2019 MINNESOTA HEALTH CARE DISPARITIES

by Insurance Type

RELEASED MAY 2020

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MN Community MEASUREMENT

DEPARTMENT OF HUMAN SERVICES

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ONLINE APPENDICES

Who is MN Community Measurement?

MN Community Measurement (MNCM) is a non-profit organization that empowers the community with data and information to drive improvement in health care cost and quality. MNCM was formed as a community resource where all health care stakeholders – whether they buy, manage, provide, deliver, oversee, or consume health care – come together and mutually invest in improvement for a better tomorrow.

MNCM specializes in developing, collecting, analyzing, and publicly reporting information on health care quality, cost, and patient experience. Founded in 2005, our multi-stakeholder collaborative includes physicians, hospitals and health systems, health plans, employers, consumers, and state government.

MNCM strives to deliver data and information that is timely, actionable, and relevant for each stakeholder in the community to fulfill their role in advancing improvement and affordability.

REPORT PREPARATION DIRECTION

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INTRODUCTION

Quality care for all patients remains an important goal for our national health care system. However, our health care system continues to experience significant and widespread disparities across populations. Health care quality, cost and patient outcomes vary by factors such as where patients live, where they receive health care, socioeconomic status, race, ethnicity and health insurance type. To better understand these disparities, quality measurement in health care illustrates which populations are affected the most by these disparities, identifies common trends found within disparities and provides motivation for improvement in health care quality across all populations within our health care system.

The inaugural report, produced by MN Community Measurement (MNCM) in collaboration with the Minnesota Department of Human Services (DHS) in 2007, was the first in the nation to provide measurement results by insurance type at statewide, medical group and clinic levels. The 2019 report continues to summarize health care quality for patients enrolled in Minnesota Health Care Programs (MHCP) managed care (i.e. Medical Assistance and MinnesotaCare programs), makes comparisons by insurance type, and features statewide MHCP managed care results by race and Hispanic ethnicity. It also highlights high performing medical groups by measure for the MHCP managed care patient population. Throughout the report, MHCP managed care results are compared to Other Purchasers, which includes commercial (employer-based and individual health insurance coverage) and Medicare managed care data.

The data presented in this report was collected by MNCM in 2019 for 2018 dates of service. There are 9 quality measures included in this report.

Background

In 2005, the Minnesota Legislature directed DHS to establish a performance reporting and quality improvement system for medical groups and clinics providing health care services to patients enrolled in the managed care component of MHCP. Compared to the overall Minnesota population, patients enrolled in MHCP are of lower socioeconomic status and include a disproportionate number of persons of color, American Indian or Alaska Natives, persons with disabilities, and elderly adults. MHCP enrollees often experience significant challenges that create barriers to receiving appropriate health care. As a result, they may not receive care that meets best practices as often as patients insured with other types of insurance.

What's New

- The Controlling High Blood Pressure measure is not included in the 2019 report due to significant changes to the measure.
- The "Depression" section has been re-titled to "Mental Health" for clarity.

OVERVIEW OF QUALITY MEASURES

This report includes nine health care quality measures chosen by DHS to address gaps in quality for patients enrolled in MHCP managed care and to focus community efforts on improvement. The measures include:

Preventive Health

- Breast Cancer Screening*
- Colorectal Cancer Screening
- Childhood Immunization Status (Combo 10)*

Chronic Conditions

- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Control – Adults
- Optimal Asthma Control – Children

Mental Health

- Adolescent Mental Health and/or Depression Screening
- Adult Depression: Remission at Six Months

Data Source Enables Reporting Capability

The measures in this report are collected from two separate data sources: clinics and health plans. Direct Data Submission (DDS) measures use data from clinics. This data enables reporting of results by clinic location as well as by medical group. In contrast, the Healthcare Effectiveness Data and Information Set (HEDIS) measures use data from health plans. This data enables reporting of results by medical group only. HEDIS measures are indicated by an asterisk (*). For medical group and clinic-level results, see the ***Appendix: Detailed Medical Group and Clinic Level Tables***.

Key findings include:

- Statewide MHCP results improved significantly since last year for six measures: Colorectal Cancer Screening, Optimal Diabetes Care, Optimal Vascular Care, Optimal Asthma Control – Adults, Optimal Asthma Control – Children and Adolescent Mental Health and/or Depression Screening. The Adolescent Mental Health and/or Depression Screening had the largest percentage point change (increase of 10.6 percentage points).
- Statewide MHCP rates are consistently and significantly lower than the Other Purchasers' statewide rates for all nine measures; however, the gap has significantly narrowed over time for seven of these measures: Colorectal Cancer Screening, Childhood Immunization Status (Combo 10), Optimal Diabetes Care, Optimal Asthma Control – Adults, Optimal Asthma Control – Children, Adolescent Mental Health and/or Depression Screening and Adult Depression: Remission at Six Months. In contrast, the gap for Breast Cancer Screening has significantly widened over time.
- MHCP managed care results vary by race/ethnicity. There continues to be significant opportunities for improvement among groups:
    - MHCP managed care patients who are American Indian/Alaskan Native or Black/African American are significantly below the MHCP statewide rate on a majority of the measures.

- Hispanic patients are significantly above the MHCP statewide rate for the Optimal Vascular Care measure but have rates that are similar to or below the MHCP statewide rate on the remaining measures.

- There is significant variation in medical group performance for all measures, but several medical groups are achieving noteworthy results for many of the measures. For example, eight primary care/multi-specialty care medical groups had rates significantly above the MHCP managed care statewide rate on at least 50 percent of the measures for which they were eligible (*see Table 5, page 28*).

TABLE 1: MHCP Managed Care Statewide Performance Rates for 2019 Compared to Previous Years

Table 1 displays MHCP statewide results for nine quality measures and compares them to the previous year.

QUALITY MEASURE	2019 MHCP Managed Care Statewide Rate	MHCP Statewide Percentage Point Change *(2019 Report Year–2018 Report Year)*	MHCP Statewide Percentage Point Change Over Time *(2019 Report Year–First Report Year)*
PREVENTIVE HEALTH MEASURES			
Breast Cancer Screening	60.0%	-0.4%	-2.8%** (6 years)
Colorectal Cancer Screening*	56.6%	0.8%**	9.2%** (9 years)
Childhood Immunization Status (Combo 10)*	42.7%	-1.0%	6.7%** (3 years)
CHRONIC CONDITION MEASURES			
Optimal Diabetes Care*	34.5%	1.8%**	0.9% (4 years)
Optimal Vascular Care*	47.5%	1.8%**	-4.8%** (4 years)
Optimal Asthma Control – Adults*	44.2%	3.1%**	2.5%** (5 years)
Optimal Asthma Control – Children*	54.0%	2.0%**	1.0% (5 years)
DEPRESSION MEASURES			
Adolescent Mental Health and/or Depression Screening	86.2%	10.6%**	10.6%** (2 years)
Adult Depression: Remission at Six Months	5.3%	-0.1%	0.5% (4 years)

*These statewide rates are weighted samples (see Methodology)

**Statistically significant difference

TABLE 2: Summary of Statewide Differences by Insurance Type

Table 2 displays differences in the quality measures by insurance type.

QUALITY MEASURE	2019 MHCP Managed Care Statewide Rate	2019 Other Purchasers Statewide Rate	2019 Rate Difference *(MHCP – Other Purchasers)*	Rate Difference Over Time *2019 Report Year vs. First Report Year (MHCP – Other Purchasers)*
PREVENTIVE HEALTH MEASURES				
Breast Cancer Screening	60.0%	78.0%	-18.0%**	Gap widened** (2014–2019)
Colorectal Cancer Screening*	56.6%	72.7%	-16.1%**	Gap narrowed** (2011–2019)
Childhood Immunization Status (Combo 10)*	42.7%	66.6%	-23.9%	Gap narrowed** (2017–2019)
CHRONIC CONDITION MEASURES				
Optimal Diabetes Care*	34.5%	46.6%	-12.0%**	Gap narrowed** (2016–2019)
Optimal Vascular Care*	47.5%	62.5%	-15.0%**	Gap narrowed (2016–2019)
Optimal Asthma Control – Adults*	44.2%	56.7%	-12.5%**	Gap narrowed** (2015–2019)
Optimal Asthma Control – Children*	54.0%	63.8%	-9.8%**	Gap narrowed** (2015–2019)
DEPRESSION MEASURES				
Adolescent Mental Health and/or Depression Screening	86.2%	90.4%	-4.1%**	Gap narrowed** (2018–2019)
Adult Depression: Remission at Six Months	5.3%	8.7%	-3.5%**	Gap narrowed** (2016–2019)

*These statewide rates are weighted samples (see Methodology)

**Statistically significant difference ($p < 0.05$)

TABLE 3: Summary of Findings by Race/Ethnicity – HEDIS Measures

Table 3 compares the 2019 MHCP managed care rate of each race/ethnicity group to the 2019 MHCP managed care statewide rate for the two HEDIS measures.

HEDIS MEASURE	2019 MHCP Managed Care Statewide Rate*	RACE						ETHNICITY		
		American Indian/ Alaskan Native	Black/ African American	Asian	White	Multi-Race	Unknown Race	Hispanic	Not Hispanic	Unknown Ethnicity
Breast Cancer Screening	60.0%	▼	▼	●	▲	●	●	●	●	●
Childhood Immunization Status (Combo 10)	43.3%	▼	▼	●	●	●	●	●	●	●

▲ Significantly above MHCP managed care statewide rate ● Average
▼ Significantly below MHCP managed care statewide rate

*Statewide rate in tables 3 and 4 were recalculated for those with race/ethnicity information available

TABLE 4: Summary of Findings by Race/Ethnicity – DDS Measures

Table 4 compares the 2019 MHCP managed care rate of each race/ethnicity group to the 2019 MHCP managed care statewide rate for the seven DDS measures.

DDS MEASURE	2019 MHCP Race Average*	RACE									2019 MHCP Ethnicity Average*	ETHNICITY		
		American Indian/ Alaskan Native	Native Hawaiian/ Other Pacific Islander	Black/ African American	Asian	White	Multi-Race	Some Other Race	Patient Reported Race Unknown	Chose Not to Disclose/ Declined		Hispanic	Not Hispanic	Ethnicity Not Reported
Colorectal Cancer Screening	57.2%	▼	▼	▼	●	▲	▼	●	▼	▼	57.1%	●	●	▼
Optimal Diabetes Care	34.6%	▼	●	▼	▲	●	▼	▲	▼	▲	34.8%	●	●	●
Optimal Vascular Care	47.6%	▼	NR	●	▲	●	●	▲	NR	●	47.8%	▲	●	NR
Optimal Asthma Control – Adults	44.7%	▼	●	▼	●	▲	●	▼	▼	●	44.7%	●	●	●
Optimal Asthma Control – Children	54.3%	▼	●	●	●	●	●	●	▼	●	54.4%	●	●	●
Adolescent Mental Health and/or Depression Screening	87.1%	▼	●	▼	●	▲	●	▼	●	●	86.2%	▼	▲	▲
Adult Depression: Remission at Six Months	5.2%	●	●	▼	●	●	▼	●	●	●	5.2%	●	●	●

▲ Significantly above MHCP managed care Race or Ethnicity Average ● Average
▼ Significantly below MHCP managed care Race or Ethnicity Average

*Statewide rate in tables 3 and 4 were recalculated for those with race/ethnicity information available.
NR = Not reportable. Did not meet minimum reporting threshold of at least 30 patients.

