

2008 HEALTH CARE QUALITY REPORT



Comparative Data on Medical Group Performance
in Preventive Care and Chronic Disease Treatment



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This report marks the fifth anniversary of public reporting on health care quality by MN Community Measurement (MNCM) – a milestone that provides an opportunity to assess our progress toward achieving the high performance standards we have adopted as a health care community. We are pleased to report that over the last five years we have observed increasing levels of participation in public reporting by health care clinicians, as well as improved outcomes for patients as evidenced by increases in measurement results.

With the wealth of data we have collected, we are beginning to embark on deeper analyses to further inform health care quality improvement in Minnesota. For example, in 2008 MNCM released our first *Health Care Disparities Report*, which examined medical group performance on eight quality measures for patients publicly insured through Minnesota Health Care Programs. In this report, you'll find new analyses that highlight the medical groups that have been high performers since we began public reporting, as well as those clinics and medical groups that have shown the greatest improvement for each measure.

Our direct data submission (DDS) process continues to grow and expand. In 2008, we doubled the number of medical groups participating in DDS to more than 60, representing more than 300 clinics statewide. And our Reporting Advisory Committee has established a list of other priority measures to move into the DDS process over the next few years.

As we continue to grow, the need to align our measures with other efforts across the community is critical. We see this happening in pay-for-performance programs, for instance, as purchasers and health plans move toward using our measures to identify and reward high-performing medical groups and clinics.

Over the next few years, we plan to develop new measures that are relevant to consumers and meet the needs of the marketplace. Next year, we will report a new patient experience measure that will complement our clinical measures and help to engage consumers in using quality measures in their health care decision making. We will also be developing standards for collecting race, ethnicity and primary language data through DDS to help identify and reduce disparities in care.

We strive to be a community-wide asset that will benefit all stakeholders. With new opportunities emerging from recent health care reform legislation, MNCM looks forward to partnering with others in the community to further align and raise the value of this work. As we talk with clinical leaders in the community, they tell us that public reporting is encouraging them to find ways to get better results for their patients. These stories are inspiring and we hope they reflect your experience as well. Your feedback is always appreciated.

Brian Anderson, MD Board Chair

Jim Chase, President



MN Community Measurement 2008 Health Care Quality Report

(2007 Dates of Service)

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Table of Contents

2008 Health Care Quality Report

I.	EXECUTIVE SUMMARY	4
II.	INTRODUCTION	7
III.	CHANGES IN THE REPORT	8
IV.	DATA SOURCES AND DATA COLLECTION	9
V.	MEASURES	11
VI.	METHODS	15
VII.	RESULTS BY MEASURE	19
	“Living with Illness” measures	
	▪ Optimal Diabetes Care	20
	▪ Optimal Vascular Care	34
	▪ Controlling High Blood Pressure	48
	▪ Use of Appropriate Medications for People with Asthma	52
	“Getting Better” measures	
	▪ Treatment for Children with Upper Respiratory Infection	58
	▪ Testing for Children with Pharyngitis	64
	“Staying Healthy” measures	
	▪ Breast Cancer Screening	70
	▪ Cervical Cancer Screening	76
	▪ Colorectal Cancer Screening	82
	▪ Cancer Screening Combined	86
	▪ Chlamydia Screening in Women	90
	▪ Childhood Immunizations	96
VIII.	SUMMARY OF STATEWIDE RESULTS BY MEASURE	100
IX.	HIGHEST PERFORMERS BY TYPE OF MEDICAL GROUP IN 2008	102
X.	MEDICAL GROUP PERFORMANCE VARIATION	104
XI.	CONSISTENTLY HIGH PERFORMING MEDICAL GROUPS OVER 5 YEARS	105
XII.	FUTURE PLANS	106
XIII.	ACKNOWLEDGEMENTS	107
XIV.	LIST OF MEDICAL GROUPS AND CLINICS REPORTED	108

Executive Summary

Over the past five years, MNCM has focused on public reporting of health care performance throughout Minnesota and border communities. During this period, we have expanded the number of measures, retired some measures, and updated measures to align with current evidence-based guidelines. The number of medical groups reported has also increased during this time. What hasn't changed is our mission to accelerate the improvement of health by public reporting of health care information.

The *2008 Health Care Quality Report* was designed and produced by MN Community Measurement (MNCM) to present statewide clinic and medical group performance on 12 measures of health care quality. To celebrate our fifth public report, we have highlighted progress we've made as a community to improve health care.

Key Findings

In the five years that we have been measuring Optimal Diabetes Care, the number of people achieving optimal care has almost tripled. This year almost 10,000 more people across Minnesota with diabetes will be meeting these aggressive treatment goals. And we know from research that this will mean thousands more people will avoid the serious complications of diabetes – strokes, heart attacks, amputations and vision problems.

For the Cancer Screening Combined measure, the statewide rate surpassed 50 percent for the first time with a 5 percentage point improvement. This translates to 18,000 more patients statewide screened for breast, cervical and colorectal cancer.

Other Key Findings

- Statewide results are up for most measures. Just three measures – Controlling High Blood Pressure, Asthma Care and Cervical Cancer Screening – remained steady since report year 2007.
- More medical groups demonstrated above-average rates on our measures.
- The number of medical groups and clinics that participated in our Direct Data Submission process has more than doubled – from 28 in report year 2007 to 62 in report year 2008.
- The number of medical groups reported from health plan data has increased from 128 in report year 2007 to 143 in report year 2008, and more groups are reported on for more measures.
- Practice variation between medical group and clinic performance continues; opportunities for improvement exist.
- Some primary care, Obstetrics and Gynecology (OB/GYN), Urgent / Convenience Care and Cardiology clinics achieved above-average rates more frequently than other medical groups.
- There have been some big improvements in medical group and clinic performance since report year 2007 and over a five-year period.
- Since report year 2004, only one medical group – HealthPartners Clinics – has shown consistently high performance across four measures (Optimal Diabetes Care, Breast Cancer Screening, Cervical Cancer Screening and Chlamydia Screening).
- Four medical groups – Aspen Medical Group (now a part of Allina Medical Group), Camden Physicians, CentraCare Health System, and Park Nicollet Health Services – have shown consistently high performance on three of these four measures.
- Childhood Immunization rates have increased by more than 1.5 times since report year 2006 from 52 percent to 77.5 percent.

Executive Summary

MN Community Measurement Statewide Results Comparisons to Previous Years

Quality Measure	2008 Statewide Average (2007 Dates of Services)	Percentage Point Change Statewide 2007 vs. 2008	Percentage Point Change Over Time
“Living with Illness” measures			
Optimal Diabetes Care* <i>(Clinic level results)</i>	17.1%	3.6 ↑	3.6 ↑ (2 years)
Optimal Diabetes Care* <i>(Medical group level results)</i>	13.0%	2.5 ↑	9.1 ↑ (5 years)
Optimal Vascular Care* <i>(Clinic level results)</i>	32.6%	N/A	N/A
Optimal Vascular Care* <i>(Medical group level results)</i>	32.3%	N/A	N/A
Controlling High Blood Pressure* <i>(Medical group level results)</i>	65.4%	0.1 ↓	0.1 ↓ (2 years)
Asthma Care (Ages 5-56) <i>(Medical group level results)</i>	91.7%	0.4 ↑	17.9 ↑ (5 years)
“Getting Better” measures			
Appropriate Treatment for Children with URI <i>(Medical group level results)</i>	85.8%	1.4 ↑	0.1 ↑ (3 years)
Appropriate Testing for Children with Pharyngitis <i>(Medical group level results)</i>	84.5%	3.8 ↑	2.7 ↑ (3 years)
“Staying Healthy” measures			
Breast Cancer Screening (Mammograms) <i>(Medical group level results)</i>	76.5%	1.0 ↑	1.2 ↑ (5 years)
Cervical Cancer Screening (Pap tests) <i>(Medical group level results)</i>	77.9%	0.3 ↑	0.1 ↑ (5 years)
Colorectal Cancer Screening* <i>(Medical group level results)</i>	62.8%	3.1 ↑	4.5 ↑ (3 years)
Cancer Screening Combined* – Ages 51-80 (breast, cervical, colorectal) <i>(Medical group level results)</i>	54.4%	5.1 ↑	6.8 ↑ (3 years)
Chlamydia Screening (Ages 16-25) <i>(Medical group level results)</i>	43.6%	2.8 ↑	14.5 ↑ (5 years)
Childhood Immunizations* <i>(Medical group level results)</i>	77.5%	3.1 ↑	25.5 ↑ (3 years)

* These statewide averages are weighted (see methods). N/A = Measurement specifications changed so comparisons cannot be made.

Executive Summary

Future Plans

From the beginning, MNMCM has been dedicated to reporting credible and comparable health care quality information on medical groups and clinics. Today, many organizations view MNMCM as a community asset. Our results are being used by health plans and purchasers for their pay-for-performance programs. Medical groups and clinics are using the results to change systems that support their quality improvement efforts. Other organizations are using the results to provide consumers with information about the cost and quality of care from a medical group or clinic. And the results are used by state agencies, the media and others to inform the public about health care quality in our communities.

This report represents our initial effort to look at MNMCM data in new ways and we plan to continue investigating important questions using our data. The results will help us meet our mission to accelerate the improvement of health by publicly reporting health care information. We will be sharing our findings in future reports.

Our future looks bright. Our Board of Directors is committed to seeing that this work continues to serve our community and add value toward improving our health care system. For more information, contact Anne Snowden, MN Community Measurement, at snowden@mnhealthcare.org.

Introduction

Statewide public reporting efforts in Minnesota began when local health plans realized that by combining their data they would have enough information to make comparisons on health care performance at a medical group level. This community effort was originally managed and coordinated by the Minnesota Council of Health Plans, and for two years, the results were shared only with the medical groups. In 2004, the results were made public for the first time. The release of the first public report led to the formation of an independent, 501(c)(3) organization called MN Community Measurement (MNCM).

MNCM has since focused on public reporting of health care performance measurements throughout Minnesota and border communities. MNCM uses measures that physicians agree are important to their patients. Our measures cover conditions that affect a large number of patients and have a significant impact on cost and quality of life for patients. Our results prove that medical groups can improve the quality of care for their patients. Public disclosure of these results allows physicians to learn from others. And while it is true that a large portion of the responsibility for achieving good results on selected measures lies with the patient, the data show that some physicians and care teams are better at getting those results than others.

Our public reports have been used in positive ways to impact the care of patients. Clinicians and members of care teams have shared with us the ways in which they believe our measures and results have contributed to system changes that have ultimately improved patients' lives.

Here's one example:

My clinic leadership made a decision to focus on breast, cervical and colorectal cancer screening when MNCM announced its new Cancer Screening Combined measure. We knew that the results would be reported publicly and that our medical group would be compared to our peers, and so we instituted system changes to make sure that patients received these cancer screenings. These changes included reminders from physicians and clinic staff to patients about the importance of regular cancer screenings. One of my patients came in for a mammogram after receiving a reminder and an early stage breast cancer was detected. Her breast cancer was caught early and it made a difference in the outcome. Had we not taken advantage of every opportunity – phone, mail and direct contact with her – I am convinced that she would not have had a mammogram. These system changes and the commitment to carry them out made a difference in this patient's life.

We don't hear these stories every day, so we don't always know how public reporting contributes to better health outcomes. Have we solved all of the challenges of measurement and public reporting? No, but this fifth annual report demonstrates that we are making progress. In this report, you'll find new analyses that highlight medical groups that have been high performers since we began public reporting, as well as those groups that have shown the greatest improvement. With the wealth of data we have collected, we are beginning to embark on deeper analyses to further inform health care quality improvement in Minnesota and border communities.

Changes in the 2008 Report

Measurement Changes

- Retired the Optimal Coronary Artery Disease (CAD) measure (clinic level results) and introduced Optimal Vascular Care (clinic level results) as a new measure.
- Changed the blood pressure level for Optimal Vascular Care measure (medical group level results). Last year, there were two blood pressure targets: less than 140/90 for patients with vascular care and less than 130/80 for patients with vascular care and diabetes. This year, there is one blood pressure target of less than 130/80 for all patients.
- Reported Optimal Diabetes Care and Optimal Vascular Care measures clinic level results for those medical groups that participated in the Direct Data Submission (DDS) process. If a medical group did not participate in DDS, we reported a medical group level rate for these measures.
- Added codes to identify Negative Competing Diagnosis criteria for the Treatment for Children with Upper Respiratory Infection measure. This resulted in a major decrease in the denominators at the statewide and medical group level, so some medical groups may no longer be reported for this measure.
- Changed descriptions of age ranges for some measures (Cervical Cancer Screening, Colorectal Cancer Screening, and Cancer Screening Combined) to reflect the age during the measurement period.
- Suppressed some medical group rates for the Chlamydia Screening in Women measure due to continued technical coding issues.

Report Changes

- Increased the total number of medical groups reported from 128 to 143.
- Added more detailed descriptions to the following sections: Data Sources and Data Collection; Measures; and Methods.
- Added a Performance Highlights section after every measure to direct attention to the top performers in 2008, top performers over five years of public reporting, and to note the groups that have achieved the biggest improvements.
- Added statewide results comparisons from previous years.
- Added a section on Top Performers in 2008 by Medical Group Type.
- Added a section on Consistently High-Performing Medical Groups over five years.

Data Sources and Data Collection

Clinic Level

The clinic level results in this report were derived from data submitted from medical groups on behalf of individual clinics within their group. Medical groups submitted all data elements specified by MNCM through a Web-based portal. Each medical group was given the opportunity to report on a clinic's total patient population or a representative sample of the clinic's entire patient population. If a medical group elected to submit through this process, it was required to submit data for all clinics within the medical group. In 2008, data were voluntarily submitted by 62 medical groups representing over 321 clinic sites – double the number that agreed to participate in the previous year.

Supplying data to MNCM through the direct data submission (DDS) process is appealing to most medical groups. DDS results reflect a broader representation of a medical group's patient base not just their patients insured through managed care. In addition, the DDS process allows MNCM to report results at the clinic level – a level that is more understandable to consumers and helps individual clinics better identify opportunities for improvement. Lastly, DDS results are available sooner than results collected through the health plan data collection process. These clinic level results are also displayed at the aggregated medical group level.

An extensive validation process using the National Committee for Quality Assurance's (NCQA) "8 and 30" File Sampling Procedure, developed in 1996 in consultation with Johns Hopkins University ensured that DDS results were reliable, complete and consistent. The audits were conducted by abstractors who are independent of the medical groups and trained by MNCM. Here is a summary of the "8 and 30" procedure MNCM follows:

- MNCM randomly selected 33 medical records (3 charts that were oversampled) for each clinic site.
- Reviewers examined the first eight records of the clinic's sample to verify compliance with the submission instructions and that the data submitted matched the source data. Compliance was defined as follows:
 - High (90-100%) - zero to three errors/ areas out of compliance
 - Medium (60-89%) – four to 12 errors/ areas out of compliance
 - Low (<60%) – more than 12 errors/ areas found to be out of compliance
- If *all* of the *first eight* records reviewed were in compliance, the clinic was in high compliance (90-100% of charts in compliance) and no further chart review was necessary.
- If the first clinic site is in high compliance and the data submission process for all clinic sites within the medical group is identical, further review could be abbreviated at the discretion of the reviewers.
- If the clinic site was not in high compliance, the reviewers will continue to review the remaining 22 charts.
- If after review of all 30 charts the clinic was not in high compliance on all factors, the MNCM auditors and clinic staff developed a mutually agreed-upon remedy or corrective action plan.
- Clinic sites that were not in high compliance or had not been in high compliance in a previous MNCM audit were held to more rigorous denominator certification and on-site validation process.
- The final report was completed after issues were resolved and results finalized.

(continued on page 10)

Data Sources and Data Collection

Medical Group Level

The medical group level data used for this report were derived 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 self pay, or patients who are served by Medicaid/Medicare fee-for-service. These data were collected by the health plans using the Healthcare Effectiveness Data and Information Set, *Volume 2, HEDIS® 2008: Technical Specifications* (2007 dates of service). The data collection and reporting cycle was consistent with the annual HEDIS cycle. HEDIS is produced and maintained by the National Committee for Quality Assurance (NCQA). The following 10 organizations collected data for purposes of public reporting:

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

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

- Health plan data were audited by an NCQA-certified HEDIS auditor.
- Medical group level data validation included training that is based on NCQA standards for every measure. 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 that required a specified level of compliance (usually 90-100%).
- If an abstractor was below the specified compliance level, further training was required until the abstractor reached an acceptable 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.

To ensure further data integrity, validation checks were instituted at multiple levels during the data aggregation process before results were published:

- All data files were submitted to MN Community Measurement's aggregation vendor for aggregation and validation. Files were checked for proper formatting, missing and invalid values, and to confirm accurate record counts. Preliminary health plan rates were calculated and returned to each health plan for validation.
- Once these checks were finalized, the data files were aggregated. The aggregated data file was then checked for accurate record counts, and preliminary MNMCM rates were calculated.
- The preliminary rates were carefully reviewed by MNMCM staff and the data aggregation vendor. Particular attention was paid to trending and medical groups with extremely low or high rates and/or notable changes from the previous year.
- After these checks were finalized, preliminary rates were sent to medical groups for review and comment.
- MNMCM investigates any data concerns with the data aggregation statistical team to determine if the issues were related to the submitted data.
- Publication of the final written report was completed after issues were resolved and results finalized.

Measures

The measures in this 2008 *Health Care Quality Report* were recommended by MNMCM’s Reporting Advisory Committee and approved by our Board of Directors. Over the years, we have expanded measures, retired some, and updated others to align with current evidence-based guidelines. These changes are reflected in Table 1.

Table 1 - Clinical Performance Measures

	Report Year				
	2004	2005	2006	2007	2008
Medical Group Level Reporting (Data Source: Health Plans)					
Appropriate Testing for Children with Pharyngitis			X	X	X
Appropriate Treatment for Children with Upper Respiratory Infection			X	X	X
Childhood Immunization (Combo 3)			X	X	X
Childhood Immunization (Combo 2)	X	X	X		
Adolescent Immunization	X	X			
Well Child Visits	X	X	X		
Use of Appropriate Medications for People with Asthma	X	X	X	X	X
Breast Cancer Screening	X	X	X	X	X
Cervical Cancer Screening	X	X	X	X	X
Colorectal Cancer Screening			X	X	X
Cancer Screening Combined (Breast, Cervical, Colorectal)			X	X	X
Chlamydia Screening in Women	X	X	X	X	X
Controlling High Blood Pressure (<140/90 mmHg)	X*	X*	X*	X	X
Optimal Diabetes Care (Old Targets)**	X	X	X		
Optimal Diabetes Care (New Targets)	X	X	X	X	X***
Optimal Vascular Care					X
Depression Treatment-Acute Phase Medication Management	X	X	X		
Depression Treatment-Continuous Phase Medication Management	X	X	X		
Total Medical Groups	51	54	104	128	143
Clinic Level Reporting (Data Source: Medical Groups)					
Optimal Diabetes Care				X	X
Optimal Coronary Artery Disease (CAD) Care				X	
Optimal Vascular Care				X	X
Total Clinics (# Medical Groups/# Clinics)				28/191	62/321

*Blood Pressure <=140/90 mmHg
 **Optimal Diabetes Care (Old Targets): HbA1c <=8, Blood Pressure <130/85 mmHg, LDL-C <130 mg/dl, Aspirin Use, Tobacco Free
 ***HbA1c <7

(continued on page 12)

Measures

With the development of the DDS process, we now have two reporting levels for measures – clinic level and medical group level. The newer clinic level measures are those calculated from medical group data submitted through the DDS process. The traditional medical group level results are calculated using health plan data – claims only or claims plus chart review – depending on the measure.

Measures are summarized in categories based on health care emphasis. In some cases the measures assess how well medical groups care for patients with chronic 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.

Clinic Level

The two clinic level measures in this report relied on data specifications published in the *2008 Direct Data Submission Guide* and are aligned with clinical guidelines established by the Institute for Clinical Systems Improvement (ICSI). Specifications for clinic level results have been developed for two measures – Optimal Diabetes Care and Optimal Vascular Care. Both of these measures are Living with Illness measures.

“Living with Illness” measures

- **Optimal Diabetes Care** – Measures the percentage of patients with diabetes (Types 1 and 2) ages 18-75 who reached all five treatment goals to reduce the risk of cardiovascular diseases. The treatment goals include hemoglobin A1c (A1c) less than 7, blood pressure less than 130/80 mmHg, LDL-C less than 100 mg/dl, daily aspirin use (ages 41-75) and documented tobacco-free status.
- **Optimal Vascular Care** – Measures the percentage of patients with vascular disease ages 18-75 who reached all four treatment goals to reduce modifiable risk factors. The treatment goals include blood pressure less than 130/80 mmHg, LDL-C less than 100 mg/dl, daily aspirin use and documented tobacco-free status.

(continued on page 13)

Measures

Medical Group Level

The 12 medical group level measures in this report relied on NCQA's HEDIS specifications, which are aligned with ICSI's clinical guidelines. HEDIS is a national set of standardized performance measures originally designed for the managed care industry. These measures have been adapted for use by MNMCM to track the performance of medical groups. These measures fall into all three categories – Living with Illness, Getting Better and Staying Healthy.

“Living with Illness” measures

- **Optimal Diabetes Care** – Measures the percentage of patients with diabetes (Type 1 and Type 2) ages 18-75 who reached all five treatment goals to reduce the risk of cardiovascular diseases. These treatment goals include hemoglobin A1c (A1c) less than 7, blood pressure less than 130/80 mmHg, LDL-C less than 100 mg/dl, daily aspirin use (ages 41-75) and documented tobacco-free status.
- **Optimal Vascular Care** – Measures the percentage of patients with vascular disease ages 18-75 who reached all four treatment goals to reduce modifiable risk factors. The treatment goals include blood pressure less than 130/80 mmHg, LDL-C less than 100 mg/dl, daily aspirin use and documented tobacco-free status.
- **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 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).
- **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 during the measurement year.

Note: Vascular disease includes the following, as defined in the HEDIS 2008 specifications for the measure Cholesterol Management for Patients With Cardiovascular Conditions (CMC): Acute Myocardial Infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) or ischemic vascular disease (IVD)

“Getting Better” measures

- **Appropriate Treatment for Children with Upper Respiratory Infection** – 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 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 for the episode period (July 1 of prior year to June 30 of measurement year).

(continued on page 14)

Measures

“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.
- **Colorectal Cancer Screening** – Measures the percentage of adults ages 51-80 who had appropriate screening for colorectal cancer in the measurement year and prior year.
- **Cancer Screening Combined** – Measures the percentage of adults ages 51-80 who received appropriate cancer screening services (breast, cervical, colorectal). A patient must be up-to-date for all three components to be considered up-to-date for this measure. This measure uses the same denominator as the Colorectal Cancer Screening measure. For this combined measure, males receive an automatic “pass” for the breast and cervical cancer screening components.
- **Chlamydia Screening** – Measures the percentage of sexually active women aged 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 two 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

Clinic Level

MNCM's *2008 Direct Data Submission Guide (2008 DDS Guide)* provided the measurement specifications for two measures – Optimal Diabetes Care and Optimal Vascular Care. Medical groups could participate in DDS using either electronic health records (EHR) or paper charts.

Eligible Population Specifications

The eligible populations for these measures were identified and pulled by each medical group on behalf of their individual clinics utilizing their business practice management systems or EHR. The *2008 DDS Guide* provided the standard definitions for the eligible population that included age, timeframe for look back to identify the clinic's current patient panel, number of visits needed in the measurement timeframe, and appropriate diagnosis codes.

Patient Attribution to Medical Groups

Medical groups determined the attribution system of patients to physicians and physicians to clinic. Each medical group's patient attribution method was reviewed by MNMCM as part of the field validation process.

Sampling from Total Population

Medical groups had the option to submit full population data or a sample of 60 patients per clinic. For medical groups that chose to submit a sample, the *2008 DDS Guide* described accepted methods to select a systematic sample. For each measure, a minimum threshold of 30 patients per clinic site was established for purposes of public reporting.

Numerator Specifications

For clinic level measures, the numerator was the number of patients from the eligible population or the sample who met measurement criteria.

Calculating Rates

Clinic level rates were calculated as 100 times the number who met the measurement specifications divided by the number eligible for the measure. Rates from measures using the total eligible population were straightforward calculations whereby the total eligible population served as the denominator. For clinics that elected to sample their populations, the rates calculated for the measures required weighting to account for the total eligible population. Rates and 95 percent confidence intervals were calculated for each measure for each clinic. Clinic level rates were reported as percentages. Clinic level rates were first calculated for each clinic and then an overall clinic rate average was calculated. The clinic average rate is used when comparing a single clinic to the performance of all clinics.

Limitations

Because participation was voluntary, medical groups that participated in DDS do not represent all medical groups that serve patients in Minnesota. Additionally, not every clinic within a given medical group was publicly reported due to small numbers of patients. Although medical groups were required to submit data for all clinics within the group, some individual clinic sites did not meet the minimum thresholds for public reporting.

(continued on page 16)

Methods

Medical Group Level

Measurement specifications for medical group level results were calculated using NCQA's *HEDIS® 2008: Technical Specifications* along with MNMCM-specific numerator specifications for some measures. All medical groups in Minnesota are reported for medical group level measures if they meet minimum reporting requirements based on the number of patients. Medical Group inclusion in this report for these measures is not voluntary.

Eligible Population Specifications

The eligible populations for the measures in this report were identified by each participating health plan utilizing its respective administrative databases. NCQA's *HEDIS® 2008: 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.

Medical group level measures were calculated 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 of 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, or 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 used the administrative method:

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

The following measures used the hybrid method:

- Cancer Screening Combined
- Childhood Immunization Status (Combo 3)
- Controlling High Blood Pressure
- Colorectal Cancer Screening
- Optimal Vascular Care
- Optimal Diabetes Care

(continued on page 17)

Methods

Patient Attribution to Medical Groups

Health plans assigned patients to a medical group using a frequency-based attribution logic and a standard medical group definition. Administrative billing codes identified 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

As noted previously, the hybrid method required each participating health plan to identify the eligible population that met measurement specifications using its administrative databases. This population of eligibles served as the sampling frame from which to draw the denominator (the patients for whom medical record review would be completed). The resource-intensive nature of medical record review necessitates a random sample of the eligible population. Medical record review was conducted for all enrollees 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 that 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.

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, the results were weighted 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.

Weights were calculated for each sampling stratum (i.e. health plan/health plan product/medical group). A weight was equal to the total eligible population for that stratum divided by the total sample size. 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.

(continued on page 18)

Methods

Calculating Rates

Rates were expressed as percentages. They were 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. Rates and 95-percent-asymmetrical confidence intervals were calculated for each measure for each medical group. Asymmetrical confidence intervals were used to avoid confidence interval lower-bound values less than zero.

Rates

Rates were calculated at both a statewide level and at a medical group level. Statewide rates include 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 to 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 medical groups identified in this report do not fully represent all medical groups in Minnesota. This is because MNCM has established minimum thresholds for public reporting. Only medical groups that met these minimum reporting thresholds were included. At the same time, the medical groups that are included may not be reported for all medical group level measures.

The medical group level data reflect patients insured through a managed care delivery system. Because the data reflects patients with insurance coverage, it does not include the uninsured, patients who self pay, or patients served by a fee-for-service delivery system. Therefore, the data will not represent a medical group's entire patient population.

Caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.

