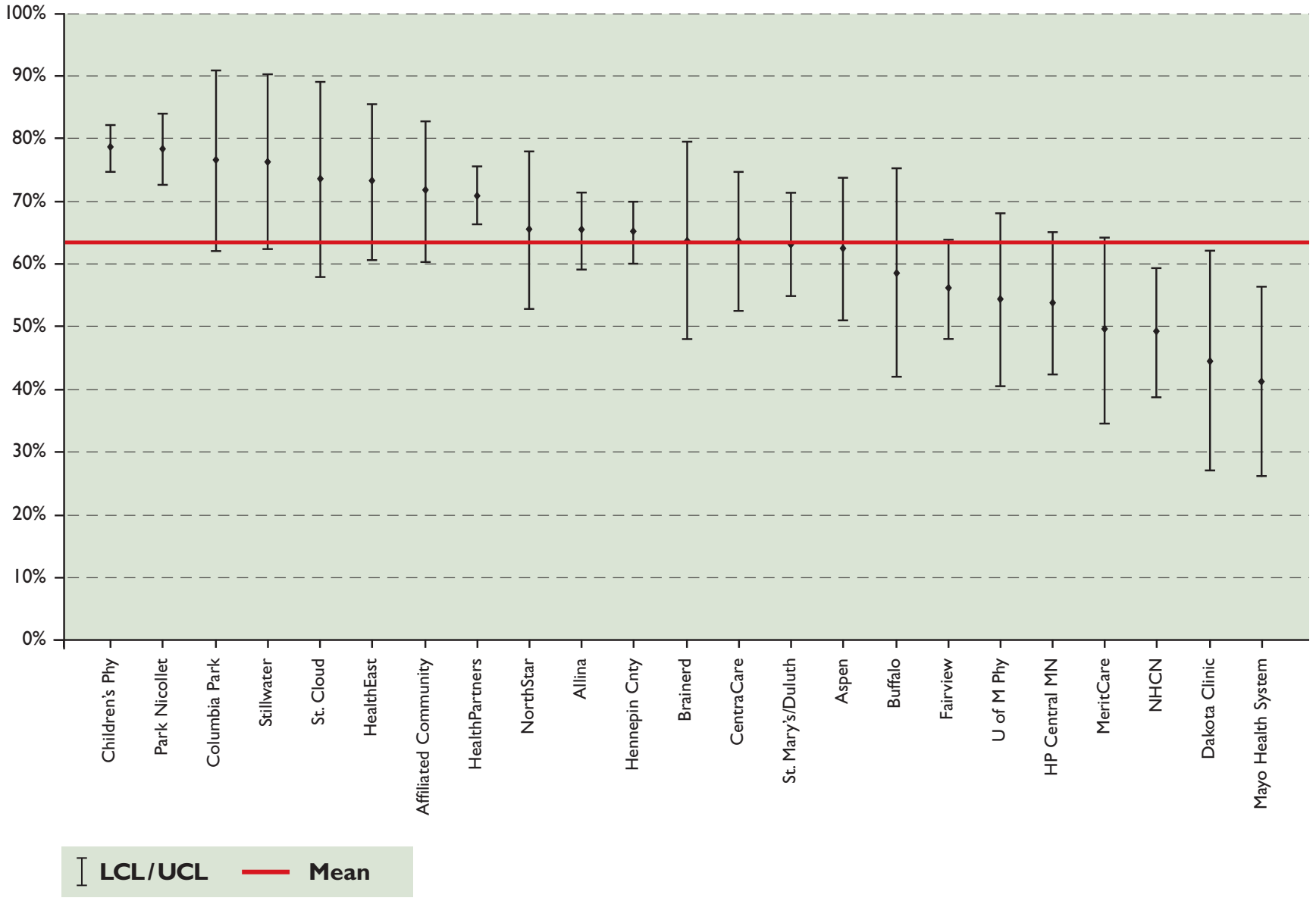
Childhood Immunization Status

This measures the percentage of children who turned two years old in the measurement year who were continuously enrolled in their health plan for 12 months immediately preceding their second birthday and who have received the following:

- Four diphtheria-pertussis-tetanus (DTP or DTaP) vaccinations by the second birthday
- Three polio (IPV or OPV) vaccinations by the second birthday
- One Measles-Mumps-Rubella (MMR) vaccination between the first and second birthdays
- Two Haemophilus influenza type B (Hib) vaccinations on or before the second birthday (with at least one of them falling between the first and second birthdays)
- Three hepatitis B (HBV) vaccinations on or before the second birthday (with at least one of them falling between the sixth month and second birthday)
- At least one chicken pox (VZV) vaccination on or between the first and second birthdays

Childhood Immunization Status	Weighted Rate	± 95%	Total Fully Immunized	Denominator	Total Eligible
Children with all immunizations (including chickenpox)	63.6%	1.6%	2,222	3,623	29,512
Children with all immunizations (except chickenpox)	71.5%	1.5%	2,501	3,623	29,512

