



MINNESOTA HEALTH CARE QUALITY REPORT

RESULTS FOR CARE DELIVERED IN 2020

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Results for Care Delivered in 2020

ABOUT MN COMMUNITY MEASUREMENT

As an independent nonprofit dedicated to empowering health care decision makers with meaningful data, MN Community Measurement (MNCM) is a statewide resource for timely, comparable information on health care quality, costs and equity. While Minnesota has some of the best health indicators in the country, there continues to be wide variation in health care quality and wide disparities in outcomes for different population groups. Quality measurement in health care delivers value to patients, providers, payers, and purchasers and the community.

ABOUT THIS REPORT

This report summarizes all clinical quality measures for the 2020 measurement year (data collected in 2021 for care delivered in 2020). This report includes:

- Summary of performance rates by measure
- Summary of medical groups identified as high performers across multiple measures
- Variation in performance rates across medical groups for each measure
- Trend in performance rates across multiple years for each measure

ABOUT MNCM'S NEW DYNAMIC TABLES

MNCM is excited to announce the launch of a new tool to access and interact with health care data. MNCM's Dynamic Tables offer an expanded view of data that was previously only available in Appendices of reports. This data can now be sorted, filtered, and selectively analyzed based on your needs. These tables include statewide results, comparative data across medical groups and medical group performance ratings compared to statewide averages.

To view the Dynamic Quality Table, [click here](#).

ACKNOWLEDGEMENTS

This report is possible by the engagement of several stakeholders who are committed to continuous improvement and recognize the important role measurement plays in helping our community establish priorities and improve together.

MNCM extends our thanks to all medical groups and payers for contributing the data necessary for measurement, to the State of Minnesota for its support through the Statewide Quality Reporting and Measurement System, and to the many members of MNCM committees and workgroups providing ongoing guidance to shape this important work.

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IMPACT OF COVID-19

This report includes statewide data from 2020 with comparisons to prior years and should be used as context for understanding the disruptions experienced in 2020 due to the COVID-19 pandemic. In 2020, MNMCM sought input from the community on measurement considerations and made adjustments to the measures to best reflect changes in care delivery. We urge caution in using these data or changes in rates to draw general conclusions about quality of care. In many respects, however, 2020 should be considered a new baseline from which recovery should be measured.

In 2021, MNMCM took a closer look at these differences between 2020 and 2019 in a series of spotlight reports/issue briefs. This spotlight report series includes insights from MNMCM stakeholders about the factors that contributed to the observed declines in quality measures, including:

SPOTLIGHT REPORTS

- [Summary of Health Care Quality Measures for 2020](#)
- [2020 Results for Claims-Based Quality Measures](#)

ISSUE BRIEFS

- [Optimal Diabetes Care in 2020](#)
- [Optimal Vascular Care in 2020](#)
- [Optimal Asthma Control in 2020](#)
- [Colorectal Cancer Screening in 2020](#)
- [Adolescent Mental Health Screening in 2020](#)
- [Depression Care in 2020](#)

FACTORS INFLUENCING RESULTS OF QUALITY MEASUREMENT FOR 2020

The following is a list of factors specific to COVID-19 that may have influenced quality measures in 2020. These factors are among those listed in response to MNMCM consultation with stakeholders about the impact of COVID-19 on measurement. They may have contributed to changes in the number or characteristics of people included in the measures, changes in performance on measures, or both.

• Patient barriers

- Patients' decisions to defer care – out of concern for safety, for financial reasons or because other priorities were important
- Barriers to accessing care via telehealth: familiarity/ease with technology, access to devices and/or broadband, language barriers. On the flip side, telehealth enhanced access to care for some by removing transportation and distance barriers.

• Provider staffing/capacity

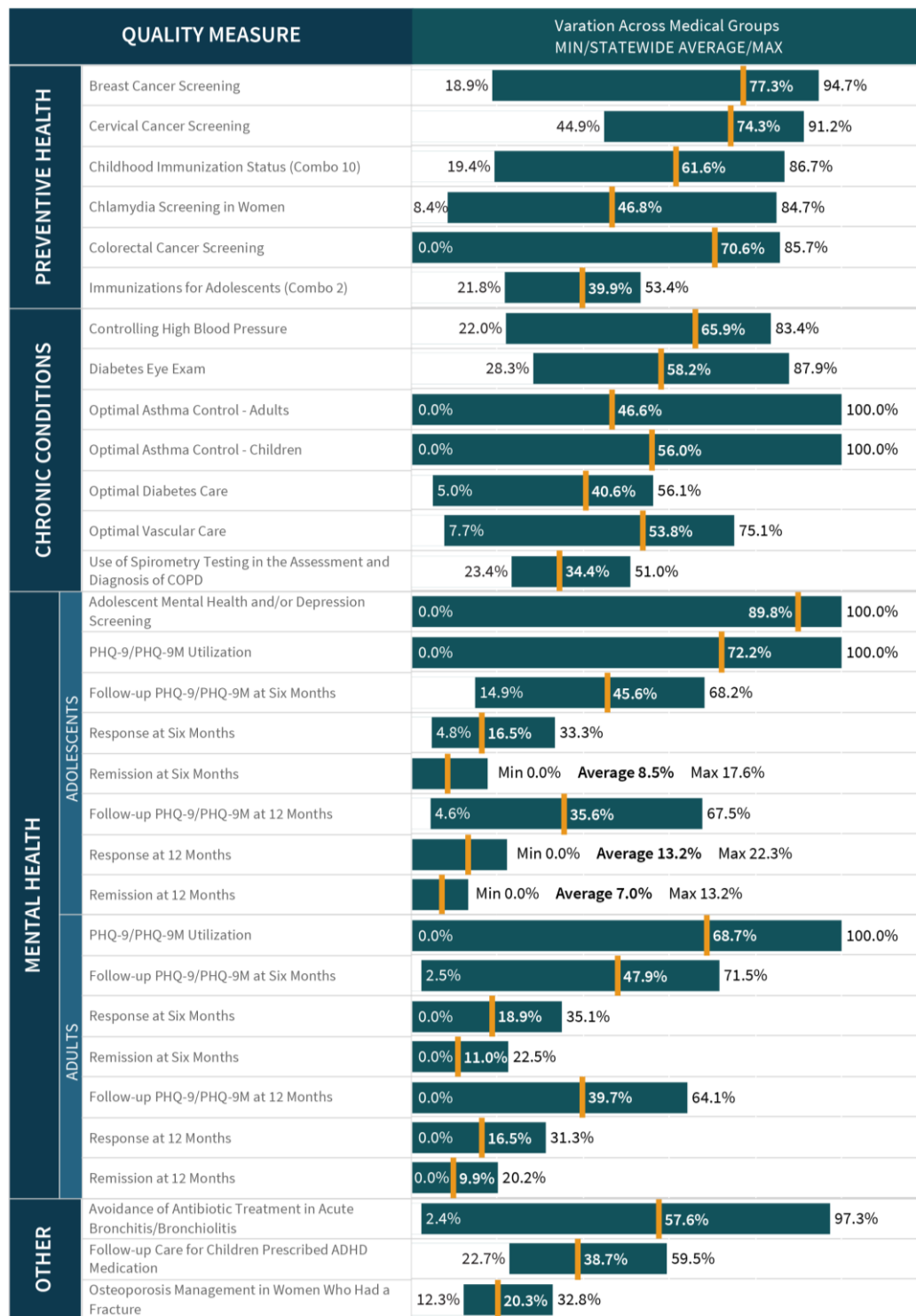
- Staff furloughs, burnout, turnover and diversion to higher priority needs.
- Some clinics repurposed/closed.
- Some services restricted or shut down (e.g., colonoscopies, mammograms).
- Shortages of testing supplies and/or lab capacity.

• Care delivery

- Decline in patient visits disrupted clinics' ability to deliver preventive services and manage chronic conditions.
- Transition to telehealth required workflows to be adjusted, including to gather patient-reported outcome (PRO) data used in some quality measures.
- Providers had more difficulty getting patients to complete PRO tools outside of the office setting.
- Care delivered via telehealth was more likely to be missing lab tests/blood pressures.

KEY FINDINGS IN 2020

- There continues to be significant variation in performance across medical groups. For many measures, the gap between scores of the lowest and highest performing medical groups is more than 50 percentage points.
- Statewide performance fell for most measures in 2020, likely a reflection of significant disruptions in care due to the COVID-19 pandemic. Measures showing the largest declines in statewide performance were Controlling High Blood Pressure (-12.2 percentage points), Osteoporosis Management in Women Who Had a Fracture (-11.4 percentage points) and PHQ-9/PHQ-9M Utilization for Adults (-8.8 percentage points).
 - Caution is warranted in interpreting changes between 2019 and 2020, due to changes in health care delivery and how people accessed care. Since many measures apply only for people who received care during the year, changes in care patterns during the pandemic mean that fewer people are included in the measures in 2020 than in 2019. This was especially the case for children and adolescents. More detailed information about changes in the measure denominators is included in MNMCM's [August 2021 Spotlight Report](#).
 - Recovery from the impacts of the pandemic will require outreach to patients who missed important preventive care or chronic disease care, along with concerted efforts to fill gaps in data that are needed for ongoing follow-up and management of chronic diseases like diabetes, heart disease, asthma, and depression.



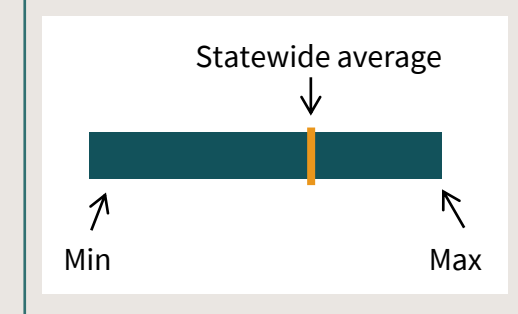
STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

2020 measurement year

This table provides an overview of the statewide rates by measure for primary care and shows significant variation and/or room for improvement in all measures. Even for measures where the statewide average is high, wide variation exists in performance across medical groups.

The statewide averages shown here are the average performance rates among patients attributed to medical groups for the 2020 measurement year. Unattributed patients are not included in these averages.

How to read variation chart



QUALITY MEASURE		Child and Teen Medical Center	Entira Family Clinics	Essentia Health	Health Partners Clinics	Lakewood Health System	Mankato Clinic, Ltd.	Mayo Clinic	Mayo Clinic Health System	Park Nicollet Health Services	Westfields Hospital and Clinic	
PREVENTIVE HEALTH	Breast Cancer Screening	<	○	●	●	●	●	●	●	●	●	
	Cervical Cancer Screening		○	○	●	<	○	○	○	●	<	
	Childhood Immunization Status (Combo 10)	○	○	○	○	<	●	○	○	○	<	
	Chlamydia Screening in Women	○	●	○	●	○	○	○	○	●	○	
	Colorectal Cancer Screening		●	●	●	●	●	○	○	●	●	
	Immunizations in Adolescents (Combo 2)	<	<	○	●	<	<	<	○	○	<	
CHRONIC CONDITIONS	Controlling High Blood Pressure		○	●	○	○	●	○	●	○	○	
	Diabetes Eye Exam	<	●	●	●	○	○	○	●	●	○	
	Optimal Asthma Control - Adults	●	●	●	●	●	●	○	○	●	●	
	Optimal Asthma Control - Children	●	○	○	●	●	●	○	○	●	○	
	Optimal Diabetes Care		●	●	○	●	●	●	●	○	○	
	Optimal Vascular Care		●	●	○	●	○	○	○	○	○	
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	<	○	○	○	<	○	●	○	●	<	
MENTAL HEALTH	ADOLESCENTS	Adolescent Mental Health and/or Depression Screening	●	○	●	○	●	●	●	○	○	
		PHQ-9/PHQ-9M Utilization	●	●	●	○	○	●	●	●	○	<
		Follow-up PHQ-9/PHQ-9M at Six Months	○	●	○	●	○	●	○	●	●	<
		Response at Six Months	○	●	○	●	○	●	●	○	●	<
		Remission at Six Months	○	●	●	●	○	●	●	●	○	<
	ADULTS	Follow-up PHQ-9/PHQ-9M at 12 Months	●	●	●	●	○	●	●	●	●	<
		Response at 12 Months	●	○	●	●	○	●	●	●	●	<
		Remission at 12 Months	○	●	●	●	○	●	●	●	○	<
		PHQ-9/PHQ-9M Utilization	●	●	○	●	●	●	●	●	●	●
		Follow-up PHQ-9/PHQ-9M at Six Months	<	●	●	●	○	●	○	●	●	●
		Response at Six Months	<	●	●	●	●	●	○	●	●	●
		Remission at Six Months	<	●	●	●	●	●	●	●	●	●
		Follow-up PHQ-9/PHQ-9M at 12 Months	<	●	●	●	●	●	●	●	●	●
		Response at 12 Months	<	●	●	●	●	●	●	●	●	●
		Remission at 12 Months	<	●	●	●	●	●	●	●	●	●
OTHER	Avoidance of Antibiotic Treatment in Acute Bronchitis	●	○	○	●	○	○	●	○	●	○	
	Follow-up Care for Children Prescribed ADHD Medication	<	<	○	○	○	●	○	○	○	<	
	Osteoporosis Management in Women Who Had a Fracture	<	○	●	○	<	<	○	○	○	<	
Total number of measures as high performers		8	19	20	22	13	23	16	18	20	10	
Total number of eligible measures		14	29	31	31	26	29	30	31	31	18	

HIGH PERFORMING MEDICAL GROUPS

10 medical groups had rates significantly above the statewide average on at least 50 percent of the measures for which they were eligible.*

Detailed results by medical group are available in MNMCM's new dynamic tables, which can be found [here](#).

