2005 Health Care Quality Report

MN Community Measurement's Health Care Quality Report features comparative provider group performance on preventive care screening and treatment of chronic conditions.

www.mnhealthcare.org

Final – November 15, 2005

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November 2005

MN Community Measurement® (MNCM) is an important collaborative effort among organizations that provide and pay for health care in Minnesota. It serves as a reliable source of health care quality information. MN Community Measurement was founded by the Minnesota Council of Health Plans and the Minnesota Medical Association with support from the Minnesota Medical Group Management Association, the Institute for Clinical Systems Improvement and employers throughout Minnesota. Last year was the first time that MN Community Measurement publicly reported on health care quality measures.

The 2005 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. A primary objective of this report is to provide information to support provider group quality improvement. Provider groups will find this report useful to improve health care systems for better patient care. Sharing results with the public provides recognition for provider groups that are doing a good job now and motivates other groups to work harder. The report will allow provider groups to track their progress from year-to-year and to set and measure goals for future health care initiatives.

An equally important objective is encouraging health care providers to join in the effort to make the initiative a valuable resource to patients. Providers across the state continue to work with MN Community Measurement to respond to patient need for more detailed health care information. Many clinics are encouraging patients to view the information and use it when making health care decisions. Our website provides patients with a tool to create an open dialogue with their physician and discuss ways they can improve their own care. Not all healthcare is the same and it is important for consumers to be aware of the differences that may affect their individual healthcare experience.

A new board was formed earlier this year, and upholding MNCM as a community-owned project is of utmost importance. Board members are committed to carrying the work forward with a broadened coalition. Provider group support for a more transparent healthcare system and commitment to delivering excellent patient care is essential to our future success.
We look forward to your participation, insight and guidance in this critically important part of transforming health care.

Thank you,

John Frederick, MD, Board Chair
MN Community Measurement

Jim Chase, Executive Director
MN Community Measurement

MN Community Measurement 2005 Health Care Quality Report

(2004 Dates of Service)

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MN Community Measurement 2005 Health Care Quality Report

Executive Summary

Health care quality has become an increasingly hot topic among policy makers, employers and health care providers. Public reporting of comparative performance information is one strategy that assists efforts to establish greater accountability for the quality of health care and services provided. MN Community Measurement's integrated data set of health care quality information allows for reporting at the provider group level in Minnesota. It also serves as a mechanism for activating consumers by providing the right tools and information to help them make informed decisions about their health care.

The goal of MN Community Measurement is to improve patient care for all Minnesotans. The 2005 Health Care Quality Report measures the quality of clinical care throughout Minnesota and bordering counties. It provides accurate, comparative information on the quality of care at Minnesota's provider groups.

We have good news! Provider groups' efforts to improve care are showing up in better results. Community-wide, many measures have improved over last year. And the results aren't just numbers, but a real impact on people's lives. These improvements mean fewer complications and deaths from these conditions. But, again this year, we see significant variation in results across provider groups, so we know there continues to be room for improvement.

This year's report assesses 10 clinical topics and includes over 40 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. The report provides results on the quality of treatment at 54 provider groups (representing more than 700 clinics) throughout Minnesota and bordering counties. The report highlights excellent performance as well as opportunities for improvement.

The Optimal Diabetes Care measure (patients meeting ***all*** 5 treatment targets to decrease their risk of developing cardiovascular complications)[1] is reported for the fourth year. We also report an Optimal Diabetes Care measure with revised targets to align with the Institute for Clinical Systems Improvement's most recent guidelines. Other quality measures are based on HEDIS® (Health Plan Employer Data and Information Set) definitions. Over the past year, Minnesota's Optimal Diabetes Care rate increased by 33 percent, from 12 percent in 2004 to 16 percent in 2005.

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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*

Executive Summary

Optimal Diabetes Care (reaching all cardiovascular risk treatment goals) puts patients at the center of our quality assessment. In 2005, an achievable benchmark of 40 percent has been established by Family HealthServices Minnesota that will challenge all Minnesota provider groups to evaluate the care they provide and improve to the highest possible standard. A total of eight provider groups topped the 2004 optimal diabetes care benchmark of 31 percent including:

- Family HealthServices Minnesota
- Affiliated Community Medical Centers
- HealthPartners Medical Group
- Columbia Park Medical Group
- Multicare Associates of the Twin Cities
- SuperiorHealth Medical Group
- Stillwater Medical Group
- Western Wisconsin Medical Associates

Key Findings

- Overall community rates are improving.
- Practice variation exists across all quality measures as the graph on page 6 highlights, reflecting opportunity for improvement.
- Rates of breast and cervical cancer screening, and asthma care are the highest and least variable.
- All Children's Health measures improved.
- Diabetes HbAIc, LDL-C, and Blood Pressure assessment rates are high, yet the percent of patients reaching target levels has room for improvement.
- No provider group has the highest or the lowest rate across all measures.

Methodology

This year, the National Committee for Quality Assurance (NCQA) selected stratified random samples for each provider group for the following four measures:

- Optimal Diabetes Care
- Childhood Immunization Status
- Adolescent Immunization Status
- Controlling High Blood Pressure

These measures require a hybrid method data collection (administrative data and chart review.) The sample for each measure was a stratified random sample by health plan/product line/provider group. The results were weighted to get accurate weights. This allowed for aggregation and unbiased reporting by provider group. The actual sample was selected randomly with the SAS SURVEYSELECT procedure.

Rates and 95 percent confidence bounds were calculated for each measure for any provider group with 60 or more observations in the sample. A minimum threshold of at least 60 patients per medical group was established for public reporting of the four hybrid measures. A minimum threshold of 30 patients per provider group was established for public reporting of the measures based on administrative data only.

Weighting is a cost saving measure that allows MN Community Measurement to draw a smaller sample on which to estimate group and community rates. Weighting does not affect any results; it is intended to efficiently utilize health plan resources to collect data. Regardless of the sampling scheme used from one year to the next there can be fluctuation in rates due to natural variation and/or changes to the delivery

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Executive Summary

system. The stratified random sample used in 2005 is a more rigorous sampling strategy and represents an improvement. Scientifically, it is a truer picture of probable performance. However, sampling methodology does not impact rates. It is most likely that improvement can be attributed to increased quality improvement efforts from provider groups.

The oversample cases were added to the original sample to make use of all collected data. A routine was created and added prior to calculation of weighted statistics to accommodate the addition of the oversamples to the processing. This routine ensures that the sum of the weights is equal to the specified number of eligible members. This is done at the health plan/product line/provider group levels. This routine was conducted separately for each hybrid measure since each had its own sample and relevant eligible counts.

The resources required collecting and reporting accurate measures are extensive. The data in this report were derived from administrative data provided to health plans and, in selected instances, review of randomly sampled medical records by trained data abstractors.

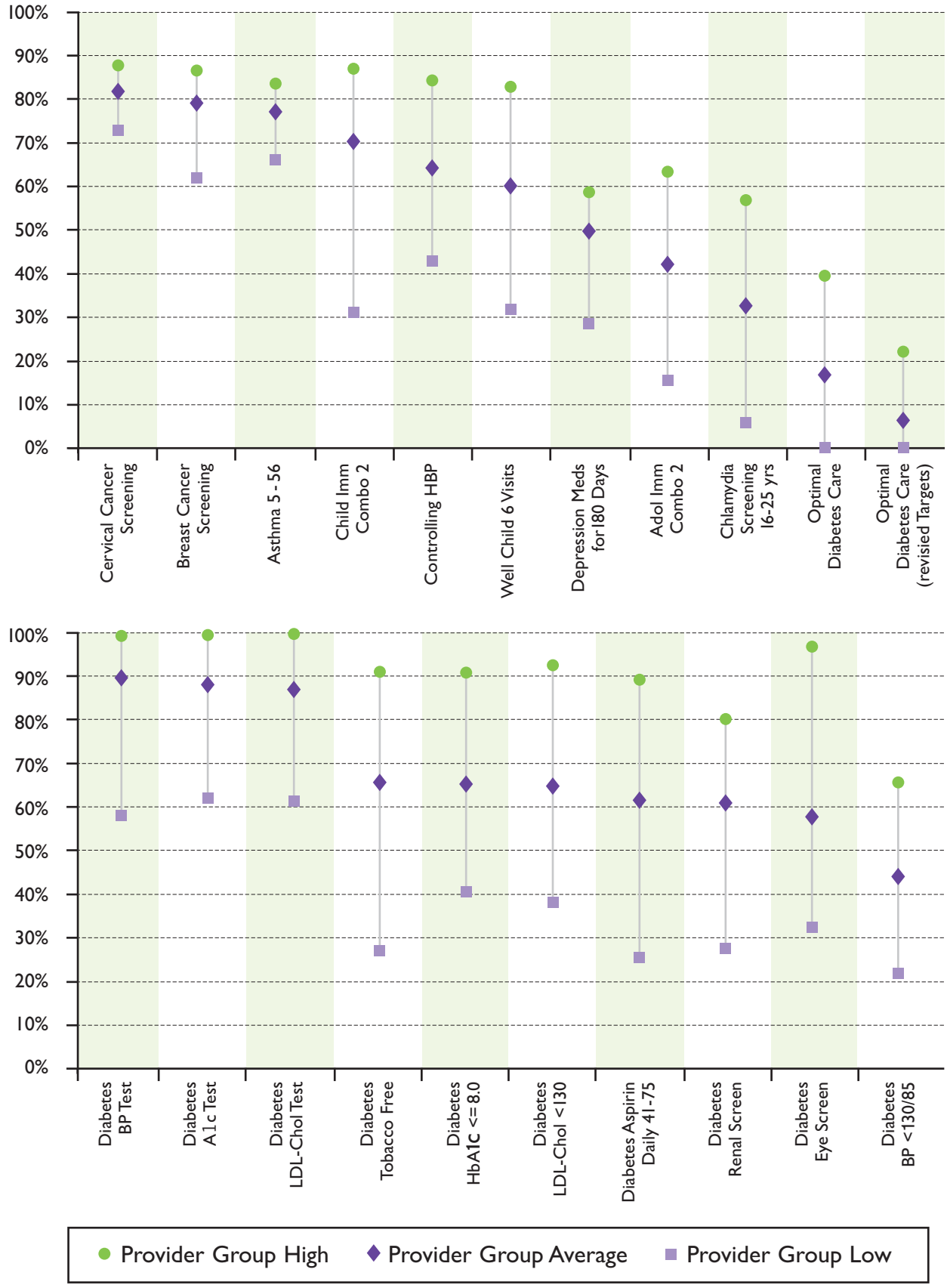
Rigorous validity check processes were incorporated into the data gathering and aggregation before publishing. The following eight Minnesota health plans made a significant commitment of resources to integrate their data for purposes of public reporting at the provider group level representing an unprecedented collaborative effort:

- Blue Cross and Blue Shield of Minnesota
- First Plan of Minnesota
- HealthPartners
- Medica
- Metropolitan Health Plan
- PreferredOne
- UCare Minnesota

South Country Health Alliance, a county-based purchasing organization of nine counties located primarily in southeast Minnesota, submitted data for the first time for all measures except Controlling High Blood Pressure.

The following managed care products are included in the MN Community Measurement data set: commercial fully- and self-insured, Medicare and Minnesota Public Health Care Programs.

Practice Variation Exists Across All Quality Measures



Executive Summary

Future Plans

The following measures are being considered for the 2006 Quality Report:

- Coronary Artery Disease (CAD) Care
- Colorectal Cancer Screening
- Cancer Screening Composite ages 50-80 (breast, cervical, colorectal)
- Appropriate Treatment for Children with
- Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis

We also plan to expand the number of reportable primary care groups and begin reporting specialty provider group performance including diabetes care of endocrinology groups and CAD care of cardiology groups. Because most Adolescent Immunizations are now recommended in childhood, MN Community Measurement will no longer report these measures. Also, the Childhood Immunization measure Combo I (without varicella) will be retired in accordance with 2006 HEDIS specifications.

For 2007 and beyond, MNCM is exploring inclusion of the following types of measures:

- Patient Experience
- Efficiency
- Procedure volumes by hospital and by surgeon
- Use of clinical Information Systems (EMRs, electronic prescribing, etc.)
- Equity, safety and timeliness of care
- Access to care
- More specialties
- New HEDIS measures

In addition to expanding the measurement set, we are considering including data from health care organizations such as county-based purchasers and large health care coalitions.

Executive Summary

54 Participating Provider Groups in 2005

Affiliated Community Medical Center
Allina
Altru Health System
Aspen Medical Group
Avera Health/Tri-State
Brainerd Medical Center
Buffalo Clinic
Camden Physicians
CentraCare Health System
Central Lakes Medical Center
Children's Physician Network
Columbia Park Medical Group
Crossroads Medical Centers
Dakota Clinic
Edina Family Physicians
Fairview Health Services
Fairview Mesaba Clinic
Family HealthServices Minnesota
Family Practice Medical Center of Willmar
Fergus Falls Medical Group
Grand Itasca Clinic
Gundersen Clinic
HealthEast
HealthPartners Central Minnesota Clinics
HealthPartners Medical Group
Hennepin County
Hutchinson Medical Center
Lakeview Clinic
Mankato Clinic
Mayo Clinic
Mayo Health System
MeritCare
MN Health Network (MHN)
MN 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
Regina Medical Center
Ridgeview Care System
Riverwood Aitkin Clinic
St. Luke's Clinics
St. Cloud Medical Group
St. Mary's/Duluth Clinic Health System
Stillwater Medical Group
SuperiorHealth Medical Group
University of Minnesota Physicians
Western Wisconsin Medical Associates
Winona Clinic

MN Community Measurement
2005 Summary of Community-Wide Results
(2004 Dates of Service)

Quality Measure	Rate	± 95%	Eligible Population	Page
Asthma Care				10
Ages 5-56	75.9%	0.6%	22,250	11
Ages 5-17	76.5%	1.0%	7,433	12
Ages 18-56	75.6%	0.7%	14,817	13
Behavioral Health				14
Depression Treatment – Acute Phase	65.8%	0.8%	13,143	14
Depression Treatment – Continuation Phase	49.3%	0.9%	13,143	15
Children's Health				16
Immunizations				
Children	67.8%*	1.4%	28,834	17
Adolescents	38.9%*	1.5%	26,389	18
Well Child Visits	58.8%	0.6%	23,933	20
Diabetes Care				22
Optimal Care (all 5 cardiovascular risks at target)	15.5%*	0.9%	52,083	23
HbA1c <=8.0	62.3%*	1.2%	52,083	24
Blood Pressure <130/85	41.7%*	1.2%	52,083	25
LDL-C <130	62.9%*	1.2%	52,083	26
Aspirin Use	60.3%*	1.2%	25,318	27
Documented Tobacco Free	63.6%*	1.2%	52,083	29
Optimal Care (all 5 cardio risks at revised targets)	5.9%*	0.6%	52,083	30
HbA1c <=7.0	41.8%*	1.2%	52,083	32
Blood Pressure <130/80	32.3%*	1.2%	52,083	33
LDL-C <100	37.9%*	1.2%	52,083	35
Aspirin Use	60.3%*	1.2%	25,318	27
Documented Tobacco Free	63.6%*	1.2%	52,083	29
High Blood Pressure Treatment	64.1%*	1.2%	79,408	40
Women's Health				42
Breast Cancer Screening (Mammogram)	74.4%	0.3%	108,580	43
Cervical Cancer Screening (Pap smears)	77.8%	0.2%	314,869	44
Chlamydia Screening (Ages 16-25)	31.7%	0.4%	58,430	46

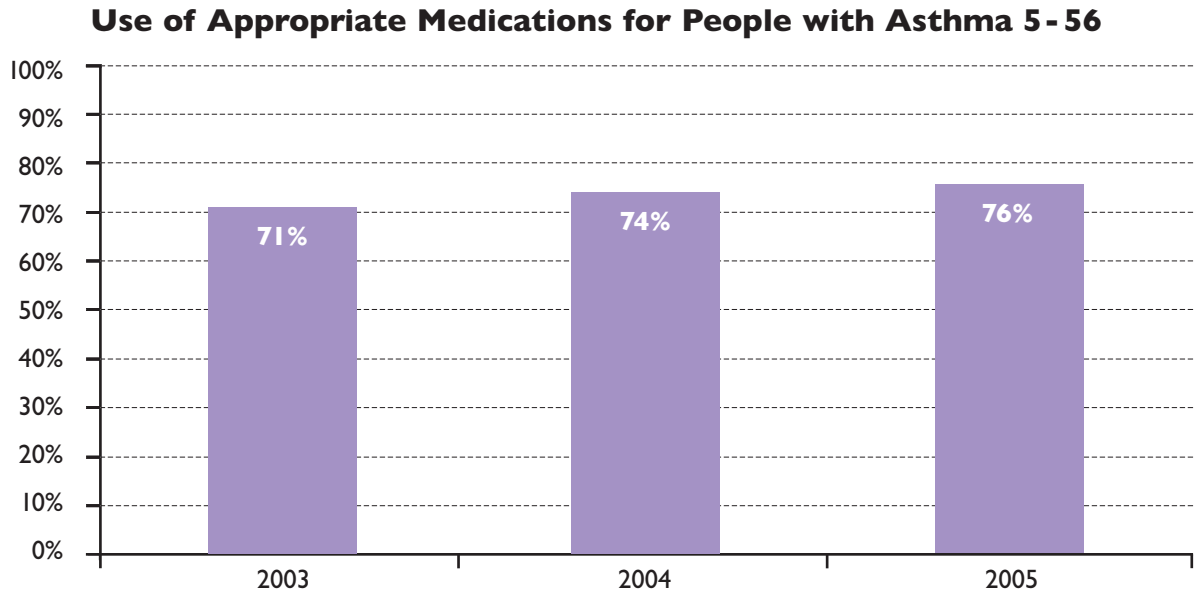
* Reflects the weighted overall rate for this measure

