

MINNESOTA HEALTH CARE QUALITY REPORT

PART 3: TOP PERFORMING MEDICAL GROUPS ACROSS ALL QUALITY MEASURES

Results for care delivered in 2021 | Report released January 2023

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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

Starting in 2022, MN Community Measurement's *Health Care Quality Report* will be released in three parts. The goal of this change is to provide more timely public reporting of information on health care quality, as data are received at different times of the year:

- [Part 1: Clinical quality measures reported by medical groups](#)
- [Part 2: Clinical quality measures reported by payers](#)
- Part 3: Top performing medical groups across all quality measures

This report summarizes the top performing medical groups across all clinical quality measures for the 2021 measurement year.

Medical group and clinic performance rates are available through MNCM's Dynamic Tables, an interactive tool available [here](#). Medical group and clinic profile pages through MNHealthScores are also available [here](#).

ACKNOWLEDGEMENTS

This report is made possible by the engagement of several stakeholders, medical groups, payers and MNCM's Data Validation and Data Analysis teams. Each 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, workgroups and staff providing ongoing guidance to shape this important work.

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TOP PERFORMERS ACROSS ALL CLINICAL QUALITY MEASURES

2021 measurement year

QUALITY MEASURE		CentraCare Health	Central Pediatrics	Child and Teen Medical Center	Entira Family Clinics	Essentia Health	Health Partners Clinics	Mankato Clinic, Ltd.	Park Nicollet Health Services	Pediatric & Young Adult Medicine
MEASURES REPORTED BY MEDICAL GROUPS DDS/PIPE	Adolescent Depression: Follow-up PHQ-9/9M at 12 Months	●	●	○	●	●	●	●	●	○
	Adolescent Depression: Remission at 12 Months	●	○	●	○	●	○	○	○	●
	Adolescent Mental Health and/or Depression Screening	●	●	●	○	●	○	●	○	●
	Adult Depression: Follow-up PHQ-9/9M at 12 Months	○	○	<	●	●	●	●	●	<
	Adult Depression: Remission at 12 Months	○	○	<	●	●	●	●	●	<
	Colorectal Cancer Screening	●	-	-	●	●	●	●	●	-
	Optimal Asthma Control - Adults	●	●	●	●	●	●	●	●	●
	Optimal Asthma Control - Children	○	●	●	●	●	●	○	●	●
	Optimal Diabetes Care	●	-	-	●	●	●	●	○	-
	Optimal Vascular Care	○	-	-	●	●	●	○	○	-
MEASURES REPORTED BY HEALTH PLANS HEDIS	Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	●	<	<	○	○	●	●	●	<
	Breast Cancer Screening	●	<	<	○	●	●	●	●	<
	Cervical Cancer Screening	●	<	<	○	○	●	●	○	-
	Childhood Immunization Status (Combo 10)	○	●	○	○	○	○	●	○	<
	Chlamydia Screening in Women	●	●	○	●	○	●	○	●	○
	Controlling High Blood Pressure	○	<	<	●	●	○	●	○	<
	Diabetes Eye Exam	●	<	<	●	●	●	○	●	<
	Follow-up Care for Children Prescribed ADHD Medication	○	●	○	○	○	○	○	○	○
	Immunizations for Adolescents (Combo 2)	●	●	<	○	○	○	<	○	<
	Osteoporosis Management in Women Who Had a Fracture	○	<	<	<	○	○	<	○	<
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	○	<	<	○	○	○	○	●	<	
TOTAL MEASURES ABOVE STATEWIDE AVERAGE	12	8	4	11	13	13	12	11	4	
TOTAL ELIGIBLE MEASURES	21	11	8	20	21	21	19	21	7	
% OF MEASURES ABOVE STATEWIDE AVERAGE	57%	73%	50%	55%	62%	62%	63%	52%	57%	

There were nine medical groups that scored significantly above the statewide average on at least 50% of the measures for which they were eligible.*

Detailed results by medical group and clinic are available in MNMCM's Dynamic Tables, which can be found [here](#).