Results by Measure
(2007 Dates of Service)

“Living with Illness” measures

Optimal Diabetes Care

Optimal Diabetes Care (Clinic Level Results)

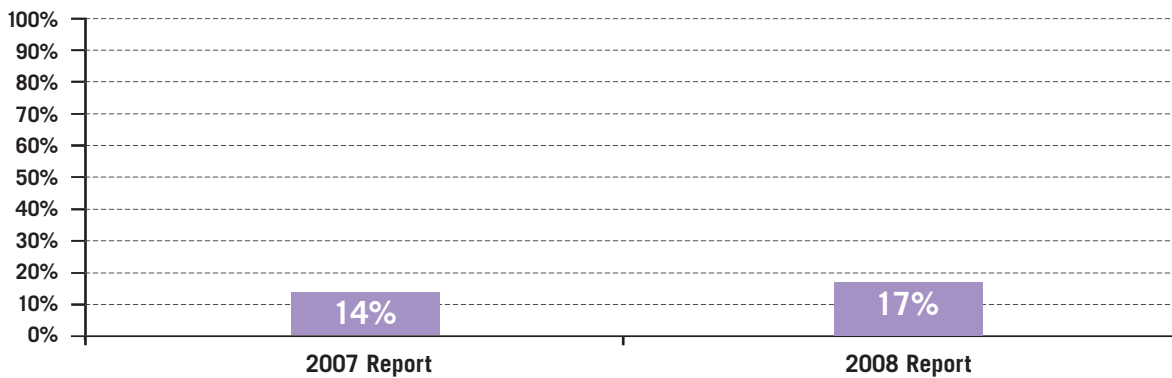
This measures the percentage of patients with diabetes (Type I and Type II) 18 - 75 who reached all of the following five treatment goals to reduce cardiovascular risk:

- Hemoglobin A1c (HBA1c) less than 7
- Blood pressure less than 130/80 mmHg
- LDL-cholesterol less than 100 mg/dl
- Daily aspirin use, ages 41-75
- Documented tobacco-free status

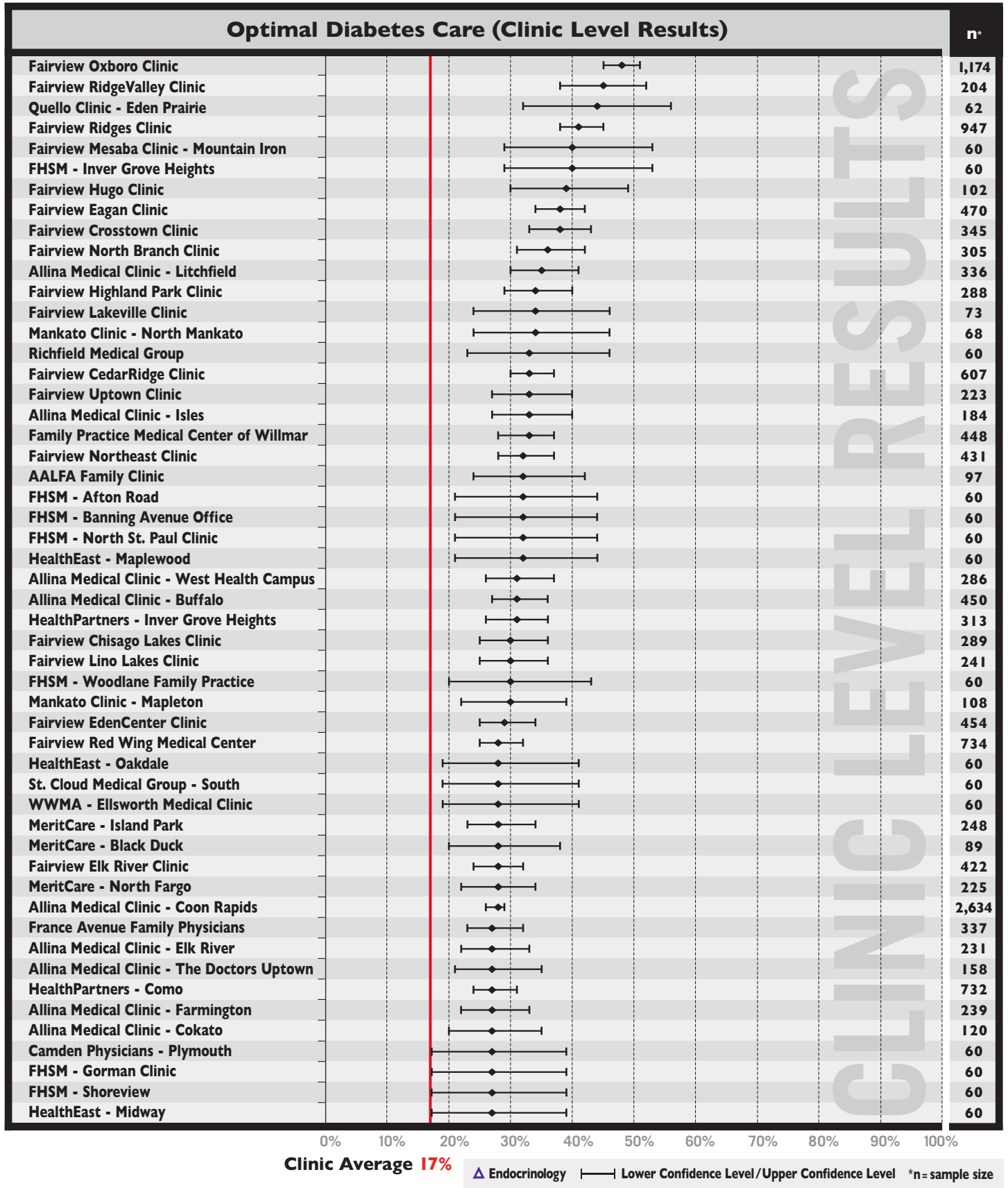
This composite rate is calculated using an all-or-none method. Credit is given for achieving this measure when all five components are met. The data collected for this measure are reported directly to MNCM by medical groups and clinics from electronic health records or paper-based medical charts.

	Statewide Average* (Weighted)	95% CI	Numerator (Patients who met treatment goals)	Denominator (Patients sampled)	Total Eligible
Optimal Diabetes Care	17.1%	16.8% - 17.3%	15,772	83,034	130,019

Optimal Diabetes Care (Clinic Level Results)



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.

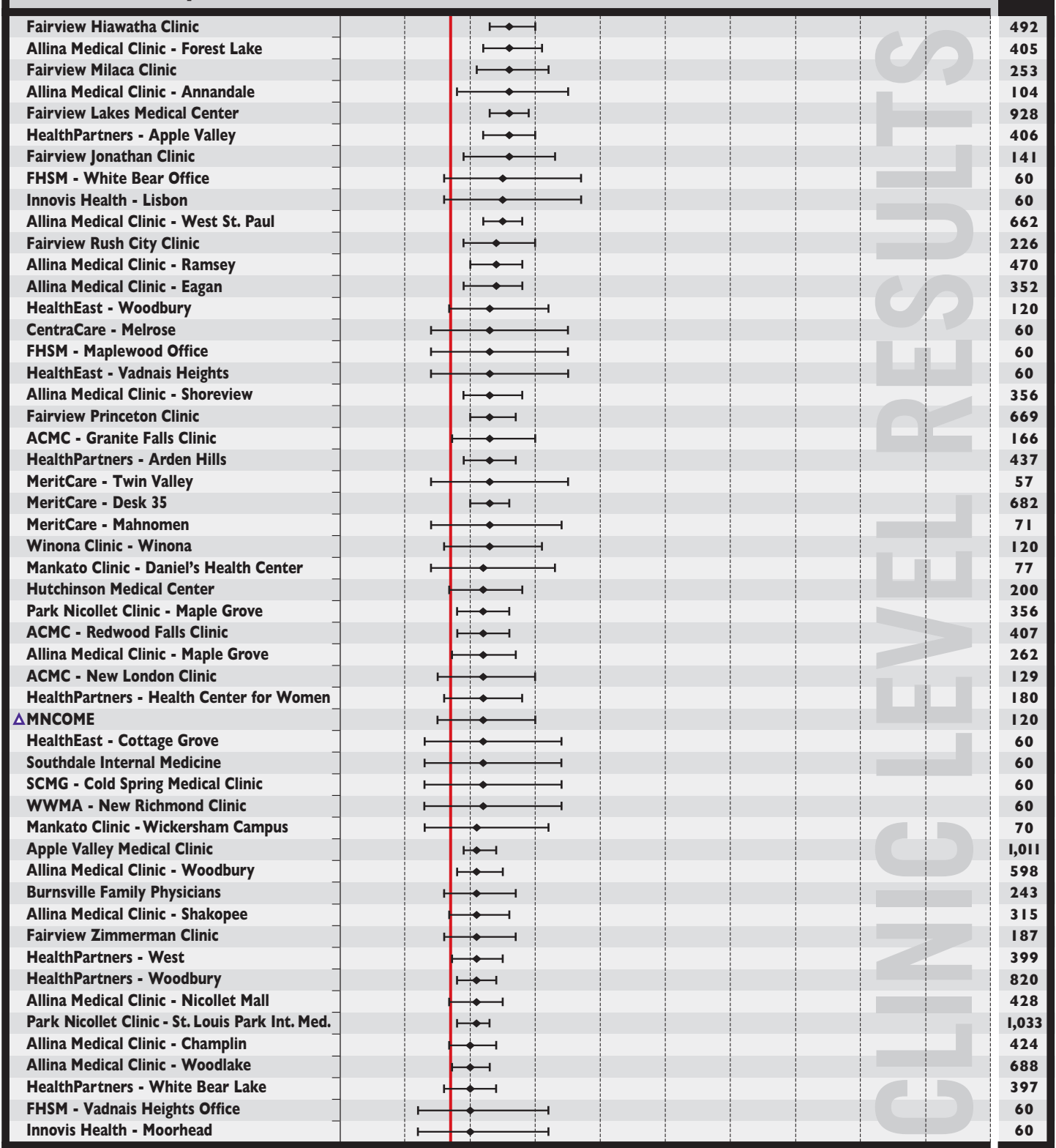


Living with Illness

CLINIC LEVEL RESULTS

AMC - Allina Medical Clinic	FHSM - Family HealthServices Minnesota	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HCMC - Hennepin County Medical Center	NMC - North Memorial Clinic	UMP - University of Minnesota Physicians
CPMG - Columbia Park Medical Group	HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates
FCHS - Fremont Community Health Services	HFA - Hennepin Faculty Associates		

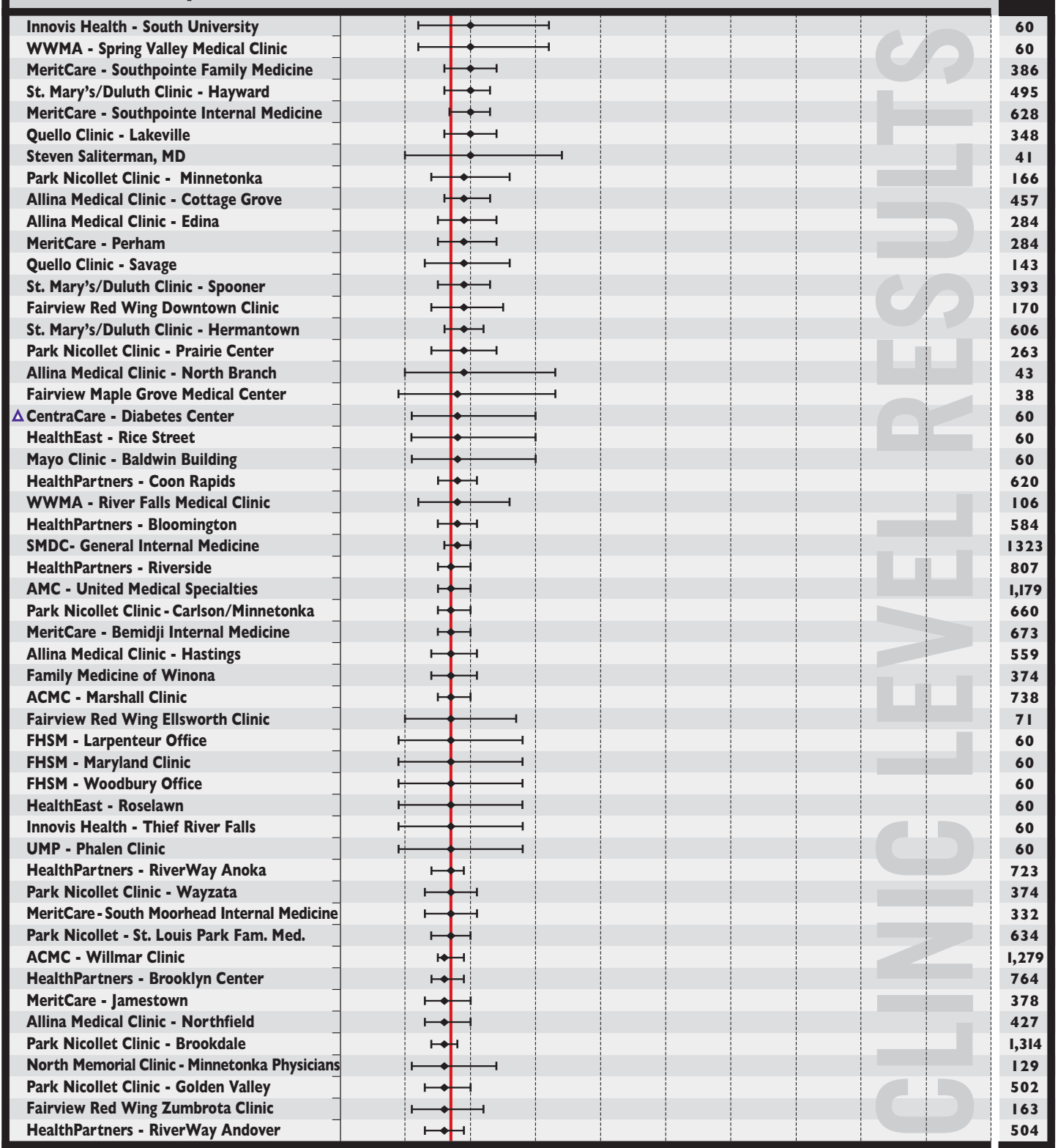
Optimal Diabetes Care (Clinic Level Results) – continued



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Clinic Average 17% △ Endocrinology — Lower Confidence Level / Upper Confidence Level *n= sample size

AMC - Allina Medical Clinic FHSM - Family HealthServices Minnesota MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology SMDC - St. Mary's/Duluth Clinic
 ACMC - Affiliated Community Medical Centers HCMC - Hennepin County Medical Center NMC - North Memorial Clinic UMP - University of Minnesota Physicians
 CPMG - Columbia Park Medical Group HP - HealthPartners SCMG - St. Cloud Medical Group WWMA - Western Wisconsin Medical Associates
 FCHS - Fremont Community Health Services HFA - Hennepin Faculty Associates

Optimal Diabetes Care (Clinic Level Results) – continued



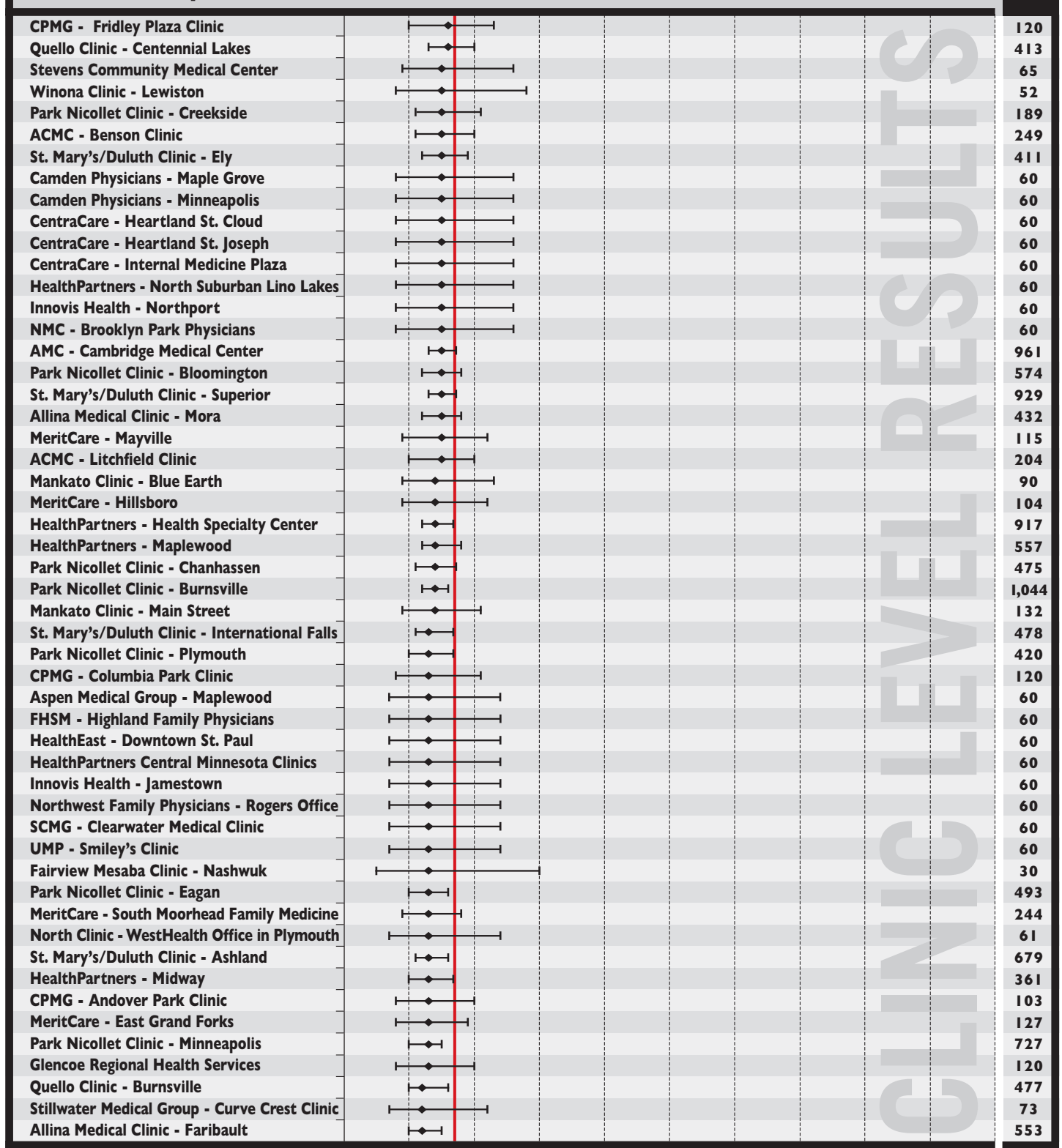
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Clinic Average 17% ▲ Endocrinology — Lower Confidence Level/Upper Confidence Level *n= sample size

Living with Illness

CLINIC LEVEL RESULTS

AMC - Allina Medical Clinic	FHSM - Family HealthServices Minnesota	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HCMC - Hennepin County Medical Center	NMC - North Memorial Clinic	UMP - University of Minnesota Physicians
CPMG - Columbia Park Medical Group	HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates
FCHS - Fremont Community Health Services	HFA - Hennepin Faculty Associates		

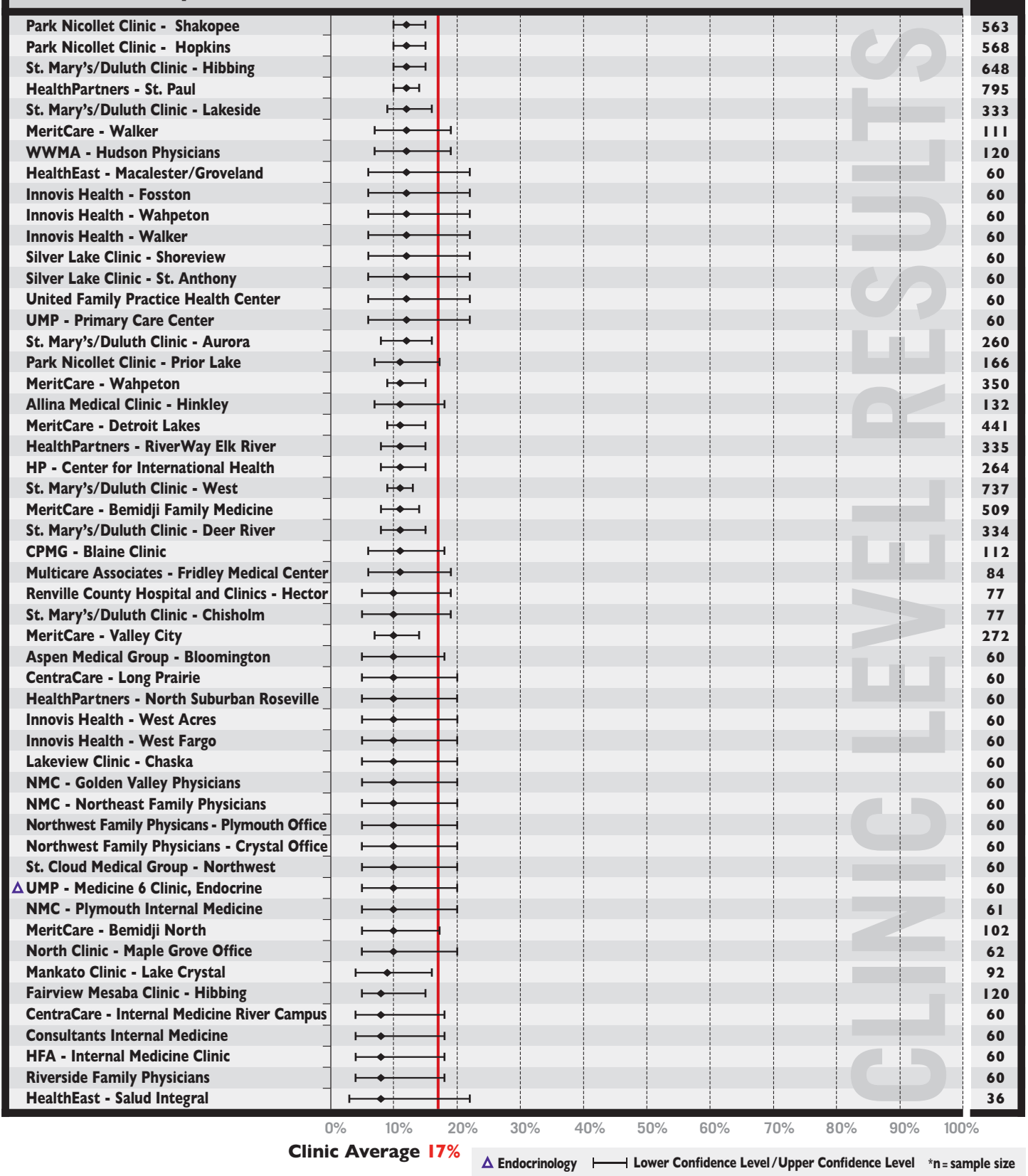
Optimal Diabetes Care (Clinic Level Results) – continued



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Clinic Average 17% ▲ Endocrinology — Lower Confidence Level / Upper Confidence Level *n= sample size

AMC - Allina Medical Clinic	FHSM - Family HealthServices Minnesota	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HCMC - Hennepin County Medical Center	NMC - North Memorial Clinic	UMP - University of Minnesota Physicians
CPMG - Columbia Park Medical Group	HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates
FCHS - Fremont Community Health Services	HFA - Hennepin Faculty Associates		

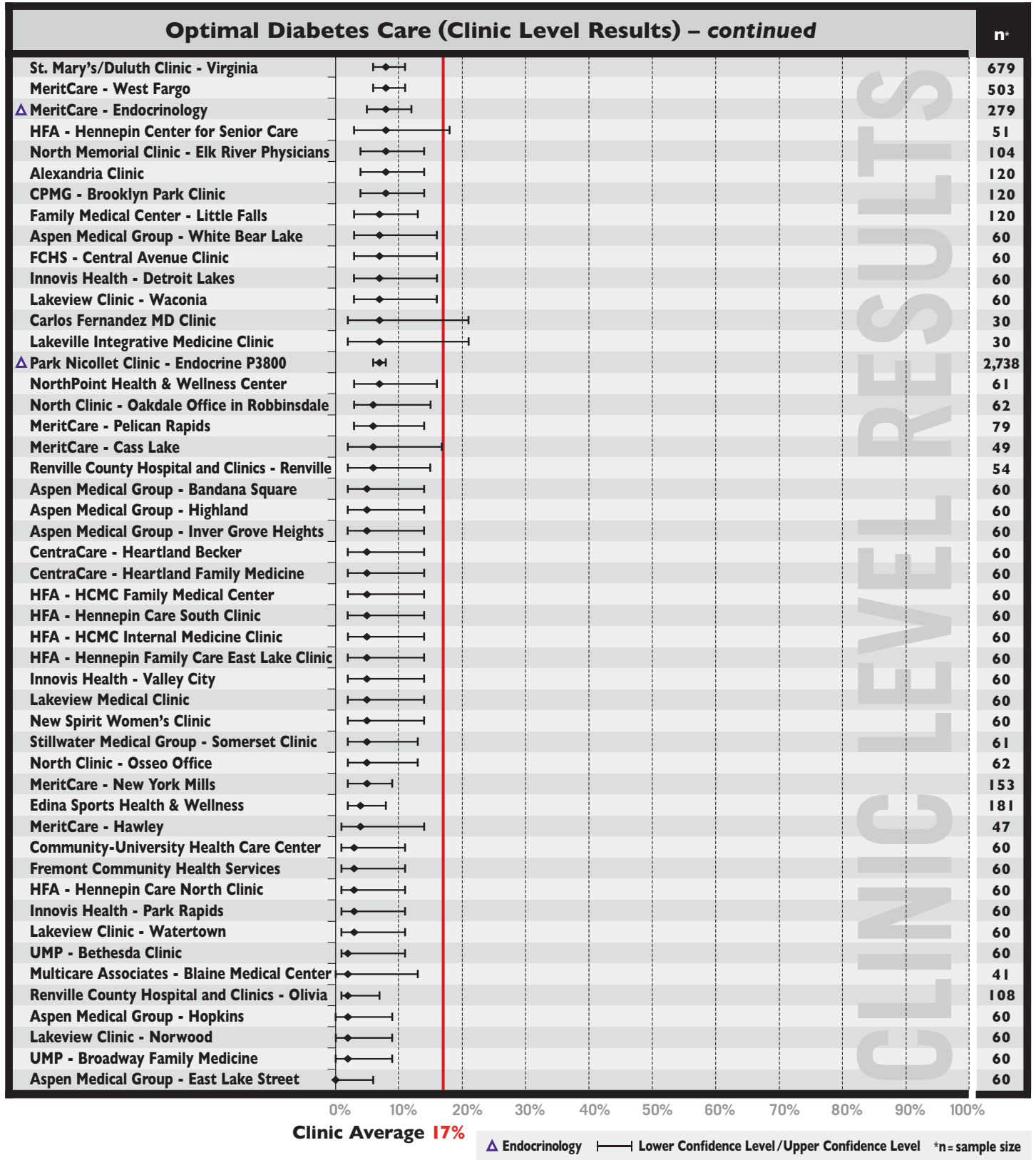
Optimal Diabetes Care (Clinic Level Results) – continued



Living with Illness

CLINIC LEVEL RESULTS

AMC - Allina Medical Clinic	FHSM - Family HealthServices Minnesota	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HCMC - Hennepin County Medical Center	NMC - North Memorial Clinic	UMP - University of Minnesota Physicians
CPMG - Columbia Park Medical Group	HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates
FCHS - Fremont Community Health Services	HFA - Hennepin Faculty Associates		



AMC - Allina Medical Clinic	FHSM - Family HealthServices Minnesota	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HCMC - Hennepin County Medical Center	NMC - North Memorial Clinic	UMP - University of Minnesota Physicians
CPMG - Columbia Park Medical Group	HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates
FCHS - Fremont Community Health Services	HFA - Hennepin Faculty Associates		

Performance Highlights – Clinic Level Results

High Performers in 2008

Clinic level results showed that an average of 17 percent of patients with diabetes met all five required components included in this measure. **Fairview Oxboro Clinic** set the benchmark of 48 percent of diabetes patients in full compliance with all five diabetes-care components. There were 77 of 321 clinics with rates and confidence intervals fully above the clinic level average. The high performing clinics are listed below in alphabetical order under the heading of their medical group name:

AALFA Family Clinic

Affiliated Community Medical Centers

- Granite Falls Clinic
- Redwood Falls Clinic

Allina Medical Clinic

- Annandale
- Buffalo
- Cokato
- Coon Rapids
- Eagan
- Elk River
- Farmington
- Forest Lake
- Isles
- Litchfield
- Maple Grove
- Ramsey
- Shoreview
- The Doctors Uptown
- West Health Campus
- West St. Paul
- Woodbury
- Woodlake

Apple Valley Medical Clinic

Camden Physicians

- Plymouth

Fairview Health Services

- CedarRidge Clinic
- Chisago Lakes Clinic
- Crosstown Clinic
- Eagan Clinic

EdenCenter Clinic

- Elk River Clinic
- Hiawatha Clinic
- Highland Park Clinic
- Hugo Clinic
- Jonathan Clinic
- Lakes Medical Center
- Lakeville Clinic
- Lino Lakes Clinic
- Milaca Clinic
- North Branch Clinic
- Northeast Clinic
- Oxboro Clinic
- Princeton Clinic
- Red Wing Medical Center
- Ridges Clinic
- RidgeValley Clinic
- Rush City Clinic
- Uptown Clinic

Fairview Mesaba Clinic

- Mountain Iron

Family HealthServices Minnesota

- Afton Road
- Banning Avenue Office
- Gorman Clinic
- Inver Grove Heights
- North St. Paul Clinic
- Shoreview
- Woodlane Family Practice

Family Practice Medical Center of Willmar

France Avenue Family Physicians

HealthEast

- Maplewood
- Midway
- Oakdale

HealthPartners Medical Group

- Apple Valley
- Arden Hills
- Como
- Inver Grove Heights
- West
- Woodbury

Mankato Clinic

- Mapleton
- North Mankato

Merit Care

- Black Duck
- Desk 35
- Island Park
- North Fargo

Park Nicollet Health Services

- Maple Grove
- St. Louis Park

Internal Medicine

Quello Clinic

- Eden Prairie

Richfield Medical Group

St. Cloud Medical Group

- South

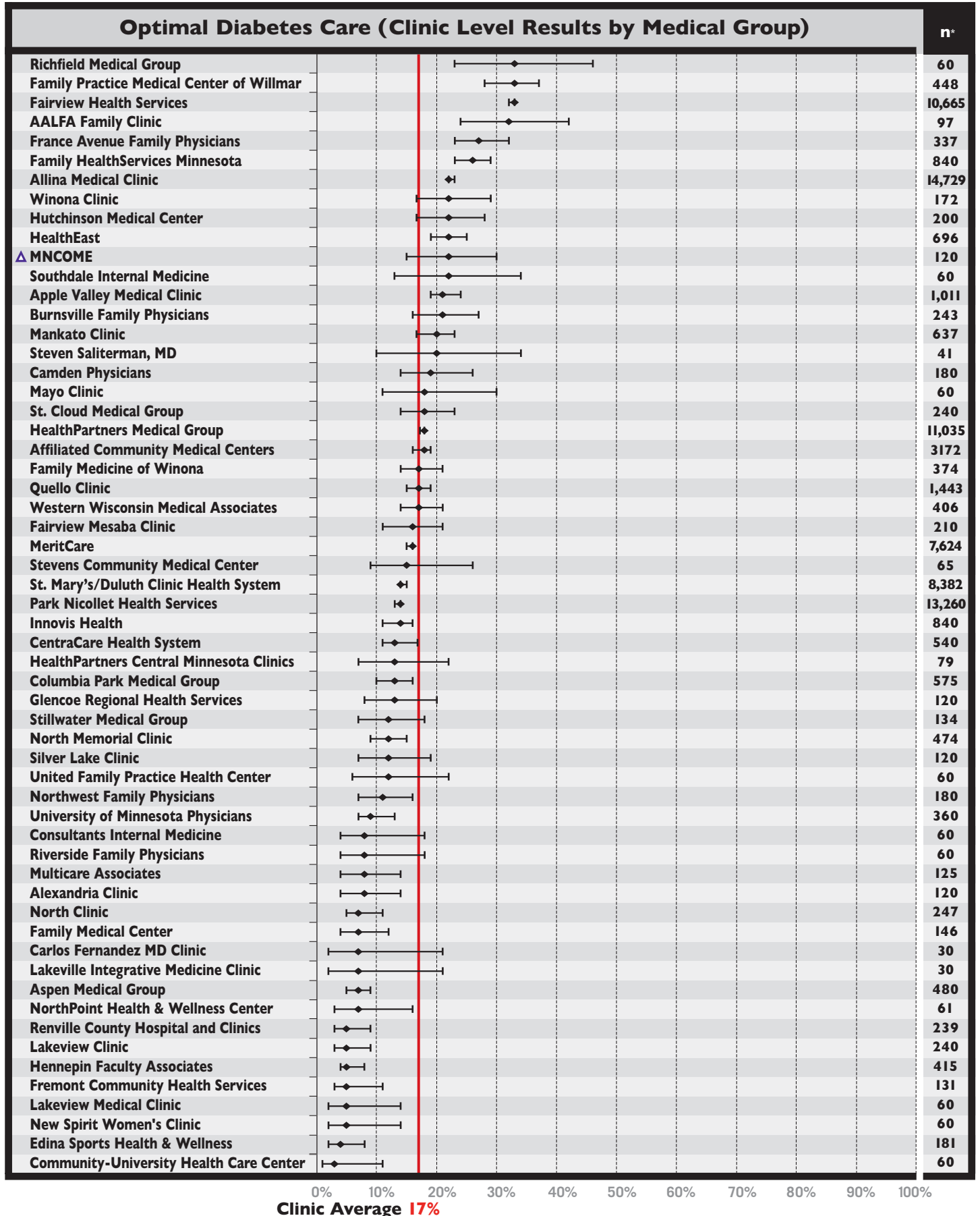
Western Wisconsin Medical Associates

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvement since report year 2007 in Optimal Diabetes Care (clinic level results) was made by **Allina Medical Clinic - Litchfield** with a 24 percentage point increase.



MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology

△ Endocrinology | Lower Confidence Level/Upper Confidence Level *n= sample size

Performance Highlights – Clinic Level Results by Medical Group

High Performers in 2008

Clinic level results by medical group showed that an average of 17 percent of patients with diabetes met all five required components included in this measure. **Fairview Health Services, Family Practice Medical Center of Willmar, and Richfield Medical Group** set the benchmark of 33 percent of diabetes patients in full compliance with all five diabetes care components. There were 10 of 58 medical groups with rates and confidence intervals fully above the medical group level average. The high performing medical groups are listed below:

- Fairview Health Services
- Family Practice Medical Center of Willmar
- Richfield Medical Group
- AALFA Family Clinic
- France Avenue Family Physicians
- Family HealthServices Minnesota
- Allina Medical Clinic
- HealthEast
- Apple Valley Medical Clinic
- HealthPartners Medical Group

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvements since report year 2007 in Optimal Diabetes Care were made by **Family Practice Medical Center of Willmar, Fairview Health Services, Allina Medical Clinic and Mayo Clinic** with each achieving greater than a 10 percentage point increase.

“Living with Illness” measures

Optimal Diabetes Care

Optimal Diabetes Care^ (Medical Group Level Results)

This measures the percentage of patients with diabetes (Type I and Type II) 18-75 who reached **all** of the following five treatment goals to reduce the risk of cardiovascular diseases:

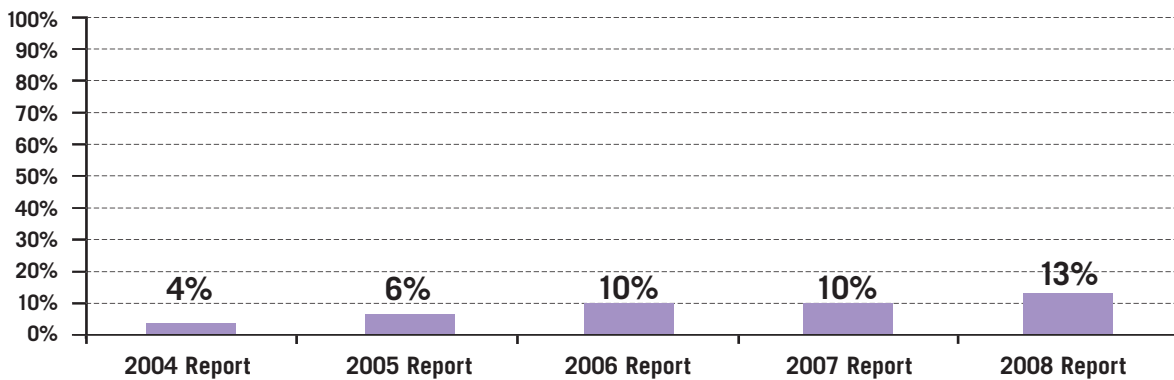
*This rate is calculated using an all-or-none method. Credit is given for achieving this measure when **all** five components are met. Data collected for this measure are from health plan claims and medical record review.*

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

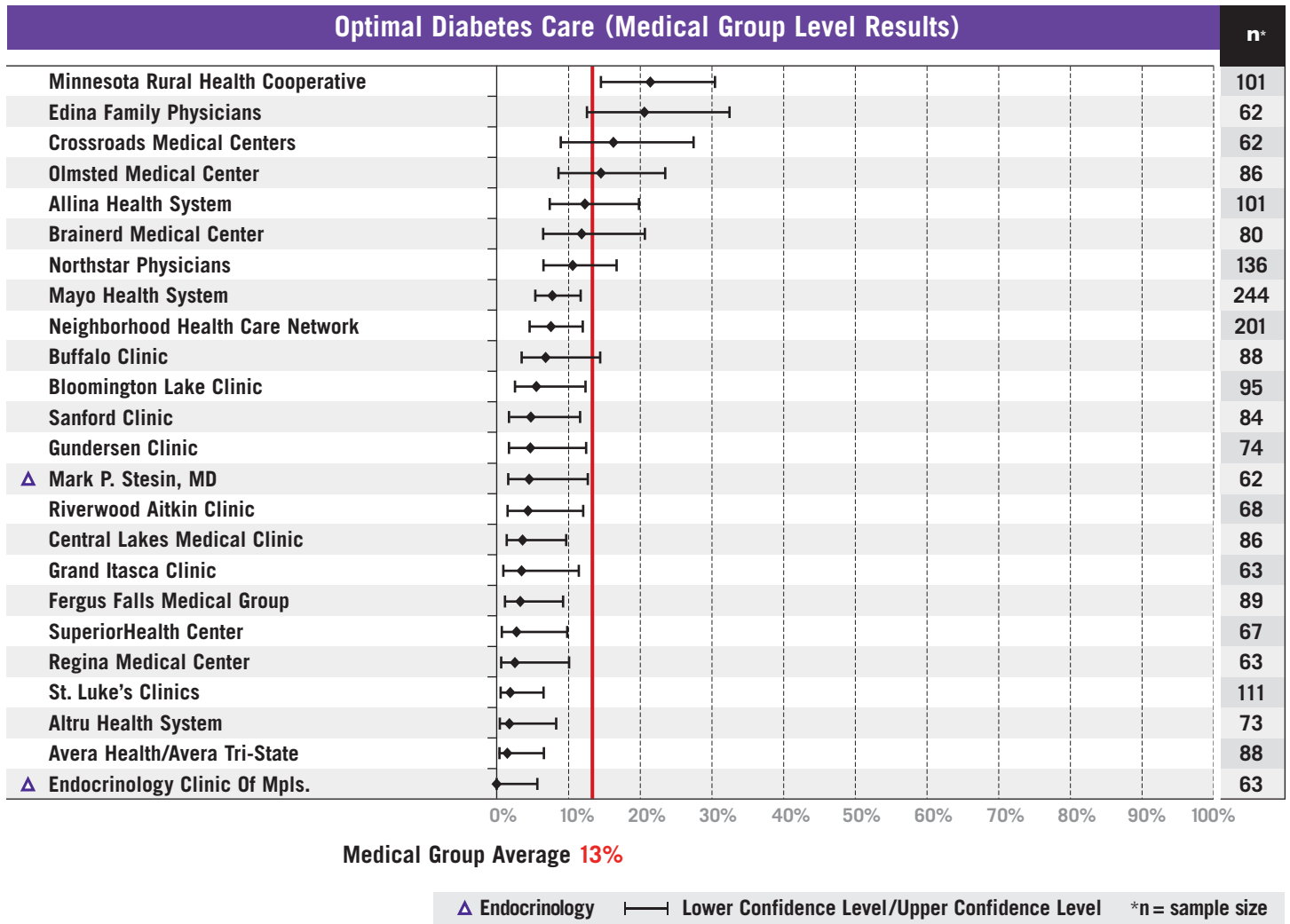
^ Note: Medical groups that did not participate in direct data submission (DDS) are presented for this measure if they met minimum sampling thresholds (see methodology).

	Statewide Average* (Weighted)	95% CI	Numerator (Patients who met treatment goals)	Denominator (Patients sampled)	Total Eligible
Optimal Diabetes Care	13.0%	12.3% - 13.7%	969	9,429	66,069

Optimal Diabetes Care (Medical Group Level Results)



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group. Note: Caution is needed when making comparisons from year to year.



Living with Illness

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 13 percent of patients with diabetes met all five required components included in this measure. Among the groups reported at the medical group level for Optimal Diabetes Care, **Minnesota Rural Health Cooperative** set the benchmark of 21 percent of diabetes patients in full compliance with all five diabetes care components. Out of the 23 medical groups reported, Minnesota Rural Health Cooperative was the one group that had a rate and confidence intervals fully above the medical group level average for patients. (This group did not participate in the direct data submission process for this measure).

High Performers over Five Years

Throughout five years of public reporting, the following medical groups achieved consistently high performance for Optimal Diabetes Care.

- HealthPartners Clinics
- Fairview Health Services
- Camden Physicians
- Park Nicollet Health Services
- Family HealthServices Minnesota

Biggest Improvements

The greatest improvement since report year 2007 in Optimal Diabetes Care (medical group level) was made by **Minnesota Rural Health Cooperative** with a 13 percentage point increase.

The greatest improvements over the last five years in Optimal Diabetes Care were made by **HealthPartners Clinics and Affiliated Community Medical Centers** each with an increase of 14 percentage points since report year 2004.

Note: The high performers and biggest improvements over the last five years for this measure included all medical groups that were reported at the medical group level using health plan data. (For this report, a policy decision was made to only report one Optimal Diabetes Care rate per medical group. If a medical group participated in DDS, MNCM only reported their DDS diabetes rate. In other words, they are not included in the previous chart. If a medical group did not participate in DDS, MNCM listed them in the previous chart if minimum thresholds were met.)

Although most of the medical groups listed above are not represented in the previous chart because they participated in DDS, they are noted here because health plan data was necessary to calculate the high performers and biggest improvers over five years.

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“Living with Illness” measures

Optimal Vascular Care

Optimal Vascular Care (Clinic Level Results)

This measures the percentage of patients ages 18-75 who have vascular disease and have reached all of the following four treatment goals to reduce the risk of cardiovascular disease:

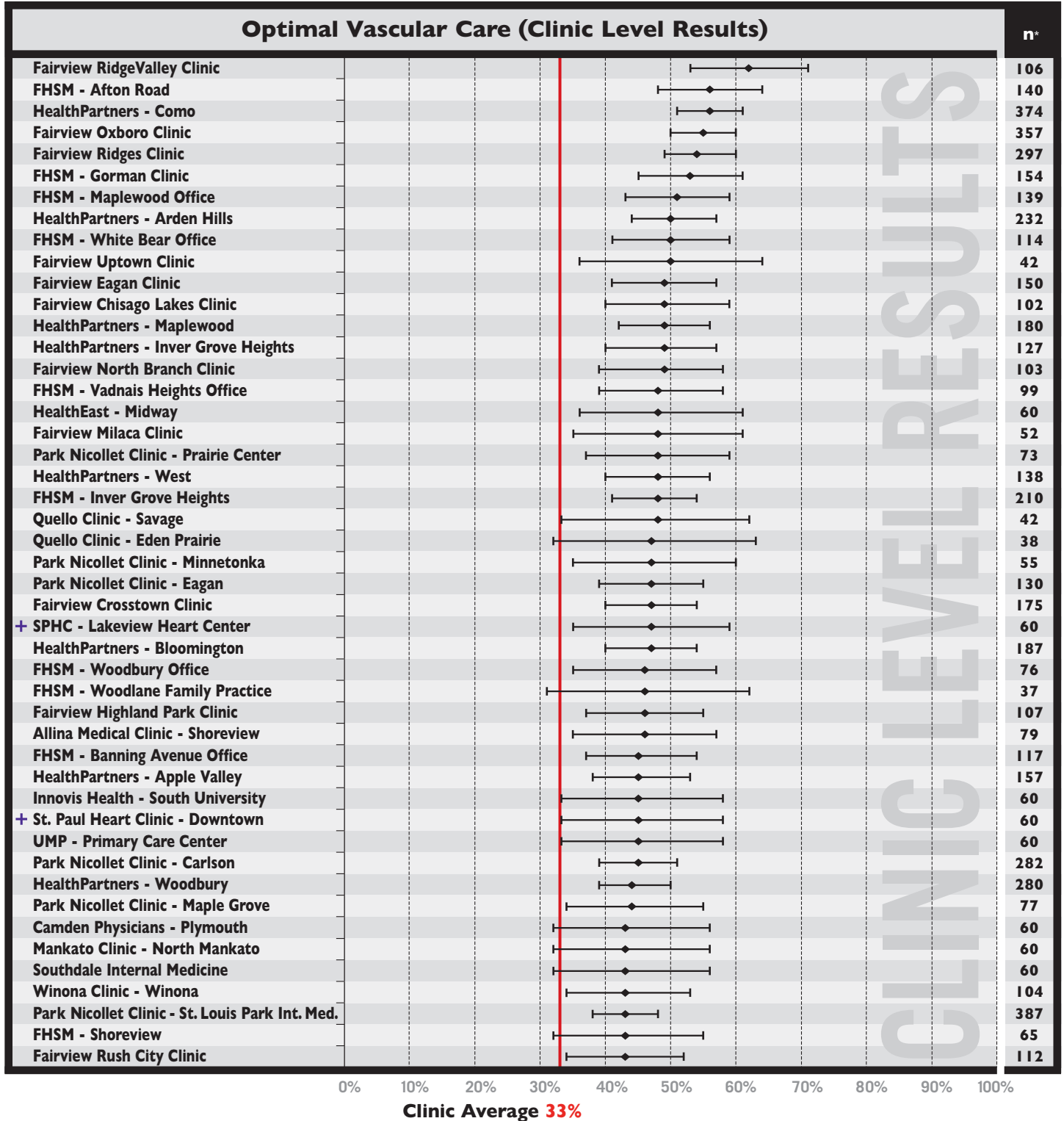
- Blood pressure less than 130/80 mmHg
- LDL-C less than 100 mg/dl
- Daily aspirin use
- Documented tobacco-free status

This composite rate is calculated using an all-or-none method. Credit is given for achieving this measure when all four components are met. The data collected for this measure are reported directly to MNCM by medical groups and clinics from electronic health records or paper-based medical charts.

	Statewide Average* (Weighted)	95% CI	Numerator (Patients who met treatment goals)	Denominator (Patients sampled)	Total Eligible
Optimal Vascular Care	32.6%	32.4 % - 33.4%	11,997	36,126	54,708

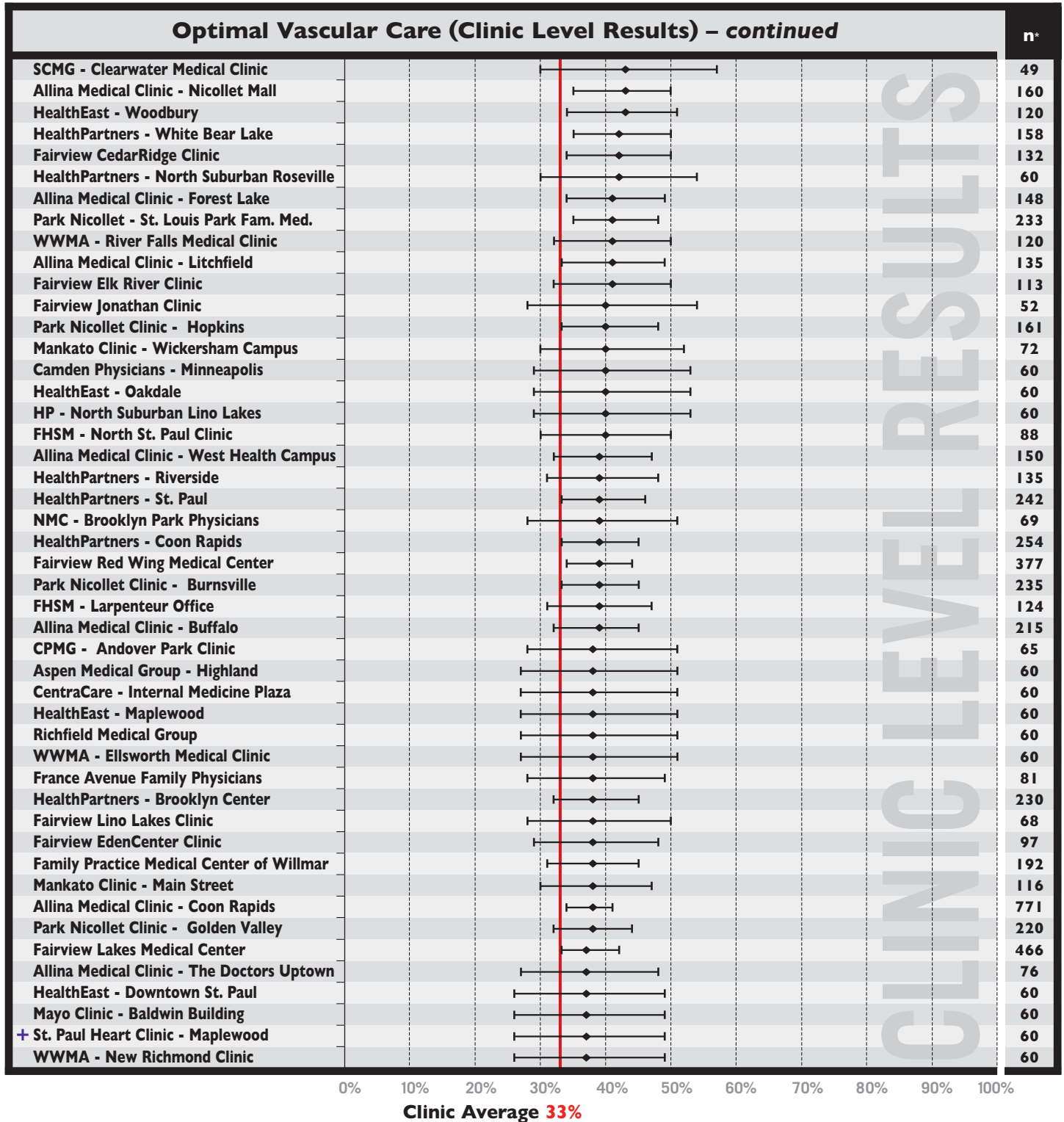
No trend chart since measurement specifications changed from last year

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



Living with Illness

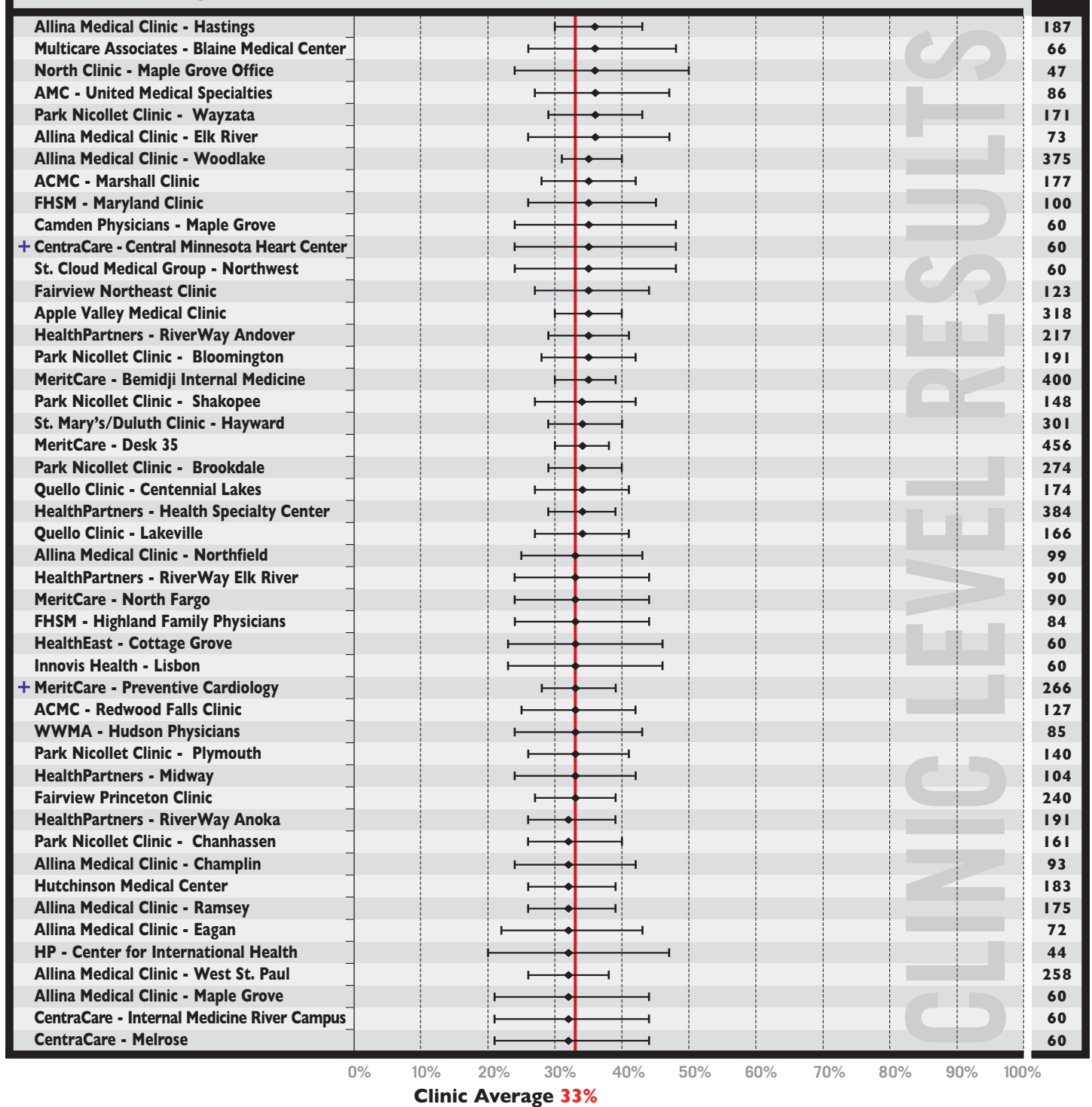
AMC - Allina Medical Clinic	HCMC - Hennepin County Medical Center	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HFA - Hennepin Faculty Associates	SPHC - St. Paul Heart Clinic
CPMG - Columbia Park Medical Group	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	UMP - University of Minnesota Physicians
FHSM - Family HealthServices Minnesota	NMC - North Memorial Clinic	WSCHS - West Side Community Health Services
HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates



+ Cardiology — Lower Confidence Level/Upper Confidence Level *n = sample size

AMC - Allina Medical Clinic	HCMC - Hennepin County Medical Center	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HFA - Hennepin Faculty Associates	SPHC - St. Paul Heart Clinic
CPMG - Columbia Park Medical Group	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	UMP - University of Minnesota Physicians
FHSM - Family HealthServices Minnesota	NMC - North Memorial Clinic	WSCHS - West Side Community Health Services
HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates

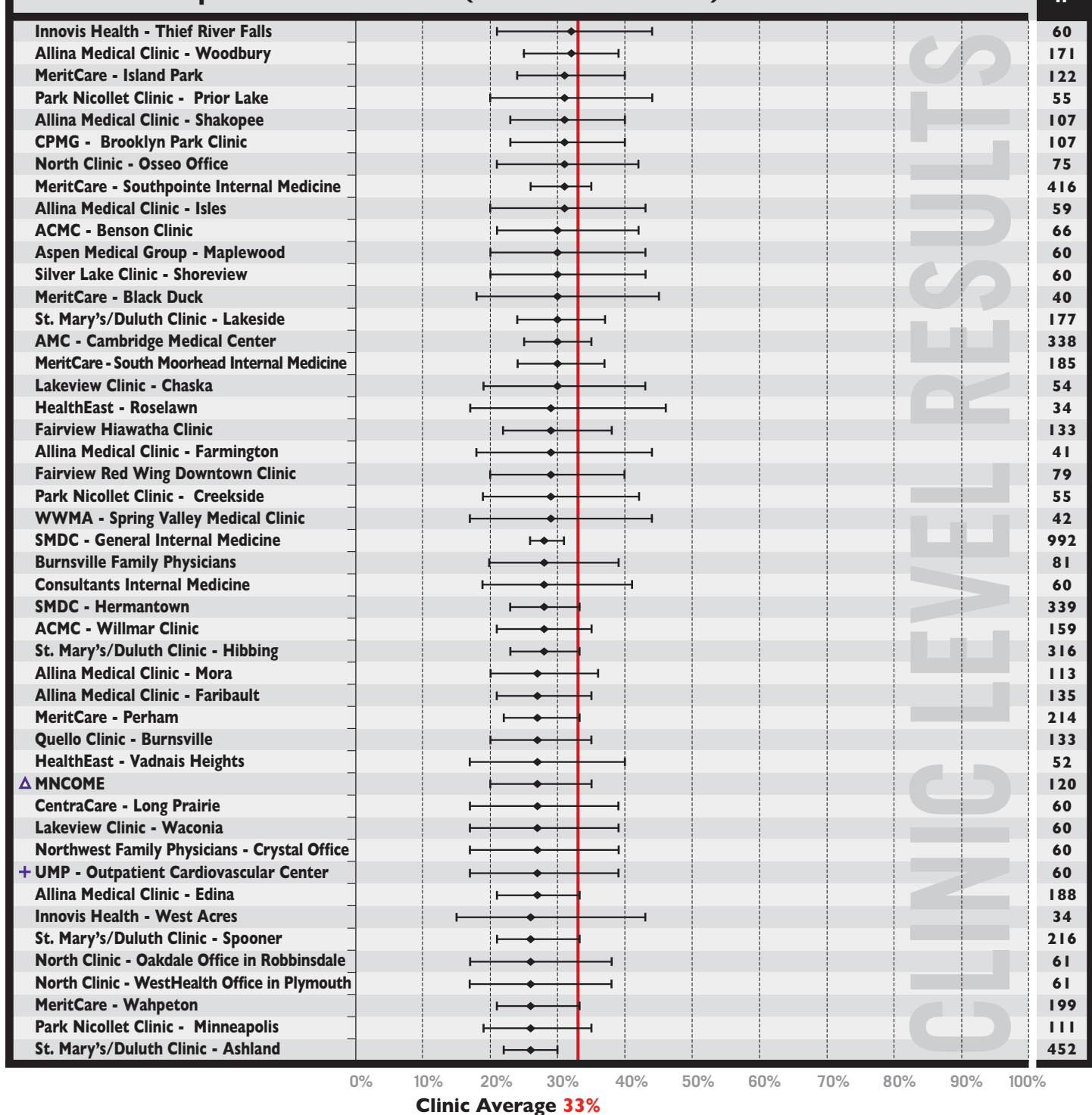
Optimal Vascular Care (Clinic Level Results) – continued



+ Cardiology — Lower Confidence Level/Upper Confidence Level *n = sample size

AMC - Allina Medical Clinic	HCMC - Hennepin County Medical Center	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HFA - Hennepin Faculty Associates	SPHC - St. Paul Heart Clinic
CPMG - Columbia Park Medical Group	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	UMP - University of Minnesota Physicians
FHSM - Family HealthServices Minnesota	NMC - North Memorial Clinic	WSCHS - West Side Community Health Services
HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates

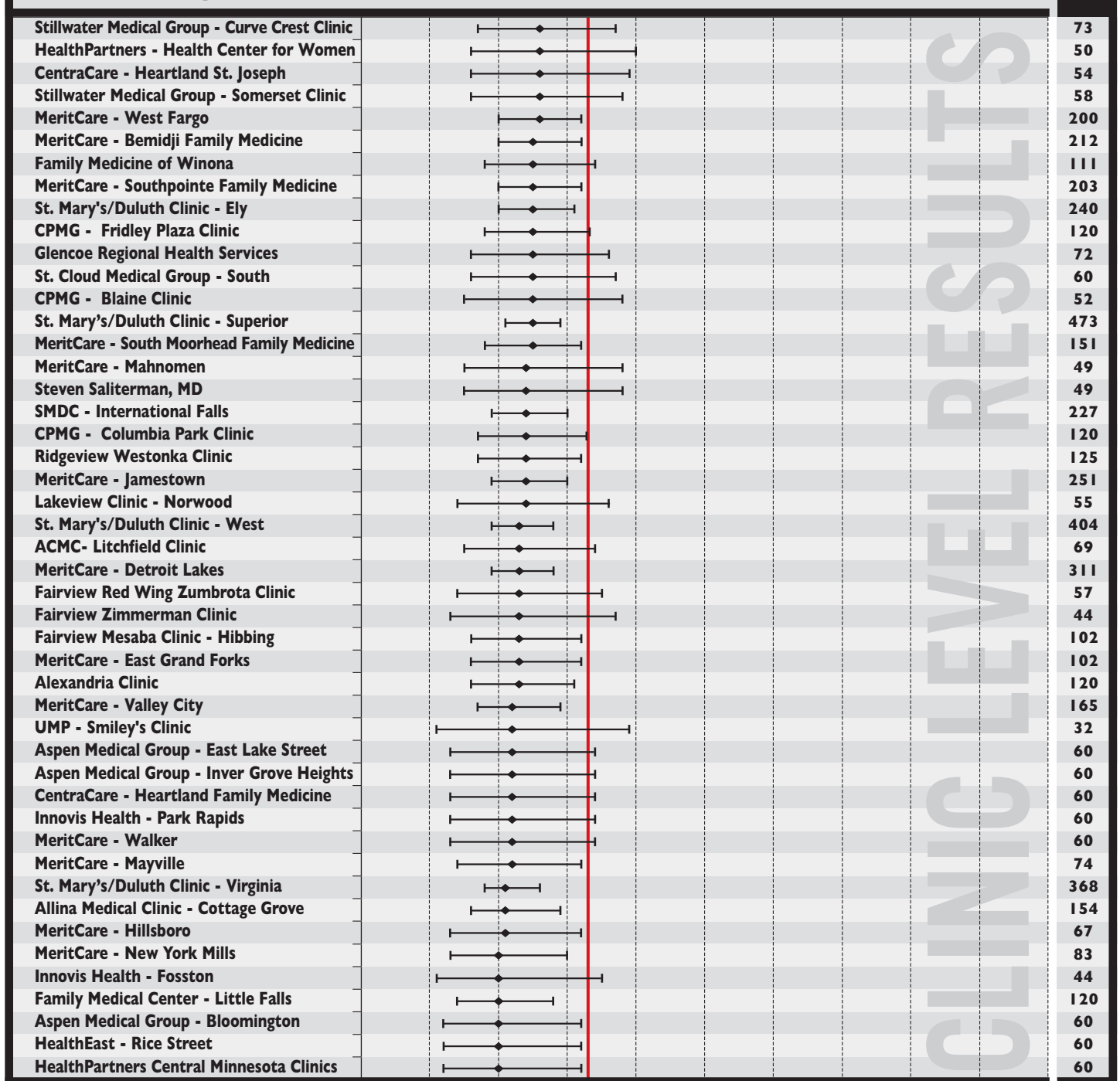
Optimal Vascular Care (Clinic Level Results) – continued



△ Endocrinology + Cardiology — Lower Confidence Level/Upper Confidence Level *n = sample size

AMC - Allina Medical Clinic	HCMC - Hennepin County Medical Center	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HFA - Hennepin Faculty Associates	SPHC - St. Paul Heart Clinic
CPMG - Columbia Park Medical Group	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	UMP - University of Minnesota Physicians
FHSM - Family HealthServices Minnesota	NMC - North Memorial Clinic	WSCHS - West Side Community Health Services
HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates

Optimal Vascular Care (Clinic Level Results) – continued

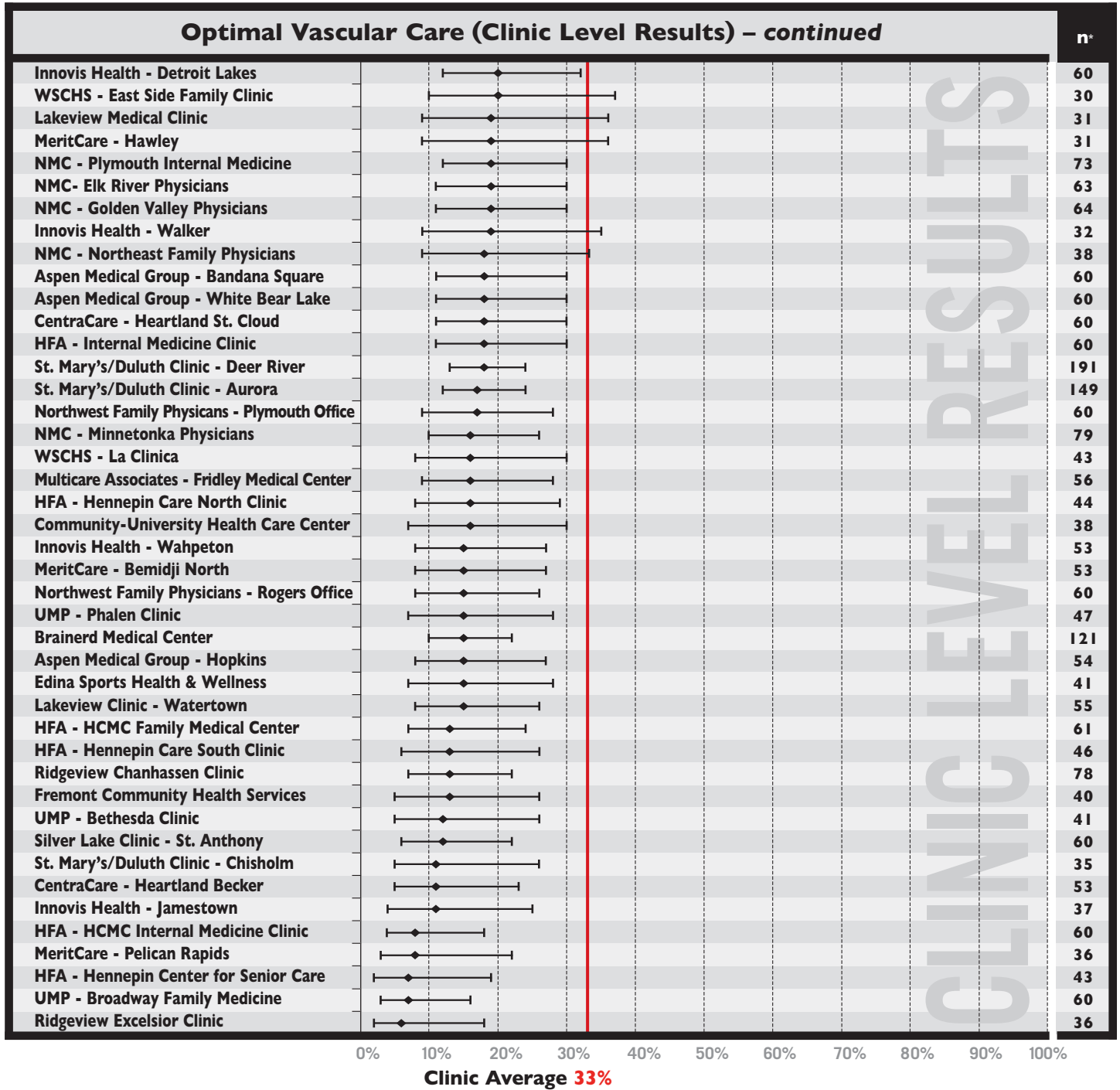


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Clinic Average 33%

+ Cardiology | Lower Confidence Level/Upper Confidence Level *n = sample size

- AMC - Allina Medical Clinic
- ACMC - Affiliated Community Medical Centers
- CPMG - Columbia Park Medical Group
- FHSM - Family HealthServices Minnesota
- HP - HealthPartners
- HCMC - Hennepin County Medical Center
- HFA - Hennepin Faculty Associates
- MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology
- NMC - North Memorial Clinic
- SCMG - St. Cloud Medical Group
- SMDC - St. Mary's/Duluth Clinic
- SPHC - St. Paul Heart Clinic
- UMP - University of Minnesota Physicians
- WSCHS - West Side Community Health Services
- WWMA - Western Wisconsin Medical Associates



AMC - Allina Medical Clinic	HCMC - Hennepin County Medical Center	SMDC - St. Mary's/Duluth Clinic
ACMC - Affiliated Community Medical Centers	HFA - Hennepin Faculty Associates	SPHC - St. Paul Heart Clinic
CPMG - Columbia Park Medical Group	MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology	UMP - University of Minnesota Physicians
FHSM - Family HealthServices Minnesota	NMC - North Memorial Clinic	WSCHS - West Side Community Health Services
HP - HealthPartners	SCMG - St. Cloud Medical Group	WWMA - Western Wisconsin Medical Associates

Performance Highlights – Clinic Level Results

High Performers in 2008

Clinic level results showed that an average of 33 percent of patients with vascular disease met all four required components included in this measure. **Fairview RidgeValley Clinic** set the benchmark of 62 percent of vascular disease patients in full compliance with all four vascular care components. There were 57 of 335 clinics with rates and confidence intervals fully above the clinic level average. The high performing clinics are listed below in alphabetical order under the heading of their medical group name:

Allina Medical Clinic

- Coon Rapids
- Forest Lake
- Litchfield
- Nicollet Mall
- Shoreview

Fairview Health Services

- CedarRidge Clinic
- Chisago Lakes Clinic
- Crosstown Clinic
- Eagan Clinic
- Highland Park Clinic
- Hugo Clinic
- Lakes Medical Center
- Milaca Clinic
- North Branch Clinic
- Oxboro Clinic
- Red Wing Medical Center
- Ridges Clinic
- RidgeValley Clinic
- Rush City Clinic
- Uptown Clinic

Family HealthServices Minnesota

- Afton Road
- Banning Avenue Office
- Gorman Clinic
- Inver Grove Heights
- Maplewood Office
- Vadnais Heights Office
- White Bear Office
- Woodbury Office

HealthEast

- Midway
- Woodbury

HealthPartners Medical Group

- Apple Valley
- Arden Hills
- Bloomington
- Como
- Coon Rapids
- Inver Grove Heights
- Maplewood
- St. Paul
- West
- White Bear Lake
- Woodbury

Innovis Health

- South University

Park Nicollet Health Services

- Burnsville
- Carlson
- Eagan
- Hopkins
- Maple Grove
- Minnetonka
- Prairie Center
- St. Louis Park Family Medicine
- St. Louis Park Internal Medicine

Quello Clinic

- Savage

St. Paul Heart

- Downtown
- Lakeview Heart Center

University of Minnesota Physicians

- Primary Care Center

Winona Clinic

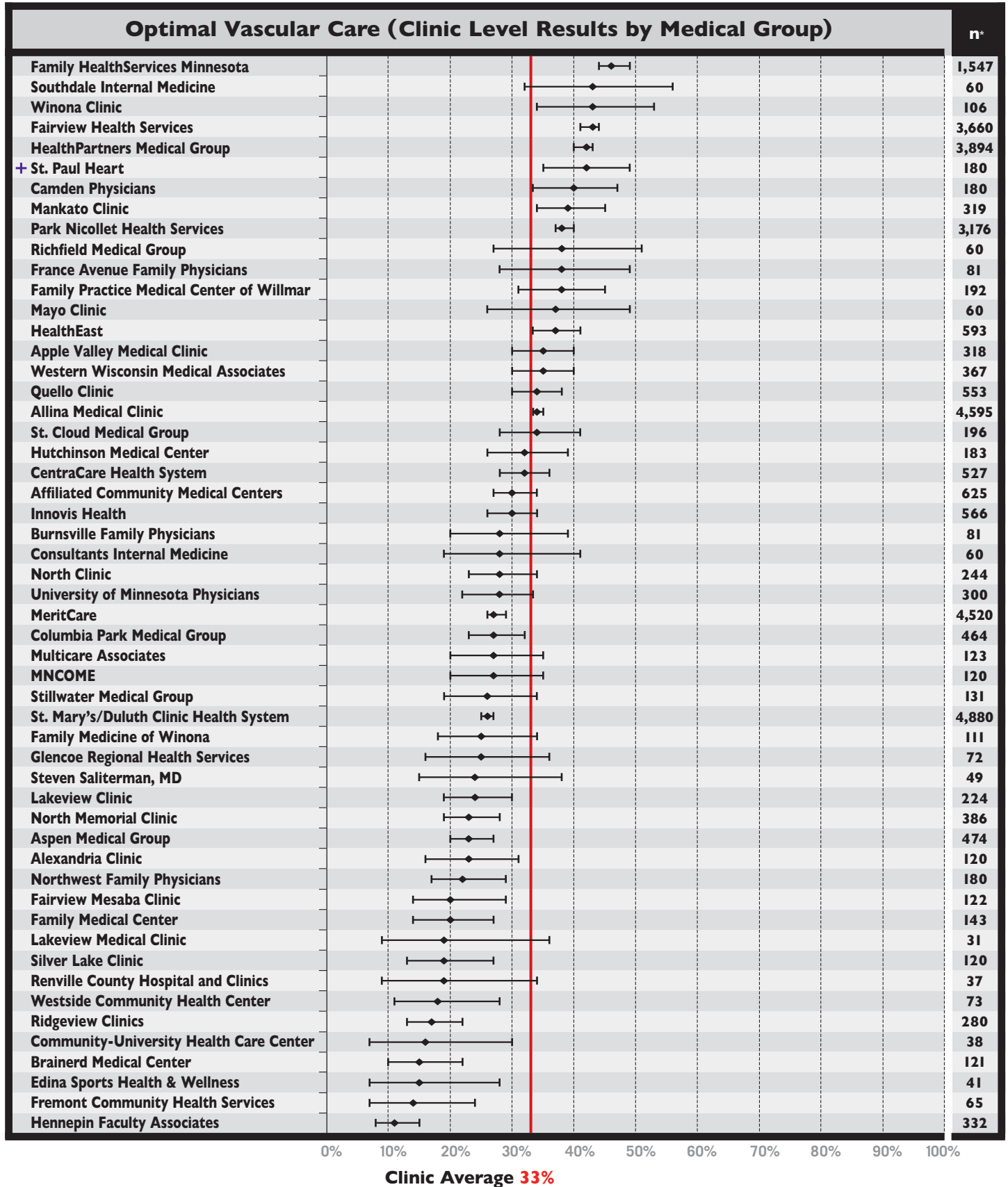
- Winona

High Performers over Five Years

Not applicable.

Biggest Improvements

Not applicable because measurement specification changed in 2008.



MNCOME - Minnesota Center for Obesity, Metabolism, and Endocrinology

+ Cardiology | Lower Confidence Level / Upper Confidence Level *n= sample size

Performance Highlights – Clinic Level Results by Medical Group

High Performers in 2008

Clinic level results by medical group showed that an average of 33 percent of patients with vascular disease met all four required components included in this measure. **Family HealthServices Minnesota** set the benchmark of 46 percent of vascular patients in full compliance with all four vascular care components. There were 10 of 53 medical groups with rates and confidence intervals fully above the medical group level average. The high-performing medical groups are listed below:

- Family HealthServices Minnesota
- Fairview Health Services
- Winona Clinic
- HealthPartners Medical Group
- St. Paul Heart
- Camden Physicians
- Mankato Clinic
- Park Nicollet Health Services
- HealthEast
- Allina Medical Clinic

High Performers over Five Years

Not applicable.

Biggest Improvements

Not applicable.

“Living with Illness” measures

Optimal Vascular Care

Optimal Vascular Care[^] (Medical Group Level)

This measures the percentage of patients ages 18-75 who have vascular disease and have reached **all** of the following four treatment goals to reduce the risk of cardiovascular disease:

- Blood pressure less than 130/80 mmHg
- LDL-C less than 100 mg/dl
- Daily aspirin use
- Documented tobacco-free status

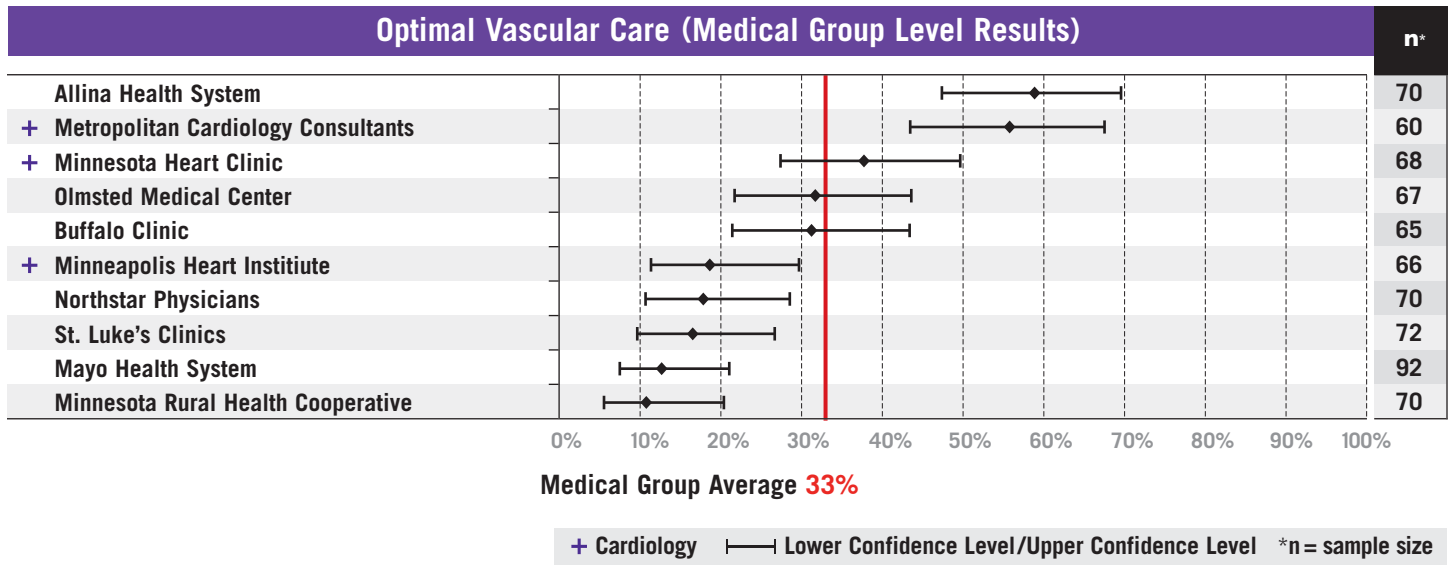
*This composite rate is calculated using an all-or-none method. Credit is given for achieving this measure when **all** four components are met. Data collected for this measure are from health plan claims and medical record review.*

[^] Note: Medical groups that did not participate in direct data submission (DDS) are presented for this measure if they met minimum sampling thresholds (see methodology).

	Statewide Average* (Weighted)	95% CI	Numerator (Patients who met treatment goals)	Denominator (Patients sampled)	Total Eligible
Optimal Vascular Care	32.3%	30.9% - 33.6%	1,257	4,575	15,905

No trend chart since measurement specifications changed from last year

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



Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 33 percent of patients with vascular disease met all four required components included in this measure. Among the groups reported at the medical group level for Optimal Vascular Care, **Allina Health System** set the benchmark of 59 percent of vascular disease patients in full compliance with all four vascular care components. Two of 10 medical groups had rates and confidence intervals fully above the medical group average for patients. These groups did not participate in the direct data submission process for this measure:

- Allina Health System
- Metropolitan Cardiology Consultants

High Performers over Five Years

Not applicable.

Biggest Improvements

Not applicable because measurement specification changed in 2008.

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“Living with Illness” measures
Controlling High Blood Pressure

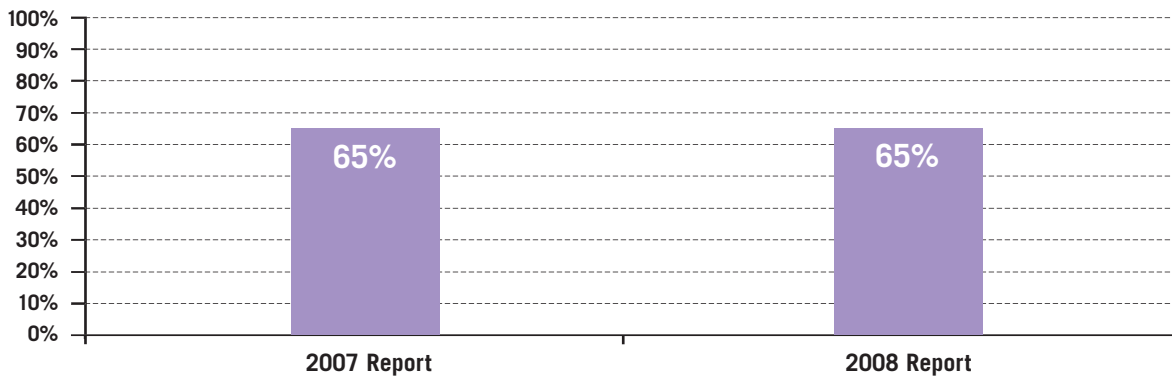
Controlling High Blood Pressure (Medical Group Level Results)

This measures the percentage of patients ages 18-85 with a diagnosis of hypertension, or high blood pressure, whose blood pressure was adequately controlled at less than 140/90 mmHg during the measurement year. The representative blood pressure 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).

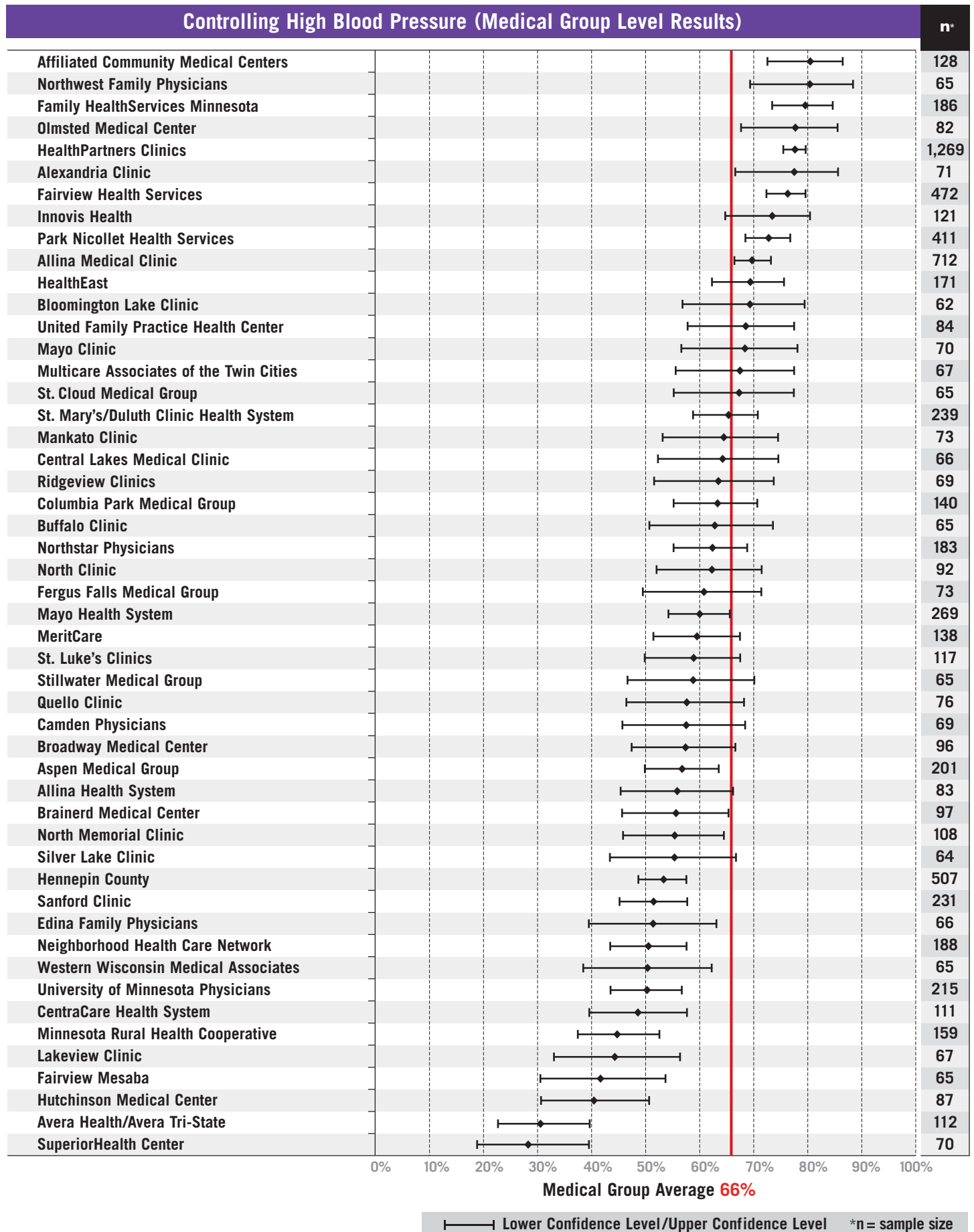
Data collected for this measure are from health plan claims and medical record review.

	Statewide Average* (Weighted)	95% CI	Numerator (Patients who met treatment goals)	Denominator (Patients sampled)	Total Eligible
BP < 140/90 mmHg	65.4%	64.4% - 66.3%	6,529	10,324	130,831

Controlling High Blood Pressure (Medical Group Level Results)



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group. Note: Caution is needed when making comparisons from year to year.



Living with Illness

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 66 percent of patients with high blood pressure appropriately controlled. **Affiliated Community Medical Centers, Northwest Family Physicians and Family HealthServices Minnesota** set the benchmark of 80 percent of patients with controlled high blood pressure. Nine of 50 medical groups had rates and confidence intervals that were fully above the medical group average.

- Affiliated Community Medical Centers
- Northwest Family Physicians
- Family HealthServices Minnesota
- Olmsted Medical Center
- HealthPartners Clinics
- Alexandria Clinic
- Fairview Health Services
- Park Nicollet Health Services
- Allina Medical Clinic

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvements since report year 2007 in Controlling High Blood Pressure (medical group level) were made by **St. Cloud Medical Group, Bloomington Lake Clinic and Northwest Family Physicians**, with each achieving greater than a 22 percentage point increase.

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“Living with Illness” measures

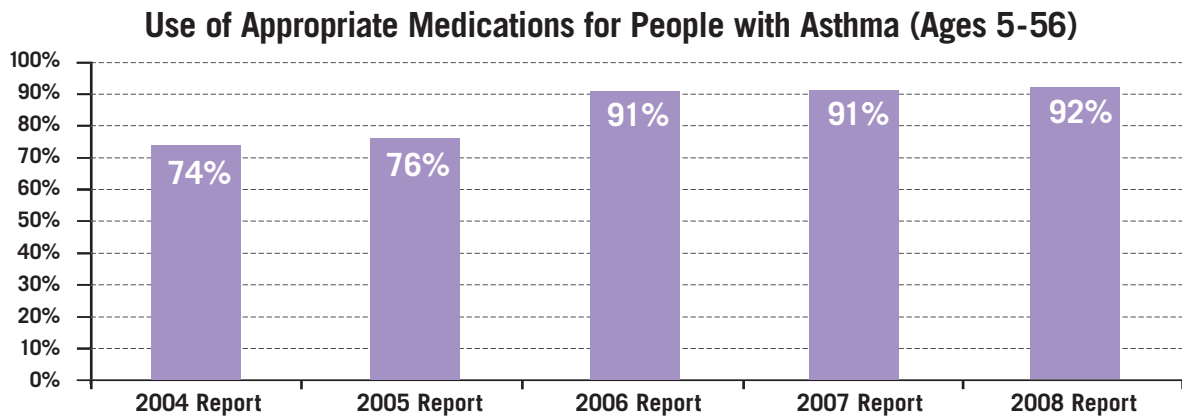
Asthma

**Use of Appropriate Medications for People with Asthma (Ages 5-56)
(Medical Group Level Results)**

This measures the percentage of patients ages 5-56 with persistent asthma who were appropriately prescribed medication.

