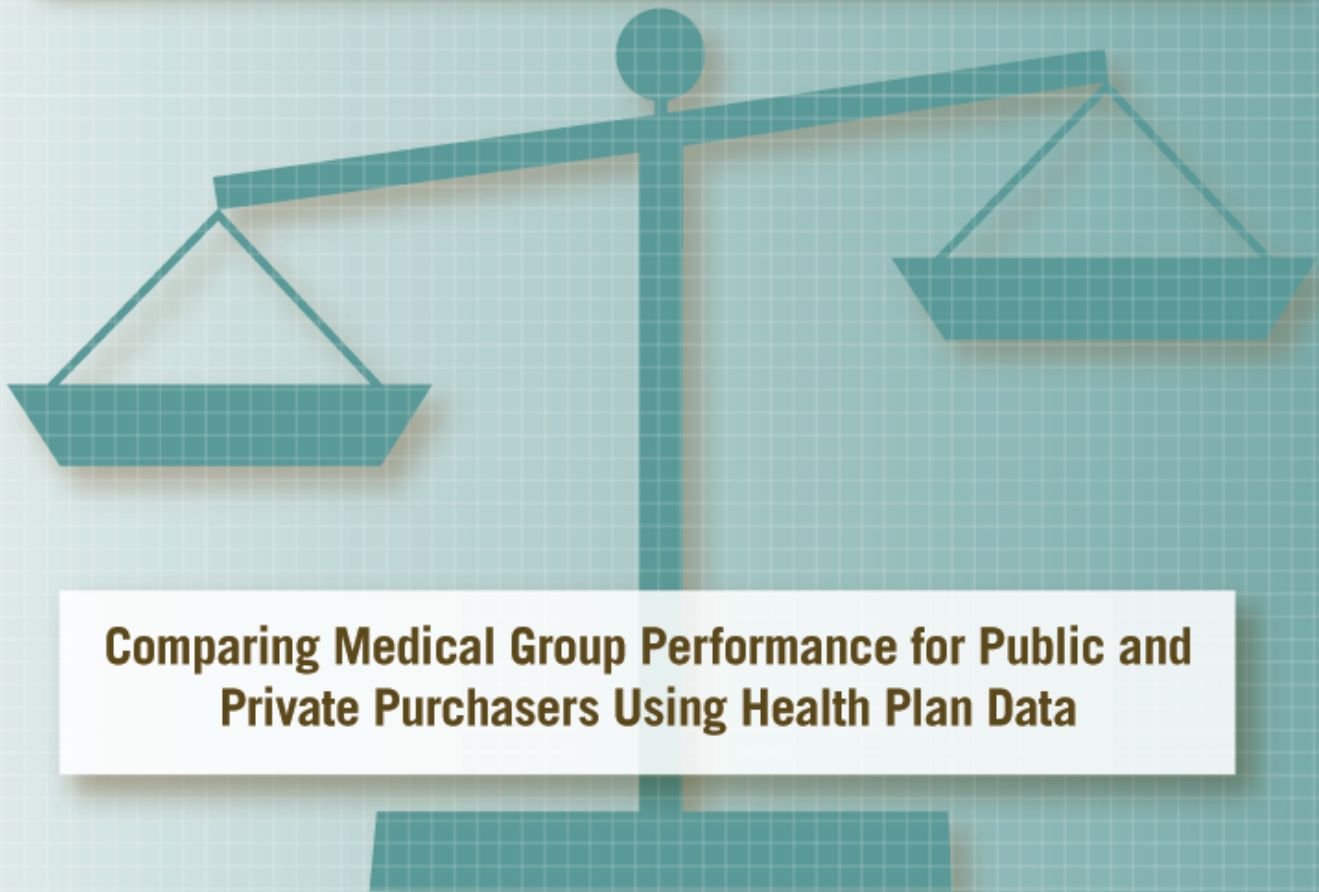


2008 HEALTH CARE DISPARITIES REPORT

for Minnesota Health Care Programs



2008 HEALTH CARE DISPARITIES REPORT

for Minnesota Health Care Programs

(For care delivered in 2007)

Report Preparation Directed By:

Anne M. Snowden, MPH, CPHQ
Director of Performance Measurement and Reporting, MNCM

Key Contributors:

Cheryl Barber, MS, MPH
Data Analyst, MNCM

Angeline Carlson, PhD
Director of Research, Data Intelligence Consultants

Carrie L. Coleman, MPA
Director, Policy and Communications, MNCM

Elizabeth Hoelscher
Administrative Assistant, MNCM

Vicki Kunerth, RN, MSPH
Director, Performance Measurement and Quality Improvement, DHS

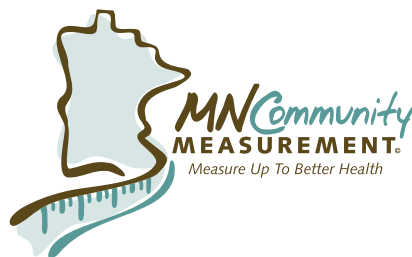
James A. McRae, PhD
Senior Research Scientist, DHS

Deb Olson
HR and Administrative Manager, MNCM

Direct Questions or Comments to:

Anne M. Snowden
612-454-4811
snowden@mnhealthcare.org

Vicki Kunerth
651-431-2618
vicki.kunerth@state.mn.us



This page intentionally left blank.

2008 HEALTH CARE DISPARITIES REPORT

for Minnesota Health Care Programs

Table of Contents

I.	EXECUTIVE SUMMARY	2
II.	INTRODUCTION	3
III.	KEY FINDINGS	5
IV.	CHANGES	6
V.	DATA SOURCES AND DATA COLLECTION	7
VI.	MEASURES	9
VII.	METHODS	11
VIII.	RESULTS BY MEASURE	14
	“Living with Illness” measures	
	■ Optimal Diabetes Care	16
	■ Controlling High Blood Pressure	20
	■ Use of Appropriate Medications for People with Asthma ...	24
	“Getting Better” measures	
	■ Treatment for Children with Upper Respiratory Infection ...	30
	■ Testing for Children with Pharyngitis	38
	“Staying Healthy” measures	
	■ Breast Cancer Screening	46
	■ Cervical Cancer Screening	52
	■ Chlamydia Screening in Women	60
	■ Childhood Immunizations	66
IX.	RESULTS AT A GLANCE	70
X.	FUTURE PLANS	77
XI.	ACKNOWLEDGEMENTS	78
XII.	GLOSSARY	79
XIII.	LIST OF MEDICAL GROUPS AND CLINICS REPORTED	81

Executive Summary

The *2008 Health Care Disparities Report for Minnesota Health Care Programs* presents data that explores the degree to which standards of quality care are achieved by health care providers caring for patients in Minnesota Health Care Programs (MHCP), including patients in Medical Assistance, MinnesotaCare and General Assistance Medical Care who are served by health plans. These patients represent a population with lower socioeconomic status, as well as a disproportionate share of persons of color, American Indians, persons with disabilities, and elders compared with the overall population in Minnesota. As a result of their lower socioeconomic status, these patients often experience barriers that prevent their access to appropriate care. This may lead to disparities between the quality of care provided for these patients compared with the care provided to patients of Other Purchasers (i.e., commercial insurers or Medicare managed care exclusive of patients who have dual eligibility for Medicare and Medicaid).

The nine measures in the report were selected by the Department of Human Services (DHS) based on relevance to patients enrolled in MHCP. These measures include:

- Appropriate Treatment for Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status (Combo 3)
- Chlamydia Screening
- Controlling High Blood Pressure
- Optimal Diabetes Care
- Use of Appropriate Medications for People with Asthma

For more information

Contact Anne Snowden, MN Community Measurement, at snowden@mnhealthcare.org or Vicki Kunerth, Minnesota Department of Human Services, at Vicki.kunerth@state.mn.us

Key Findings

- On eight of the nine statewide measures, performance in achieving high quality care was significantly lower at both the statewide and medical group levels for MHCP compared with Other Purchasers.
- On eight of the nine measures, performance rates for MHCP patients improved since last year and over time.
- Four medical groups – HealthPartners Clinics, Park Nicollet Health Services, Fairview Health Services and Children’s Physician Network – achieved above average performance rates on at least half of the measures on which they were reported. Three of the four – HealthPartners Clinics, Park Nicollet Health Services and Children’s Physician Network – also had above average rates last year.
- Analyses show that even when medical groups achieve a higher than average MHCP performance rate, there may still be a gap in the care provided to MHCP patients compared with care provided to patients of Other Purchasers.
- Analyses also show that purchaser performance rate differences within a medical group can have a wider gap than at the statewide level.
- 12 medical groups have shown above average MHCP performance rates and small differences (less than 1 percentage point) between purchasers.
- Gaps in performance between MHCP and Other Purchasers have narrowed for all measures except three: Optimal Diabetes Care, Use of Appropriate Medications for People with Asthma and Chlamydia Screening.
- The largest gap between MHCP (60%) and Other Purchasers (77%) occurs for Breast Cancer Screening.
- Similar to last year, rates of performance for MHCP are highest for Appropriate Medications for People with Asthma (87%) and Appropriate Treatment of Children with Upper Respiratory Infections (85%).
- There is variation across medical groups for all measures; however, this variation is commonly seen in MN Community Measurement reporting and is not unique to MHCP.

Introduction

The 2008 *Health Care Disparities Report for Minnesota Health Care Programs* (2007 dates of service) is the second such report produced by MN Community Measurement under contract with the Minnesota Department of Human Services. Like last year, we present data exploring the degree to which standards of quality care are achieved by providers caring for patients in Minnesota Health Care Programs (MHCP), including patients in Medical Assistance, MinnesotaCare and General Assistance Medical Care who are served by health plans. MHCP patients represent a population considered at risk due to low socioeconomic status, as well as a disproportionate share of persons of color, American Indians, persons with disabilities, and elders when compared with the overall population in Minnesota.

We report statewide and medical group rates of performance for patients in Minnesota insured through MHCP. We also report on differences in medical group performance rates for two purchaser categories: MHCP (i.e., Medical Assistance including dual eligibles, MinnesotaCare and General Assistance Medical Care) and Other Purchasers (i.e., commercial insurers or Medicare managed care exclusive of MHCP dual eligibles).

In our first *Health Care Disparities Report* (published in 2007 and reporting on 2006 dates of service), we reported differences in statewide and medical group rates of performance in achieving standards of quality care. The report supported what has been known from numerous studies – patients of lower socioeconomic status generally have lower rates of health care utilization. Their health

concerns are magnified by their inability to access and maintain continuity with their health care clinicians, but there are many factors that contribute to the health care disparities we reported. The first report also identified some medical groups that were successfully providing a similar quality of care for patients with different purchasers, even though caring for the MHCP population poses many challenges.

The issuance of our first *Health Care Disparities Report* has contributed to a heightened awareness of the differences in the degree to which high quality health care services are being provided to patients enrolled with different purchasers in Minnesota. Medical groups and health plans are utilizing the results to more fully understand the implications of these differences. They are beginning to address these differences using quality improvement strategies focused on system-level change.

A recurring theme in conversations with physicians from these medical groups revealed that it is possible to achieve optimal health outcomes for their patients regardless of the purchaser. Achieving similar performance rates for all patients requires an understanding of the unique needs of patients and re-engineering systems to meet those needs. Sometimes the solutions are as simple as establishing same-day appointments for multiple procedures. This can alleviate the need for patients to make several trips to the clinic, arrange for additional transportation and/or incur more childcare expenses. Removing these barriers can help patients get important, lifesaving procedures.

(continued on next page)

Introduction

Other solutions may be more complex, but in the end, meeting the needs of patients is the right thing to do.

The *2008 Health Care Disparities Report for Minnesota Health Care Programs* (2007 dates of services) also analyzes whether differences in performance between MHCP and Other Purchasers (i.e., commercial insurers or Medicare managed care exclusive of duals) exist. We already know from our previous report that there are medical group differences in performance rates between purchasers. So, in this report we examine if these differences, by purchaser, are more pronounced for some medical groups than others.

We hope this report will generate interest from a wide range of audiences. By making performance rate differences transparent, improvements can be made to address these differences.

The ultimate goals are to improve the care that all patients receive and to eliminate any disparities in the care received by different population groups. We will continue to pursue data that will help us better understand reasons for the differences reported. The Minnesota Department of Human Services and MN Community Measurement are committed to continuing our partnership to publicly report this information in an effort to accelerate improvements in health for all patients in Minnesota.

Key Findings

- On eight of the nine statewide measures, performance in achieving high quality care was significantly lower for MHCP compared with Other Purchasers at the statewide and medical group levels.
- On eight of the nine measures, performance rates for MHCP patients improved since last year and over time.
- Four medical groups – HealthPartners Clinics, Park Nicollet Health Services, Fairview Health Services and Children’s Physician Network – achieved above average performance rates on at least half of the measures on which they were reported. Three of the four – HealthPartners Clinics, Park Nicollet Health Services and Children’s Physician Network – also had above average rates last year.
- Analyses show that even when medical groups achieve a higher than average MHCP performance rate, there may still be a gap in the care provided to MHCP patients compared with care provided to patients of Other Purchasers.
- Analyses also show that purchaser performance rate differences within a medical group can have a wider gap than at the statewide level.
- 12 medical groups have shown above average MHCP performance rates and small differences (less than 1 percentage point) between purchasers.
- Gaps in performance between MHCP and Other Purchasers have narrowed for all measures except three: Optimal Diabetes Care, Use of Appropriate Medications for People with Asthma and Chlamydia Screening.
- The largest gap between MHCP (60%) and Other Purchasers (77%) occurs for Breast Cancer Screening.
- Similar to last year, rates of performance for MHCP are highest for Appropriate Medications for People with Asthma (87%) and Appropriate Treatment of Children with Upper Respiratory Infections (85%).
- There is variation across medical groups for all measures; however, this variation is commonly seen in MN Community Measurement reporting and is not unique to MHCP.

Changes To This Report

Since publication of the *2007 Health Care Disparities Report*:

- One additional measure – Controlling High Blood Pressure – has been added.
- A comparison of 2008 MHCP statewide results to 2007 MHCP statewide results has been added.
- Up to two years (depending on the measure) of statewide trending results were added for MHCP and Other Purchasers to allow for more historical comparisons.
- In addition to highlighting high performing medical groups by measure, we have also noted the medical groups that have achieved the biggest improvements since the last report.
- MHCP rates are compared with national benchmarks (2008 National Medicaid HEDIS rates) of patients insured through public programs for five measures:
 - Use of Appropriate Medications for People with Asthma
 - Treatment for Children with Upper Respiratory Infection
 - Testing for Children with Pharyngitis
 - Cervical Cancer Screening
 - Childhood Immunization

Data Sources and Data Collection

We derived data used for this report from administrative claims from health plans and/or medical record review. The data set reflects patients enrolled in managed care plans including commercial HMO/POS/PPO products, Medicare Cost and Medicare Risk products, Private Medicare fee-for-service products, and Minnesota Health Care Programs (Prepaid Medical Assistance including dual eligibles, MinnesotaCare, General Assistance Medical Care). These data do not include patients who are uninsured, patients who pay for their own health care services, or patients who are served by fee-for-service.

The health plans collected the data using the Healthcare Effectiveness Data and Information Set (HEDIS) *2008 Technical Specifications* (2007 dates of service). The data collection and reporting cycle was consistent with the annual HEDIS cycle. The National Committee for Quality Assurance (NCQA) produces and maintains HEDIS. The following eight organizations collected data for purposes of public reporting:

- Blue Cross and Blue Shield of Minnesota
- FirstPlan of Minnesota
- HealthPartners
- Medica
- Metropolitan Health Plan
- PrimeWest Health System (county-based purchaser)
- South Country Health Alliance (county-based purchaser)
- UCare

Each health plan utilized an extensive validation process to ensure quality measures that follow the standards described in *Volume 5, HEDIS Compliance Audit®: Standards, Policies and Procedures*:

- An NCQA-certified HEDIS auditor audited health plan data.
- Abstractors were tested on charts using inter-rater reliability exercises that must achieve a specified level of compliance.
- NCQA vendors audited a specified percentage of charts per abstractor, requiring a specified level of compliance (usually 90-100%).
- If an abstractor was below the specified compliance level, he or she received further training until attaining the level of compliance specified by the health plan.
- Some health plans required a second tier of auditing, in which internal staff who were medical record reviewers audited the same charts again.
- Most health plans had built-in data checks on their entry screens for the data abstraction tool.

(continued on next page)

Data Sources and Data Collection

To further ensure data integrity, MNCM instituted validation checks at multiple levels during the health plan file aggregation process before publishing the results:

- The health plans submitted all data files to MNCM's aggregation vendor for aggregation and validation. The aggregation vendor checked the individual health plan files for proper formatting, missing and invalid values, and to confirm accurate record counts. The vendor then calculated preliminary health plan rates and returned them to each health plan for validation.
- Once these checks were finalized for the individual health plan files, the vendor aggregated these files and checked them again. Then, preliminary MNCM rates were calculated.
- MNCM staff and the data aggregation vendor carefully reviewed the preliminary rates, paying particular attention to trending, medical groups with extremely low or high rates, and/or notable changes from the previous year.
- After these checks were finalized, we sent preliminary rates to medical groups for review and comment.
- MNCM investigated any data concerns with the data aggregation statistical team to determine if the issues were related to the submitted data.
- Only after issues were resolved and results finalized was the final written report completed.

Measures

The measures in this report rely on NCQA's HEDIS specifications, which are aligned with clinical guidelines established by Minnesota's own Institute for Clinical Systems Improvement (ICSI). HEDIS is a national set of standardized performance measures originally designed for the managed care industry. The measures have been adapted for use by MN Community Measurement to track the performance of medical groups. The nine measures in this report were selected by DHS based on their relevance to patients enrolled in MHCP.

Measures are summarized in categories based on health care emphasis. Some measures assess how well medical groups care for patients with chronic health care conditions and are referred to as "Living with Illness" measures. Another category includes measures that reflect how well medical groups care for patients with common acute illnesses and are referred to as "Getting Better" measures. A third category includes measures that reflect how well medical groups keep individuals healthy and identify disease at an early stage, when it can be treated most effectively. These measures are referred to as "Staying Healthy" measures. The nine measures include:

"Living with Illness" measures

Optimal Diabetes Care – Measures the percentage of patients ages 18-75 with diabetes (Type 1 and Type 2) ages 18-75) who comply with the treatment regimen to reduce the risk of cardiovascular diseases:

- Blood pressure less than 130/80 mmHg
- LDL-C less than 100 mg/dl
- Hemoglobin A1c less than 7
- Documented tobacco-free status
- Daily aspirin use (ages 41-75)

Controlling High Blood Pressure – Measures the percentage of patients ages 18-85 with a diagnosis of hypertension whose blood pressure was

adequately controlled at less than 140/90 mmHg during the measurement year. The representative blood pressure, as defined by NCQA, is the most recent blood pressure reading during the measurement year after the diagnosis of hypertension was made.

Use of Appropriate Medications for People with Asthma – Measures the percentage of patients ages 5-56 with persistent asthma in the measurement year and prior year who were appropriately prescribed medication for asthma during the measurement year.

(continued on next page)

Measures

“Getting Better” measures

Appropriate Treatment for Children with Upper Respiratory Infection – Measures the percentage of children ages 3 months to 18 years with a diagnosis of upper respiratory infection (URI) who were not given an antibiotic prescription within three days of the episode period (July 1 of prior year to June 30 of measurement year).

Appropriate Testing for Children with Pharyngitis – Measures the percentage of children ages 2-18 with pharyngitis (sore throats) who were given an antibiotic and a group A streptococcus (strep) test, rather than just an antibiotic without the appropriate testing, for the episode period (July 1 of prior year to June 30 of measurement year).

“Staying Healthy” measures

Breast Cancer Screening – Measures the percentage of women ages 52-69 who had a mammogram during the measurement year or prior year.

Cervical Cancer Screening – Measures the percentage of women ages 24-64 who received one or more Pap tests to screen for cervical cancer in the measurement year or the two years prior.

Chlamydia Screening – Measures the percentage of sexually active women ages 16-25 who had at least one test for chlamydia infection during the measurement year.

Childhood Immunization Status (Combo 3) – Measures the percentage of children 2 years of age who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three Hepatitis B, one VZV, and four pneumococcal conjugate vaccines within the HEDIS specified time period and by their second birthday.

Methods

MNCM calculated measures using NCQA's 2008 HEDIS® *Technical Specifications*. Two MNCM-specific numerator specifications (tobacco-free status and daily aspirin use) were used for the Optimal Diabetes Care measure. All medical groups in Minnesota are reported for medical group level measures if they meet minimum reporting requirements based on the number of patients. Inclusion in this report for these measures is not voluntary.

Eligible Population Specifications

Each health plan identified the eligible populations for the measures in this report by utilizing its respective administrative databases. NCQA's 2008 HEDIS® *Technical Specifications* provided the standard definitions for the eligible population, which included patients who satisfied all specified criteria, including age, continuous enrollment, benefit, and event or anchor date enrollment requirements.

We calculated measures using either an administrative method or a hybrid method. The measures that are calculated using the administrative method are wholly derived from health plan claims data, while measures calculated using the hybrid method are derived from a combination of health plan claims data and medical record review data. Claims data tell us that a test or health service was performed, but not its value or outcome. Medical records are reviewed for selected measures to determine a value or outcome. For example, a health plan claim will tell us that a cholesterol test was administered, while a review of the medical record will tell us the test showed the patient's

LDL, also known as bad cholesterol level, was less than 130 mg/dl. For administrative measures, the entire eligible population is the denominator. A minimum threshold of 30 patients per medical group was established for public reporting for these measures. For hybrid measures, the eligible population serves as the sampling frame from which to draw the denominator. For each hybrid measure, a minimum threshold of 60 patients per medical group was established for purposes of public reporting.

The following measures use the administrative method:

- Appropriate Treatment for Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

The following measures use the hybrid method:

- Childhood Immunization Status (Combo 3)
- Controlling High Blood Pressure
- Optimal Diabetes Care

(continued on next page)

Contact the Minnesota Department of Human Services vicki.kunerth@state.mn.us for an addendum to this report that includes charts and tables for the three hybrid measures – Optimal Diabetes Care, Childhood Immunization (Combo 3), and Controlling High Blood Pressure – that included medical groups with minimum threshold of 30 patients in the sample.

Methods

Patient Attribution to Medical Groups

Health plans reviewed administrative billing codes to determine the frequency of patient visits to medical groups during the measurement year. Patients were assigned to the medical group that they visited most frequently. Patients who visited two or more medical groups with the same frequency were attributed to the medical group visited most recently. MNMCM, in collaboration with the health plans and medical groups, established a standard definition of medical groups using a common identifier, the tax identification number. This common identifier, updated annually, is necessary for data aggregation from multiple health plans.

Sampling for Hybrid Measures

For measures calculated using the hybrid method, each participating health plan identified the eligible population that met measurement specifications using its administrative databases. This population of eligible patients served as the sampling frame from which to draw the denominator (the patients for whom medical record review would be completed). A review of medical records is very resource-intensive, so it is necessary to draw a random sample of the eligible population. Medical record review was conducted of all patients drawn for the sample.