Asthma Care

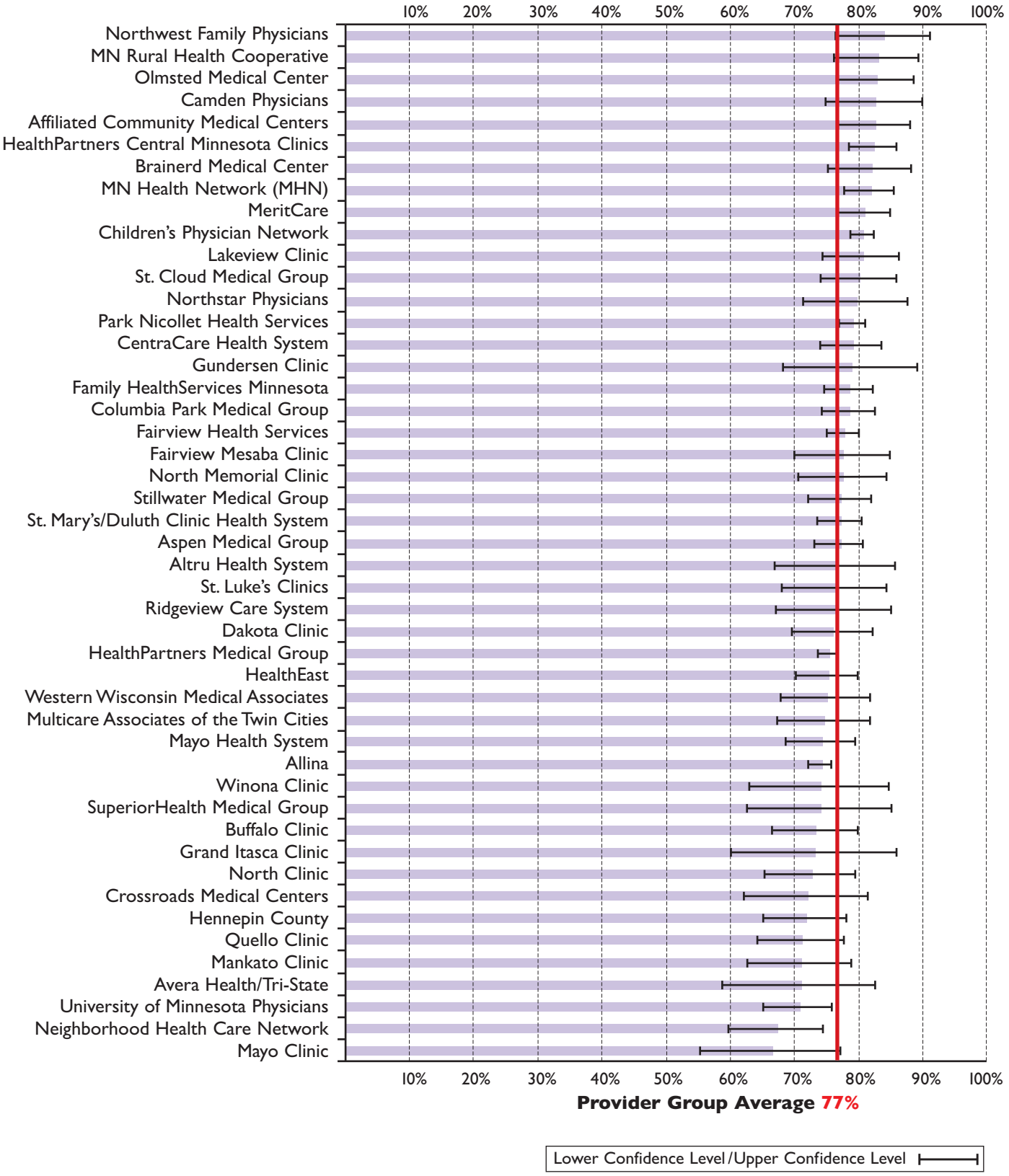
Use of Appropriate Medications for People with Asthma – Ages 5 to 56

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 that are accepted as primary therapy for long-term control of asthma (Cromolyn sodium inhaled corticosteroids; Nedocromil; Leukotriene modifiers methylxanthines).

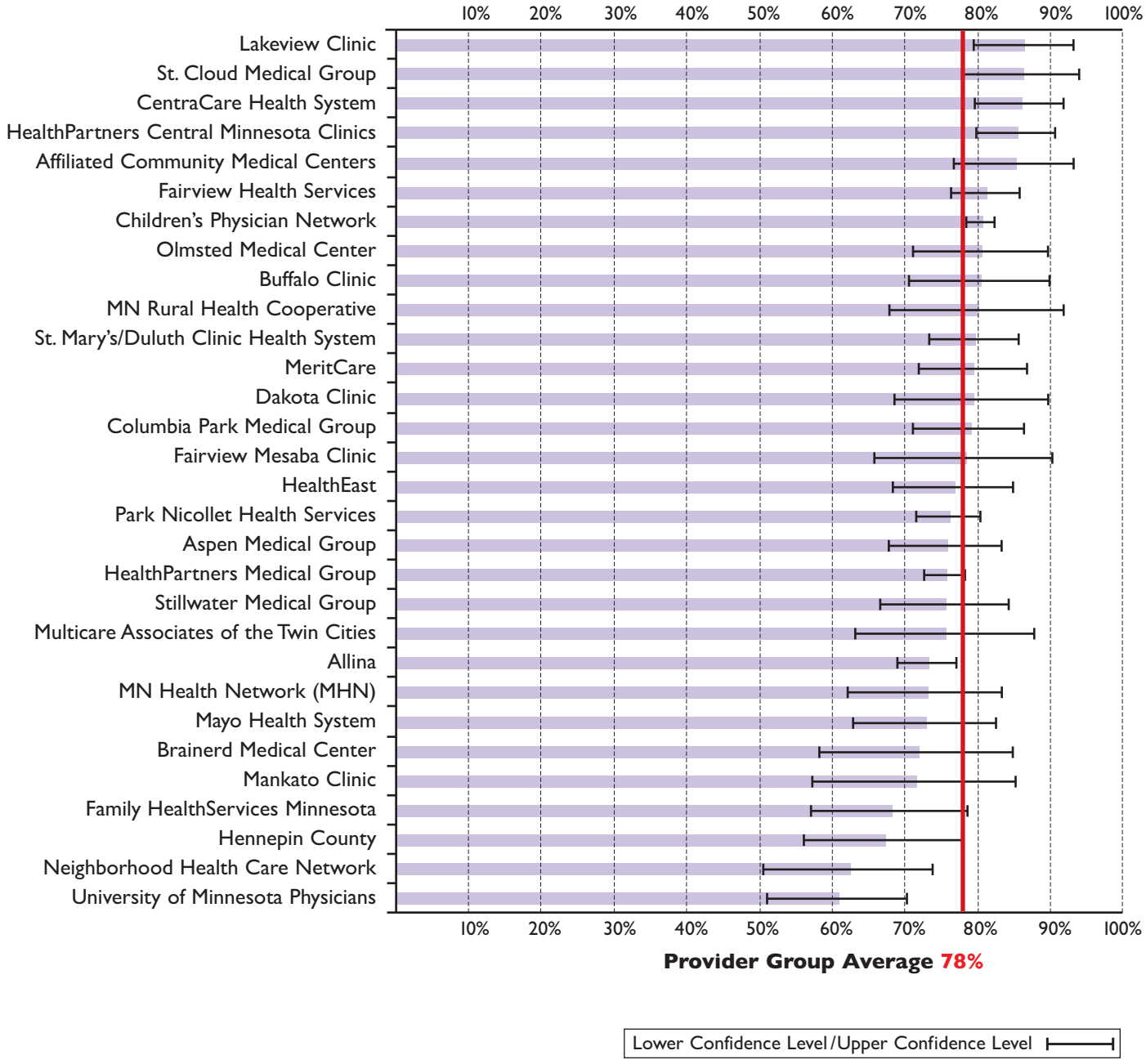
Use of Appropriate Medications for People with Asthma	Overall Rate	± 95%	Numerator	Denominator
All Ages (5-56)	**75.9%**	**0.6%**	**16,889**	**22,250**
Ages 5-9	77.3%	1.6%	2,053	2,655
Ages 10-17	76.0%	1.2%	3,630	4,778
Ages 5-17	76.5%	1.0%	5,683	7,433
Ages 18-56	75.6%	0.7%	11,206	14,817



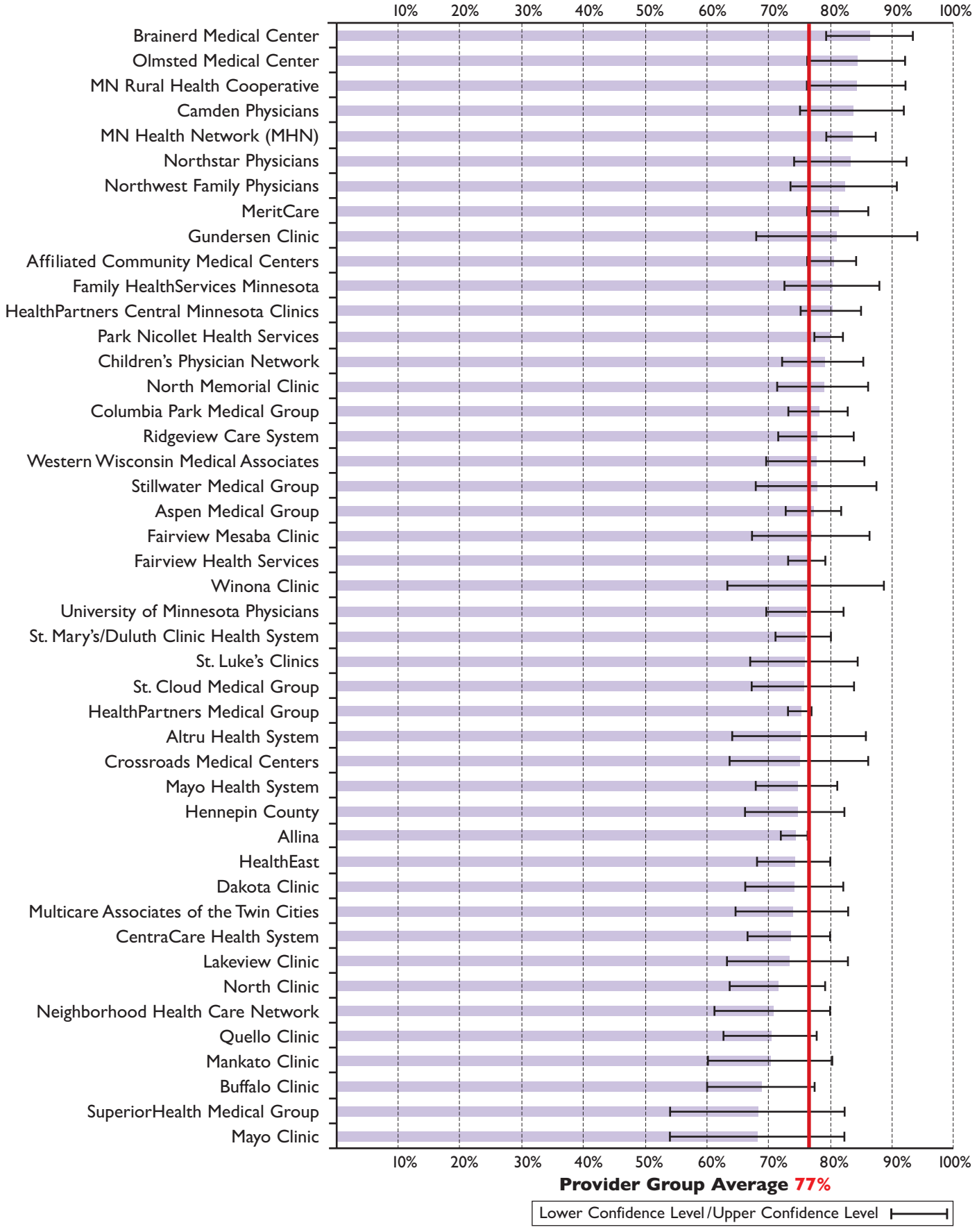
Use of Appropriate Medications for People with Asthma – Ages 5 to 56



Use of Appropriate Medications for People with Asthma - Ages 5 to 17



Use of Appropriate Medications for People with Asthma - Ages 18 to 56



Depression

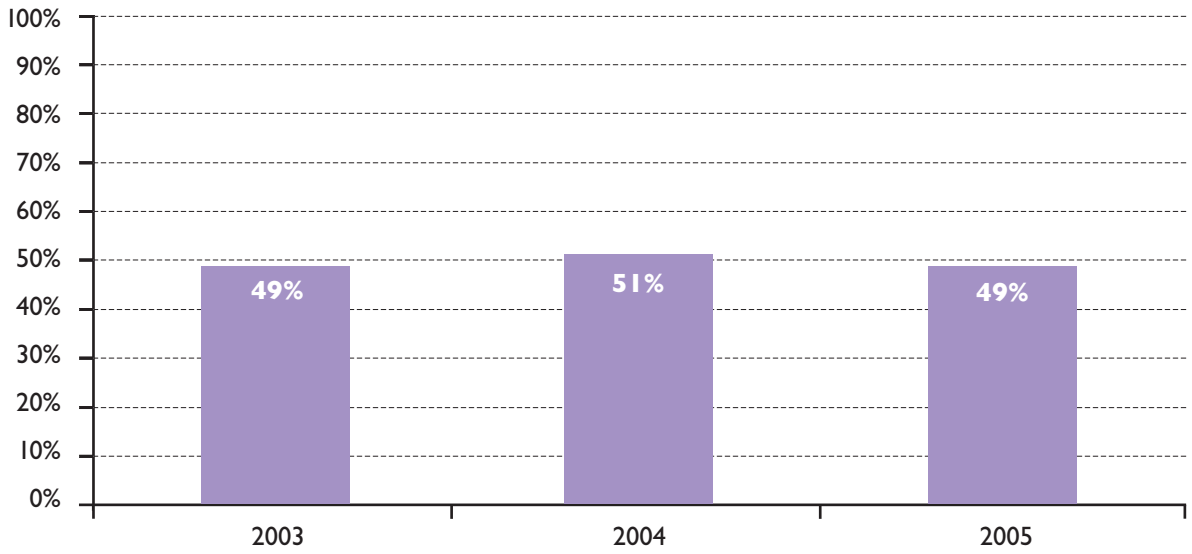
Antidepressant Medication Management

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:

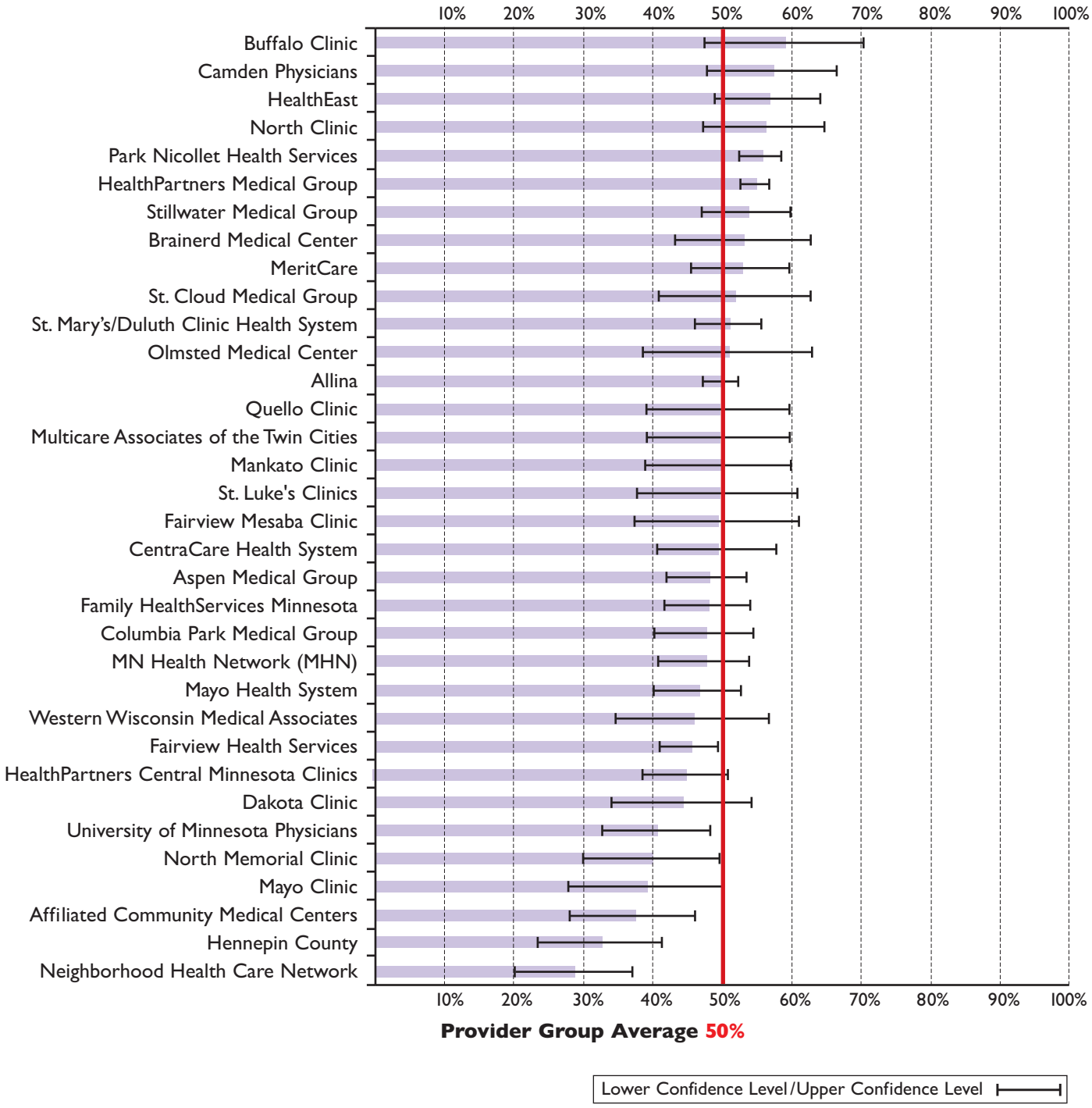
- Acute treatment phase: members who remained on antidepressant medication for the entire 12-week (84 days) acute treatment phase
- Continuation treatment phase: members who remained on antidepressant medication for at least 6 months (180 days).

Antidepressant Medication Management	Overall Rate	± 95%	Numerator	Denominator
Acute Phase Treatment - 84 days	65.8%	0.8%	8,641	13,143
Continuation Phase Treatment - 180 days	49.3%	0.9%	6,479	13,143

Antidepressant Medication Management – Continuation Phase (180 days)



Remaining on Antidepressant Medication for 180 Days



Children's Health

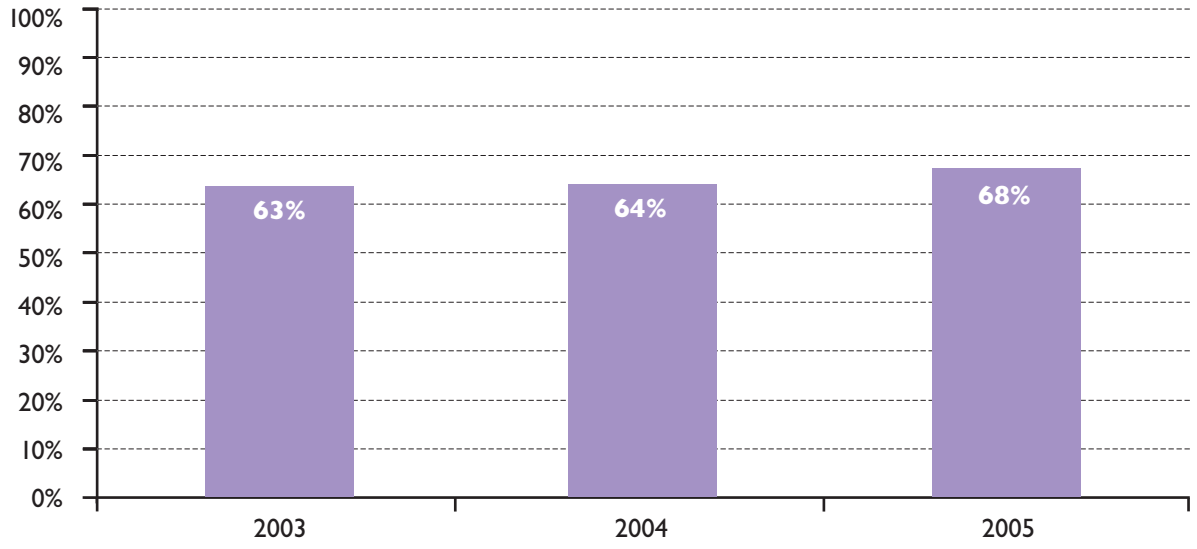
Childhood Immunization Status

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:

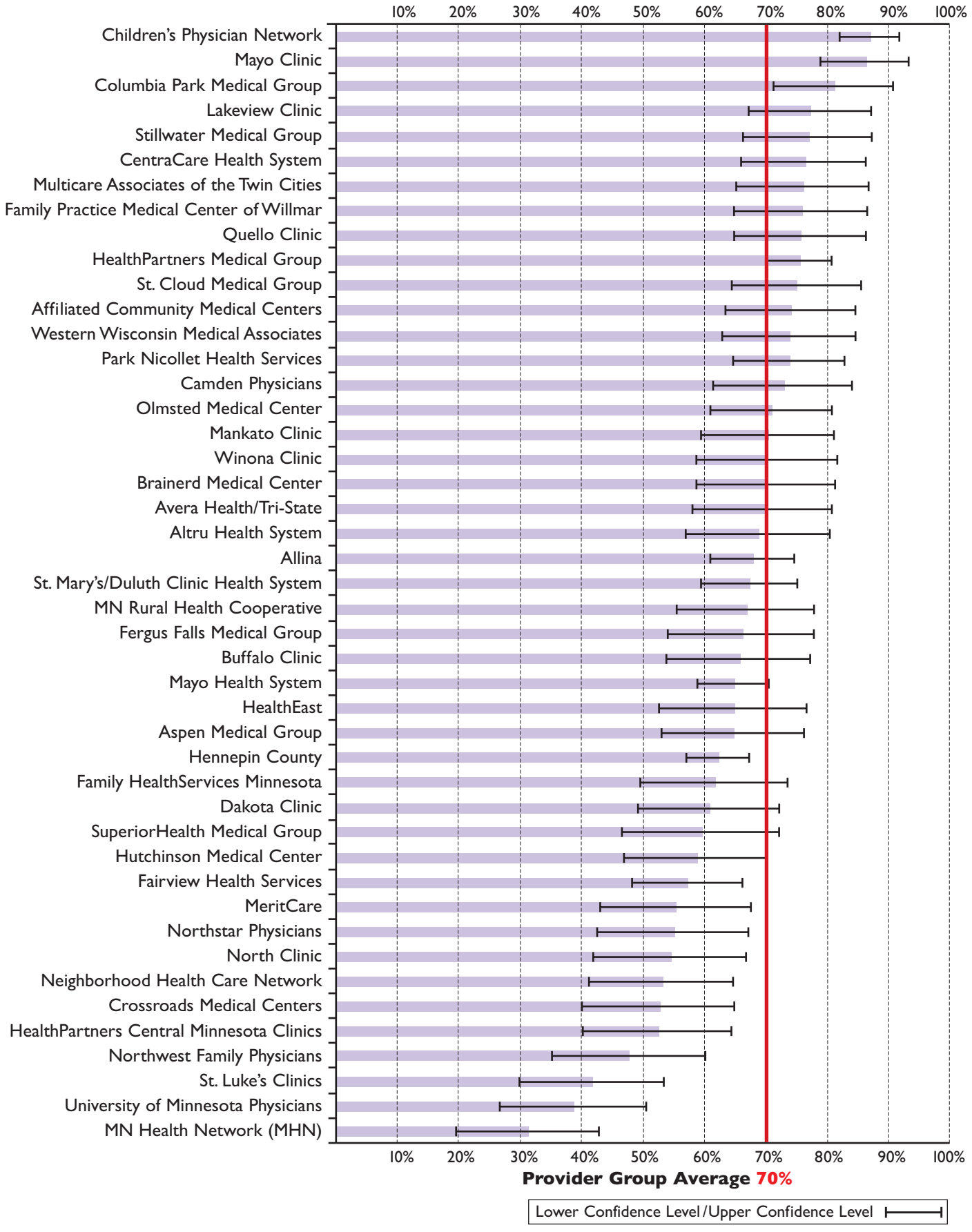
- Four diphtheria-pertussis-tetanus (DTP or DTaP) vaccinations by the second birthday with at least one diphtheria and one tetanus following on or between the child's first and second birthday. Any vaccination administered prior to 42 days after birth is not counted.
- At least three polio vaccinations (OPV or IPV) on or before the second birthday. OPV/IPV administered before 42 days after birth cannot be counted.
- At least one measles, mumps, rubella (MMR) vaccination between the first and second birthdays.
- Three H influenza type B (HiB) vaccinations on or before the second birthday (with at least one of them falling between the first and second birthdays). HiB administered before 42 days after birth cannot be counted.
- Three hepatitis B 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 vaccination (VZV) 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	67.8%	1.4%	2,814	4,408	28,834
Children with all immunizations *except* chickenpox	72.4%	1.3%	3,043	4,408	28,834

Childhood Immunization Status Including Chickenpox



Childhood Immunization Status Including Chickenpox



Children's Health

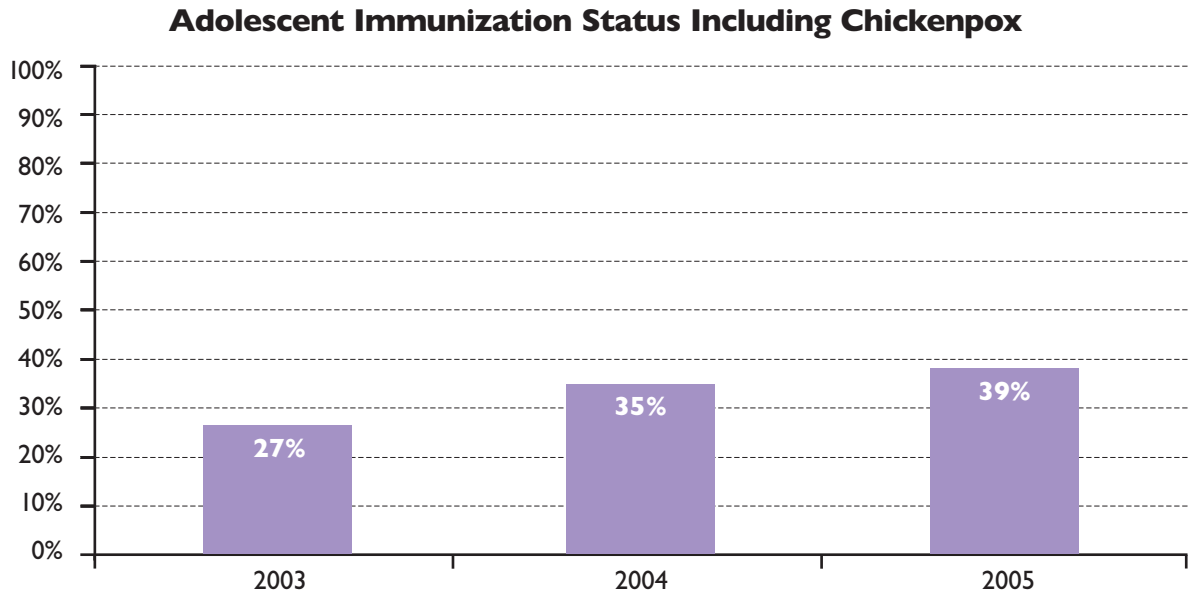
Adolescent Immunization Status

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 a second dose of MMR vaccine, three hepatitis B (HBV) vaccinations, and one chickenpox (VZV) vaccination.

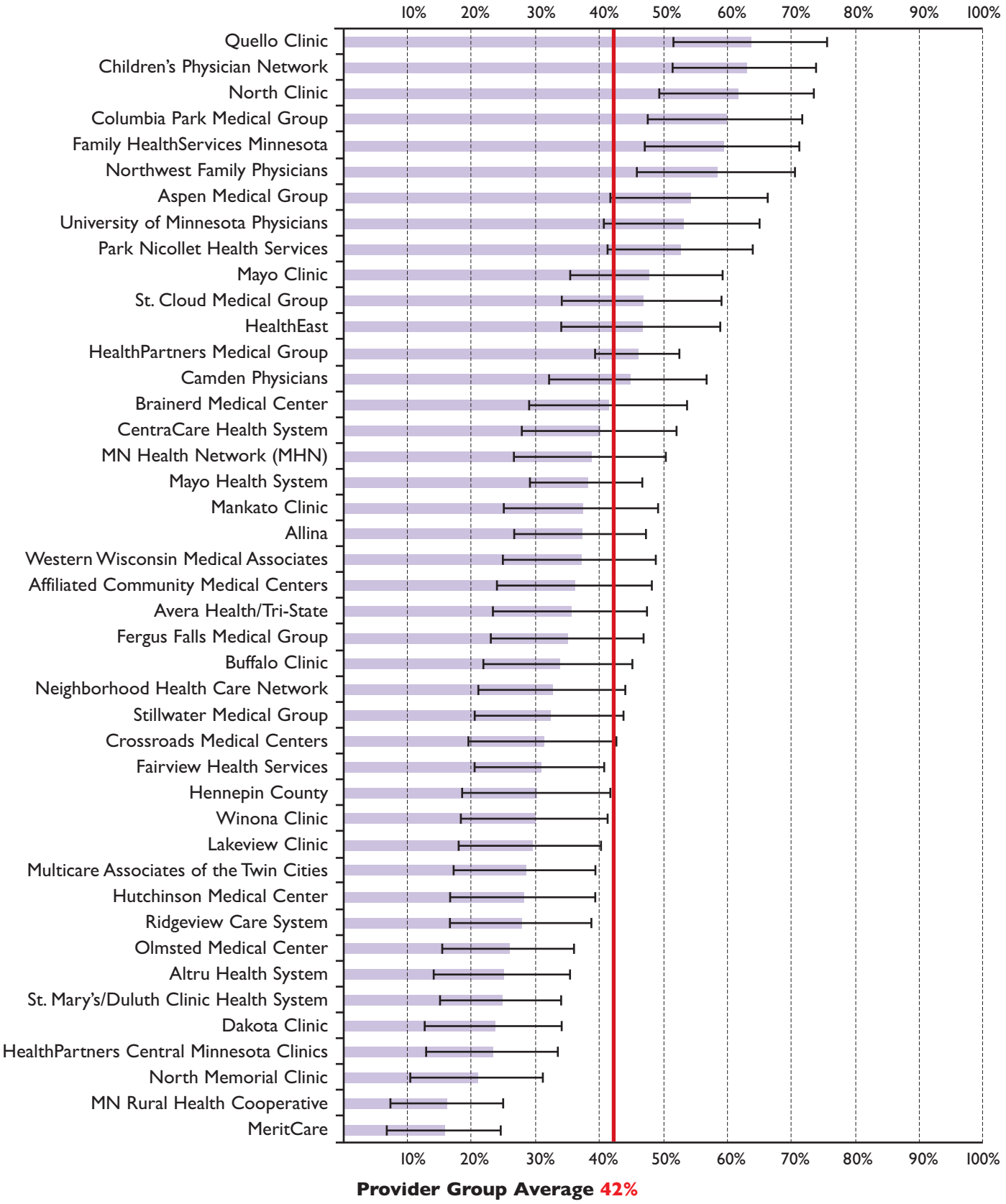
For all antigens, any of the following can be counted:

- Evidence of the antigen or combination vaccine
- Documented history of the illness
- A seropositive test result

Adolescent Immunization Status	Weighted Rate	± 95%	Total Fully Immunized	Denominator	Total Eligible
Children with all immunizations *including* chickenpox	38.9%	1.5%	1,384	3,877	26,389
Children with all immunizations *except* chickenpox	64.2%	1.5%	2,453	3,877	26,389