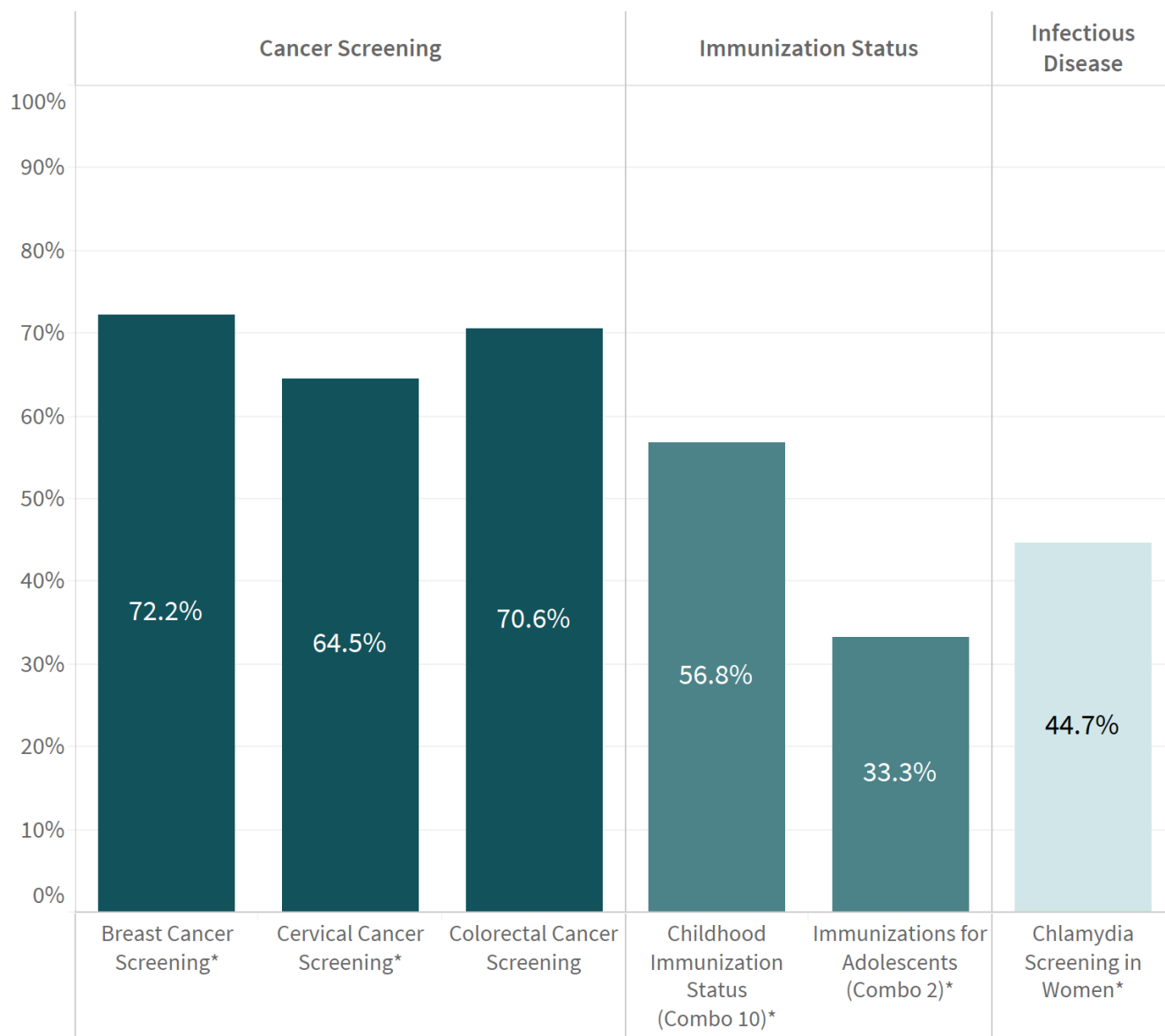
*Included if eligible for at least five measures.

- Above average
- Average or below average
- < Not reportable for this measure (too few patients in measure denominator)
- Medical group does not submit data for this measure

PREVENTIVE HEALTH MEASURES

Statewide Results

2020 measurement year



STATEWIDE RESULTS

The Immunizations for Adolescents (Combo 2) measure has the most room for improvement, followed by the Chlamydia Screening in Women measure.

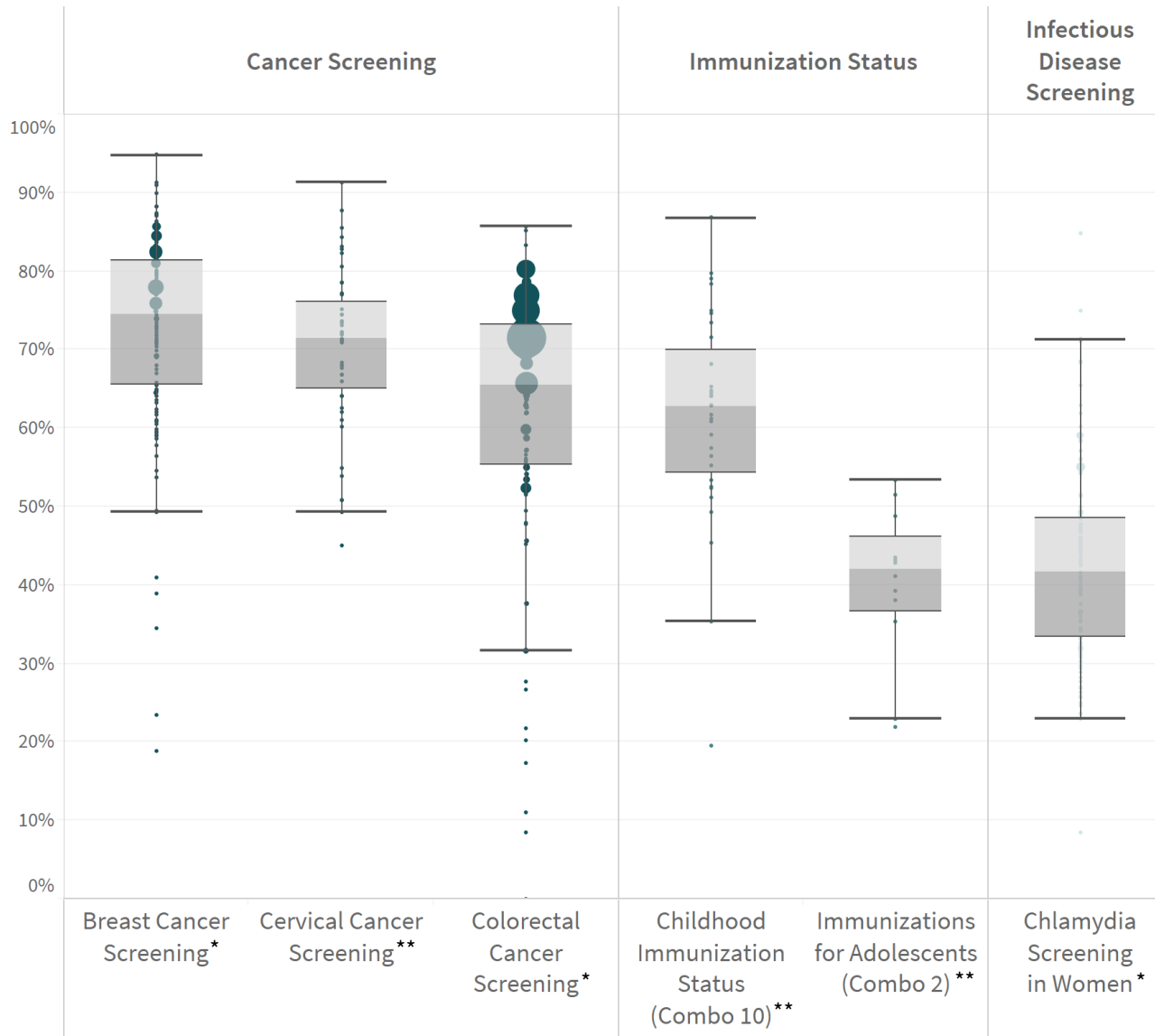
Among cancer screenings, Breast Cancer Screening had the highest rate.

**Statewide average shown here includes patients not attributed to a medical group. For complete measure descriptions, [click here](#).*

PREVENTIVE HEALTH MEASURES

Rate Variation by Medical Group

2020 measurement year



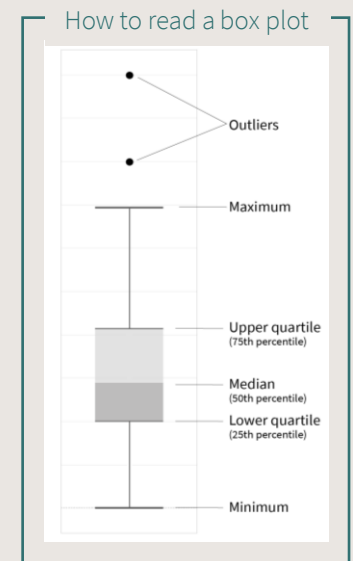
*Does not include medical groups with less than 30 patients

**Does not include medical groups with less than 60 patients

VARIATION BY MEDICAL GROUP

There continues to be significant variation in medical group performance for all preventive health measures.

The **Colorectal Cancer Screening** measure had the largest variation in performance across medical groups, while the **Immunizations for Adolescents** measure had the smallest.

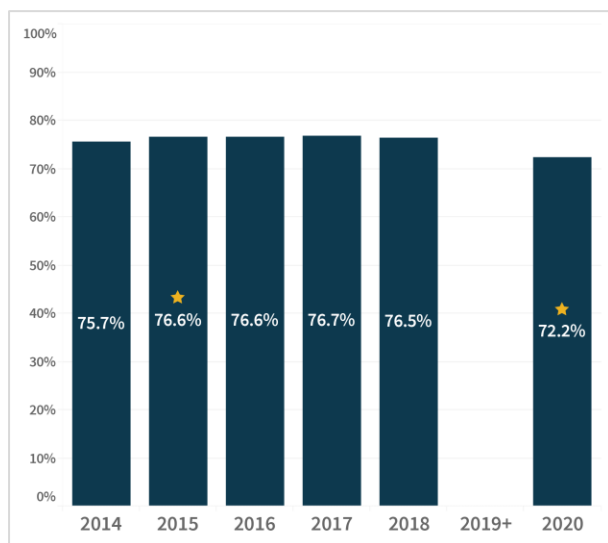


PREVENTIVE HEALTH MEASURES

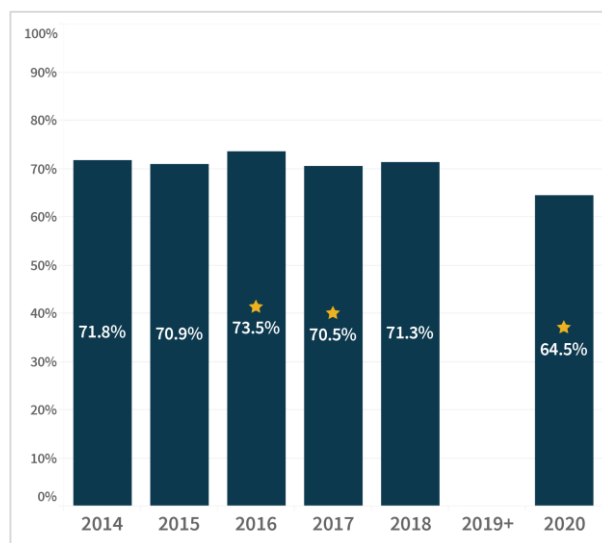
Statewide trend over time

2020 measurement year

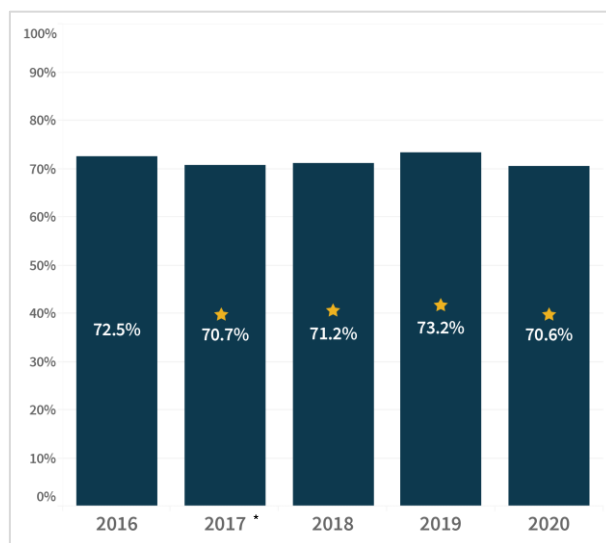
BREAST CANCER SCREENING**



CERVICAL CANCER SCREENING**



COLORECTAL CANCER SCREENING



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

The rates of **Breast Cancer Screening** and **Cervical Cancer Screening** significantly decreased from 2018 to 2020. Similarly, the rate of **Colorectal Cancer Screening** significantly decreased from 2019 to 2020.

* Changes to the measure denominator definition resulted in a significant drop in population for this measure and may have contributed to a change in the 2017 statewide rates for this measure.

+ Due to COVID-19 related interruptions, statewide rates were not available for this measure in 2019.

**The statewide averages shown here include patients not attributed to a medical group.

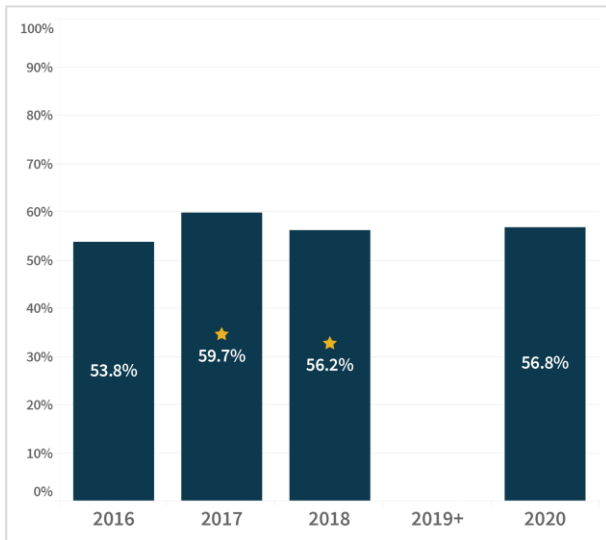
NOTE: In 2017, shifts in Medicaid managed care enrollment resulted in an artificially low number of Minnesota Health Care Program (MHCP) patients for the Breast Cancer Screening and Cervical Cancer Screening measures.