MNMCM used a two-stage, random sampling process. This strategy was designed with statisticians to ensure reporting for the maximum number of medical groups while minimizing the impact of weighting on the results. As in previous years, NCQA served as the sampling vendor for all hybrid measures. The sampling procedure started with the health plans providing NCQA with a data file containing a record for each eligible patient for each hybrid measure. The file identified eligible patients who had been selected

for the HEDIS sample by the plans. Additional patients were then selected by NCQA from the remaining eligible population to meet MNMCM minimum reporting requirements.

In addition to the MNMCM sample drawn for the health plans, NCQA, under contract with MNMCM, identified additional MHCP patients to increase the number of MHCP patients in the denominator for the hybrid measures. As a result, MNMCM was able to reach minimum patient thresholds required for publicly reporting an MHCP performance rate at the medical group level for the hybrid measures; and therefore, more medical groups became reportable.

Numerator Specifications

For administrative measures, the numerator is the number of patients from the *eligible population* who met measurement criteria. For hybrid measures, the numerator is the number of patients from the *sample* who met measurement criteria.

Weighting

Because data for hybrid measures were taken from a sample, we weighted the results to obtain accurate rates. This allowed for aggregation and unbiased reporting by medical group. Weighting is a cost-saving measure that enables MNMCM to draw a sample on which to estimate medical group and statewide rates. Weighting is applied to efficiently utilize health plan resources for data collection on a randomly sampled population.

We calculated weights for each sampling stratum (i.e. health plan/health plan product/medical group). In our calculations, a weight was equal to the total eligible population for that stratum divided by the total sample size.

(continued on next page)

Methods

In calculating rates for a population – for example, a medical group or statewide – the denominator was the sum of the weights for all patients in that population, and the numerator was the sum of the weights for patients in the population who met the measurement specifications.

Calculating Rates

We express rates as percentages, calculated as 100 times the number who met the measurement specifications divided by the number who were eligible for the measure. Rates calculated for measures using the administrative method were straightforward. However, rates calculated for measures using the hybrid method required weighting because of the sampling procedures. We calculated rates and 95-percent-asymmetrical confidence intervals for each measure for each medical group. We used asymmetrical confidence intervals to avoid confidence intervals that include negative percentages.

Rates

We calculated rates at both a statewide level and at a medical group level. Statewide rates include both those patients attributed to a medical group AND those who could not be attributed to a medical group (i.e., all patients regardless of medical group affiliation). Medical group average rates include ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group with the performance of all medical groups. The medical group average may be slightly higher than the statewide average because it included patients who accessed care more frequently.

Limitations

The measures included in this *2008 Health Care Disparities Report* are based on NCQA HEDIS performance measures, which require continuous enrollment in a health plan as part of the measure eligibility criteria. Excluding

MHCP patients who did not experience continuous enrollment can result in a large number of enrolled patients being excluded from the measure. A 45 day gap in enrollment is allowed for the MHCP population in the technical specifications of the measures, but this may not adequately address enrollment concerns for MHCP patients. Based on an internal DHS analysis, when the continuous enrollment criterion is applied to the MHCP enrolled population, the share of MHCP patients eligible for a measure is reduced. As a result, only a portion of enrolled MHCP patients may be represented in the HEDIS measures. This is true for all managed care populations, but is more pronounced for patients enrolled in MHCP, who may cycle on and off of these programs as their eligibility changes.

The medical groups identified in this report do not fully represent all medical groups in Minnesota. This is because MNMCM has established minimum thresholds for public reporting and included only those medical groups that met these thresholds. At the same time, the medical groups that are included in this report may not have results for all measures because they did not meet the minimum thresholds for these measures.

The data reflect the experience of patients insured through a managed care delivery system. Because the data only include patients with insurance coverage, the report does not reflect the experiences of uninsured patients, patients who pay for their own health care services, or patients served by a fee-for-service delivery system. Therefore, the data do not include all patients served by a medical group.

We recommend caution when making comparisons from year to year, because annual rate differences can occur due to natural variation, changes in measurement specifications, and changes in data sources.

Results by Measure

(2007 Dates of Service)

Results by Measure

This section presents rates for each of the nine measures selected by DHS for this report. Each measure is briefly described and then statewide results are displayed, including trending results for MHCP and Other Purchasers. Next, we display how well medical groups performed in providing high quality care for MHCP patients, beginning with those providers who had the best results on each measure. This is followed by a list of those medical groups who have high performance for MHCP patients and those medical groups with the biggest improvements since the 2007 *Health Care Disparities Report*. Finally, we present the results of statistical analyses comparing medical groups on their performance in providing high quality care to MHCP patients as compared with patients of Other Payers. The statistical analyses also compare each medical group's gap in providing quality care to patients of different purchasers with the statewide gap.

Identifying high performing medical groups

For each measure, we calculated both individual medical group rates and a medical group average rate of achievement of high quality care for MHCP patients. We identified medical groups that achieved high performance by comparing the individual medical group rate with the medical group average. Medical groups that had rates and 95 percent confidence intervals that were fully above the medical group average were identified as high performers. These medical groups are presented by performance rate in descending order.

Identifying medical groups with biggest improvements

For each measure, we compared report year 2008 individual medical group rates with 2007 MHCP individual medical group rates, calculating an absolute percentage point difference. Medical groups with the largest percentage point increases are identified.

Additional analyses

We conducted an analysis to determine if differences in performance rates could be found between patients insured through MHCP and patients insured through Other Purchasers for the nine measures at the medical group level, between each medical group, and at the statewide rate. We included medical groups in the analysis only if both purchaser categories met the minimum reporting requirements per measure. For administrative measures, each purchaser category was required to have a minimum of 30 patients. For the hybrid measures, each purchaser category was required to have a minimum of 60 patients.

A t-test was used to determine if rate differences found between purchasers at the medical group level were statistically significant, designating significance at a p-value of <0.05 using adjusted degrees of freedom to account for multiple test error.

We also performed a t-test comparing differences in medical group performance rates between purchasers with the difference between purchasers statewide. Significance was designated at a p-value of <0.05, one tailed (i.e. whether the purchaser difference found at the medical group level was significantly wider for MHCP patients than the difference found statewide).

“Living with Illness” measures

Optimal Diabetes Care

Measures the percentage of patients with diabetes (Type 1 or Type II) ages 18-75 who reached all of the following five treatment goals to reduce the risk of cardiovascular diseases:

- Blood pressure less than 130/80 mmHg
- LDL-C less than 100 mg/dl
- Hemoglobin A1c less than 7
- Documented tobacco-free status
- Daily aspirin use (ages 41-75 on aspirin therapy unless contraindicated)

Data collected for this measure are from health plan claims and medical record review.

The statewide rate for Optimal Diabetes Care provided to MHCP patients is almost 8 percent; the rate for Other Purchasers is 13 percent.

This is a statistically significant difference. Table 1.1 displays the details of these statewide rates. Figure 1 displays the statewide rates over time. Patients enrolled in Other Purchasers have higher rates of optimal diabetes care than patients enrolled in MHCP, and this has been true every year since 2004. Fortunately, rates for all patients have improved every year, although the gap between purchasers has not narrowed substantially.

Chart 1 provides the rates by medical group from highest to lowest along with the medical group average. The 30 medical groups on this chart have at least 60 patients in their sample.

Table 1.1: Statewide Weighted Average Rates for Optimal Diabetes Care*

Purchasers	Rate	95% CI	Denominator
MHCP	7.8%	7.1% - 8.6%	5,366
Other Purchasers	13.4%	12.4% - 14.5%	4,063

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 1: Optimal Diabetes Care Statewide Rates Over Time

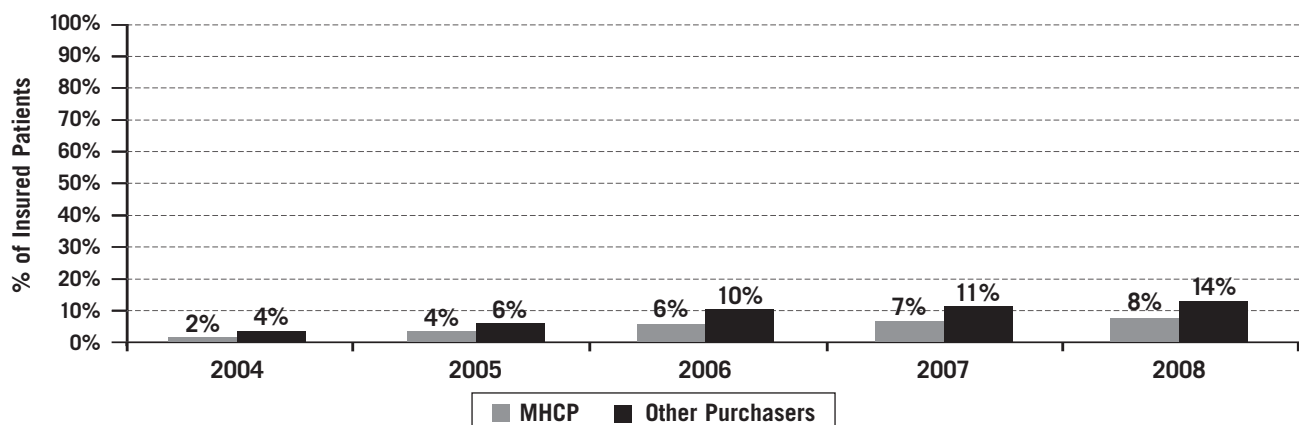
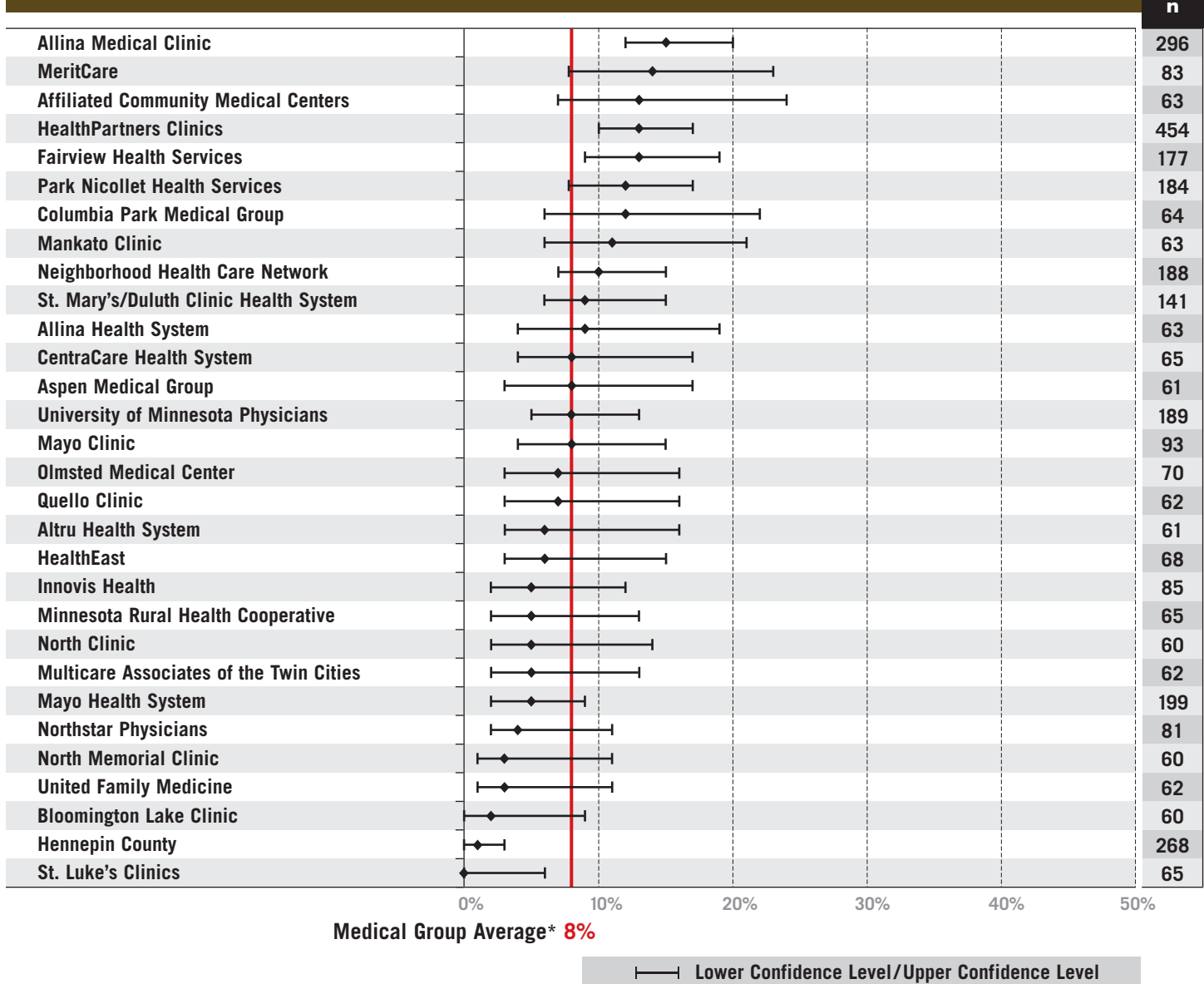


Chart 1: Optimal Diabetes Care Rates by Medical Group
(Minnesota Health Care Programs with 60+ patients in sample)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 8 percent of MHCP patients with diabetes met all five required components included in this measure. **Allina Medical Clinic** set the benchmark of 15 percent of MHCP diabetes patients in full compliance with all five diabetes care components. Three of 30 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Allina Medical Clinic
- HealthPartners Clinics
- Fairview Health Services

Biggest Improvements

The greatest improvements since report year 2007 in Optimal Diabetes Care were made by **Mankato Clinic, Aspen Medical Group, and CentraCare Health System** with each achieving a 5 percentage point increase over last year's rate for MHCP.

Analysis of Purchaser Performance Rate Differences

Eight medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was nearly -6 percentage points and is statistically significant. This means that the Optimal Diabetes Care rate for MHCP patients (8%) was significantly lower than that of Other Purchasers (13%). Purchaser performance rate differences were noted within every medical group in this analysis. For three medical groups, the difference between purchasers was statistically significant. **Aspen Medical Group** had a significantly higher MHCP performance rate, and **Allina Medical Clinic** and **Fairview Health Services** had significantly lower MHCP performance rates compared with those of Other Purchasers. Two medical groups had differences of less than 1 percentage point between purchaser performance rates.

Four medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 1.2 (next page) summarizes these findings.

Table 1.2: Optimal Diabetes Care – Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	7.59%	13.38%	-5.80%	Y	•
Allina Medical Clinic	15.17%	24.88%	-9.71%	Y	Y
Aspen Medical Group	7.82%	1.68%	6.14%	Y	•
Fairview Health Services	13.00%	22.59%	-9.59%	Y	Y
HealthEast	6.37%	14.38%	-8.01%	•	Y
HealthPartners Clinics	13.17%	17.48%	-4.31%	•	•
North Clinic	4.92%	5.90%	-0.98%	•	•
Park Nicollet Health Services	11.79%	10.98%	0.81%	•	•
St. Mary's/Duluth Clinic Health System	9.34%	16.96%	-7.62%	•	Y

Y = Yes, statistical significance

“Living with Illness” measures

Controlling High Blood Pressure

Measures the percentage of patients ages 18-85 with a diagnosis of hypertension, also known as high blood pressure, whose blood pressure was adequately controlled at less than 140/90 mmHg during the measurement year. The representative blood pressure, as defined by NCQA, is the most recent blood pressure reading during the measurement year (as long as the blood pressure occurred after the diagnosis of hypertension was made). Data collected for this measure are from health plan claims and medical record review.

The MHCP statewide rate for Controlling High Blood Pressure is 62 percent; the rate for Other Purchasers is almost 66 percent. This is

a statistically significant difference. Table 2.1 displays the details of these statewide rates. Figure 2 displays the statewide rates over time. Patients enrolled in Other Purchasers have higher rates of controlled blood pressure than patients enrolled in MHCP, and this has been true since 2007. Rates for all patients have held steady since 2007 and the gap between purchasers has not narrowed.

Chart 2 provides the rates by medical group from highest to lowest along with the medical group average. The 18 medical groups on this chart have at least 60 patients in their sample.

Table 2.1: Statewide Weighted Average Rates for Controlling High Blood Pressure*

Purchasers	Rate	95% CI	Denominator
MHCP	62.2%	60.9% - 63.5%	5,385
Other Purchasers	65.8%	64.4% - 67.1%	4,935

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 2: Controlling High Blood Pressure Statewide Rates Over Time

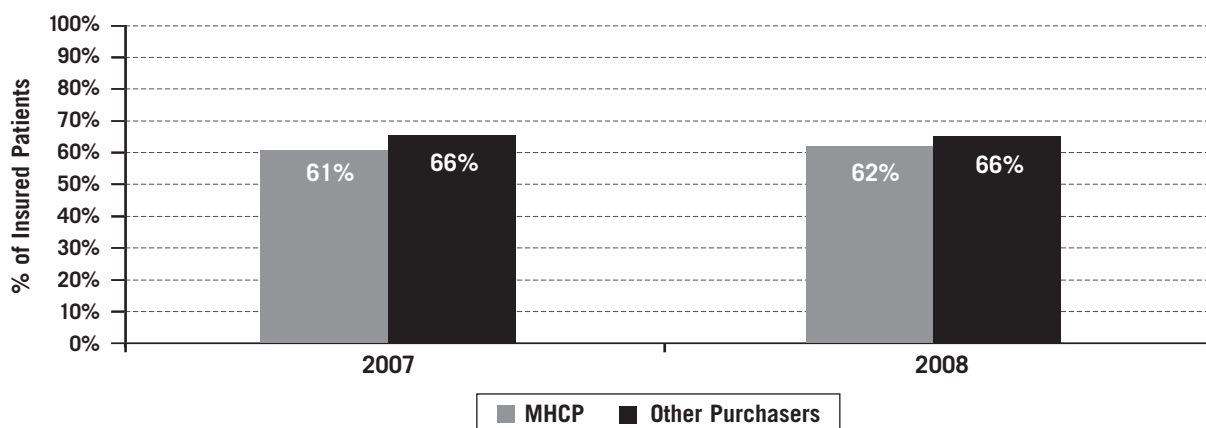
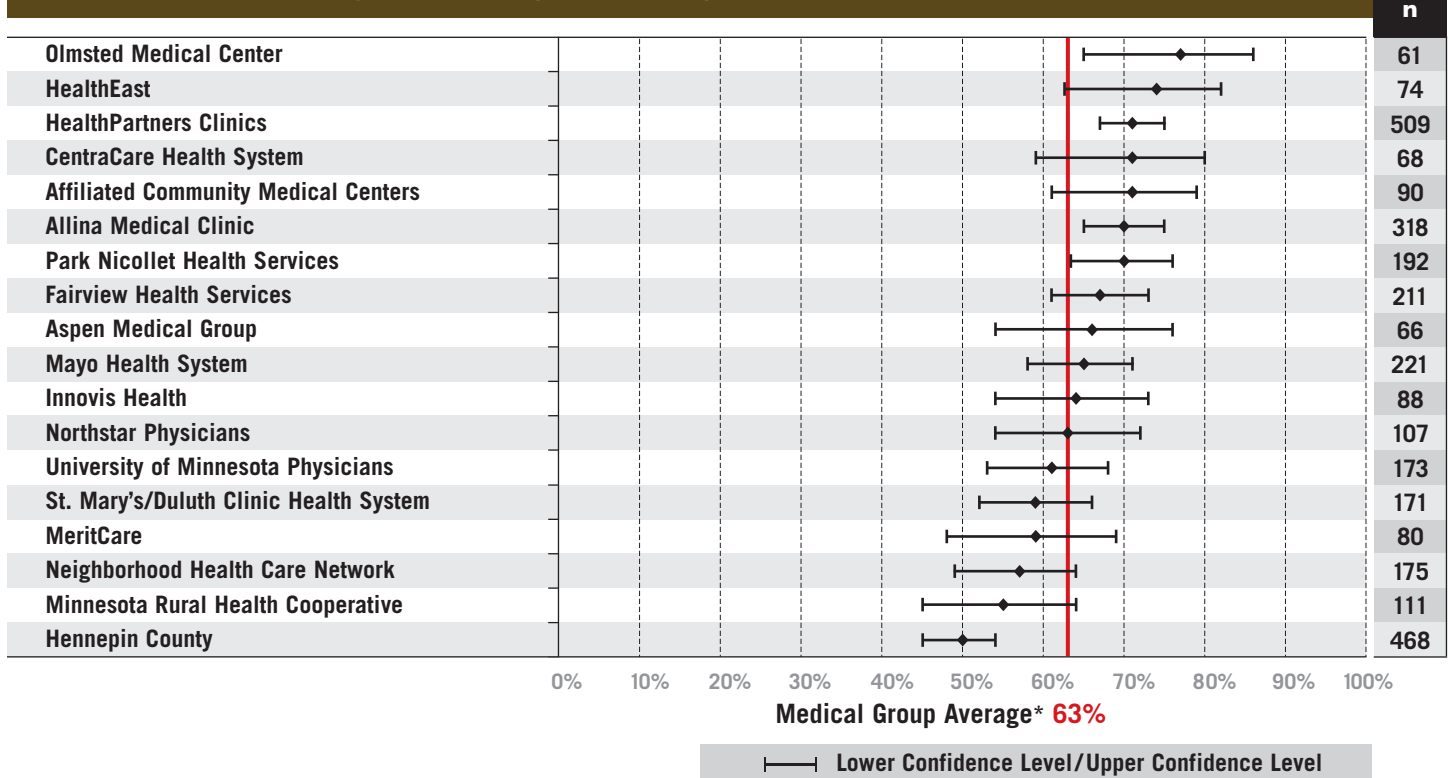


Chart 2: Controlling High Blood Pressure Rates by Medical Group
(Minnesota Health Care Programs with 60+ patients in sample)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that, on average, 63 percent of MHCP patients with high blood pressure were appropriately controlled.

Olmsted Medical Center set the MHCP benchmark of 77 percent of MHCP patients with controlled high blood pressure. Four of 18 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Olmsted Medical Center
- HealthPartners Clinics
- Allina Medical Clinic
- Park Nicollet Health Services

Biggest Improvements

Not applicable because this is a new measure for this report.

Analysis of Purchaser Performance Rate Differences

Eight medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -4 percentage points and is statistically significant. This means that the Controlling High Blood Pressure rate for MHCP patients (62%) was significantly lower than that of Other Purchasers (66%).

Purchaser performance rate differences were noted within every medical group for this analysis. For two medical groups, the difference between purchasers was statistically significant. Both of these medical groups – **Fairview Health Services** and **HealthPartners Clinics** – had significantly lower MHCP performance rates compared with those of Other Purchasers. One medical group, **Allina Medical Clinic**, had above average performance rates for MHCP patients and a small difference (less than 1 percentage point) between purchaser performance rates.

