MINNESOTA HEALTH CARE QUALITY REPORT

PART 2: CLINICAL QUALITY MEASURES REPORTED BY PAYERS

Results for care delivered in 2022 | Report released December 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, purchasers, and the community.

ABOUT THIS REPORT

MN Community Measurement's *Health Care Quality Report* will be released in three parts:

- **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 (Coming January 2024)

This report summarizes all clinical quality measures reported by payers for the 2022 measurement year and includes:

- Summary of performance rates by measure
- Achievable benchmark goals by measure
- Variation in performance rates across payers for each measure
- Trend in performance rates across multiple years for each measure
- Statewide results for each measure

ADDITIONAL RESOURCES

- Medical group and clinic performance rates can be found here: https://mncm.org/appendix-tables/
- Medical group and clinic profile pages can be found here: https://mncm.org/mnhealthscores/
- The Cost & Utilization report can be found here: https://mncm.org/reports/#community-reports

Medical group and clinic performance rates are available through MNCM's Appendix Tables, 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 of the payers that contributed data for this report. Please see full list of contributors on p. 17.

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KEY FINDINGS IN 2022

Comparison of 2022 Rates to 2021 Rates

Significant Increases in 2022

- Four measures had statistically significant **increases** in rates, ranging from increases of 0.6 to 7.5 percentage points:
    1. Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis (*+7.5 percentage points*)
    2. Breast Cancer Screening (*+2.2 percentage point*)
    3. Chlamydia Screening in Women (*+.9 percentage point*)
    4. Diabetes Eye Exam (*+.6 percentage points*)
- The largest increase for preventive measures occurred in Breast Cancer Screening (*+2.2 percentage points*).
- The largest increase for acute and chronic conditions measures occurred in Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis (*+7.5 percentage points*).
- These improved performance rates in 2022 translate to more people receiving recommended care than if rates had stayed the same as in 2021:
    - 7,581 more patients were screened for breast cancer compared to 2021.
    - 1,030 more patients were screened for chlamydia compared to 2021.
    - 1,975 more patients diagnosed with acute bronchitis/bronchiolitis were appropriately not prescribed an antibiotic compared to 2021.
    - 1,084 more patients with diabetes had a completed eye exam compared to 2021.

Significant Decreases in 2022

- Three measures had significant **decreases** in rates, ranging from decreases of 0.7 to 4.9 percentage points:
    1. Childhood Immunization Status (Combo 10) (*-4.9 percentage points*)
    2. Immunizations for Adolescents (Combo 2) (*-.7 percentage points*)
    3. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (*-1.7 percentage points*)
- The largest decrease for preventive measures occurred in Childhood Immunization Status (Combo 10) (*-4.9 percentage points*).
- The only decrease for acute and chronic conditions measures occurred in Use of Spirometry Testing in the Assessment and Diagnosis of COPD (*-1.7 percentage points*).
- These decreased performance rates in 2022 translate to fewer people receiving recommended care than if rates had stayed the same as in 2021:
    - 201 fewer patients with a new diagnosis of COPD received appropriate spirometry testing to confirm diagnosis compared to 2021.
    - 1,935 fewer children were up-to-date with their immunizations by their second birthday compared to 2021.

KEY FINDINGS IN 2022

Comparison of 2022 Rates to 2018 Rates (Pre-Pandemic)

Significantly Higher in 2022

- Out of 11 measures included in this report, one measure had a rate that was significantly higher in 2022 compared to 2018:
    1. Immunizations for Adolescents (Combo 2) (*+4.6 percentage points*)