PREVENTIVE HEALTH MEASURES

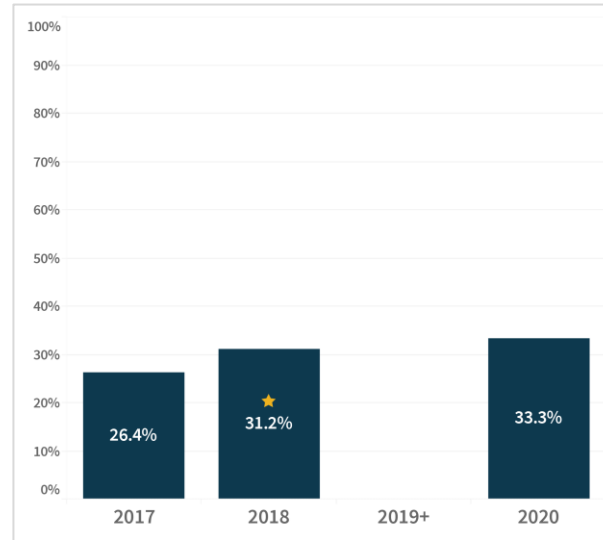
Statewide trend over time

2020 measurement year

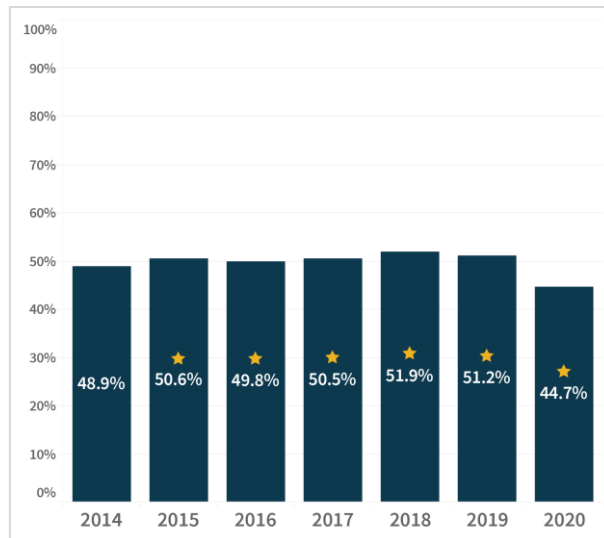
CHILDHOOD IMMUNIZATION STATUS (COMBO 10)*



IMMUNIZATIONS FOR ADOLESCENTS (COMBO 2)*



CHLAMYDIA SCREENING IN WOMEN**



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

Both the **Childhood Immunization Status (Combo 10)** measure and the **Immunizations for Adolescents (Combo 2)** measure remained stable in 2020 compared to 2018.

The **Chlamydia Screening in Women** measure significantly decreased from 2019 to 2020.

+ Due to COVID-19 related interruptions, statewide rates were not available for this measure in 2019.

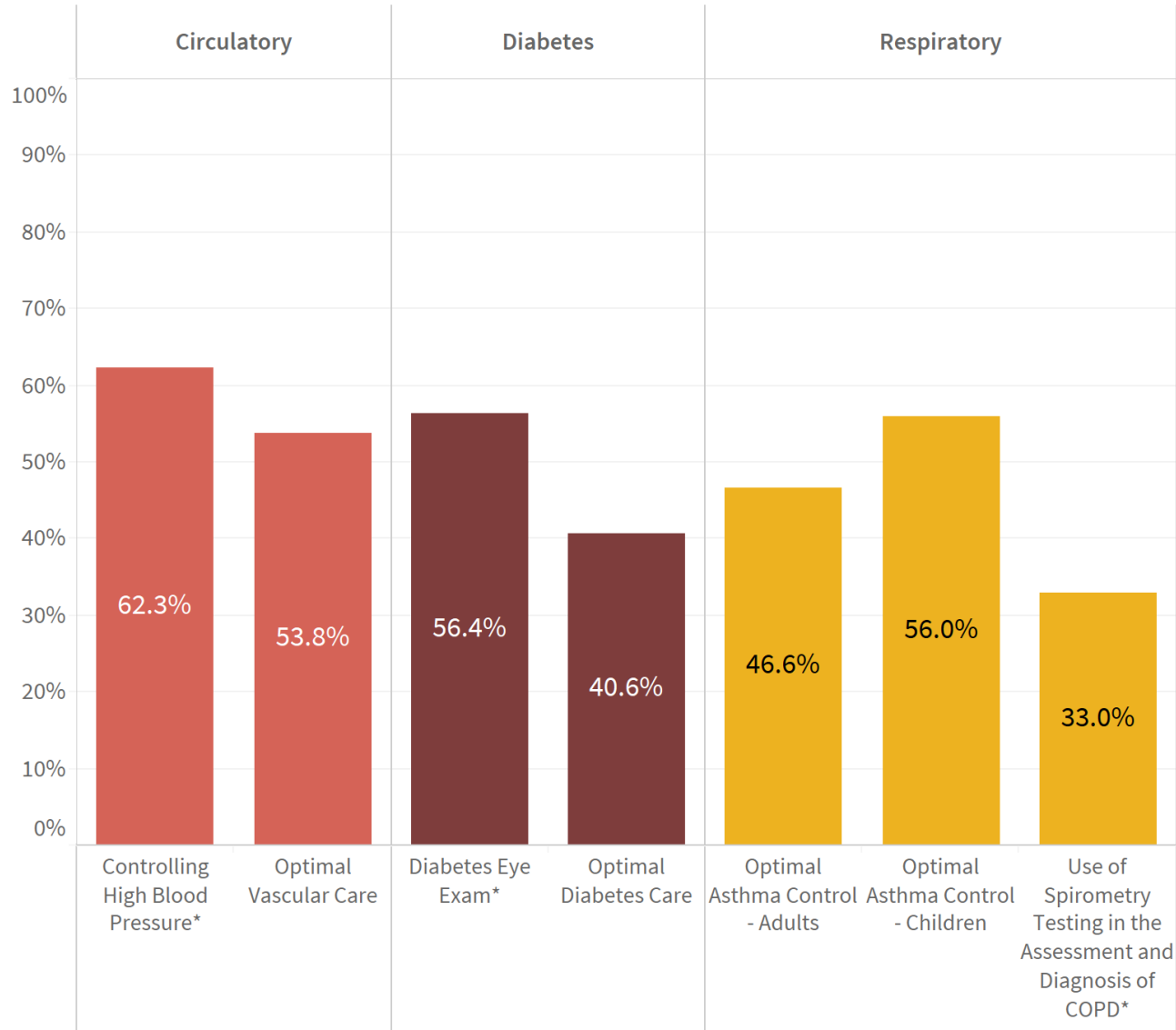
*The statewide averages shown here include patients not attributed to a medical group.

NOTE: In 2017, shifts in Medicaid managed care enrollment resulted in an artificially low number of Minnesota Health Care Program (MHCP) patients for these measures.

CHRONIC CONDITIONS MEASURES

Statewide Results

2020 measurement year



STATEWIDE RESULTS

- Approximately 46 percent of patients with **ischemic vascular disease** have at least **one component** of the measure that is not optimally managed.
- Approximately 60 percent of patients with **diabetes** have a least **one component** of the measure that is not optimally managed.
- The **Optimal Asthma Control** rate is approximately ten percentage points higher among children (5-17 years) compared to adults (18 years and older).
- Of the measures included here, the **Use of Spirometry Testing in the Assessment and Testing of COPD** measure has the most room for improvement.

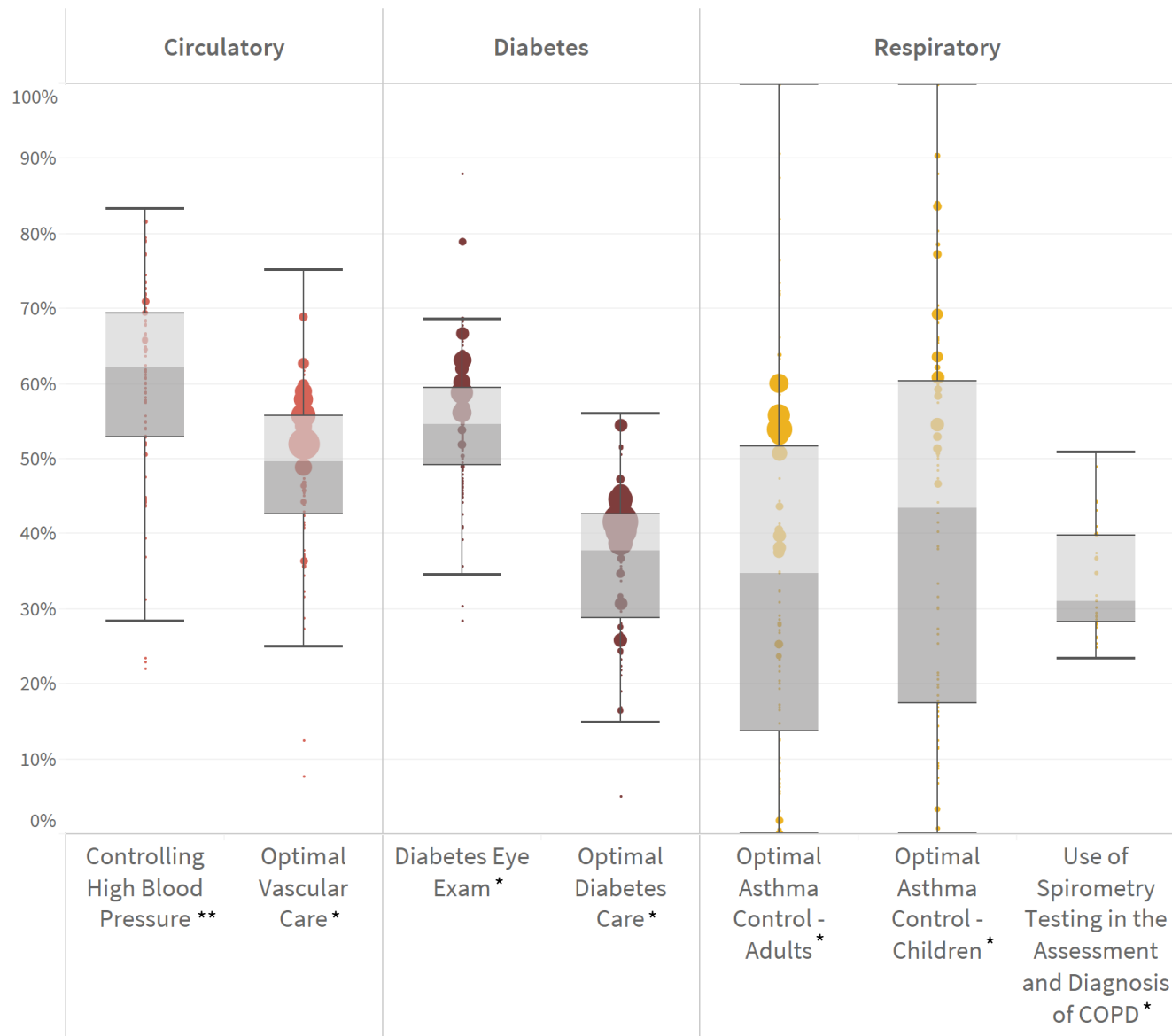
**Statewide average shown here includes patients not attributed to a medical group.*

For complete measure descriptions, [click here](#).

CHRONIC CONDITIONS MEASURES

Rate Variation by Medical Group

2020 measurement year



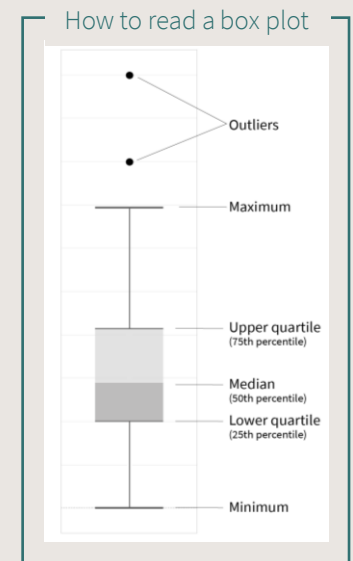
*Does not include medical groups with less than 30 patients

**Does not include medical groups with less than 60 patients

VARIATION BY MEDICAL GROUP

There continues to be significant variation in medical group performance for all chronic condition measures.

Both the **Optimal Asthma Control** measures had the largest variation in performance across medical groups, while the **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** measure had the smallest.