Adolescent Immunization Status Including Chickenpox



Provider Group Average 42%

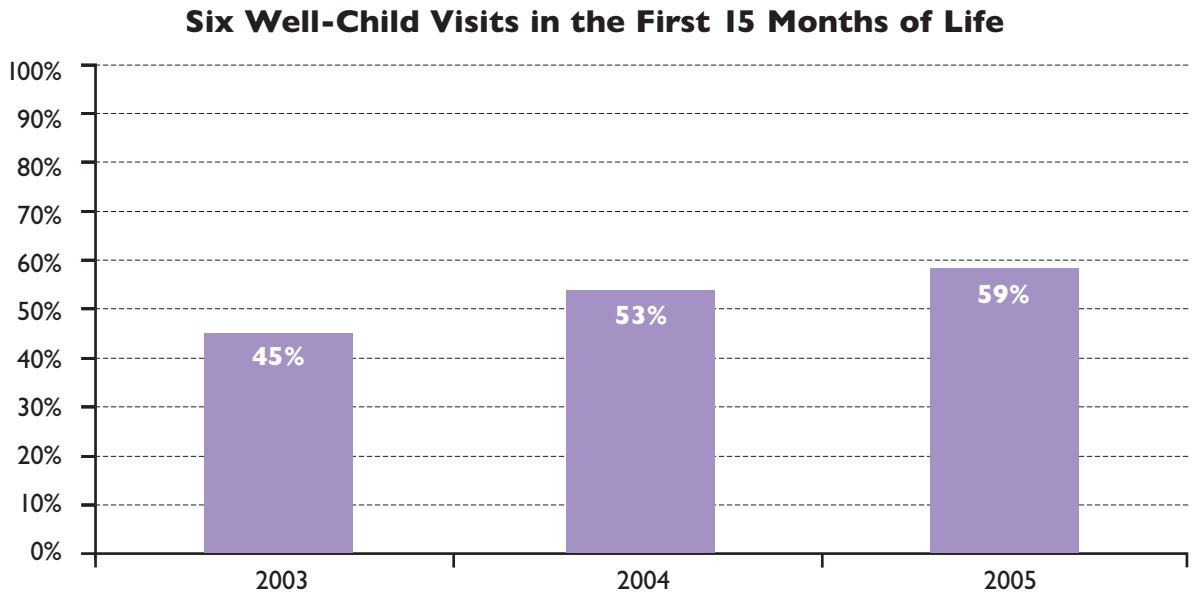
Lower Confidence Level / Upper Confidence Level

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	**58.8%**	**0.6%**	**14,075**	**23,933**
Five visits	21.6%	0.5%	5,179	
Four visits	9.6%	0.4%	2,287	
Three visits	4.4%	0.3%	1,041	
Two visits	2.6%	0.2%	610	
One visit	1.6%	0.2%	385	
No visits	1.5%	0.2%	356	



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

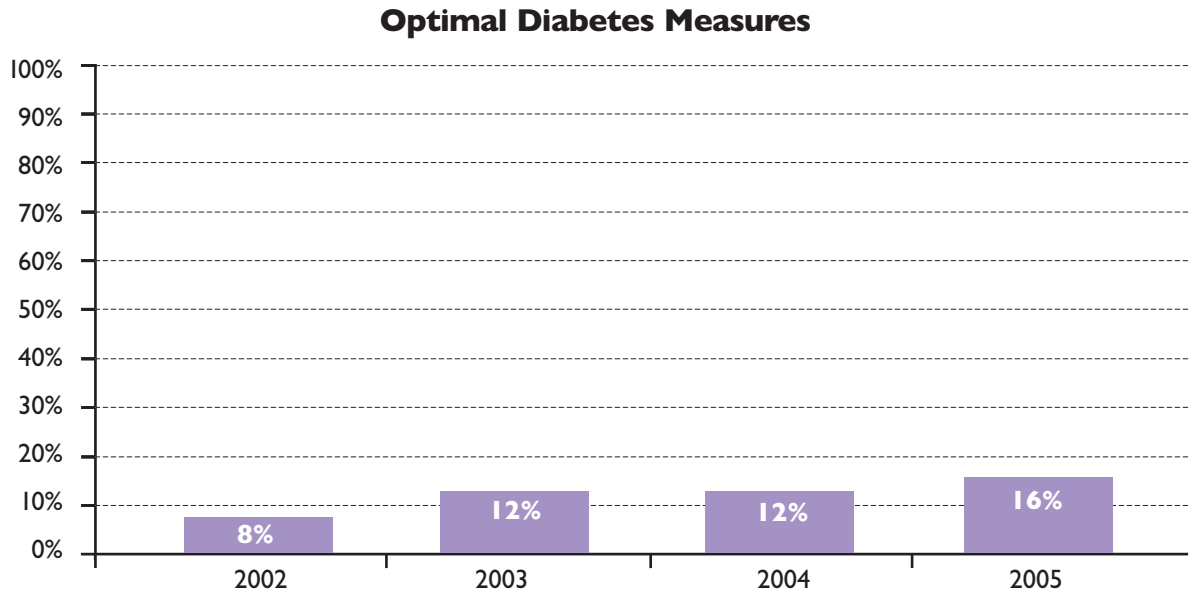
Diabetes Care

Optimal Diabetes Care

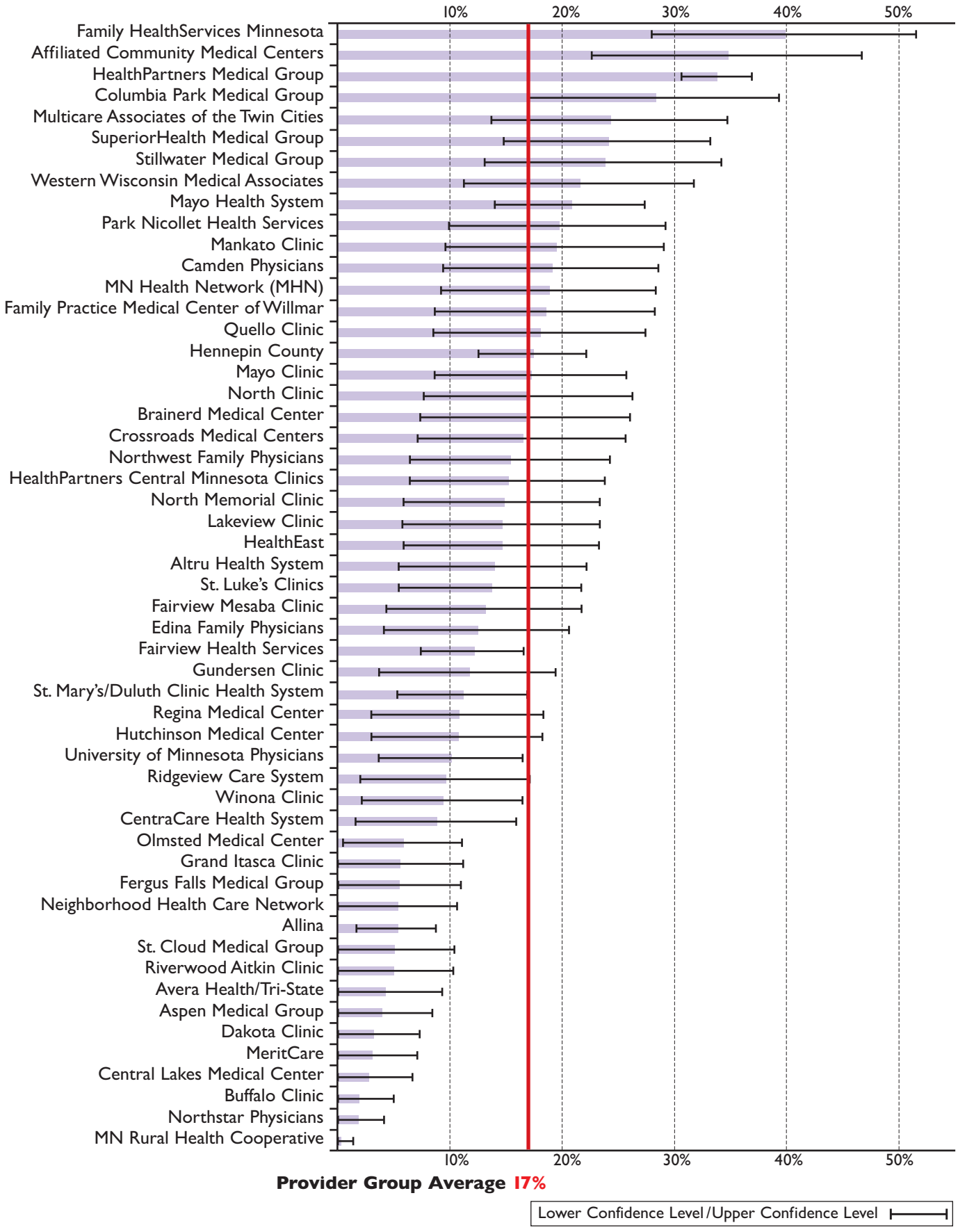
This measures the percentage of patients with diabetes (Type I and Type II) age 18 through 75 years who were continuously enrolled in their health plan during the measurement year reaching all of the following treatment goals:

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

Diabetes Optimal Care	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
Optimal Diabetes Care	15.5%	0.9%	976	6,294	52,083
HbA1c <=8.0	62.3%	1.2%	3,921		
BP <130/85	41.7%	1.2%	5,422		
LDL-C <130	62.9%	1.2%	5,326		
Aspirin Use	60.3%	1.2%	3,399	5,609	25,318
Documented Tobacco Free	63.6%	1.2%	4,002		