Significantly Lower in 2022

- Seven measures had rates that were significantly lower in 2022 compared to 2018, with differences ranging from -1.7 to -9.4 percentage points:
    1. Breast Cancer Screening (*-1.7 percentage points*)
    2. Cervical Cancer Screening (*-2.5 percentage points*)
    3. Childhood Immunization Status (Combo 10) (*-8.0 percentage points*)
    4. Chlamydia Screening in Women (*-3.2 percentage points*)
    5. Controlling High Blood Pressure (*-3.5 percentage points*)
    6. Diabetes Eye Exam (*-4.2 percentage points*)
    7. Use of Spirometry Testing in Assessment and Diagnosis of COPD (*-9.4 percentage points*)
- The largest decrease for preventive measures occurred in Childhood Immunization Status (Combo 10) (*-8.0 percentage points*).
- The largest decrease for acute and chronic conditions measures occurs in the Use of Spirometry Testing in the Assessment and Diagnosis of COPD (*-9.4 percentage points*).

KEY FINDINGS IN 2022

Variation in Performance Rates

Among Medical Groups

- Across all measures, there is significant variation in performance rates among medical groups.
- For preventive measures:
    - The largest variation occurred in the Chlamydia Screening in Women measure (*Range: 6.1% to 90.5%*).
    - The smallest variation occurred in the Cervical Cancer measure (*Range: 44.4% to 90.6%*).
- For acute & chronic measures:
    - The largest variation occurred in the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure (*Range: 0.0% to 97.1%*).
    - The smallest variation occurred in the Osteoporosis Management in Women who had a Fracture measure (*Range: 16.1% to 44.1%*).

STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

Preventive Health

2022 measurement year

QUALITY MEASURE	2022 Statewide Average	2022 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchmark/Max
Breast Cancer Screening	74.8%	84.2%	32,784	15.4%	91.5%	
Cervical Cancer Screening	68.8%	83.1%	50,364	43.9%	90.6%	
Childhood Immunization Status (Combo 10)	48.1%	62.7%	4,042	21.2%	75.1%	
Chlamydia Screening in Women	48.7%	59.3%	12,566	6.1%	90.5%	
Immunizations for Adolescents (Combo 2)	35.8%	50.5%	4,490	13.1%	76.0%	

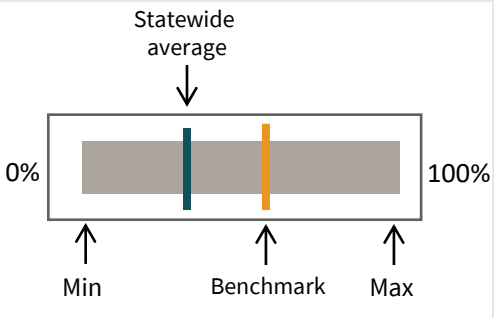
Benchmark: 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

Gap: The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

This table provides an overview of the statewide rates by measure and identifies an achievable goal for quality care through the benchmark rate.

For preventive health measures, Immunization for Adolescents (Combo 2) had the largest gap between the statewide average and the benchmark for the measure. Over 4,000 patients would need to be added to the numerator to reach the benchmark goal of 50.5%.

How to read variation chart



Click here for a complete list of measure definitions.

RATES OVER TIME

Preventive Health

2022 measurement year

Measure	Measurement Year					
	2017	2018	2019	2020^	2021	2022
Breast Cancer Screening	76.7%	76.5%	-	72.2% ▼	72.6% ▲	74.8% ▲
Cervical Cancer Screening	70.5% ▼	71.3%	-	64.4% ▼	70.2% ▲	68.8%
Childhood Immunization Status (Combo 10)	59.8% ▲	56.2% ▼	-	56.9%	53.0% ▼	48.1% ▼
Chlamydia Screening in Women	50.5% ▲	51.9% ▲	51.2% ▼	44.7% ▼	47.7% ▲	48.7% ▲
Immunizations for Adolescents (Combo 2)	26.4%	31.2% ▲	-	33.3%	36.4% ▲	35.8% ▼

▲ Significantly higher than previous year (based on 95% confidence interval)