CHRONIC CONDITIONS MEASURES

2020 measurement year

OPTIMAL DIABETES CARE

Component	2016	2017	2018	2019	2020
HbA1c Control <i>HbA1c < 8.0 mg/dL</i>	69.4%	69.2% ▼	69.5%	70.2% ▲	67.2% ▼
On Daily Aspirin <i>If ischemic vascular disease present and not contraindicated</i>	99.4%	99.5%	99.4% ▼	99.3% ▼	99.1% ▼
On Statin Medication <i>Unless contraindicated</i>	86.9%	87.8%	88.1% ▲	88.3%	87.4% ▼
Tobacco-free	83.7%	83.9%	84.0%	84.2%	84.0%
BP Control <i>BP < 140/90 mm Hg</i>	83.7%	83.4% ▼	83.1% ▼	83.0%	76.0% ▼
OPTIMAL CARE	44.8%	44.9%	44.9%	45.4% ▲	40.6% ▼

- ▼ Significantly lower than previous year (95% confidence interval)
- ▲ Significantly higher than previous year (95% confidence interval)

OPTIMAL VASCULAR CARE

Component	2016	2017	2018	2019	2020
On Daily Aspirin <i>Unless contraindicated</i>	93.6%	93.3% ▼	92.5% ▼	90.9% ▼	88.0% ▼
On Statin Medication <i>Unless contraindicated</i>	90.9%	91.6%	91.6%	91.6%	90.9% ▼
Tobacco-free	82.5%	82.4% ▼	82.4%	82.5%	82.0% ▼
BP Control <i>BP < 140/90 mm Hg</i>	84.1%	83.5% ▼	83.7%	83.8%	76.9% ▼
OPTIMAL CARE	61.6%	61.5% ▼	61.1% ▼	60.3% ▼	53.8% ▼

- ▼ Significantly lower than previous year (95% confidence interval)
- ▲ Significantly higher than previous year (95% confidence interval)

STATEWIDE TREND OVER TIME

The rate of performance for the **Optimal Diabetes Care** measure significantly decreased in 2020 compared to 2019. Additional analyses of the components show that the rates for all components, except for the Tobacco-free component, significantly decreased in 2020 compared to 2019.

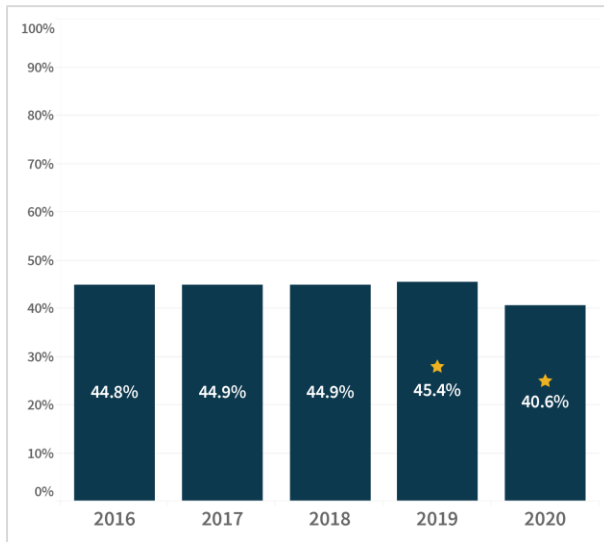
The rate of performance for the **Optimal Vascular Care** measure significantly decreased in 2020 compared to 2019. Additional analyses of the components shows that the rates for all of the components significantly decreased in 2020 compared to 2019.

CHRONIC CONDITIONS MEASURES

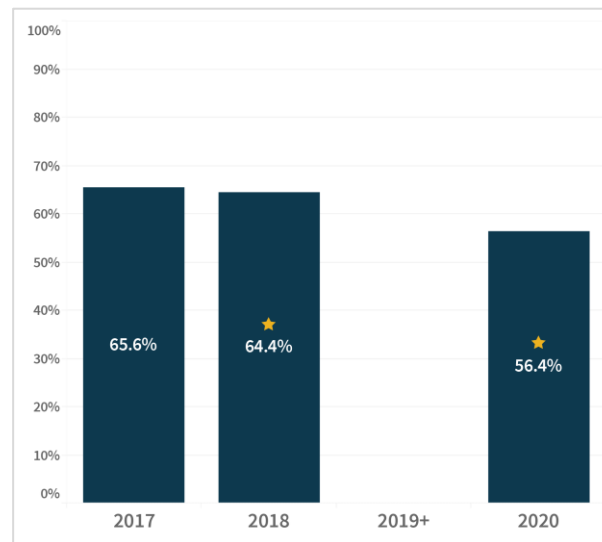
Statewide trend over time

2020 measurement year

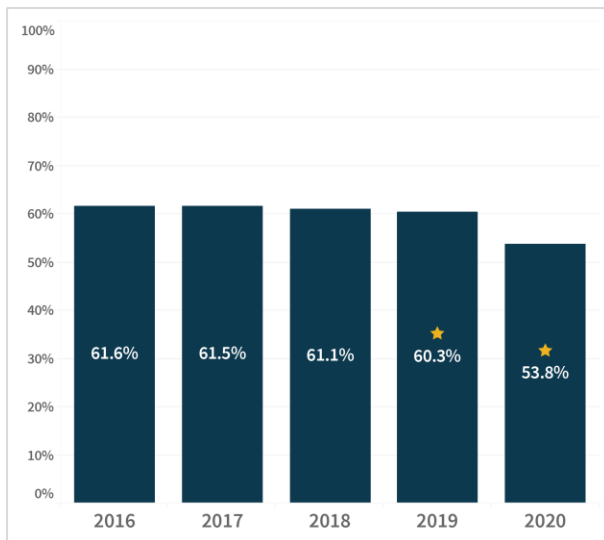
OPTIMAL DIABETES CARE



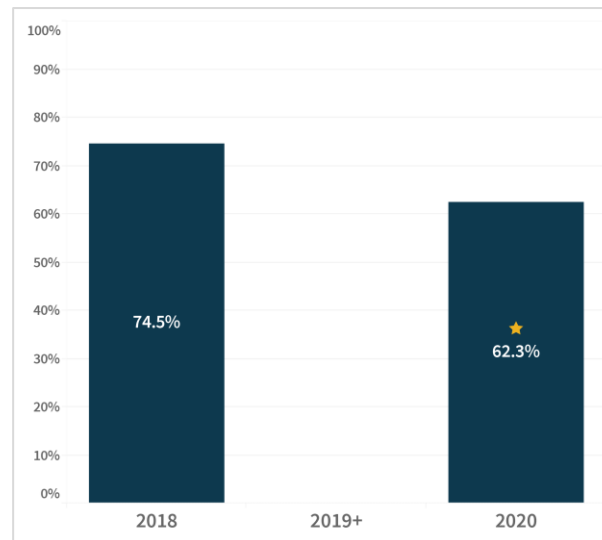
DIABETES EYE EXAM*



OPTIMAL VASCULAR CARE



CONTROLLING HIGH BLOOD PRESSURE*



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

Both the **Optimal Diabetes Care** and **Optimal Vascular Care** measures had significant decreases in rates in 2020 compared to 2019.

The **Diabetes Eye Exam** and the **Controlling High Blood Pressure** measures also had significant decreases in rate in 2020 compared to 2018.

+ Due to COVID-19 related interruptions, statewide rates were not available for this measure in 2019.

*The statewide averages shown here include patients not attributed to a medical group.

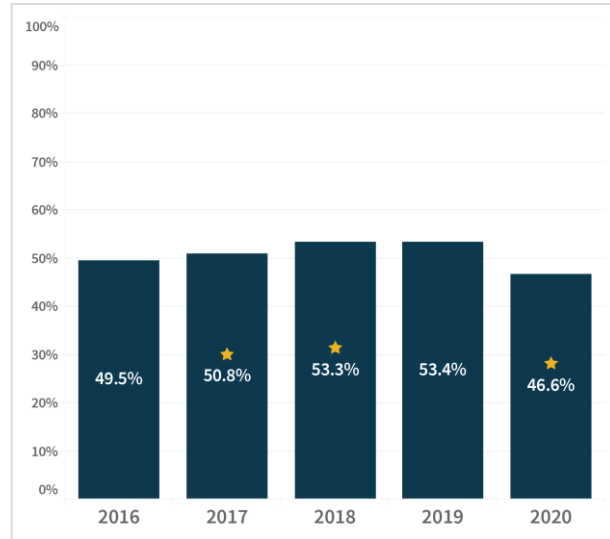
NOTE: In 2017, shifts in Medicaid managed care enrollment resulted in an artificially low number of Minnesota Health Care Program (MHCP) patients for the Diabetes Eye Exam measure.

CHRONIC CONDITIONS MEASURES

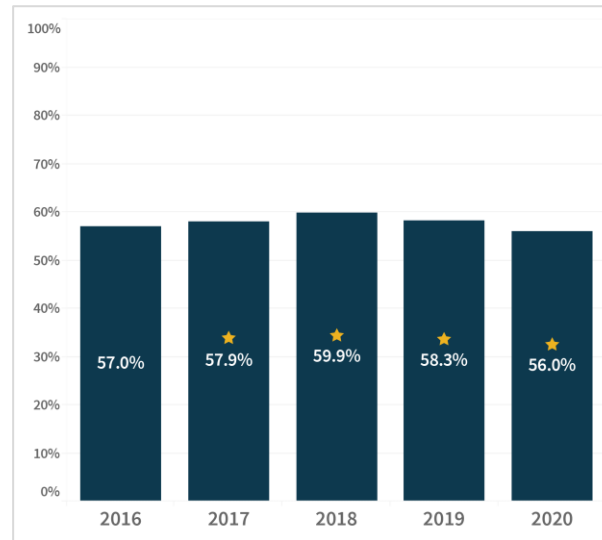
Statewide trend over time

2020 measurement year

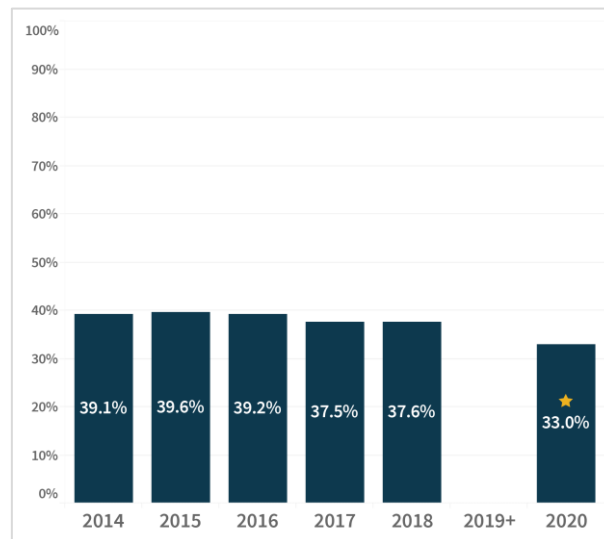
OPTIMAL ASTHMA CONTROL - ADULTS



OPTIMAL ASTHMA CONTROL - CHILDREN



USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD*



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

Both **Optimal Asthma Control** measures had significant decreases in rates in 2020 compared to 2019.

The **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** also had a significant decrease in rate in 2020 compared to 2018.

+ Due to COVID-19 related interruptions, statewide rates were not available for this measure in 2019.

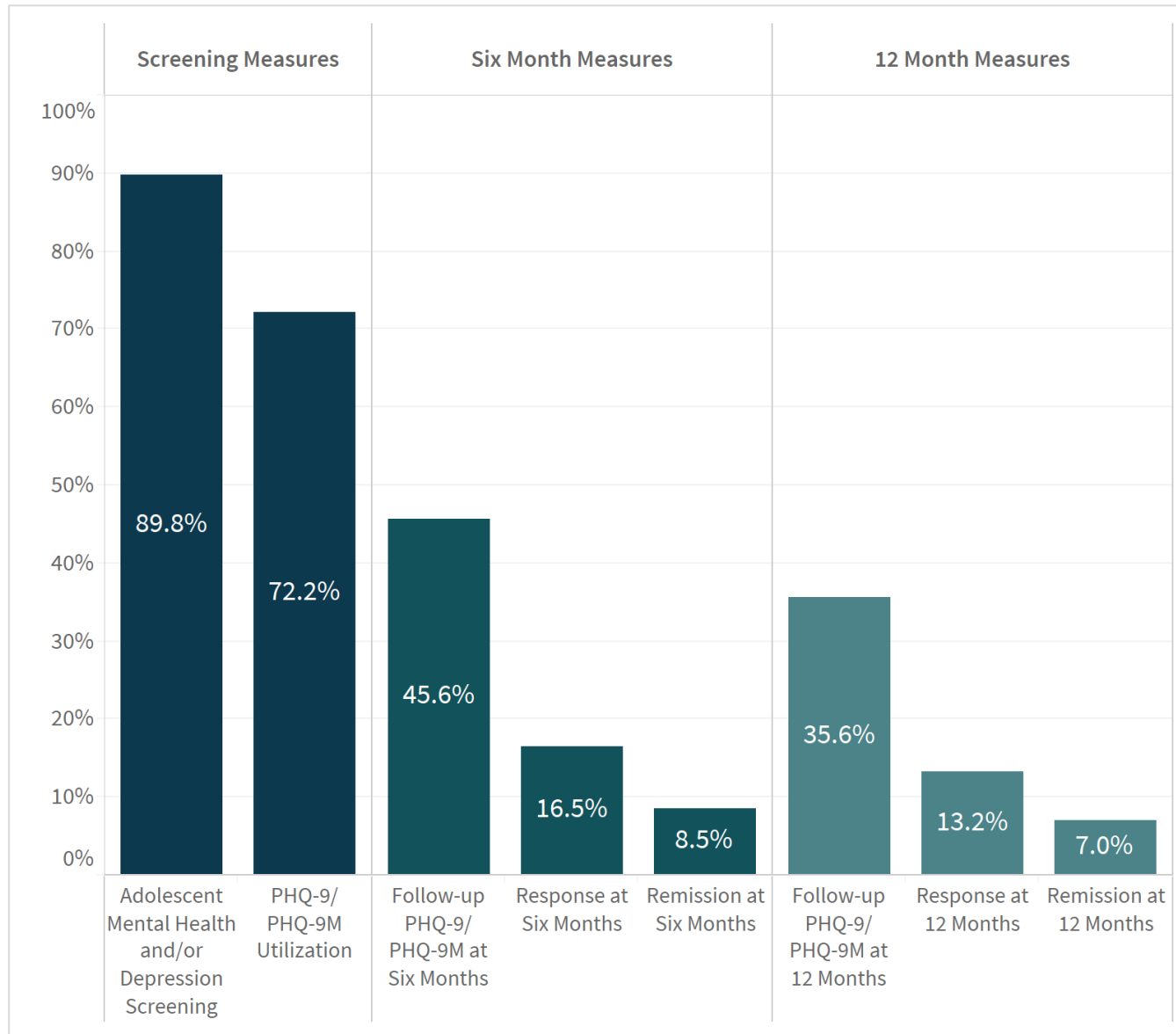
*The statewide averages shown here include patients not attributed to a medical group.