Childhood Immunization Status Including Chickenpox



Children's Health

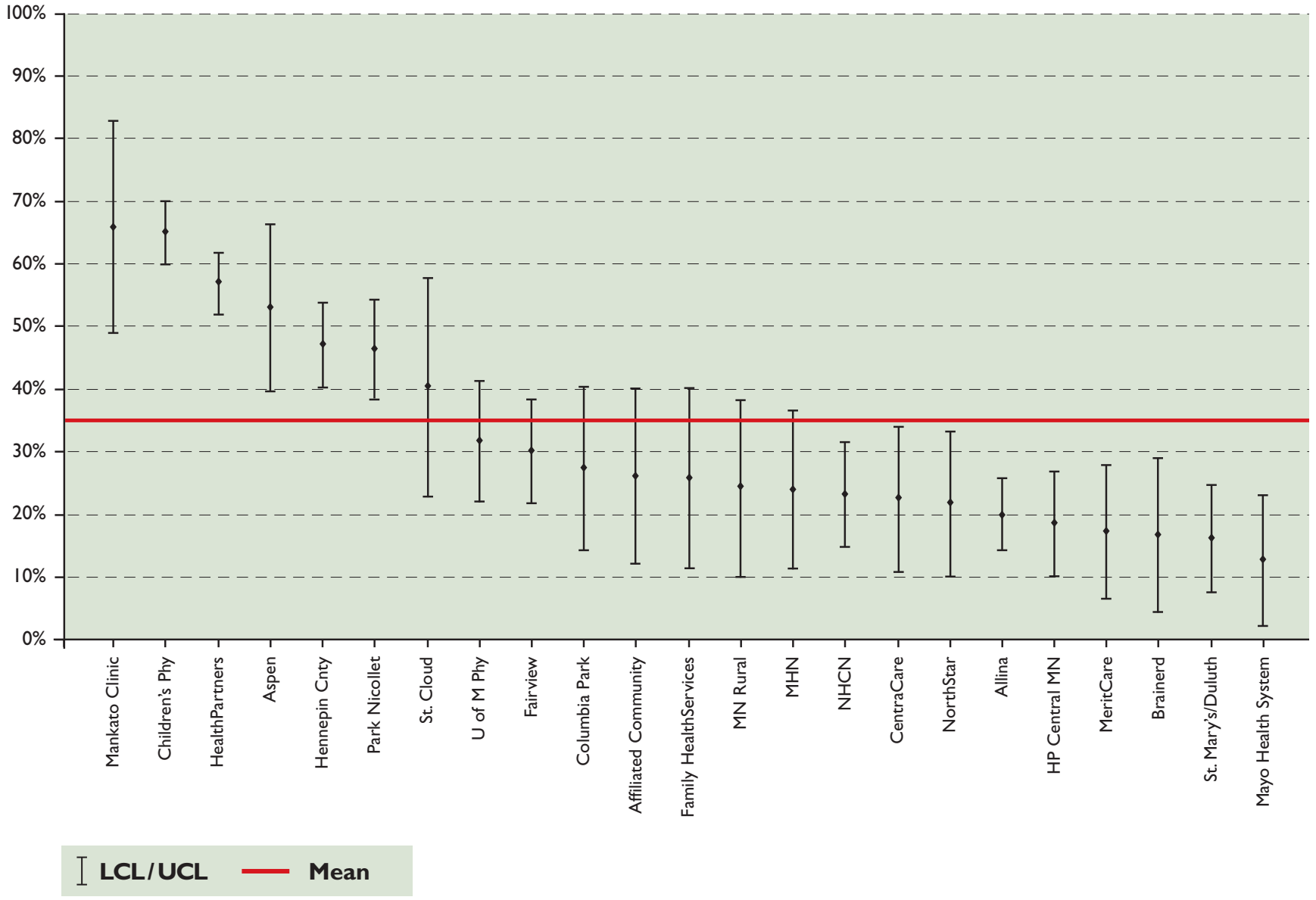
Adolescent Immunization Status

This measures the percentage of patients whose 13th birthday was in the measurement year who were continuously enrolled in their health plan for 12 months immediately preceding their 13th birthday and who received:

- Either a second dose of measles-mumps-rubella (MMR) vaccine or had a seropositive test for measles, mumps and/or rubella
- Either three hepatitis B (HBV) vaccinations or a seropositive test result for hepatitis B
- Either one chickenpox (VZV) vaccination or evidence of the chickenpox by age 13.

Adolescent Immunization Status	Weighted Rate	± 95%	Total Fully Immunized	Denominator	Total Eligible
Adolescents with all immunizations (including chickenpox)	35.0%	1.5%	1,285	3,880	26,160
Adolescents with all immunizations (except chickenpox)	60.6%	1.5%	2,297	3,880	26,160

Adolescent Immunization Status Including Chickenpox



Children's Health

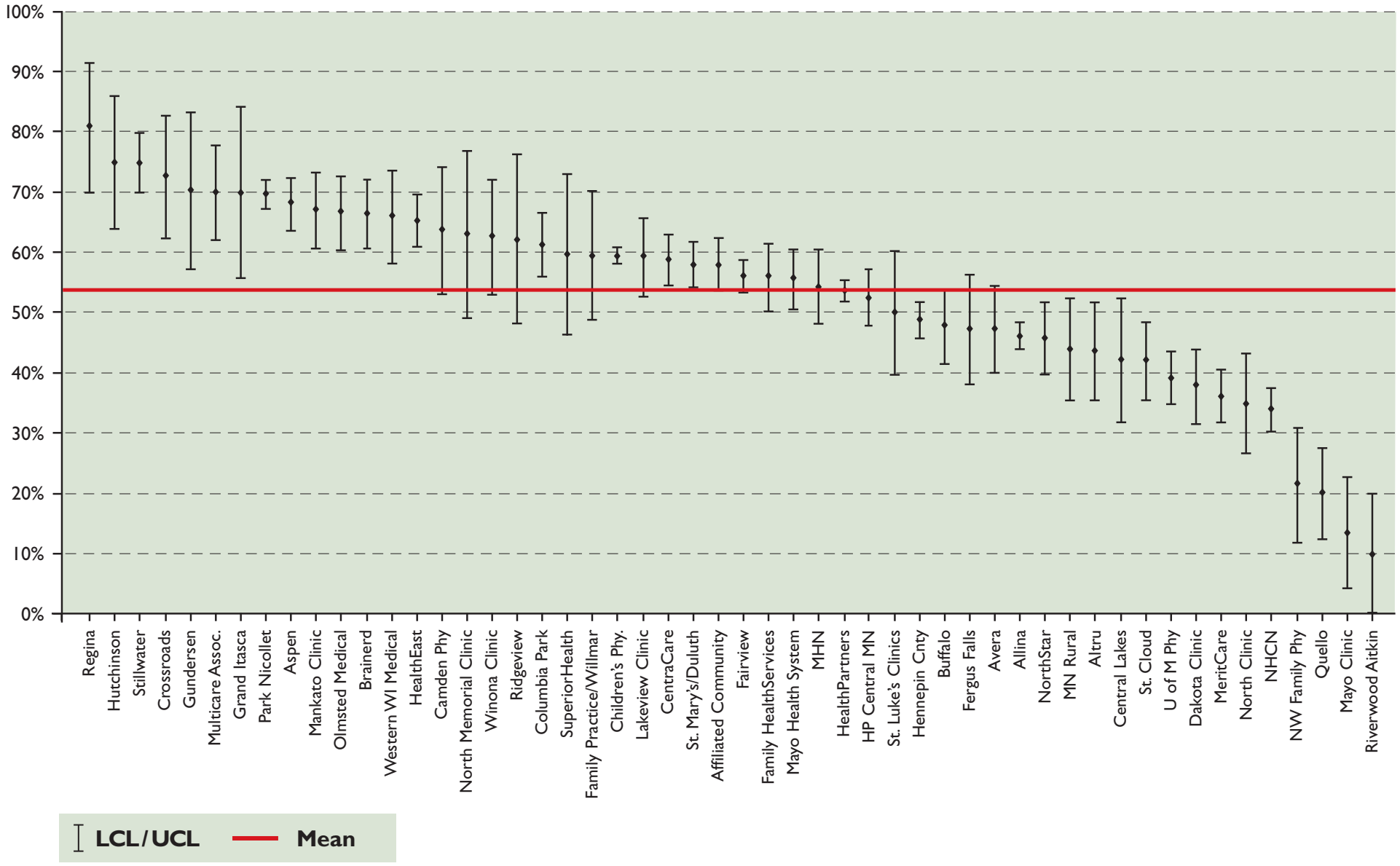
Well Child Visits

This measures the percentage of patients who turned 15 months old during the measurement year, who were continuously enrolled in their health plans from 31 days of age and who received either zero, one, two, three, four, five or six or more well child visits with a primary care practitioner during their first 15 months of life.

(Note: a child is included in only one numerator - e.g. a child receiving six well child visits is not included in the rate for five, four, etc.)

Well Child Visits in the First 15 months of life	Overall Rate	± 95%	Numerator	Denominator
Six visits or more	53.1%	0.6%	13,279	25,011
Five visits	23.9%	0.5%	5,981	
Four visits	10.4%	0.3%	2,611	
Three visits	4.9%	0.3%	1,228	
Two visits	3.0%	0.2%	744	
One visit	2.2%	0.2%	551	
No visits	2.5%	0.2%	617	

Well Child Care - 6 Visits or More in the First 15 Months of Life



Diabetes Care

Optimal Diabetes Care

This measures the percentage of patients with diabetes (Type I and Type II) age 18 through 75 years who were continuously enrolled in their health plan during the measurement year reaching all of the following treatment goals:

- HbA1c less than or equal to 8.0%
- Blood Pressure less than 130/85
- LDL-C less than 130 mg/dl
- Aspirin use age 41-75
- Documented tobacco free

Diabetes Optimal Care	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
Optimal Diabetes Care	11.93%	1.0%	1,068	8,902	49,612
HbA1c <=8.0	64.0%	1.0%	5,925		
BP <130/85	42.8%	1.0%	3,633		
LDL-C <130	60.1%	1.0%	5,528		
Aspirin Use	67.8%	1.0%	4,767		
Non-smoker	69.2%	1.0%	6,089		

Diabetes Care

HbA1c Level	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
HbA1c screening	85.0%	0.7%	7,772	8,902	49,612
HbA1c <=6.0	15.9%	0.8%	1,443		
HbA1c <=7.0	45.2%	1.0%	4,177		
HbA1c <=8.0	64.0%	1.0%	5,925		
HbA1c <=9.0	72.2%	0.9%	6,644		
HbA1c >9.0	10.2%	0.6%	868		
HbA1c untested	15.0%	0.7%	1,130		