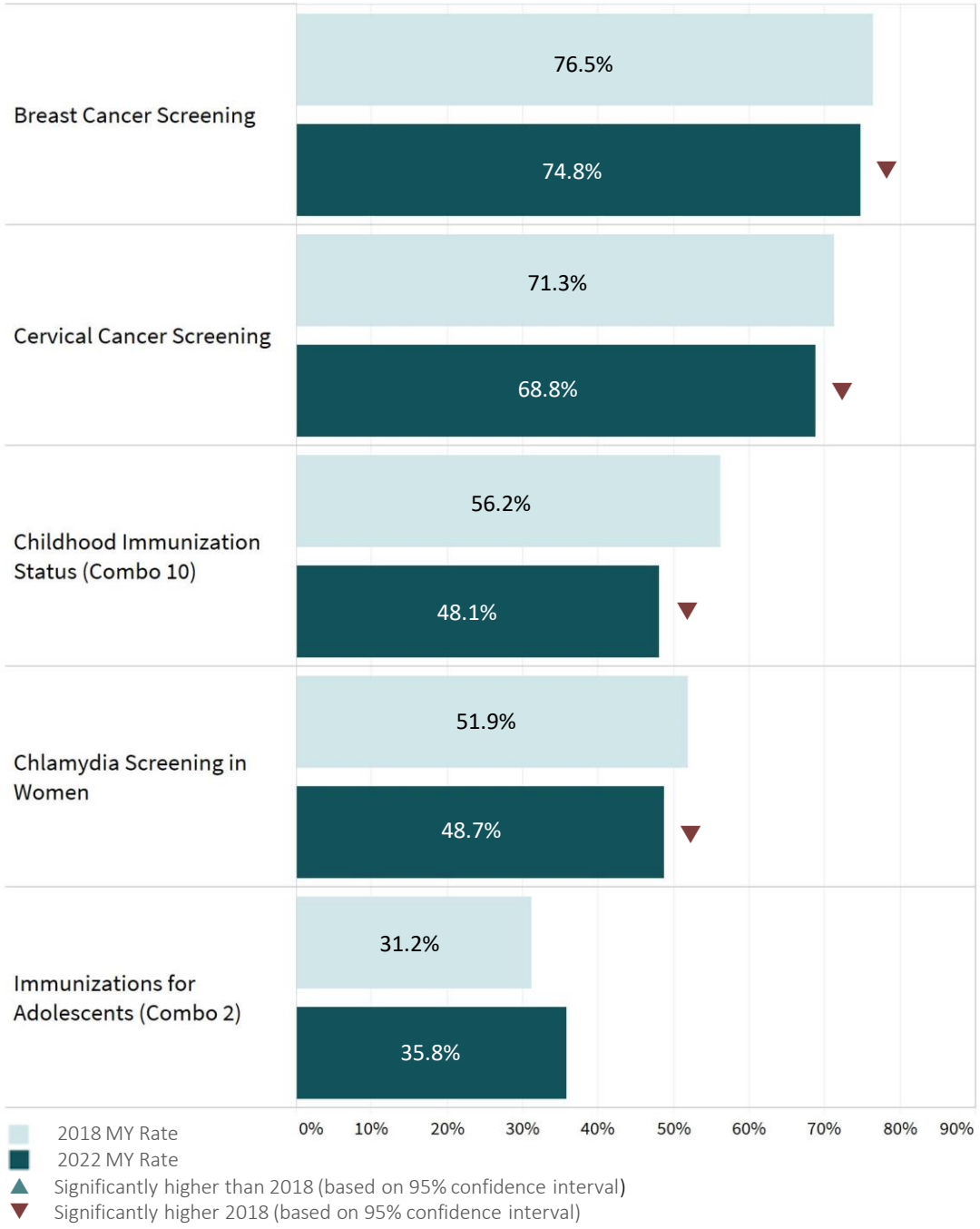
▼ Significantly lower than previous year (based on 95% confidence interval)

Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

"-" data not available for this year and/or significant measure change.