NOTE: In 2017, shifts in Medicaid managed care enrollment resulted in an artificially low number of Minnesota Health Care Program (MHCP) patients for the Use of Spirometry Testing in the Assessment and Diagnosis of COPD measure.

MENTAL HEALTH MEASURES

Statewide Results - Adolescents

2020 measurement year



STATEWIDE RESULTS

- Approximately **9 out of 10** adolescents without a pre-existing depression diagnosis received a mental health and/or depression screening if they had a well-child visit.
- Approximately **7 out of 10** adolescents with depression who received care between September and December 2020 were assessed with a PHQ-9/PHQ-9M tool.
- The **Remission at 12 Months** measure has the most room for improvement among the adolescent depression measures.

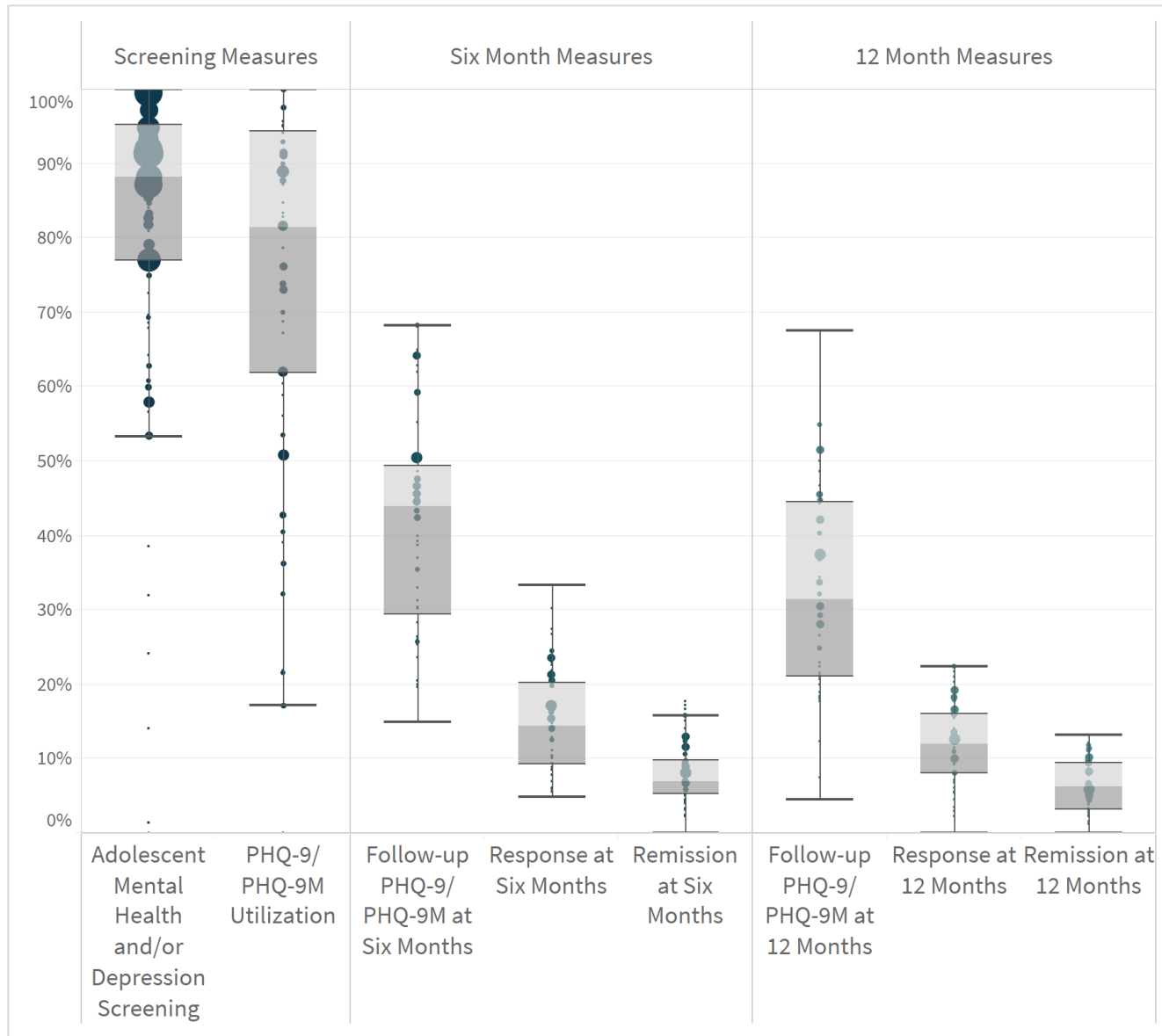
NOTE: The six- and 12-month depression measures have a unique timeline that does not follow the typical measurement year period that the other quality measures do. For more information, [click here](#).

For complete measure descriptions, [click here](#).

MENTAL HEALTH MEASURES

Rate Variation by Medical Group – Adolescents

2020 measurement year

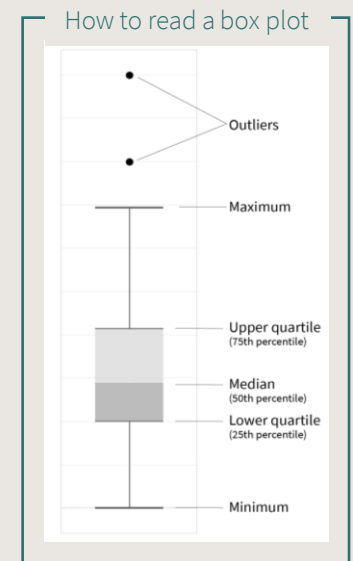


*Does not include medical groups with less than 30 patients

VARIATION BY MEDICAL GROUP

There continues to be significant variation in medical group performance for all mental health measures among adolescents.

Both the **Adolescent Mental Health and/or Depression Screening** and the **PHQ-9/PHQ-9M Utilization** measures had the largest variations in performance across medical groups, while the **Remission at 12 Months** measure had the smallest.

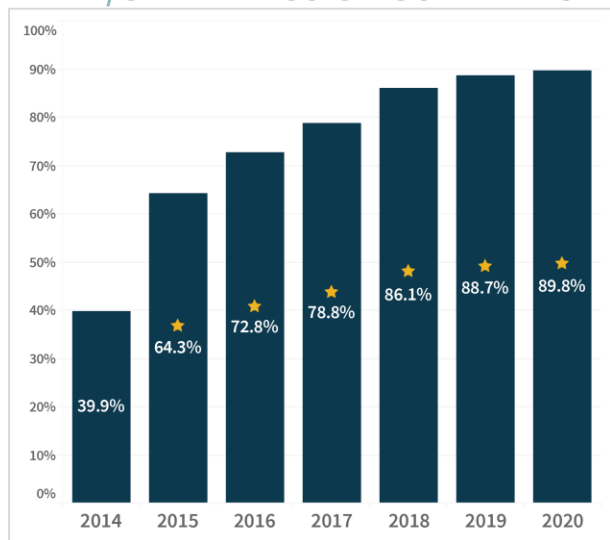


MENTAL HEALTH MEASURES

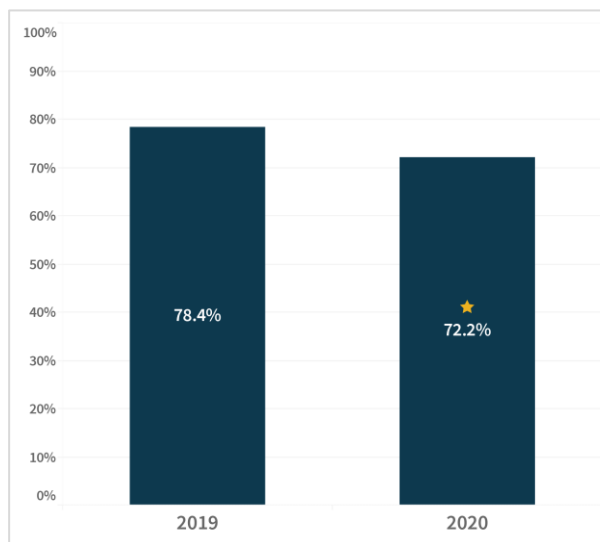
Statewide trend over time - Adolescents

2020 measurement year

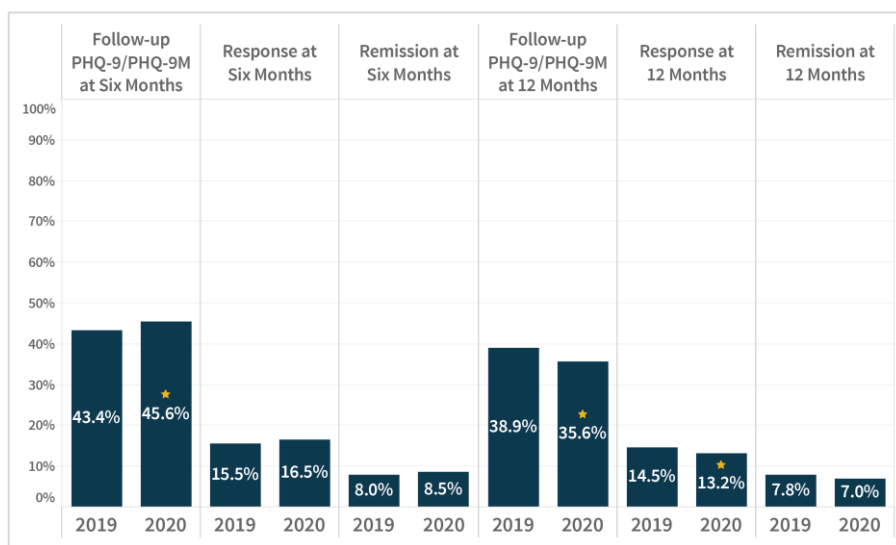
ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING



PHQ-9/PHQ-9M UTILIZATION



ADOLESCENT DEPRESSION



★ Significant change from previous measurement year shown

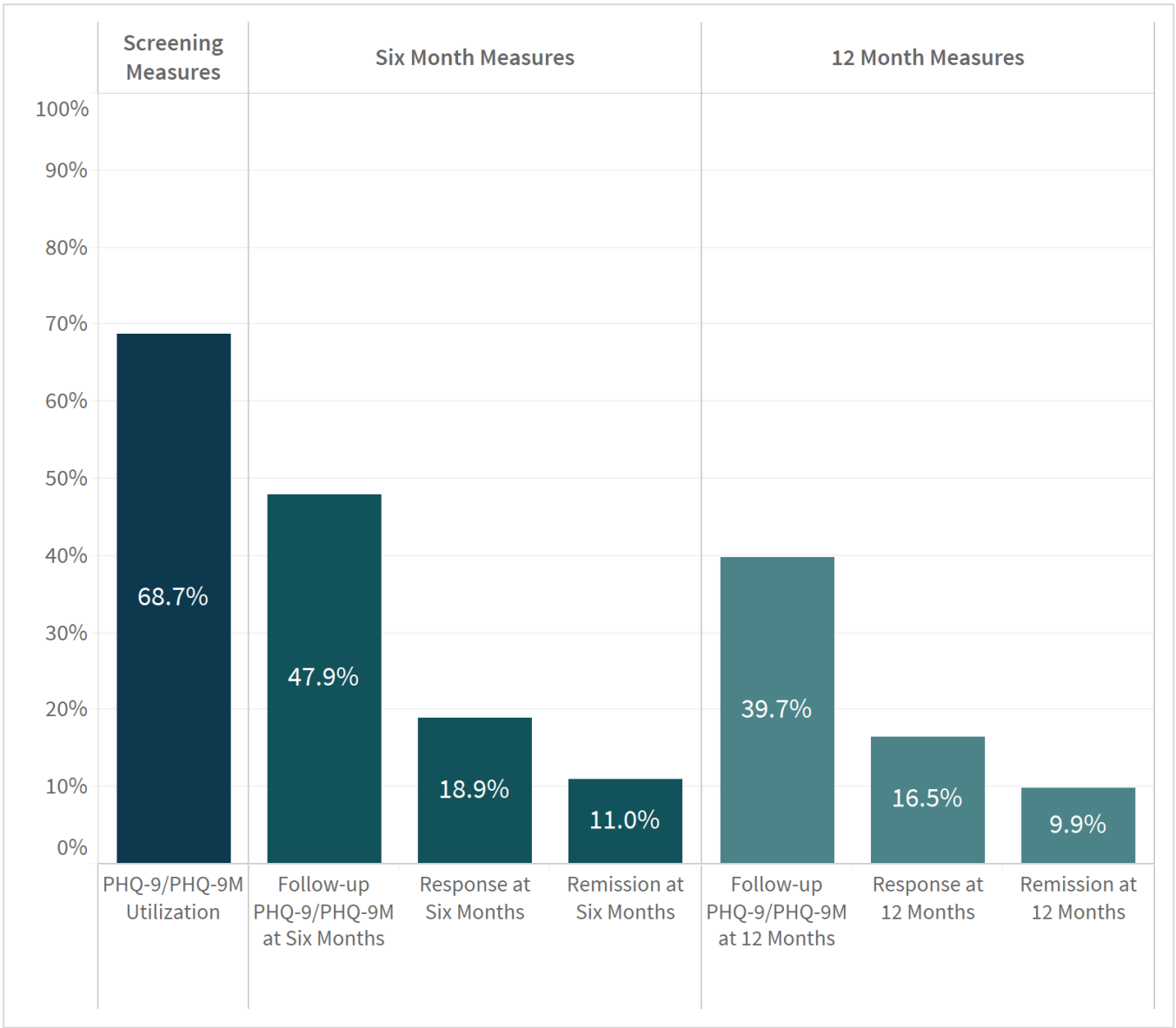
STATEWIDE TREND OVER TIME

- The Adolescent Mental Health and/or Depression Screening rate significantly increased in 2020 compared to 2019. However, the number of adolescents who had visits that made them eligible to be included in this measure declined by 20 percent, with the result that the overall number of screenings performed declined.
- Adolescents had a significant increase in the Follow-up PHQ-9/PHQ-9M at Six Months measure but a significant decrease in the Follow-up PHQ-9/PHQ-9M at 12 Months and Response at 12 Months measures.