*Included if eligible for at least five measures.

- Above average
- Below average or average
- < Not reportable (too few patients for measure)
- Not assigned to measure

[Click here](#) for a complete list of measure definitions.

DEFINITIONS & METHODOLOGY

DEFINITIONS

GENERAL DEFINITIONS

Established patient criteria: Several measures use an established patient criteria, which requires that the patient have at least one established patient office or telehealth visit during the measurement period in order to be included in the measure. Measures that utilize this criteria include Optimal Asthma Control; Optimal Diabetes Care; and Optimal Vascular Care.

Measurement year: The time period being assessed and the year in which care was delivered.

MEASURE DEFINITIONS

MEASURES REPORTED BY MEDICAL GROUPS (DDS/PIPE)

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.*

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

Depression Measures (Adults & Adolescents)

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

[Click here](#) for more information about how the index event is defined.

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

MEASURE DEFINITIONS CONTINUED

MEASURES REPORTED BY MEDICAL GROUPS (DDS/PIPE)

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

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

MEASURES REPORTED BY HEALTH PLANS (HEDIS MEASURES)

Based on National Committee for Quality Assurance (NQCA) 2021 Measurement Year measure specifications

Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis: The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Breast Cancer Screening: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Cervical Cancer Screening: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the 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) cotesting within the last 5 years

MEASURE DEFINITIONS CONTINUED

MEASURES REPORTED BY PAYERS (HEDIS MEASURES)

Based on National Committee for Quality Assurance (NQCA) 2021 Measurement Year measure specifications

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.

Chlamydia Screening in Women: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Controlling High Blood Pressure: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

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.

Follow-up Care for Children Prescribed ADHD Medication: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Immunizations for Adolescents (Combo 2): The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

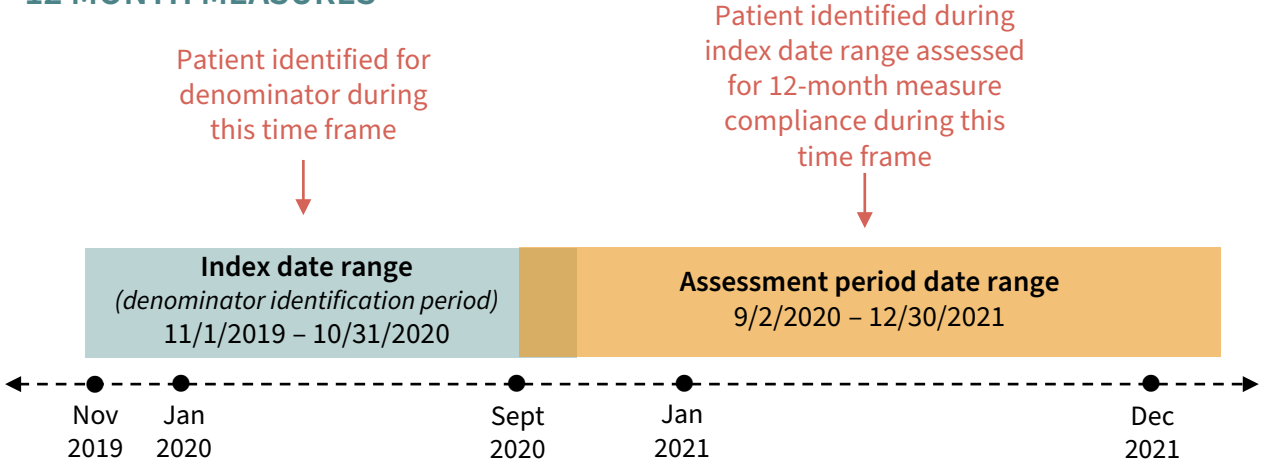
Osteoporosis Management for Women Who Had a Fracture: The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

OVERVIEW OF DEPRESSION MEASURES

The depression measures are unique in that the time period for identifying eligible patients for the denominators does not follow the typical measurement period of a calendar year 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.