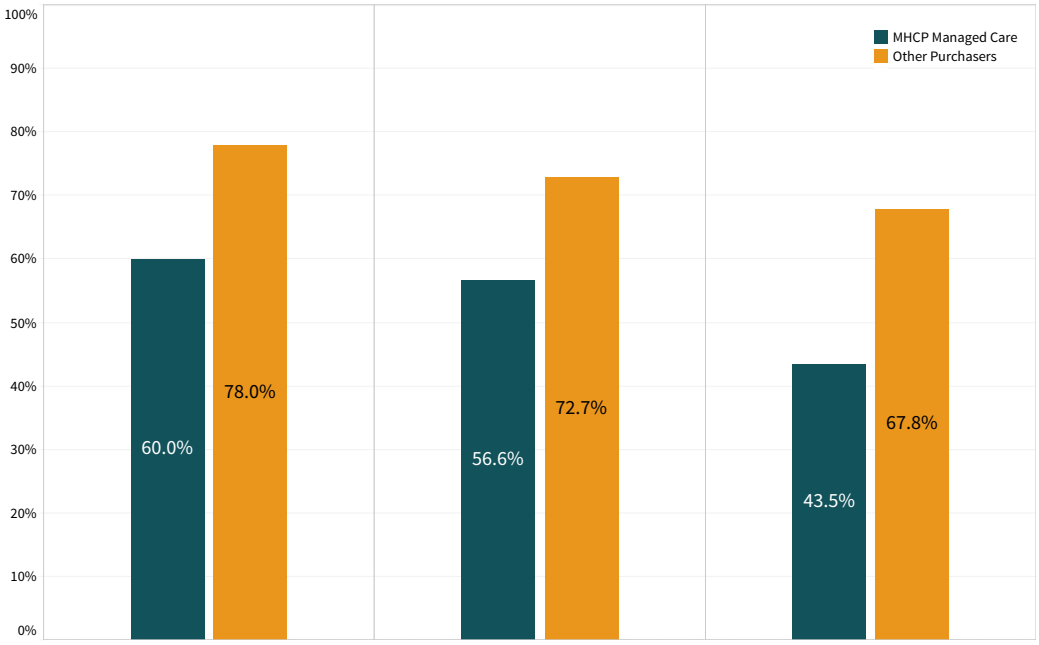
PREVENTIVE HEALTH MEASURES

This section of the report focuses on preventive health measures segmented by insurance type. Preventive health services are an important focus for quality measurement to aid in preventing disease, helping people live healthier lives, and keeping health care costs down. Even though these services are covered by public and private insurance plans, millions of individuals do not get recommended preventive services.[1]

In this report, we are focused on three preventive health measures among MHCP managed care patients: 1) Breast Cancer Screening, 2) Colorectal Cancer Screening, and 3) Childhood Immunization Status (Combo 10).

FIGURE 1: Statewide Results by Insurance Type for Preventive Health Measures

2019 report year (2018 dates of service)



*HEDIS hybrid measure. Total number of patients is a sample of total eligible patients. For more information on HEDIS measures, see Methodology and Definitions.

Results for all preventive health measures continue to illustrate room for improvement, regardless of insurance type. However, there are significant differences in performance rates by insurance type. In particular, the childhood immunization measure has the largest gap between insurance types, with a difference of approximately 24 percentage points.

Breast Cancer Screening

Breast cancer is the most common cancer among women in the United States, regardless of race or ethnicity. It is the most common cause of death from cancer among Hispanic women and is the second most common cause of death from cancer among White, Black, Asian and American Indian/Alaskan Native women.[2]

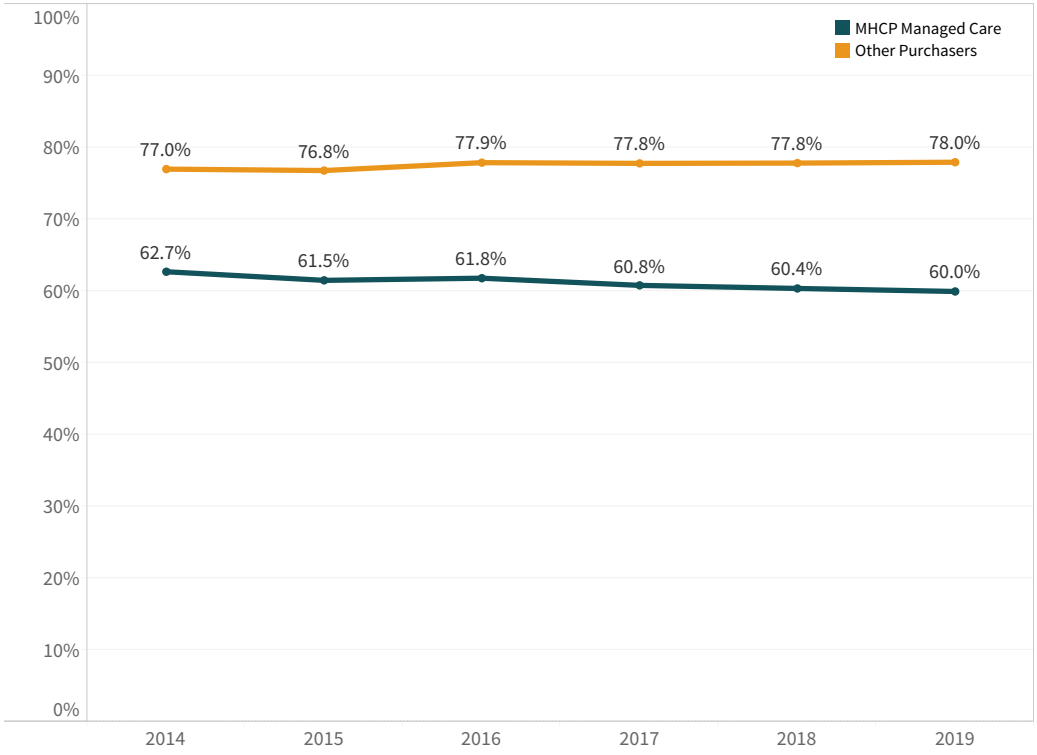
Data collected for this measure are from health plan claims (see *Methodology* appendix).

Measure Description

The percentage of women ages 50–74 who received a mammogram during the prior two years (the measurement year or prior year).

FIGURE 2: Trend in Breast Cancer Screening

2014–2019 report years (2013–2018 dates of service)

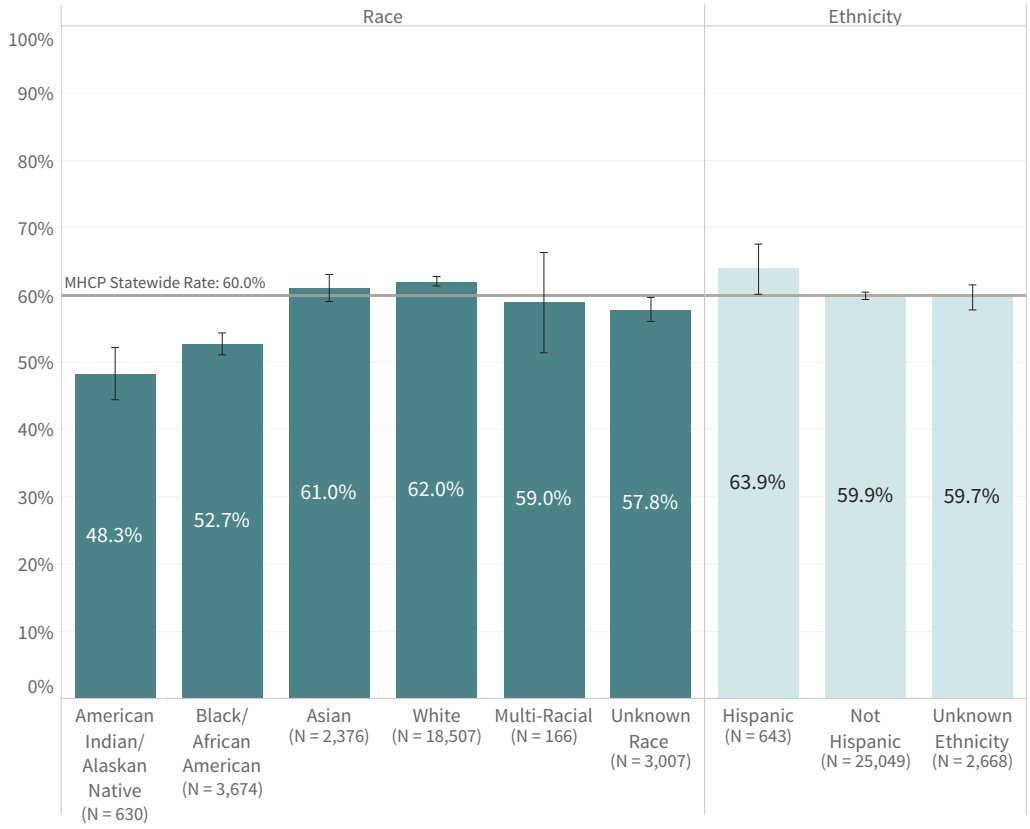


The Breast Cancer Screening rate for MHCP managed care patients did not change significantly from 2018. These patients continue to have a rate of screening that is statistically significantly lower than patients insured by Other Purchasers.

In general, 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.

FIGURE 3: Breast Cancer Screening MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



NOTE: MHCP managed care statewide rate is recalculated for this figure to include only patients with race/ethnicity information available.

Like previous years, MHCP managed care patients who reported their race as White continue to have above average Breast Cancer Screening rates compared to any other race group. MHCP managed care patients who reported their race as American Indian/ Alaskan Native or Black/ African American both have screening rates that are statistically significantly lower than the MHCP managed care statewide rate.

Screening rates for MHCP managed care patients within each of the three ethnicity groups are average.

Colorectal Cancer Screening

Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The Colorectal Cancer Screening measure is a preventive health measure that aims to increase screening and reduce deaths from colorectal cancer. In fact, the death rate from colorectal cancer has been dropping for decades. One likely reason for the drop in deaths is that colorectal polyps are being found more often by screening and removed before they can develop into cancer; or that cancers are being found earlier when the disease is easier to treat.[3] Unfortunately, death from colorectal cancer among people younger than 55 years old have increased 2% per year from 2007 to 2016.[3] This report focuses on adults 51 to 75 years of age.

Medical groups and clinics report data directly to MNCM for this measure based on electronic health records or paper-based medical charts (see *Methodology* appendix).

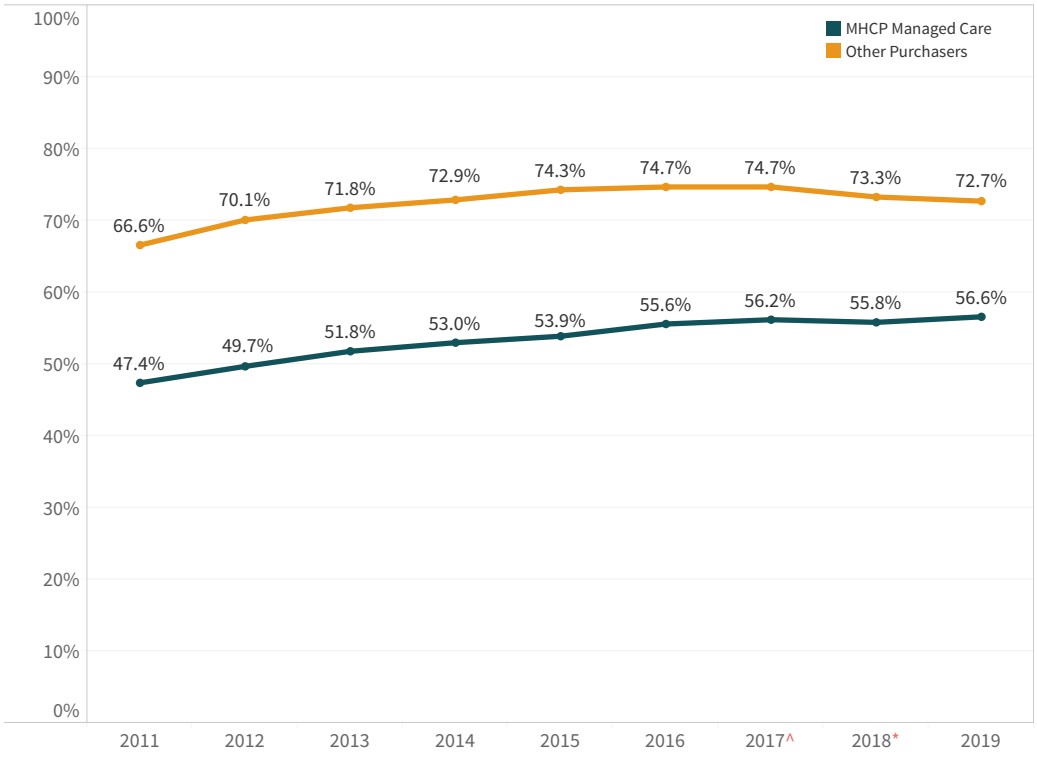
Measure Description

The percentage of adults ages 51–75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:

- Colonoscopy during the measurement year or the nine years prior, or
- Flexible sigmoidoscopy during the measurement year or the four years prior, or
- CT colonography during the measurement year or the four years prior, or
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior, or
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

FIGURE 4: Trend in Colorectal Cancer Screening

2011–2019 report years (2010–2018 dates of service)



In general, 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. Measure specification changes are listed below:

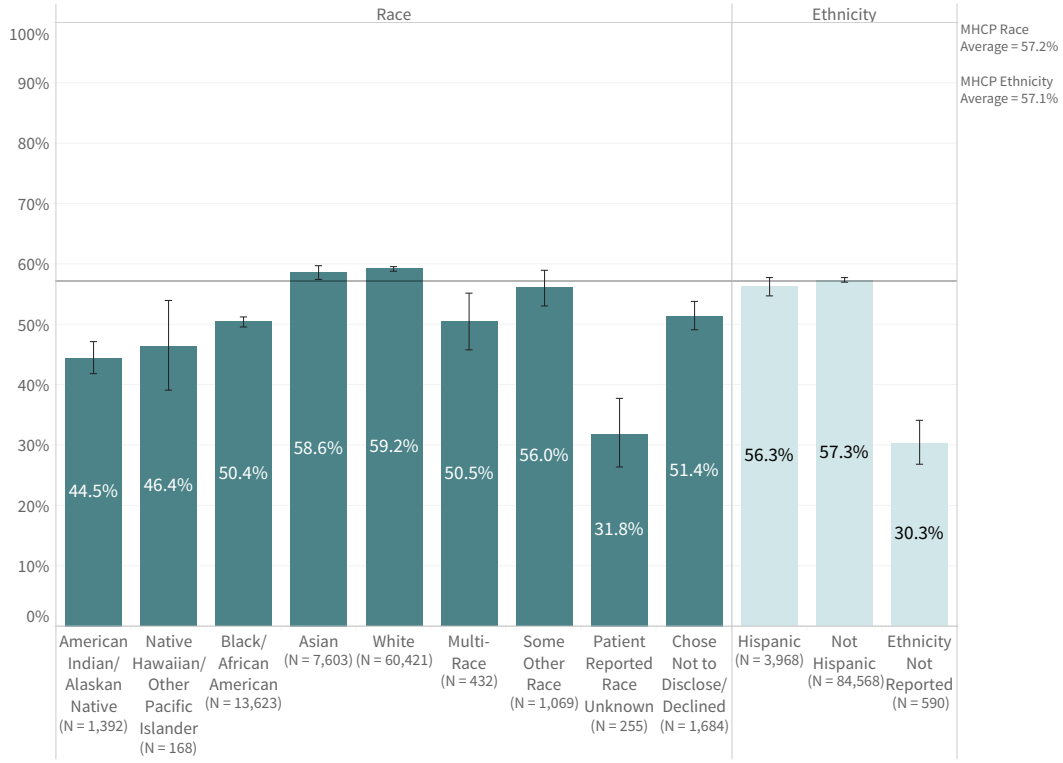
^The criteria for including patients in the measure denominator changed in 2017. This change may have contributed to a change in statewide rates for this measure.

*Changes to the measure denominator definition resulted in significant drop in population for this measure and likely contributed to slight decrease in rate in 2018.

The Colorectal Cancer Screening rate for MHCP managed care patients statistically significantly increased by 0.8 percentage points compared to 2018. While the gap in performance between patients insured by MHCP managed care and patients insured by Other Purchasers remains wide, it has statistically significantly narrowed since 2011.

FIGURE 5: Colorectal Cancer Screening MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



NOTE: The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The screening rate for MHCP managed care patients who reported their race as White continues to be statistically significantly above average. MHCP managed care patients who reported their race as Asian or who identify with Some Other Race have average screening rates, while all other race categories are statistically significantly below average.

MHCP managed care patients who reported their ethnicity as Hispanic or Non-Hispanic have average screening rates, while the screening rate for MHCP managed care patients who did not report their ethnicity are statistically significantly below average.

Childhood Immunization Status (Combo 10)

Vaccination is one of the best ways to protect children and teens from potentially harmful diseases that may require hospitalization and can even be deadly.[4]

Diseases that used to be common, including polio, measles, diphtheria, pertussis, rubella, mumps, tetanus, rotavirus, chickenpox, influenza and human papillomavirus can now be prevented by vaccination.[5] While patient compliance with some of the recommended vaccines for children two years and younger is high and stable, children are less likely to be up-to-date on Hepatitis A, the combined seven-vaccine series* and rotavirus.[6]

Data collected for this measure are from health plan claims, the Minnesota Immunization Information Connection (MIIC) registry and medical record review (see *Methodology* appendix).

*DTaP, poliovirus vaccine, MMR, H influenzae type b conjugate vaccine, HepB vaccine, varicella vaccine, and pneumococcal conjugate vaccine.

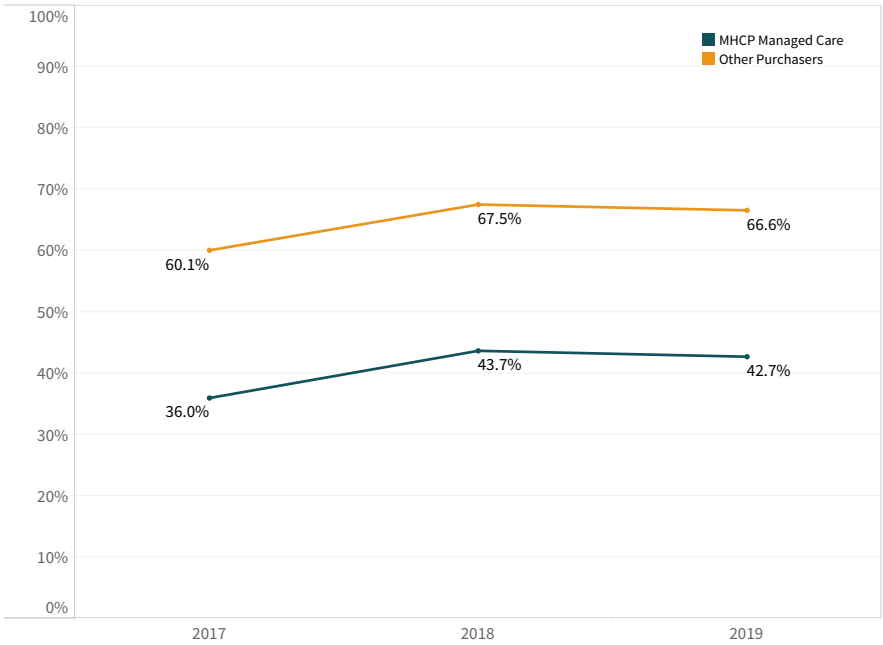
Measure Description

The percentage of 2-year old children who received all of the following vaccines by their second birthday:

- Fourth diphtheria, tetanus and acellular pertussis (DTaP)
- Three inactivated polio (IPV)
- One measles, mumps and rubella (MMR)
- Three H influenza type B
- Three hepatitis B
- One chicken pox (VZV)
- Four pneumococcal conjugate
- One hepatitis A
- Two or three rotavirus
- Two influenza

FIGURE 6: Trend in Childhood Immunization Status (Combo 10)

2017–2019 report years (2016–2018 dates of service)

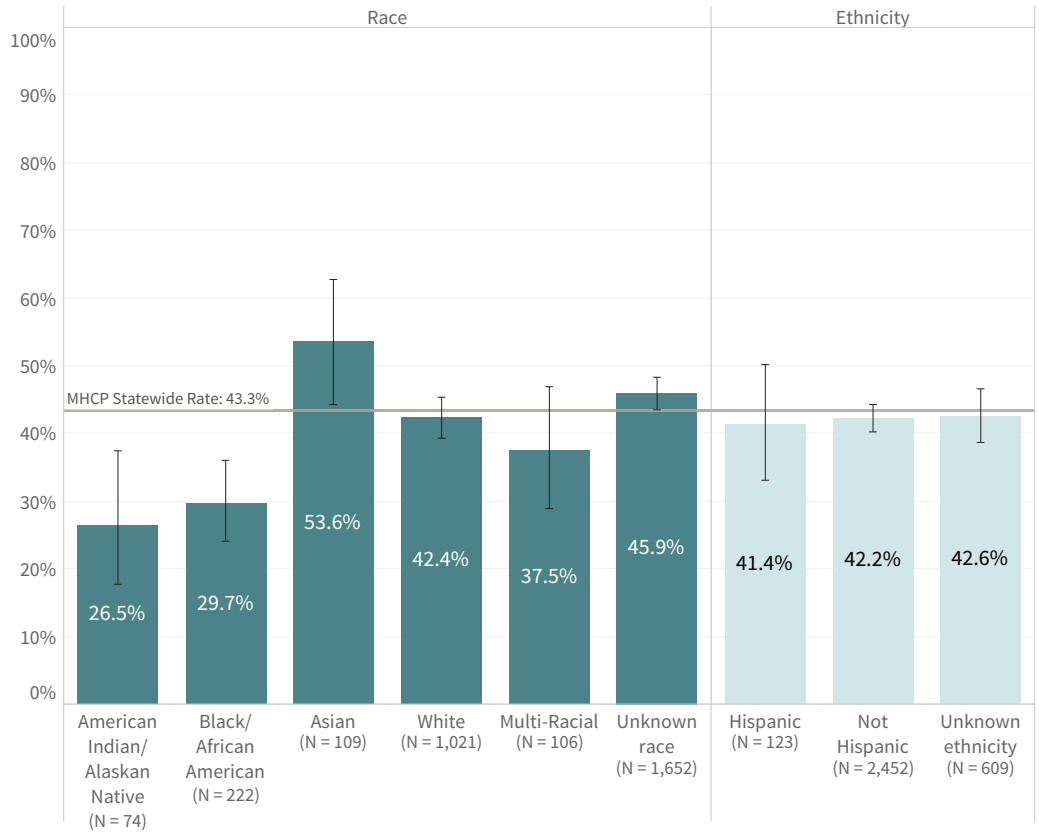


The performance rates for childhood immunization status among MHCP managed care patients did not statistically significantly change from 2018. Among all measures in this report, the gap in performance rates between insurance types is widest in the Childhood Immunization Status measure and is statistically significant.

In general, 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.

FIGURE 7: Childhood Immunization Status (Combo 10) MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



NOTE: MHCP managed care statewide rate is recalculated for this figure to include only patients with race/ethnicity information available.

The immunization status rate among MHCP managed care patients who reported their race as Asian is statistically significantly higher than the MHCP managed care statewide rate. MHCP managed care patients who reported their race as American Indian/Alaskan Native or Black/African American continue to have statistically significantly lower rates for childhood immunization status compared to the MHCP managed care statewide rate.

Performance rates for patients within each of the three ethnicity groups are average.