MENTAL HEALTH MEASURES

Statewide Results - Adults

2020 measurement year



*Does not include medical groups with less than 30 patients

STATEWIDE RESULTS

- Like the adolescent population, the Remission at 12 Months measure has the most room for improvement among adults with depression.
- Approximately **7 out of 10** adults with depression who received care between September and December 2020 were assessed with a PHQ-9/PHQ-9M tool.

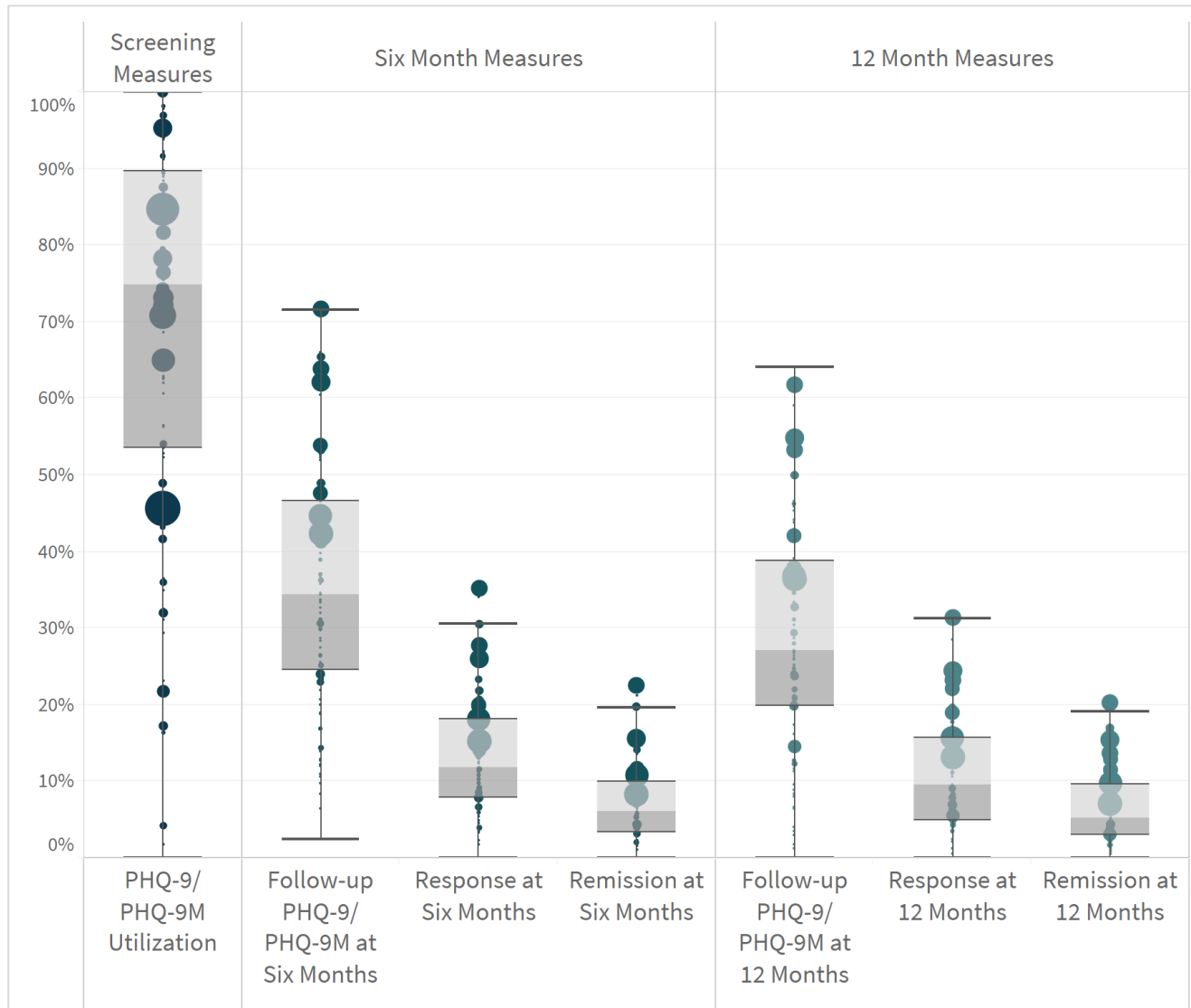
NOTE: The six- and 12-month depression measures have a unique timeline that does not follow the typical measurement year period that the other quality measures do. For more information, [click here](#).

For complete measure descriptions, [click here](#).

MENTAL HEALTH MEASURES

Rate Variation by Medical Group – Adults

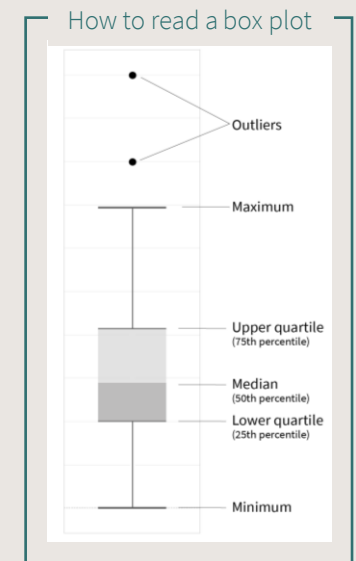
2020 measurement year



VARIATION BY MEDICAL GROUP

There continues to be significant variation in medical group performance for all depression measures among adults.

The **PHQ-9/PHQ-9M Utilization** measure had the largest variation in performance across medical groups, while the **Remission at 12 Months** measure had the smallest.



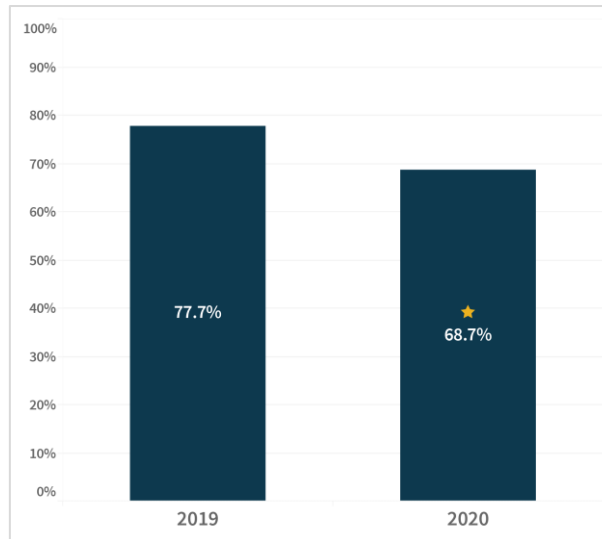
*Does not include medical groups with less than 30 patients

MENTAL HEALTH MEASURES

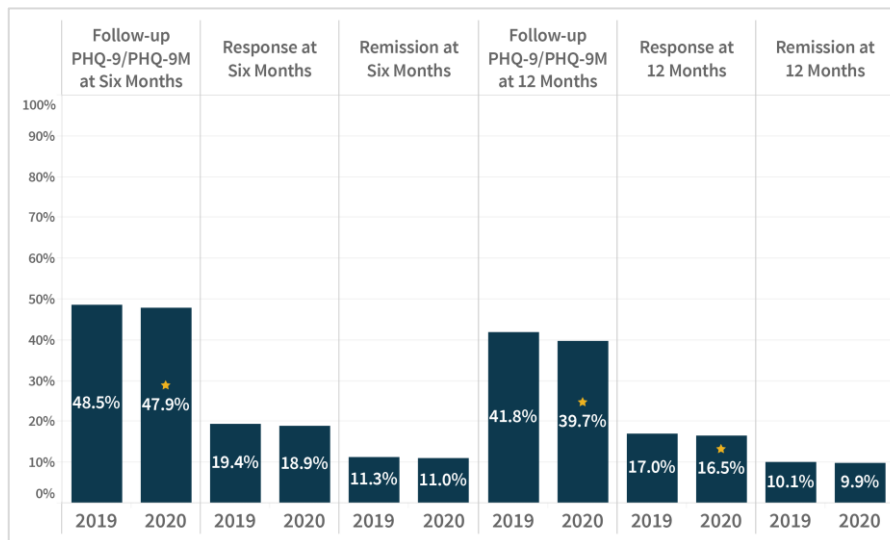
Statewide trend over time - Adults

2020 measurement year

PHQ-9/PHQ-9M UTILIZATION



ADULT DEPRESSION



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

There was a significant decrease in rate in the following depression measures for adults:

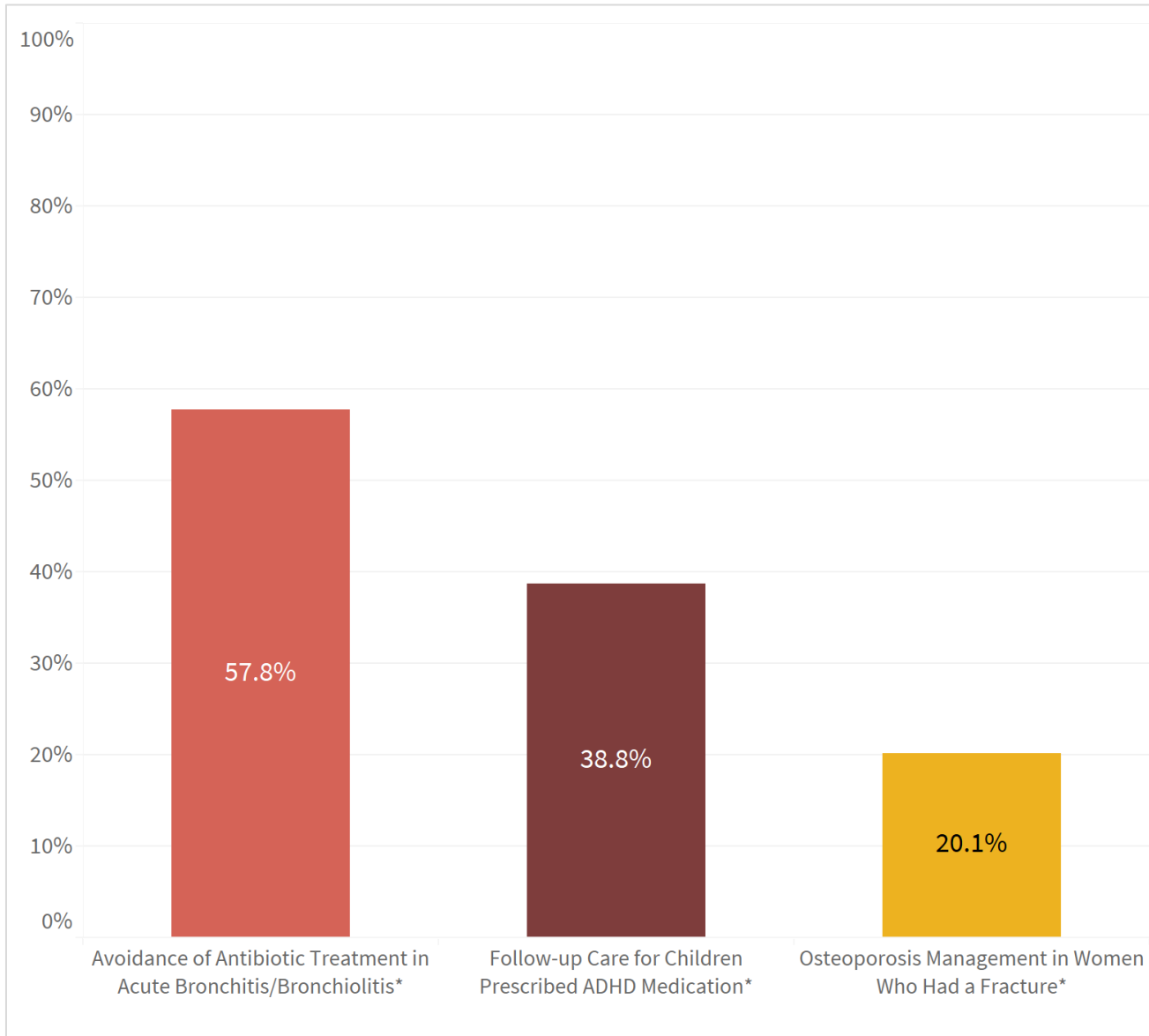
- PHQ-9/ PHQ-9M Utilization
- Follow-up PHQ-9/ PHQ-9M at Six Months
- Follow-up PHQ-9/ PHQ-9M at 12 Months
- Response at 12 Months

All other measures remained stable.

OTHER MEASURES

Statewide Results

2020 measurement year



STATEWIDE RESULTS

- Of the measures included here, the **Osteoporosis Management in Women Who Had a Fracture** measure has the most room for improvement.