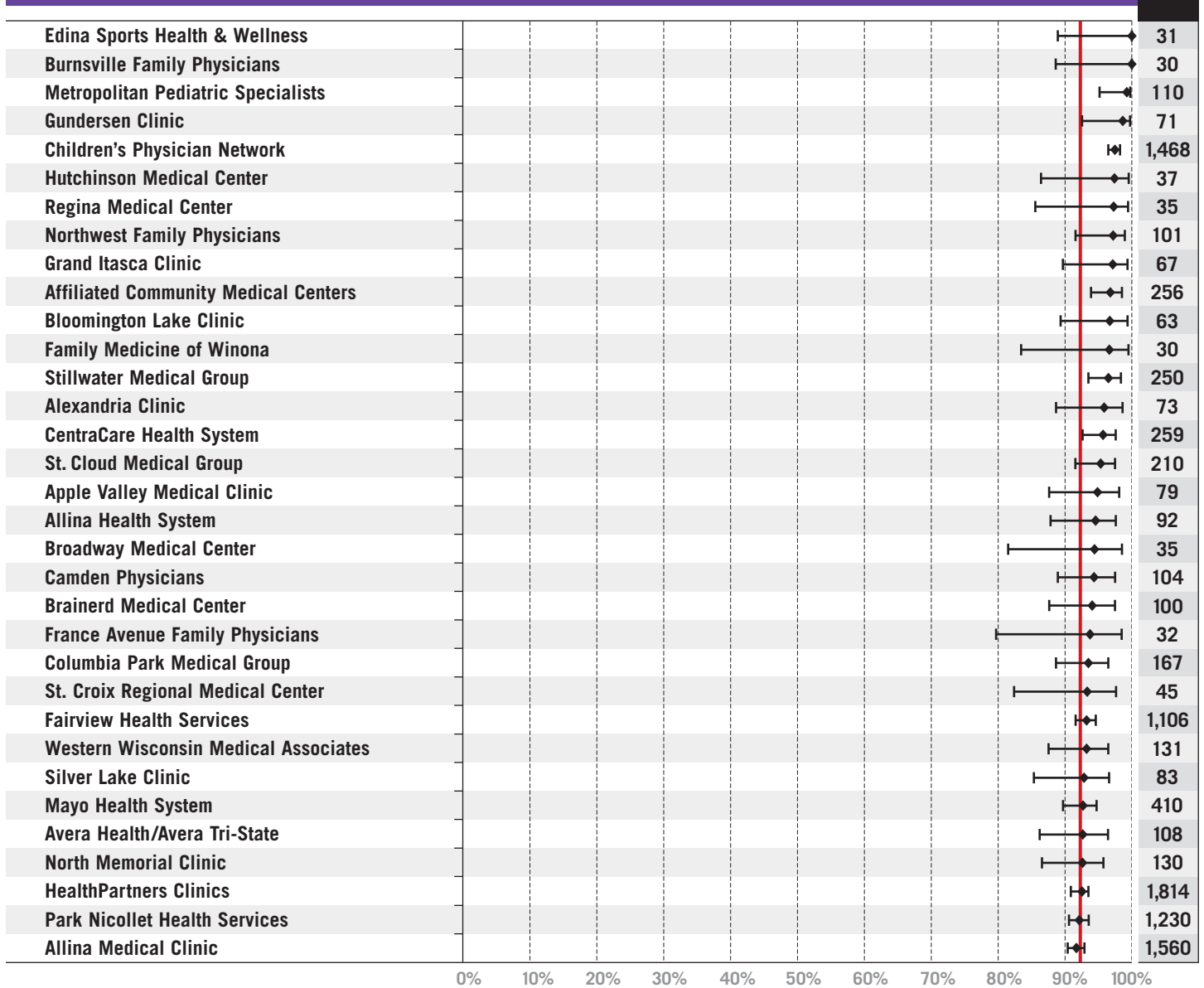
The data for this measure are collected from health plan claims.

	Statewide Average*	95% CI	Numerator	Denominator
Asthma	91.7%	91.3% - 92.0%	17,405	18,991



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
Note: Caution is needed when making comparisons from year to year.

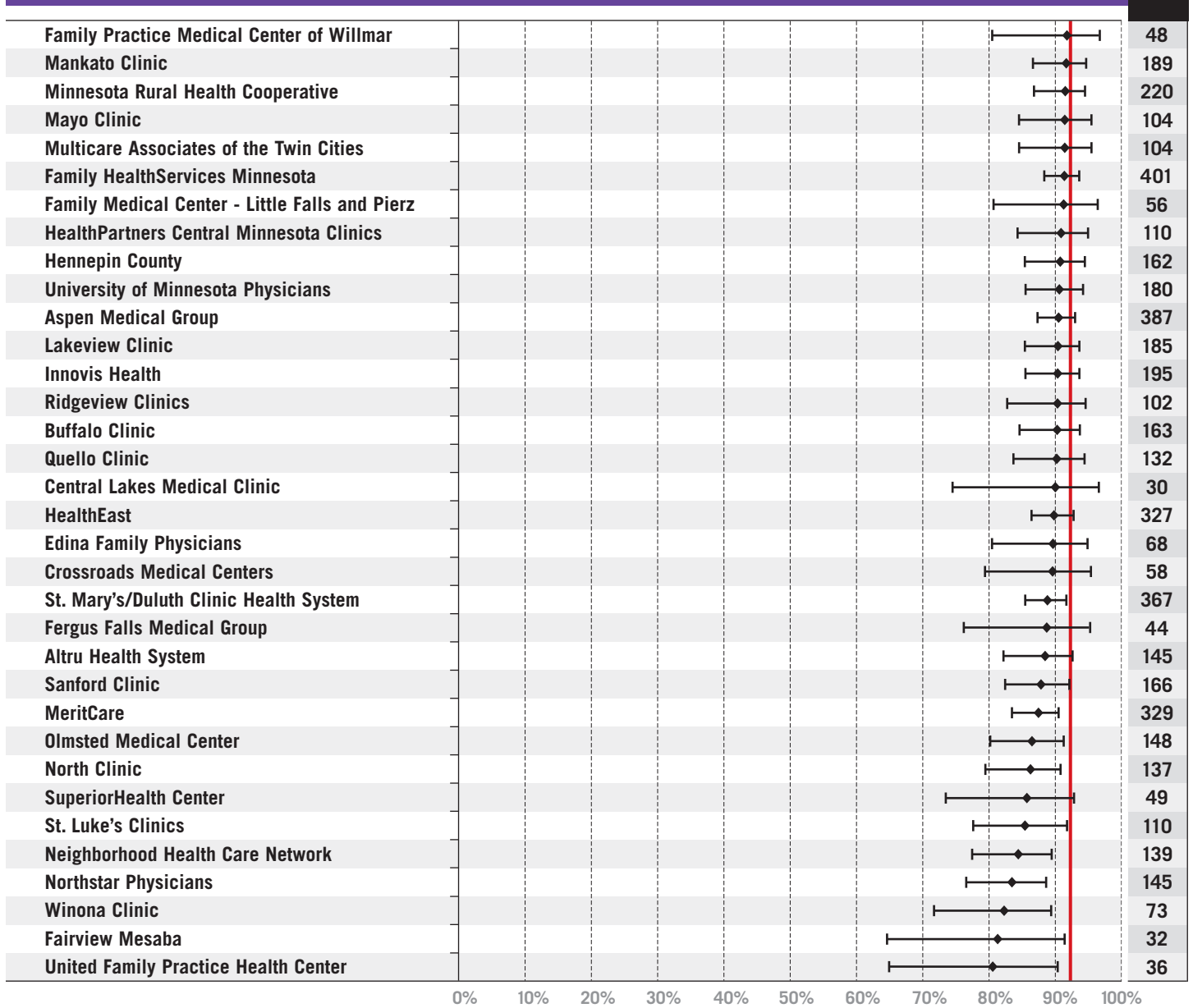
Use of Appropriate Medications for People with Asthma – Ages 5-56 (Medical Group Level Results)



Medical Group Average **92%**

Lower Confidence Level/Upper Confidence Level *n = sample size

Use of Appropriate Medications for People with Asthma – Ages 5-56 (Medical Group Level Results) – *continued*

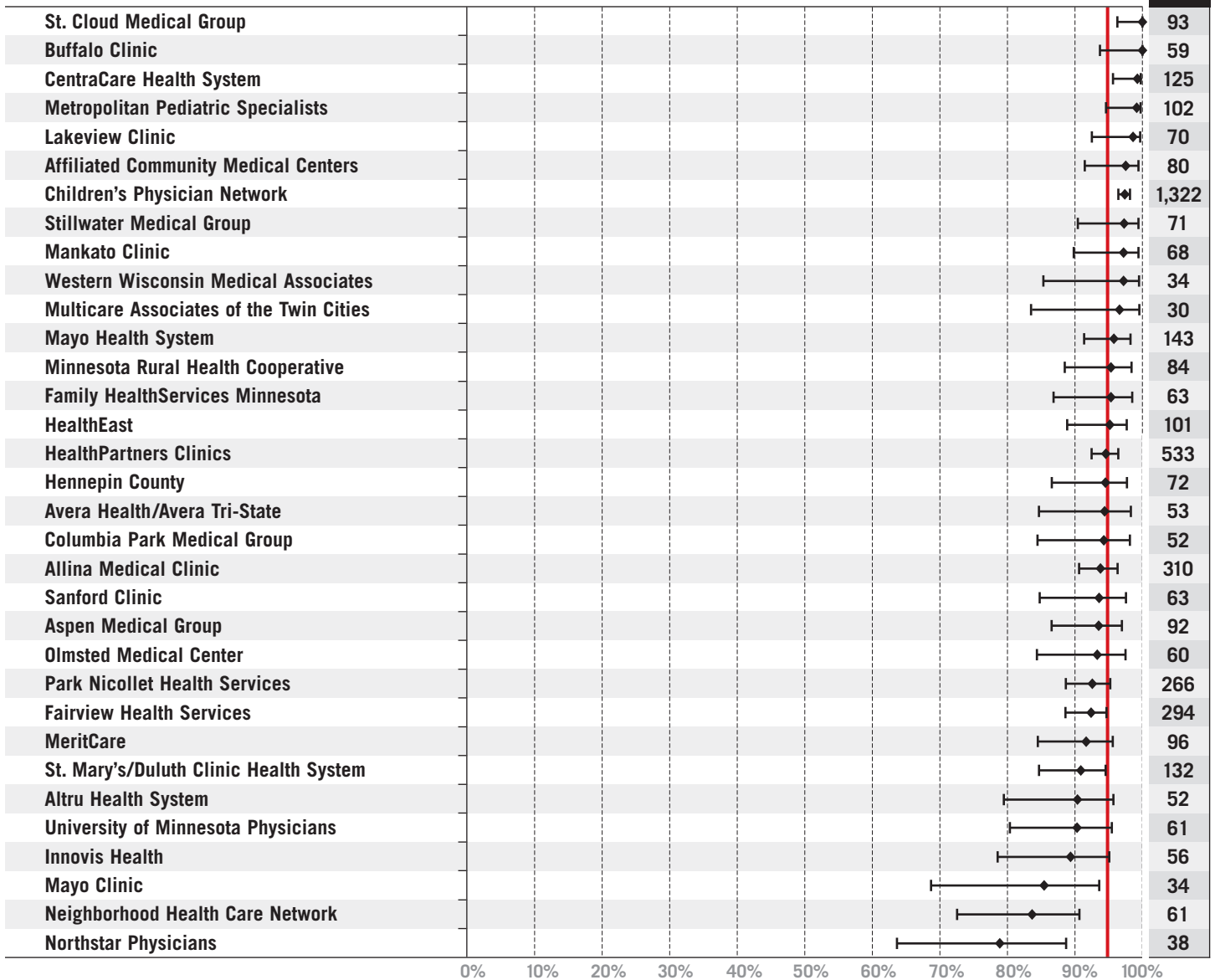


Medical Group Average **92%**

Lower Confidence Level/Upper Confidence Level *n = sample size

Use of Appropriate Medications for Children with Asthma – Ages 5-17 (Medical Group Level Results)

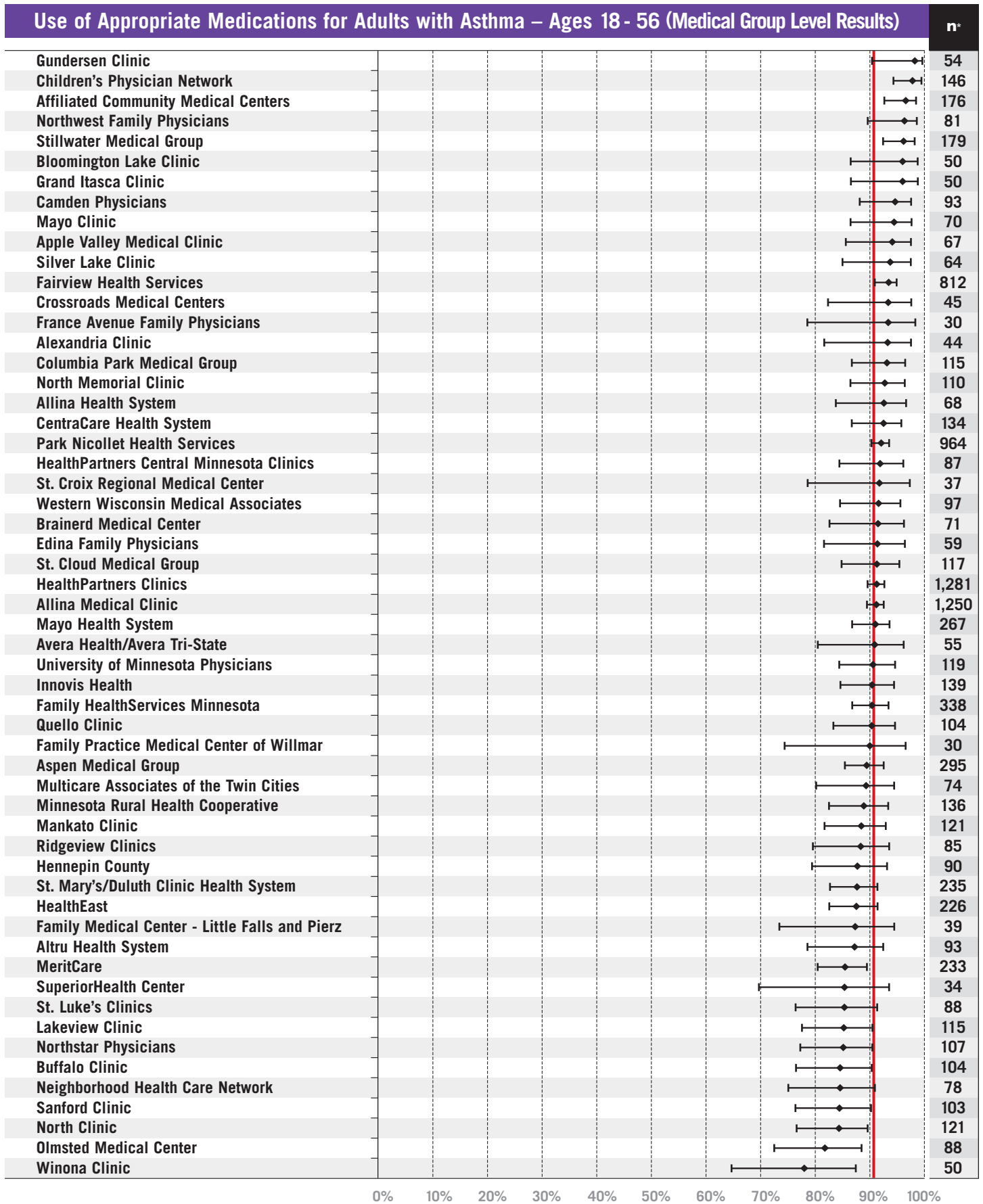
n*



Medical Group Average 95%

Lower Confidence Level/Upper Confidence Level *n = sample size

Living with Illness



Lower Confidence Level/Upper Confidence Level *n = sample size

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 92 percent of patients with persistent asthma ages 5-56 were appropriately prescribed medication. **Metropolitan Pediatric Specialists** set the benchmark of 99 percent. Six of 68 medical groups had rates and confidence intervals fully above the medical group average:

- Metropolitan Pediatric Specialists
- Gundersen Clinic
- Children's Physician Network
- Affiliated Community Medical Centers
- Stillwater Medical Group
- CentraCare Health System

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvement since report year 2007 in Appropriate Medication for People with Asthma (medical group level) was made by **SuperiorHealth Center** with a 12 percentage point increase.

“Getting Better” measures

Appropriate Treatment for Children with Upper Respiratory Infection

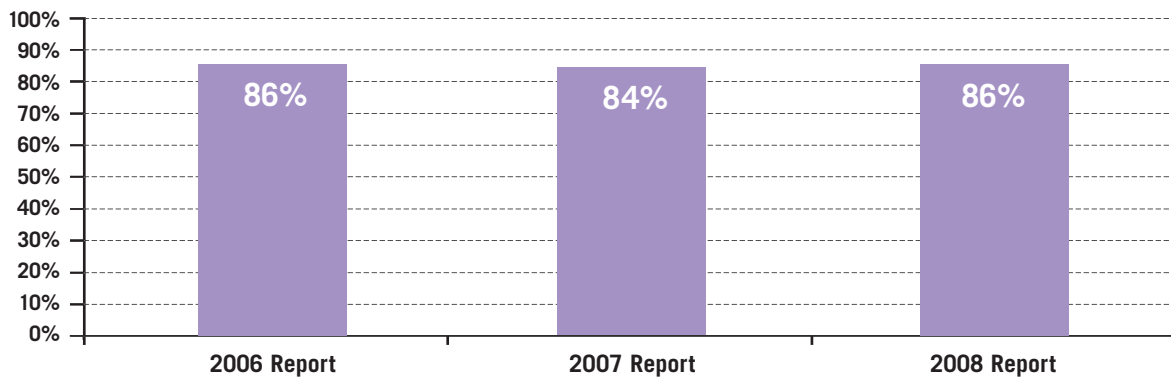
Appropriate Treatment for Children with Upper Respiratory Infection

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.

The data collected for this measure are from health plan claims. Note: A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

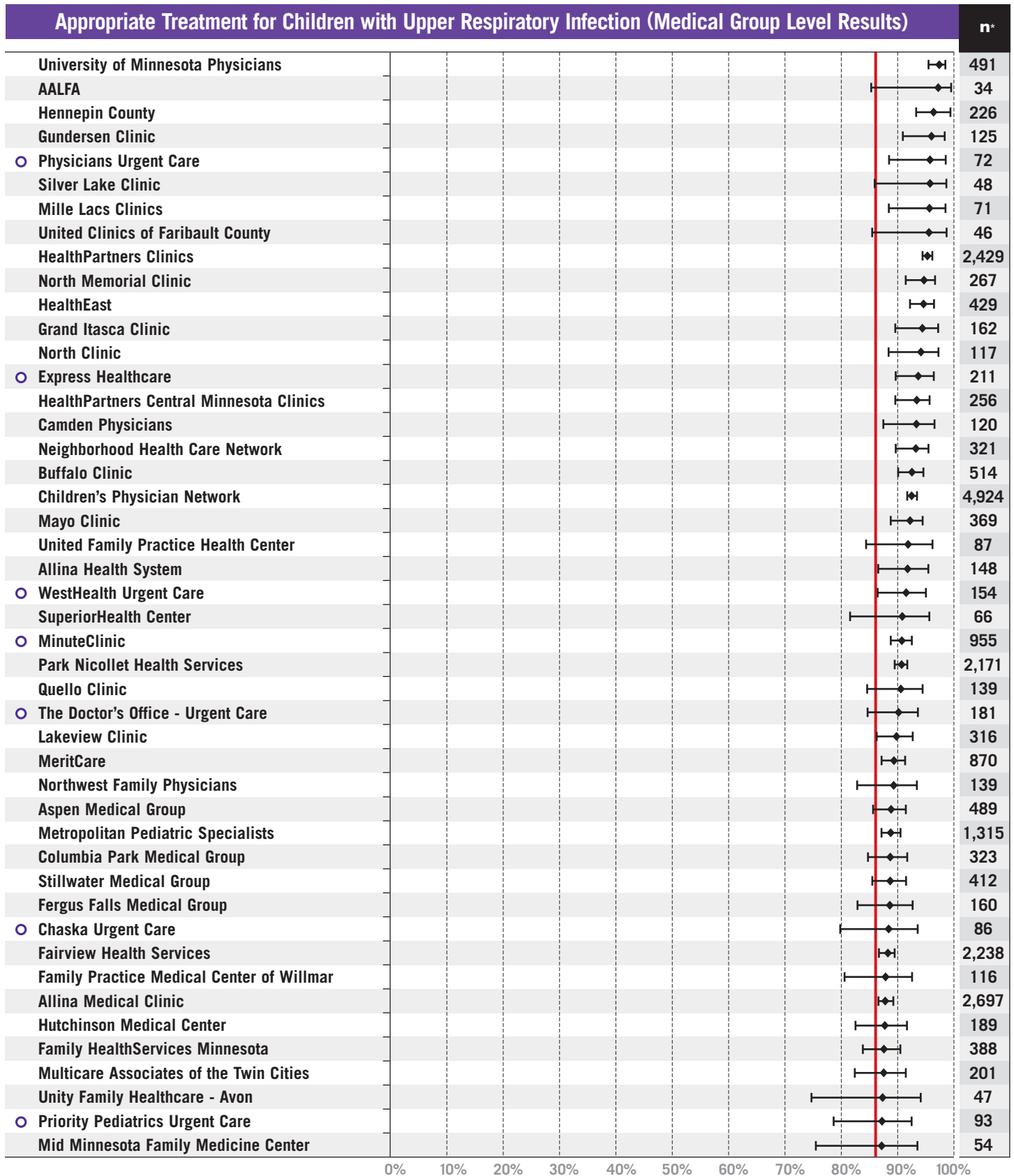
	Statewide Average*	95% CI	Numerator	Denominator
Appropriate Treatment for Children with Upper Respiratory Infection	85.8%	85.5% - 86.1%	35,868	41,812

Appropriate Treatment for Children with Upper Respiratory Infection



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.

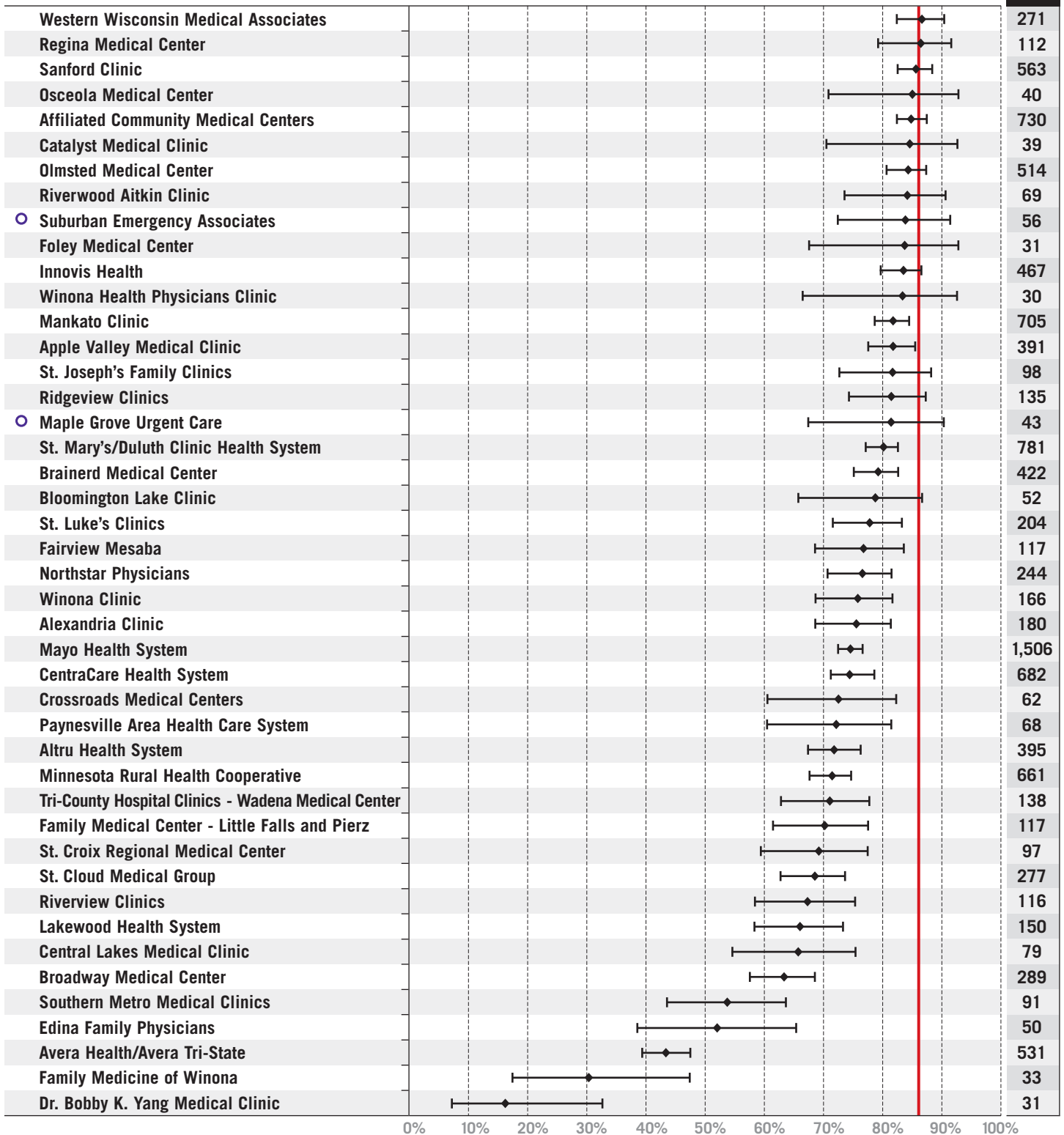
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○ Urgent/Convenience Care — Lower Confidence Level/Upper Confidence Level *n = sample size

Appropriate Treatment for Children with Upper Respiratory Infection (Medical Group Level Results) – continued

n*



Medical Group Average 86%

○ Urgent/Convenience Care | Lower Confidence Level/Upper Confidence Level *n = sample size

Getting Better

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed an average of 86 percent of children ages three months to 18 years, with a diagnosis of URI, were appropriately managed without antibiotic. **University of Minnesota Physicians** set the benchmark of 97 percent. Twenty-six of 91 medical groups had rates and confidence intervals fully above the medical group average:

- University of Minnesota Physicians
- Hennepin County
- Gundersen Clinic
- Physicians Urgent Care
- Mille Lacs Clinics
- HealthPartners Clinics
- North Memorial Clinic
- HealthEast
- Grand Itasca Clinic
- North Clinic
- Express Healthcare
- HealthPartners Central Minnesota Clinics
- Camden Physicians
- Neighborhood Health Care Network
- Buffalo Clinic
- Children’s Physician Network
- Mayo Clinic
- Allina Health System
- WestHealth Urgent Care
- MinuteClinic
- Park Nicollet Health Services
- Lakeview Clinic
- MeritCare
- Metropolitan Pediatric Specialists
- Fairview Health Services
- Allina Medical Clinic

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvements since report year 2007 in Appropriate Treatment for Children with URI (medical group level) were made by **Maple Grove Urgent Care** and **United Clinics of Faribault County** each with a 20 percentage point increase.

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“Getting Better” measures

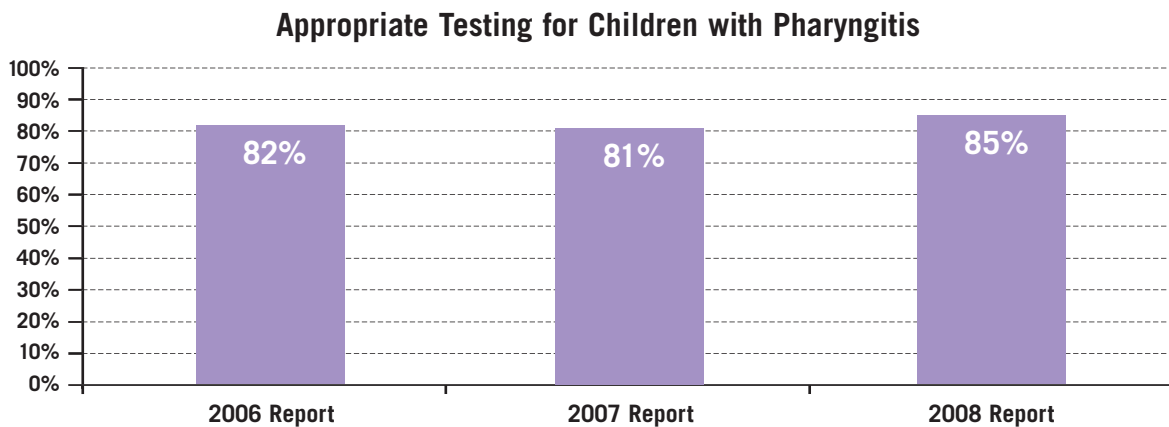
Appropriate Testing for Children with Pharyngitis

Appropriate Testing for Children with Pharyngitis (Medical Group Level Results)

This measures the percentage of children ages 2-18 with pharyngitis who were given an antibiotic and a group A streptococcus (strep) test.

The data collected for this measure are from health plan claims. Note: A higher rate represents better performance (i.e., appropriate testing).