12 MONTH MEASURES



SUMMARY OF MEASURE TYPES

MEASURES REPORTED BY MEDICAL GROUPS

QUALITY MEASURE	PROCESS	OUTCOME	PRO-PM	COMPOSITE
Adolescent Mental Health and/or Depression Screening	•			
Colorectal Cancer Screening	•			
Depression Care: Follow-up PHQ-9/9M at 12 Months	•			
Depression Care: Remission at 12 Months		•	•	
Optimal Asthma Control (Adults & Children)		•	•	•
Optimal Diabetes Care		•		•
Optimal Vascular Care		•		•

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 measures (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).

SUMMARY OF MEASURE TYPES

MEASURES REPORTED BY PAYERS

QUALITY MEASURE	PROCESS	OUTCOME	HYBRID	ADMIN
PREVENTIVE HEALTH	Breast Cancer Screening	•		•
	Cervical Cancer Screening	•		•
	Childhood Immunization Status (Combo 10)	•		•
	Chlamydia Screening in Women	•		•
	Immunizations for Adolescents (Combo 2)	•		•
ACUTE/CHRONIC CONDITIONS	Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	•		•
	Controlling High Blood Pressure		•	•
	Diabetes Eye Exam	•		•
	Follow-up Care for Children Prescribed ADHD Medication	•		•
	Osteoporosis Management in Women who had a Fracture	•		•
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	•		•

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).

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.

Hybrid measures: These measures use health plan claims data and medical record review data to identify patients who are eligible for the measure.

Admin measures: These measures use health plan claims data to identify patients who are eligible for the measure.

METHODS

The measures in this report are collected from two separate data sources: medical groups and payers. Measures that are reported by medical groups enable reporting of results by clinic location as well as by medical group. In contrast, the Healthcare Effectiveness Data and Information Set (HEDIS) measures used data reported by payers. This data enables reporting of results by medical group only. The methods of each data source are described below.

MEASURES REPORTED BY MEDICAL GROUPS

DATA COLLECTION

MNCM is in the midst of transitioning its data collection for the clinical quality measures reported by medical groups to a modernized system known as PIPE that reduce quality measurement burden on health care providers and enables more timely feedback on performance. The previous data collection system, known as Direct Data Submission or DDS, required providers to separately identify the relevant population for each measure. The new PIPE system identifies the numerators, denominators, and performance rates for each measure centrally. About 28 percent of the data reported to MNMCM for the clinical quality measures for Measurement Year 2021 was submitted via PIPE, and the transition to the new system is expected to be complete by the end of 2023.

CONFIDENCE INTERVALS

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.

MEDICAL GROUP AND CLINIC LEVEL RESULTS

Medical group and clinic level results and ratings for the 2021 measurement year can be found via MNMCM's Dynamic Tables, which can be accessed [here](#).

THRESHOLD FOR PUBLIC REPORTING

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

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. It is especially important for outcome measures that are influenced by factors outside of the control of health care providers. MNMCM uses an "Actual to Expected" methodology for risk adjustment. This methodology does not alter a clinic/medical group's result as 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.

RISK ADJUSTMENT CONTINUED

All expected values for clinical quality measures reported by medical groups are calculated using a logistic regression model including the following variables:

Measure	Risk Adjustment Variables
Colorectal Cancer Screening	Insurance product, deprivation index, patient age
Optimal Asthma Control	Insurance product, deprivation index
Optimal Diabetes Care	Insurance product, deprivation index, patient age, diabetes type
Optimal Vascular Care	Insurance product, deprivation index, patient age
Depression Care Suite	Insurance product, deprivation index, patient age, depression severity

Insurance product type includes commercial, Medicare, Medicaid, uninsured, unknown.