BP Level	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
BP documented	88.7%	0.7%	7,881	8,902	49,612
<130/85	42.8%	1.0%	3,633		
<130/80	33.5%	1.0%	2,961		
<120/80	18.9%	0.8%	1,665		
BP untested	11.3%	0.7%	1,021		

LDL Level	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
LDL screening	83.4%	0.8%	7,522	8,902	49,612
<100	35.6%	1.0%	3,407		
<130	60.1%	1.0%	5,528		
LDL untested	16.6%	0.8%	1,380		

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Diabetes Care

Tobacco Use	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
Undocumented Tobacco status	18.7%	0.8%	1,780	8,902	49,612
Known tobacco user	12.1%	0.7%	1,033		
Tobacco Free	69.2%	0.9%	6,089		

Aspirin Use	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
Patients age 40 and older on Aspirin Therapy	67.8%	1.0%	4,767	7,923	40,944

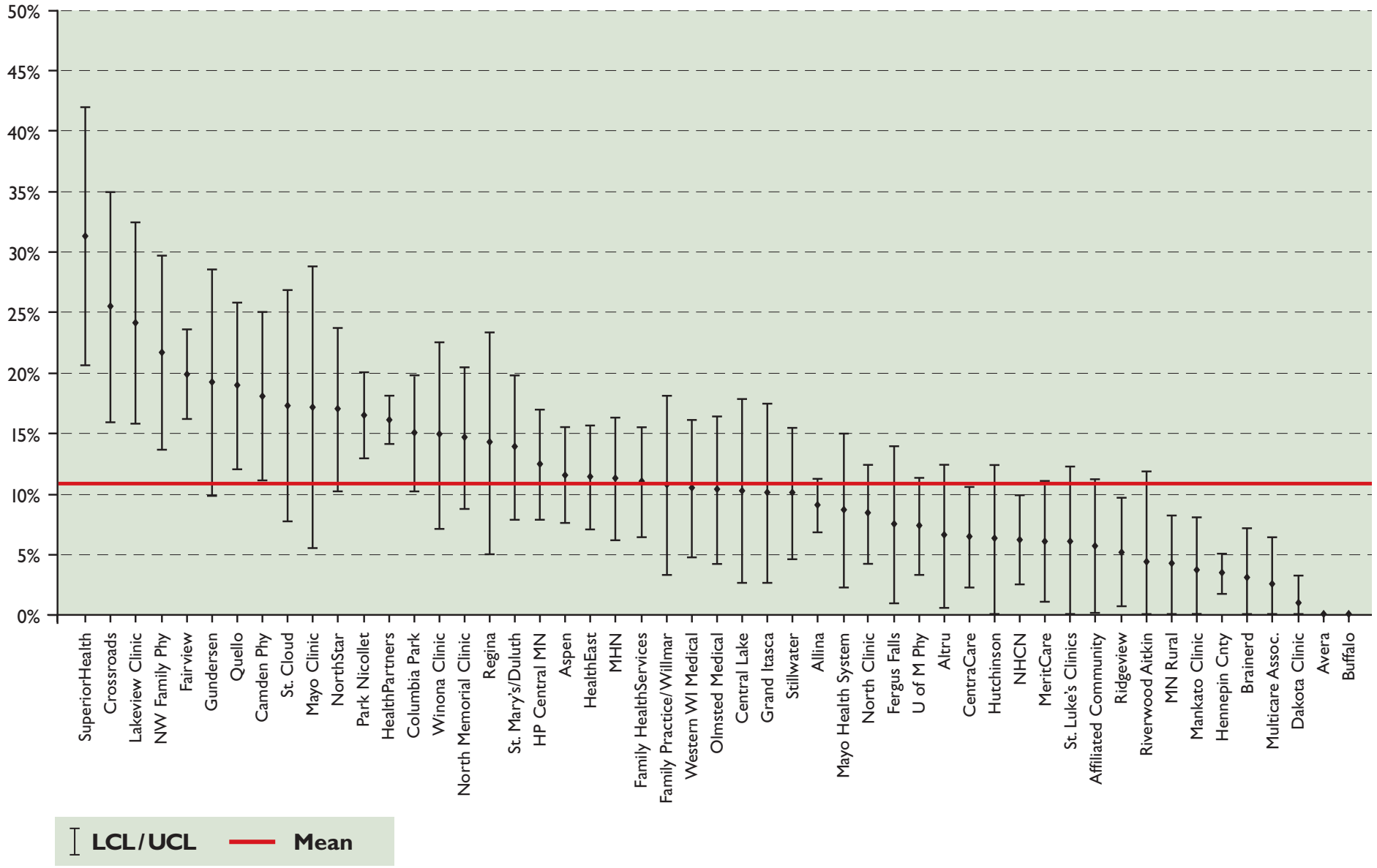
Retinal Eye Exam	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
Retinal Eye Exam	56.0%	1.0%	5,270	8,902	49,612

Nephropathy	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
Nephropathy screening	58.5%	1.0%	5,284	7,772	49,612

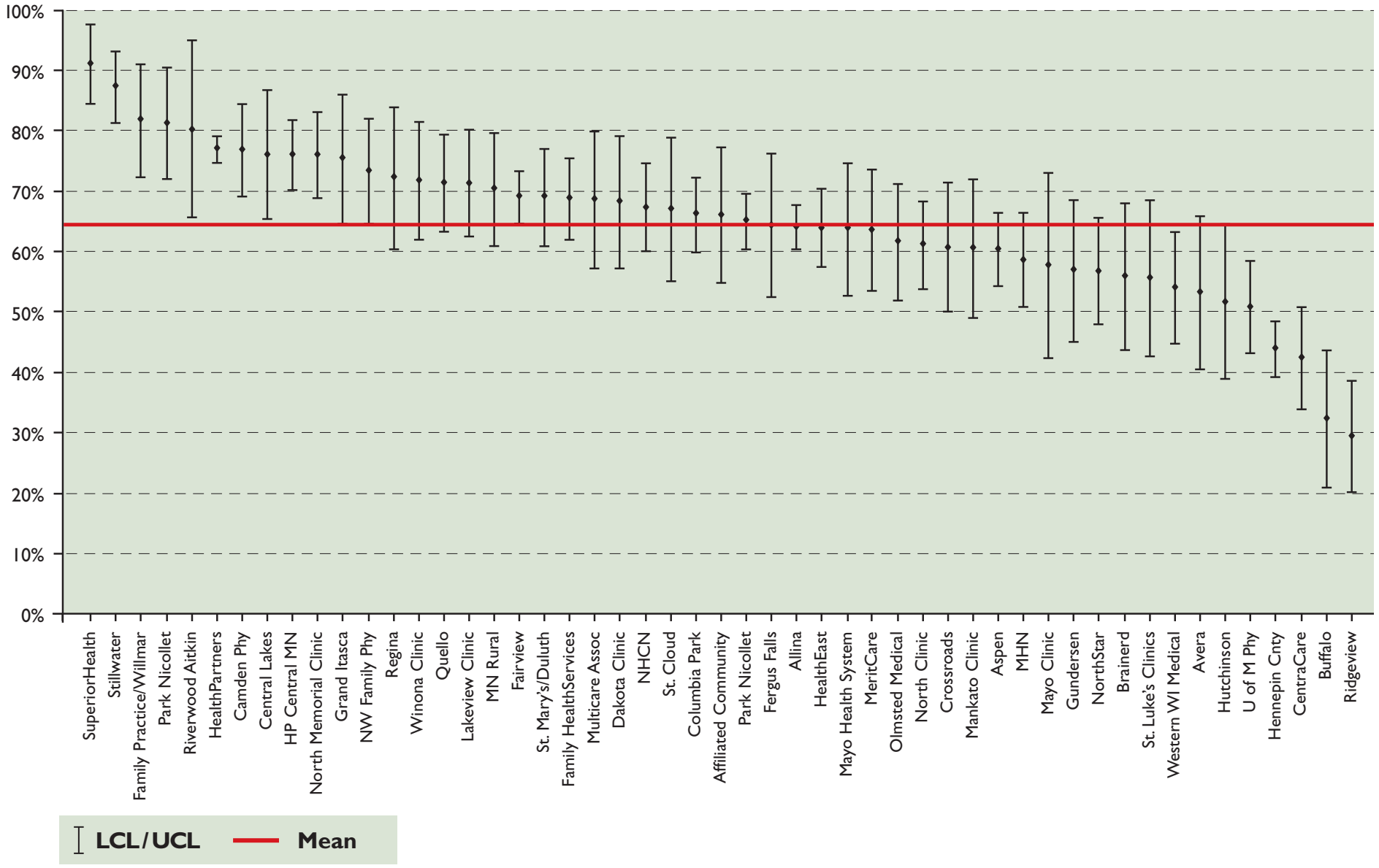
Weighted aggregate average	HbA1c	LDL	Systolic BP	Diastolic BP	Patients Sampled
Weighted aggregate average	7.24	105.7	129.1	75.5	8,902