	Statewide Average*	95% CI	Numerator	Denominator
Appropriate Testing for Children with Pharyngitis	84.5%	84.2% - 84.9%	29,607	35,026



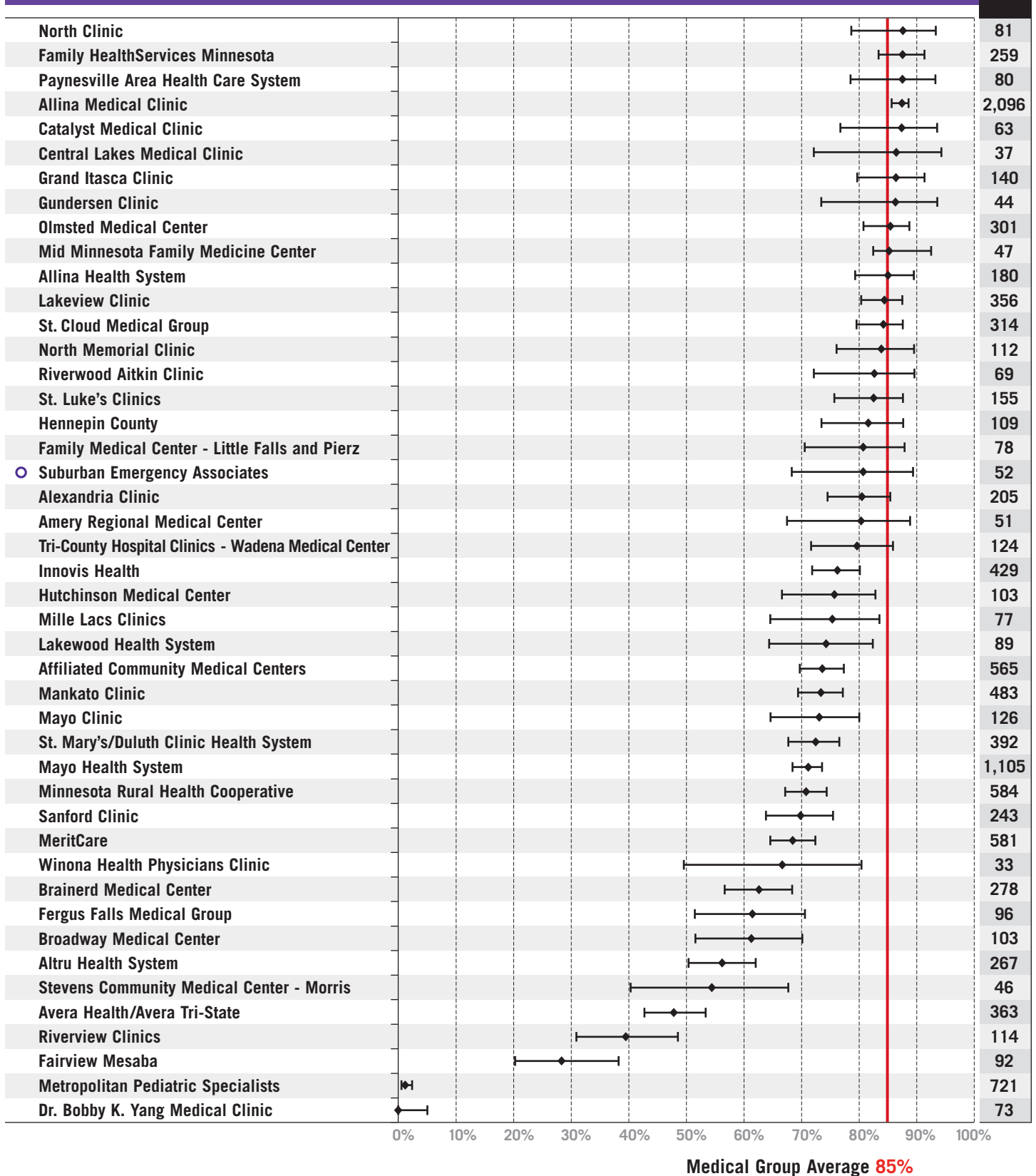
* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
Note: Caution is needed when making comparisons from year to year.

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○ Urgent/Convenience Care — Lower Confidence Level/Upper Confidence Level *n = sample size

Appropriate Testing for Children with Pharyngitis (Medical Group Level Results) – continued



○ Urgent/Convenience Care — Lower Confidence Level/Upper Confidence Level *n = sample size

Getting Better

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group results showed that an average of 85 percent of children ages 2-18 years who were diagnosed with pharyngitis were appropriately dispensed an antibiotic and received a strep test. **MinuteClinic** and **Priority Pediatrics Urgent Care** set the benchmark of 99 percent. Thirty-seven of 92 medical groups had rates and confidence intervals fully above the medical group average:

- MinuteClinic
- Priority Pediatrics Urgent Care
- Silver Lake Clinic
- Multicare Associates of the Twin Cities
- St. Francis Medical Clinic-Urgent Care
- Physicians Urgent Care
- Baldwin Area Medical Center
- Express Healthcare
- Maple Grove Urgent Care
- Columbia Park Medical Group
- WestHealth Urgent Care
- Camden Physicians
- Stillwater Medical Group
- Children's Physician Network
- The Doctor's Office-Urgent Care
- HealthPartners Clinics
- Family Practice Medical Center of Willmar
- Northwest Family Physicians
- Parkview Medical Clinic
- Park Nicollet Health Services
- Fairview Health Services
- Foley Medical Center
- Unity Family Healthcare-Avon
- University of Minnesota Physicians
- HealthEast
- Apple Valley Medical Clinic
- Regina Medical Center
- Neighborhood Health Care Network
- Chaska Urgent Care
- Ridgeview Clinics
- HealthPartners Central Minnesota Clinics
- Northstar Physicians
- Southern Metro Medical Clinics
- Buffalo Clinic
- CentraCare Health System
- Quello Clinic
- Allina Medical Clinic

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvement since report year 2007 in Appropriate Testing for Children with Pharyngitis (medical group level) was made by **Riverwood Aitken Clinic** with a 45 percentage point increase.

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“Staying Healthy” measures

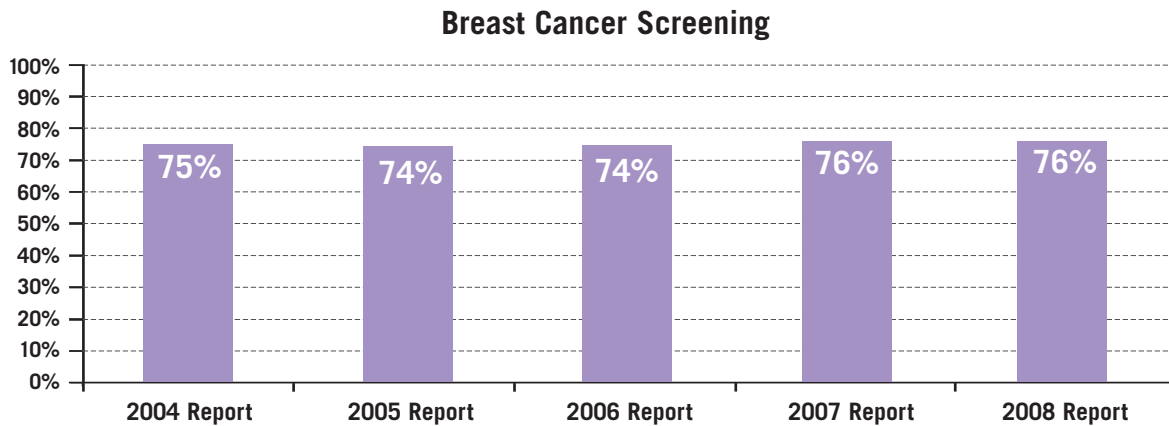
Breast Cancer Screening

Breast Cancer Screening (Medical Group Level Results)

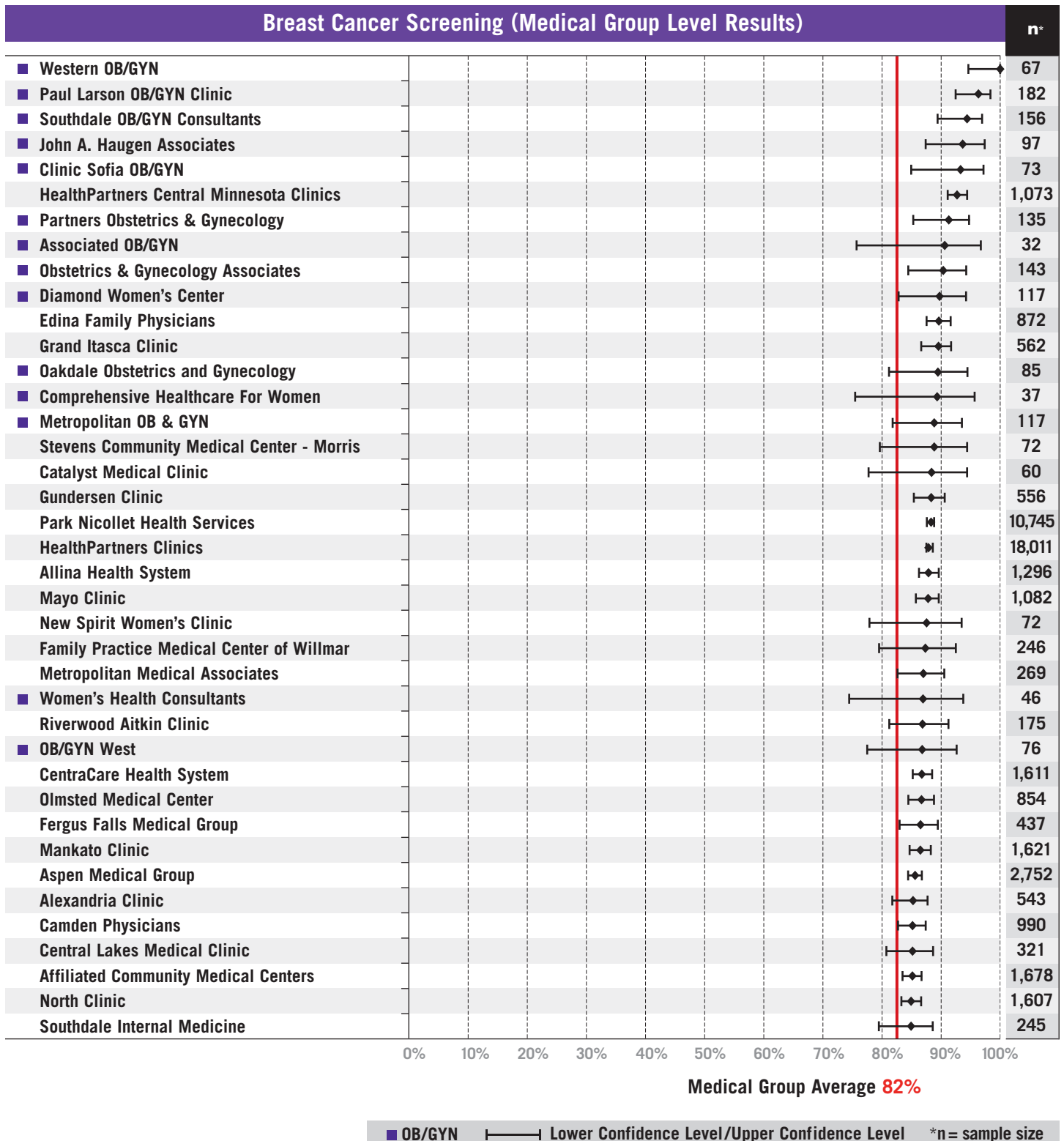
This measures the percentage of women ages 52-69 who received a mammogram in the prior two years.

The data for this measure are collected from health plan claims.

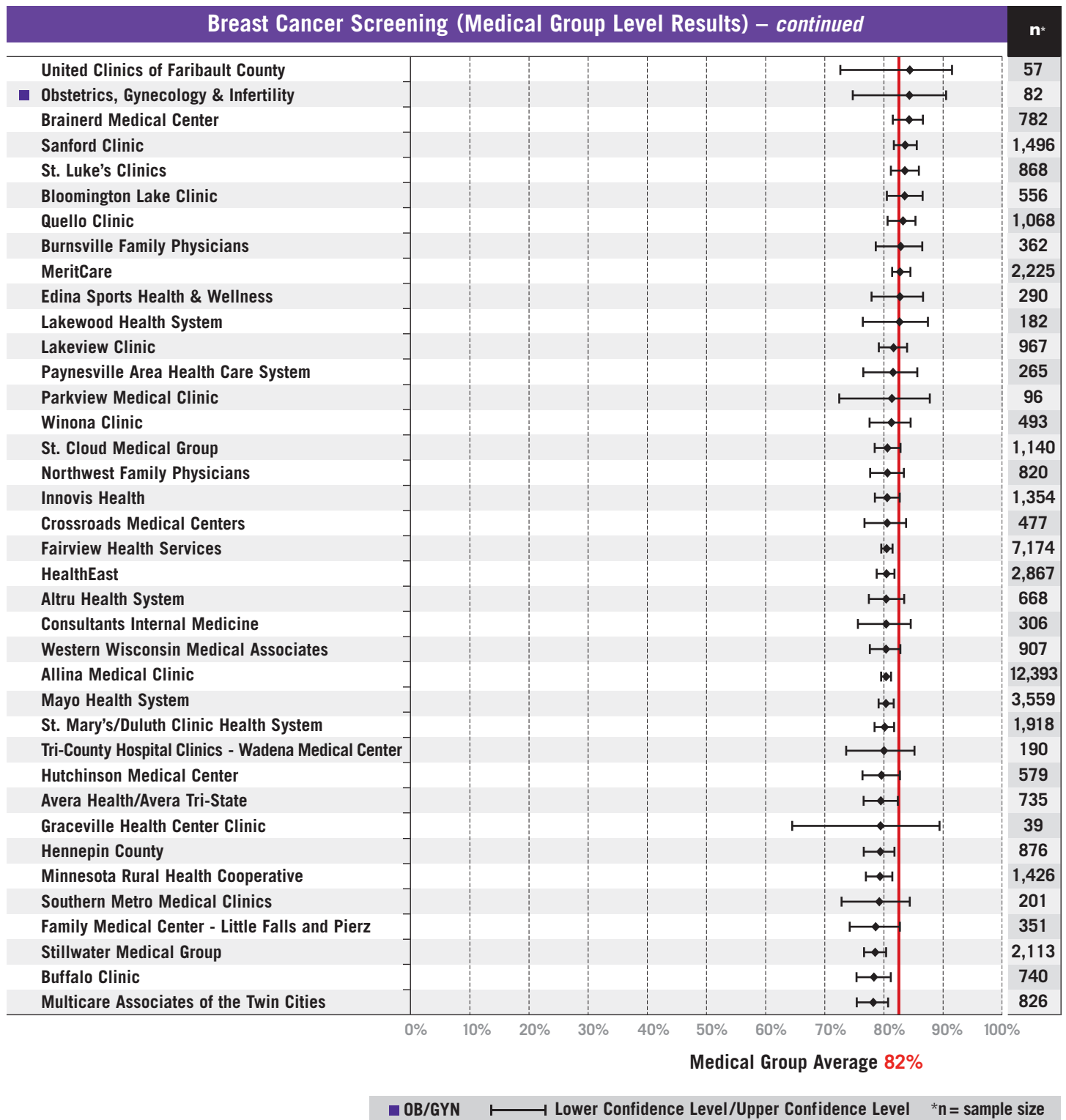
	Statewide Average*	95% CI	Numerator	Denominator
Breast Cancer Screening	76.5%	76.3% - 76.7%	112,464	147,048



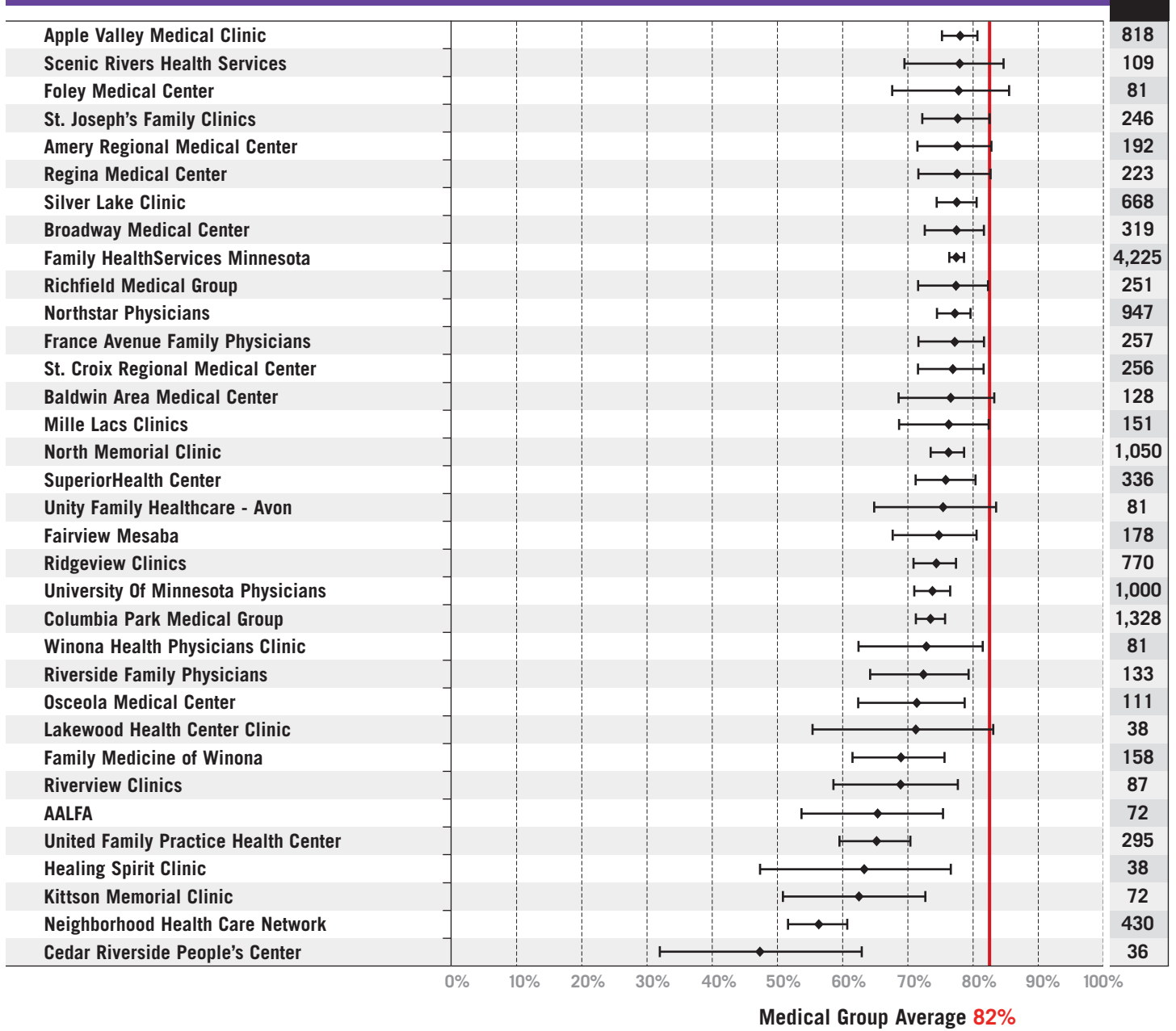
* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.



Staying Healthy



Breast Cancer Screening (Medical Group Level Results) – *continued*



■ OB/GYN — Lower Confidence Level/Upper Confidence Level *n = sample size

Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 82 percent of women ages 52-69 had a mammogram. **Western OB/GYN** set the benchmark of 100 percent. Twenty-five of 115 medical groups had rates and confidence intervals fully above the medical group average:

- Western OB/GYN
- Paul Larson OB/GYN Clinic
- Southdale OB/GYN Consultants
- John A. Haugen Associates
- Clinic Sofia OB/GYN
- HealthPartners Central Minnesota Clinics
- Partners Obstetrics & Gynecology
- Obstetrics & Gynecology Associates
- Diamond Women's Center
- Edina Family Physicians
- Grand Itasca Clinic
- Gundersen Clinic
- Park Nicollet Health Services
- HealthPartners Clinics
- Allina Health System
- Mayo Clinic
- Family Practice Medical Center of Willmar
- Metropolitan Medical Associates
- CentraCare Health System
- Olmsted Medical Center
- Fergus Falls Medical Group
- Mankato Clinic
- Aspen Medical Group
- Camden Physicians
- Affiliated Community Medical Centers
- North Clinic

High Performers over Five Years

Throughout five years of public reporting, the following medical groups achieved consistently high performance for Breast Cancer Screening:

- Aspen Medical Group
- Camden Physicians
- CentraCare Health System
- HealthPartners Central Minnesota Clinics
- Mankato Clinic
- North Clinic
- Olmsted Medical Center
- Park Nicollet Health Services
- Affiliated Community Medical Centers
- Central Lakes Medical Clinic
- HealthPartners Clinics
- Brainerd Medical Center
- Grand Itasca Clinic
- Gundersen Clinic
- MeritCare
- Mayo Clinic

Biggest Improvements

The greatest improvement since report year 2007 in Breast Cancer Screening was made by **Southern Metro Medical Clinics** with a 14 percentage point increase.

The greatest improvement since report year 2004 in Breast Cancer Screening was made by **Winona Clinic** with a 34 percentage point increase.

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“Staying Healthy” measures

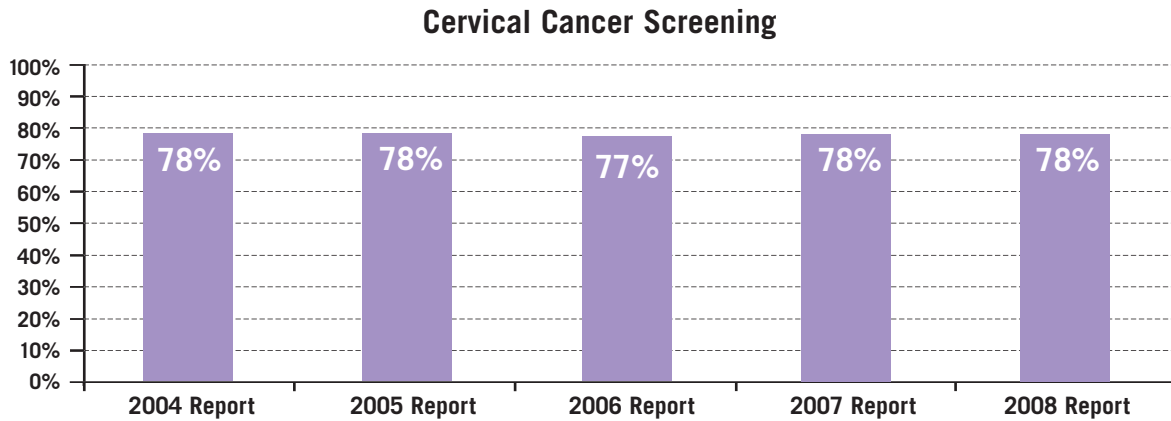
Cervical Cancer Screening

Cervical Cancer Screening (Medical Group Level Results)

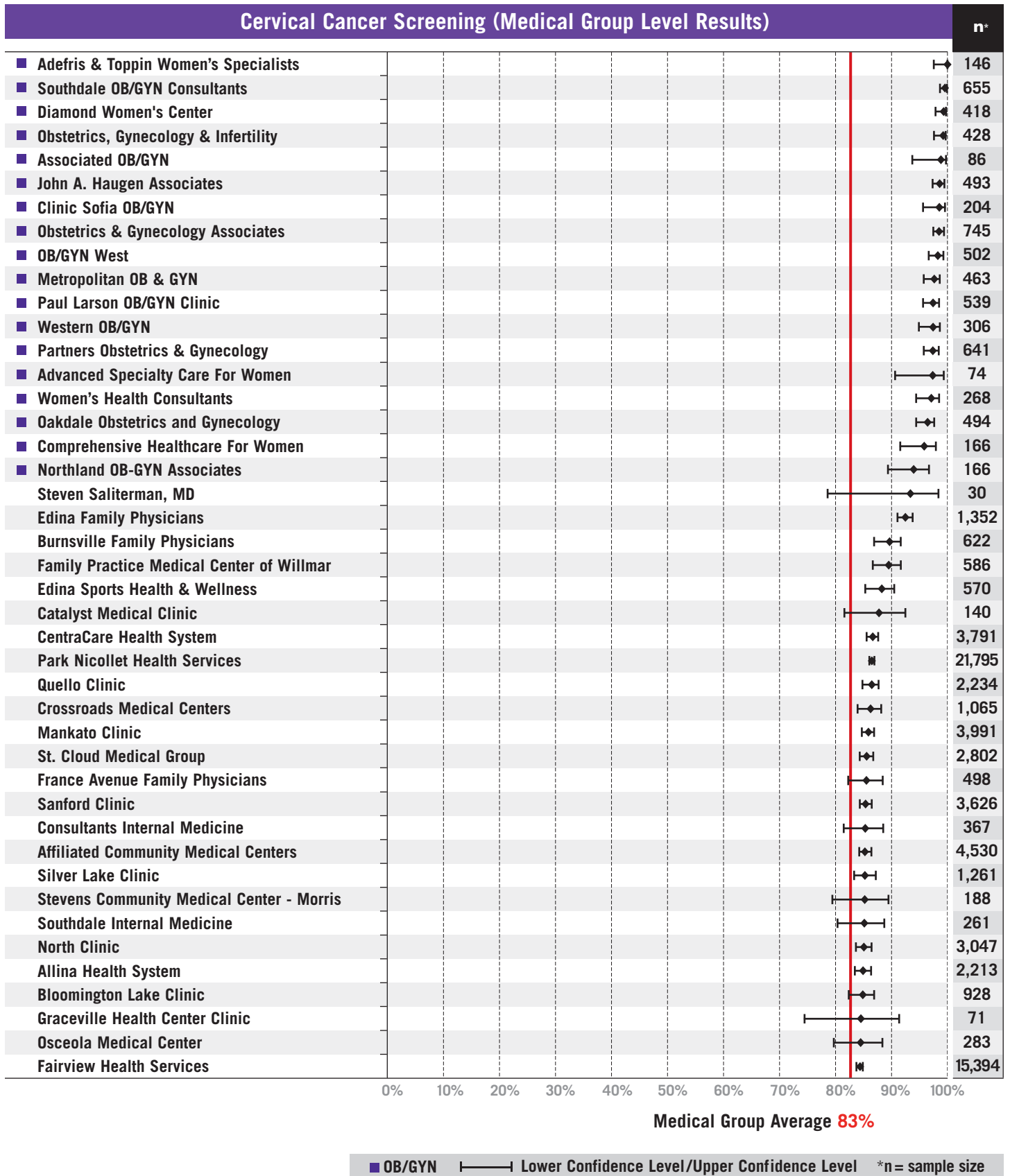
This measures the percentage of women ages 24-64 who received one or more Pap tests to screen for cervical cancer in the measurement year or the two years prior. For health plan members publicly insured through Minnesota Health Care Programs, the continuous enrollment requirement is one year.

The data for this measure are collected from health plan claims.