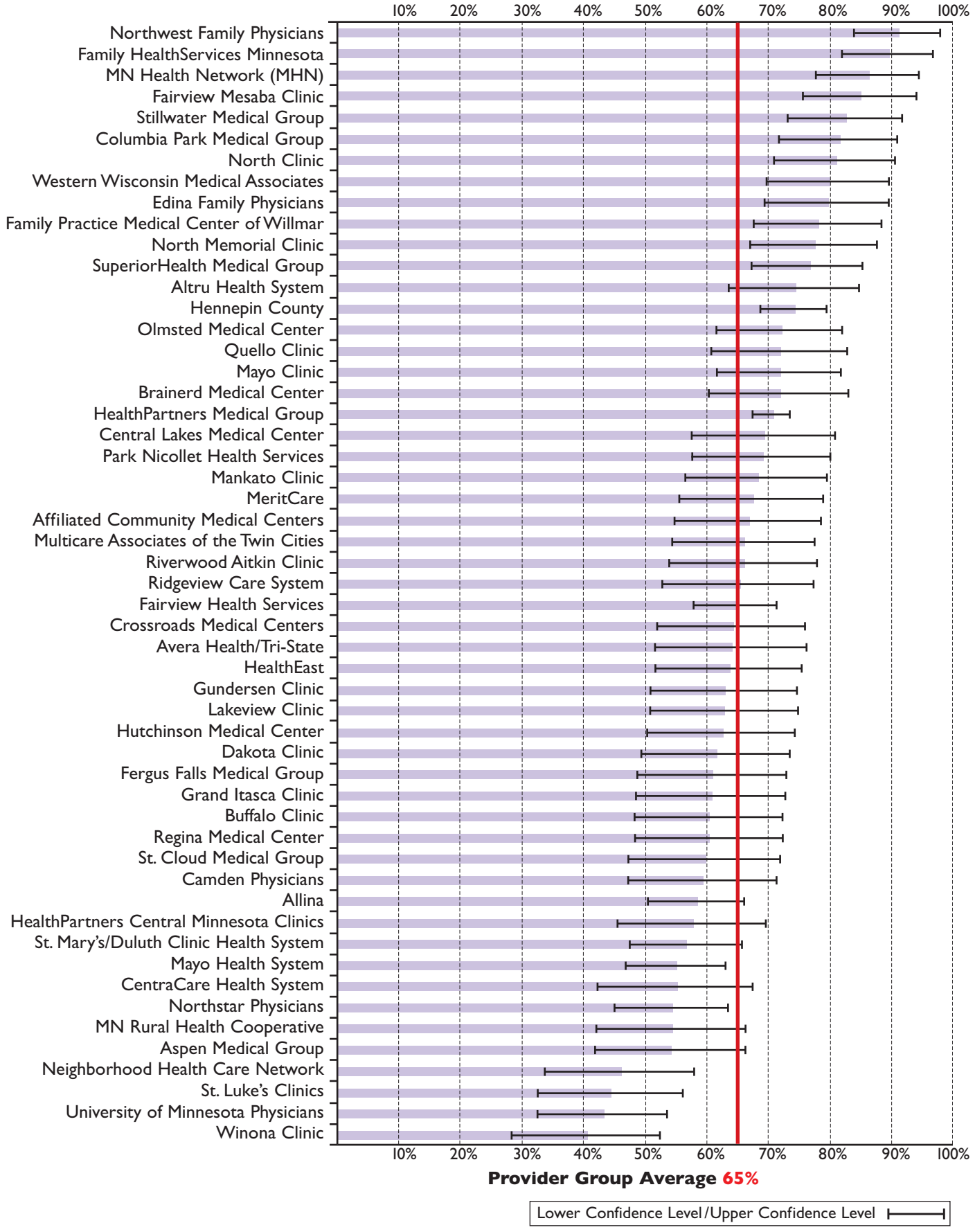
Optimal Diabetes Care



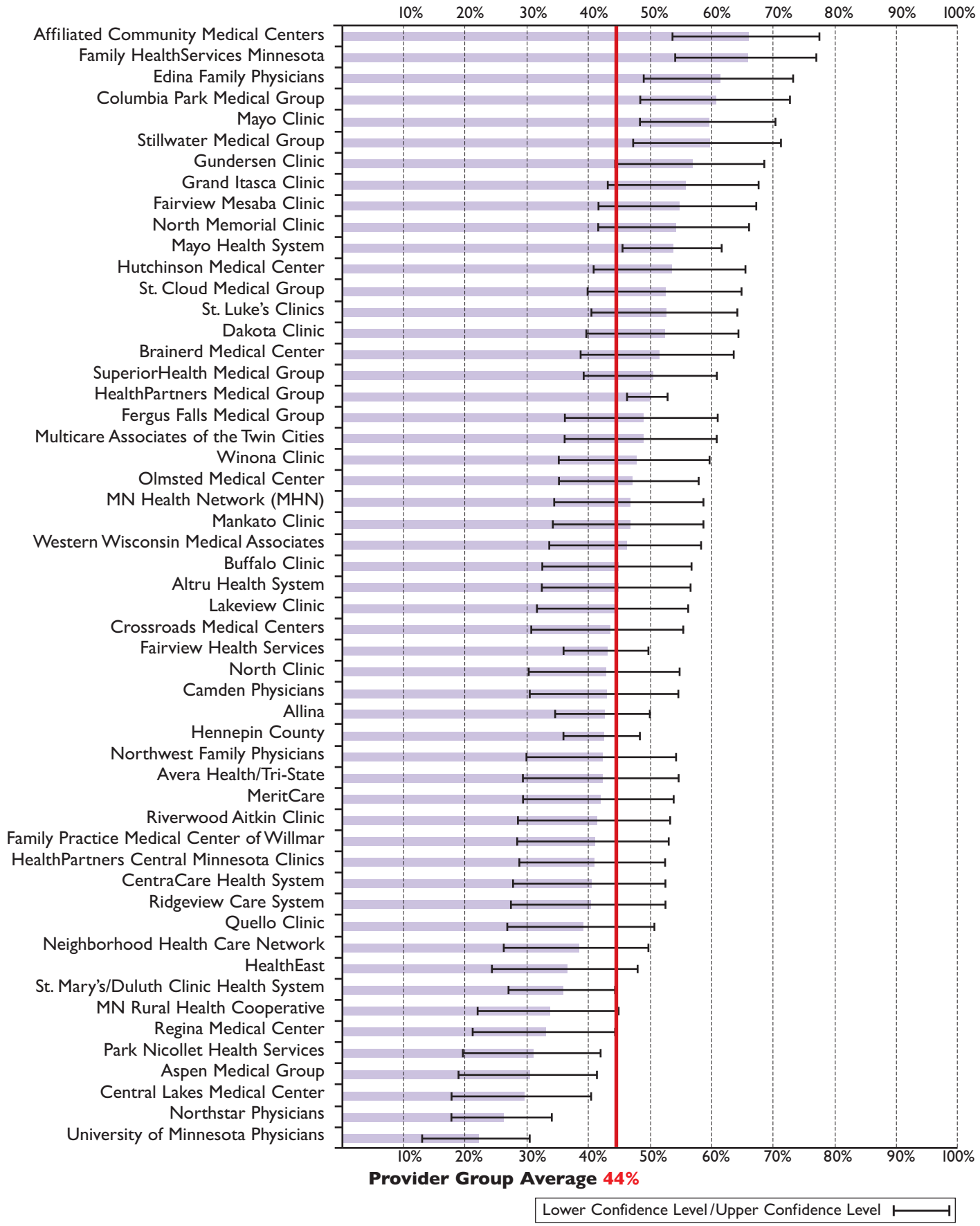
Provider Group Average 17%

Lower Confidence Level / Upper Confidence Level

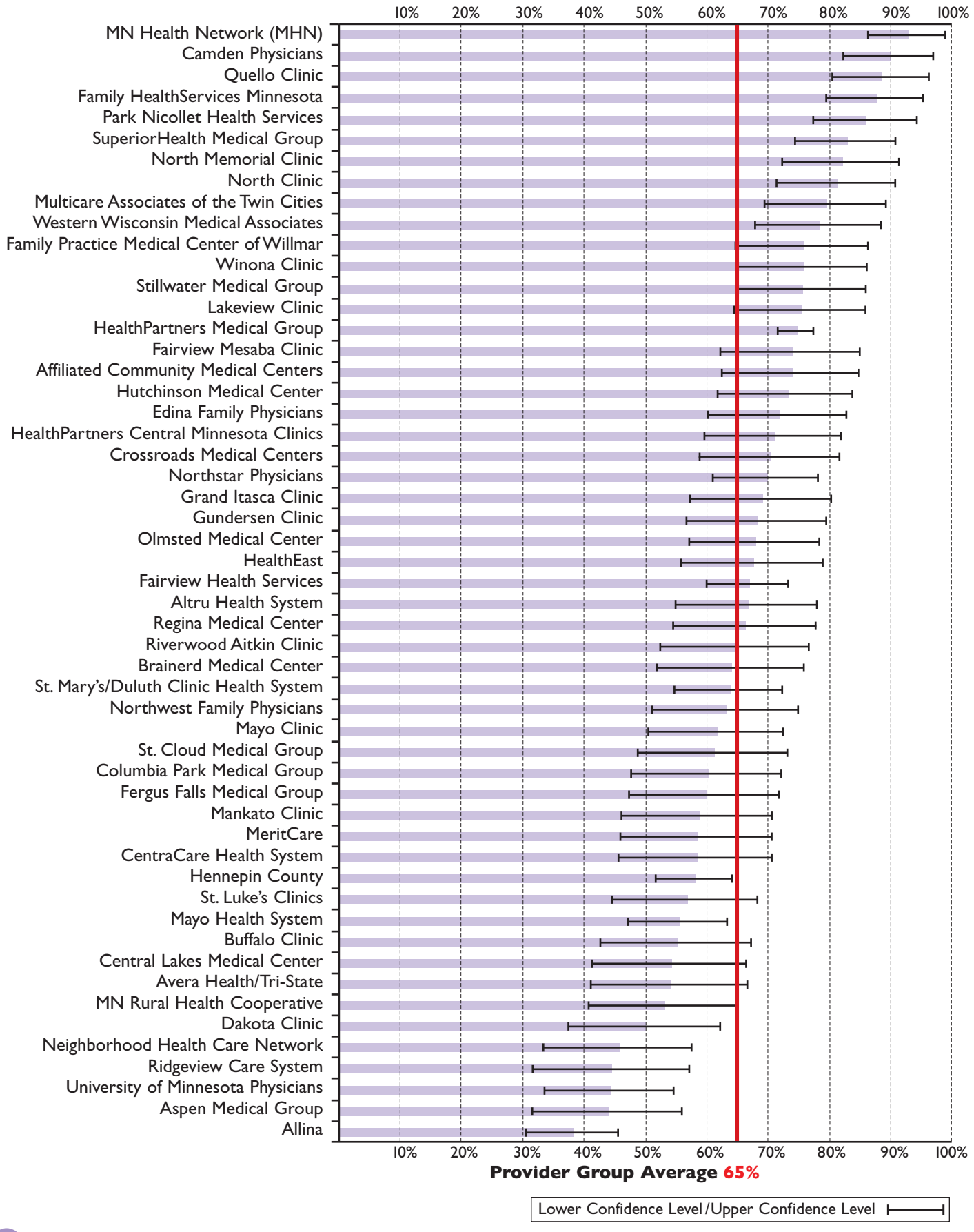
Patients with Diabetes - HbA1c<=8



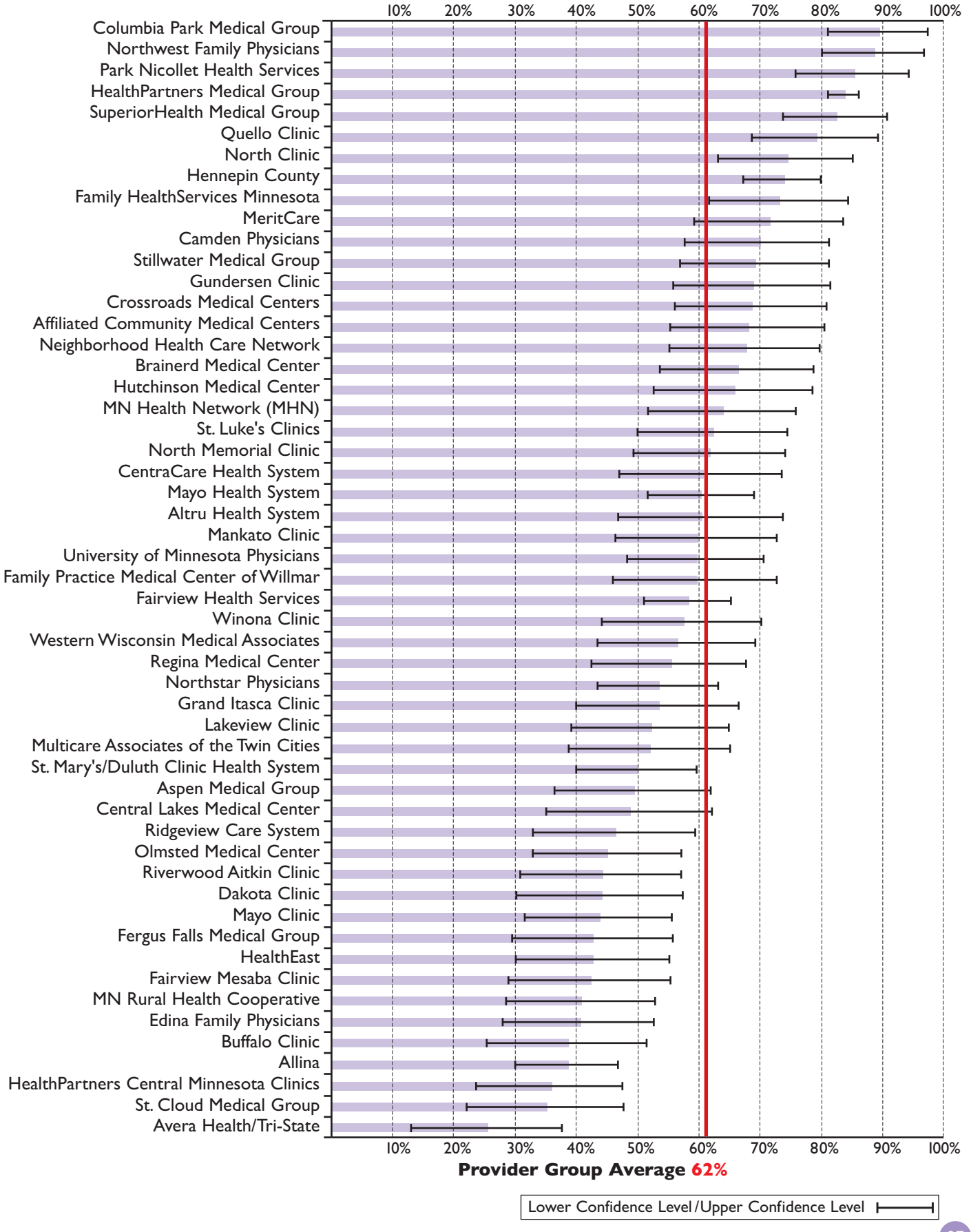
Patients with Diabetes - Blood Pressure Below 130/85



Patients with Diabetes - LDL Below 130



Patients with Diabetes - Aspirin Use



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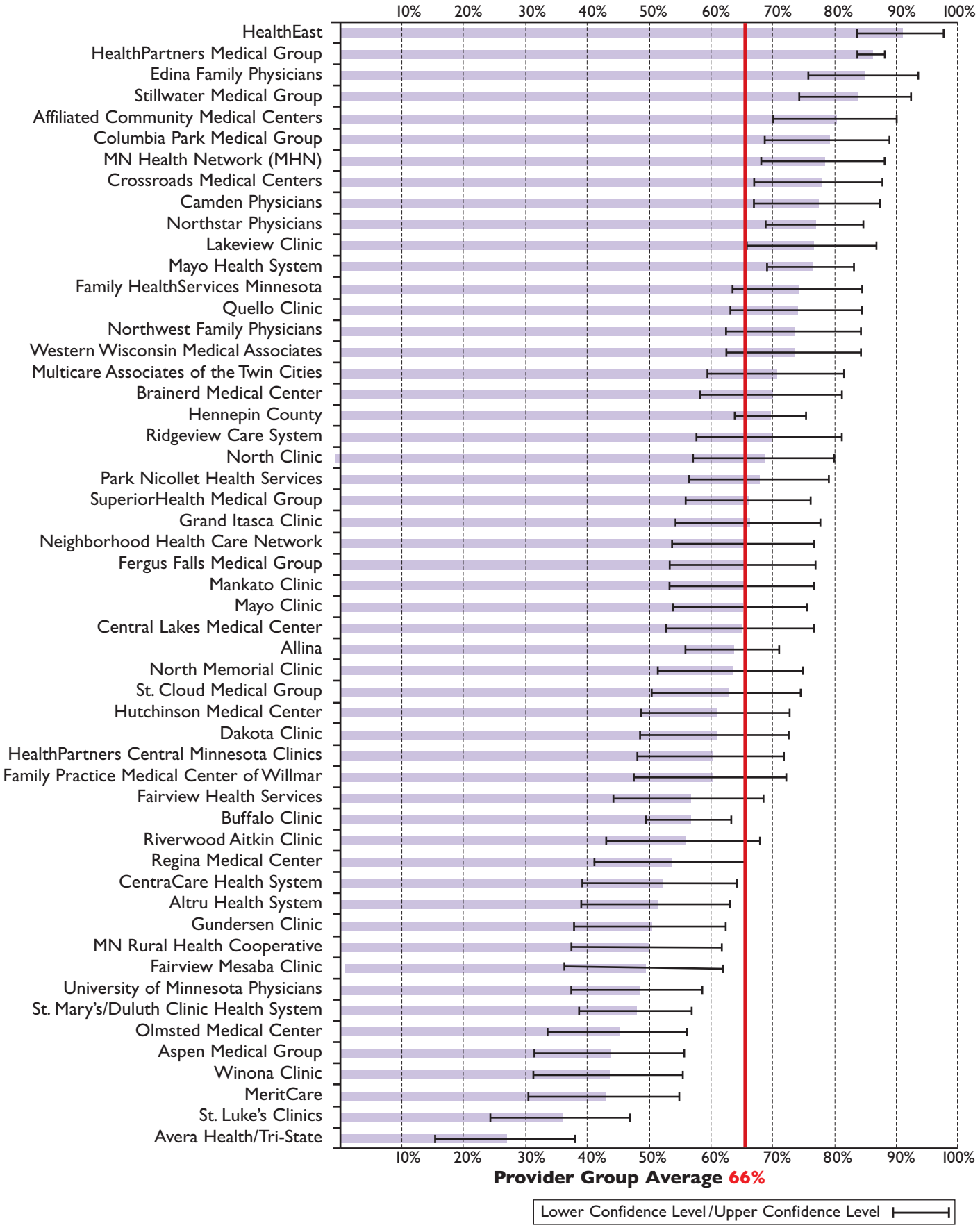
Patients with Diabetes - Tobacco Free



Diabetes Care

Diabetes Optimal Care (Revised Targets)	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
Optimal Diabetes Care (Revised Targets)	5.9%	0.6%	371	6,294	52,083
HbA1c <=7.0	41.8%	1.2%	2,631		
LDL-C <100	37.9%	1.2%	4,705		
BP <130/80	32.3%	1.2%	5,464		
Aspirin Use	60.3%	1.2%	3,399	5,609	25,318
Documented Tobacco Free	63.6%	1.2%	4,002		

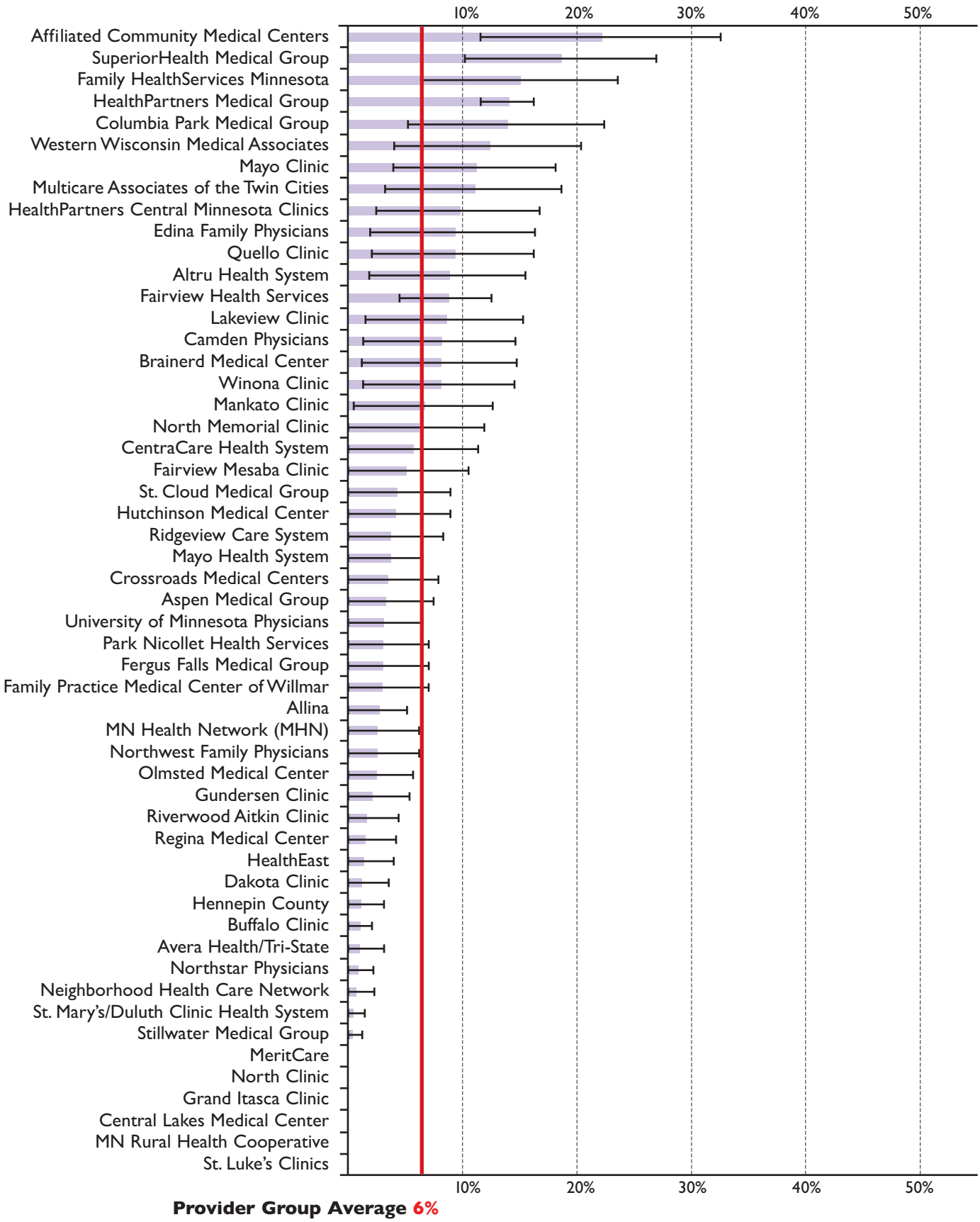
HbA1c Level	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
HbA1c screening	84.1%	0.9%	5,293	6,294	52,083
HbA1c <=6.0	13.8%	0.9%	869		
HbA1c <=7.0	41.8%	1.2%	2,631		
HbA1c <=8.0	62.3%	1.2%	3,921		
HbA1c <=9.0	71.2%	1.1%	4,481		
HbA1c >9.0	12.9%	1.1%	812		
HbA1c untested	15.9%	0.9%	1,001		

BP Level	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
BP documented	86.3%	0.9%	5,432	6,294	52,083
<130/85	41.7%	1.2%	2,625		
<130/80	32.3%	1.2%	2,032		
BP untested	13.7%	0.9%	862		

LDL Level	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
LDL screening	85.2%	0.9%	5,326	6,294	52,083
<100	37.9%	1.2%	2,385		
<130	62.9%	1.2%	3,959		
LDL untested	14.8%	0.9%	932		