Patients reaching all current ICSI treatment goals = 3.9% + 0.4% (HbA1c <=7.0; BP <130/80; LDL <100; aspirin use; tobacco free)
49,612 continuously enrolled patients with diabetes were identified - 8,902 medical records were reviewed
Approximately 4% of the patients with diabetes could not be attributed to a medical group.

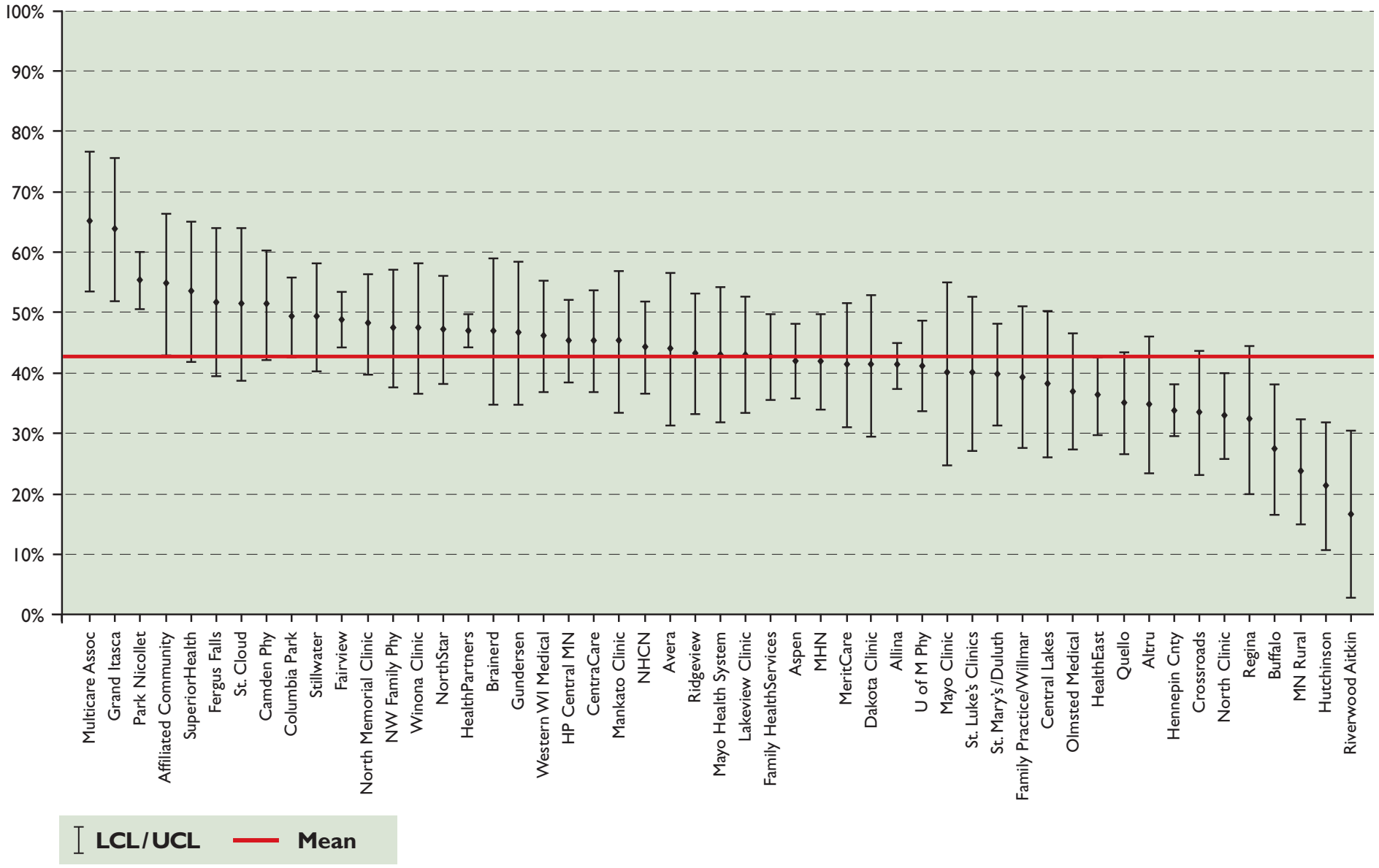