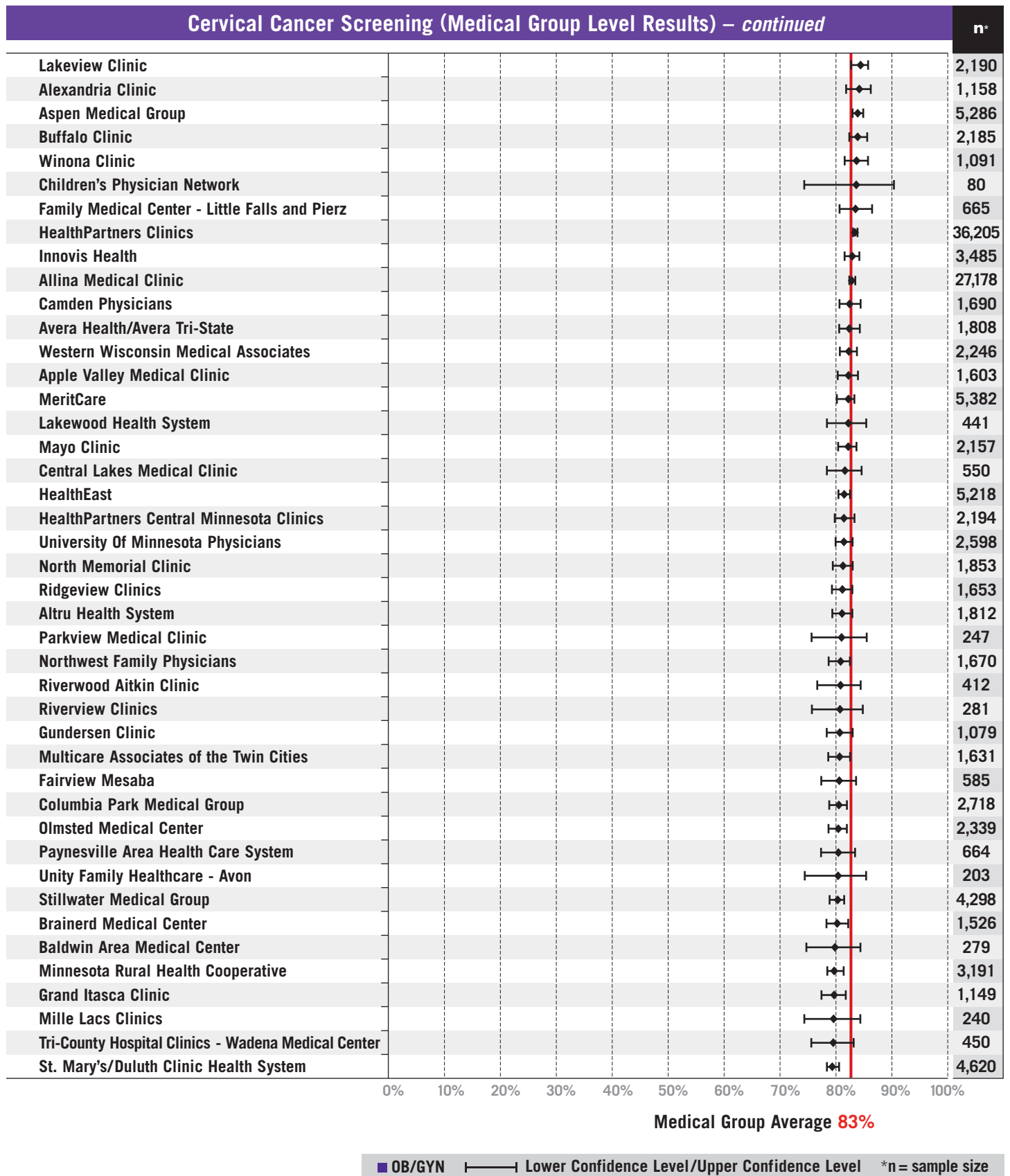
	Statewide Average*	95% CI	Numerator	Denominator
Cervical Cancer Screening	77.9%	77.7% - 78.0%	254,000	326,203



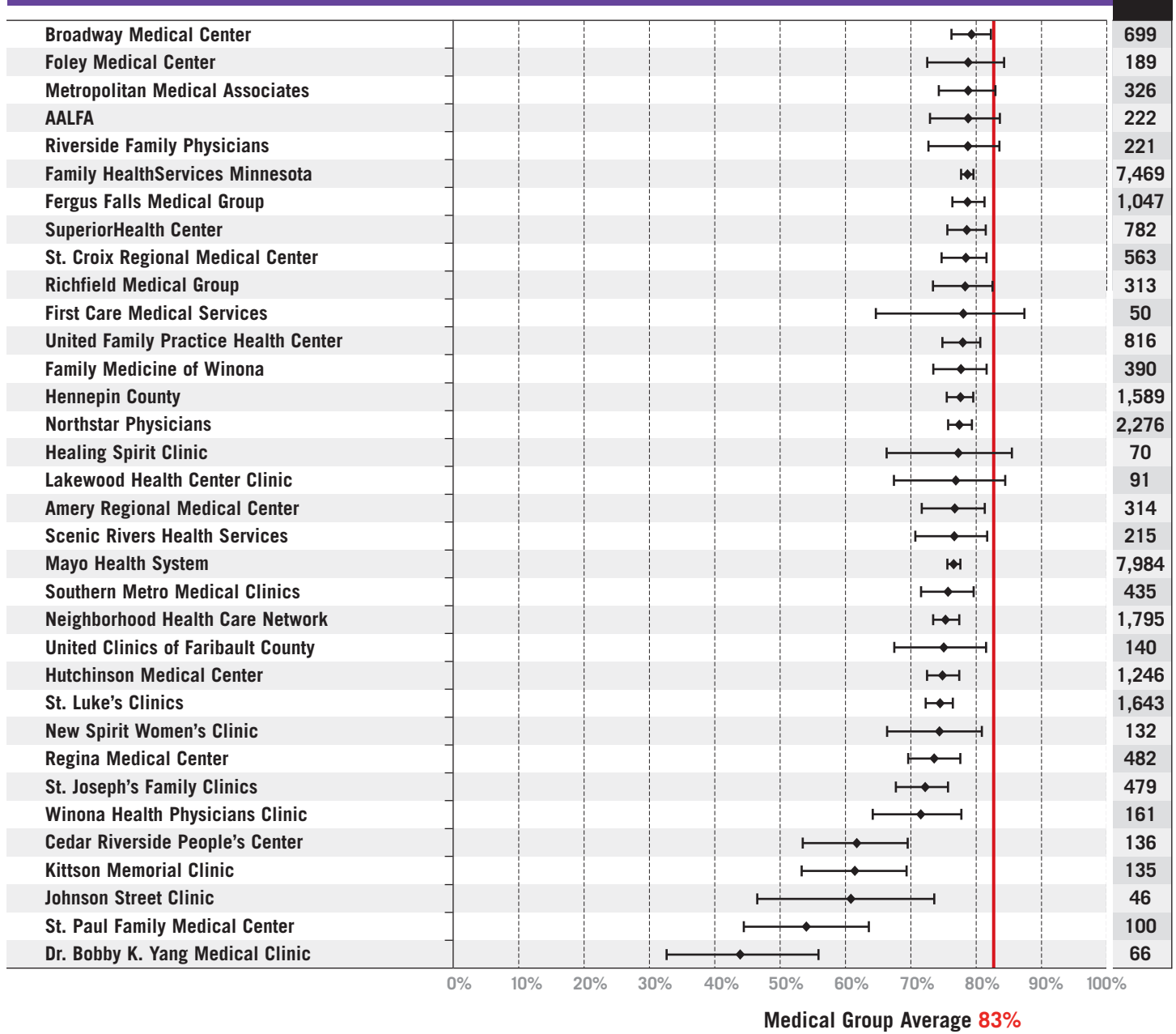
* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.



Staying Healthy



Cervical Cancer Screening (Medical Group Level Results) – continued



■ OB/GYN — Lower Confidence Level/Upper Confidence Level *n= sample size

Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 83 percent of women ages 24-64 had a Pap test in the last three years. **Adefris & Toppin Women's Specialists** and **Southdale OB/GYN Consultants** set the benchmark of 100 percent. Thirty-six of 128 medical groups had rates and confidence intervals fully above the medical group average.

- Adefris & Toppin Women's Specialists
- Southdale OB/GYN Consultants
- Diamonds Women's Center
- Obstetrics, Gynecology & Infertility
- Associated OB/GYN
- John A. Haugen Associates
- Clinic Sofia OB/GYN
- Obstetrics & Gynecology Associates
- OB/GYN West
- Metropolitan OB & GYN
- Paul Larson OB/GYN Clinic
- Western OB/GYN
- Partners Obstetrics & Gynecology
- Advanced Specialty Care For Women
- Women's Health Consultants
- Oakdale Obstetrics and Gynecology
- Comprehensive Healthcare For Women
- Northland OB-GYN Associates
- Edina Family Physicians
- Burnsville Family Physicians
- Family Practice Medical Center of Willmar
- Edina Sports Health & Wellness
- CentraCare Health System
- Park Nicollet Health Services
- Quello Clinic
- Crossroads Medical Centers
- Mankato Clinic
- St. Cloud Medical Group
- Sanford Clinic
- Affiliated Community Medical Centers
- Silver Lake Clinic
- North Clinic
- Allina Health System
- Fairview Health Services
- Aspen Medical Group
- Health Partners Clinic

High Performers over Five Years

Throughout five years of public reporting, the following medical groups achieved consistently high performance for Breast Cancer Screening:

- CentraCare Health System
- Crossroads Medical Centers
- Mankato Clinic
- Park Nicollet Health Services
- Quello Clinic
- Allina
- Aspen Medical Group
- Buffalo Clinic
- HealthPartners Clinics
- Family Practice Medical Center of Willmar
- Lakeview Clinic
- North Clinic
- St. Cloud Medical Group
- Affiliated Community Medical Centers
- Camden Physicians
- MeritCare
- Western Wisconsin Medical Associates

Biggest Improvements

The greatest improvements since report year 2007 in Cervical Cancer Screening were made by **Dr. Bobby K. Yang Medical Clinic**, **Lakewood Health System**, and **Tri-County Hospital Clinics – Wadena Medical Center** each with an 8 percentage point increase.

The greatest improvement since report year 2004 in Cervical Cancer Screening was made by **Fergus Falls Medical Group** with a 22 percentage point increase.

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“Staying Healthy” measures

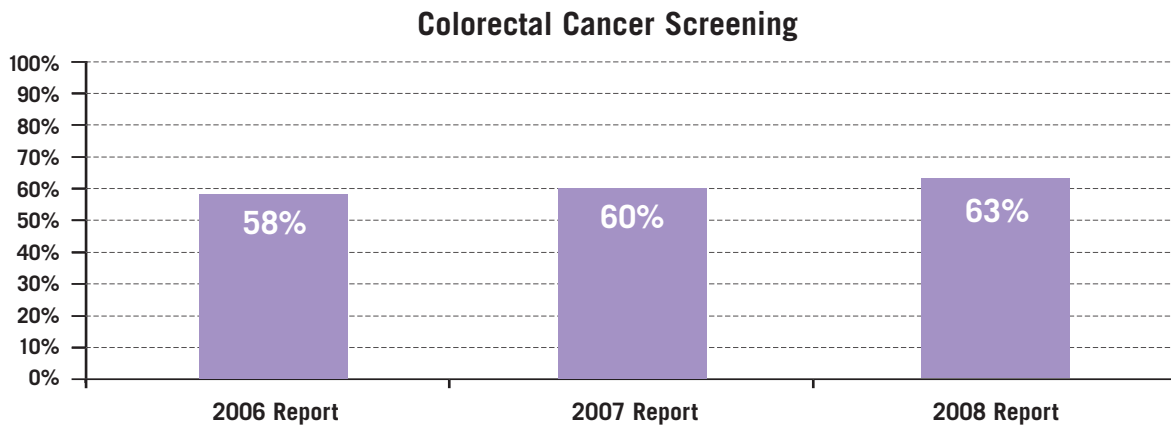
Colorectal Cancer Screening

Colorectal Cancer Screening (Medical Group Level Results)

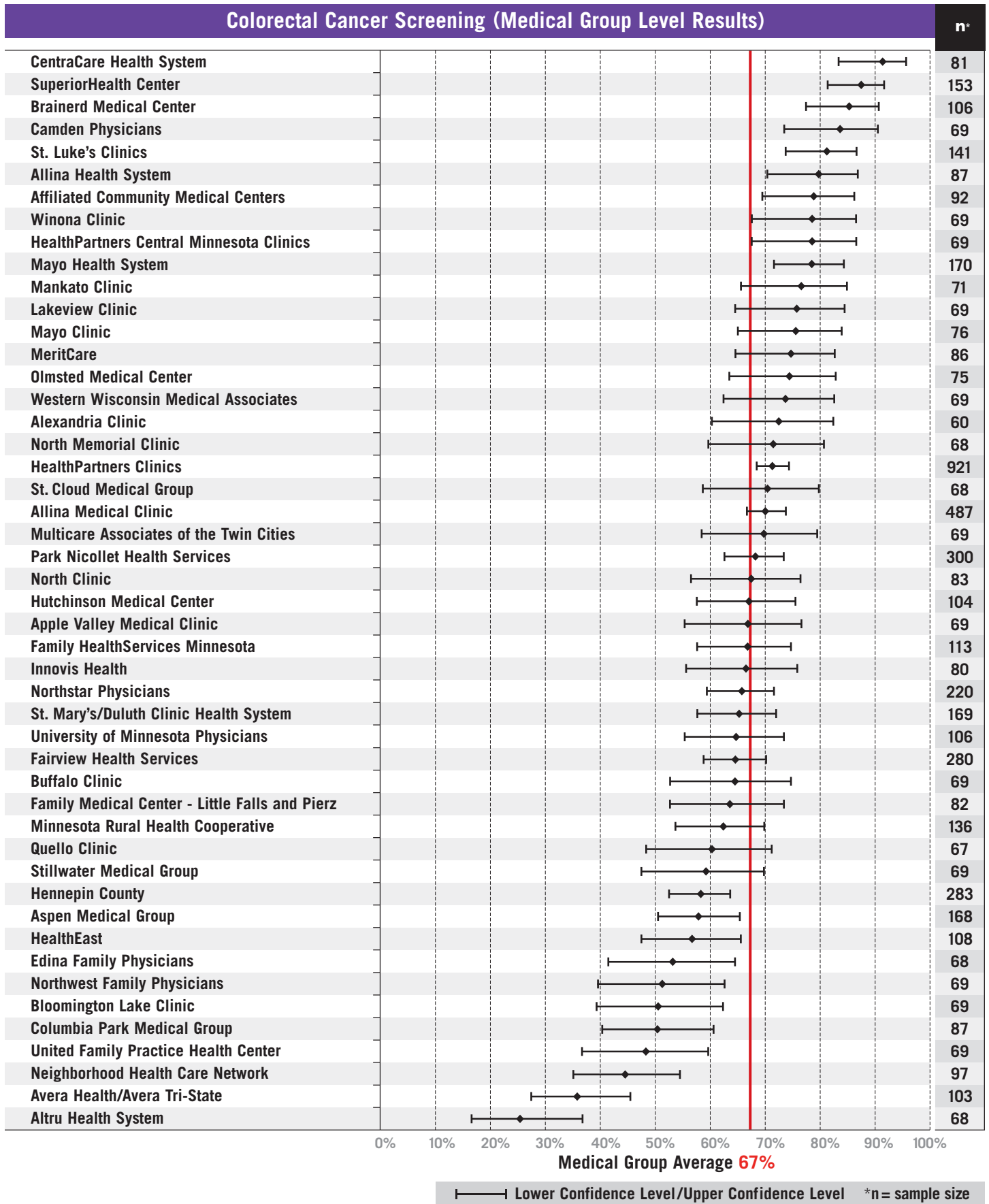
This measures the percentage of adults ages 51-80 who had appropriate screening for colorectal cancer.

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

	Statewide Average* (Weighted)	95% CI	Numerator	Denominator (Patients sampled)	Total Eligible
Colorectal Cancer Screening	62.8%	61.8% - 63.9%	4,481	8,265	338,257



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.



Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 67 percent of patients ages 51-80 had appropriate screening for colorectal cancer. **CentraCare Health System** set the benchmark of 91 percent. Eleven of 48 medical groups had rates and confidence intervals fully above the medical group average:

- CentraCare Health System
- SuperiorHealth Center
- Brainerd Medical Center
- Camden Physicians
- St. Luke's Clinics
- Allina Health System
- Affiliated Community Medical Centers
- Winona Clinic
- HealthPartners Central Minnesota Clinics
- Mayo Health System
- HealthPartners Clinics

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvements since report year 2007 in Colorectal Cancer Screening (medical group level) were made by **Mayo Health System**, **Multicare Associates of the Twin Cities** and **CentraCare Health System** each with more than a 25 percentage point increase.

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“Staying Healthy” measures

Cancer Screening Combined

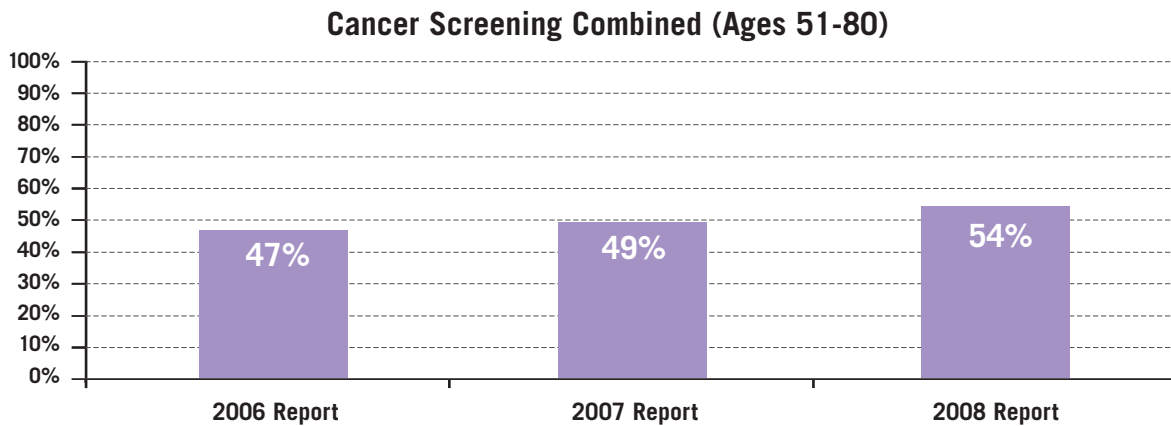
Cancer Screening Combined (Ages 51-80) (Medical Group Level Results)

This measures the percentage of adults ages 51-80 who received appropriate cancer screening services (breast, cervical, colorectal). A patient must be up-to-date for all three components to be considered up-to-date for this measure.

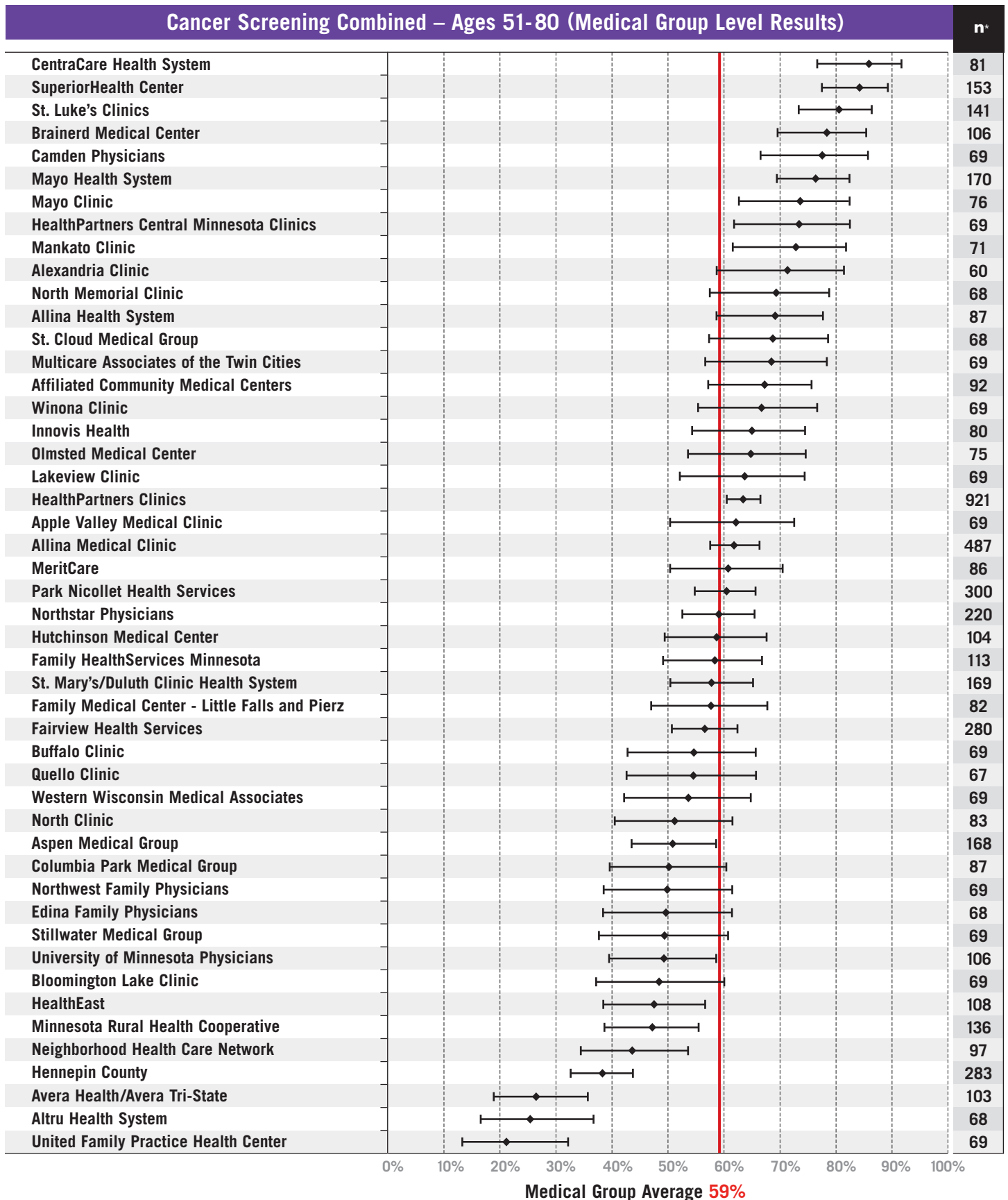
Data for this measure are collected from health plan claims and medical record review.

(Note: This measure uses the same denominator as the Colorectal Cancer Screening measure. For this combined measure, males received an automatic “pass” for the breast and cervical cancer screening components.)

	Statewide Average* (Weighted)	95% CI	Numerator	Denominator (Patients sampled)	Total Eligible
Cancer Screening Combined (Ages 51-80)	54.4%	53.3% - 55.4%	4,082	8,265	338,257



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.



Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 59 percent of patients ages 51-80 had appropriate cancer screening services (breast, cervical and colorectal). **CentraCare Health System** set the benchmark of 86 percent. Ten of 48 medical groups had rates and confidence intervals fully above the medical group average:

- CentraCare Health System
- SuperiorHealth Center
- St. Luke's Clinics
- Brainerd Medical Center
- Camden Physicians
- Mayo Health System
- Mayo Clinic
- HealthPartners Central Minnesota Clinics
- Mankato Clinic
- HealthPartners Clinics

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvement since report year 2007 in Cancer Screening Combined was made by **Brainerd Medical Center** with a 51 percentage point increase.

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“Staying Healthy” measures

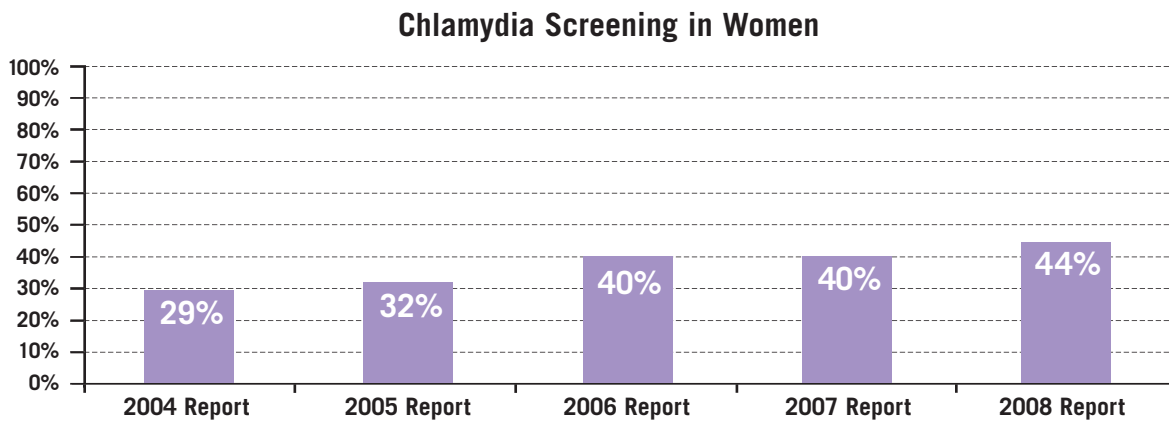
Chlamydia Screening in Women

Chlamydia Screening in Women (Medical Group Level Results)

This measures the percentage of sexually active women aged 16-25 who had at least one test for Chlamydia during the measurement year.

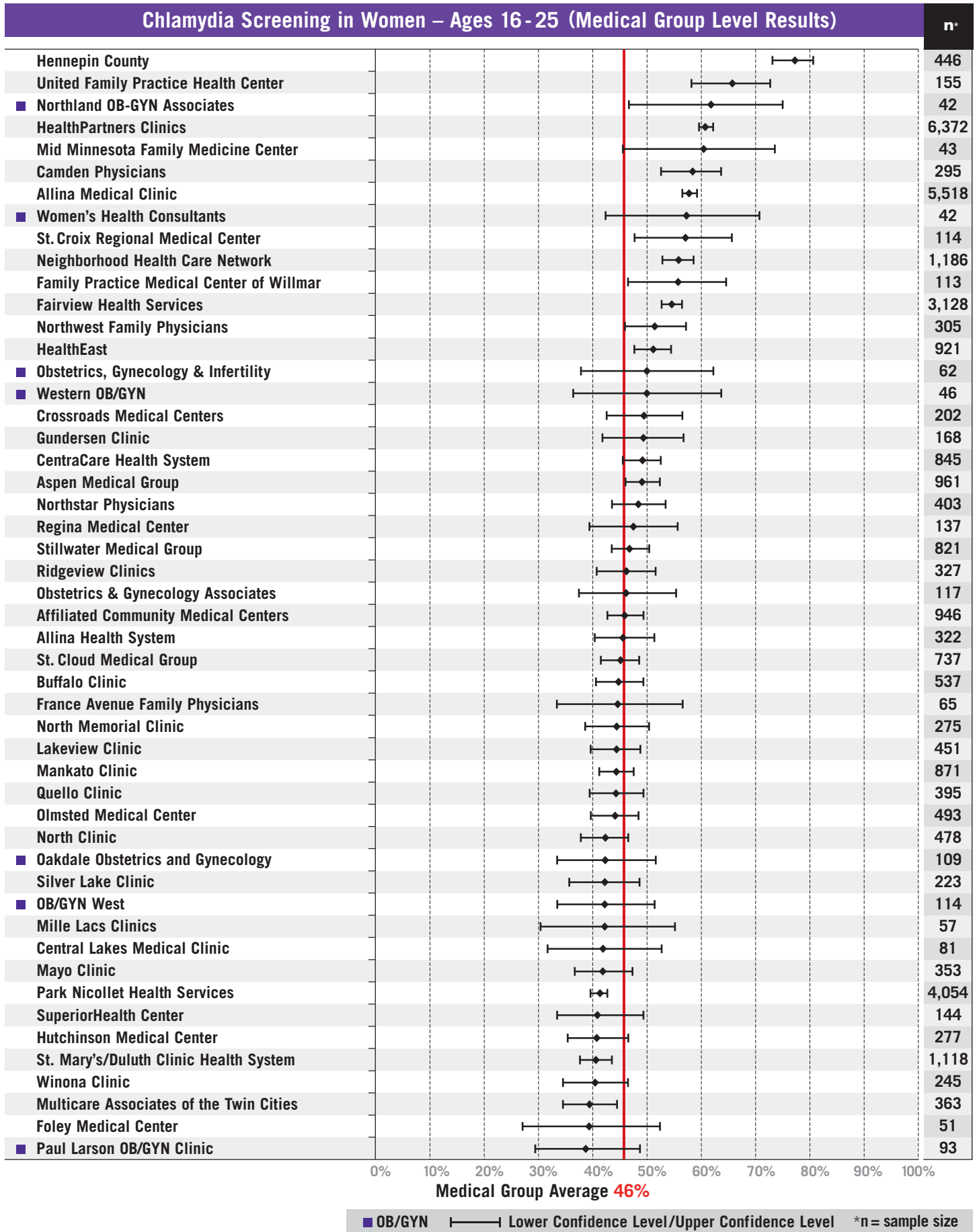
The data for this measure are collected from health plan claims.

	Statewide Average*	95% CI	Numerator	Denominator
Chlamydia Screening in Women	43.6%	43.2% - 44.0%	26,390	60,591

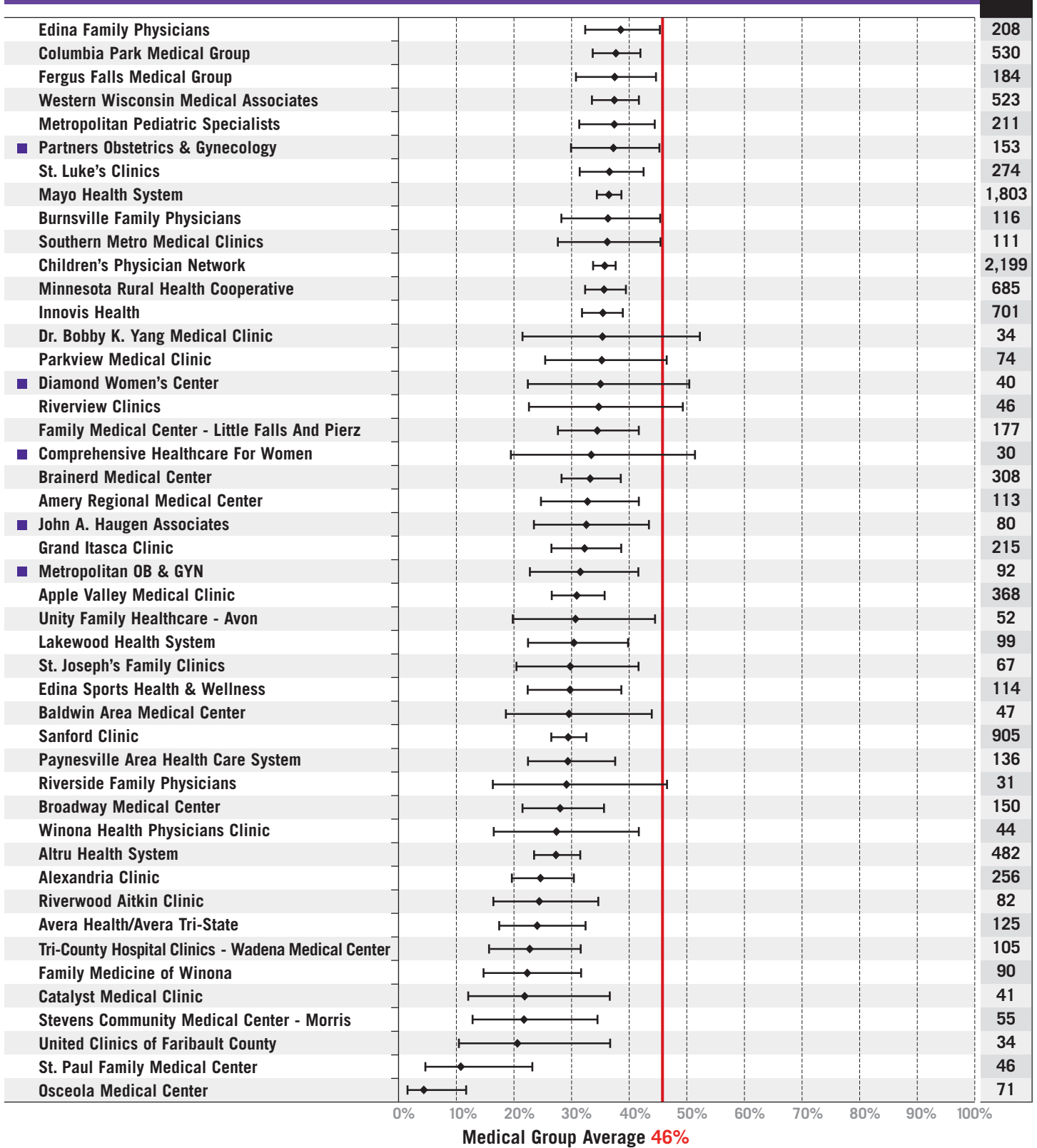


* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Technical coding issues were identified for some medical groups so their chlamydia screening rates were suppressed in 2006, 2007 and 2008.