Three medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 2.2 (next page) summarizes these findings.

Table 2.2: Controlling High Blood Pressure – Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	62.12%	65.75%	-3.63%	Y	•
Allina Medical Clinic	69.94%	69.76%	0.18%	•	•
Aspen Medical Group	65.95%	56.21%	9.74%	•	•
Fairview Health Services	67.24%	77.00%	-9.76%	Y	Y
HealthEast	73.71%	69.09%	4.61%	•	•
HealthPartners Clinics	70.82%	78.26%	-7.44%	Y	Y
Northstar Physicians	63.47%	61.93%	1.54%	•	•
Park Nicollet Health Services	69.78%	73.06%	-3.28%	•	•
St. Mary's/Duluth Clinic Health System	59.12%	66.62%	-7.50%	•	Y

Y = Yes, statistical significance

“Living with Illness” measures

Use of Appropriate Medications for People with Asthma (Ages 5-56)

Measures the percentage of patients ages 5-56 with persistent asthma who were appropriately prescribed medication. The data for this measure are collected from health plan claims.

The MHCP statewide rate for Asthma Care is 87 percent; the rate for Other Purchasers is almost 93 percent. This is a statistically significant difference. Table 3.1 displays the details of these statewide rates. Figure 3 displays the statewide rates over time, as well as the 2008 National HEDIS Medicaid and Commercial rates (benchmarks). Patients enrolled in Other Purchasers have higher rates of acquiring appropriate asthma medications than patients enrolled in MHCP, and this has been true every year since 2004.

While rates for all patients have improved from 2004 to 2006, they remained stable for Other Purchasers since 2006, but have slightly declined for MHCP patients. The gap between purchasers has narrowed slightly over time.

Charts 3.1-3.3 provide the rates by medical group from highest to lowest along with the medical group average. Chart 3.1 presents rates for ages 5-56 for 28 medical groups. Chart 3.2 presents rates for children ages 5-17 for 16 medical groups, and Chart 3.3 presents rates for adults ages 18-56 for 17 medical groups. To be reported on these charts, medical groups must have met the minimum threshold of 30 patients.

Table 3.1: Statewide Weighted Average Rates for Asthma Care*

Purchasers	Rate	95% CI	Denominator
MHCP	87.0%	85.9% - 88.0%	3,711
Other Purchasers	92.8%	92.4% - 93.2%	15,280

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 3: Use of Appropriate Medications for People with Asthma Ages 5-56 Statewide Rates Over Time

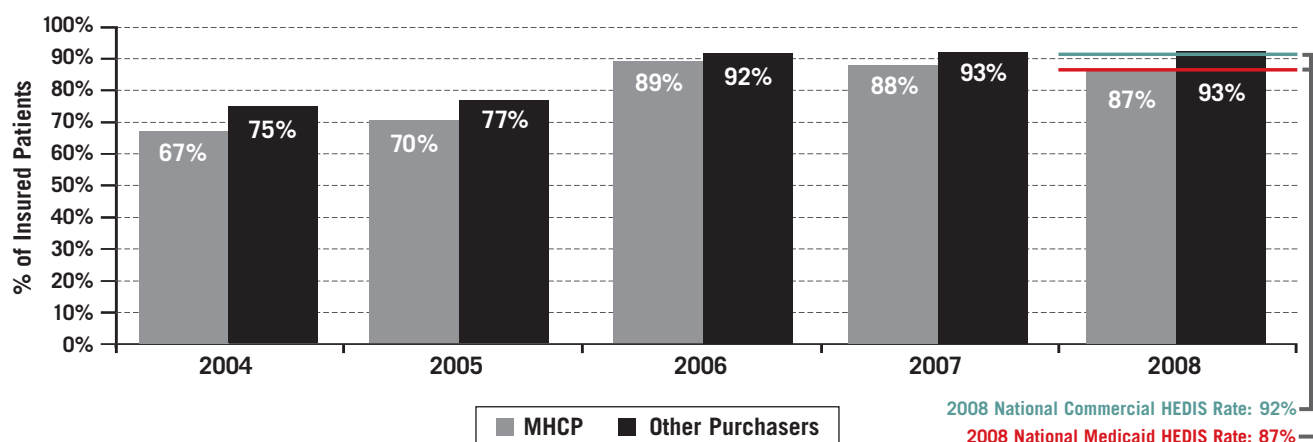
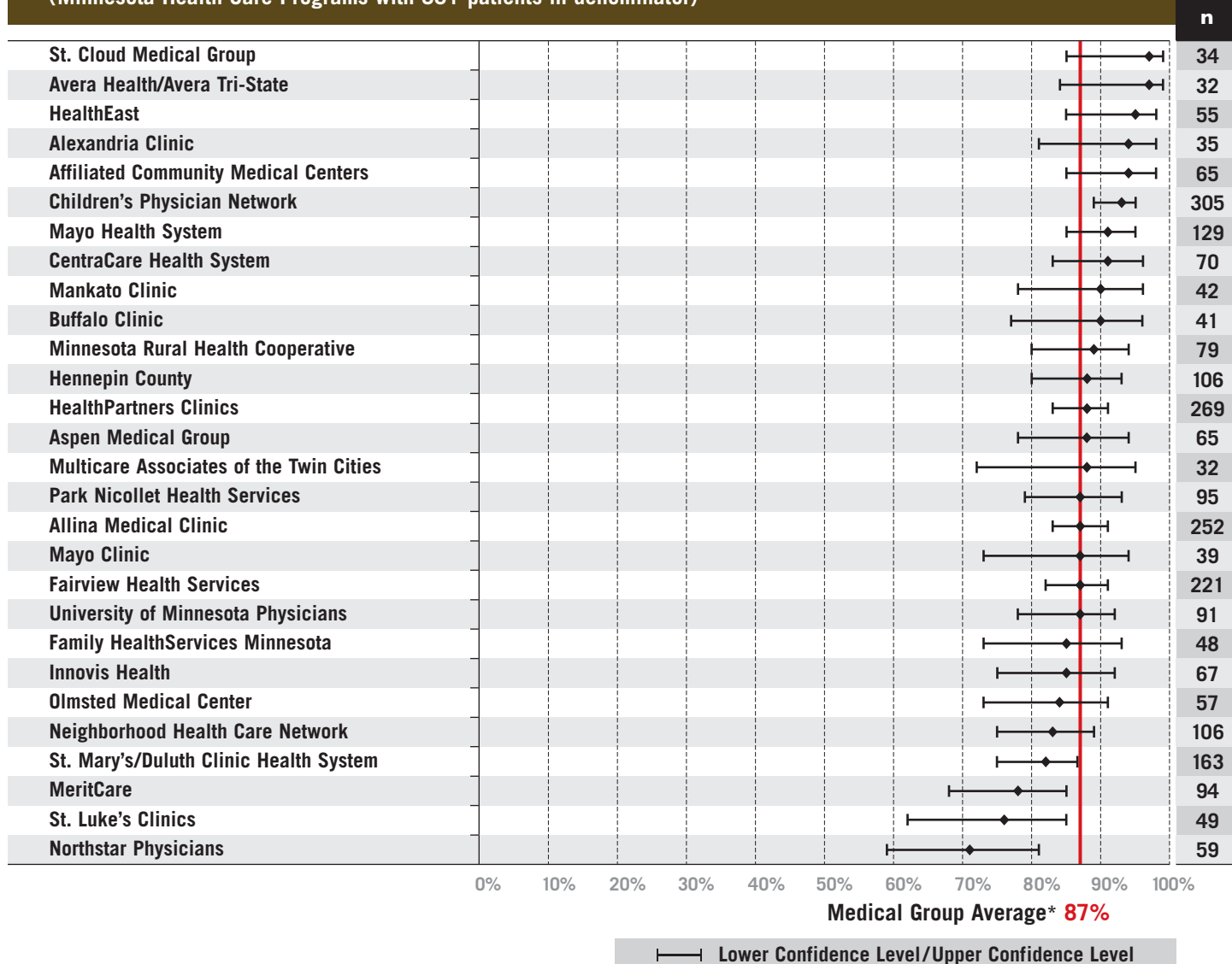
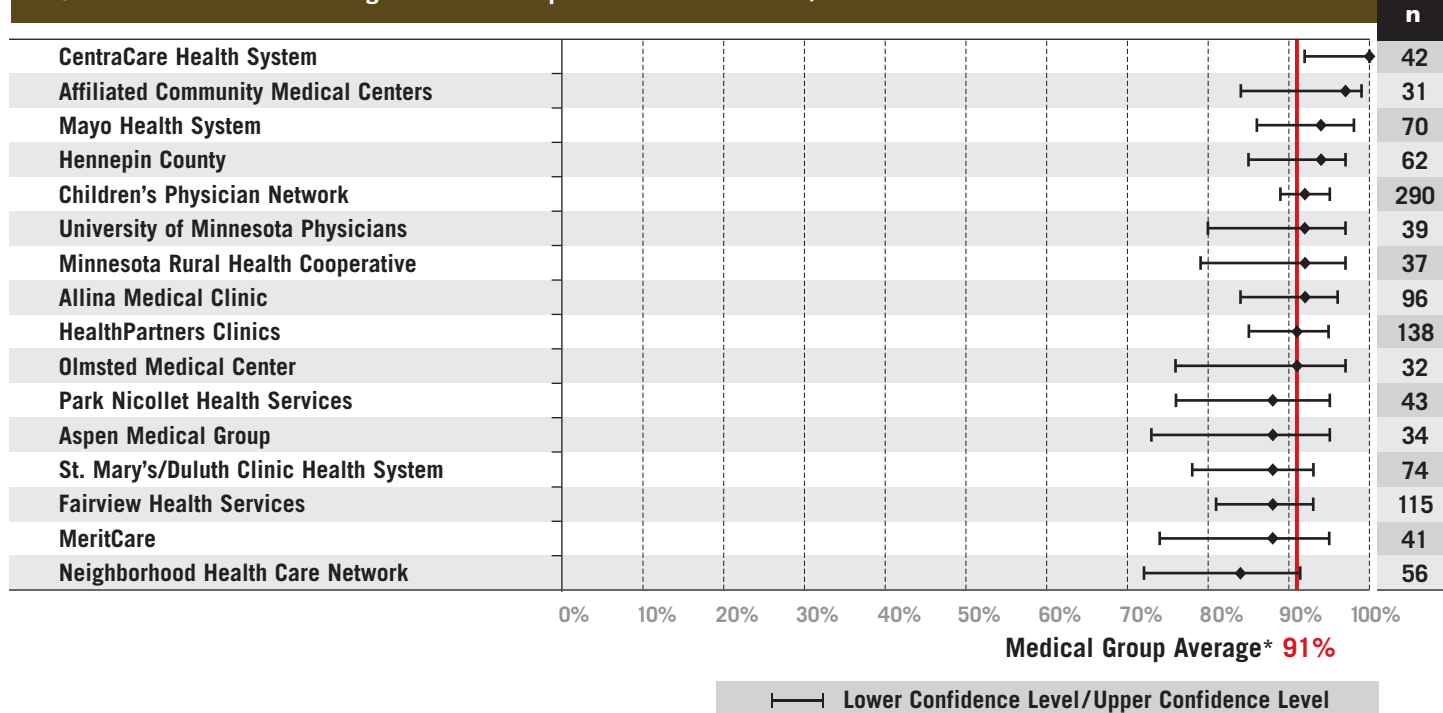


Chart 3.1: Asthma Care Rates by Medical Group – Ages 5-56
(Minnesota Health Care Programs with 30+ patients in denominator)



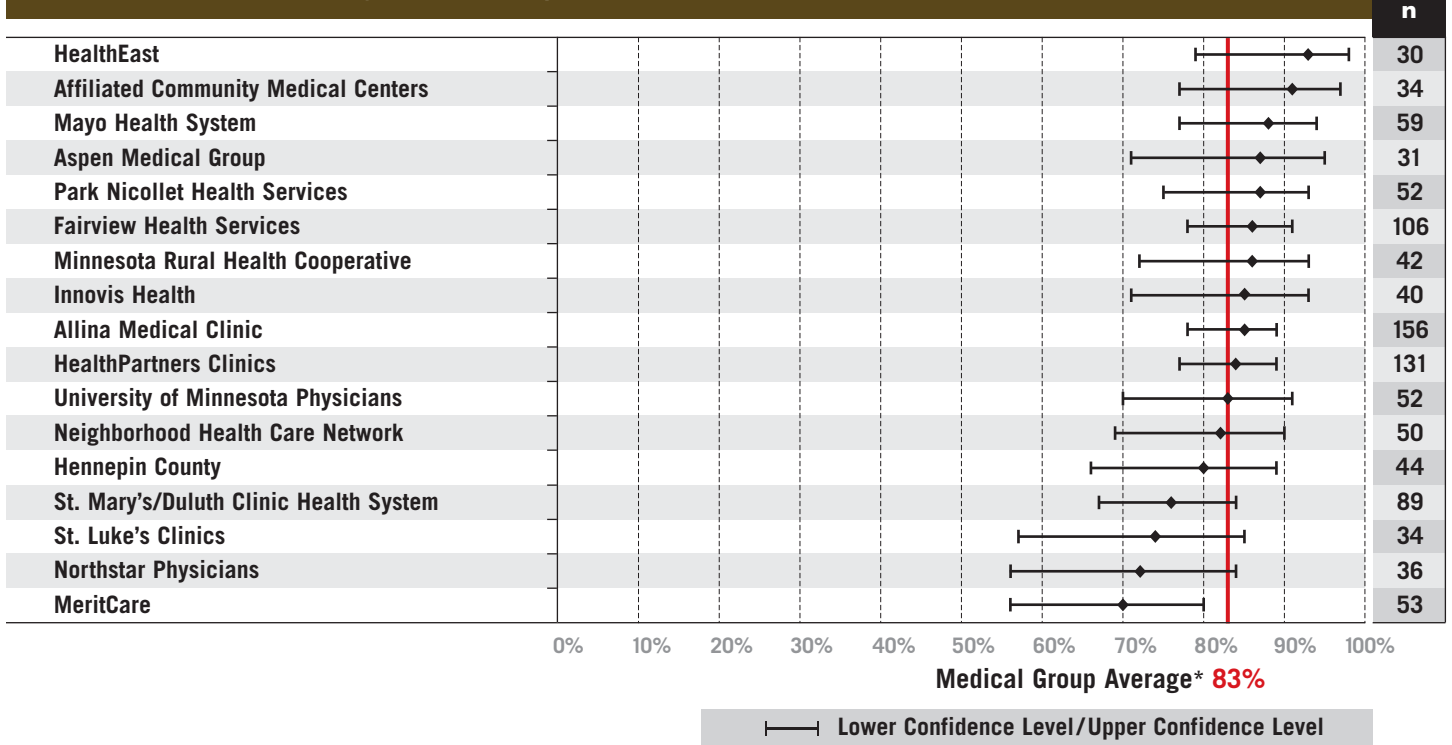
*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Chart 3.2: Asthma Care Rates by Medical Group – Ages 5-17
 (Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Chart 3.3: Asthma Care Rates by Medical Group – Ages 18-56
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 87 percent of MHCP patients ages 5-56 with persistent asthma were appropriately prescribed medication. **Children's Physician Network** set the MHCP medical group benchmark of 93 percent. One of 28 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Children's Physician Network

Biggest Improvements

The greatest improvements since report year 2007 in Appropriate Medication for People with Asthma were made by **Family HealthServices of Minnesota, Aspen Medical Group, and St. Luke's Clinics** with each achieving a 4 percentage point increase.

Analysis of Purchaser Performance Rate Differences

Twenty-eight medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was nearly -6 percentage points and is statistically significant. This means that the asthma rate for MHCP patients (87%) was significantly lower than that of Other Purchasers (93%).

Purchaser performance rate differences were noted for 27 of the 28 medical groups in this analysis. For nine medical groups, the difference between purchasers was statistically significant – and all had significantly lower MHCP performance rates. One medical group had differences of less than 1 percentage point between purchaser performance rates.

Eight medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 3.2 (next page) summarizes these findings.

Table 3.2: Use of Appropriate Medications for People with Asthma Ages 5-56 – Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	86.98%	92.78%	-5.80%	Y	•
Affiliated Community Medical Centers	93.85%	97.91%	-4.06%	•	•
Alexandria Clinic	94.29%	97.37%	-3.08%	•	•
Allina Medical Clinic	87.30%	92.51%	-5.21%	Y	•
Aspen Medical Group	87.69%	90.99%	-3.30%	•	•
Avera Health/Avera Tri-State	96.88%	90.79%	6.09%	•	•
Buffalo Clinic	90.24%	90.16%	0.08%	•	•
CentraCare Health System	91.43%	97.35%	-5.93%	Y	•
Children's Physician Network	92.79%	98.54%	-5.75%	Y	•
Fairview Health Services	86.88%	94.69%	-7.81%	Y	Y
Family Healthservices of Minnesota	85.42%	92.07%	-6.65%	•	•
HealthEast	94.55%	88.97%	5.57%	•	•
HealthPartners Clinics	87.73%	93.07%	-5.34%	Y	•
Hennepin County	87.74%	96.43%	-8.69%	•	Y
Innovis Health	85.07%	92.97%	-7.89%	•	Y
Mankato Clinic	90.48%	91.84%	-1.36%	•	•
Mayo Clinic	87.18%	93.85%	-6.67%	•	•
Mayo Health System	91.47%	93.24%	-1.77%	•	•
MeritCare	77.66%	91.06%	-13.40%	Y	Y
Minnesota Rural Health Cooperative	88.61%	92.91%	-4.30%	•	•
Multicare Associates of the Twin Cities	87.50%	93.06%	-5.56%	•	•
Neighborhood Health Care Network	83.02%	87.88%	-4.86%	•	•
Northstar Physicians	71.19%	91.86%	-20.67%	Y	Y
Olmsted Medical Center	84.21%	87.91%	-3.70%	•	•
Park Nicollet Health Services	87.37%	92.51%	-5.14%	•	•
St. Cloud Medical Group	97.06%	94.89%	2.17%	•	•
St. Luke's Clinics	75.51%	93.44%	-17.93%	Y	Y
St. Mary's/Duluth Clinic Health System	81.60%	94.61%	-13.01%	Y	Y
University of Minnesota Physicians	86.81%	94.38%	-7.57%	•	Y

Y = Yes, statistical significance

“Getting Better” measures

Appropriate Treatment for Children with Upper Respiratory Infection

This measures the percentage of children ages three months to 18 years with a diagnosis of upper respiratory infection (URI) who were not given an antibiotic prescription within three days. Appropriate treatment is to not provide an antibiotic, since most URIs are caused by a virus, and a higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were not prescribed). Data collected for this measure are from health plan claims.

The MHCP statewide rate for Appropriate Treatment for Children with Upper Respiratory Infections is 85 percent; the rate for Other Purchasers is 86 percent. This is a statistically significant difference. Table 4.1 displays the

details of these statewide rates. Figure 4 displays the statewide rates over time, as well as the 2008 National HEDIS Medicaid and Commercial rates (benchmarks). Patients enrolled in Other Purchasers have slightly higher rates of receiving appropriate treatment for URI than patients enrolled in MHCP, and this has been true every year since 2006. Rates for all patients have changed slightly each year, but the gap between purchasers has not changed.

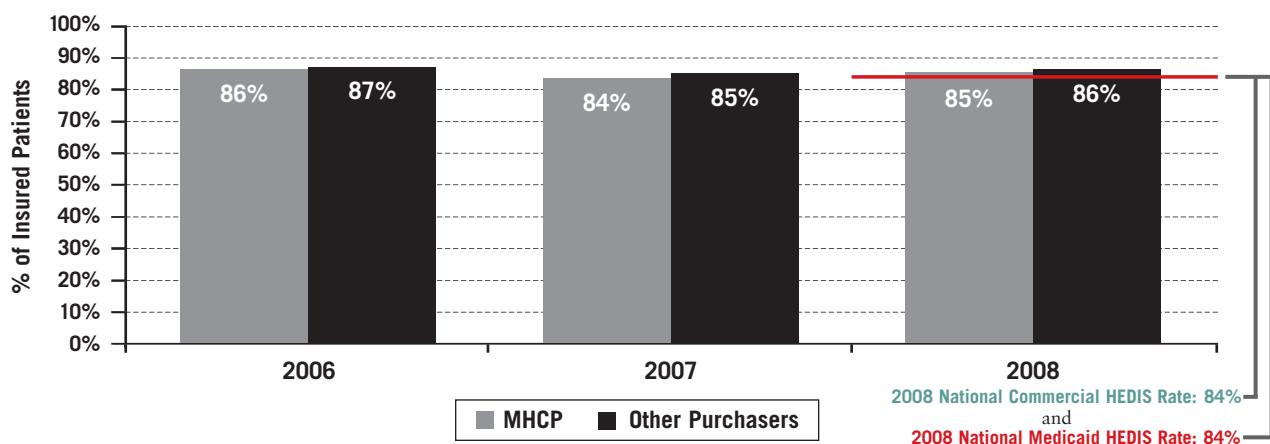
Chart 4 provides the rates by medical group from highest to lowest along with the medical group average. The 65 medical groups on this chart have met the minimum threshold of at least 30 patients.