Optimal Diabetes Care



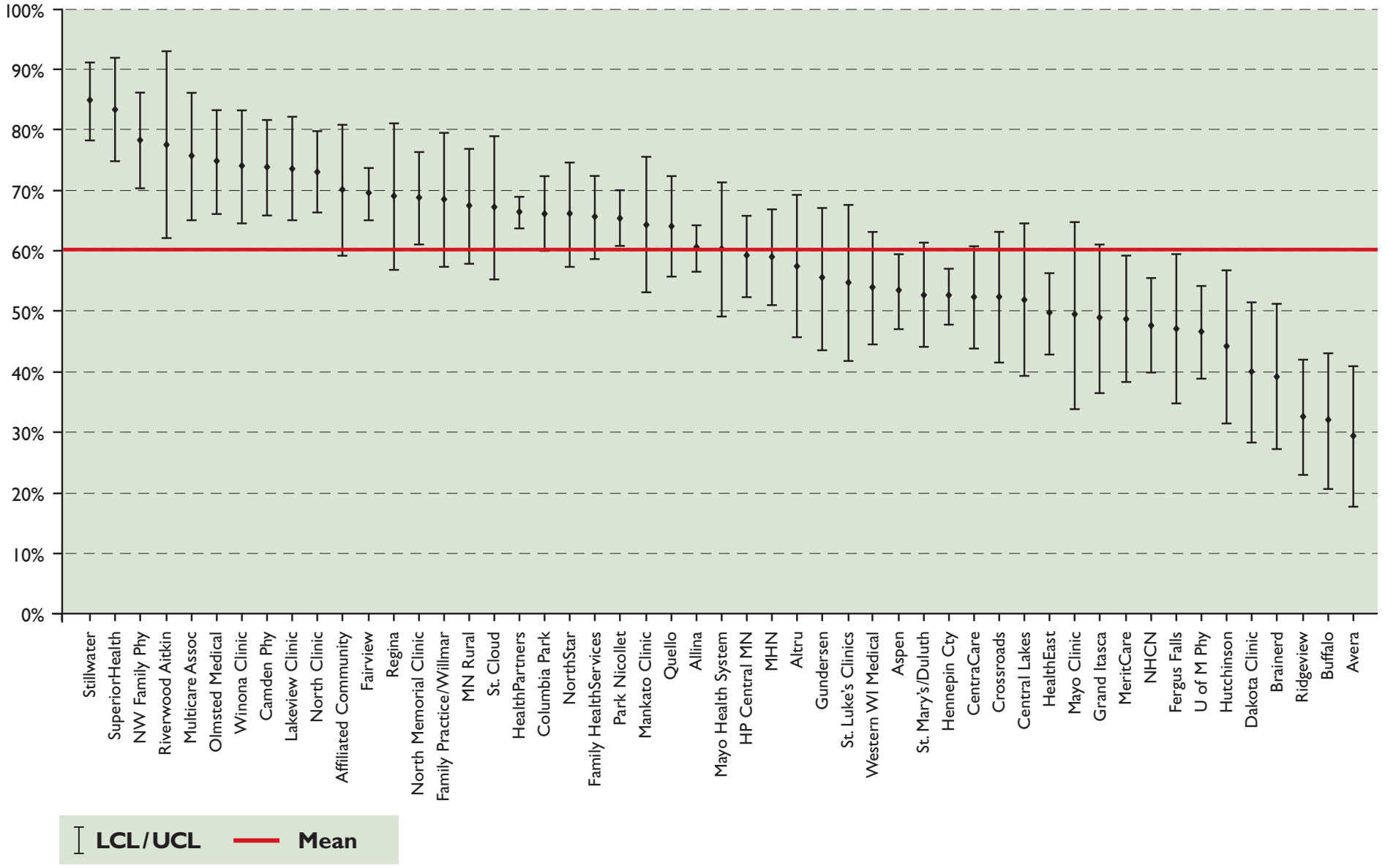
Patients with Diabetes - HbA1c<=8



Patients with Diabetes-Blood Pressure Below 130/85



Patients with Diabetes - LDL Below 130



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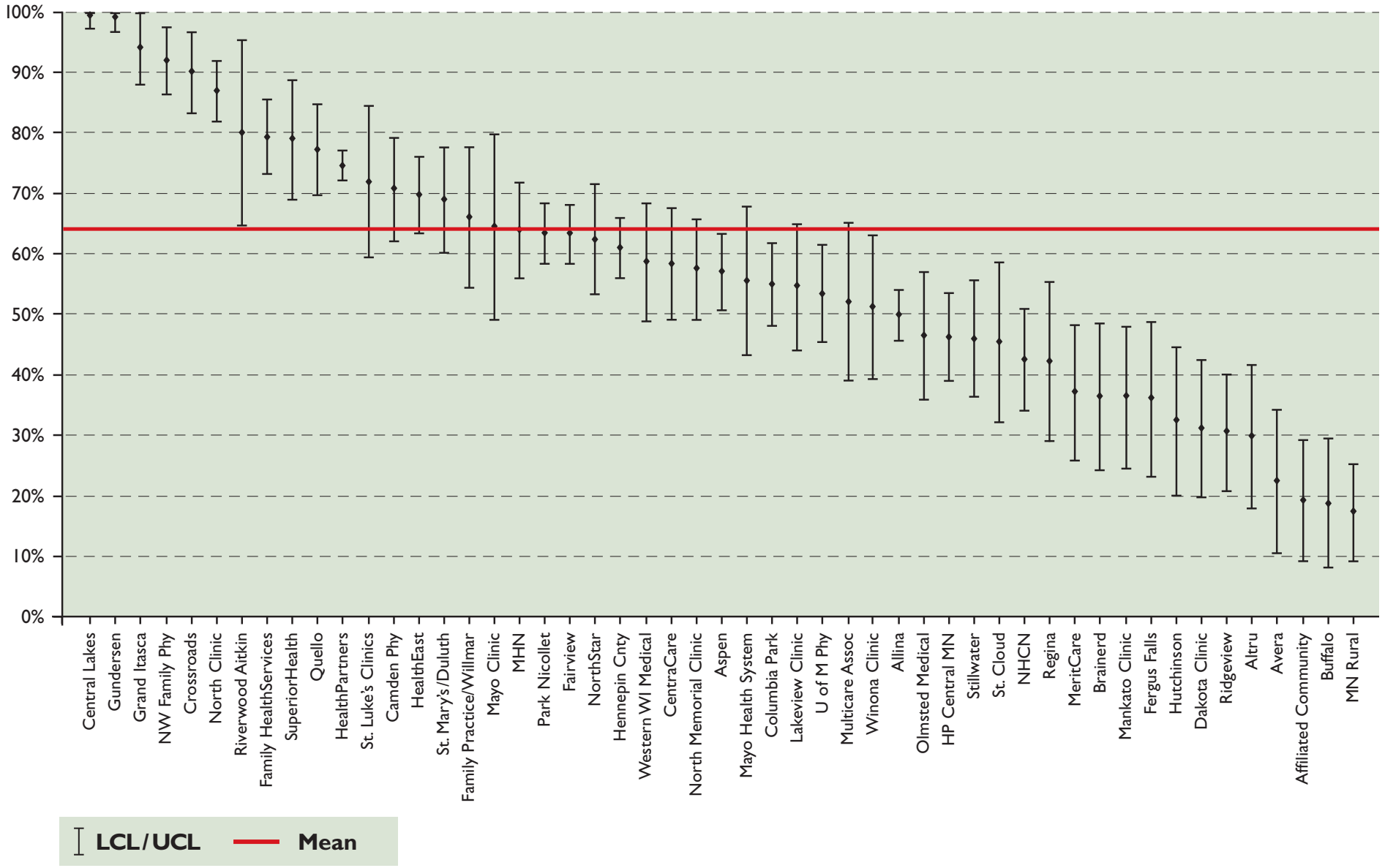
Patients with Diabetes - Aspirin Use