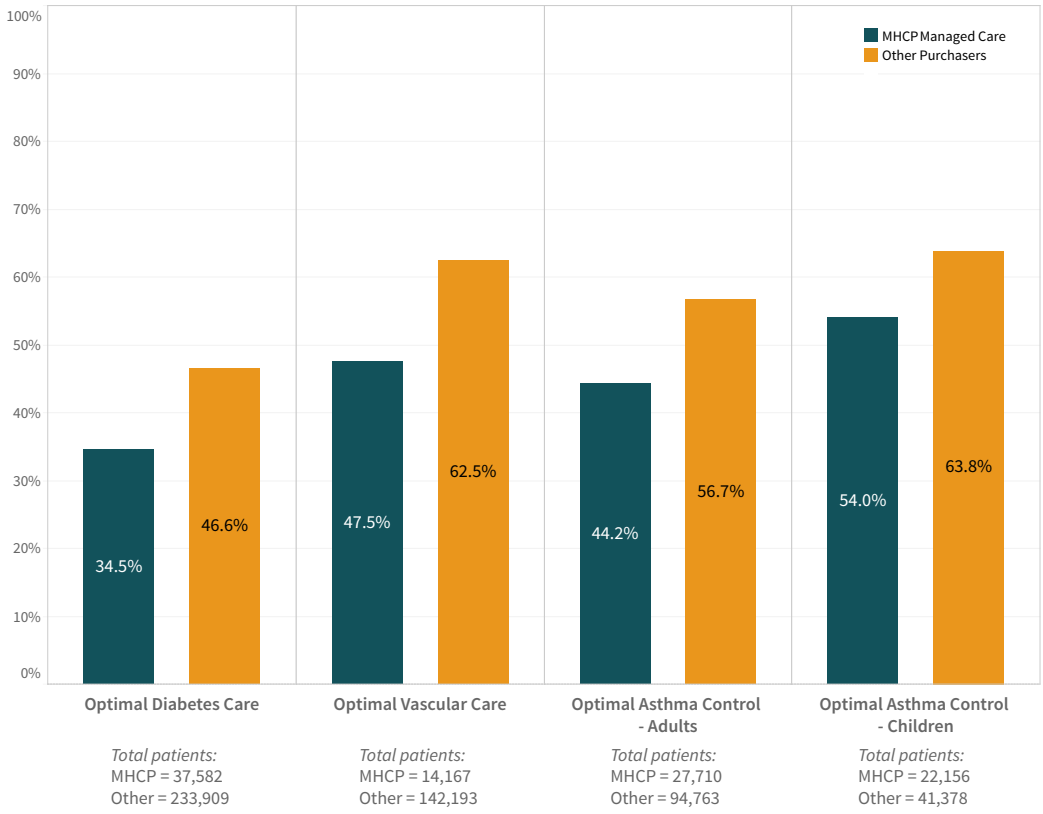
CHRONIC CONDITION MEASURES

This section of the report focuses on chronic condition measures segmented by insurance type. Chronic disease is defined as a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living or both.[7] Chronic diseases are an important focus for measurement because of the large numbers of adults and children living with these conditions and known gaps in care related to optimal treatment. The number of people with chronic conditions is estimated to increase rapidly – by 2025, nearly half of the U.S. population will have a chronic disease.[8]

In this report, we are focused on four chronic condition measures among MHCP managed care patients: 1) Optimal Diabetes Care, 2) Optimal Vascular Care, 3) Optimal Asthma Control – Adults, and 4) Optimal Asthma Control – Children.

FIGURE 8: Statewide Results by Insurance Type for Chronic Conditions Measures

2019 report year (2018 dates of service)



Results for all chronic conditions measures continue to illustrate room for improvement, regardless of insurance type. However, there are significant differences in performance rates by insurance type. In particular, the Optimal Vascular Care measure has the largest gap between insurance types, with a difference of 15 percentage points.

Optimal Diabetes Care

Diabetes is the seventh leading cause of death in the United States.[9,10] Over 30 million people in the U.S. have diabetes (about 1 in 10), and approximately 90 percent of them have type 2 diabetes.[11] Type 2 diabetes most often develops in people over 45 and can develop at any age, but is becoming more common in children, teens and young adults.[9] Age, family history and a previous history of gestational diabetes are indicators of increased risk for diabetes, along with being African American, Hispanic/Latino or American Indian.

Medical groups and clinics submitted data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

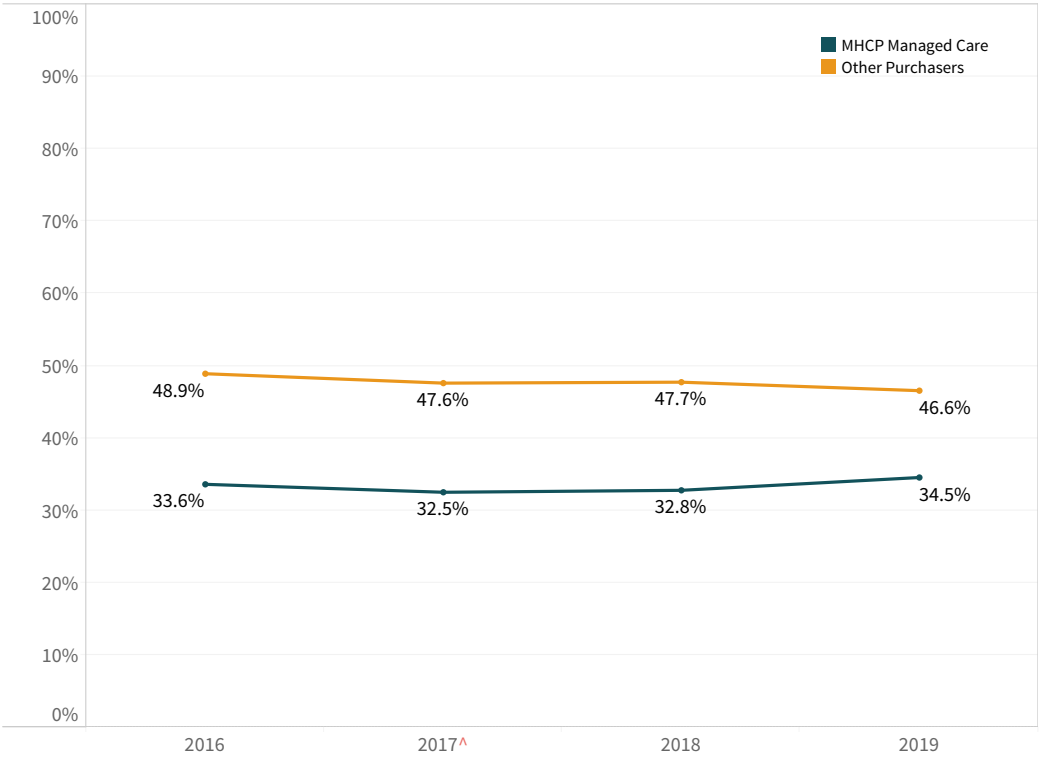
Measure Description

The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) and whose diabetes was optimally managed as defined by achieving ALL five of the following:

- HbA1c less than 8.0 mg/dL
- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco use
- Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

FIGURE 9: Trend in Optimal Diabetes Care

2016–2019 report years (2015–2018 dates of service)



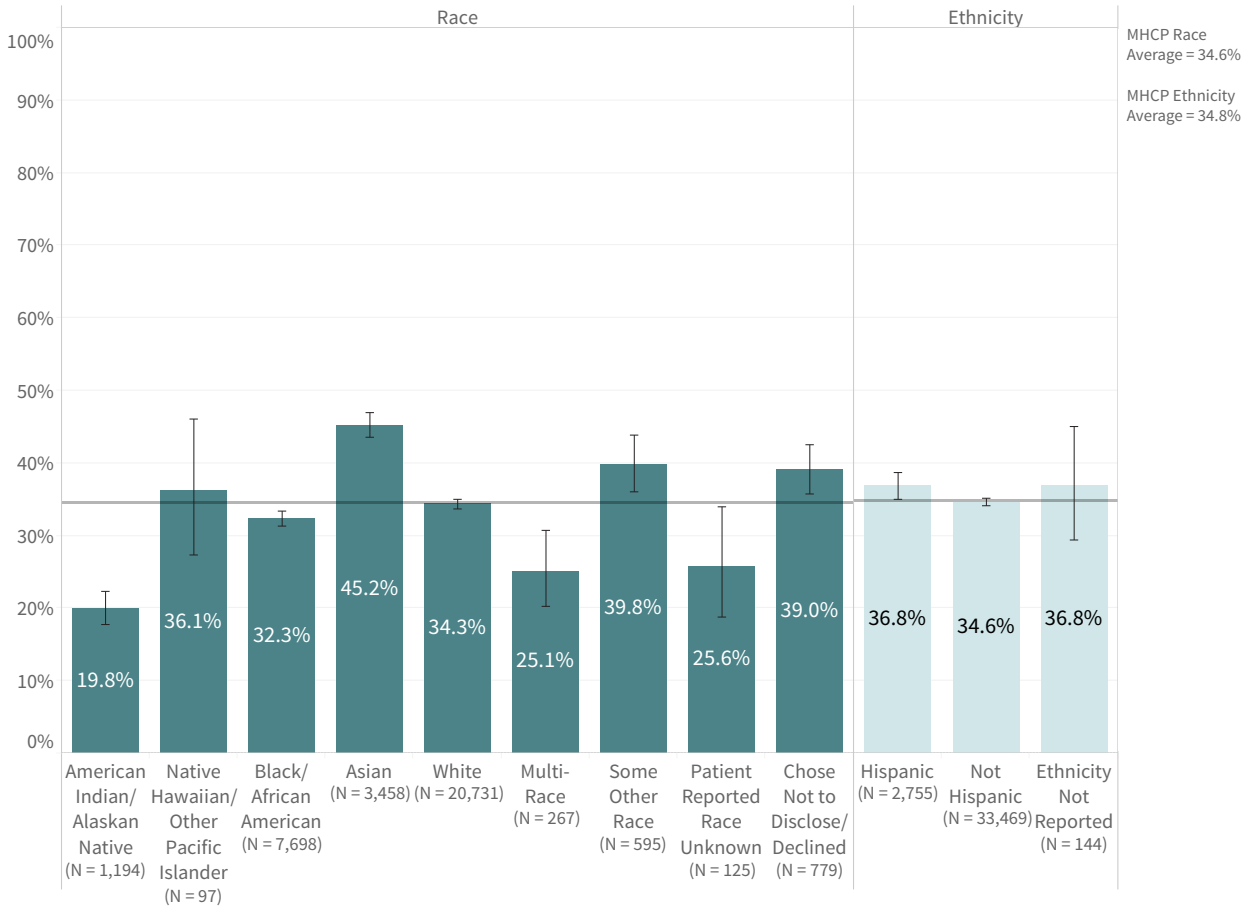
In general, caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors. Measure specification changes are listed below:

^The criteria for including patients in the measure denominator changed in 2017. This change may have contributed to a change in statewide rates for this measure.

The Optimal Diabetes Care rate for MHCP managed care patients increased from 32.8% in 2018 to 34.5% in 2019, which is statistically significant. However, MHCP managed care patients continue to have a statistically significantly lower rate than patients insured by Other Purchasers.

FIGURE 10: Optimal Diabetes Care MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The Optimal Diabetes Care rates among MHCP managed care patients who reported their race as Asian, who identify with Some Other Race or who chose not to disclose their race are statistically significantly higher than the MHCP managed care Race Average. MHCP managed care patients who reported their race as American Indian/Alaskan Native, Black/African American, Multi-race or reported their race as unknown have statistically significantly lower than average rates for Optimal Diabetes Care.

Performance rates for patients within each of the three ethnicity groups are average.