Table 4.1: Statewide Weighted Average Rates for URI*

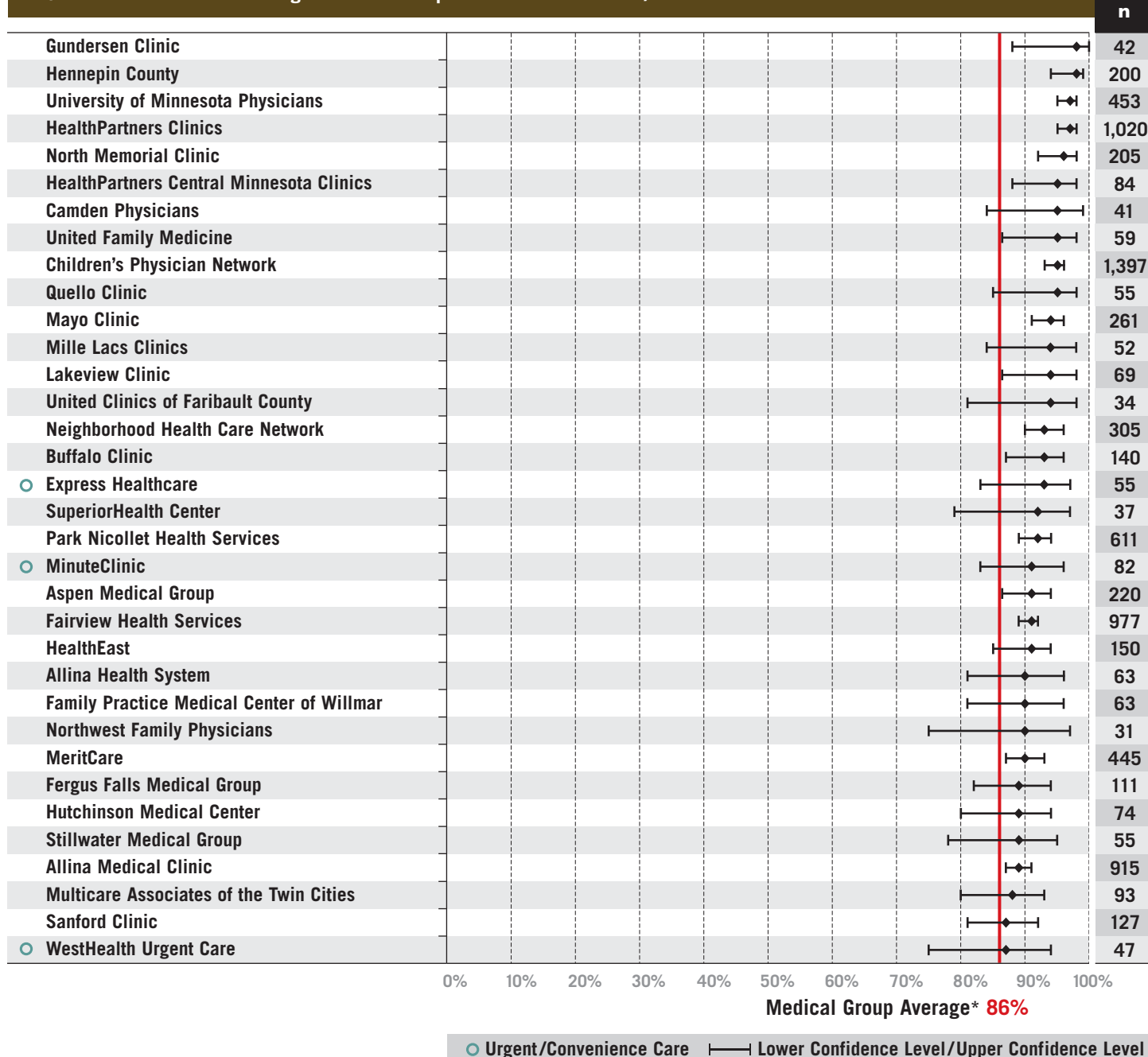
Purchasers	Rate	95% CI	Denominator
MHCP	85.3%	84.8% - 85.8%	17,043
Other Purchasers	86.1%	85.7% - 86.5%	24,769

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

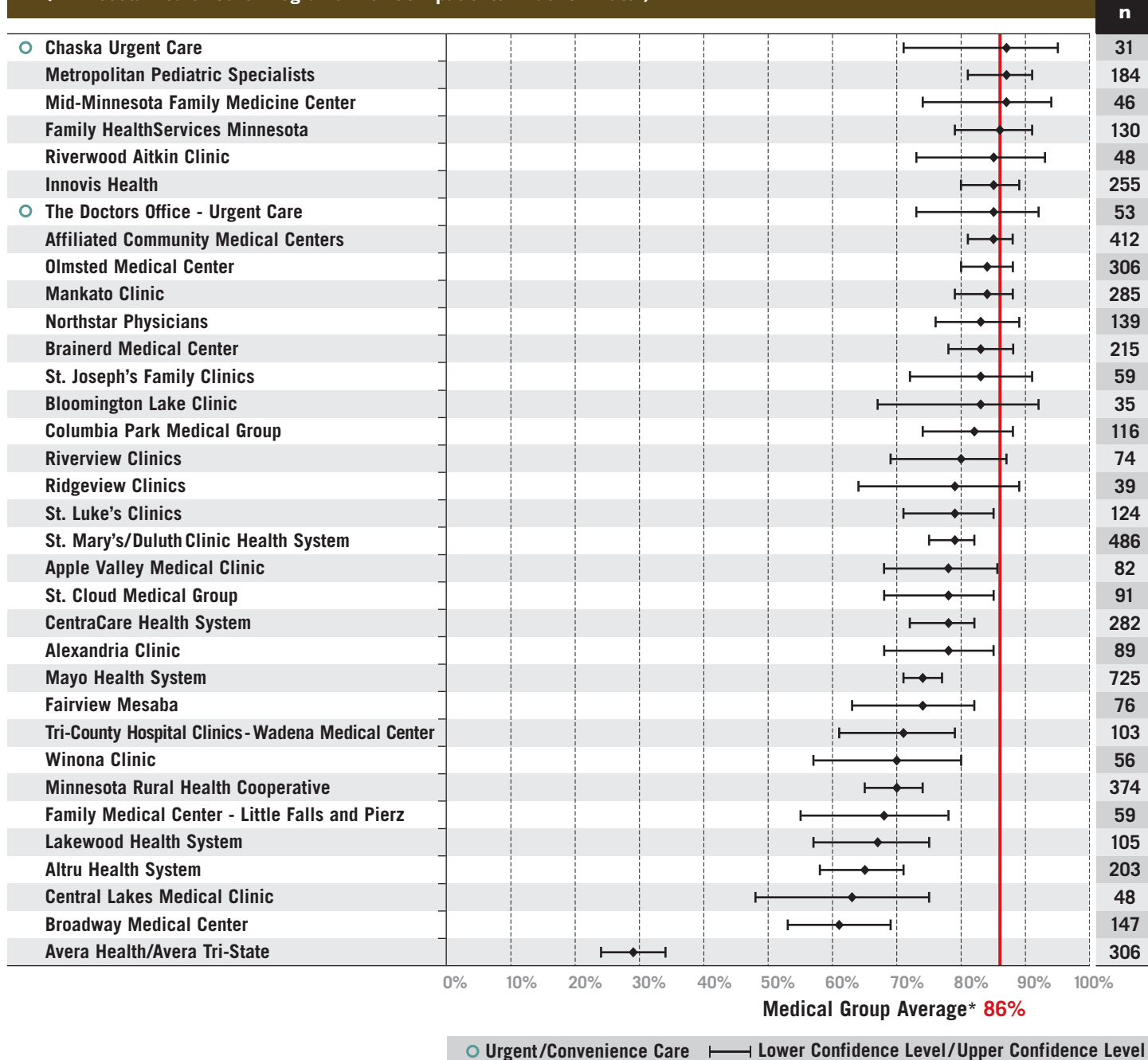
Figure 4: Appropriate Treatment for Children with URI statewide rates over time



This page intentionally left blank.

Chart 4: Appropriate Treatment for Children with Upper Respiratory Infection by Medical Group
 (Minnesota Health Care Programs with 30+ patients in denominator)


*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Chart 4: Appropriate Treatment for Children with Upper Respiratory Infection by Medical Group – *continued*
 (Minnesota Health Care Programs with 30+ patients in denominator)


*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 86 percent of MHCP children ages three months to 18 years with a diagnosis of URI were appropriately managed without an antibiotic. **Gunderson Clinic** and **Hennepin County** set the MHCP medical group benchmark of 98 percent. Seventeen of 68 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Gunderson Clinic
- Hennepin County
- University of Minnesota Physicians
- HealthPartners Clinics
- North Memorial Clinic
- HealthPartners Central Minnesota Clinics
- United Family Medicine
- Children's Physician Network
- Mayo Clinic
- Lakeview Clinic, LTD
- Neighborhood Health Care Network
- Buffalo Clinic
- Park Nicollet Health Services
- Aspen Medical Group
- Fairview Health Services
- Meritcare
- Allina Medical Clinic

Biggest Improvements

The greatest improvement since report year 2007 in Appropriate Treatment for Children with URI was made by **United Clinics of Faribault County** achieving a 17 percentage point increase.

(continued on next page)

Performance Highlights

Analysis of Purchaser Performance Rate Differences

Fifty-nine medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -0.8 percentage points and is statistically significant. This means that the URI rate for MHCP patients (85%) was significantly lower than that of Other Purchasers (86%).

Purchaser performance rate differences were noted within every medical group in this analysis. For twelve medical groups, the difference between purchasers was statistically significant. Eight of these medical groups had significantly higher MHCP performance rates, and the other four medical groups had significantly lower MHCP performance rates:

Significantly Higher MHCP Rates Compared with Other Purchasers

- Brainerd Medical Center
- Children's Physician Network
- Fairview Health Services
- HealthPartners Clinics
- Mayo Clinic
- Northstar Physicians
- Riverview Clinics
- St. Cloud Medical Group

Significantly Lower MHCP Rates Compared with Other Purchasers

- Altru Health Systems
- Avera Health/Avera Tri-State
- Columbia Park Medical Group
- HealthEast

Eight medical groups had differences of less than 1 percentage point, but only two of these medical groups – **University of Minnesota Physicians** and **Buffalo Clinic** – had above average performance rates for MHCP patients and a small difference in performance rates between purchasers.

Twenty-one medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 4.2 (next page) summarizes these findings.

Table 4.2: Treatment of Children with URI – Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	85.32%	86.10%	-0.78%	Y	•
Affiliated Community Medical Centers	84.71%	85.22%	-0.51%	•	•
Alexandria Clinic	77.53%	73.63%	3.90%	•	•
Allina Health System	90.48%	92.94%	-2.46%	•	Y
Allina Medical Clinic	89.07%	87.32%	1.75%	•	•
Altru Health System	64.53%	79.69%	-15.16%	Y	Y
Apple Valley Medical Clinic	78.05%	82.85%	-4.80%	•	Y
Aspen Medical Group	90.91%	87.36%	3.55%	•	•
Avera Health/Avera Tri-State	28.76%	63.11%	-34.35%	Y	Y
Brainerd Medical Center	83.26%	74.88%	8.38%	Y	•
Broadway Medical Center	61.22%	65.49%	-4.27%	•	Y
Buffalo Clinic	92.86%	92.51%	0.34%	•	•
Camden Physicians	95.12%	92.41%	2.72%	•	•
CentraCare Health System	77.66%	72.25%	5.41%	•	•
Central Lakes Medical Clinic	62.50%	70.97%	-8.47%	•	Y
Chaska Urgent Care	87.10%	89.09%	-1.99%	•	Y
Children's Physician Network	94.77%	91.72%	3.05%	Y	•
Columbia Park Medical Group	81.90%	92.75%	-10.86%	Y	Y
Express Health Care	92.73%	94.23%	-1.50%	•	Y
Fairview Health Services	90.79%	86.12%	4.67%	Y	•
Fairview University Medical Center	73.68%	82.93%	-9.24%	•	Y
Family HealthServices Minnesota	86.15%	88.37%	-2.22%	•	Y
Family Medical Center	67.80%	72.41%	-4.62%	•	Y
Family Practice Medical Center of Willmar	90.48%	84.91%	5.57%	•	•
Fergus Falls Medical Group	89.19%	87.76%	1.43%	•	•
Gundersen Clinic	97.62%	95.18%	2.44%	•	•
HealthEast	90.67%	96.77%	-6.11%	Y	Y
HealthPartners Central Minnesota Clinics	95.24%	92.44%	2.80%	•	•
HealthPartners Clinics	96.57%	94.32%	2.25%	Y	•
Hutchinson Medical Center	89.19%	86.96%	2.23%	•	•
Innovis Health	85.10%	81.60%	3.49%	•	•

Y = Yes, statistical significance

Table 4.2: Treatment of Children with URI – Performance Rate Differences - *continued*

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference <u>between statewide rate and medical group rate</u> for MHCP patients
Statewide	85.32%	86.10%	-0.78%	Y	•
Lakeview Clinic, Ltd.	94.20%	88.66%	5.54%	•	•
Lakewood Health System	66.67%	64.44%	2.22%	•	•
Mankato Clinic	83.86%	80.48%	3.38%	•	•
Mayo Clinic	94.25%	87.04%	7.22%	Y	•
Mayo Health System	74.21%	75.03%	-0.83%	•	Y
MeritCare	90.11%	88.47%	1.64%	•	•
Metropolitan Pediatric Specialists	86.96%	89.21%	-2.26%	•	Y
Minnesota Rural Health Cooperative	69.52%	73.87%	-4.35%	•	Y
Minute Clinic	91.46%	90.84%	0.63%	•	•
Multicare Associates of the Twin Cities	88.17%	87.04%	1.14%	•	•
North Memorial Clinic	95.61%	91.94%	3.67%	•	•
Northstar Physicians	83.45%	67.62%	15.83%	Y	•
Northwest Family Physicians	90.32%	88.89%	1.43%	•	•
Olmsted Medical Center	84.31%	84.13%	0.18%	•	•
Park Nicollet Health Services	91.65%	90.32%	1.33%	•	•
Quello Clinic	94.55%	88.10%	6.45%	•	•
Ridgeview Clinics	79.49%	82.29%	-2.80%	•	Y
Riverview Clinics	79.73%	45.24%	34.49%	Y	•
Sanford Clinic	87.40%	85.09%	2.31%	•	•
St. Cloud Medical Group	78.02%	63.98%	14.04%	Y	•
St. Joseph's Family Clinics	83.05%	79.49%	3.56%	•	•
St. Luke's Clinics	79.03%	76.25%	2.78%	•	•
St. Mary's/Duluth Clinic Health System	78.81%	82.03%	-3.23%	•	Y
Stillwater Medical Group	89.09%	88.80%	0.30%	•	•
The Doctors Office - Urgent Care	84.91%	92.19%	-7.28%	•	Y
Tri-County Hospital Clinics	70.87%	71.43%	-0.55%	•	•
University of Minnesota Physicians	97.35%	97.37%	-0.02%	•	•
West Health Urgent Care	87.23%	93.46%	-6.22%	•	Y
Winona Clinic	69.64%	79.09%	-9.45%	•	Y

Y = Yes, statistical significance

“Getting Better” measures

Appropriate Testing for Children with Pharyngitis

This measures the percentage of children ages 2-18 with pharyngitis who were given an antibiotic and a group A streptococcus (strep) test, rather than just an antibiotic. A higher rate represents better performance (i.e., appropriate testing). The data collected for this measure are from health plan claims.

The MHCP statewide rate for Appropriate Testing for Children with Pharyngitis is almost 79 percent; the rate for Other Purchasers is almost 87 percent. This is a statistically significant difference. Table 5.1 displays the details of these statewide rates. Figure 5 displays the statewide rates over time, as well as the 2008 National HEDIS Medicaid and Commercial

rates (benchmarks). Patients enrolled in Other Purchasers have higher rates of receiving appropriate testing for pharyngitis than patients enrolled in MHCP, and this has been true every year since 2006. Although rates for Other Purchasers have changed slightly from year to year, rates for MHCP patients have improved each year and the gap between purchasers has narrowed slightly.

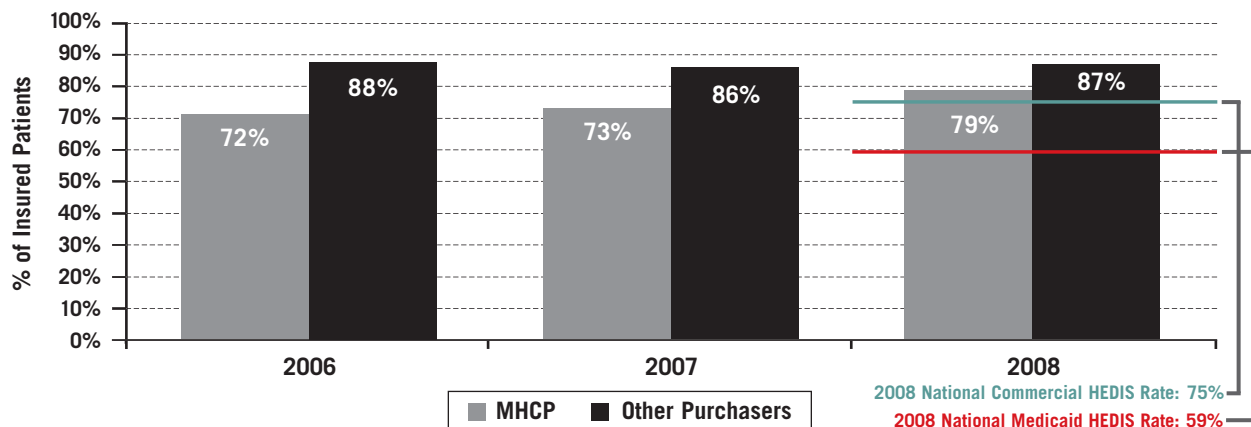
Chart 5 provides the rates by medical group from highest to lowest along with the medical group average. The 65 medical groups on this chart have met the minimum threshold of at least 30 patients.

Table 5.1: Statewide Weighted Average Rates for Pharyngitis*

Purchasers	Rate	95% CI	Denominator
MHCP	78.9%	78.1% - 79.7%	9,729
Other Purchasers	86.7%	86.3% - 87.1%	25,297

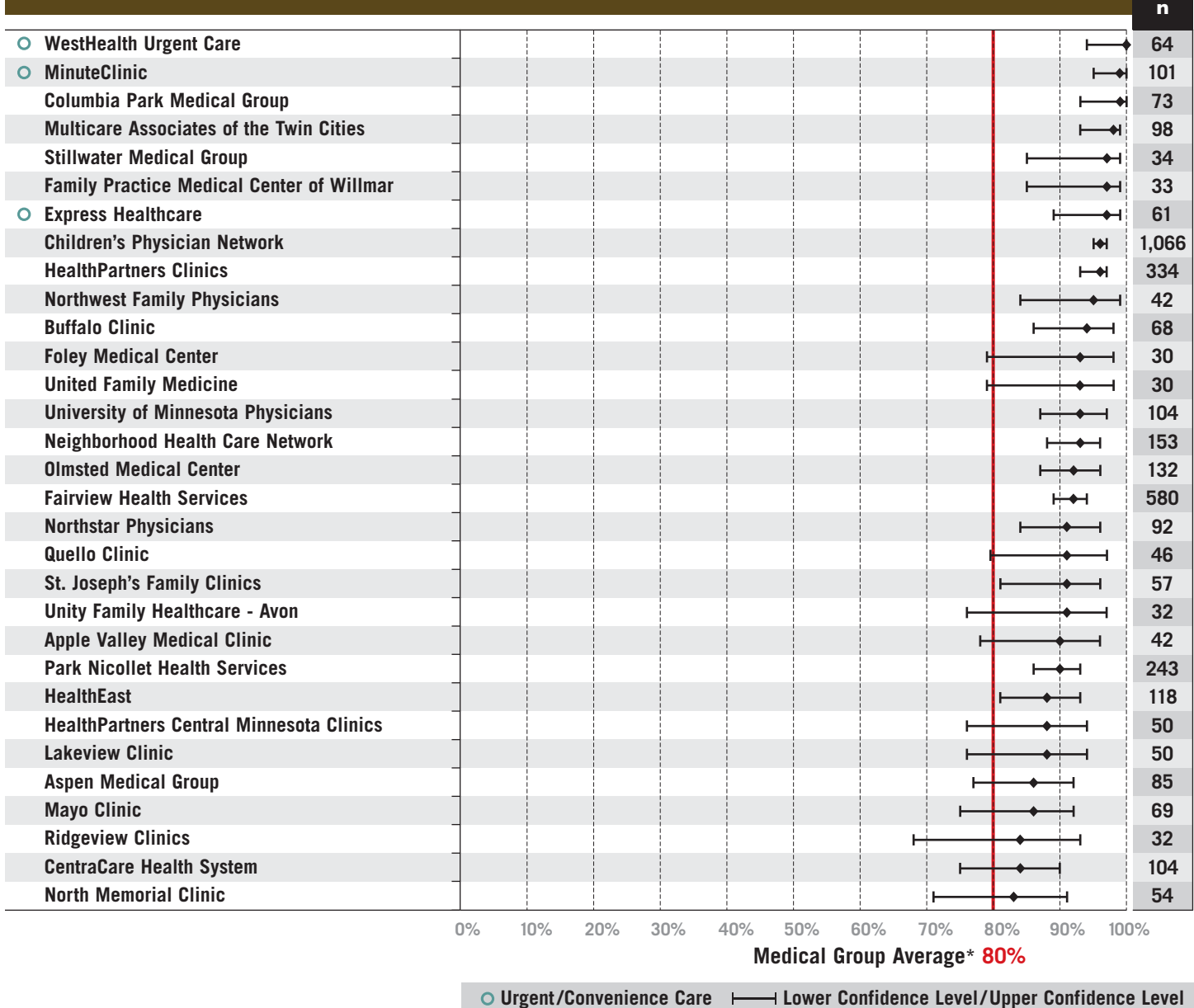
* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 5: Appropriate Testing for Children with Pharyngitis statewide rates over time



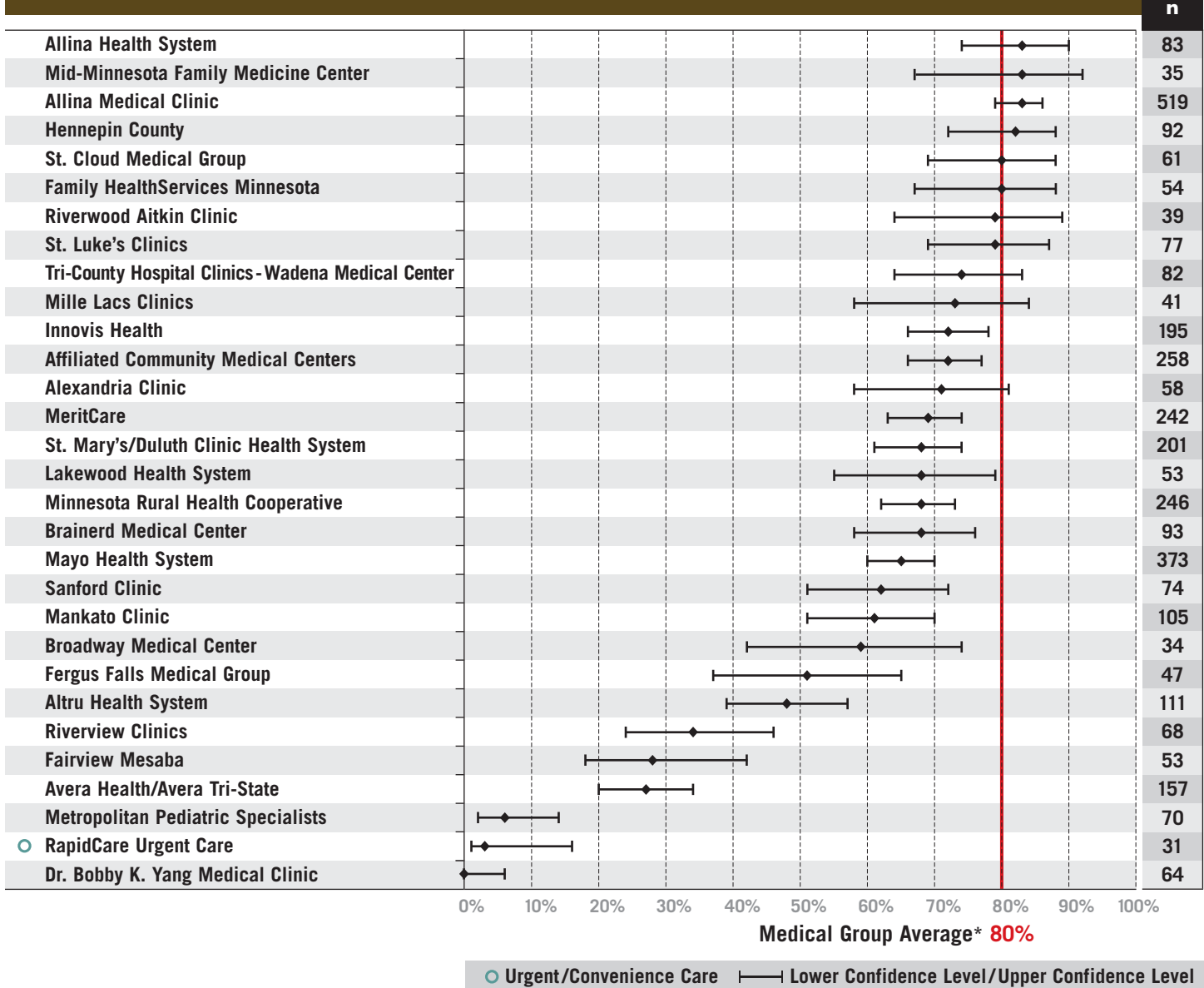
This page intentionally left blank.