	HbA1c	LDL	Systolic BP	Diastolic BP	Patients Sampled
2005 Average Weighted Levels	**7.33**	**105.1**	**128.6**	**75.6**	**6,294**

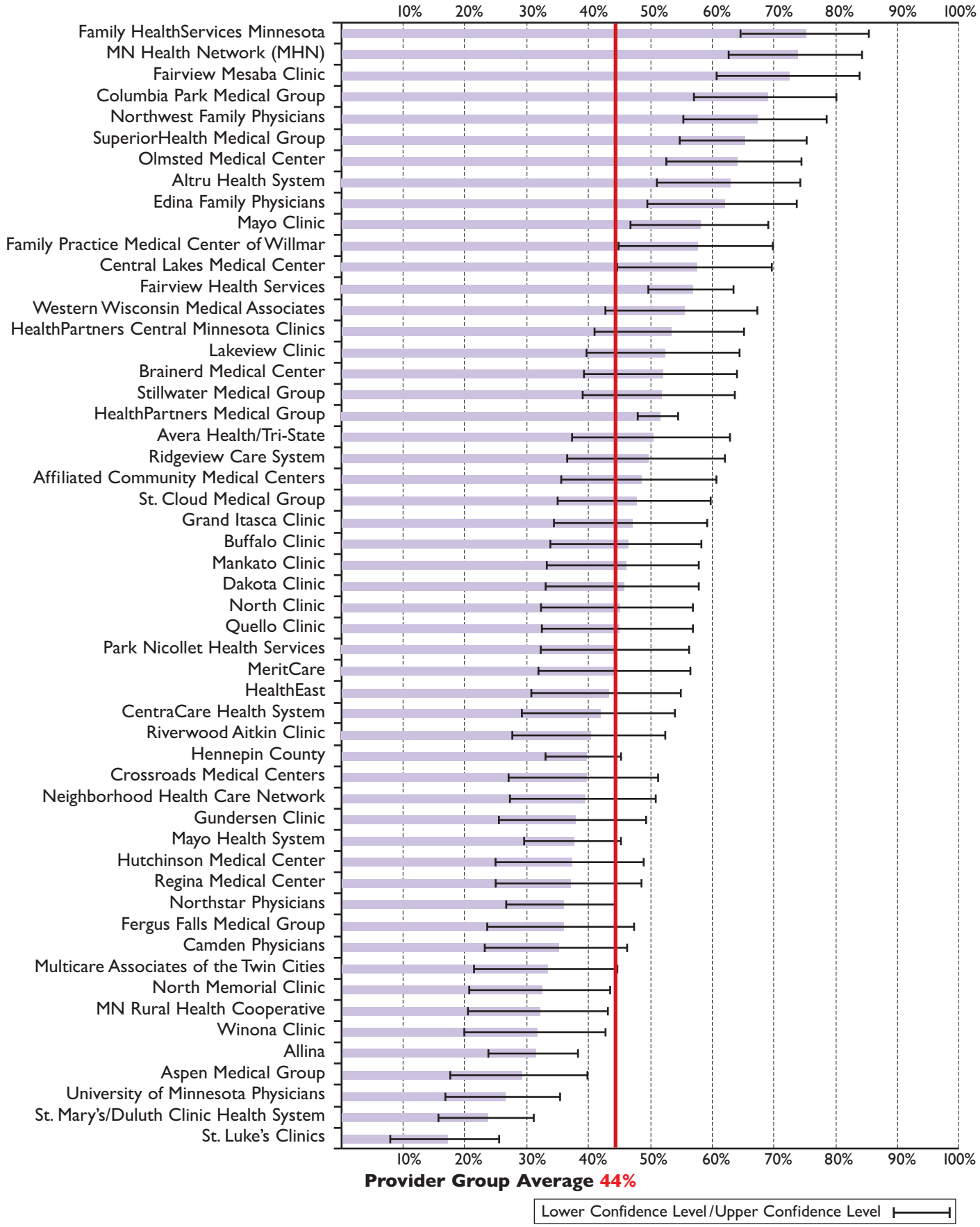
Optimal Diabetes Care (revised targets)



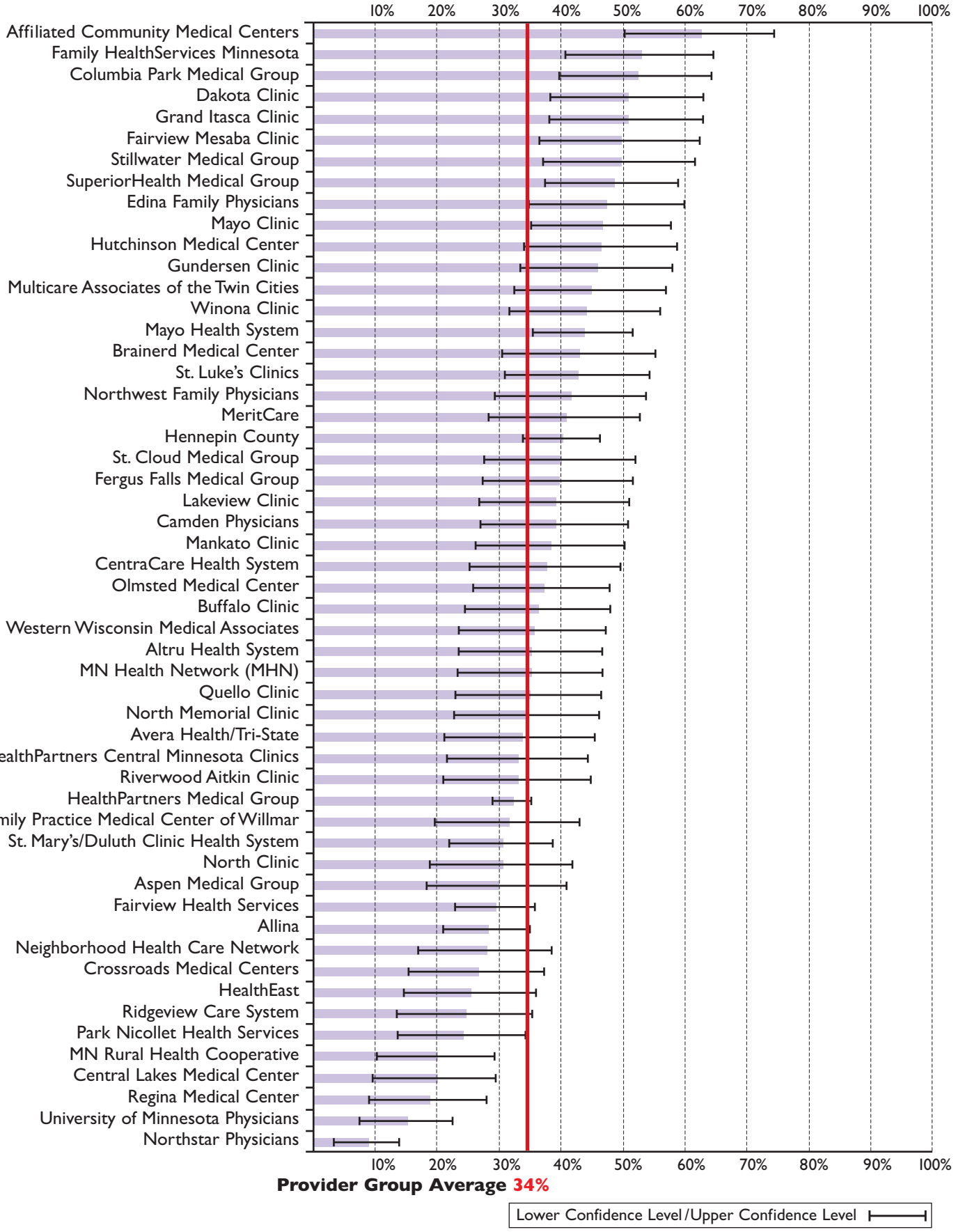
Provider Group Average 6%

Lower Confidence Level / Upper Confidence Level

Patients with Diabetes - HbA1c<=7% (revised targets)



Patients with Diabetes - Blood Pressure Below 130/80 (revised targets)



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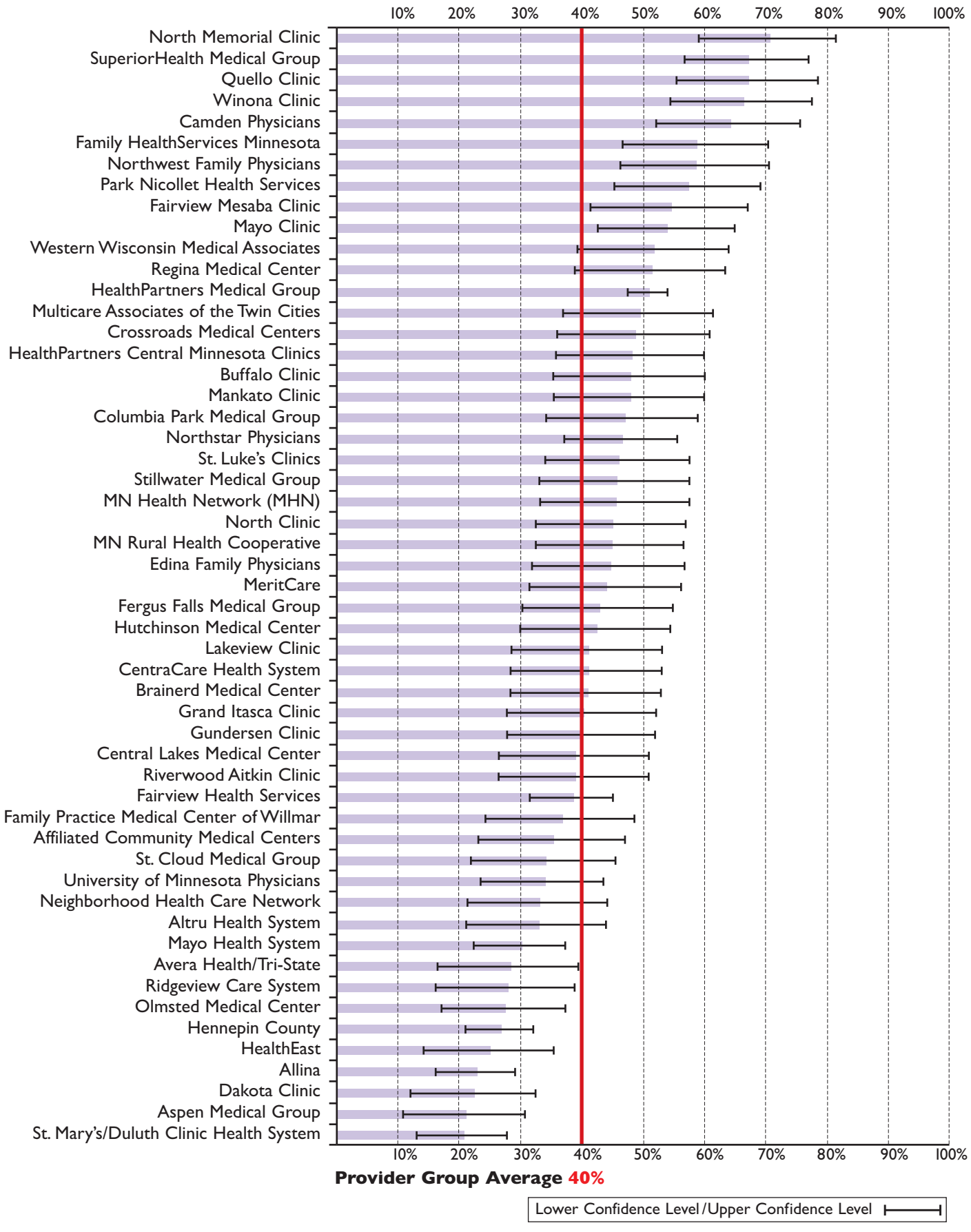
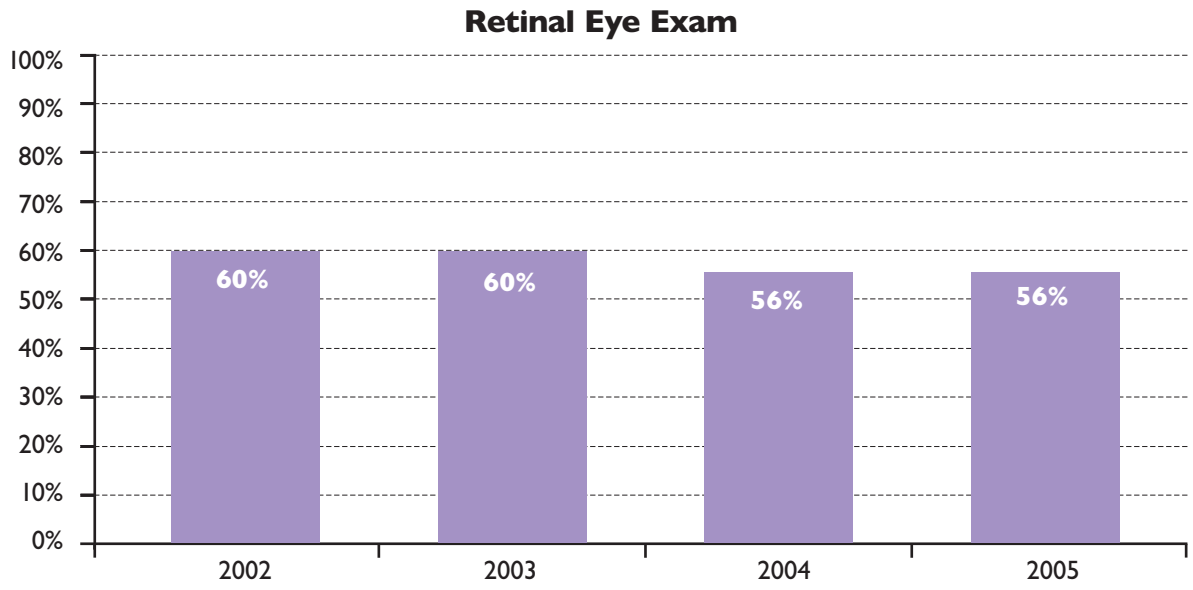
Patients with Diabetes - LDL Below 100 mg/dl (revised targets)