NOTE: Due to COVID-19 related interruptions, statewide rates for 2019 were not available for any of the measures included in this report, except for Chlamydia Screening in Women.

Click here for a complete list of measure definitions.



COMPARISON TO PRE-PANDEMIC RATES

PREVENTIVE HEALTH

This chart displays performance rates across the preventive health measures in 2022 compared to 2018 (i.e., pre-pandemic).

Among the preventive measures, the 2022 rates were significantly lower than the 2018 rates for four out of the five measures:

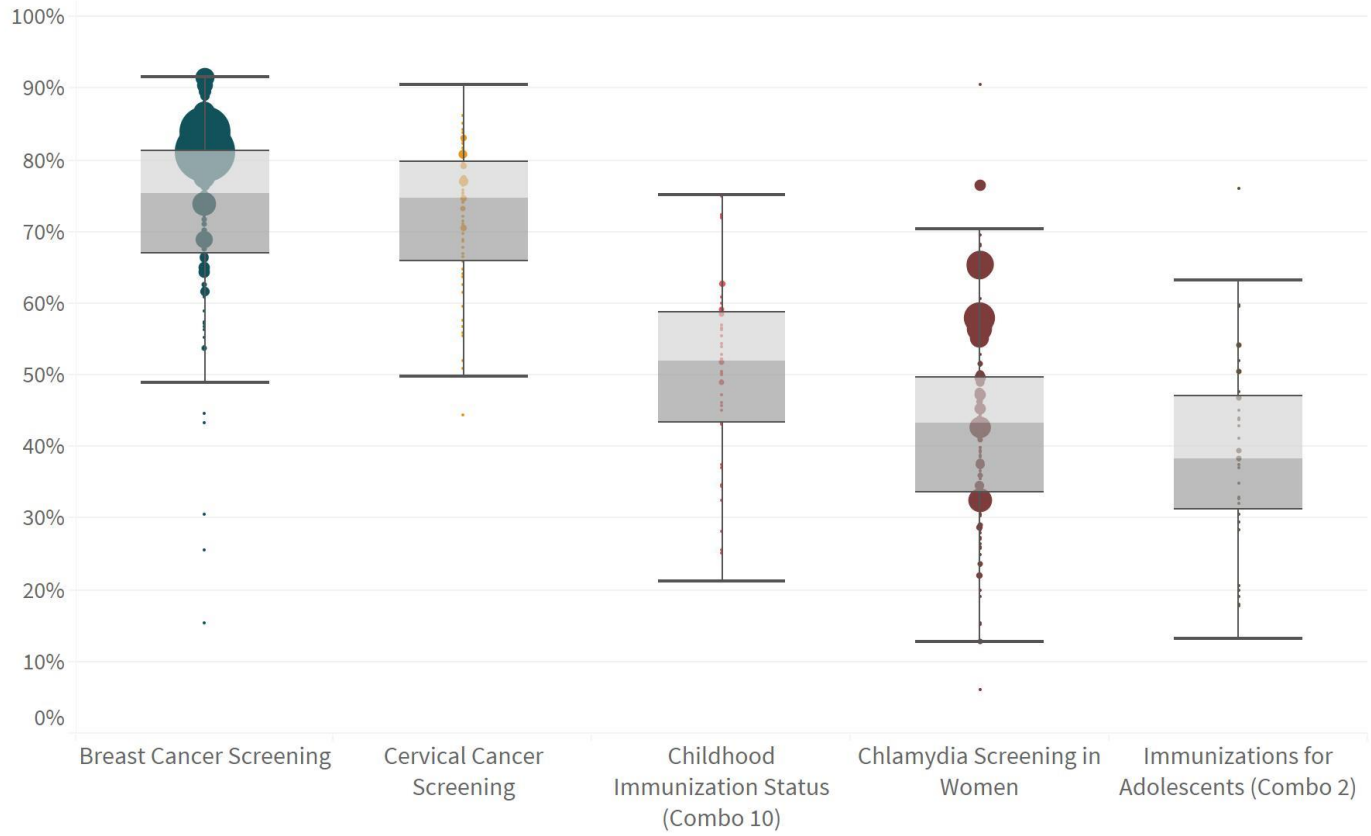
- Breast Cancer Screening: -1.7%
- Cervical Cancer Screening: -2.5%
- Childhood Immunization Status (Combo 10): -8.0%
- Chlamydia Screening in Women: -3.2%