Chart 5: Appropriate Testing for Children with Pharyngitis by Medical Group
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Chart 5: Appropriate Testing for Children with Pharyngitis by Medical Group – *continued*
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 80 percent of MHCP children ages 2- 18 years who were diagnosed with pharyngitis were appropriately dispensed an antibiotic and received a strep test. **WestHealth Urgent Care** set the MHCP medical group benchmark of 100 percent. Nineteen of 61 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- WestHealth Urgent Care
- MinuteClinic
- Columbia Park Medical Group – Part of Fairview
- Multicare Associates of the Twin Cities
- Stillwater Medical Group
- Family Practice Medical Center of Willmar
- Express HealthCare
- Children's Physician Network
- HealthPartners Clinics
- Northwest Family Physicians
- Buffalo Clinic
- University of MN Physicians
- Neighborhood Health Care Network
- Olmsted Medical Center
- Fairview Health Services
- Northstar Physicians
- St. Joseph's Family Clinics
- Park Nicollet Health Services
- HealthEast

Biggest Improvements

The greatest improvements since report year 2007 in Appropriate Testing for Children with Pharyngitis were made by **Riverwood Aitkin Clinic, St. Luke's Clinics, and Unity Family Healthcare - Avon** with each achieving a greater than 30 percentage point increase.

(continued on next page)

Performance Highlights

Analysis of Purchaser Performance Rate Differences

Fifty-five medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -8 percentage points and is statistically significant. This means that the Pharyngitis testing rate for MHCP patients (79%) was significantly lower than that of Other Purchasers (87%).

Purchaser performance rate differences were noted within every medical group in this analysis. For sixteen medical groups, the difference between purchasers was statistically significant. Three of these medical groups had significantly higher MHCP performance rates, and the other thirteen medical groups had significantly lower MHCP performance rates:

Significantly Higher MHCP Rates
Compared with Other Purchasers

- Mayo Clinic
- Metropolitan Pediatrics Specialists
- Olmsted Medical Group

Significantly Lower MHCP Rates
Compared with Other Purchasers

- Alexandria Clinic
- Allina Medical Clinic
- Altru Health Systems
- Avera Health/Avera Tri-State
- CentraCare Health System
- Fairview Health System
- Family HealthServices Minnesota
- Fergus Falls Medical Group
- Foley Medical Center
- Mankato Clinic
- Mayo Health System
- Park Nicollet Health Services
- Tri-Country Hospital Clinics

Ten medical groups had differences of less than 1 percentage point; seven of these medical groups – **Children’s Physician Network, HealthPartners Clinics, MinuteClinic, Multicare Associates of the Twin Cities, Northstar Physicians, Northwest Family Physicians and Stillwater Medical Group** – had above average performance rates for MHCP patients and a small difference in performance rates between purchasers.

Fourteen medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 5.2 on the next page summarizes these findings.

Table 5.2: Testing for Children with Pharyngitis – Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	78.88%	86.70%	-7.82%	Y	•
Affiliated Community Medical Centers	71.71%	75.24%	-3.54%	•	•
Alexandria Clinic	70.69%	84.35%	-13.66%	Y	Y
Allina Health System	83.13%	86.60%	-3.47%	•	•
Allina Medical Clinic	82.85%	88.84%	-5.99%	Y	•
Altru Health System	47.75%	62.18%	-14.43%	Y	Y
Apple Valley Medical Clinic	90.48%	92.75%	-2.28%	•	•
Aspen Medical Group	85.88%	89.31%	-3.43%	•	•
Avera Health/Avera Tri-State	26.75%	64.08%	-37.33%	Y	Y
Brainerd Medical Center	67.74%	60.00%	7.74%	•	•
Broadway Medical Center	58.82%	62.32%	-3.50%	•	•
Buffalo Clinic	94.12%	90.00%	4.12%	•	•
CentraCare Health System	83.65%	92.67%	-9.01%	Y	Y
Children's Physician Network	95.87%	96.75%	-0.88%	•	•
Columbia Park Medical Group	98.63%	97.05%	1.58%	•	•
Express Health Care	96.72%	98.06%	-1.34%	•	•
Fairview Health Services	91.90%	94.81%	-2.91%	Y	•
Fairview University Medical Center	28.30%	28.21%	0.10%	•	•
Family Healthservices Minnesota	79.63%	89.76%	-10.13%	Y	Y
Family Practice Medical Center of Willmar	96.97%	95.35%	1.62%	•	•
Fergus Falls Medical Group	51.06%	71.43%	-20.36%	Y	Y
Foley Medical Center	93.33%	93.75%	-0.42%	•	•
HealthEast	88.14%	94.24%	-6.10%	Y	•
HealthPartners Central Minnesota Clinics	88.00%	92.55%	-4.55%	•	•
HealthPartners Clinics	95.51%	96.31%	-0.80%	•	•
Innovis Health	72.31%	79.49%	-7.18%	•	•
Lakeview Clinic, Ltd.	88.00%	83.66%	4.34%	•	•
Lakewood Health System	67.92%	83.33%	-15.41%	•	Y
Mankato Clinic	60.95%	76.72%	-15.77%	Y	Y

Y = Yes, statistical significance

Table 5.2: Testing for Children with Pharyngitis – Purchaser Performance Rate Differences - *continued*

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference <u>between statewide rate and medical group rate</u> for MHCP patients
Statewide	78.88%	86.70%	-7.82%	Y	•
Mayo Clinic	85.51%	57.89%	27.61%	Y	•
Mayo Health System	64.88%	74.18%	-9.30%	Y	Y
MeritCare	68.60%	68.44%	0.16%	•	•
Metropolitan Pediatric Specialists	5.71%	0.61%	5.10%	Y	•
Mille Lacs Clinics	73.17%	77.78%	-4.61%	•	•
Minnesota Rural health Cooperative	67.89%	73.08%	-5.19%	•	•
Minute Clinic	99.01%	99.42%	-0.41%	•	•
Multicare Associates of the Twin Cities	97.96%	98.11%	-0.15%	•	•
North Memorial Clinic	83.33%	84.48%	-1.15%	•	•
Northstar Physicians	91.30%	91.61%	-0.30%	•	•
Northwest Family Physicians	95.24%	95.83%	-0.60%	•	•
Olmsted Medical Center	92.42%	79.88%	12.54%	Y	•
Park Nicollet Health Services	90.12%	94.95%	-4.82%	Y	•
Quello Clinic	91.30%	90.29%	1.02%	•	•
Rapid Care Urgent Care	3.23%	0.00%	3.23%	•	•
Ridgeview Clinics	84.38%	93.81%	-9.43%	•	Y
Riverview Clinics	33.82%	47.83%	-14.00%	•	Y
Riverwood Aitkin Clinic	79.49%	86.67%	-7.18%	•	•
Sanford Clinic	62.16%	73.37%	-11.21%	•	Y
St. Cloud Medical Group	80.33%	84.98%	-4.65%	•	•
St. Joseph's Family Clinics	91.23%	83.67%	7.55%	•	•
St. Luke's Clinics	79.22%	85.90%	-6.68%	•	•
St. Mary's/Duluth Clinic Health System	68.16%	76.96%	-8.80%	•	Y
Stillwater Medical Group	97.06%	96.68%	0.38%	•	•
Tri-County Hospital Clinics	74.39%	90.48%	-16.09%	Y	Y
Unity Family Health Care-Avon	90.63%	94.34%	-3.71%	•	•
West Health Urgent Care	100.00%	95.85%	4.15%	•	•

Y = Yes, statistical significance

“Staying Healthy” measures

Breast Cancer Screening

This measures the percentage of women ages 52-69 who received a mammogram in the prior two years. The data for this measure are collected from health plan claims.

The MHCP statewide rate for Breast Cancer Screening is 60 percent; the rate for Other Purchasers is 77 percent. This is a statistically significant difference. Table 6.1 displays the details of these statewide rates. Figure 6 displays the statewide rates over time. Patients enrolled in Other Purchasers have higher breast cancer

screening rates than patients enrolled in MHCP, and this has been true every year since 2004. This measure shows the largest gap in performance between purchasers of any measure included in this report.

Chart 6 provides the rates by medical group from highest to lowest along with the medical group average. The 49 medical groups on this chart have met the minimum threshold of at least 30 patients.

Table 6.1: Statewide Weighted Average Rates for Breast Cancer Screening*

Purchasers	Rate	95% CI	Denominator
MHCP	60.1%	59.0% - 61.2%	7,486
Other Purchasers	77.4%	77.1% - 77.6%	139,562

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 6: Breast Cancer Screening statewide rates over time

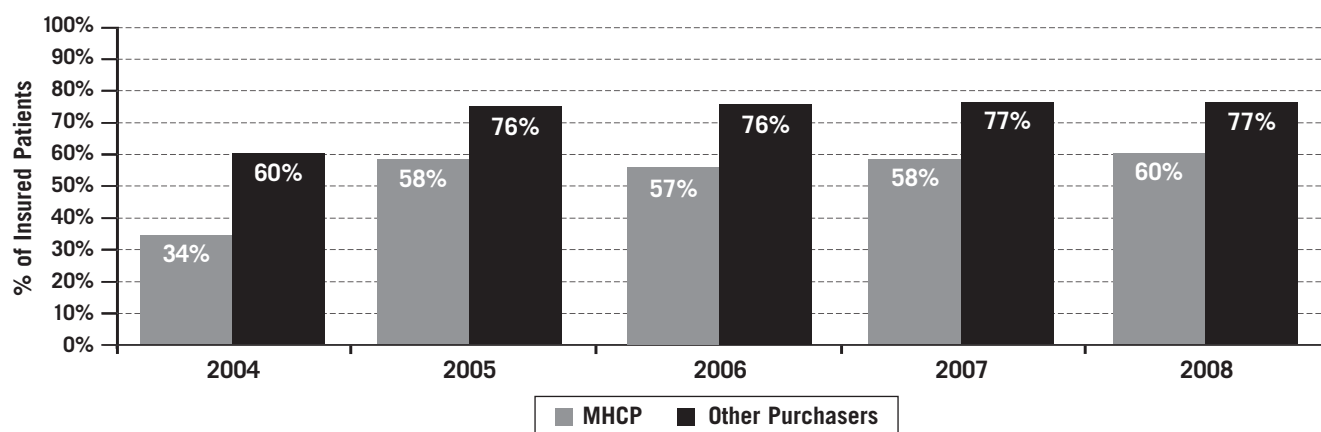
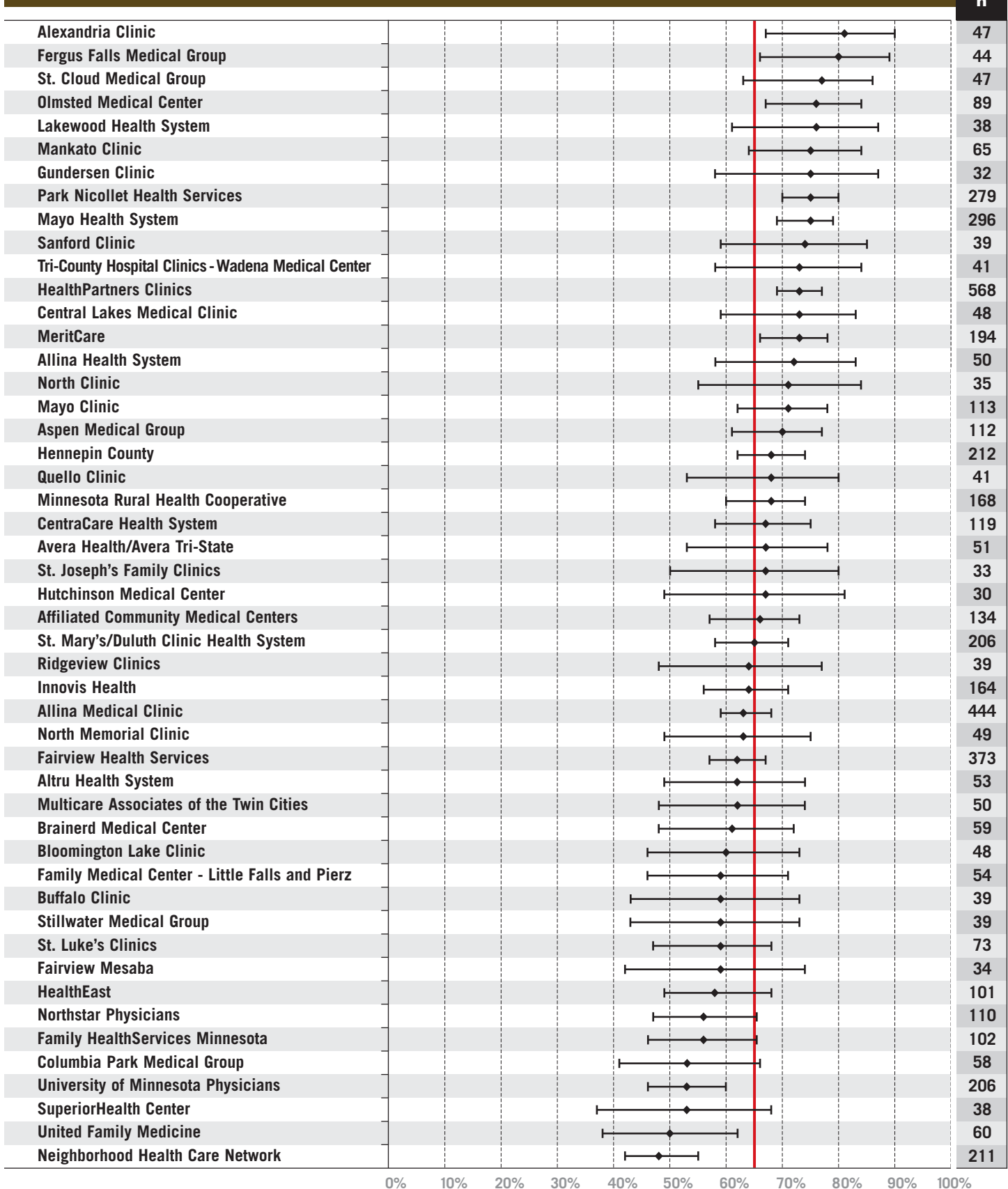


Chart 6: Breast Cancer Screening by Medical Group
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group averages include ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Medical Group Average* **65%**

Lower Confidence Level/Upper Confidence Level

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 65 percent of MHCP women ages 52-69 had a mammogram. **Alexandria Clinic** established the MHCP medical group benchmark of 81 percent. Seven of 49 medical groups had rates and confidence intervals that were fully above the medical group average for patients insured through MHCP:

- Alexandria Clinic
- Fergus Falls Medical Group
- Olmsted Medical Center
- Park Nicollet Health Services
- Mayo Health System
- HealthPartners Clinics
- MeritCare

Biggest Improvements

The greatest improvements since report year 2007 in Breast Cancer Screening were made by **Lakewood Health System, Ridgeview Clinics, and Alexandria Clinic** with each achieving a greater than 15 percentage point increase.

(continued on next page)

Performance Highlights

Analysis of Purchaser Performance Rate Differences

Forty-nine medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -17 percentage points and is statistically significant. This means that the Breast Cancer Screening rate for MHCP patients (60%) was significantly lower than that of Other Purchasers (77%).

Purchaser performance rate differences were noted within every medical group in this analysis. For 40 medical groups, the difference between purchasers was statistically significant. All of these medical groups had significantly lower MHCP performance rates:

Significantly Lower MHCP Rates Compared with Other Purchasers

- Affiliated Community Medical Centers
- Allina Health System
- Allina Medical Clinic
- Altru Health Systems
- Aspen Medical Group
- Avera Health/Avera Tri-State
- Bloomington Lake Clinic
- Brainerd Medical Center
- Buffalo Clinic
- CentraCare Health System
- Central Lakes Medical Clinic
- Columbia Park Medical Group
- Fairview Health Services
- Fairview University Medical Center
- Family HealthServices Minnesota
- Family Medical Center
- Gundersen Clinic
- HealthEast
- HealthPartners Clinics
- Hennepin County
- Innovis Health
- Mankato Clinic
- Mayo Clinic
- Mayo Health System
- MeritCare
- Minnesota Rural Health Cooperative
- Multicare Associates of the Twin Cities
- Neighborhood Health Care Network
- North Clinic
- North Memorial Clinic
- Northstar Physicians
- Olmsted Medical Center
- Park Nicollet Health Services
- Quello Clinic
- St. Luke's Clinics
- St. Mary's/Duluth Clinic Health System
- Stillwater Medical Group
- Superior Health Center
- United Family Medicine
- University of Minnesota Physicians

There were no medical groups with differences of less than 1 percentage point. Seventeen medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 6.2 on the next page summarizes these findings.

Table 6.2: Breast Cancer Screening – Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	60.09%	77.36%	-17.28%	Y	•
Affiliated Community Medical Centers	65.67%	86.72%	-21.05%	Y	Y
Alexandria Clinic	80.85%	85.48%	-4.63%	•	•
Allina Health System	72.00%	88.60%	-16.60%	Y	•
Allina Medical Clinic	63.29%	80.99%	-17.71%	Y	•
Altru Health System	62.26%	81.95%	-19.69%	Y	Y
Aspen Medical Group	69.64%	86.29%	-16.65%	Y	•
Avera Health/Avera Tri-State	66.67%	80.56%	-13.89%	Y	•
Bloomington Lake Clinic, Ltd.	60.42%	85.83%	-25.41%	Y	Y
Brainerd Medical Center	61.02%	86.03%	-25.01%	Y	Y
Buffalo Clinic	58.97%	79.32%	-20.34%	Y	Y
CentraCare Health System	67.23%	88.34%	-21.11%	Y	Y
Central Lakes Medical Clinic	72.92%	87.18%	-14.26%	Y	•
Columbia Park Medical Group	53.45%	74.41%	-20.96%	Y	Y
Fairview Health Services	62.47%	81.41%	-18.95%	Y	Y
Fairview University Medical Center	58.82%	78.47%	-19.65%	Y	•
Family Healthservices Minnesota	55.88%	77.93%	-22.05%	Y	Y
Family Medical Center	59.26%	82.15%	-22.90%	Y	Y
Fergus Falls Medical Group	79.55%	87.28%	-7.73%	•	•
Gundersen Clinic	75.00%	88.93%	-13.93%	Y	•
HealthEast	58.42%	81.20%	-22.78%	Y	Y
HealthPartners Clinics	73.06%	88.44%	-15.38%	Y	•
Hennepin County	68.40%	82.83%	-14.44%	Y	•
Hutchinson Medical Center	66.67%	80.33%	-13.66%	•	•
Innovis Health	64.02%	82.77%	-18.75%	Y	•
Lakewood Health System	76.32%	84.03%	-7.71%	•	•
Mankato Clinic	75.38%	86.95%	-11.57%	Y	•

Y = Yes, statistical significance

Table 6.2: Breast Cancer Screening – Purchaser Performance Rate Differences - *continued*

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	60.09%	77.36%	-17.28%	Y	•
Mayo Clinic	70.80%	89.78%	-18.99%	Y	•
Mayo Health System	74.66%	80.88%	-6.21%	Y	•
MeritCare	72.68%	83.75%	-11.07%	Y	•
Minnesota Rural Health Cooperative	67.86%	80.68%	-12.83%	Y	•
Multicare Associates of the Twin Cities	62.00%	79.12%	-17.12%	Y	•
Neighborhood Health Care Network	48.34%	63.93%	-15.59%	Y	•
North Clinic	71.43%	85.24%	-13.81%	Y	•
North Memorial Clinic	63.27%	76.72%	-13.46%	Y	•
Northstar Physicians	56.36%	79.81%	-23.45%	Y	Y
Olmsted Medical Center	76.40%	87.97%	-11.57%	Y	•
Park Nicollet Health Services	74.91%	88.48%	-13.57%	Y	•
Quello Clinic	68.29%	83.64%	-15.35%	Y	•
Ridgeview Clinics	64.10%	74.69%	-10.59%	•	•
Sanford Clinic	74.36%	83.94%	-9.58%	•	•
St. Cloud Medical Group	76.60%	80.79%	-4.19%	•	•
St. Joseph's Family Clinics	66.67%	79.34%	-12.68%	•	•
St. Luke's Clinics	58.90%	85.91%	-27.01%	Y	Y
St. Mary's/Duluth Clinic Health System	64.56%	81.89%	-17.33%	Y	•
Stillwater Medical Group	58.97%	78.88%	-19.91%	Y	Y
Superior Health Center	52.63%	78.86%	-26.23%	Y	Y
Tri-County Hospital Clinics	73.17%	81.88%	-8.71%	•	•
United Family Medicine	50.00%	68.94%	-18.94%	Y	Y
University of Minnesota Physicians	52.91%	79.22%	-26.31%	Y	Y

Y = Yes, statistical significance

“Staying Healthy” measures

Cervical Cancer Screening

This measures the percentage of women ages 24-64 who received one or more Pap tests to screen for cervical cancer in the measurement year or the two years prior. For MHCP members, the continuous enrollment requirement is one year. The data for this measure are collected from health plan claims.

The MHCP statewide rate for Cervical Cancer Screening is 73 percent; the rate for Other Purchasers is 78 percent. This is a statistically significant difference. Table 7.1 displays the details of these statewide rates. Figure 7 displays the statewide rates over time, as well as the 2008 National HEDIS Medicaid and Commercial

rates (benchmarks). Patients enrolled in Other Purchasers have higher cervical cancer screening rates than patients enrolled in MHCP, and this has been true every year since 2004. Although rates for Other Purchasers have remained steady for the past three years, rates for MHCP patients have improved every year and the gap between purchasers has narrowed for each of the past three years.