Optimal Vascular Care

Cardiovascular disease is the leading cause of death for both men and women and for people of most race/ethnicity groups in the United States. About 647,000 Americans die from heart disease every year – 1 of every 4 deaths.[12]

Medical groups and clinics submitted data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

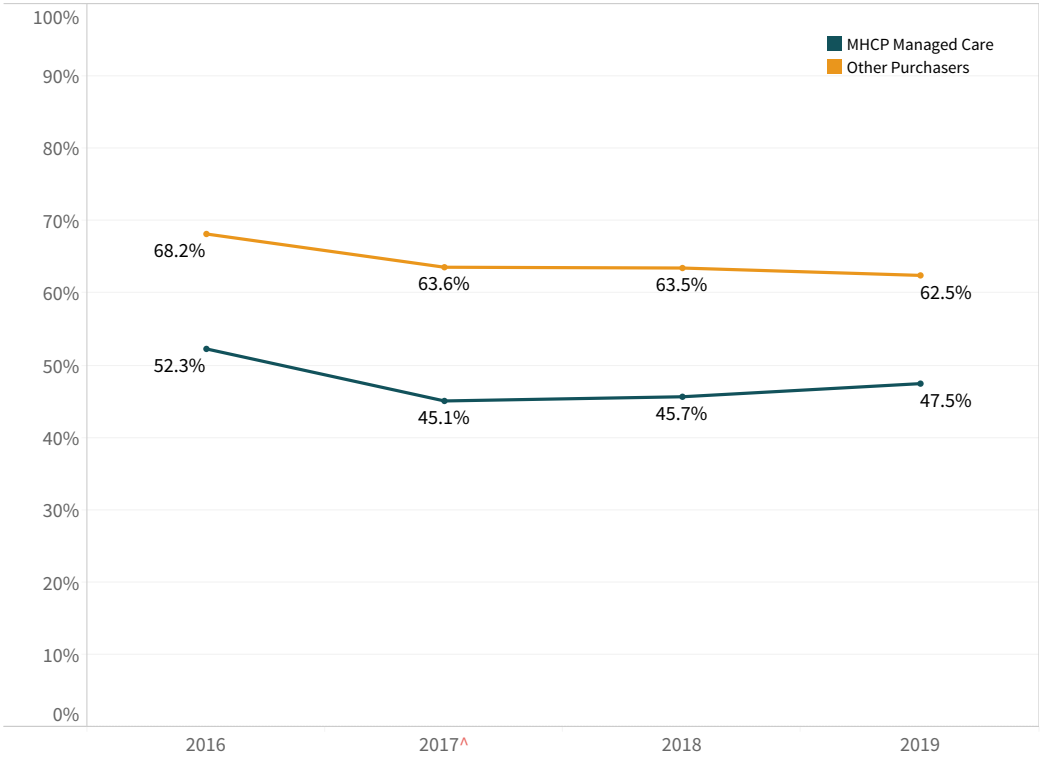
Measure Description

The percentage of patients 18–75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed as defined by achieving ALL four of the following:

- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco use
- On daily aspirin or anti-platelet, unless allowed contraindications or exceptions are present

FIGURE 11: Trend in Optimal Vascular Care

2016–2019 report years (2015–2018 dates of service)



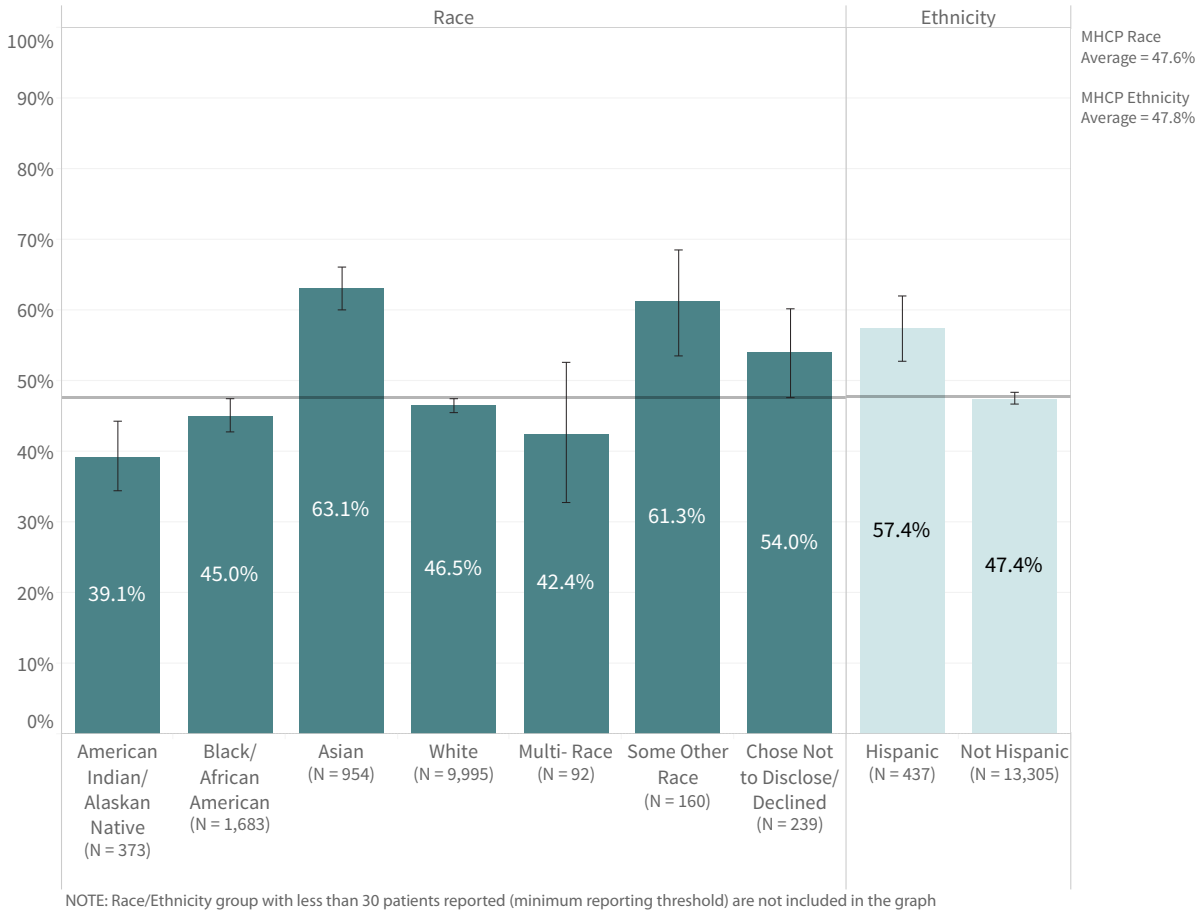
In general, caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors. Measure specification changes are listed below:

^The criteria for including patients in the measure denominator changed in 2017. This change may have contributed to a change in statewide rates for this measure.

The Optimal Vascular Care rate for MHCP managed care patients increased from 2018 by almost two percentage points, which is statistically significant. However, the gap in performance between insurance type remains wide and is statistically significant.

FIGURE 12: Optimal Vascular Care MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



NOTE: Race/Ethnicity group with less than 30 patients reported (minimum reporting threshold) are not included in the graph

The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The Optimal Vascular Care rates for MHCP managed care patients who reported their race as Asian, identify with Some Other Race, or chose not to disclose their race are statistically significantly higher than the MHCP managed care Race Average.

Additionally, MHCP managed care patients who reported their ethnicity as Hispanic have a statistically significantly higher Optimal Vascular Care rate when compared to the MHCP managed care Ethnicity Average.

Optimal Asthma Control – Adults

Asthma is a common respiratory disease that affects over 26 million people in the United States.[13] In the last decade, the proportion of people with asthma in the United States grew by nearly 15 percent. Nationally, over 2 million people visited an emergency department (ED) for asthma-related care and just over 108,000 adults were hospitalized because of asthma. Moreover, approximately 9.2% of African American/Black adults have asthma compared to 8.1% of White adults.[14]

Medical groups and clinics report data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

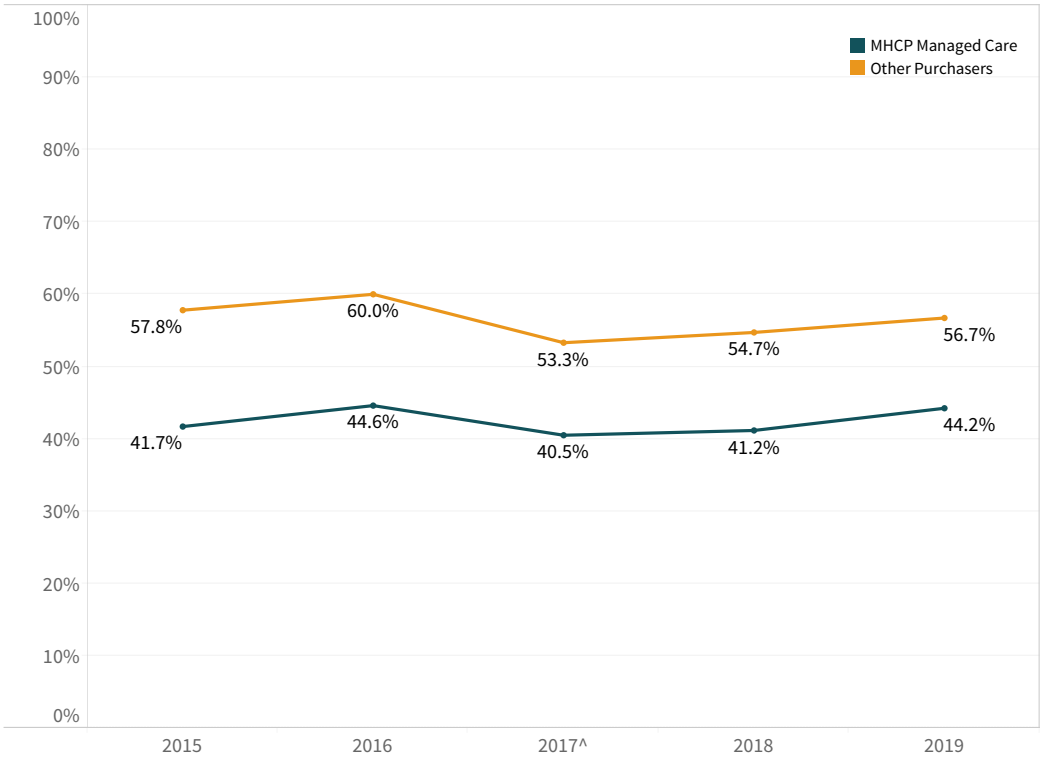
Measure Description

The percentage of adults 18–50 years of age who had a diagnosis of asthma and whose asthma was optimally controlled as defined by achieving the following:

- Asthma well-controlled as defined by the most recent asthma control tool result
- Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)

FIGURE 13: Trend in Optimal Asthma Control – Adults

2015–2019 report years (2014–2018 dates of service)