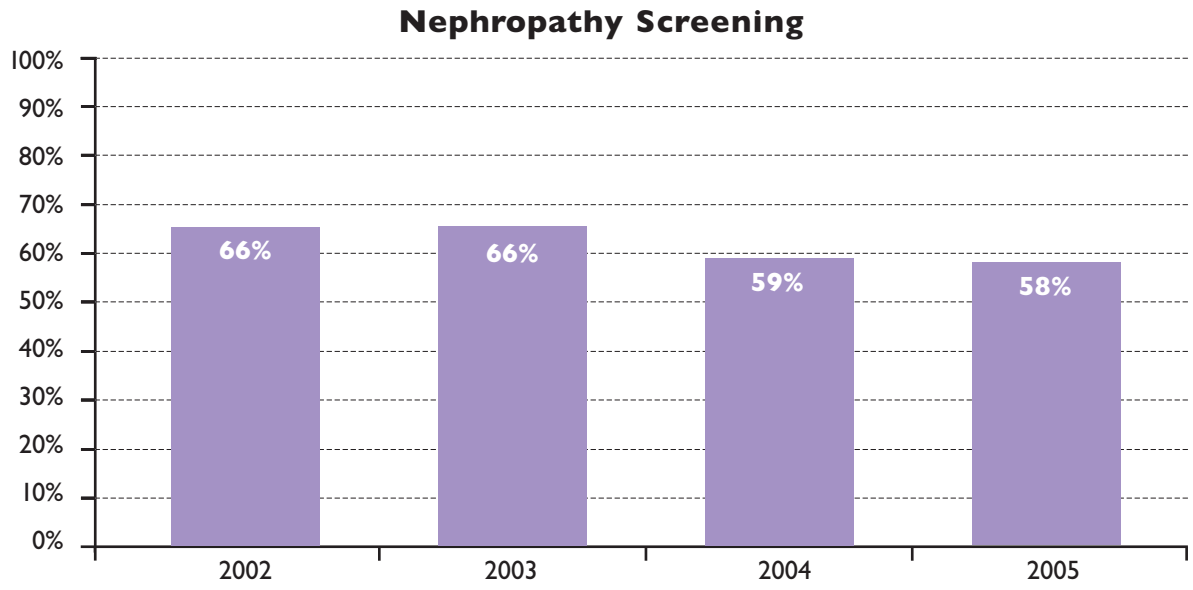


Diabetes Care

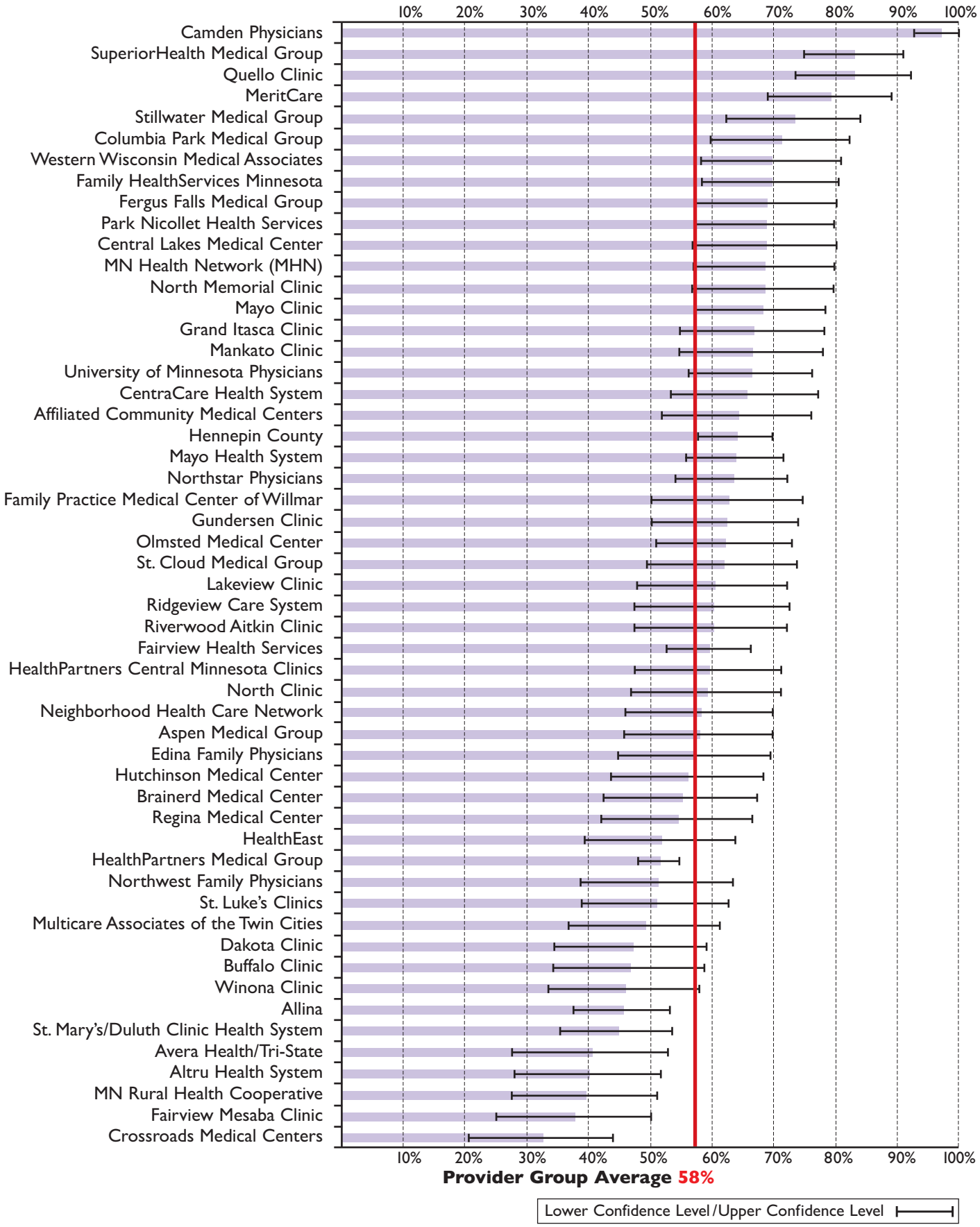
Retinal Eye Exam	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
Retinal Eye Exam	55.9%	1.2%	3,960	6,294	52,083



Nephropathy	Weighted Rate	± 95%	Numerator	Denominator (Patients sampled)	Total Eligible
Nephropathy Screening	58.1%	1.2%	3,615	6,294	52,083



Patients with Diabetes Receiving a Retinal Eye Exam



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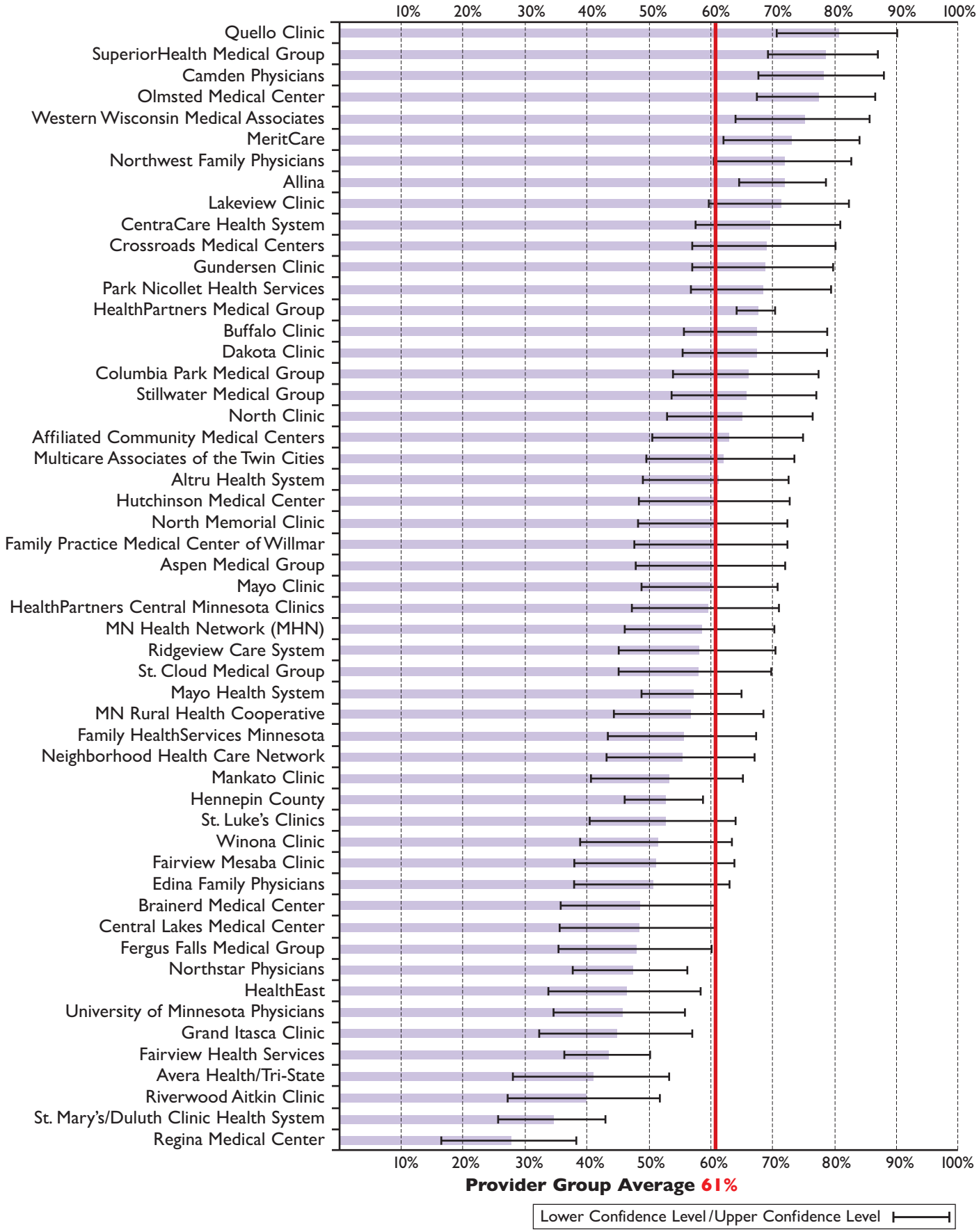
Patients with Diabetes Receiving a Nephropathy Screening

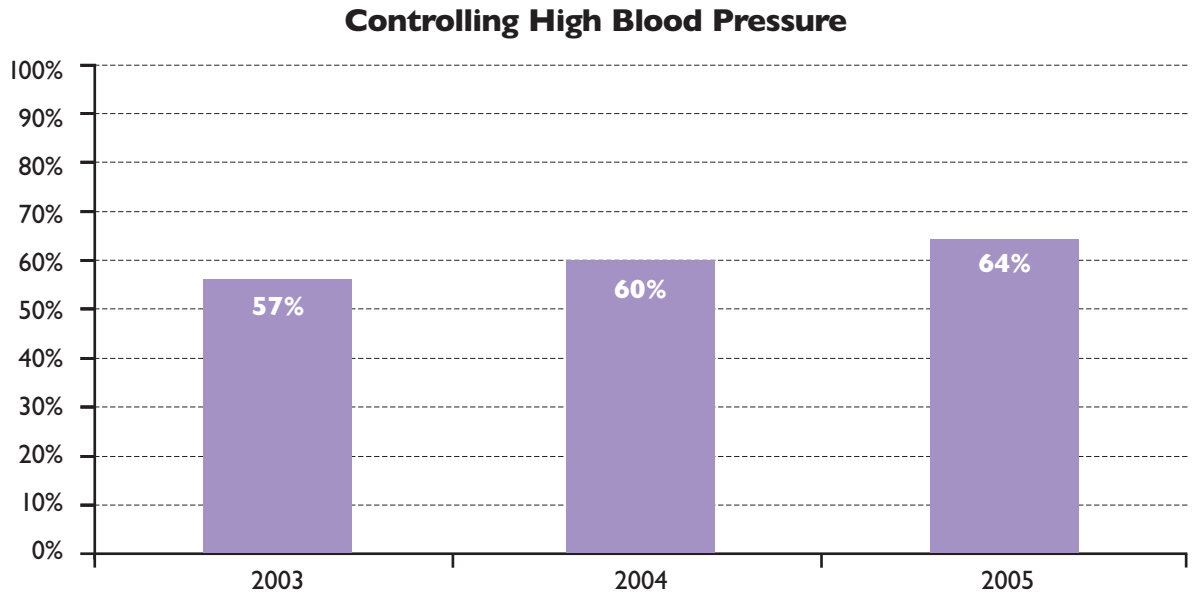


High Blood Pressure Treatment

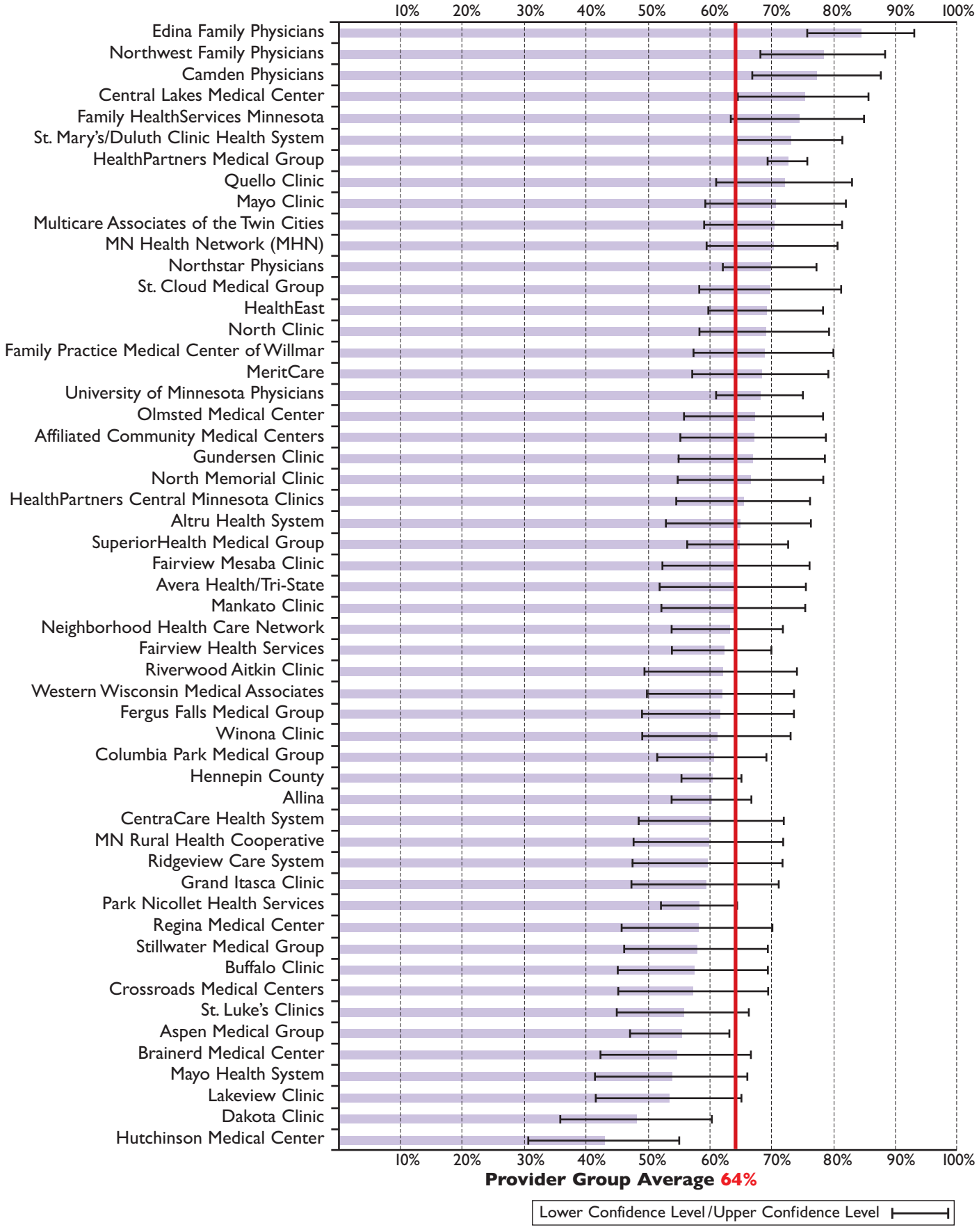
Controlling High Blood Pressure

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 (Patients sampled)	Total Eligible
BP <=140/90	64.1%	1.2%	3,896	6,047	79,408