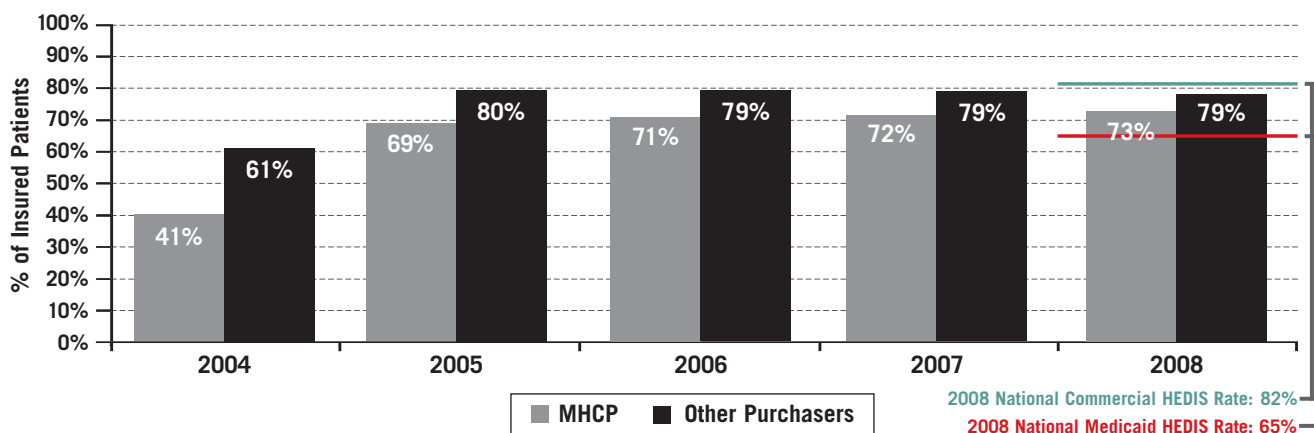
Chart 7 provides the rates by medical group from highest to lowest along with the medical group average. The 81 medical groups on this chart have met the minimum threshold of at least 30 patients.

Table 7.1: Statewide Weighted Average Rates for Cervical Cancer Screening*

Purchasers	Rate	95% CI	Denominator (patients sampled)
MHCP	73.2%	72.8% - 73.7%	42,191
Other Purchasers	78.6%	78.4% - 78.7%	284,012

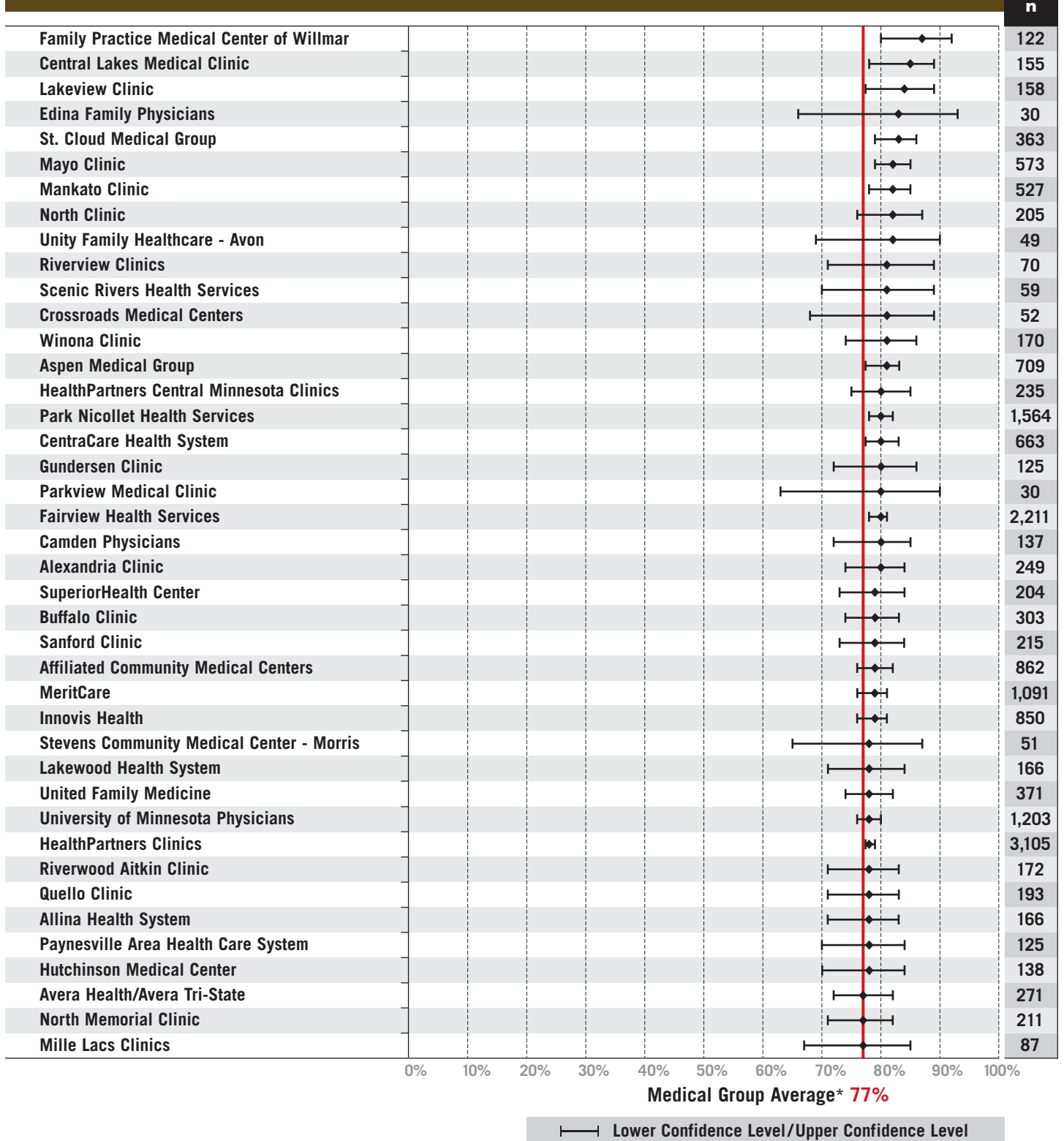
* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 7: Cervical Cancer Screening statewide rates over time



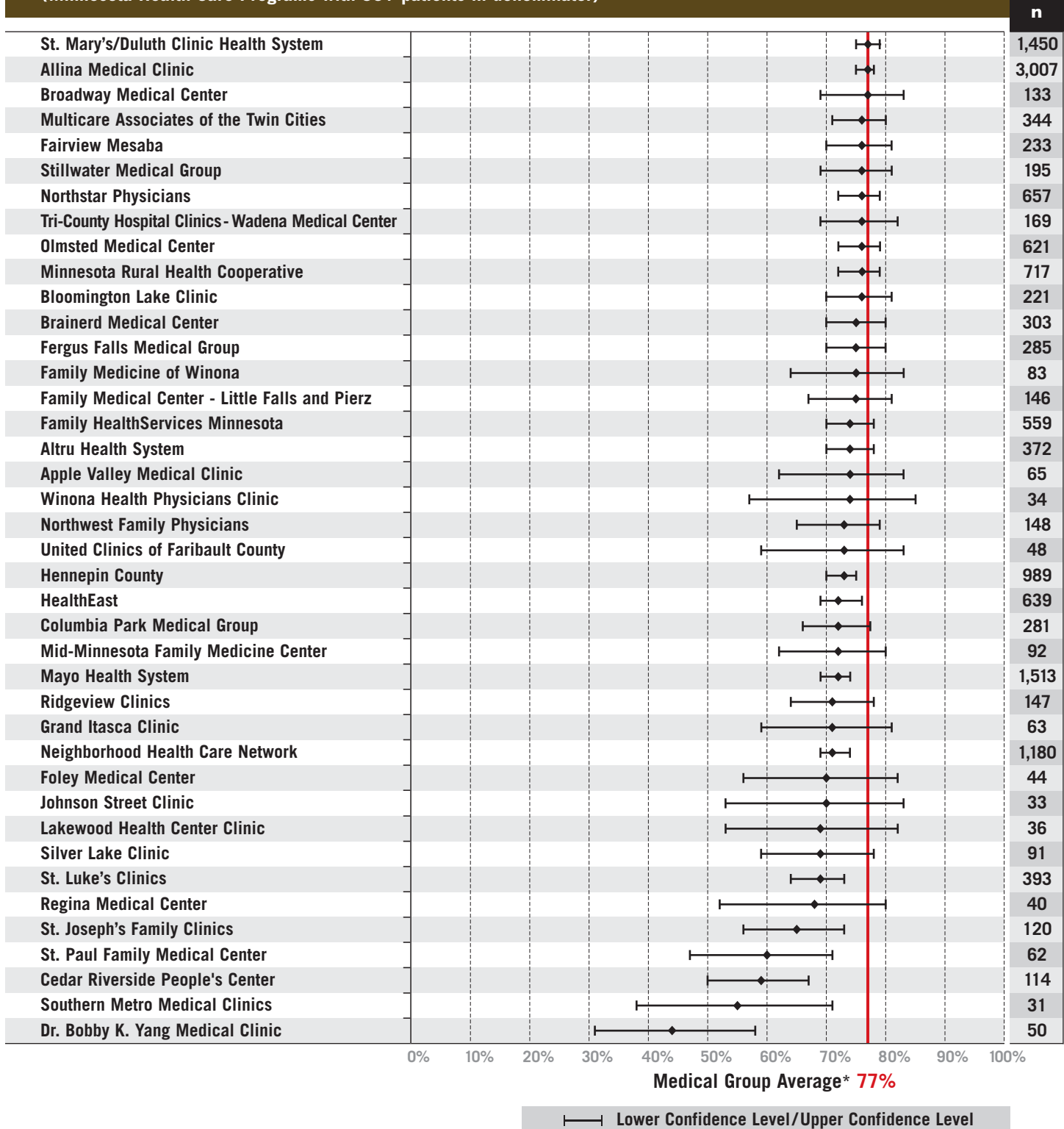
This page intentionally left blank.

Chart 7: Cervical Cancer Screening by Medical Group
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Chart 7: Cervical Cancer Screening by Medical Group – *continued*
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 77 percent of MHCP women ages 21-64 had a Pap test in the last three years. **Family Practice Medical Center of Willmar** set the MHCP medical group benchmark of 87 percent. Eleven of 81 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Family Practice Medical Center of Willmar
- Central Lakes Medical Clinic
- Lakeview Clinic
- St. Cloud Medical Group
- Mayo Clinic
- Mankato Clinic
- Aspen Medical Group
- CentraCare Health System
- Park Nicollet Health Services
- Fairview Health Services
- HealthPartners Clinics

Biggest Improvements

The greatest improvement since report year 2007 in Cervical Cancer Screening was made by **Dr. Bobby K. Yang Medical Clinic** achieving an 11 percentage point increase.

(continued on next page)

Performance Highlights

Analysis of Purchaser Performance Rate Differences

Seventy-eight medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -5 percentage points and is statistically significant. This means that the Cervical Cancer Screening rate for MHCP patients (73%) was significantly lower than that of Other Purchasers (79%).

Purchaser performance rate differences were noted within every medical group in this analysis. For 38 medical groups, the difference between purchasers was statistically significant. All of these medical groups had significantly lower MHCP performance rates:

Significantly Lower MHCP Rates Compared with Other Purchasers

- Affiliated Community Medical Centers
- Alexandria Clinic
- Allina Health System
- Allina Medical Clinic
- Altru Health Systems
- Aspen Medical Group
- Avera Health/Avera Tri-State
- Bloomington Lake Clinic
- Brainerd Medical Center
- Buffalo Clinic
- CentraCare Health System
- Columbia Park Medical Group
- Fairview Health Services
- Fairview University Medical Center
- Family HealthServices Minnesota
- Family Medical Center
- HealthEast
- HealthPartners Clinics
- Hennepin County
- Innovis Health
- Mankato Clinic
- Mayo Health System
- MeritCare
- Minnesota Rural Health Cooperative
- Multicare Associates of the Twin Cities
- Neighborhood Health Care Network
- Northwest Family Physicians
- Olmsted Medical Center
- Park Nicollet Health Services
- Quello Clinic
- Ridgeview Clinics
- Sanford Clinics
- Silver Lake Clinics
- Southern Metro Medical Clinics
- St. Joseph's Family Clinic
- St. Luke's Clinics
- St. Mary's/Duluth Clinic Health System
- University of Minnesota Physicians

Five medical groups had differences of less than 1 percentage point, but only two medical groups – **Lakeview Clinic** and **Mayo Clinic** – had above average performance rates for MHCP patients and a small difference in performance rates between purchasers.

Twenty three medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 7.2 on the next page summarizes these findings.

Table 7.2: Cervical Cancer Screening - Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	73.24%	78.55%	-5.32%	Y	•
Affiliated Community Medical Centers	79.00%	86.61%	-7.61%	Y	Y
Alexandria Clinic	79.52%	85.26%	-5.74%	Y	•
Allina Health System	77.71%	85.39%	-7.68%	Y	Y
Allina Medical Clinic	76.79%	83.50%	-6.71%	Y	•
Altru Health System	74.19%	82.78%	-8.58%	Y	Y
Apple Valley Medical Clinic	73.85%	82.51%	-8.66%	•	Y
Aspen Medical Group	80.54%	84.47%	-3.93%	Y	•
Avera Health/Avera Tri-State	77.49%	83.28%	-5.79%	Y	•
Bloomington Lake Clinic, Ltd.	75.57%	87.69%	-12.13%	Y	Y
Brainerd Medical Center	75.25%	81.36%	-6.11%	Y	•
Broadway Medical Center	76.69%	79.86%	-3.17%	•	•
Buffalo Clinic	79.21%	84.70%	-5.49%	Y	•
Camden Physicians	79.56%	82.74%	-3.18%	•	•
CentraCare Health System	80.24%	87.85%	-7.61%	Y	Y
Central Lakes Medical Center	84.52%	80.51%	4.01%	•	•
Columbia Park Medical Group	71.89%	81.49%	-9.61%	Y	Y
Crossroads Medical Centers	80.77%	86.38%	-5.61%	•	•
Edina Family Physicians	83.33%	92.74%	-9.40%	•	Y
Fairview Health Services	79.74%	85.11%	-5.37%	Y	•
Fairview University Medical Center	75.97%	83.81%	-7.84%	Y	Y
Family HealthServices Minnesota	74.24%	79.06%	-4.82%	Y	•
Family Medical Center	74.66%	86.13%	-11.47%	Y	Y
Family Medicine of Winona	74.70%	78.50%	-3.80%	•	•
Family Practice Medical Center of Willmar	86.89%	90.09%	-3.20%	•	•
Fergus Falls Medical Group	75.09%	80.05%	-4.96%	•	•
Foley Medical Center	70.45%	81.38%	-10.92%	•	Y
Grand Itasca Clinic	71.43%	80.20%	-8.77%	•	Y
Gundersen Clinic	80.00%	80.82%	-0.82%	•	•
HealthEast	72.30%	82.86%	-10.56%	Y	Y
HealthPartners Central Minnesota Clinics	80.43%	81.67%	-1.25%	•	•
HealthPartners Clinics	78.00%	83.89%	-5.88%	Y	•
Hennepin County	72.80%	85.50%	-12.70%	Y	Y
Hutchinson Medical Center	77.54%	74.55%	2.99%	•	•
Innovis Health	78.59%	84.17%	-5.59%	Y	•
Lakeview Clinic, Ltd.	83.54%	84.35%	-0.81%	•	•
Lakewood Health Center Clinic	69.44%	81.82%	-12.37%	•	Y
Lakewood Health System	78.31%	84.36%	-6.05%	•	•
Mankato Clinic	81.97%	86.46%	-4.49%	Y	•
Mayo Clinic	82.20%	82.01%	0.19%	•	•
Mayo Health System	71.58%	77.86%	-6.28%	Y	•
MeritCare	78.74%	82.94%	-4.21%	Y	•

Y = Yes, statistical significance

Table 7.2: Cervical Cancer Screening - Purchaser Performance Rate Differences - *continued*

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers	Significantly wider rate difference between statewide rate and medical group rate for MHCP patients
Statewide	73.24%	78.55%	-5.32%	Y	•
Mid-Minnesota Family Medicine Center	71.74%	73.21%	-1.48%	•	•
Mille Lacs Clinics	77.01%	81.05%	-4.03%	•	•
Minnesota Rural Health Cooperative	75.59%	81.08%	-5.49%	Y	•
Multicare Associates of the Twin Cities	76.16%	81.90%	-5.73%	Y	•
Neighborhood Health Care Network	71.27%	82.76%	-11.49%	Y	Y
North Clinic	81.95%	85.22%	-3.27%	•	•
North Memorial Clinic	77.25%	81.79%	-4.54%	•	•
Northstar Physicians	75.80%	78.13%	-2.34%	•	•
Northwest Family Physicians	72.97%	81.60%	-8.63%	Y	Y
Olmsted Medical Center	75.68%	82.13%	-6.45%	Y	•
Park Nicollet Health Services	80.24%	86.95%	-6.71%	Y	•
Parkview Medical Clinic	80.00%	81.11%	-1.11%	•	•
Paynesville Area Health Care System	77.60%	81.08%	-3.48%	•	•
Quello Clinic	77.72%	87.16%	-9.44%	Y	Y
Regina Medical Center	67.50%	74.21%	-6.71%	•	•
Ridgeview Clinics	71.43%	82.01%	-10.58%	Y	Y
Riverview Clinics	81.43%	80.57%	0.86%	•	•
Riverwood Aitkin Clinic	77.91%	82.92%	-5.01%	•	•
Sanford Clinic	79.07%	85.69%	-6.62%	Y	•
Scenic Rivers Health Services	81.36%	75.00%	6.36%	•	•
Silver Lake Clinic	69.23%	86.41%	-17.18%	Y	Y
Southern Metro Medical Clinics	54.84%	77.48%	-22.64%	Y	Y
St. Cloud Medical Group	82.92%	85.94%	-3.02%	•	•
St. Joseph's Family Clinic	65.00%	74.37%	-9.37%	Y	Y
St. Luke's Clinics	68.96%	76.00%	-7.04%	Y	•
St. Mary's/Duluth Clinic Health System	76.97%	80.41%	-3.44%	Y	•
St. Paul Family Medical Center	59.68%	44.74%	14.94%	•	•
Stevens Community Medical Center-Morris	78.43%	87.59%	-9.16%	•	Y
Stillwater Medical Group	75.90%	80.40%	-4.51%	•	•
SuperiorHealth Center	79.41%	78.37%	1.04%	•	•
Tri-County Hospital Clinics	75.74%	81.85%	-6.11%	•	•
United Family Medicine	78.17%	77.75%	0.41%	•	•
United Clinics of Faribault County	72.92%	76.09%	-3.17%	•	•
Unity Family Health Care-Avon	81.63%	79.87%	1.76%	•	•
University of Minnesota Physicians	78.05%	84.52%	-6.46%	Y	•
Winona Clinic	80.59%	84.36%	-3.78%	•	•
Winona Health Physicians Clinic	73.53%	70.87%	2.66%	•	•

Y = Yes, statistical significance

“Staying Healthy” measures

Chlamydia Screening in Women

This measures the percentage of sexually active women aged 16-25 who had at least one test for Chlamydia during the measurement year. The data for this measure are collected from health plan claims.

The MHCP statewide rate for Chlamydia Screening is 53 percent; the rate for Other Purchasers is 41 percent. This is a statistically significant difference. Table 8.1 displays the details of these statewide rates. Figure 8 displays the statewide rates over time. Patients enrolled

in Other Purchasers have lower chlamydia screening rates than patients enrolled in MHCP, and this has been true every year since 2004. Rates for all patients have improved every year; however, the gap between purchasers has not consistently narrowed over time.

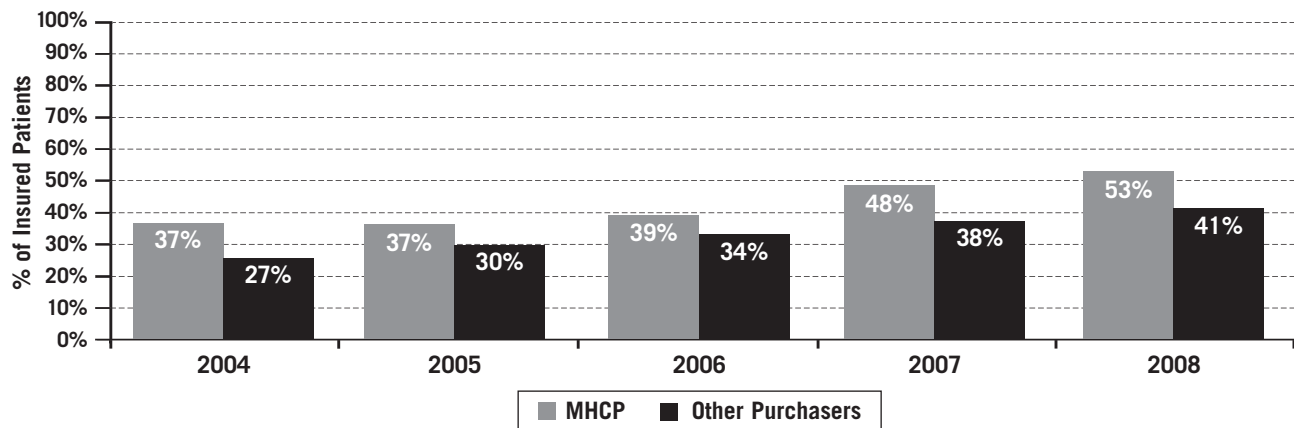
Chart 8 provides the rates by medical group from highest to lowest along with the medical group average. The 52 medical groups on this chart have met the minimum threshold of at least 30 patients.