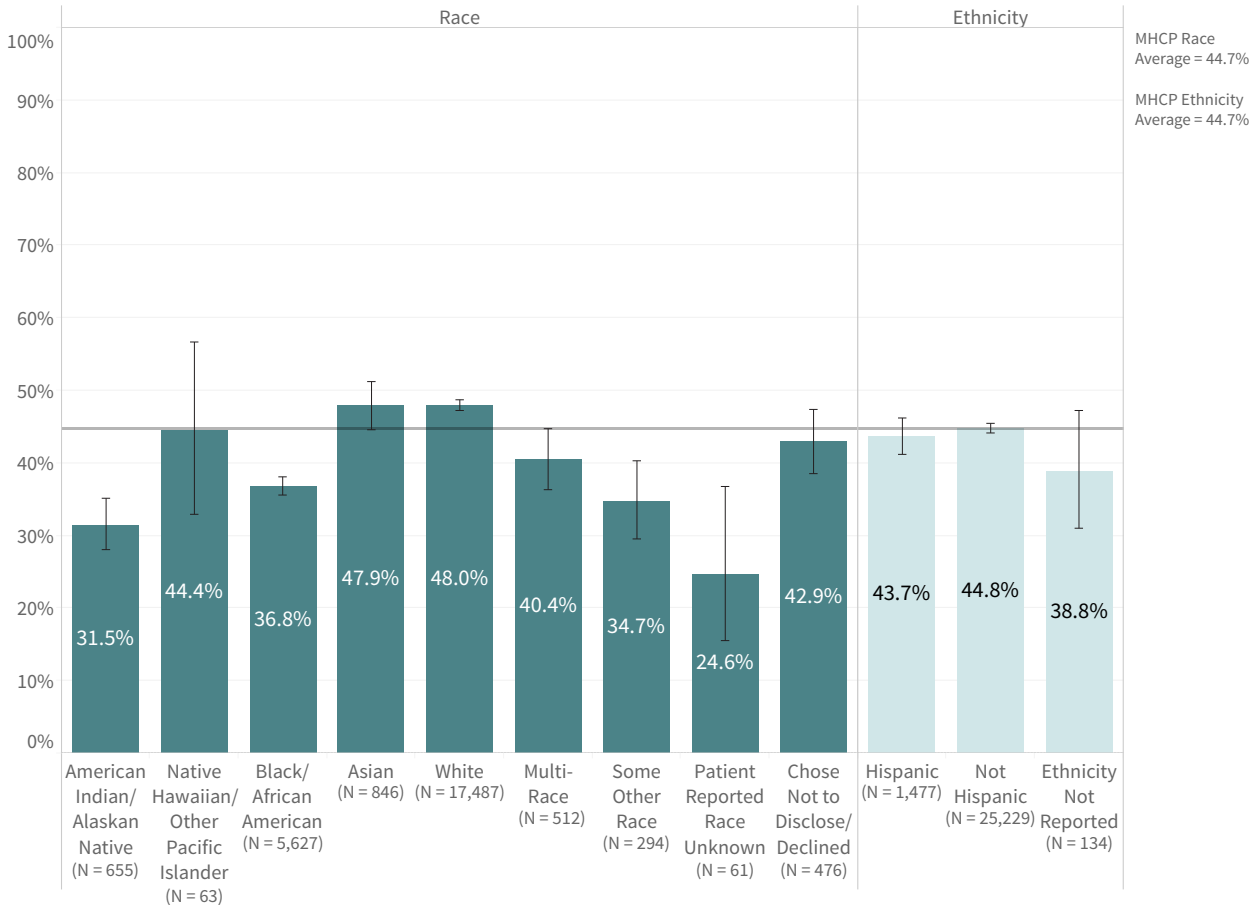
In general, caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors. Measure specification changes are listed below:

^The criteria for including patients in the measure denominator changed in 2017. This change may have contributed to a change in statewide rates for this measure.

The Optimal Asthma Control rate for adult MHCP managed care patients statistically significantly increased by 3.1 percentage points compared to 2018. While the gap in performance between patients insured by MHCP managed care and patients insured by Other Purchasers remains wide, it has statistically significantly narrowed since 2015.

FIGURE 14: Optimal Asthma Control - Adults MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The Optimal Asthma Control rate among adult MHCP managed care patients who reported their race as White is statistically significantly higher than the MHCP managed care Race Average. MHCP managed care patients who reported their race as American Indian/Alaskan Native, Black/ African American adult patients, those who identify with Some Other Race or those who reported their race as unknown have rates that are statistically significantly lower than the MHCP managed care Race Average.

Performance rates for MHCP managed care adults within each of the three ethnicity groups are average.

Optimal Asthma Control – Children

Asthma is a common respiratory disease affecting over 6 million children in the United States.[13] In the last decade, the proportion of people with asthma in the United States grew by nearly 15 percent. Nationally, nearly 2 million people visited an emergency department (ED) for asthma-related care and just over 80,000 children were hospitalized because of asthma. Additionally, approximately 12.6% of African American/Black children have asthma compared to 7.7% of White children.[14]

Medical groups and clinics report data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

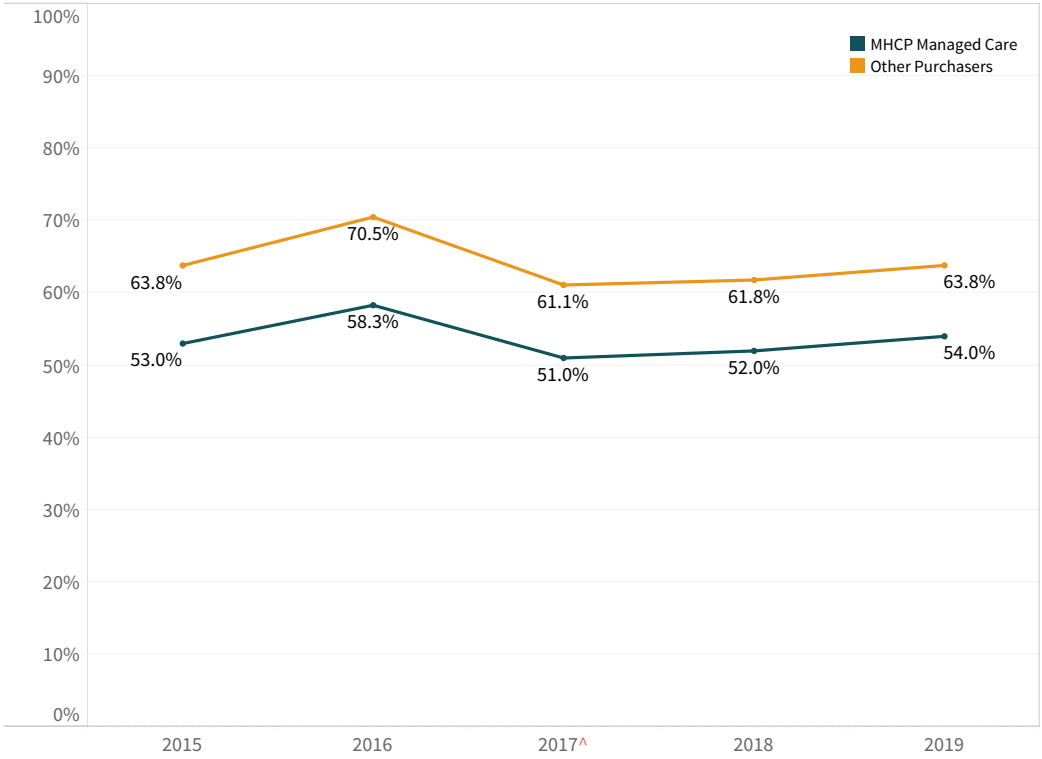
Measure Description

The percentage of children (5–17 years of age) who had a diagnosis of asthma and whose asthma was optimally controlled as defined by achieving the following:

- Asthma well-controlled as defined by the most recent asthma control tool result
- Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)

FIGURE 15: Trend in Optimal Asthma Control – Children

2015–2019 report years (2014–2018 dates of service)



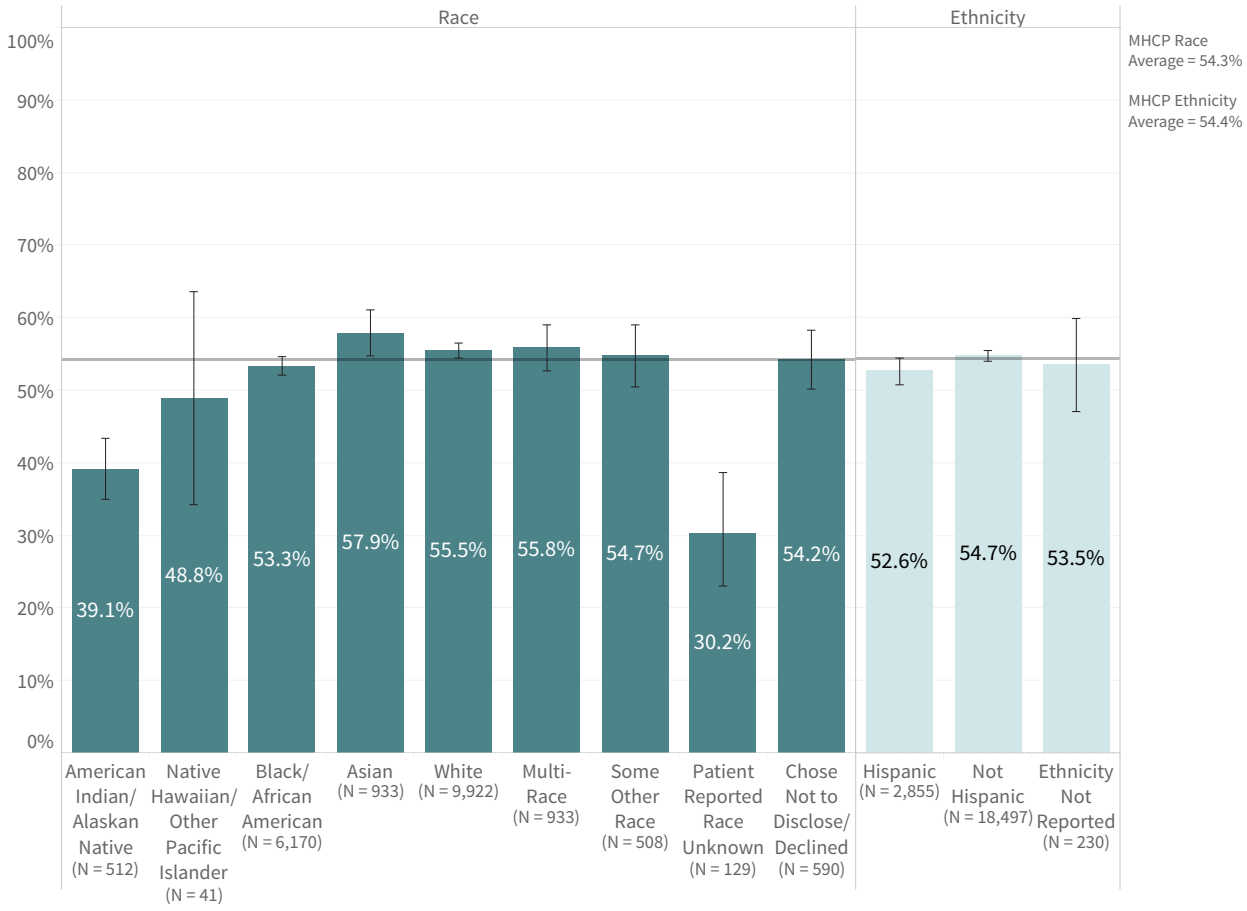
In general, caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors. Measure specification changes are listed below:

^The criteria for including patients in the measure denominator changed in 2017. This change may have contributed to a change in statewide rates for this measure.

Like adults, the Optimal Asthma Control rate for children insured with MHCP managed care has statistically significantly increased since 2018. While the gap between insurance types remains, it has statistically significantly narrowed since 2015.

FIGURE 16: Optimal Asthma Control – Children MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

While most the rates for MHCP managed care children in the above race groups are average, MHCP managed care children who reported their race as American Indian/Alaskan Native or those who reported their race as unknown continue to have statistically significantly lower rates compared to the MHCP managed care Race Average.

Performance rates for MHCP managed care children within each of the three ethnicity groups are average.