Click here for a complete list of measure definitions.

RATE VARIATION BY MEDICAL GROUP

Preventive Health

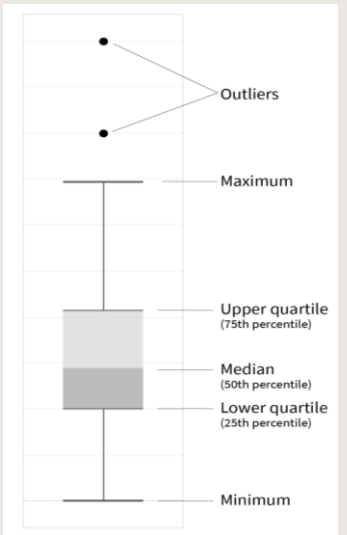
2022 measurement year



Does not include medical groups with fewer than the threshold number of patients needed for public reporting.

- There continues to be significant variation among all preventive health measures.
- The Chlamydia Screening in Women measure has the largest variation across medical groups for the adult population ranging from 6.1% to 90.5%.

How to read a box plot



Click here for a complete list of measure definitions.

STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

Acute & Chronic Conditions

2022 measurement year

QUALITY MEASURE	2022 Statewide Average	2022 Benchmark	Gap	Minimum	Maximum	Variation Min/Statewide Average/Benchmark/Max
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	66.8%	91.7%	5,788	0.0%	97.1%	
Controlling High Blood Pressure	71.0%	80.4%	21,761	9.7%	93.7%	
Diabetes Eye Exam	60.3%	66.1%	10,779	34.2%	94.0%	
Follow-up Care for Children Prescribed ADHD Medication	39.3%	45.2%	274	22.9%	69.4%	
Osteoporosis Management in Women who had a Fracture	28.3%	32.8%	111	16.1%	44.1%	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	28.2%	34.6%	498	12.4%	44.6%	

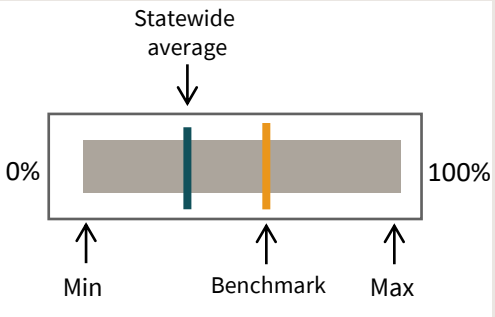
Benchmark: 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

Gap: The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

This table provides an overview of the statewide rates by measure and identifies an achievable goal for quality care through the benchmark rate for the adult population.

For acute and chronic conditions measures, the Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure had the largest gap between the statewide average and the benchmark for the measure. Almost 6,000 patients would need to be added to the numerator to reach the benchmark goal of 91.7%.

How to read variation chart



Click here for a complete list of measure definitions.