Table 8.1: Statewide Weighted Average Rates for Chlamydia Screening*

Purchasers	Rate	95% CI	Denominator
MHCP	53.0%	52.2% - 53.9%	12,274
Other Purchasers	41.3%	40.9% - 41.8%	49,238

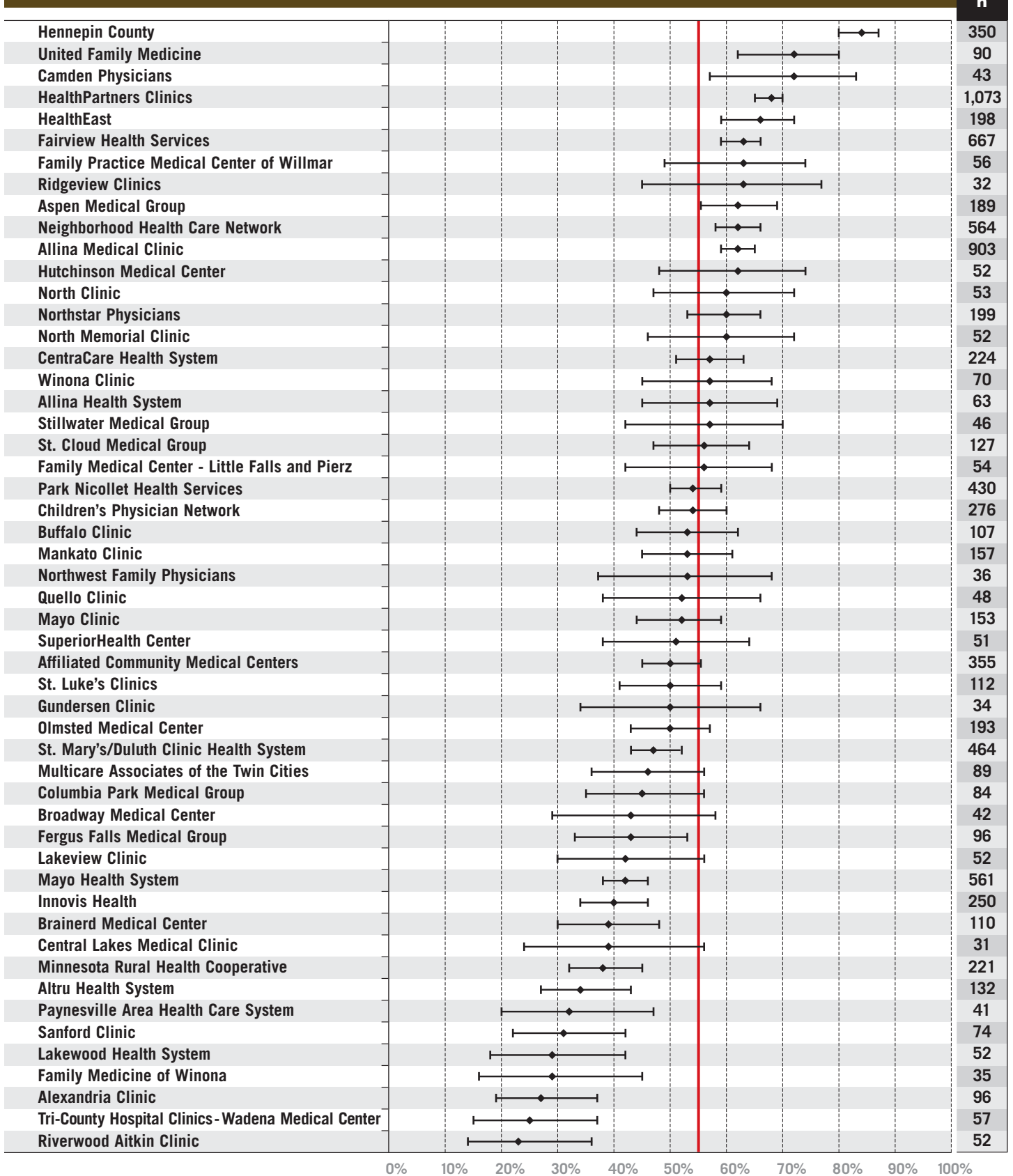
* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 8: Chlamydia Screening statewide rates over time



Note: Technical coding issues were identified for multiple medical groups so their data were suppressed in 2006, 2007 and 2008.

Chart 8: Chlamydia Screening by Medical Group
(Minnesota Health Care Programs with 30+ patients in denominator)



*Medical group averages include ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Medical Group Average* 55%
Lower Confidence Level/Upper Confidence Level

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 55 percent of MHCP sexually active women ages 16-25 had a chlamydia test. **Hennepin County** established the MHCP medical group benchmark of 84 percent. Nine of 52 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Hennepin County
- United Family Medicine
- Camden Physicians
- HealthPartners Clinics
- HealthEast
- Fairview Health Services
- Aspen Medical Group
- Neighborhood Health Care Network
- Allina Medical Clinic

Biggest Improvements

The greatest improvements since report year 2007 in Chlamydia Screening in Women were made by **North Clinic, Hennepin County, SuperiorHealth Center, and Children's Physician Network** with each achieving a greater than 19 percentage point increase.

(continued on next page)

Performance Highlights

Analysis of Purchaser Performance Rate Differences

Fifty-two medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was 12 percentage points and is statistically significant. This means that the Chlamydia Screening rate for MHCP patients (53%) was significantly higher than that of Other Purchasers (41%).

Purchaser performance rate differences were noted within every medical group in this analysis. For 29 medical groups, the difference between purchasers was statistically significant. All of these medical groups had significantly higher MHCP performance rates:

Significantly Higher MHCP Rates Compared with Other Purchasers

- Affiliated Community Medical Centers
- Allina Health System
- Allina Medical Clinic
- Altru Health Systems
- Aspen Medical Group
- Broadway Medical Center
- Camden Physicians
- CentraCare Health System
- Children's Physician Network
- Fairview Health Services
- Family Medical Center
- HealthEast
- HealthPartners Clinics
- Hennepin County
- Hutchinson Medical Center
- Mankato Clinic
- Mayo Clinic
- Mayo Health System
- Neighborhood Health Care Network
- North Clinic
- North Memorial Clinic
- Northstar Physicians
- Olmsted Medical Center
- Park Nicollet Health Services
- St. Cloud Medical Group
- St. Luke's Clinic
- St. Mary's/Duluth Clinic Health System
- United Family Medicine
- Winona Clinic

One medical group had difference of less than 1 percentage point, but it did not have an above average performance rate for MHCP patients. Table 8.2 on the next page summarizes these findings.

**Table 8.2: Chlamydia Screening in Women -
Purchaser Performance Rate Differences**

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference within the medical group between MHCP and Other Purchasers
Statewide	53.03%	41.33%	11.70%	Y
Affiliated Community Medical Centers	50.14%	43.49%	6.66%	Y
Alexandria Clinic	27.08%	23.13%	3.96%	•
Allina Health System	57.14%	42.86%	14.29%	Y
Allina Medical Clinic	62.24%	56.92%	5.31%	Y
Altru Health System	34.09%	24.57%	9.52%	Y
Aspen Medical Group	62.43%	45.73%	16.71%	Y
Brainerd Medical Center	39.09%	29.80%	9.29%	•
Broadway Medical Center	42.86%	22.22%	20.63%	Y
Buffalo Clinic	53.27%	42.79%	10.48%	•
Camden Physicians	72.09%	55.95%	16.14%	Y
CentraCare Health System	57.14%	46.22%	10.93%	Y
Central Lakes Medical Clinic	38.71%	44.00%	-5.29%	•
Children's Physician Network	53.99%	33.13%	20.86%	Y
Columbia Park Medical Group	45.24%	36.32%	8.92%	•
Fairview Health Services	62.67%	52.42%	10.25%	Y
Family Medical Center	55.56%	25.20%	30.35%	Y
Family Medicine of Winona	28.57%	18.18%	10.39%	•
Family Practice Medical Center of Willmar	62.50%	49.12%	13.38%	•
Fergus Falls Medical Group	42.71%	31.82%	10.89%	•
Gundersen Clinic	50.00%	49.25%	0.75%	•
HealthEast	65.66%	47.03%	18.63%	Y
HealthPartners Clinics	67.66%	59.46%	8.20%	Y
Hennepin County	84.00%	52.08%	31.92%	Y
Hutchinson Medical Center	61.54%	36.00%	25.54%	Y
Innovis Health	39.60%	33.04%	6.56%	•
Lakeview Clinic, Ltd.	42.31%	44.61%	-2.30%	•
Lakewood Health System	28.85%	31.91%	-3.07%	•

Y = Yes, statistical significance

**Table 8.2: Chlamydia Screening in Women -
Purchaser Performance Rate Differences - *continued***

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers
Statewide	53.03%	41.33%	11.70%	Y
Mankato Clinic	52.87%	42.44%	10.43%	Y
Mayo Clinic	51.63%	34.50%	17.13%	Y
Mayo Health System	41.89%	33.98%	7.91%	Y
Minnesota Rural Health Cooperative	38.01%	34.48%	3.53%	•
Multicare Associates of the Twin Cities	46.07%	37.23%	8.84%	•
Neighborhood Health Care Network	62.41%	49.84%	12.57%	Y
North Clinic	60.38%	40.00%	20.38%	Y
North Memorial Clinic	59.62%	40.81%	18.81%	Y
Northstar Physicians	59.80%	37.25%	22.54%	Y
Northwest Family Physicians	52.78%	51.30%	1.48%	•
Olmsted Medical Center	49.74%	40.33%	9.41%	Y
Park Nicollet Health Services	54.42%	39.74%	14.68%	Y
Paynesville Area Health Care System	31.71%	28.42%	3.29%	•
Quello Clinic	52.08%	43.23%	8.86%	•
Ridgeview Clinics	62.50%	44.41%	18.09%	•
Riverwood Aitkin Clinic	23.08%	26.67%	-3.59%	•
Sanford Clinic	31.08%	29.36%	1.72%	•
St. Cloud Medical Group	55.91%	42.79%	13.12%	Y
St. Luke's Clinic	50.00%	27.16%	22.84%	Y
St. Mary's/Duluth Clinic Health System	47.20%	35.93%	11.27%	Y
Stillwater Medical Group	56.52%	46.32%	10.20%	•
Superior Health Center	50.98%	35.48%	15.50%	•
Tri-County Hospital Clinics	24.56%	20.83%	3.73%	•
United Family Medicine	72.22%	56.92%	15.30%	Y
Winona Clinic	57.14%	33.71%	23.43%	Y

Y = Yes, statistical significance

“Staying Healthy” measures

Childhood Immunization (Combo 3)

This measures the percentage of children two years of age who had the following vaccines by their second birthday:

- Four DTaP/DT
- Three IPV
- One MMR
- Three H influenza type B
- Three Hepatitis B
- One VZV (chicken pox)
- Four pneumococcal conjugate

The data for this measure are collected from health plan claims, the Minnesota Immunization Information Connection registry (MIIC) and medical record review.

The MHCP statewide rate for Childhood Immunizations is 72 percent; the rate for Other

Purchasers is almost 80 percent. This is a statistically significant difference. Table 9.1 displays the details of these statewide rates. Figure 9 displays the statewide rates over time, as well as the 2008 National HEDIS Medicaid and Commercial rates (benchmarks). Patients enrolled in Other Purchasers have higher childhood immunization rates than patients enrolled in MHCP, and this has been true every year since 2006. Rates for all patients have improved every year and the gap between purchasers narrowed since last year.

Chart 9 provides the rates by medical group from highest to lowest along with the medical group average. The 28 medical groups on this chart have at least 60 patients in their sample.

Table 9.1: Statewide Weighted Average Rates for Childhood Immunizations*

Purchasers	Rate	95% CI	Denominator (patients sampled)
MHCP	72.0%	70.6% - 73.4%	3,896
Other Purchasers	79.9%	78.2% - 81.5%	2,282

* Statewide averages include patients attributed to a medical group AND patients who could not be attributed to a medical group.

Figure 9: Childhood Immunization (Combo 3) statewide rates over time

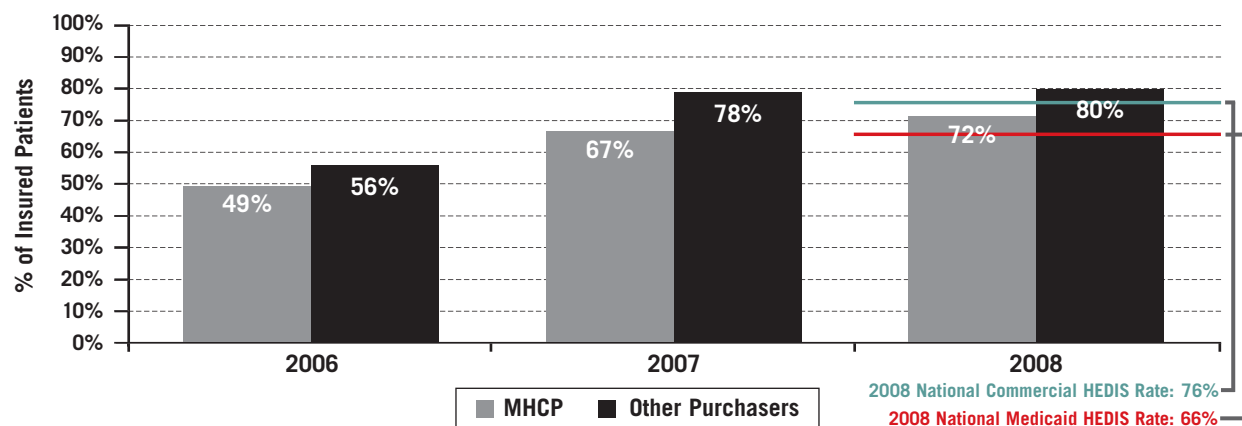
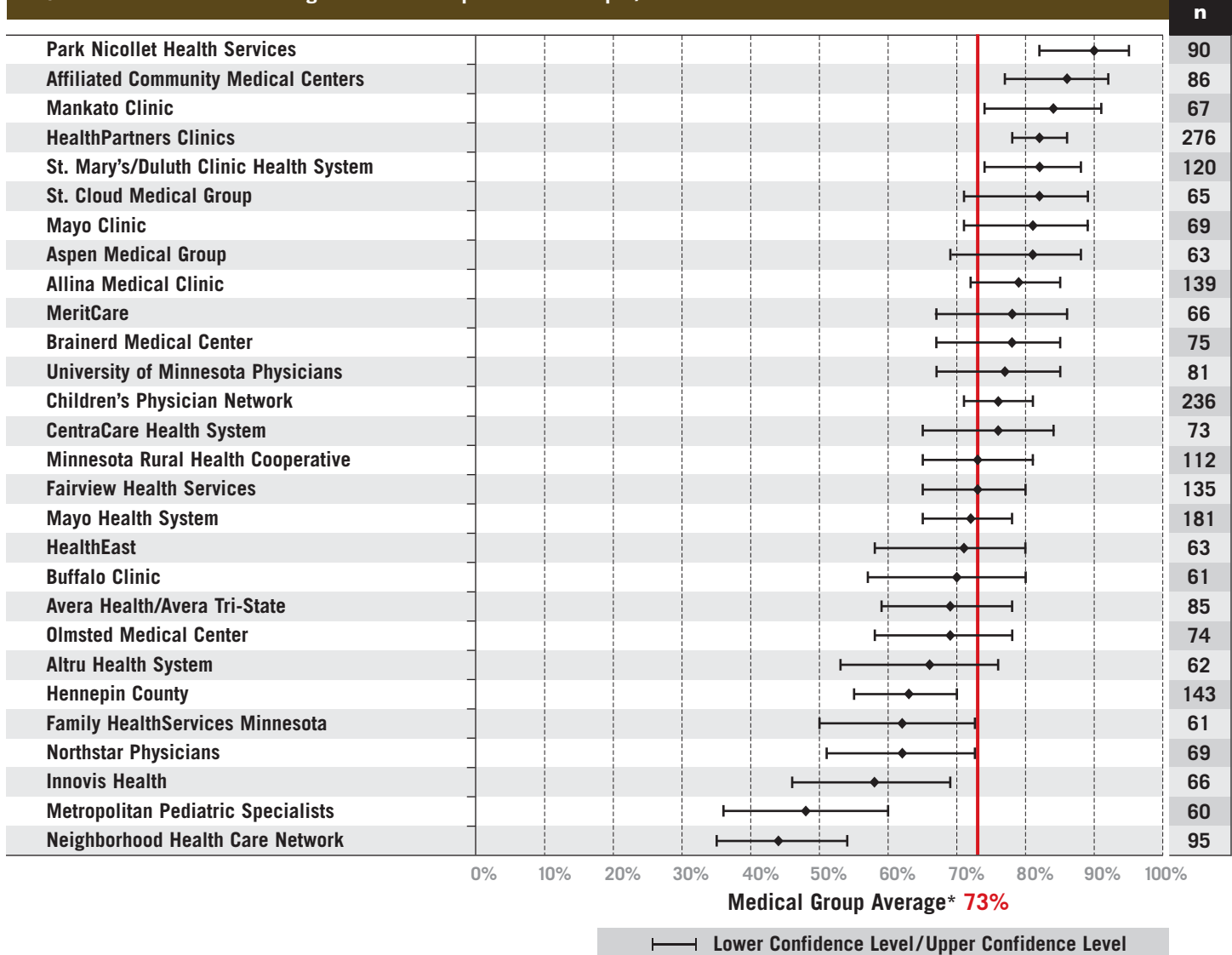


Chart 9: Childhood Immunization by Medical Group
(Minnesota Health Care Programs with 60+ patients in sample)



*Medical group average includes ONLY those patients who were attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who accessed care more frequently.

Performance Highlights

Medical Groups with Above Average MHCP Rates in 2008

Medical group results showed that an average of 73 percent of MHCP children under age two were up-to-date with all recommended immunizations. **Park Nicollet Health Services** established the MHCP medical group benchmark of 90 percent. Five of 28 medical groups had rates and confidence intervals that were fully above the medical group average for patients enrolled in MHCP:

- Park Nicollet Health Services
- Affiliated Community Medical Centers
- Mankato Clinic
- HealthPartners Clinics
- St. Mary's/Duluth Clinic Health System

Biggest Improvements

The greatest improvement since report year 2007 in Childhood Immunization Status was made by **St. Mary's/Duluth Clinic Health System** achieving a 21 percentage point increase.

Analysis of Purchaser Performance Rate Differences

Five medical groups met the minimum reporting requirement for this analysis. The purchaser performance rate difference at the statewide level was -8 percentage points and is statistically significant. This means that the Childhood Immunizations rate for MHCP patients (72%) was significantly lower than that of Other Purchasers (80%).

Purchaser performance rate differences were noted within every medical group in this analysis. For one medical group, the difference between purchasers was statistically significant. **HealthPartners Medical Group** had a significantly lower MHCP performance rate compared with those of Other Purchasers. There were no medical groups with differences of less than 1 percentage point.

None of the medical groups had differences between purchaser performance rates that were significantly wider than the statewide difference. Table 9.2 (next page) summarizes these findings.

Table 9.2: Childhood Immunization -Purchaser Performance Rate Differences

Medical Group ID	MHCP Rate	Other Purchasers Rate	Rate Diff (MHCP-Other)	Significant difference <u>within</u> the medical group between MHCP and Other Purchasers	Significantly wider rate difference <u>between statewide rate and medical group rate</u> for MHCP patients
Statewide	71.60%	79.91%	-8.31%	Y	•
Allina Medical Clinic	79.02%	80.60%	-1.59%	•	•
Children's Physician Network	76.34%	82.61%	-6.26%	•	•
Fairview Health Services	73.09%	75.53%	-2.44%	•	•
HealthPartners Clinics	82.45%	90.60%	-8.15%	Y	•
Park Nicollet Health Services	90.01%	88.36%	1.65%	•	•

Y = Yes, statistical significance

Results at a Glance

(2007 Dates of Service)

MN Community Measurement 2008 MHCP Statewide Results Comparisons to Previous Years (2007 Dates of Services)

Table 10 displays the MHCP statewide results for 2008 as compared to previous years. All measures with the exception of asthma care have shown some improvement since 2007. Six of the nine statewide measures had improvements that were statistically significant. Appropriate Testing for Children with Pharyngitis had the largest gain (nearly 6 percentage points) followed by Chlamydia Screening (5 percentage points), Childhood Immunizations (nearly 5 percentage points), and Breast Cancer Screening (nearly 3 percentage points).

Measures that have been reported for five years showed large improvements over that time period. Cervical Cancer Screening had the largest gain (33 percentage points) followed by Breast Cancer Screening (27 percentage points), Asthma Care (20 percentage points) and Chlamydia Screening (16 percentage points). Measures that have been reported for three years also showed improvements. Of those, Childhood Immunizations had the largest gain (23 percentage points).

Table 10: Summary of MHCP Statewide Results for 2008 Compared with Previous Years

Quality Measure	2008 MHCP Statewide Average (2007 Dates of Services)	MHCP Percentage Point Change Statewide 2007 vs. 2008	MHCP Percentage Point Change Over Time
“Living with Illness” measures			
Optimal Diabetes Care*	7.8%	1.3% ↑	5.9%↑ (5 years)
Controlling High Blood Pressure*	62.2%	0.9% ↑	0.9%↑ (2 years)
Asthma Care (Ages 5-56) (Medical group level results)	87.0%	-1.1% ↓	19.8%↑ (5 years)
“Getting Better” measures			
Appropriate Treatment for Children with URI	85.3%	1.5%** ↑	-1.1%↓ (3 years)
Appropriate Testing for Children with Pharyngitis	78.9%	5.9%** ↑	7.3%↑ (3 years)
“Staying Healthy” measures			
Breast Cancer Screening (Mammograms)	60.1%	2.5%** ↑	26.6%↑ (5 years)
Cervical Cancer Screening (Pap tests)	73.2%	1.3%** ↑	32.6%↑ (5 years)
Chlamydia Screening (Ages 16-25) (Medical group level results)	53.0%	5.2%** ↑	15.8%↑ (5 years)
Childhood Immunizations* (Medical group level results)	72.0%	4.7%** ↑	22.8%↑ (3 years)

* These statewide averages are weighted samples (see methods).

** Significant difference

Table 11 and Figure 10 display the differences between purchasers at the statewide level for 2008. Rate differences were calculated by subtracting the Other Purchasers rate from the MHCP rate. In the table, a negative difference means that MHCP rates were lower than Other Purchasers rates, and a positive difference means that MHCP rates were higher than Other Purchasers rates. Breast Cancer Screening had the widest negative gap between purchasers (-17 percentage points); Chlamydia Screening was the only measure yielding a positive rate difference (+12 percentage points).

When comparing these rate differences with last year's report, the gaps have widened slightly for Optimal Diabetes Care and Asthma Care (1 percentage point gap increase each). However, the gaps are closing for four measures – Appropriate Testing for pharyngitis (5 percentage point gap decrease); Childhood Immunizations (2 percentage point gap decrease), Breast Cancer Screening (2 percentage point gap decrease), and Cervical Cancer Screening (2 percentage point gap decrease).

Table 11: 2008 Summary of Statewide Rates (2007 Dates of Services)

Quality Measure	MHCP Statewide Average	Other Purchasers Statewide Average	Rate Difference (MHCP - Other Purchasers)
“Living with Illness” measures			
Optimal Diabetes Care*	7.8%	13.7%	-5.9%
Controlling High Blood Pressure*	62.2%	65.5%	-3.3%
Asthma Care (Ages 5-56) <i>(Medical group level results)</i>	87.0%	92.8%	-5.8%
“Getting Better” measures			
Appropriate Treatment for Children with URI	85.3%	86.1%	-0.8%
Appropriate Testing for Children with Pharyngitis	78.9%	86.7%	-7.8%
“Staying Healthy” measures			
Breast Cancer Screening (Mammograms)	60.1%	77.4%	-17.3%
Cervical Cancer Screening (Pap tests)	73.2%	78.6%	-5.3%
Chlamydia Screening (Ages 16-25)	53.0%	41.3%	11.7%
Childhood Immunizations*	72.0%	79.8%	-7.8%

* These statewide averages are weighted samples (see methods).