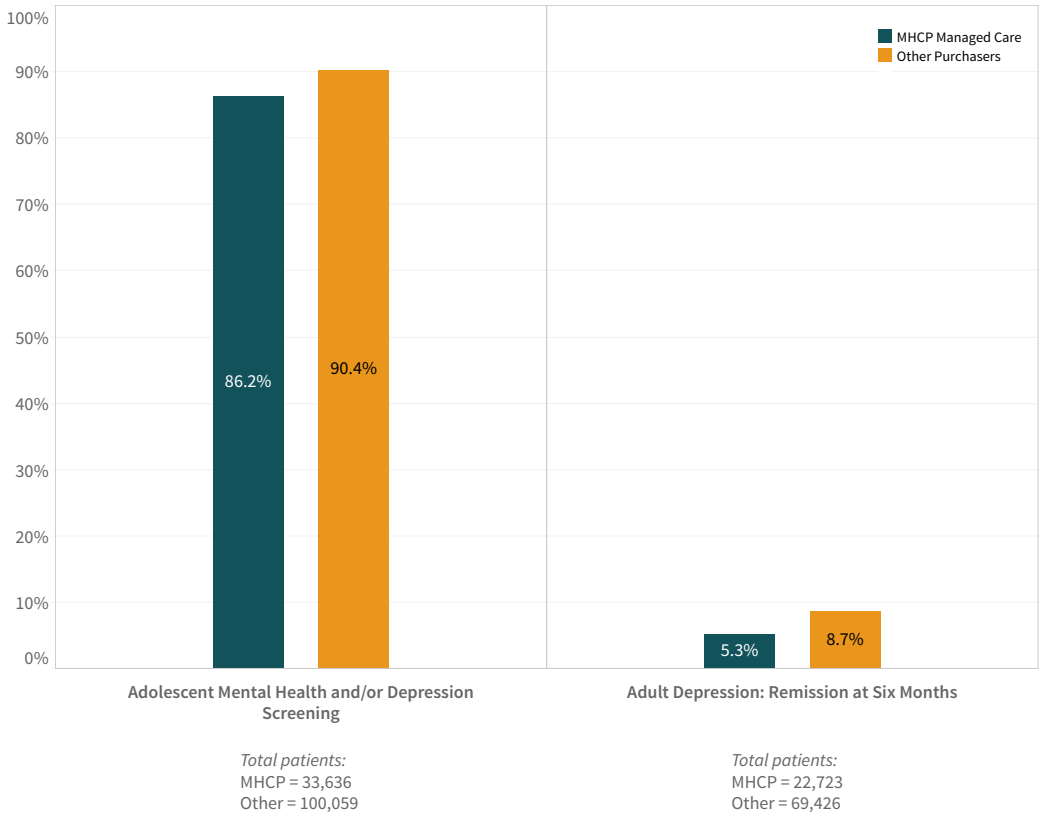
MENTAL HEALTH MEASURES

This section of the report focuses on depression measures segmented by insurance type. Depression is an important focus for measurement because of the large numbers of patients with this chronic episodic condition and known gaps in care related to follow-up and treatment. Patients with depression, an isolating condition, are less capable of reaching out, keeping appointments, and maintaining a connection with their provider compared to patients with other conditions. Maintaining proactive contact (in person, phone or other mode) is key to recovery and improved outcomes.

In this report, we are focused on two mental health measures among MHCP managed care patients: 1) Adolescent Mental Health and/or Depression Screening and 2) Adult Depression: Remission at Six Months.

FIGURE 17: Statewide Results by Insurance Type for Mental Health Measures

2019 report year (2018 dates of service)



While the Adolescent Mental Health and/or Depression screening rate is high, there continues to be significant room for improvement for the Adult Depression: Remission at Six Months rates for both insurance types. Additionally, both measures have statistically significant gaps between insurance types.

Adolescent Mental Health and/or Depression Screening

Measure Description

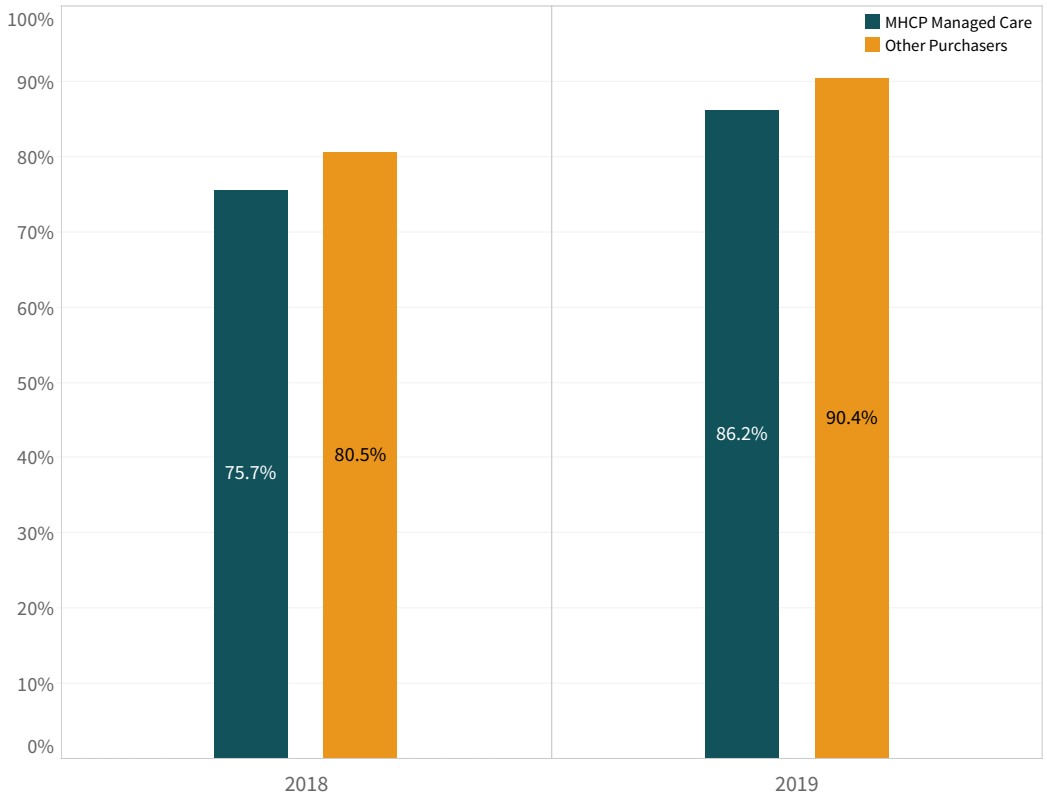
The percentage of patients ages 12–17 who were screened for mental health and/or depression at a well-child visit using a specified tool.

Major depression is a common mental health disorder affecting adolescents. In 2017, over 2 million adolescents aged 12 to 17 (9.4%) had at least one major depressive episode.[15] Many mental health conditions (e.g. anxiety, bipolar, depression, eating disorders, and substance abuse) are evident in behaviors by age 14.[16] Adolescent-onset depression is associated with chronic depression in adulthood.[17] Therefore, it is important to screen for mental health among adolescents.

Medical groups and clinics report data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

FIGURE 18: Trend in Adolescent Mental Health and/or Depression Screening

2018–2019 report years (2017–2018 dates of service)

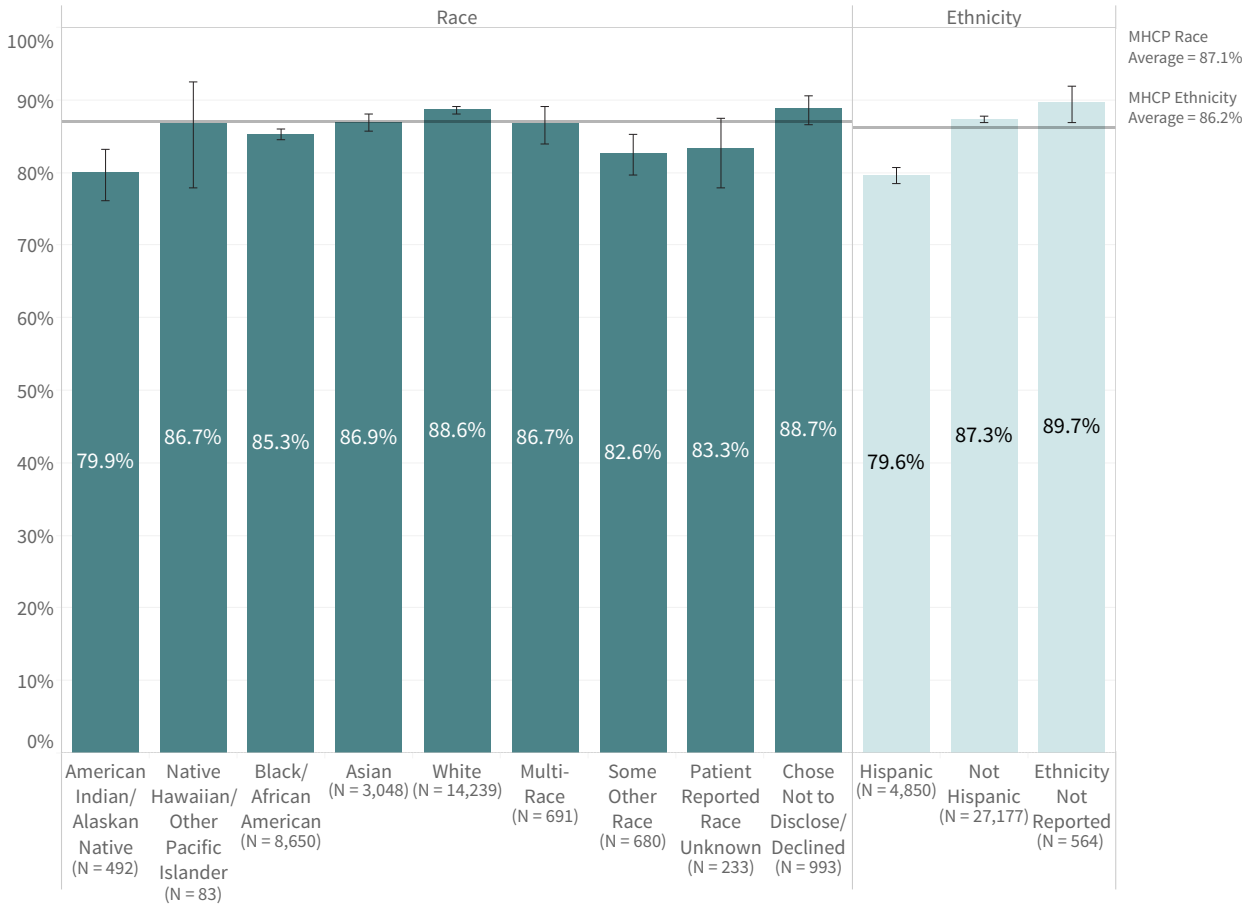


The Adolescent Mental Health and/or Depression measure has one of the largest, statistically significant improvements among MHCP managed care patients. Additionally, the gap between insurance types has significantly narrowed since 2018.

In general, 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.

FIGURE 19: Adolescent Mental Health and/or Depression Screening MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The screening rate for MHCP managed care patients who reported their race as White continues to be statistically significantly higher than the MHCP managed care Race Average. MHCP managed care patients who reported their race as American Indian/Alaskan Native, Black/African American or those who identify with Some Other Race have statistically significantly lower rates of screening compared to the MHCP managed care Race Average.

Screening rates for MHCP managed care patients who reported their ethnicity as Non-Hispanic or those who did not report their ethnicity are statistically significantly higher than the MHCP managed care Ethnicity Average. The screening rate among MHCP managed care patients who reported their ethnicity as Hispanic is significantly lower than the MHCP managed care Ethnicity Average.