RATES OVER TIME

Acute & Chronic Conditions

2022 measurement year

Measure	Measurement Year					
	2017	2018	2019	2020^	2021	2022
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	-	-	-	57.8%	59.3%	66.8% ▲
Controlling High Blood Pressure	-	-	-	62.3%	70.2% ▲	71.0%
Diabetes Eye Exam	65.6%	64.4%	-	56.4% ▼	59.7% ▲	60.3% ▲
Follow Up Care for Children Prescribed ADHD Medication	41.3%	39.5%	-	38.8%	38.8%	39.3%
Osteoporosis Management in Women Who Had a Fracture	-	31.5%	-	20.1% ▼	29.9% ▲	28.3%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	37.5%	37.6%	-	32.4% ▼	29.9% ▼	28.2% ▼

▲ Significantly higher than previous year (based on 95% confidence interval)

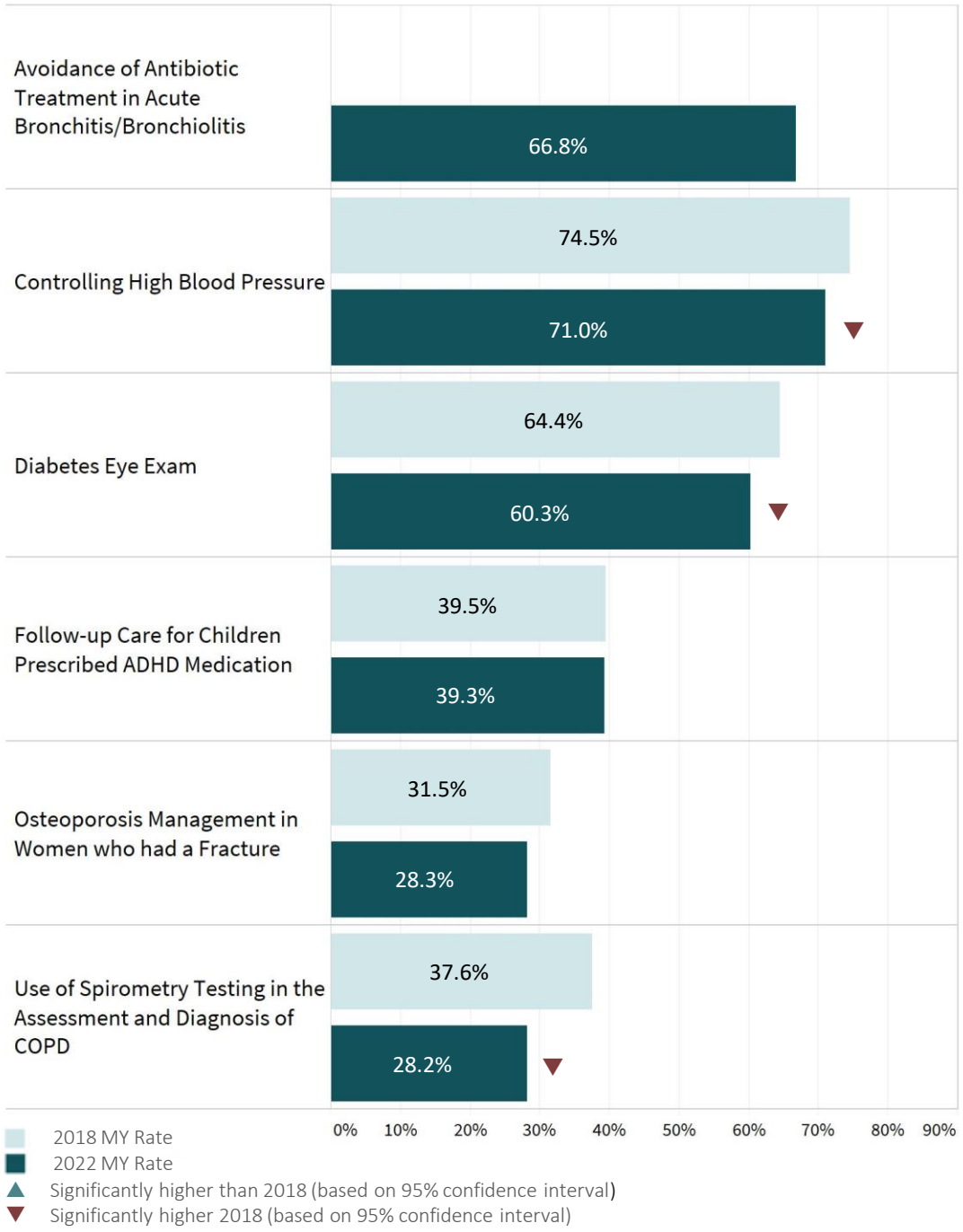
▼ Significantly lower than previous year (based on 95% confidence interval)

Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

"-" data not available for this year and/or significant measure change.