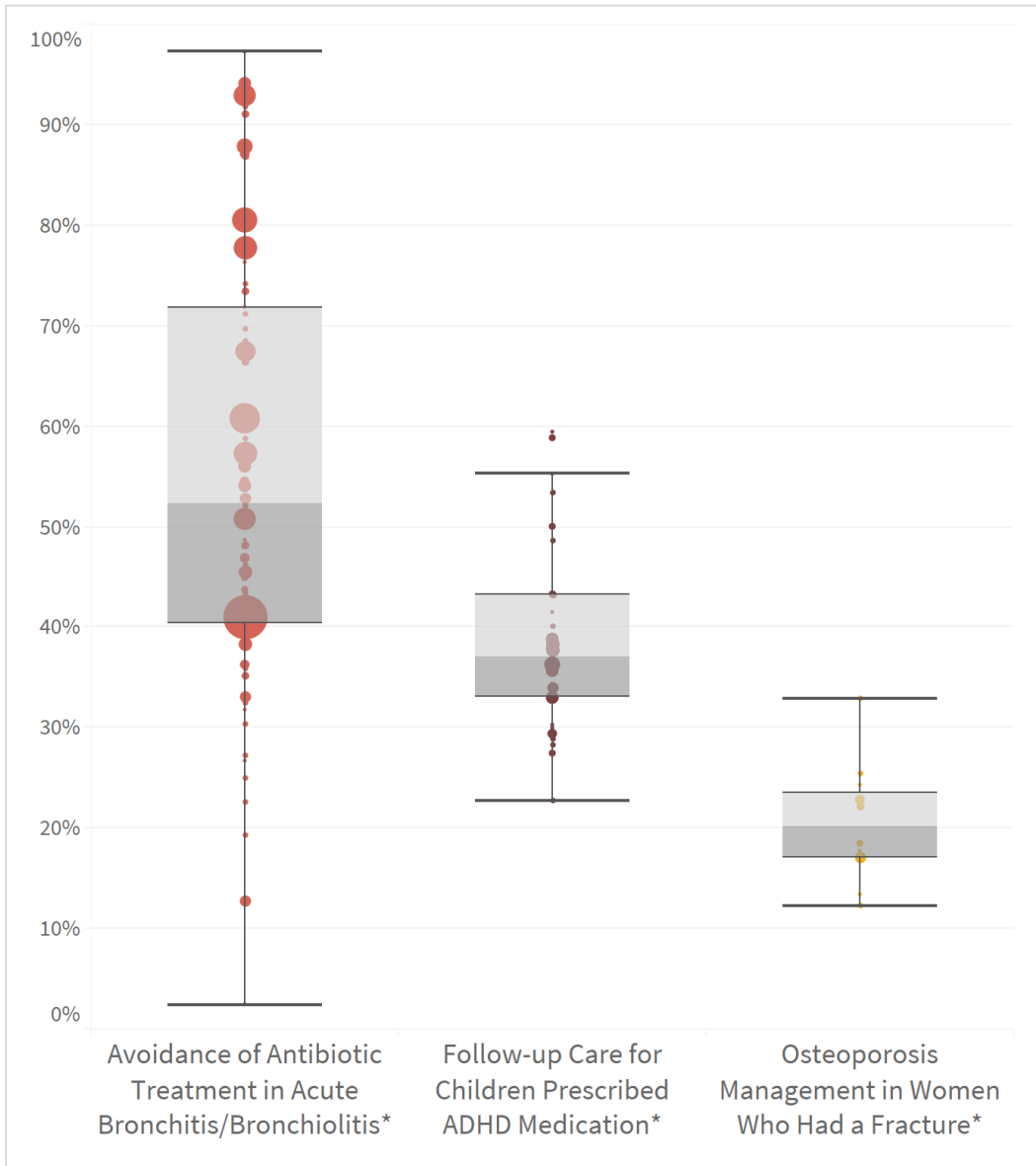
**Statewide average shown here includes patients not attributed to a medical group.*

For complete measure descriptions, [click here](#).

OTHER MEASURES

Rate Variation by Medical Group

2020 measurement year

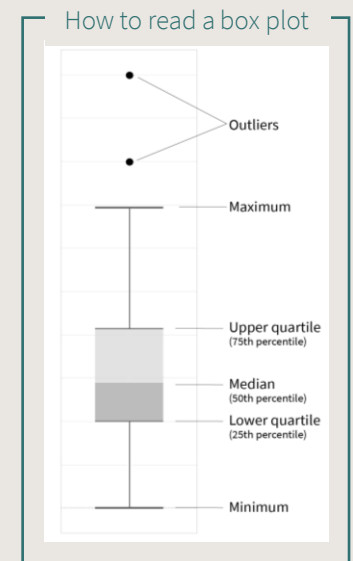


*Does not include medical groups with less than 30 patients

VARIATION BY MEDICAL GROUP

There continues to be significant variation in medical group performance for all measures listed here.

The **Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis** measure had the largest variation in performance across medical groups, while the **Osteoporosis Management in Women Who Had a Fracture** measure had the smallest.

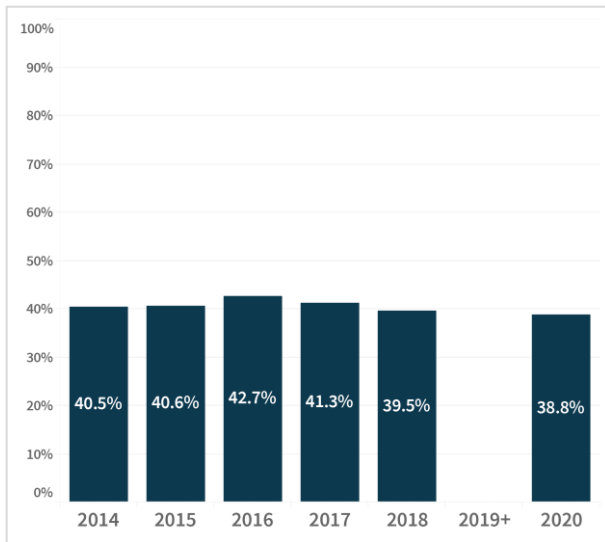


OTHER MEASURES

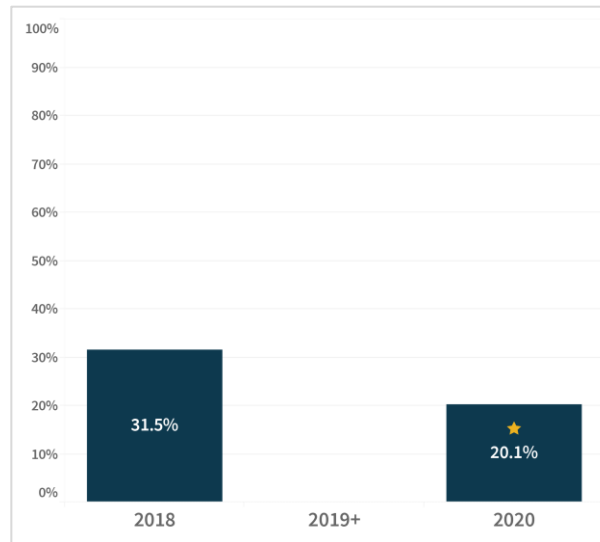
Statewide trend over time

2020 measurement year

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION⁺



OSTEOPOROSIS MANAGEMENT FOR WOMEN WHO HAD A FRACTURE⁺



★ Significant change from previous measurement year shown

STATEWIDE TREND OVER TIME

There was a significant decrease in the rate for the **Osteoporosis Management for Women Who Had a Fracture** measure compared to 2018.

+ Due to COVID-19 related interruptions, statewide rates were not available for this measure in 2019. Additionally, the statewide averages shown here include patients not attributed to a medical group.

NOTE: Significant measure changes to the Avoidance of Antibiotics in Acute Bronchitis/Bronchiolitis measure occurred in 2019. Trending is not available.

NOTE: In 2017, shifts in Medicaid managed care enrollment resulted in an artificially low number of Minnesota Health Care Program (MHCP) patients for the Follow-up care for Children Prescribed ADHD Medication measure.

DEFINITIONS & METHODOLOGY

2020 CHANGES TO MEASURES

Not surprisingly, the COVID-19 pandemic necessitated technical changes to some quality measures to reflect and accommodate changes in how care was delivered. For 2020 and future years, MNCM made two types of technical changes to the quality measures included in this report:

- Incorporating telehealth codes into measures that did not already include them, to ensure that patients receiving care via telehealth were included in quality measures as appropriate; and
- Allowing providers to use patient-reported blood pressures taken with a digital device in lieu of blood pressures taken in a health care setting.

Because national quality measurement organizations such as the National Committee for Quality Assurance (NCQA) made similar technical changes to quality measures for 2020, MNCM's changes help to ensure that MNCM remains aligned with national quality measurement practices.

PREVENTIVE HEALTH MEASURES

- **Breast Cancer Screening***: The percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years.
- **Cervical Cancer Screening***: The percentage of women 21-64 years of age who were screened for cervical cancer using the following criteria:
 - Women 21-64 years of age who had cervical cytology performed within last 3 years
 - Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
 - Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) testing within the last 5 years
- **Colorectal Cancer Screening**: The percentage of adults ages 50-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:
 - Colonoscopy during the measurement period 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

*Based on National Committee for Quality Assurance (NCQA) 2020 Measurement Year measure specifications

PREVENTIVE HEALTH MEASURES CONTINUED

- **Childhood Immunization Status (Combo 10)*:** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
- **Chlamydia Screening:** The percentage of sexually active women ages 16-24 who had at least one test for chlamydia during the measurement year.
- **Immunizations for Adolescents (Combo 2)*:** The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one Tdap vaccine; and the complete human papillomavirus vaccine series by their 13th birthday.

CHRONIC CONDITIONS MEASURES

- **Controlling High Blood Pressure*:** The percentage of adults 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).
- **Optimal Vascular Care:** The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:
 - Blood pressure less than 140/90 mm Hg
 - On a statin medication, unless allowed contraindications or exceptions are present
 - Non-tobacco user
 - On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present
- **Diabetes Eye Exam*:** The percentage of adults 18-75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.
- **Optimal Diabetes Care:** The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving all of the following:
 - HbA1c less than 8.0 mg/dL
 - Blood pressure less than 140/90 mm Hg
 - On a statin medication, unless allowed contraindications or exceptions are present
 - Non-tobacco user
 - Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

*Based on National Committee for Quality Assurance (NQCA) 2020 Measurement Year measure specifications

CHRONIC CONDITIONS MEASURES CONTINUED

- **Optimal Asthma Control (Adults & Children):** The percentage of adults (18-50 years of age) and children (5-17 years of age) who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:
 - Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
 - Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months
- **Use of Spirometry Testing in the Assessment and Diagnosis of COPD*:** The percentage of adults 40 years of age and older who have a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received spirometry testing to confirm the diagnosis.

MENTAL HEALTH MEASURES

- **Adolescent Mental Health and/or Depression Screening:** 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. *Note: Adolescents diagnosed with depression are excluded from this measure.*
- **PHQ-9/PHQ-9M Utilization (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with a diagnosis of Major Depression or Dysthymia who also have a completed PHQ-9 tool during the measurement period.
- **Follow-up PHQ-9/PHQ-9M at Six Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who have a completed PHQ-9/PHQ-9M tool within six months after the index event (+/- 60 days).
- **Response at Six Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who demonstrated a response to treatment (at least 50 percent improvement) six months after the index event (+/- 60 days).
- **Remission at Six Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who reached remission (PHQ-9/PHQ-9M score less than five) six months after the index event (+/- 60 days).

*Based on National Committee for Quality Assurance (NQCA) 2020 Measurement Year measure specifications

MENTAL HEALTH MEASURES CONTINUED

- **Follow-up PHQ-9/PHQ-9M at 12 Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who have a completed PHQ-9/PHQ-9M tool within 12 months after the index event (+/- 60 days).
- **Response at 12 Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who demonstrated a response to treatment (at least 50 percent improvement) 12 months after the index event (+/- 60 days).
- **Remission at 12 Months (Adult & Adolescent):** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who reached remission (PHQ-9/PHQ-9M score less than five) 12 months after the index event (+/- 60 days).

OTHER MEASURES

- **Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis*:** The percentage of cases of acute bronchitis/bronchiolitis for patients aged 3 months of age and older that did not result in an antibiotic dispensing event.
- **Follow-up Care for Children Prescribed ADHD Medication*:** The percentage of children 6-12 years of age prescribed a new attention deficit/hyperactivity disorder (ADHD) medication who had at least one follow-up visit within 30 days of when the ADHD medication was dispensed.
- **Osteoporosis Management in Women Who Had a Fracture*:** The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after fracture.

*Based on National Committee for Quality Assurance (NQCA) 2020 Measurement Year measure specifications

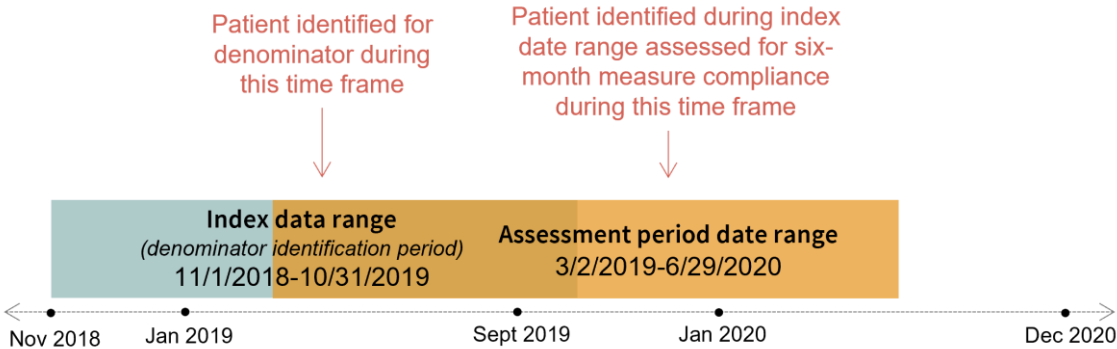
ADDITIONAL DEFINITIONS

- **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.
- **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.
- **Patient-Reported Outcome Measures (PROM):** A validated survey instrument or tool used to collect information directly from a patient.
- **Patient-Reported Outcome – Performance Measure (PRO-PM):** The measure built from a PROM.
- **Process Measures:** A measure that shows whether steps proven to benefit patients are being used. They measure whether an action was completed (e.g., having a medical exam or test, writing a prescription or administering a drug).