Adult Depression: Remission at Six Months

Depression is one of the most common and treatable mental disorders in the United States. Untreated depression is associated with higher mortality rates in all age groups. People who are depressed are 30 times more likely to commit suicide than people who are not depressed and are five times more likely to abuse drugs.[18] In 2017, an estimated 17 million adults had at least one depressive episode.[15]

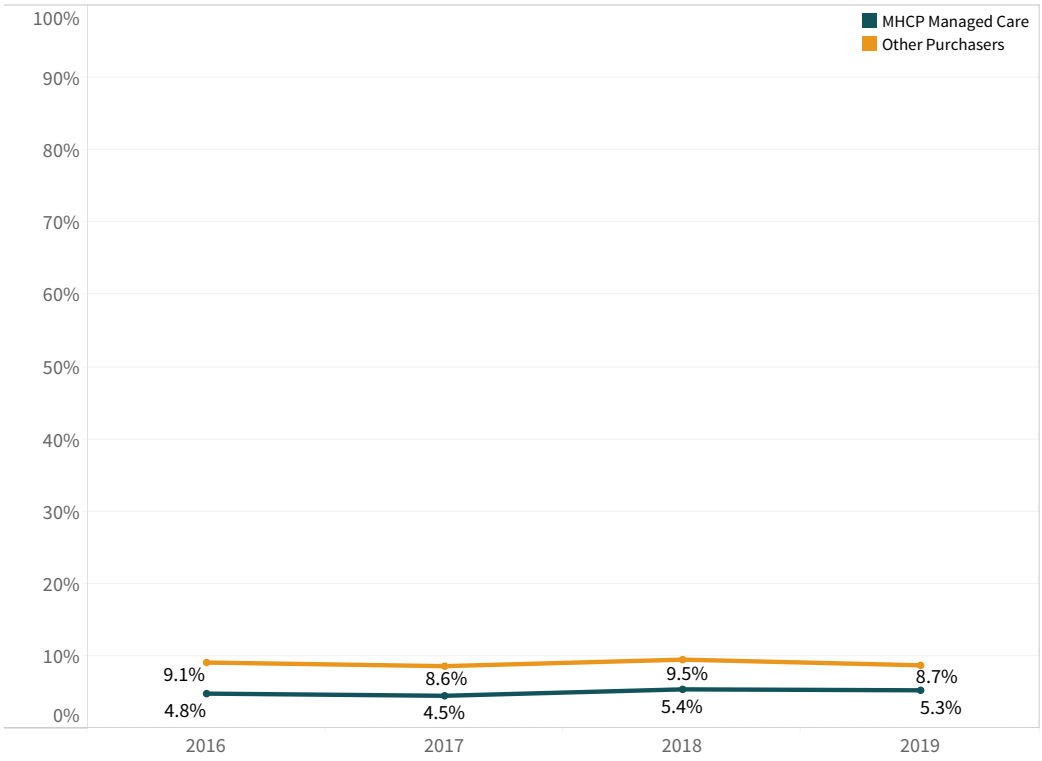
Medical groups and clinics report data directly to MNCM for this measure, based on electronic health records or paper-based medical charts (see *Methodology* appendix).

Measure Description

The percentage of adult patients (18 years and older) with depression who reached remission (PHQ-9 score less than five) six months after the index event (+/- 30 days).

FIGURE 20: Trend in Adult Depression: Remission at Six Months

2016–2019 report year (2014–2018 dates of service)

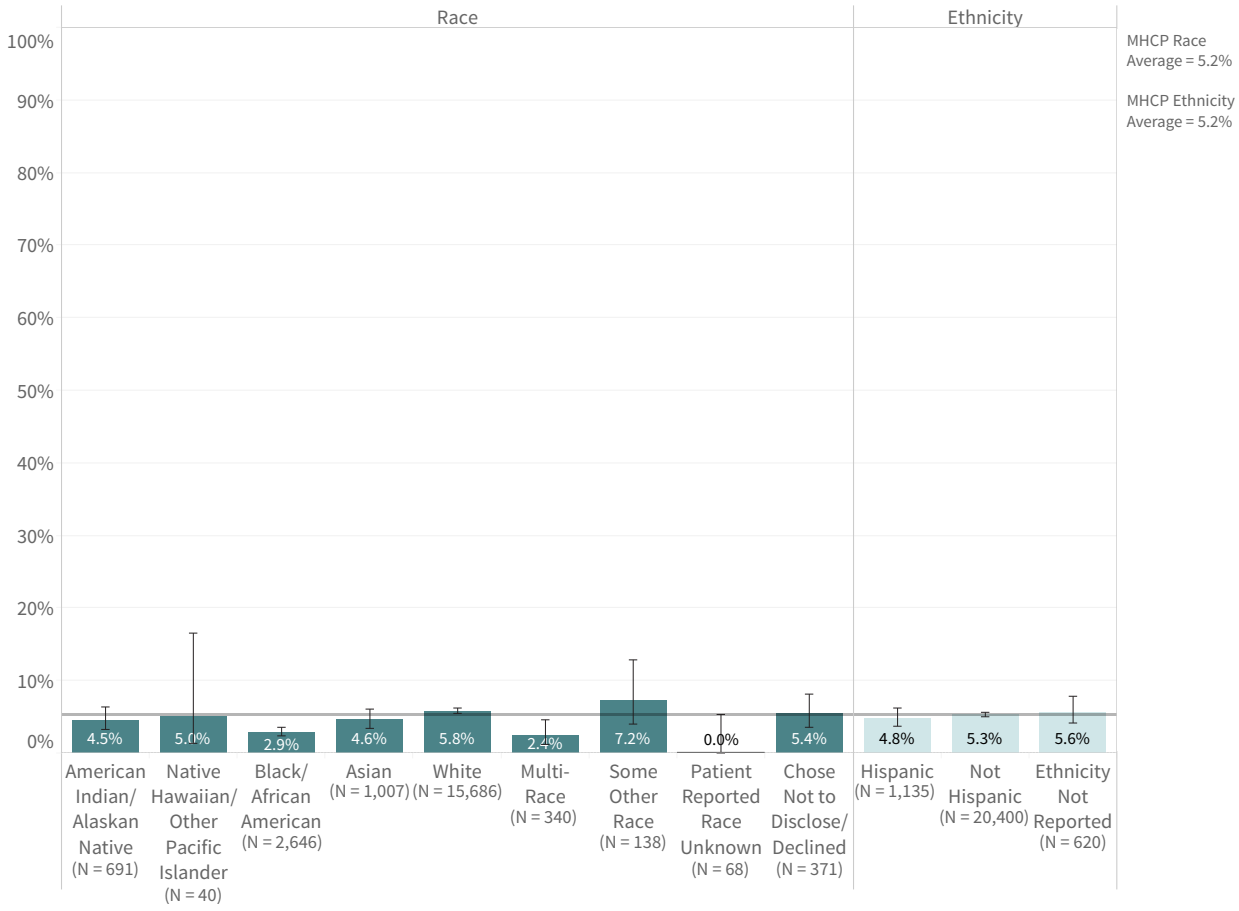


The rate of Depression Remission at Six Months among adult MHCP managed care patients has not statistically significantly changed since 2018. However, the gap between insurance types has statistically significantly narrowed since 2016.

In general, 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.

FIGURE 21: Adult Depression: Remission at Six Months MHCP Rates by Race and Hispanic Ethnicity

2019 report year (2018 dates of service)



The MHCP managed care Race Average and Ethnicity Average includes only patients with race/ethnicity information available and collected using best practice.

The MHCP managed care rates for patients who reported their race as Black/African American or as Multi-Race are statistically significantly lower than the MHCP managed care Race Average.

Performance rates for MHCP managed care patients within each of the three ethnicity groups are average.

HIGH PERFORMING MEDICAL GROUPS FOR MHCP

In 2019, there were eight primary care/multi-specialty medical groups with MHCP rates significantly higher than the MHCP statewide rate on at least 50 percent of the measures for which they were eligible.* These medical groups are listed below in alphabetical order.

TABLE 5: High Performers by Medical Group – Primary Care/Multi-Specialty

	QUALITY MEASURE	Allina Health	Essentia Health	Fairview Health Services	Health-East Clinics	Health-Partners Clinics	Lakewood Health System	Mankato Clinic	Park Nicollet Health Services
PREVENTIVE HEALTH	Breast Cancer Screening	●	●	●	●	●	○	○	●
	Colorectal Cancer Screening	○	●	●	○	●	●	●	●
	Childhood Immunization Status (Combo 10)	○	○	○	●	○	○	●	○
CHRONIC CONDITIONS	Optimal Diabetes Care	●	○	●	●	●	○	○	●
	Optimal Vascular Care	○	○	●	●	○	●	○	●
	Optimal Asthma Control – Adult	●	●	●	○	●	●	●	●
	Optimal Asthma Control – Children	●	●	●	●	●	●	●	●
MENTAL HEALTH	Adolescent Mental Health and/or Depression Screening	●	●	●	○	●	●	●	●
	Adult Depression: Remission at Six Months	○	●	○	○	○	○	○	●
Total number of measures as high performers		5	6	7	5	6	5	5	8
Total number of eligible measures		9	9	9	9	9	9	9	9

*Included if eligible for at least five measures.

● Above MHCP managed care statewide/medical group average ○ Average or below MHCP managed care statewide/medical group average

For detailed medical group and clinic results, refer to *Appendix: Detailed Medical Group and Clinic Level Tables*.

DEFINITIONS

General Definitions

Continuous enrollment criteria: The minimum amount of time for a member/patient to be enrolled in a health plan to be eligible for a HEDIS measure. It ensures the health plan has enough time to render services. If a member/patient does not meet minimum continuous enrollment criteria, they are not eligible to be included in the measure denominator.

Composite measures: A measure of two or more component measures, each of which individually reflects quality of care, combined into a single performance measure with a single score. The individual components are treated equally (not weighted). Every component must meet criteria to be counted in the numerator for the overall composite measure. The composite measures in this report include:

- Childhood Immunization Status (Combo 10)
- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Control – Adults
- Optimal Asthma Control – Children

Direct Data Submission (DDS) measures: Measures collected using the DDS process, which include:

- Optimal Diabetes Care
- Optimal Vascular Care
- Adult Depression Remission at Six Months
- Optimal Asthma Control – Children
- Optimal Asthma Control – Adults
- Colorectal Cancer Screening
- Adolescent Mental Health and/or Depression Screening

These measures are calculated using data submitted by medical groups/clinics. These data come from electronic health records or paper-based medical charts. See the Methodology Appendix for more information.

Healthcare Effectiveness Data and Information Set (HEDIS) measures: A national set of performance measures used in the managed care industry and developed and maintain by the National Committee for Quality Assurance (NCQA). Clinical HEDIS measures use data from the administrative or hybrid data collection methodology.

- Breast Cancer Screening
- Childhood Immunization Status (Combo 10)

Insurance type: Health care insurance type includes the following categories:

- Commercial (employer-based and individual coverage)
- State health care programs, which include Medical Assistance (Medicaid) and MinnesotaCare
- Medicare (federal health care programs for people ages 65 years and older and people who are disabled)
- Uninsured

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

Minnesota Health Care Programs (MHCP): These health care programs (i.e., Medical Assistance including dual eligible and MinnesotaCare) provide service under both fee-for-service and managed care delivery systems purchased by DHS. This report only includes performance rates for the managed care programs (i.e., Medical Assistance and MinnesotaCare).

National Committee for Quality Assurance (NCQA): A national, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, as well as produces HEDIS measures.

Other Purchasers: This includes commercial (employer-based insurance coverage) and/or Medicare managed care data.

Outcome measures: These measures reflect the actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change. The outcome measures in this report include:

- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Control – Adults
- Optimal Asthma Control – Children
- Adult Depression Remission at Six Months

Patient Reported Outcome (PRO): Information reported by the patient.

Patient Report Outcome Measure (PROM): A validated instrument or survey tool that collects data from a patient.

- ***Optimal Asthma Control measures – Adults and Children:*** Asthma Control Test (ACT); Childhood Asthma Control Test (C-ACT); Asthma Control Questionnaire (ACQ); Asthma Therapy Assessment Questionnaire (ATAQ)
- ***Adult Depression Remission at Six Months:*** Patient Health Questionnaire – 9 item version (PHQ-9)

Patient Report Outcome – Performance Measure (PRO-PM): Measures built from a PROM.

The PRO-PM ***outcome*** measures in this report include:

- Optimal Asthma Control – Adults
- Optimal Asthma Control – Children
- Adult Depression Remission at Six Months

The PRO-PM ***process*** measures in this report include:

» Adolescent Mental Health and/or Depression Screening

Process measures: A measure that shows whether steps proven to benefit patients are followed correctly. They measure whether an action was completed (e.g., having a medical exam or test, writing a prescription, or administering a drug). The process measures in this report include:

» Breast Cancer Screening

» Colorectal Cancer Screening

» Adolescent Mental Health and/or Depression Screening

Statewide rates: This included patients meeting measurement criteria enrolled in managed care health plans including commercial, MHCP managed care and Medicare managed care.

Endnotes

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