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

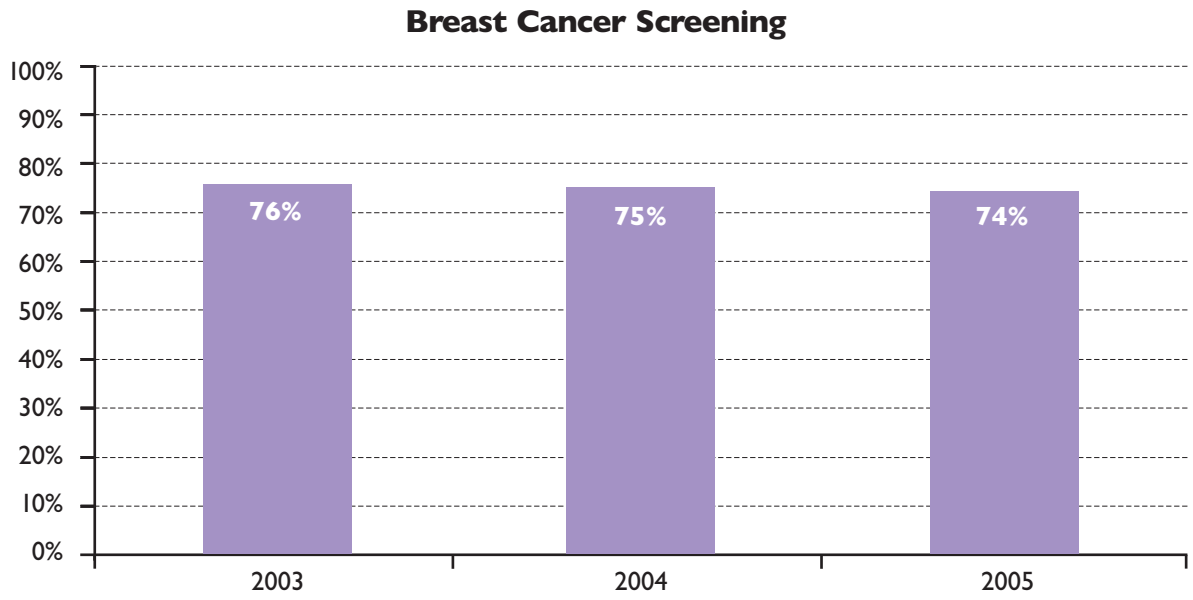


Women's Health

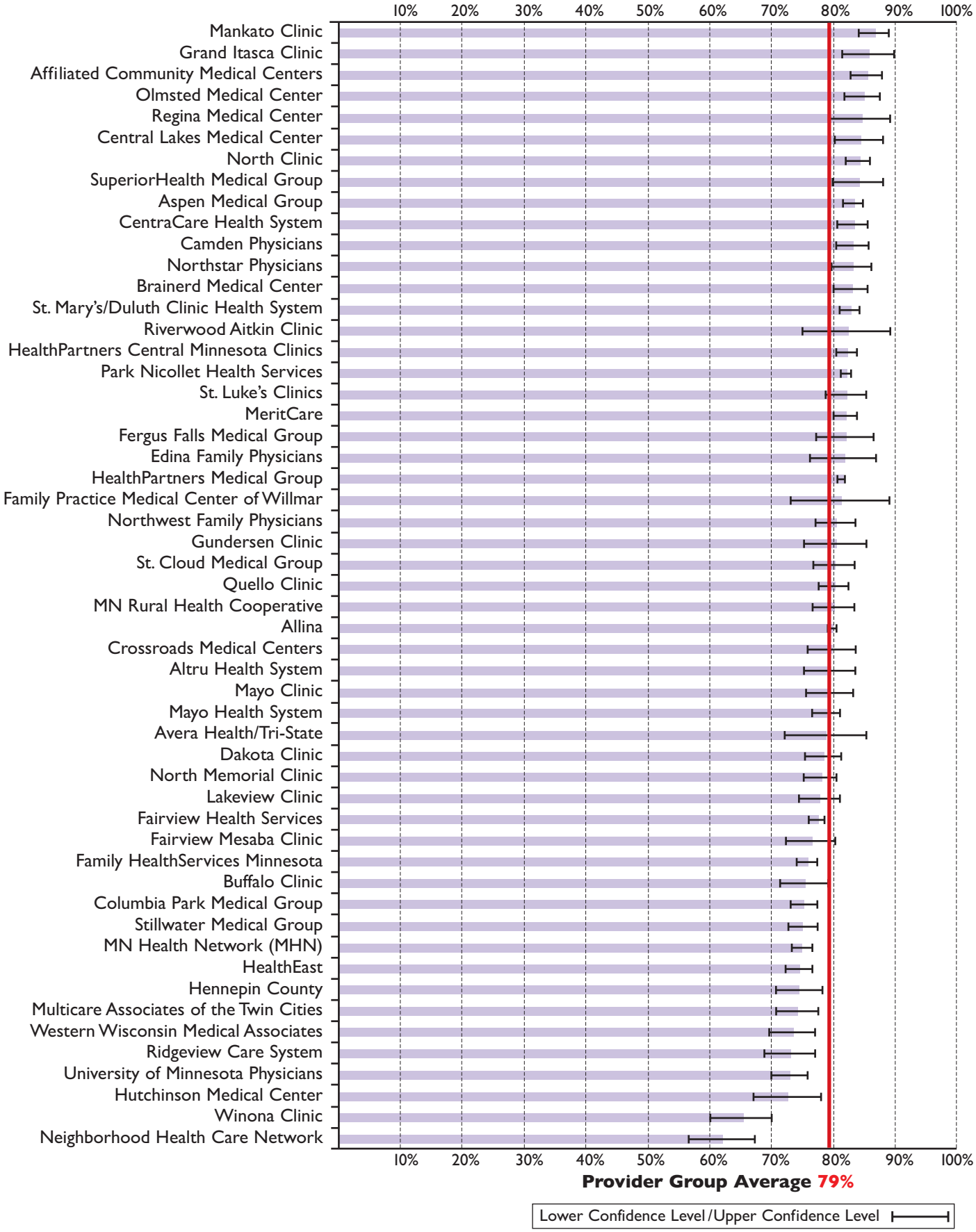
Breast Cancer Screening

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	74.4%	0.3%	80,773	108,580



Breast Cancer Screening

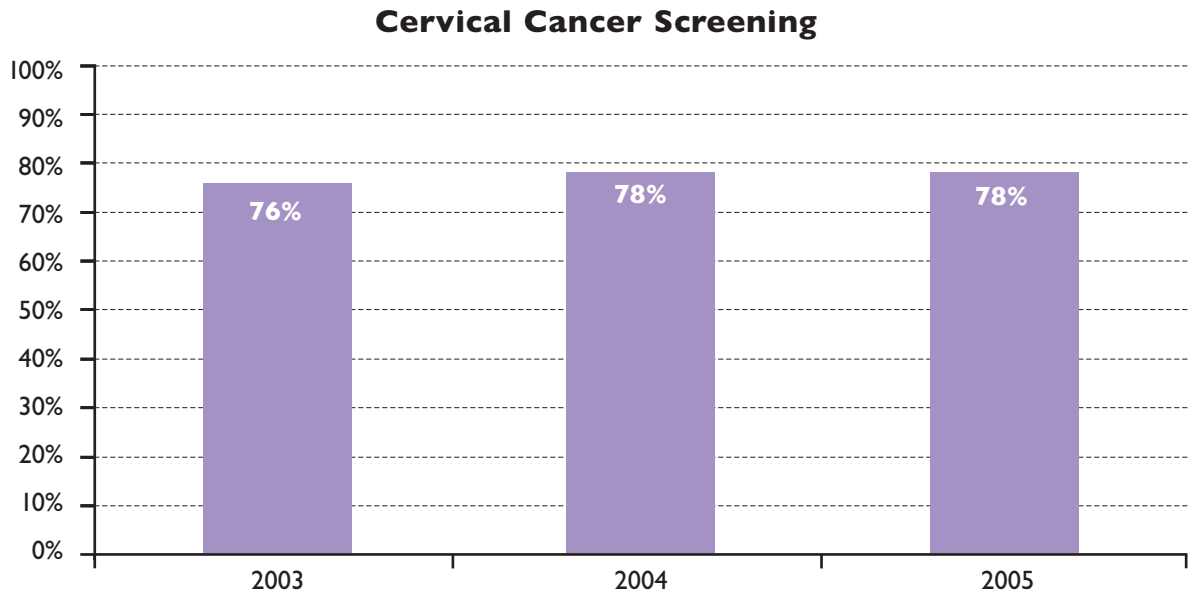


Women's Health

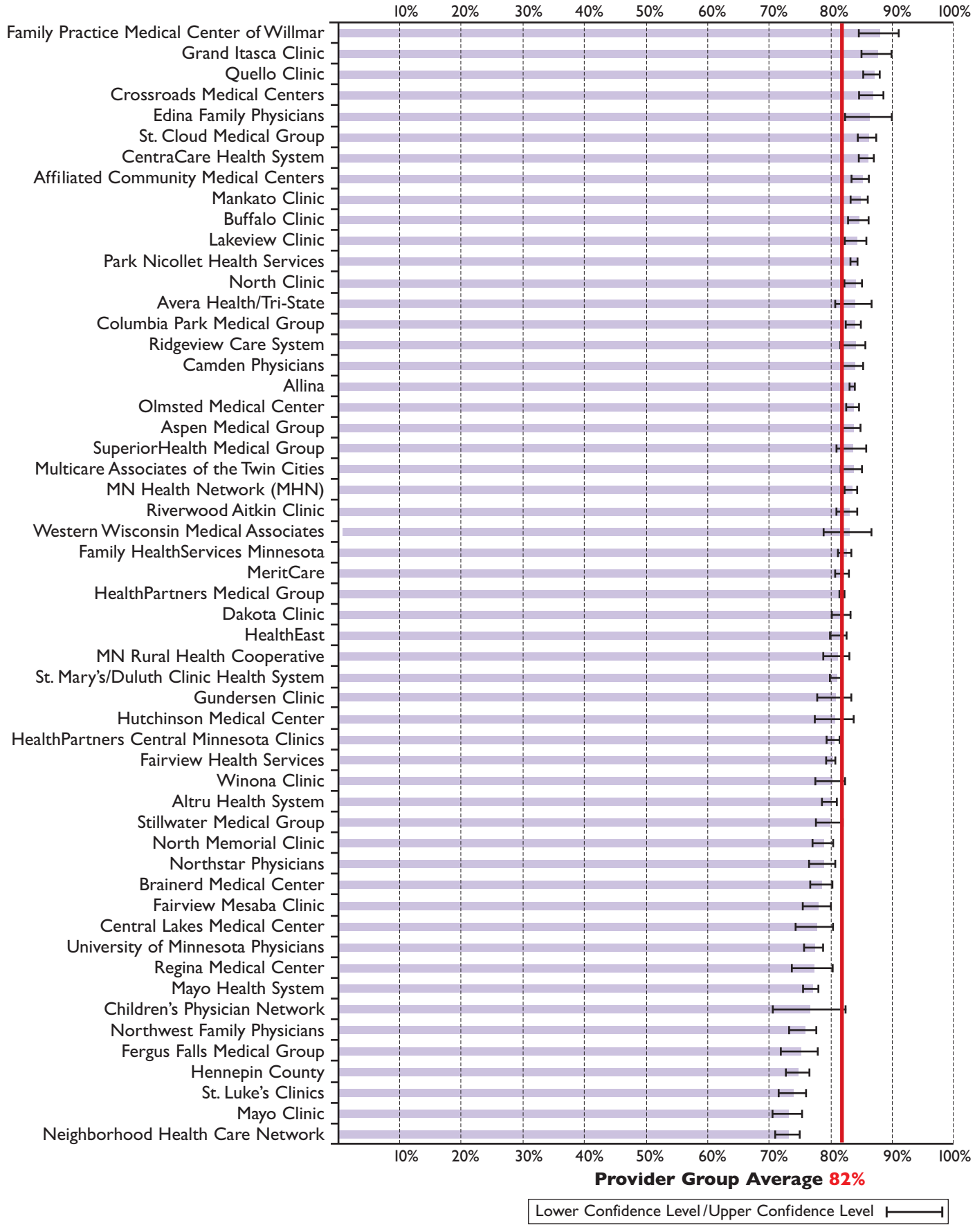
Cervical Cancer Screening

This measures the percentage of women age 18 through 64 years 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%	244,817	314,869



Cervical Cancer Screening

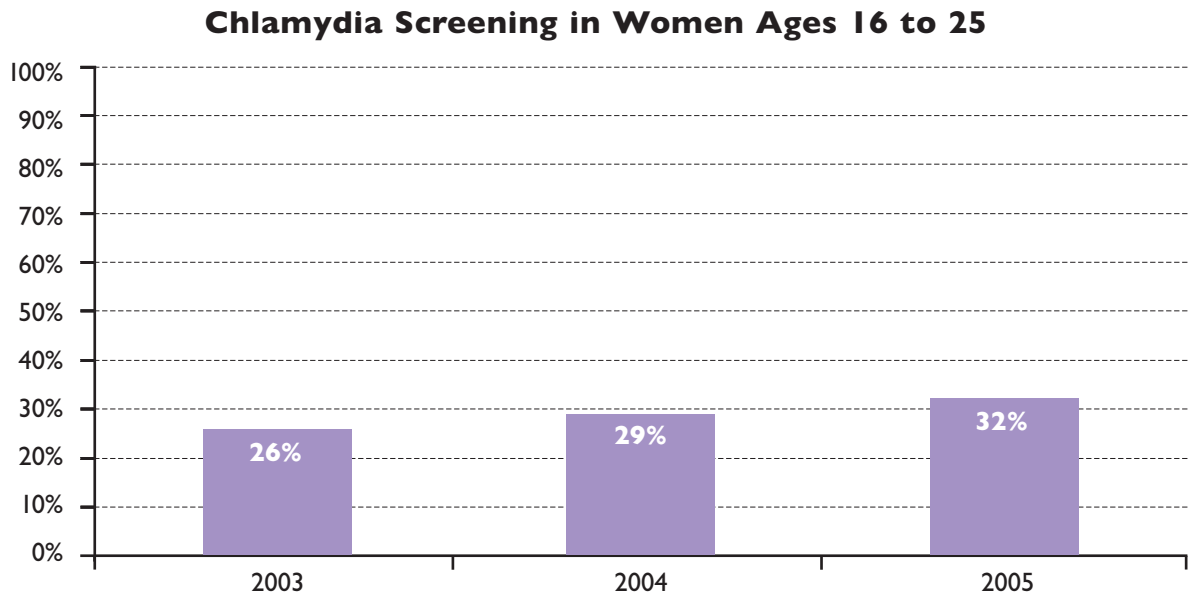


Women's Health

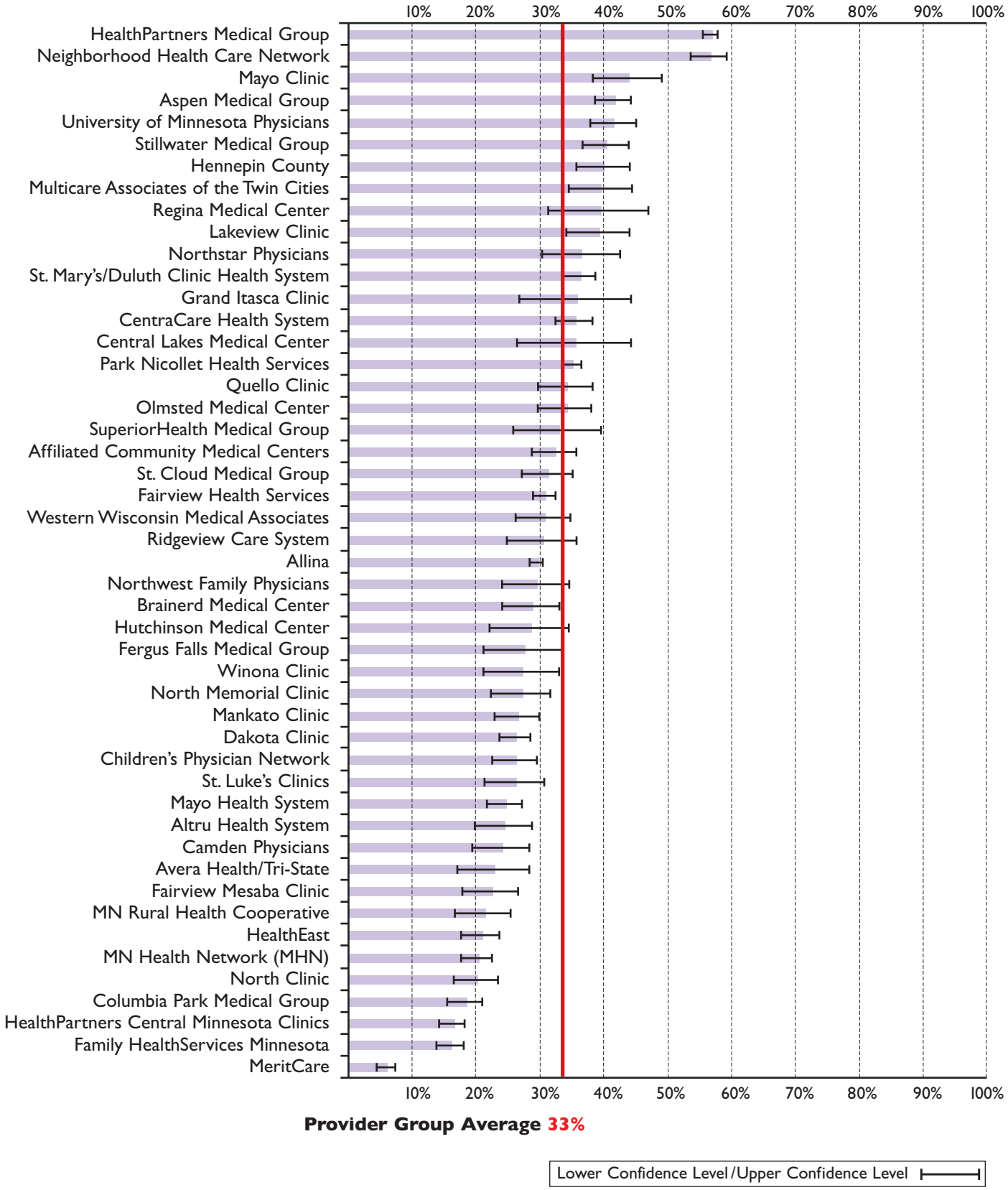
Chlamydia Screening in Women

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	31.7%	0.4%	18,503	8,430
Age 16 - 20	32.9%	0.6%	8,474	25,791
Age 21 - 25	30.7%	0.5%	10,029	32,639



Chlamydia Screening in Women - Ages 16 to 25



MN Community Measurement Leadership

2005 Board of Directors

Each has provided strategic direction and contributed generously of their knowledge and experience.

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Reporting Advisory Group provides guidance on reporting and makes recommendations to the Board.

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Doug Hiza, M.D., First Plan of Minnesota, Co-Chair
Barry Bershow, M.D., Fairview Health Services
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Linda Walling, M.D., HealthEast Clinics
Ann Robinow, Medica
Eileen Smith, Minnesota Council of Health Plans

2005 Data Planning Committee

The Data Planning Committee provides measurement and data technical expertise without which this report would not be possible.

Jane Gendron, Blue Cross Blue Shield/Blue Plus of MN; Diane Wehrle, Rachel Woods, HealthPartners; Mary Hammond, Jim Theurer, Karen Oudekerk, Medica; Bret Randolph, Kathleen Hulting, Emmet Pope, Metropolitan Health Plan; Sarah Cook-Burton, Lark Arrichiello, PreferredOne; Ann Herzog-Morrison, UCare Minnesota; and Lisa Deml, South Country Health Alliance.

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