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 Chi-square 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.

Measures that are not risk adjusted include: Adolescent Mental Health and/or Depression Screening and the PHQ-9/9M Utilization measures. This is because these are process measures that are not generally influenced by factors outside of a health care provider's control.

MEASURES REPORTED BY PAYERS

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.

- Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis
- Breast Cancer Screening
- Chlamydia Screening in Women
- Diabetes Eye Exam
- Follow-up Care for Children Prescribed ADHD Medication
- Osteoporosis Management in Women Who Had a Fracture
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD

DATA COLLECTION CONTINUED

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)
- Controlling High Blood Pressure
- Immunizations for Adolescents (Combo 2)

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.

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.

CALCULATING RATES CONTINUED

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 payers 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.

NUMBER OF ELIGIBLE PATIENTS BY MEASURE AND MEASUREMENT YEAR (MY)

Measures reported by medical groups

QUALITY MEASURE	Age Range	2019 MY	2020 MY	2021 MY
Adolescent Mental Health and/or Depression Screening	12-17	166,311	132,070	166,104
Colorectal Cancer Screening	50-75	1,419,934*	1,308,314*	1,363,905*
Adolescent Depression Measure Suite	12-17	11,658	13,559	12,501
Adolescent PHQ-9/9M Utilization	12-17	19,574	21,011	19,672
Adult Depression Measure Suite	18+	120,344	126,114	103,024
Adult PHQ-9/9M Utilization	18+	248,162	244,114	206,588
Optimal Asthma Control – Adults	18-50	142,612*	141,659	146,176
Optimal Asthma Control – Children	5-17	70,905*	59,661	61,049
Optimal Diabetes Care	18-75	321,962*	314,316	331,212
Optimal Vascular Care	18-75	189,299	178,460	186,878

This table shows the number of patients included in each measure by measurement year for measures reported by medical groups.

Some measures allow for medical groups to submit a sample of their eligible population. The numbers provided in the table represent the actual number of patients submitted for the measure. Denominators that include samples are denoted with an asterisk (*).

NOTE: The COVID-19 pandemic affected many aspects of health care, including care delivery and access. Since the measures apply to those who accessed care, fewer people were included in the measure denominators in 2020 as a result.

NUMBER OF ELIGIBLE PATIENTS BY MEASURE AND MEASUREMENT YEAR (MY)

Measures reported by payers

QUALITY MEASURE	Age Range	2018 MY	2020 MY	2021 MY
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	3 months and older	NA	31,121	9,473
Breast Cancer Screening	50-74	339,249	311,593	341,315
Cervical Cancer Screening	21-64	12,050*	13,291*	13,019*
Childhood Immunization Status (Combo 10)	2 years	5,364*	5,539*	6,539*
Chlamydia Screening in Women	16-24	102,462	95,590	111,628
Controlling High Blood Pressure	18-85	18,410*	20,674*	18,968*
Diabetes Eye Exam	18-75	165,842	152,940	171,414
Follow-up Care for Children Prescribed ADHD Medication	6-12	6,054	7,192	8,517
Immunizations for Adolescents (Combo 2)	By age 13	5,071*	5,121*	6,331*
Osteoporosis Management in Women who had a Fracture	67-85	2,153	1,676	1,945
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40 years and older	13,114	9,421	9,731

This table shows the number of patients included in each measure by measurement year for measures reported by payers.

Hybrid measures use a random sample of the eligible population. The denominators for these measures are denoted with an asterisk (*).

NOTES:

- The COVID-19 pandemic affected many aspects of health care, including care delivery and access. Since the measures apply to those who accessed care, fewer people may be included in the measure denominators in 2020 as a result.
- The intake period for the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure is from July 2020 through June 2021. As a result, the decrease in denominators may have been caused by the impacts of COVID-19.
- Because of disruptions due to COVID-19, statewide results were not available in the 2019 measurement year.