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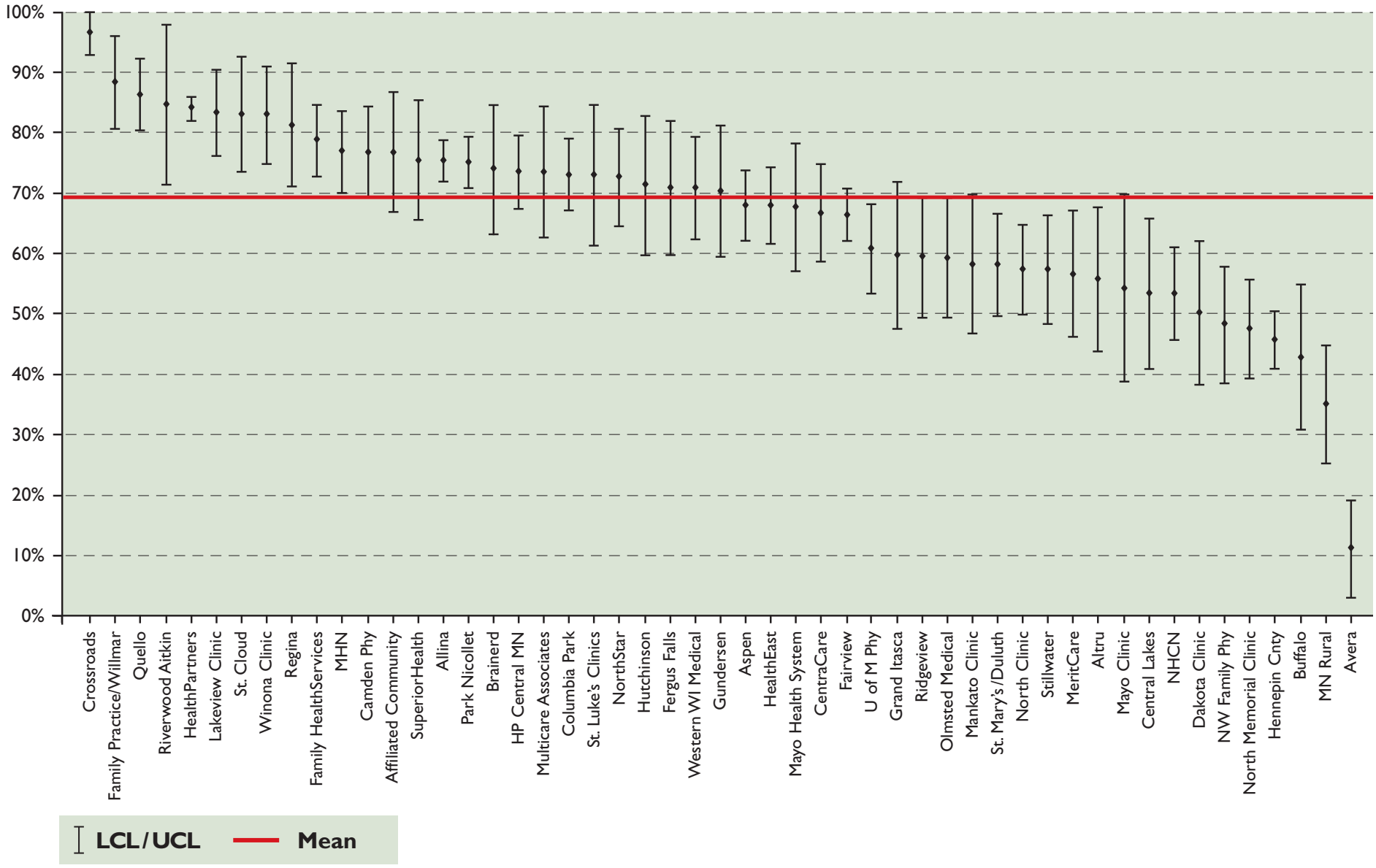
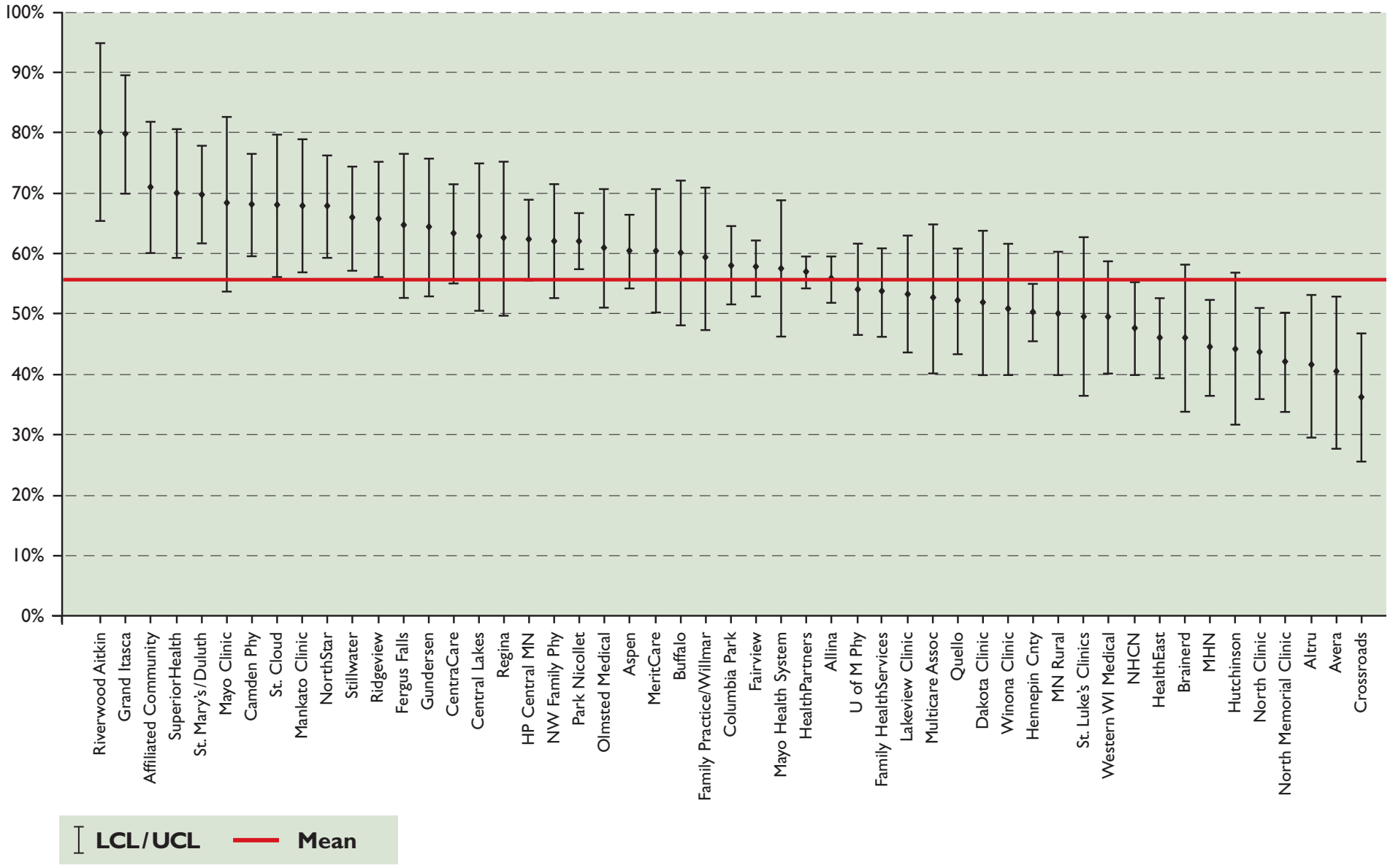
Patients with Diabetes -Tobacco Free