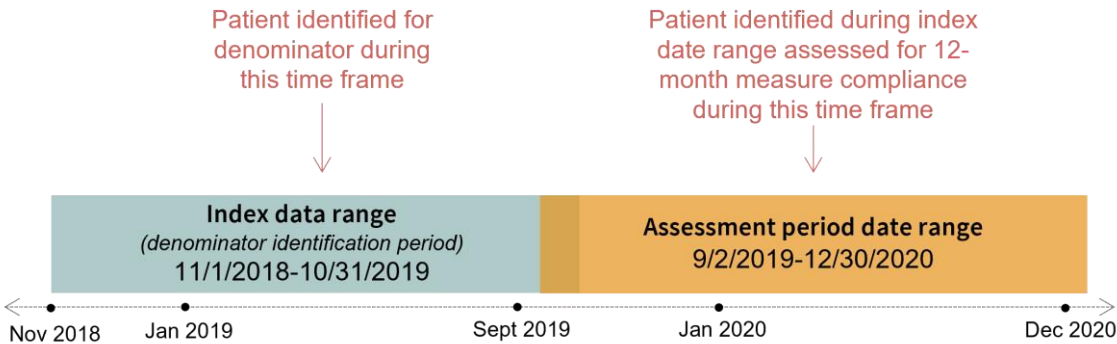
OVERVIEW OF DEPRESSION MEASURES

The depression measures are unique in that the time period for identifying eligible patients for the denominators do not follow the typical measurement period that the other quality measures do. The depression measures are longitudinal in design, meaning patients are followed through a period of time and assessed for the desired outcome. A patient is first identified for the denominator during the denominator identification period (shown below), which primarily occurs two years prior to when the data are submitted. The assessment period (shown below) is the time in which those patients identified in the denominator identification period are assessed for the desired outcome and primarily occurs in the year prior to data submission.

Six-Month Measure Timeline



12-Month Measure Timeline



QUALITY MEASURE	PROCESS	OUTCOME	PRO-PM	HEDIS
Breast Cancer Screening	•			•
Cervical Cancer Screening	•			•
Childhood Immunization Status (Combo 10)	•			•
Immunizations for Adolescents (Combo 2)	•			•
Chlamydia Screening in Women	•			•
Colorectal Cancer Screening	•			
Controlling High Blood Pressure		•		•
Diabetes Eye Exam	•			•
Optimal Asthma Control (Adults & Children)		•	•	
Optimal Diabetes Care		•		
Optimal Vascular Care		•		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	•			•
Adolescent Mental Health and/or Depression Screening	•			
PHQ-9 Utilization (Adult & Adolescent)	•			
Follow-up PHQ-9/PHQ-9M at Six/12 Months (Adult & Adolescent)	•			
Response at Six/12 Months (Adult & Adolescent)		•	•	
Remission at Six/12Months (Adult & Adolescent)		•	•	
Avoidance of Antibiotic Treatment in Acute Bronchitis	•			•
Follow-up Care for Children Prescribed ADHD Medication	•			•
Osteoporosis Management in Women Who Had a Fracture	•			•

PATIENT-REPORTED OUTCOME (PRO) TOOLS USED

OPTIMAL ASTHMA CONTROL

Measure accepts any of these tools:

- Asthma Control Test (ACT)
- Childhood Asthma Control Test (C-ACT)
- Asthma Control Questionnaire (ACQ)
- Asthma Therapy Assessment Questionnaire

ADOLESCENT AND ADULT DEPRESSION SUITES

- Patient Health Questionnaire (PHQ-9/PHQ-9M)

PRO-PM: Patient-reported Outcome Performance Measure

METHODS

The measures in this report are collected from two separate data sources: clinics and health plans. Clinical data submission 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.

The table on the next slide shows the number of patients included in each measure and the data source. HEDIS measures include patients enrolled in commercial health insurance products, Medicare managed care or Medicaid managed care programs. Patients who are uninsured, or those served by a Medicaid/Medicare fee-for-service program are not included. The number of patients eligible for these measures is further narrowed by criteria specifying a minimum amount of time a member/patient must be continuously enrolled in a health plan to be eligible for the measure.

In contrast, clinical data submission measures rely on data from clinics across Minnesota to identify the number of patients eligible for the measure. All eligible clinic patients are reflected regardless of insurance coverage type and duration. As a result, clinical data submission measures have a larger number of eligible patients for the measures.

NUMBER OF PATIENTS INCLUDED IN QUALITY MEASURES

QUALITY MEASURE	Data Source	Age Range	Number of Eligible Patients	Number of Patients in Denominator
Breast Cancer Screening	Health plan	50-74	311,593	311,593
Cervical Cancer Screening	Health plan	21-64	657,709	13,291
Childhood Immunization Status (Combo 10)	Health plan	Age 2 and under	36,166	5,539
Immunizations for Adolescents (Combo 2)	Health plan	By age 13	42,220	5,121
Chlamydia Screening in Women	Health plan	16-24	95,590	95,590
Colorectal Cancer Screening	CDS	50-75	1,308,933	1,308,314
Controlling High Blood Pressure	Health plan	18-85	286,615	20,674
Diabetes Eye Exam	Health plan	18-75	152,940	152,940
Optimal Asthma Control – Adults	CDS	18-50	141,659	141,659
Optimal Asthma Control – Children	CDS	5-17	59,661	59,661
Optimal Diabetes Care	CDS	18-75	314,316	314,316
Optimal Vascular Care	CDS	18-75	178,460	178,460
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Health plan	40+	9,421	9,421
Adolescent Mental Health and/or Depression Screening	CDS	12-17	132,070	132,070
Adolescent Depression Measure Suite	CDS	12-17	13,559	13,559
Adolescent PHQ-9/PHQ-9M Utilization	CDS	12-17	21,011	21,011
Adult Depression Measure Suite	CDS	18+	126,114	126,114
Adult PHQ-9/PHQ-9M Utilization	CDS	18+	244,114	244,114
Avoidance of Antibiotic Treatment in Acute Bronchitis	Health plan	3 months and older	31,121	31,121
Follow-up Care for Children Prescribed ADHD Medication	Health plan	6-12	7,192	7,192
Osteoporosis Management in Women Who Had a Fracture	Health plan	67-85	1,676	1,676

DATA SOURCES

The measures in this report are collected from two separate data sources: clinics and health plans.

- **Clinical data submission (CDS)** measures use data from clinics, which enables reporting by clinic location and medical group.
- **HEDIS** measures use data from health plans, which enables reporting of results by medical group only.

TABLE OVERVIEW

This table shows the number of patients included in each measure.

HEDIS MEASURES

- Include patients enrolled in commercial health insurance products, Medicare managed care or Medicaid managed care programs.
- Does NOT include patients who are uninsured or those served by a Medicaid/Medicare fee-for-service program, patients who do not meet continuous enrollment criteria for measure

CLINICAL DATA SUBMISSION MEASURES

- Rely on data from clinics across Minnesota to identify eligible patients
- All eligible clinic patients are reflected, regardless of insurance coverage type and duration

CLINICAL DATA SUBMISSION MEASURES

Clinical data submission measures use data submitted directly to MNMCM by medical groups and clinics.

ELIGIBLE POPULATION SPECIFICATIONS

The eligible population for each measure is identified by a medical group on behalf of their individual clinics. MNMCM's 2020 Data Collection Guides provide technical specifications for the standard definitions of the eligible population, including elements such as age.

NUMERATOR SPECIFICATIONS

For clinical data submission measures, the numerator is the number of patients identified from the eligible population who meet the numerator criteria. The numerator is calculated using the clinical quality data submitted by the medical group; this data is verified through MNMCM's validation process.

CALCULATING RATES

Due to the dynamic nature of patient populations, rates and 95 percent confidence intervals are calculated for each measure for each medical group/clinic regardless of whether the full population or a sample is submitted. The statewide average rate is displayed when comparing a single medical group/clinic to the performance of all medical groups/clinics to provide context. The statewide average is calculated using all data submitted to MNMCM which may include some data from clinics located in neighboring states.

RISK ADJUSTMENT

Risk adjustment is a technique used to enable fair comparisons of clinics/medical groups by adjusting for the differences in risk among specific patient groups. MNMCM uses an "Actual to Expected" methodology for risk adjustment. This methodology does not alter a clinic/medical group's result; the actual rate remains unchanged. Instead, each clinic/medical group's rate is compared to an "expected rate" for that clinic/medical group based on the specific characteristics of patients seen by the clinic/medical group, compared to the total patient population.

All expected values for clinical data submission measures are calculated using a logistic regression model including the following variables: health insurance product type (commercial, Medicare, Medicaid, uninsured, unknown), patient age, and deprivation index. The deprivation index was added in 2018 and includes ZIP code level average of poverty, public assistance, unemployment, single female with child(ren), and food stamps (SNAP) converted to a single index that is a proxy for overall socioeconomic status.

A population proportions test is used to determine whether there is a statistically significant difference between the expected and actual rates of optimally managed patients attributed to each clinic/medical group. The methodology uses a 95 percent test of significance.

CLINICAL DATA SUBMISSION MEASURES CONTINUED

RISK ADJUSTMENT CONTINUED

The tables for the risk-adjusted measures include the following information:

- **Medical group/clinic name**
- **Performance:**
 - **Above Average:** Clinic or medical group's actual rate is significantly above its expected rate
 - **Expected:** Clinic or medical group's actual rate is equivalent to its expected rate
 - **Below Average:** Clinic or medical group's actual rate is significantly below its expected rate
- **Patients:** Number of patients at a medical group/clinic site that meet the denominator criteria for the measure.
- **Actual Rate:** Actual percentage of patients meeting criteria (unadjusted rate).
- **Expected Rate:** Expected percentage of patients meeting criteria based on the clinic's/medical group's mix of patient risk (adjusted rate).
- **Actual-to-Expected Ratio:** Actual percentage of patients meeting criteria divided by the expected percentage of patients meeting criteria for the clinic's/medical group's mix of patient risk.

THRESHOLD FOR PUBLIC REPORTING

MNCM has established minimum thresholds for public reporting of clinical data submission measures to ensure statistically reliable rates. Only medical groups and clinics that meet the threshold of 30 patients in the denominator of each measure are publicly reported.

HEALTH CARE EFFECTIVENESS AND INFORMATION SET (HEDIS)

HEDIS is a national set of performance measures used in the managed care industry that were developed and maintained by the National Committee for Quality Assurance (NCQA). Clinic HEDIS measures use data from the administrative or hybrid data collection methodology.

DATA COLLECTION

- Administrative Method: These HEDIS measures use health plan claims data to identify the patients who are eligible for the measure (denominator) and for the numerator.
 - Breast Cancer Screening
 - Chlamydia Screening in Women
 - Diabetes Eye Exam
 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD
 - Avoidance of Antibiotic Treatment in Acute Bronchitis
 - Follow-up Care for Children Prescribed ADHD Medication
 - Osteoporosis Management in Women Who Had a Fracture
- Hybrid Method: These HEDIS measures use health plan claims data to identify the patients who are eligible for the measures. Numerator information comes from health plan claims and medical record review data. Because medical record review data is costly and time-consuming to collect, health plans select a random sample from the eligible patients to identify the measure denominator. For the immunization measures, health plans also use data from the Minnesota Immunization Information Connection (MIIC).
 - Cervical Cancer Screening
 - Childhood Immunization Status (Combo 10)
 - Immunizations for Adolescents (Combo 2)
 - Controlling High Blood Pressure
- 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.

ELIGIBLE POPULATION SPECIFICATIONS

The eligible populations for the administrative and hybrid measures are identified by each participating health plan using its respective administrative claims database. Health plans assign patients to a medical group using a standard medical group definition based on a tax identification number (TIN). Administrative billing codes determine the frequency of a patient's visit to a medical group. For most measures, patients are assigned to the medical group they visited most frequently during the measurement period. Patients who visited two or more medical groups with the same frequency are attributed to the medical group visited most recently in the measurement period. The TIN is used as the common identifier for aggregating data across health plans.

HEALTH CARE EFFECTIVENESS AND INFORMATION SET (HEDIS) CONTINUED

NUMERATOR SPECIFICATIONS

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

CALCULATING RATES

HEDIS administrative and hybrid measures are reported at a medical group level and are expressed as percentages. Rates calculated for hybrid measures require weighting because of the sampling procedures applied. Rates and 95-percent asymmetrical confidence intervals are calculated for each measure for each medical group (Asymmetrical confidence intervals are used to avoid confidence interval lower bound values less than zero and upper bound values greater than one hundred). The medical group overall average is used to compare to the individual medical group's rate for the performance ratings. The statewide average includes attributed and unattributed patients.

HEDIS measures are not risk adjusted, therefore do not have Actual to Expected Ratios. Columns for Lower and Upper 95% Confidence Intervals are included. HEDIS measures are rated on the following scale:

- **Above:** Medical group's actual rate is significantly above the medical group average
- **Average:** Medical group's actual rate is equivalent to the medical group average
- **Below:** Medical group's actual rate is significantly below the medical group average

THRESHOLDS FOR PUBLIC REPORTING

MNCM has established minimum thresholds for HEDIS public reporting to ensure statistically reliable rates. Only medical groups that meet the thresholds of 30 patients in the denominator of HEDIS administrative measures and 60 patients in the denominator of HEDIS hybrid measures are publicly reported.

LIMITATIONS

Data used to calculate rates for the HEDIS measures reflect patients insured through 10 health plans doing business in Minnesota. Patients who are uninsured, self-pay, or who are served by Medicaid/Medicare fee-for-service are not reflected in the HEDIS results.