NOTE: Due to COVID-19 related interruptions, statewide rates for 2019 were not available for any of the measures listed here.

Click here for a complete list of measure definitions.



COMPARISON TO PRE-PANDEMIC RATES

Acute & Chronic Conditions

This chart displays performance rates across the acute and chronic conditions measures in 2022 compared to 2018 (i.e., pre-pandemic).

Among the acute and chronic conditions measures, the 2022 rates were significantly lower than the 2018 rates for three out of the six measures:

- Controlling High Blood Pressure: -3.5%
- Diabetes Eye Exam: -4.2%
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD: -9.4%

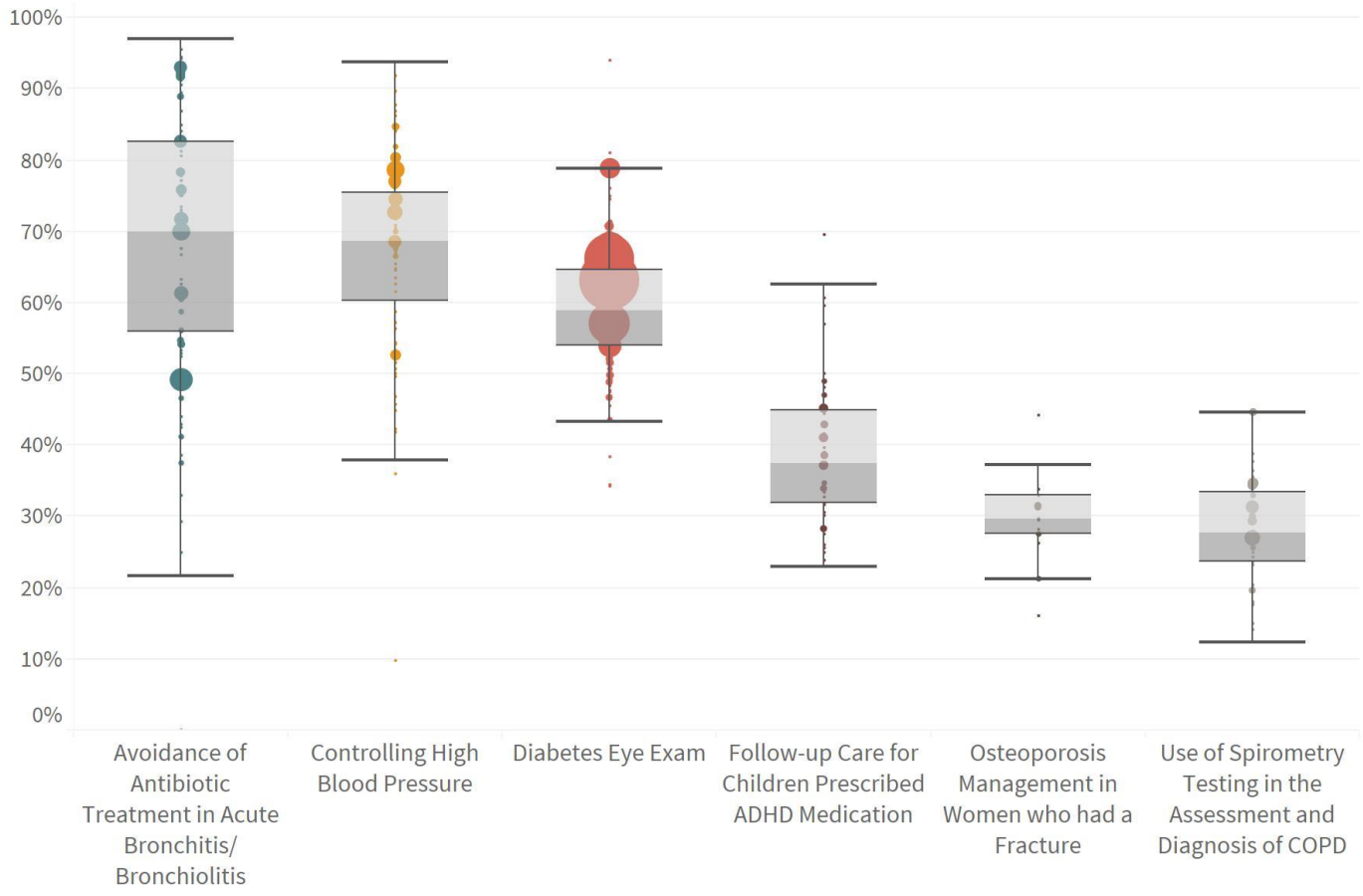
Note: Data not available for Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis in 2018