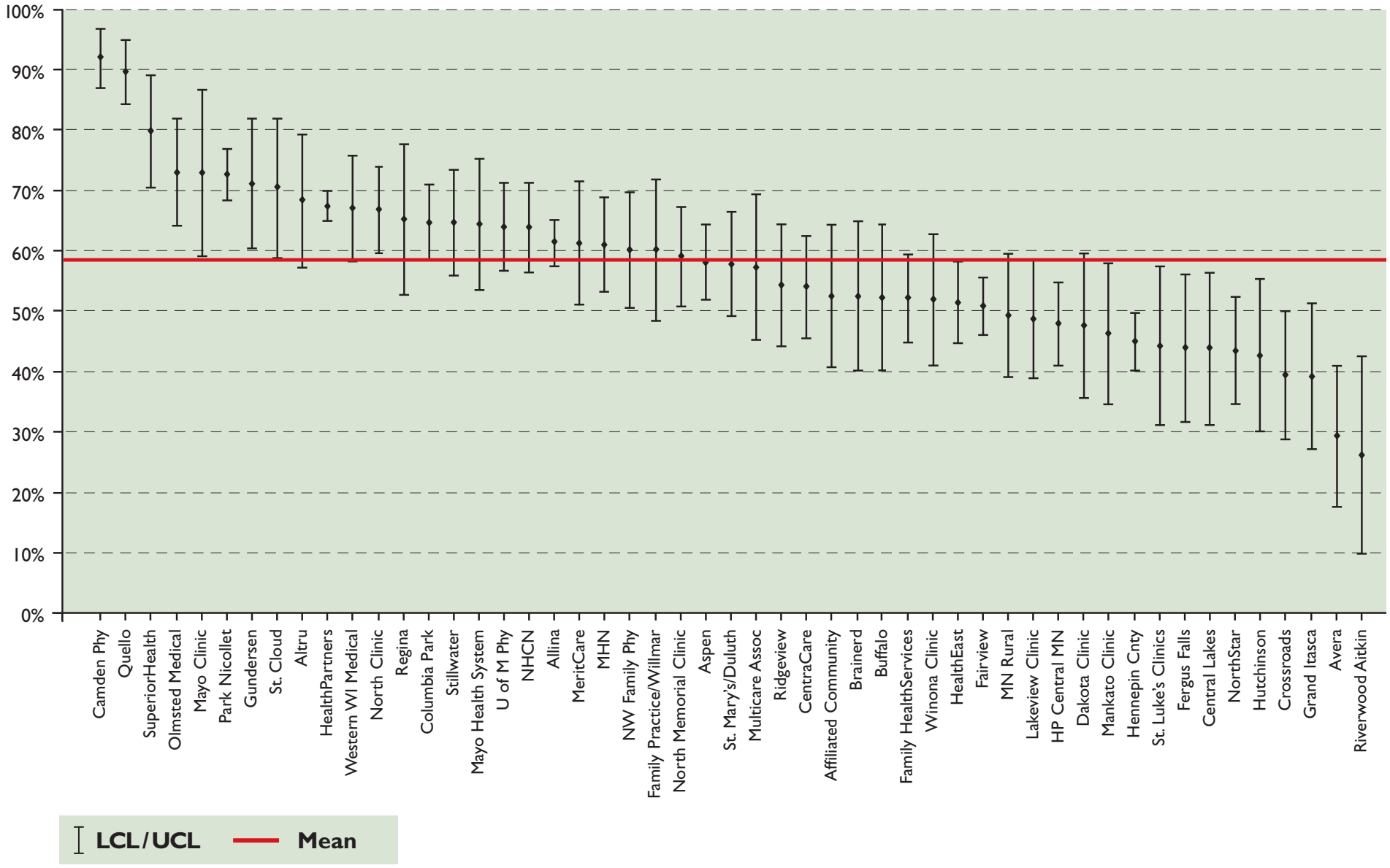


Patients with Diabetes Receiving a Retinal Eye Exam



(Based on 2003 dates of service)

Patients with Diabetes Receiving a Nephropathy Screening



High Blood Pressure Treatment

This measures the percentage of patients age 46 to 85 with a diagnosis of hypertension who were continuously enrolled in their health plan during the measurement year whose blood pressure was determined to be under control – less than or equal to 140/90.

Treatment for High Blood Pressure	Weighted Rate	± 95%	Numerator	Denominator	Total Eligible
BP <= 140/90	60.4%	1.6%	2,090	3,396	52,252

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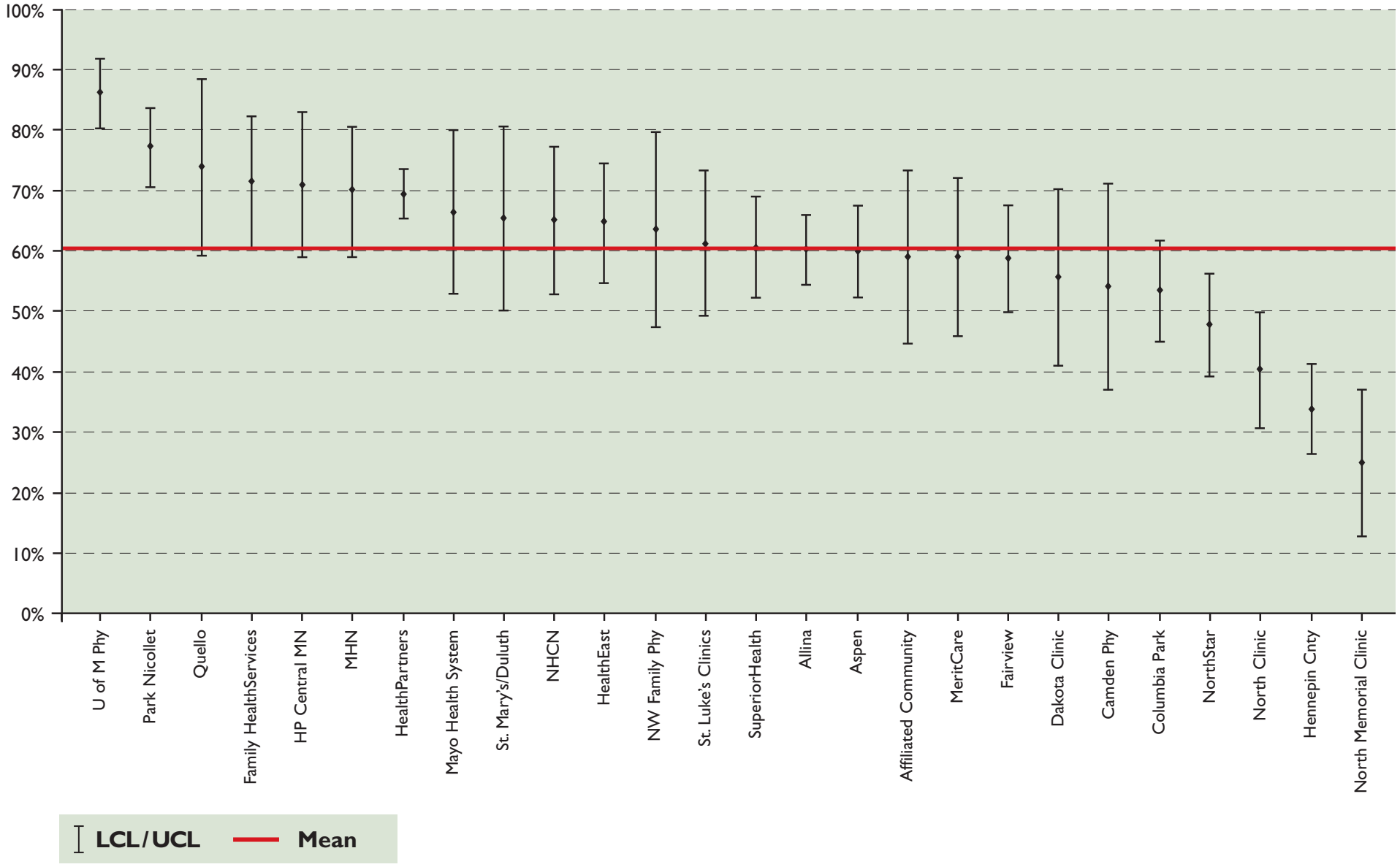
High Blood Pressure Treatment (BP<=140/90)



Women's Health

Breast Cancer Screening

This measures the percentage of women age 50 through 69 years who were continuously enrolled in their health plan for two years and who had a mammogram during the measurement year or the previous year.

Breast Cancer Screening	Overall Rate	± 95%	Numerator	Denominator
Breast Cancer Screening	75.3%	0.3%	61,412	81,520

Cervical Cancer Screening

This measures the percentage of women age 18 through 64 who were continuously enrolled in their health plan for three years* and who have received one or more Pap tests during the measurement year or the previous two years.