Figure 10: Statewide Gaps Between Purchasers By Measure in 2008

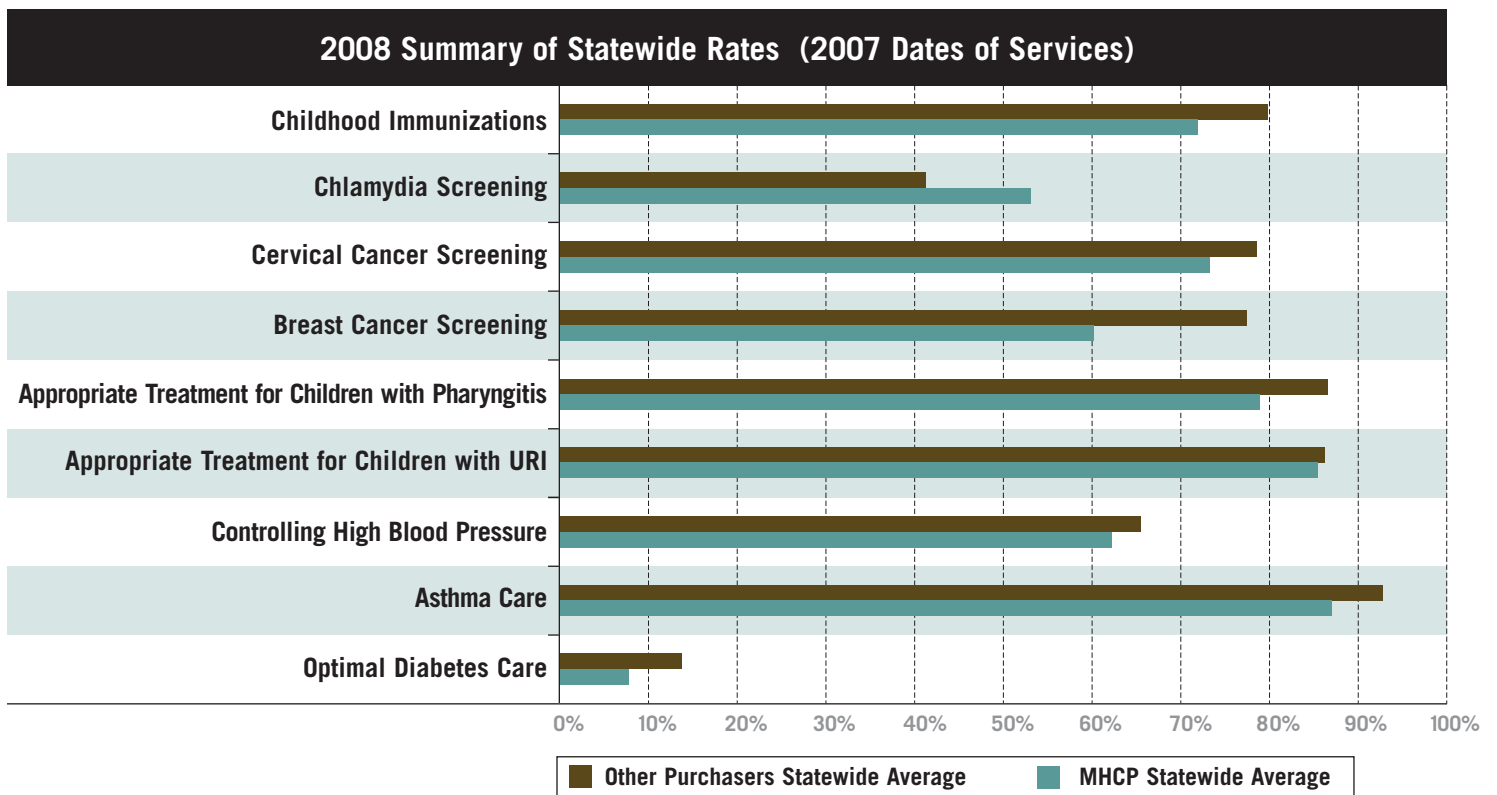
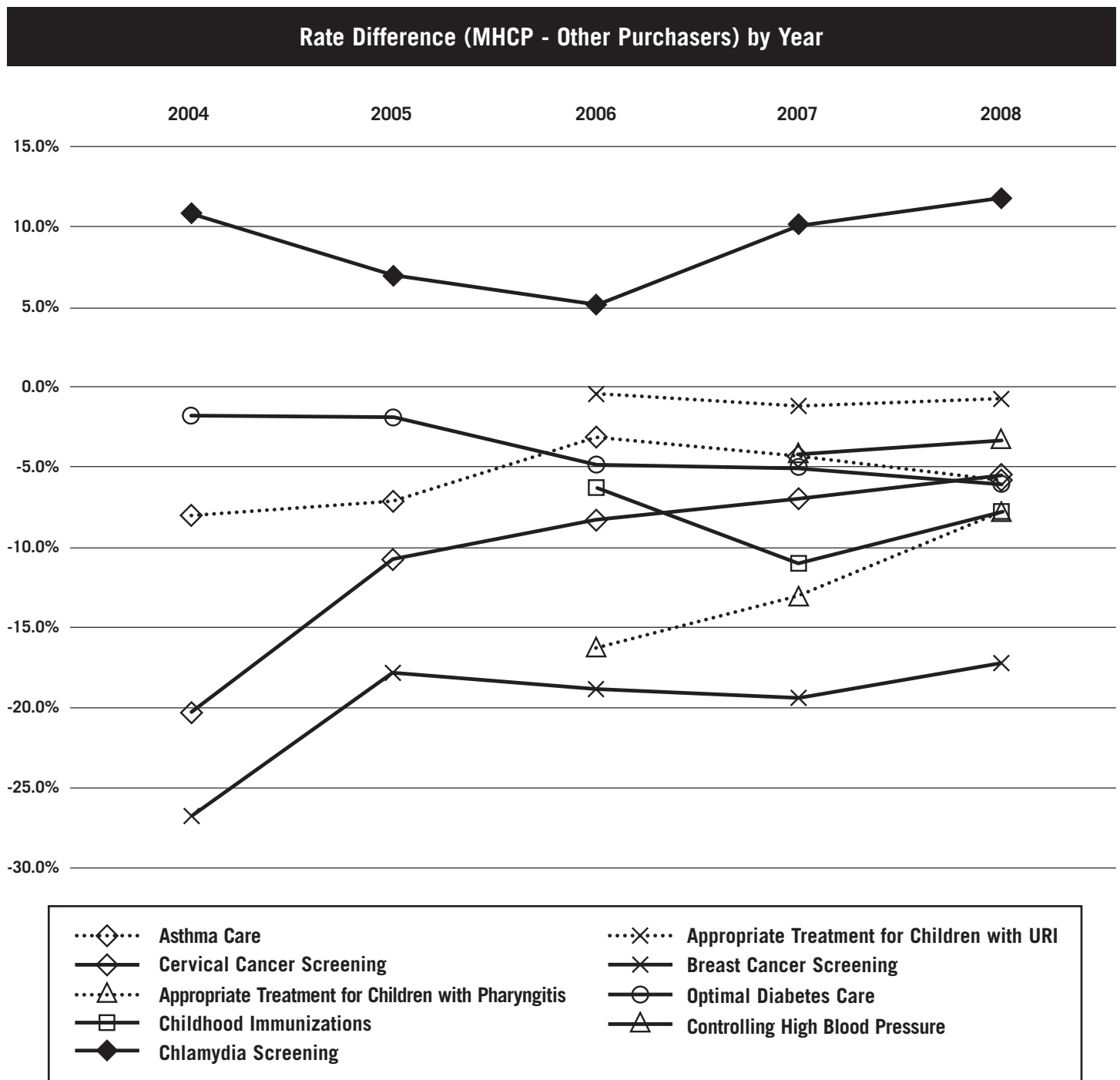


Figure 11 displays the statewide rate difference between MHCP and Other Purchasers across all years for each measure (calculated as described for Table 11). Any movement over time towards 0 indicates that the gap has narrowed, illustrated by the Appropriate Treatment for Children

with URI measure. Since most differences are negative, an upward movement for these measures indicates a smaller gap between purchaser. Overall, the gap narrowed for five measures, changed little for two measures, and widened for two measures.

Figure 11: Rate Difference by Year



Medical Groups with Above Average Rates for MHCP Patients in 2008

Table 12 shows that four medical groups achieved above average rates on at least half of applicable measures, although there were several other medical groups that achieved high performance rates on a smaller number of

measures. Three of these four medical groups – HealthPartners Clinics, Park Nicollet Health Services and Children’s Physician Network – also had above average rates for MHCP patients last year.

Table 12: Medical Groups with Above Average Rates for MHCP Patients in 2008

MEDICAL GROUP	Asthma	Controlling High Blood Pressure	Optimal Diabetes Care	URI	Pharyngitis	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Childhood Immunization Status
HealthPartners Clinics 8 of 9		■	■	■	■	■	■	■	■
Park Nicollet Health Services 6 of 9		■		■	■	■	■		■
Fairview Health Services 5 of 9			■	■	■		■	■	
Children’s Physician Network 3 of 5	■	N/A	N/A	■	■	N/A	N/A		

■ = Medical group had confidence interval fully above the medical group average for patients enrolled in MHCP.

N/A = Measure not applicable.

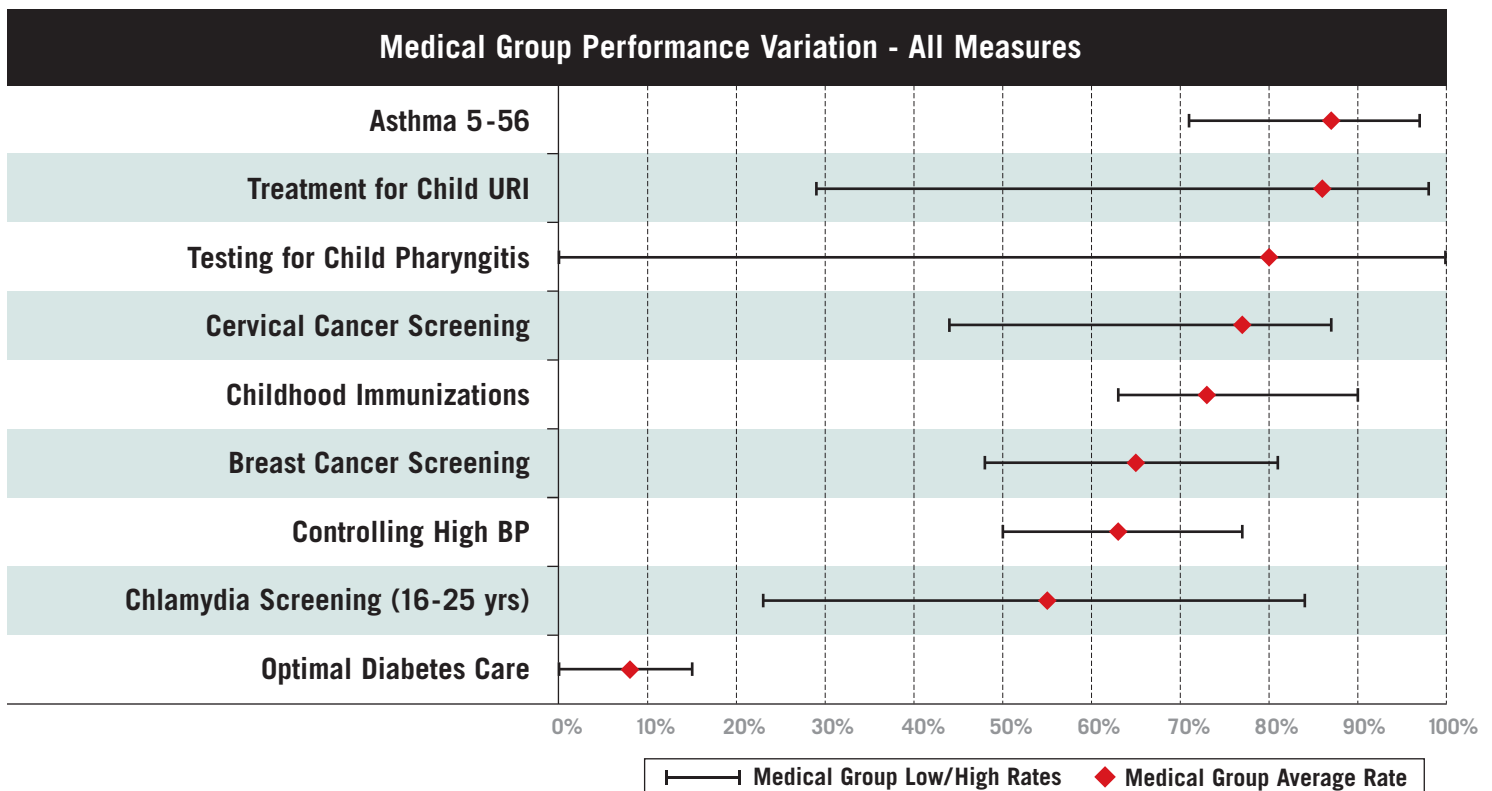
Blank = Measure reported but rate was average or below average.

Performance Variation Between Medical Groups

Figure 12 shows that for all measures, there is variation across medical groups for patients enrolled in MHCP. For one measure – Testing for Children with Pharyngitis – there was one medical group with a rate of 100 percent. For two measures – Testing for Children with Pharyngitis and Optimal Diabetes Care – there

were rates of zero. Medical group performance variation is commonly seen in MN Community Measurement reporting and is not unique to MHCP. Medical group variation provides evidence that there is room for improvement for every measure.

Figure 12: Performance Variation for MHCP Patients Between Medical Groups



Future Plans

The 2008 Health Care Disparities Report marks the second time that MNCM and DHS have worked together to publicly report MHCP performance rates. It represents continued efforts to look at MNCM data in new ways and expands upon the first report with further analyses of differences between purchasers. It will continue to be produced annually.

The data currently used in this report have limited ability to explain the underlying causes and reasons for differences in rates between MHCP and Other Purchasers, so we will continue to explore ways to obtain additional data, such as race, ethnicity or primary language, that may further our understanding of these differences. On a national level, research indicates that patients of different ethnicities frequently receive different levels of care, even when other factors like income and educational level are taken into account (IOM, 1999). In Minnesota, we have found that even when health care coverage is available, as is the case for patients insured through MHCP, patients of lower socioeconomic status have different rates of care. These disparities are the result of complex issues, but researchers agree that collecting and using data on the race and ethnicity of a population build a foundation for understanding and reducing disparities (AHIP, 2006; Lavizzo-Mourey, 2008).

We are beginning to see system-level changes being implemented to address the disparities identified. We will explore opportunities to identify the best practices that can be disseminated among the larger health care community in Minnesota and nationwide. The findings will help medical groups direct resources for quality improvement. There is much work to do to meet the needs of all patients and to reduce gaps in performance. It is the right thing to do.

We hope this *2008 Health Care Disparities Report* will generate interest from a wide range of audiences. The ultimate goals are to improve the care that all patients receive and to eliminate any performance rate differences. We will continue to pursue data that will help us better understand reasons for the differences reported. The Minnesota Department of Human Services and MN Community Measurement are committed to continuing our partnership to publicly report this information in an effort to accelerate improvements in health for all patients in Minnesota.

Acknowledgements

Data management, performance assessment and report production are provided by MNCM, a community-based, nonprofit organization dedicated to accelerating the improvement of health in Minnesota and surrounding communities through measurement and public reporting of health care performance.

The health plans and county-based purchasing organizations that contributed data for this report are Blue Cross and Blue Shield of Minnesota, FirstPlan of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PrimeWest Health System, South Country Health Alliance and UCare.

Data aggregation and analysis are provided by associates of Data Intelligence, LLC, under subcontract with MN Community Measurement.

References

Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 1999.

American Health Insurance Plans. Addressing Disparities in Health. Available at www.ahip.org/HealthAndMedicine/DiversityAndCulturalCompetency, 2006.

Lavizzo-Mourey, R. 2008. Racial disparities in health care quality should mean equality. Healthcare Financial Management, January 2008: 102-104.

Glossary

Attributed patient – A patient is assigned, or attributed, to a medical group for measurement purposes when the patient has had one or more visits to that medical group during the measurement year. If a patient has visited more than one medical group during the measurement year, the patient is attributed to the clinic at which he or she was seen the most number of times. If the number of visits to two different medical groups was the same, the patient is attributed to the medical group he or she visited most recently. An unattributed patient could be someone identified by the health plans using pharmacy data as having diabetes; however, since this patient did not visit a medical group during the measurement year he or she could not be assigned to a medical group during the attribution process.

Benchmarks – The benchmarks (standards used for comparisons) include the 2008 national commercial HEDIS rate and the 2008 national Medicaid HEDIS rate. The benchmark HEDIS rate is a national average of more than 90 percent of managed health care plans and some PPO health plans that submit data to HEDIS to measure performance against a detailed set of measure criteria. Benchmarks are included for measures that have a comparable national Medicaid HEDIS rate (Cervical Cancer Screening, Childhood Immunization, Use of Appropriate Medications for People with Asthma, Appropriate Treatment for Children with Upper Respiratory Infection, and Appropriate Testing for Children with Pharyngitis).

Dual Eligibles – Patients who are enrolled in both Medicare and Medical Assistance programs.

HEDIS – Healthcare Effectiveness Data and Information Set. HEDIS measures, produced by the National Committee for Quality Assurance, are a set of standardized, quantifiable measures designed to allow reliable comparisons of the performance of insurers and care providers across a broad range of important health issues.

Institute for Clinical Systems Improvement (ICSI) – ICSI is an independent collaborative that helps its members provide evidence-based health care services to patients. Comprised of 57 medical groups and sponsored by six Minnesota health plans, ICSI unites diverse stakeholders to deliver patient-centered and value-driven care in Minnesota and surrounding areas.

Measure categories – Multiple measures are grouped into the following categories to summarize medical group performance:

- **Living with Illness measures** – This category includes measures that assess how well medical groups care for patients with chronic conditions such as asthma or diabetes.
- **Getting Better measures** – This category includes measures that assess how well medical groups care for patients with common acute illnesses such as colds and sore throats.
- **Staying Healthy measures** – This category includes measures that assess how well medical groups keep individuals healthy and identify disease at an early stage when it can be treated most effectively.

(continued on next page)

Glossary

Medical group – One or more clinic sites operated by a single organization.

MHCP – Minnesota Health Care Programs. These health care programs (i.e., Medical Assistance including dual eligibles, MinnesotaCare, General Assistance Medical Care) provide service under both fee-for-service and managed care delivery systems purchased by the Minnesota Department of Human Services. This report only includes data from managed care programs (i.e., Medical Assistance including dual eligibles, MinnesotaCare and General Assistance Medical Care).

MHCP medical group average – Represents the average performance of all medical groups for patients covered by MHCP. The MHCP medical group average includes ONLY those MHCP patients who were attributed to medical groups. Some medical groups meet the minimum reporting thresholds and some do not, but all of their data are included in calculating this average. This rate is the most appropriate average to use on the graphs that compare a single medical group with the performance of all medical groups. The medical group average might be slightly higher than the MHCP statewide average because it only includes patients who accessed care within the measurement year. MHCP medical group averages are only used on charts that compare groups.

MHCP statewide average – Represents the average performance rate at the statewide level for all attributed MHCP patients. MHCP statewide averages include those patients who were attributed to a medical group AND those who were

not attributed to a medical group. An unattributed patient could be someone identified by the health plans using pharmacy data as having diabetes; however, since this patient did not have a clinic visit during the measurement year they could not be assigned to a medical group.

MNCM – MN Community Measurement. Minnesota Community Measurement is an independent, community-based, non-profit organization dedicated to accelerating the improvement of health in Minnesota and surrounding communities through measurement and public reporting of health care performance. For more information, visit www.mnhealthcare.org.

MNCM statewide rates – Combines all MHCP data with Other Purchasers data. This rate is calculated both on a statewide level (which includes unattributed patients) and by medical group (which includes only attributed patients).

NCQA – National Committee for Quality Assurance. A national non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, and produces HEDIS measures. For more information, visit www.ncqa.org.

Other Purchasers – Commercial (employer-based coverage) and Medicare managed care data (which excludes dual eligibles insured through MHCP). Includes health plan data from commercial HMO/POS and some PPO products, plus Medicare Cost and Medicare Advantage.

Self Pay – Patients who pay for their own health care services.

82 Medical Groups (Primary Care) Reported in 2008

Affiliated Community Medical Centers	Fergus Falls Medical Group	Park Nicollet Health Services
Alexandria Clinic	Foley Medical Center	Parkview Medical Clinic
Allina Health System	Grand Itasca Clinic	Paynesville Area Health Care System
Allina Medical Clinic	Gundersen Clinic	Quello Clinic
Altru Health System	HealthEast	Regina Medical Center
Apple Valley Medical Clinic	HealthPartners Central Minnesota Clinics	Ridgeview Clinics
Aspen Medical Group	HealthPartners Clinics	Riverview Clinics
Avera Health/Avera Tri-State	Hennepin County	Riverwood Aitkin Clinic
Bloomington Lake Clinic, Ltd.	Hutchinson Medical Center	Sanford Clinic
Brainerd Medical Center	Innovis Health	Scenic Rivers Health Services
Broadway Medical Center	Lakeview Clinic, Ltd.	Silver Lake Clinic
Buffalo Clinic	Lakewood Health Center Clinic	Southern Metro Medical Clinics
Camden Physicians	Lakewood Health System	St. Cloud Medical Group
Cedar Riverside People's Center	Mankato Clinic	St. Joseph's Family Clinics
CentraCare Health System	Mayo Clinic	St. Luke's Clinics
Central Lakes Medical Clinic	Mayo Health System	St. Mary's/Duluth Clinic Health System
Children's Physician Network	MeritCare	St. Paul Family Medical Center
Columbia Park Medical Group - Part of Fairview	Metropolitan Pediatric Specialists	Stevens Community Medical Center - Morris
Crossroads Medical Centers	Mid-Minnesota Family Medicine Center	Stillwater Medical Group
Dr. Bobby K. Yang Medical Clinic	Mille Lacs Clinics	SuperiorHealth Center
Edina Family Physicians	Minnesota Rural Health Cooperative	Tri-County Hospital Clinics
Fairview Health Services	Multicare Associates of the Twin Cities	United Clinics of Faribault County
Fairview University Medical Center	Neighborhood Health Care Network	United Family Medicine
Family HealthServices Minnesota	North Clinic	Unity Family Healthcare - Avon
Family Medical Center	North Memorial Clinic	University of Minnesota Physicians
Family Medicine of Winona	Northstar Physicians	Winona Clinic
Family Practice Medical Center of Willmar	Northwest Family Physicians	Winona Health Physicians Clinic
	Olmsted Medical Center	

Additional Provider Types Reported in 2008

6 Urgent/Convenience Care Clinics

Chaska Urgent Care	MinuteClinic	The Doctors Office - Urgent Care
Express Healthcare	RapidCare Urgent Care	WestHealth Urgent Care



MN Community Measurement office is located at:

**Broadway Place East, #455
3433 Broadway Street NE
Minneapolis, MN 55413**

**Email: info@mnhealthcare.org
Telephone: 612-455-2911**