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Chlamydia Screening in Women – Ages 16-25 (Medical Group Level Results) – *continued*



Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 46 percent of sexually active women ages 16-25 had a Chlamydia test. **Hennepin County** set the benchmark of 77 percent. Thirteen of 99 medical groups had rates and confidence intervals fully above the medical group average:

- Hennepin County
- United Family Practice Health Center
- Northland OB-GYN Associates
- HealthPartners Clinic
- Camden Physicians
- Allina Medical Clinic
- St. Croix Regional Medical Center
- Neighborhood Health Care Network
- Family Practice Medical Center of Willmar
- Fairview Health Services
- Northwest Family Physicians
- HealthEast
- Aspen Medical Group

High Performers over Five Years

Throughout five years of public reporting, the following medical groups achieved consistently high performance for Chlamydia Screening:

- HealthPartners Clinic
- Hennepin County
- Neighborhood Health Care Network
- Aspen Medical Group
- Mayo Clinic
- Northwest Family Physicians
- CentraCare Health System
- Lakeview Clinic

Biggest Improvements

The greatest improvement since report year 2007 in Chlamydia Screening was made by **Northland OB/GYN Associates** with a 37 percentage point increase.

The greatest improvement since report year 2004 in Chlamydia Screening was made by **Family Practice Medical Center of Willmar** with a 54 percentage point increase.

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“Staying Healthy” measures

Childhood Immunization

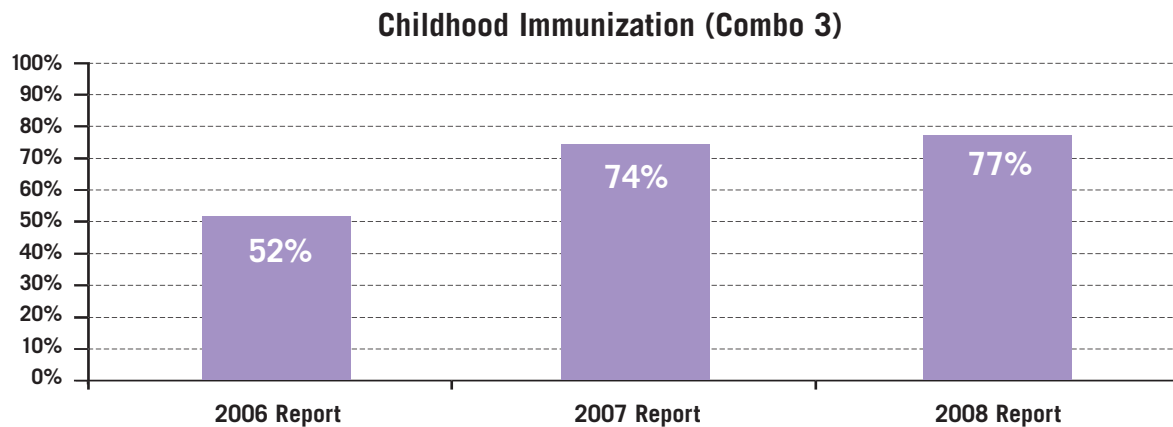
Childhood Immunization (Combo 3) (Medical Group Level Results)

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

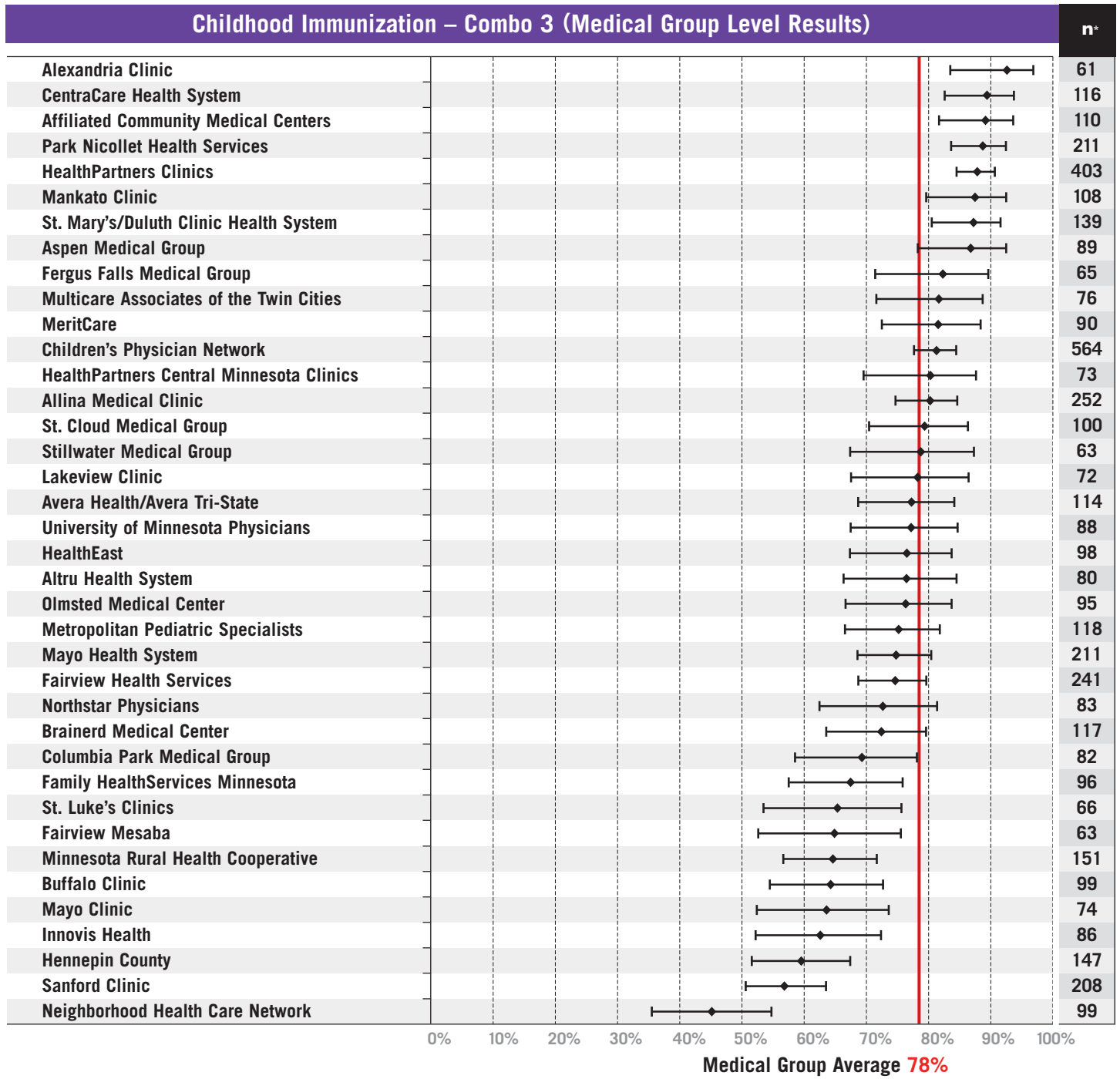
- Four DTaP/DT
- Three IPV
- One MMR
- Three H influenza type B
- Three Hepatitis B
- One VZV
- Four pneumococcal conjugate

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

	Statewide Average* (Weighted)	95% CI	Numerator	Denominator (Patients sampled)	Total Eligible
Childhood Immunization	77.5%	76.4% - 78.5%	4,576	6,178	24,353



* Statewide averages (above) include those patients attributed to a medical group AND those who could not be attributed to a medical group.
 Note: Caution is needed when making comparisons from year to year.



Staying Healthy

Performance Highlights – Medical Group Level Results

High Performers in 2008

Medical group level results showed that an average of 78 percent of children two years of age who were up-to-date with all recommended immunizations by their second birthday. **Alexandria Clinic** set the benchmark of 93 percent. Seven of 38 medical groups had rates and confidence intervals fully above the medical group average:

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

High Performers over Five Years

Not applicable.

Biggest Improvements

The greatest improvement since report year 2007 in Childhood Immunization (medical group level) was made by **St. Luke's Clinics** with a 37 percentage point increase.

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Summary of Statewide Results

Table 2 provides an overview of the statewide averages by measure. It also includes the percentage point change in the average rates from report year 2007 to 2008 as well as the percentage point change over time. Statewide results are higher for most measures. Rates for the Controlling High Blood Pressure, Asthma Care and Cervical Cancer Screening measures have remained steady since 2007. Although the rate for the Asthma Care measure has increased over the years, significant changes to the measurement specifications may have contributed to this increase. The slowing pace in improvement for the Asthma Care measure could be attributed, in part, to the high levels of performance.

In the five years that we have been measuring Optimal Diabetes Care, we have seen the number of patients achieving optimal care almost triple. Compared to the *2007 Health Care Quality Report*, almost 10,000 more people with diabetes met these aggressive treatment standards. Research tells us that this greatly reduces their risk of experiencing the serious complications of diabetes – strokes, heart attacks, amputations and vision problems.

For the Cancer Screening Combined measure, the rate surpassed the 50 percent marker for the first time with a 5 percentage point improvement since the *2007 Health Care Quality Report*. This means about 18,000 more patients statewide were screened for breast, cervical and colorectal cancer screening. This increase is likely due to an increase in colorectal cancer screening.

Chlamydia Screening rates increased by almost 1.5 times since the *2004 Health Care Quality Report* from 29 percent to 43.6 percent. However, this increase may be due to our decision to suppress the rates for some medical groups that use a particular procedure code that is not recognized in the HEDIS specifications for this measure. Therefore, caution is advised when interpreting this increase.

Among the notable quality improvements since the *2007 Health Care Quality Report*, Childhood Immunization rates increased by almost 1.5 times since report year 2006, the first year that Combo 3 was measured.

(continued on page 101)

Summary of Statewide Results

Table 2: MN Community Measurement Statewide Results Comparisons to Previous Years

Quality Measure	2008 Statewide Average (2007 Dates of Services)	Percentage Point Change Statewide 2007 vs. 2008	Percentage Point Change Over Time
“Living with Illness” measures			
Optimal Diabetes Care* <i>(Clinic level results)</i>	17.1%	3.6 ↑	3.6 ↑ (2 years)
Optimal Diabetes Care* <i>(Medical group level results)</i>	13.0%	2.5 ↑	9.1 ↑ (5 years)
Optimal Vascular Care* <i>(Clinic level results)</i>	32.6%	N/A	N/A
Optimal Vascular Care* <i>(Medical group level results)</i>	32.3%	N/A	N/A
Controlling High Blood Pressure* <i>(Medical group level results)</i>	65.4%	0.1 ↓	0.1 ↓ (2 years)
Asthma Care (Ages 5-56) <i>(Medical group level results)</i>	91.7%	0.4 ↑	17.9 ↑ (5 years)
“Getting Better” measures			
Appropriate Treatment for Children with URI <i>(Medical group level results)</i>	85.8%	1.4 ↑	0.1 ↑ (3 years)
Appropriate Testing for Children with Pharyngitis <i>(Medical group level results)</i>	84.5%	3.8 ↑	2.7 ↑ (3 years)
“Staying Healthy” measures			
Breast Cancer Screening (Mammograms) <i>(Medical group level results)</i>	76.5%	1.0 ↑	1.2 ↑ (5 years)
Cervical Cancer Screening (Pap tests) <i>(Medical group level results)</i>	77.9%	0.3 ↑	0.1 ↑ (5 years)
Colorectal Cancer Screening* <i>(Medical group level results)</i>	62.8%	3.1 ↑	4.5 ↑ (3 years)
Cancer Screening Combined* – Ages 51-80 (breast, cervical, colorectal) <i>(Medical group level results)</i>	54.4%	5.1 ↑	6.8 ↑ (3 years)
Chlamydia Screening (Ages 16-25) <i>(Medical group level results)</i>	43.6%	2.8 ↑	14.5 ↑ (5 years)
Childhood Immunizations* <i>(Medical group level results)</i>	77.5%	3.1 ↑	25.5 ↑ (3 years)

* These statewide averages are weighted (see methods). N/A = Measurement specifications changed so comparisons cannot be made.

Highest Performers in 2008 by Medical Group Type

The following tables 3A-3D list the high performing medical groups by type based on measures on which they were reported. These groups had above-average rates on most measures.

Nine primary care medical groups achieved rates that were above average more frequently than others. Each of these medical groups achieved above-average rates on at least half of the measures on which they were reported.

Table 3A: High Performing Medical Groups in 2008 – Primary Care

Medical Group	Asthma	URI	Pharyngitis	Optimal Diabetes Care	Optimal Vascular Care	Controlling High BP	Colorectal Cancer Screening	Breast Cancer Screening	Cervical Cancer Screening	Cancer Screening Combo	Chlamydia Screening	Childhood Immunization Status
HealthPartners Clinic 11 of 12		●	●	●	●	●	●	●	●	●	●	●
CentraCare Health System 7 of 12	●		●				●	●	●	●	●	
Park Nicollet Health Services 7 of 12		●	●		●	●		●	●			●
Fairview Health Services 7 of 12		●	●	●	●	●			●		●	
Affiliated Community Medical Centers 6 of 12	●					●	●	●	●			●
Camden Physicians 6 of 10		●	●		⊖		●	●		●	●	⊖
HealthPartners Central Minnesota Clinics 5 of 10		●	●			⊖	●	●		●	⊖	
Family Practice Medical Center of Willmar 5 of 8			●	●		⊖	⊖	●	●	⊖	●	⊖
Children's Physician Network 3 of 6	●	●	●	N/A	N/A	N/A	N/A	N/A		N/A		

● = Medical group rate and CI fully above average. ⊖ = Data size too small to report. N/A = Measure not applicable.

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

Highest Performers in 2008 by Medical Group Type

Four urgent/convenience care clinics achieved rates that were above average more frequently than others. Each of these clinics achieved above-average rates on the URI and Pharyngitis measures (Table 3B).

Table 3B: High Performing Medical Groups in 2008 – Urgent/Convenience Care

Medical Group	URI	Pharyngitis
Express Healthcare - 2 of 2	●	●
Minute Clinic - 2 of 2	●	●
Physicians Urgent Care - 2 of 2	●	●
West Health Urgent Care - 2 of 2	●	●

● = Medical group rate and CI fully above average.

Two cardiology groups achieved rates that were above average more frequently than others. Each of these groups achieved above-average rates on the Optimal Vascular Care measure (Table 3C).

Table 3C: High Performing Medical Groups in 2008 – Cardiology

Medical Group	Optimal Vascular Care
Metropolitan Cardiology Consultants - 1 of 1	●
St. Paul Heart - 1 of 1	●

● = Medical group rate and CI fully above average.

Nine OB/GYN groups achieved rates that were above average more frequently than others. Each of these medical groups achieved above-average rates on at least two of the three measures on which they were reported (Table 3D).

Table 3D: High Performing Medical Groups in 2008 – Obstetrics/Gynecology

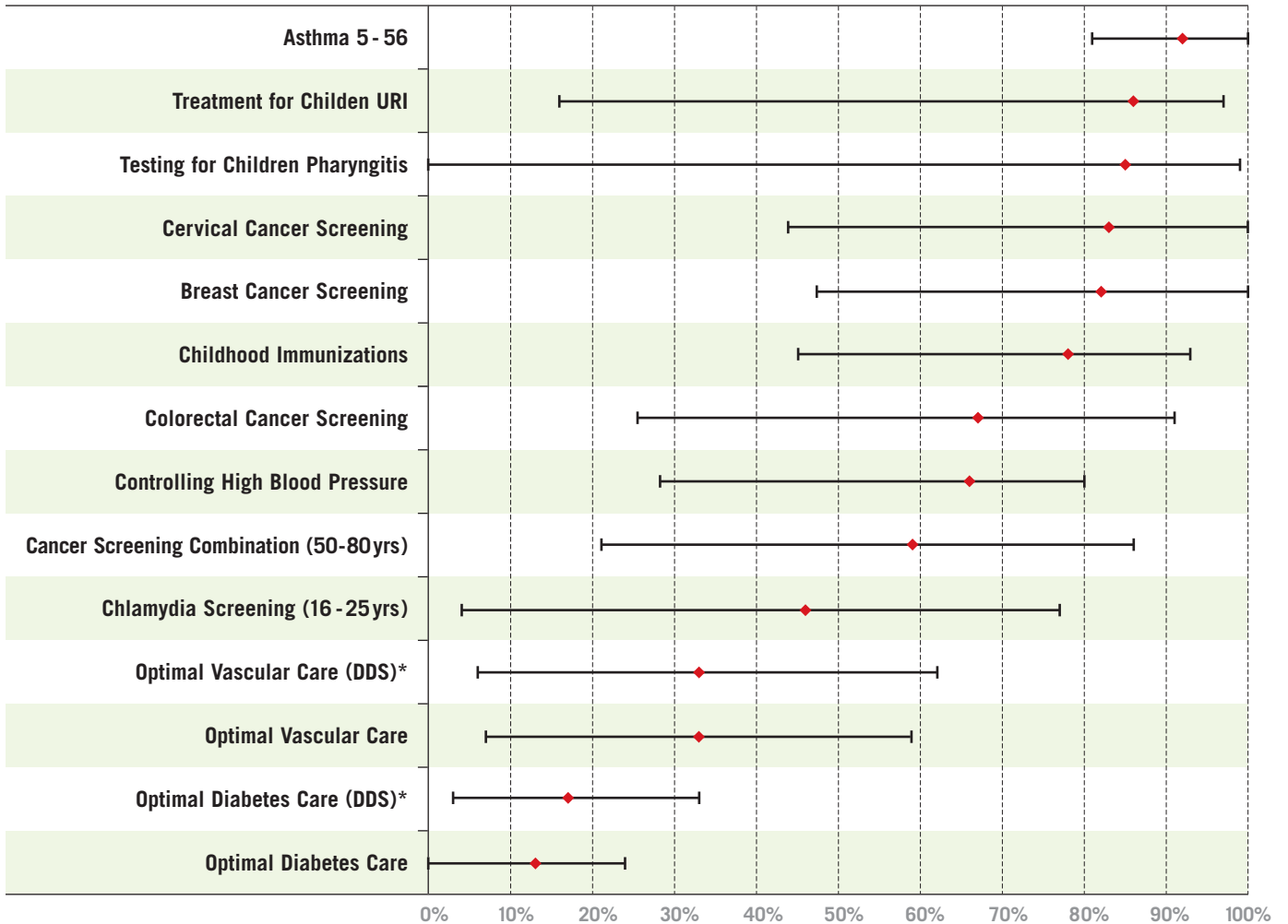
Medical Group	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening
Diamond Women’s Center - 2 of 3	●	●	
John A. Haugen Associates - 2 of 3	●	●	
Partners Obstetrics & Gynecology - 2 of 3	●	●	
Paul Larson OB/GYN Clinic - 2 of 3	●	●	
Western OB/GYN - 2 of 3	●	●	
Clinic Sofia OB/GYN - 2 of 2	●	●	⊙
Northland OB-GYN Associates - 2 of 2	⊙	●	●
Southdale OB/GYN Consultants - 2 of 2	●	●	⊙
Obstetrics & Gynecology Associates - 2 of 2	●	●	⊙

● = Medical group rate and CI fully above average. ⊙ = Data size too small to report.

Medical Group Performance Variation in 2008

For all measures, we observed considerable variation across medical groups. For three measures, some medical groups achieved performance rates of 100 percent.

All Measures - Practice Variation



— Medical Group Low/High ♦ Average

* Clinic Level Practice Variation

Consistently High Performing Medical Groups Over 5 Years

Five medical groups consistently achieved above-average rates on the four measures that were reported in each of the last five years by MNMCM (Table 4). Three groups are urban multispecialty groups; one is a family medicine group; and one is a multispecialty group from Greater Minnesota. HealthPartners Clinics has demonstrated the most consistently high performance over time.

Table 4: High-Performing Medical Groups for Five Years

Medical Group	Optimal Diabetes Care	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening
HealthPartners Clinics - 4 of 4	●	●	●	●
Aspen Medical Group - 3 of 4		●	●	●
Camden Physicians - 3 of 4	●	●	●	
CentraCare Health System - 3 of 4		●	●	●
Park Nicollet Health Services - 3 of 4	●	●	●	

● = Medical group rate and CI fully above average.

Future Plans

From the beginning, MNCM has been dedicated to reporting credible and comparable health care quality information on medical groups and clinics. Today, many organizations view MNCM as a community asset. Our results are being used by health plans and purchasers for their pay-for-performance programs. Medical groups and clinics are using the results to change systems that support their quality improvement efforts. Other organizations are using the results to provide consumers with information about the cost and quality of care from a medical group or clinic. And the data is used by state agencies and the media to inform the public about health care quality in Minnesota.

Our future looks bright. Our Board of Directors is committed to seeing that this work continues to serve our community and add value toward improving our health care system. Next year, for the first time, we will report a Patient Experience measure. It will provide information about consumers' experiences with the health care system. Our studies show us that consumers value this information and would use it to make decisions about their health care. We will also report on a new depression measure collected through our

Direct Data Submission process. This new measure was developed in collaboration with the Institute for Clinical Systems Improvement (ICSI), health plans, the Minnesota Department of Human Services and several medical groups. It is based on evidence-based treatment guidelines for depression care.

Next year will bring the development of two new measures – an asthma composite measure and an orthopedic care measure. Additionally, our Reporting Advisory Committee has identified several existing measures that would be suitable for the DDS process. The first measure to transition to the DDS process will be Colorectal Cancer Screening. Childhood Immunization Status and Controlling High Blood Pressure will follow. MNCM will also be reconstructing our Web site to better engage consumers in using our information.

This report, along with the *2007 Health Care Disparities Report*, represents our initial efforts to look at MNCM data in new ways. The results will help us fulfill our mission to accelerate the improvement of health by publicly reporting health care information. We will be sharing our findings in future reports.

Acknowledgements

The *2008 Health Care Quality Report* is a collaborative effort led by MN Community Measurement on behalf of the Minnesota health care community and the broader public. We would like to acknowledge the contributions of all organizations that shared their resources and the individuals who shared their time and expertise to make this report possible. We offer our sincerest thanks to:

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The medical groups and clinics that submitted data for this report:

AALFA Family Clinic, Affiliated Community Medical Centers, Alexandria Clinic, Allina Medical Clinic, Apple Valley Medical Clinic, Aspen Medical Group, Brainerd Medical Center, Burnsville Family Physicians, Camden Physicians, Carlos Fernandez, MD Clinic, CentraCare Health System, Columbia Park Medical Group, Community-University Health Care Center, Consultants Internal Medicine, Edina Sports Health & Wellness, Fairview Health Services, Fairview Mesaba Clinic, Family HealthServices Minnesota, Family Medical Center, Family Medicine of Winona, Family Practice Medical Center of Willmar, France Avenue Family Physicians, Fremont Community Health Services, Glencoe Regional Health Services, HealthEast, HealthPartners Central Minnesota Clinics, HealthPartners Clinics, Hennepin Faculty Associates, Hutchinson Medical Center, Innovis Health, Lakeview Clinic, Lakeview Medical Clinic, Lakeville Integrative Medicine Clinic, Mankato Clinic, Mayo Clinic, MeritCare, Minnesota Center for Obesity, Metabolism and Endocrinology (MNCOME), Multicare Associates, New Spirit Women's Clinic, North Clinic, North Memorial Clinic, Northwest Family Physicians, NorthPoint

Health & Wellness Center, Park Nicollet Health Services, Quello Clinic, Renville County Hospital and Clinics, Richfield Medical Group, Ridgeview Clinics, Riverside Family Physicians, Silver Lake Clinic, Southdale Internal Medicine, St. Cloud Medical Group, St. Mary's/Duluth Clinic, St. Paul Heart, Steven Saliterman, MD, Stevens Community Medical Center, Stillwater Medical Group, United Family Practice Health Center, University of Minnesota Physicians, Western Wisconsin Medical Associates, West Side Community Health Services, Winona Clinic.

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Multispecialty and Primary Care Medical Groups Reported in 2008 - (114)

AALFA
 Affiliated Community Medical Centers
 Alexandria Clinic
 Allina Health System
 Allina Medical Clinic
 Altru Health System
 Amery Regional Medical Center
 Apple Valley Medical Center
 Aspen Medical Group
 Avera Health/Tri-State
 Baldwin Area Medical Center
 Bloomington Lake Clinic
 Brainerd Medical Center
 Broadway Medical Center
 Buffalo Clinic
 Burnsville Family Physicians
 Camden Physicians
 Carlos Fernandez MD Clinic
 Catalyst Medical Clinic
 Cedar Riverside People's Center
 CentraCare Health System
 Central Lakes Medical Clinic
 Children's Physician Network
 Columbia Park Medical Group
 Community-University Health Care Center
 Consultants Internal Medicine
 Crossroads Medical Centers
 Dr. Bobby K. Yang Medical Clinic
 Edina Family Physicians
 Edina Sports Health & Wellness
 Fairview Health Services
 Fairview Mesaba
 Family HealthServices Minnesota
 Family Medical Center - Little Falls And Pierz
 Family Medicine of Winona
 Family Practice Medical Center of Willmar
 Fergus Falls Medical Group
 First Care Medical Services
 Foley Medical Center
 France Avenue Family Physicians
 Fremont Community Health Services
 Glencoe Regional Health Services
 Graceville Health Center Clinic
 Grand Itasca Clinic
 Gundersen Clinic
 Healing Spirit Clinic
 HealthEast
 HealthPartners
 Central Minnesota Clinics
 HealthPartners Clinics
 Hennepin County
 Hennepin Faculty Associates
 Hutchinson Medical Center
 Innovis Health
 Johnson Street Clinic
 Kittson Memorial Clinic
 Lakeview Clinic
 Lakeview Medical Clinic
 Lakeville Integrative Medicine Clinic
 Lakewood Health Center Clinic
 Lakewood Health System
 Mankato Clinic
 Mayo Clinic
 Mayo Health System
 Metropolitan Medical Associates
 Metropolitan Pediatric Specialists
 MeritCare
 Mid Minnesota Family Medicine Center
 Mille Lacs Clinics
 Minnesota Rural Health Cooperative
 Multicare Associates of the Twin Cities
 Neighborhood Health Care Network
 New Spirit Women's Clinic
 North Clinic
 North Memorial Clinic
 NorthPoint Health & Wellness Center
 Northstar Physicians
 Northwest Family Physicians
 Olmsted Medical Center
 Osceola Medical Center
 Park Nicollet Health Services
 Parkview Medical Clinic
 Paynesville Area Health Care System
 Quello Clinic
 Regina Medical Center
 Renville County Hospital and Clinics
 Richfield Medical Group
 Ridgeview Clinics
 Riverside Family Physicians
 Riverview Clinics
 Riverwood Aitkin Clinic
 Scenic Rivers Health Services
 Silver Lake Clinic
 Sanford Clinic
 Southdale Internal Medicine
 Southern Metro Medical Clinics
 St. Cloud Medical Group
 St. Croix Regional Medical Center
 St. Joseph's Family Clinics
 St. Luke's Clinics
 St. Mary's/Duluth Clinic Health System
 St. Paul Family Medical Center
 Steven Saliterman, MD
 Stevens Community Medical Center - Morris
 Stillwater Medical Group
 SuperiorHealth Center
 Tri-County Hospital Clinics - Wadena Medical Center
 United Clinics of Faribault County
 United Family Practice Health Center
 Unity Family Healthcare - Avon
 University of Minnesota Physicians
 West Side Community Health Services
 Western Wisconsin Medical Associates
 Winona Health Physicians Clinic
 Winona Clinic

Other Types of Medical Groups Reported in 2008

3 Endocrinology Clinics

Endocrinology Clinic of Mpls
Mark P. Stesin, MD

MN Center for Obesity, Metabolism and
Endocrinology (MNCOME)

4 Cardiology Clinics

Metropolitan Cardiology Consultants
Minneapolis Heart Institute

Minnesota Heart Clinic
St. Paul Heart Clinic

18 Obstetrics/Gynecology Clinics

Adefris & Toppin Women's Specialists
Advanced Specialty Care for Women
Associated OB/GYN
Clinic Sofia OB/GYN
Comprehensive Healthcare for Women
Diamond Women's Center
John A. Haugen Associates
Metropolitan OB & GYN
Northland OB-GYN Associates

OB/GYN West
Oakdale Obstetrics and Gynecology
Obstetrics & Gynecology Associates
Obstetrics, Gynecology & Infertility
Partners Obstetrics & Gynecology
Paul Larson OB/GYN Clinic
Southdale OB & GYN Consultants
Western OB/GYN
Women's Health Consultants

11 Urgent/Convenience Care Clinics

Chaska Urgent Care
Express Healthcare
Maple Grove Urgent Care
MinuteClinic
Now Care Medical Centers
Physicians Urgent Care

Priority Pediatrics Urgent Care
St. Francis Medical Clinic - Urgent Care
Suburban Emergency Associates
The Doctor's Office - Urgent Care
WestHealth Urgent Care

We wish to thank all medical groups and clinics in Minnesota and bordering communities for their continued commitment to quality improvement as a means to provide the best care possible.



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