* *for Medicaid members, the continuous enrollment requirement is one year.*

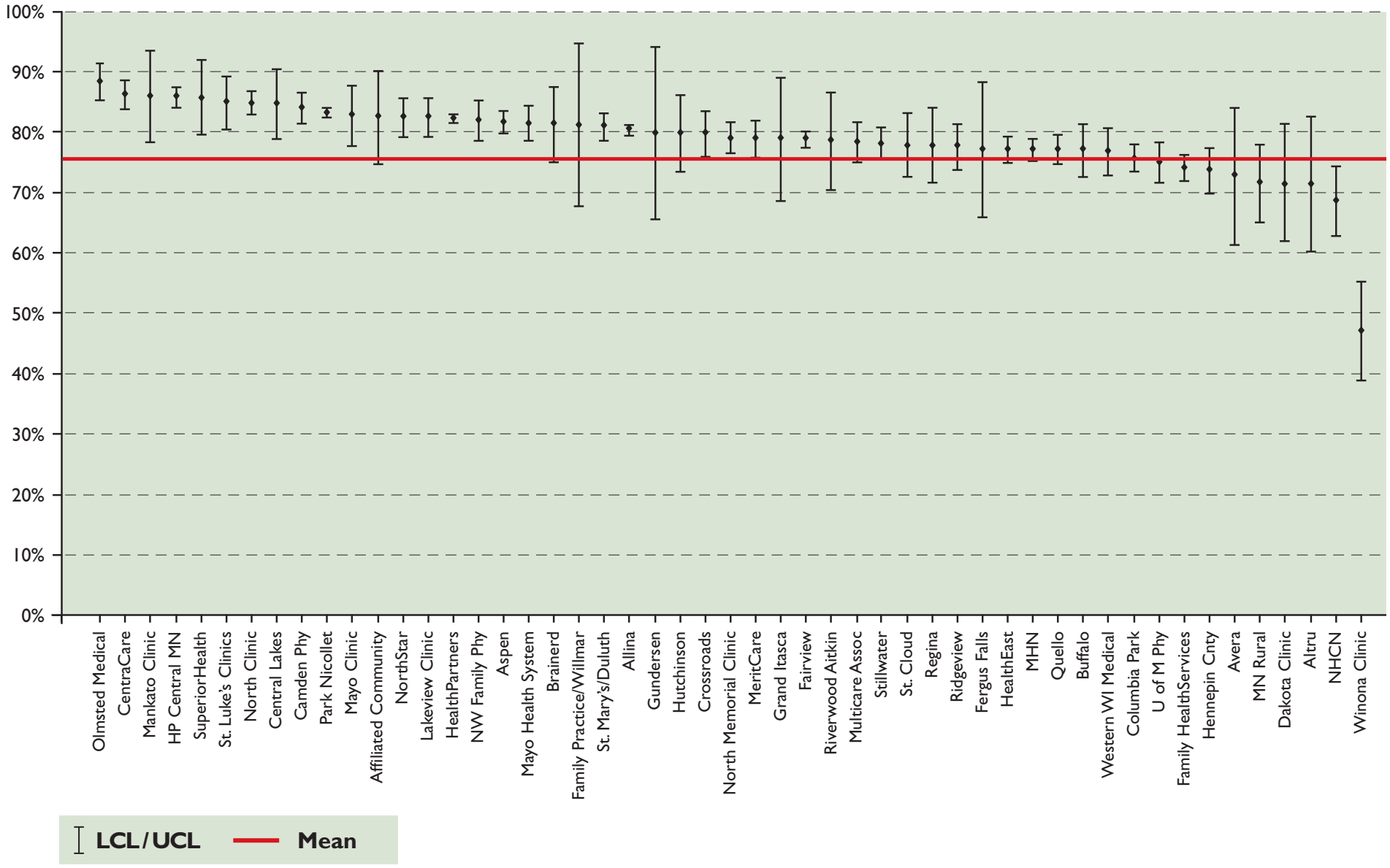
Cervical Cancer Screening	Overall Rate	± 95%	Numerator	Denominator
Cervical Cancer Screening	77.8%	0.2%	179,234	230,528

Chlamydia Screening in Women

This measures the percentage of women ages 16 through 25 years who were continuously enrolled in their health plan during the measurement year who were identified as sexually active and had at least one test for Chlamydia.

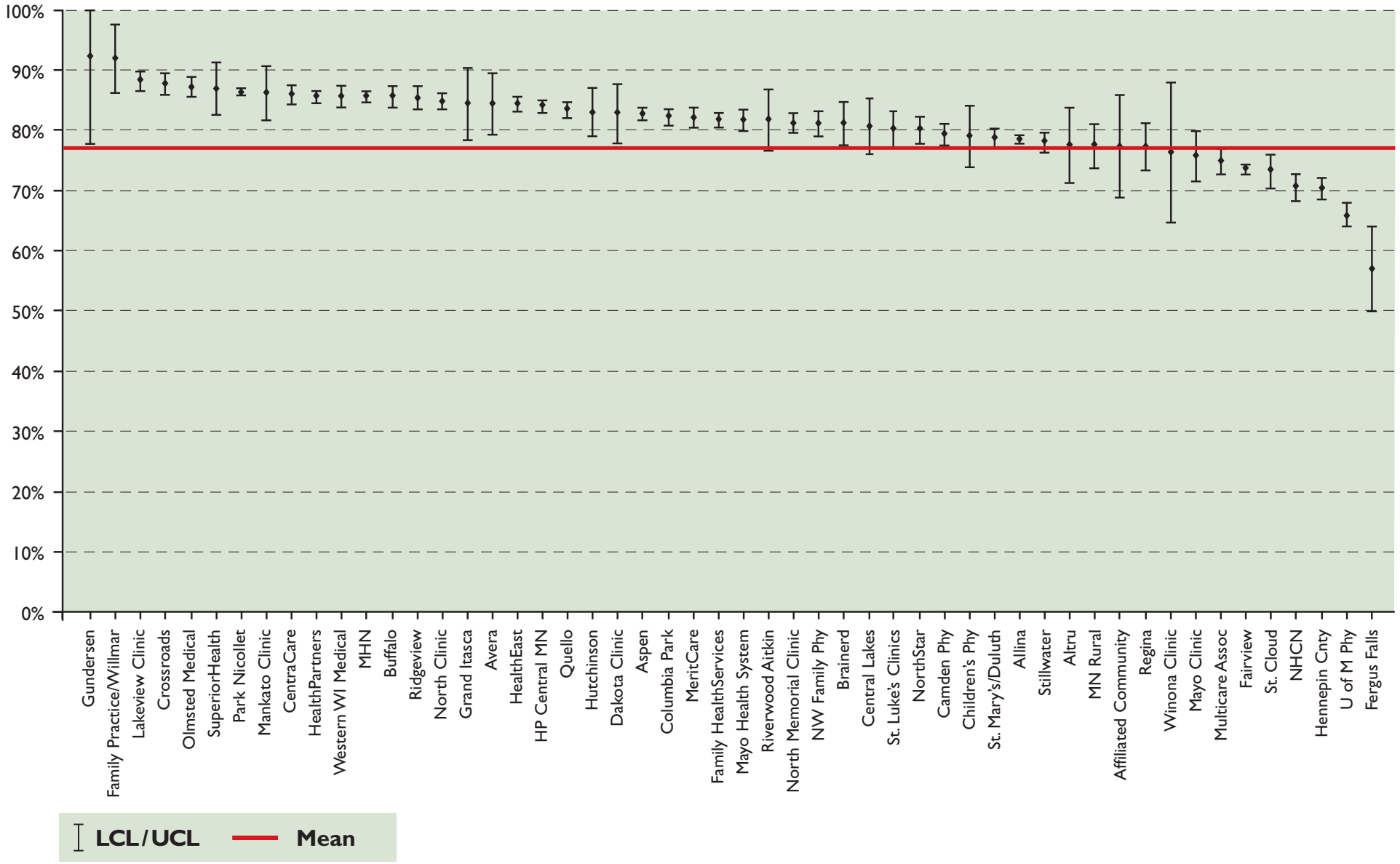
Chlamydia Screening	Overall Rate	± 95%	Numerator	Denominator
Age 16 - 25	29.1%	0.4%	16,539	56,757
Age 16 - 20	30.3%	0.6%	7,418	24,481
Age 21 - 25	28.3%	0.5%	9,121	32,226

Breast Cancer Screening



(Based on 2003 dates of service)

Cervical Cancer Screening



(Based on 2003 dates of service)

Chlamydia Screening in Women - Ages 16 to 25