Click here for a complete list of measure definitions.

RATE VARIATION BY MEDICAL GROUP

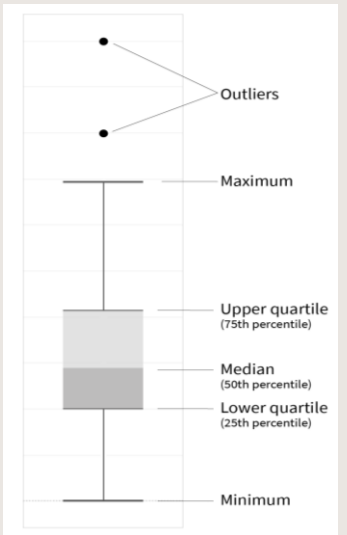
Acute & Chronic Conditions

2022 measurement year



- There continues to be significant variation among all Acute and Chronic Conditions.
- The Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis measure has the largest variation across medical groups ranging from 0.0% to 97.1%.

How to read a box plot



Does not include medical groups with fewer than the threshold number of patients needed for public reporting.

Click here for a complete list of measure definitions.

DEFINITIONS & METHODOLOGY

DEFINITIONS

GENERAL DEFINITIONS

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

MEASURE DEFINITIONS

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.

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. Percentage

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.

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.

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.

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 (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.

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 payer claims data and medical record review data to identify patients who are eligible for the measure and who meet the numerator criteria.

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

METHODS

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). HEDIS measures use data from the administrative or hybrid data collection methodology.

DATA COLLECTION

Administrative Method: These HEDIS measures use payer 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/Bronchiolitis
- Follow-up Care for Children Prescribed ADHD Medication
- Osteoporosis Management in Women Who Had a Fracture

Hybrid Method: These HEDIS measures use payer claims data to identify the patients who are eligible for the measures. Numerator information comes from payer claims and medical record review data. Because medical record review data is costly and time-consuming to collect, payers select a random sample from the eligible patients to identify the measure denominator. For the immunization measures, payers 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 payer to be eligible for a HEDIS measure. It ensures the payer 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 payer using its respective administrative claims database. Payers 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 visits 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 payers.

METHODS CONTINUED

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.

The HEDIS measures included in this report are not risk adjusted.

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

Patients who are uninsured, self-pay, served by Medicaid/Medicare fee-for-service, or insured by payers not participating in MNCM data collection are not reflected in the HEDIS results.

Payers Contributing Data

- Blue Cross Blue Shield of MN
- HealthPartners
- Hennepin Health
- Itasca Medical Care
- Medica
- Preferred One
- PrimeWest Health
- Sanford Health
- South Country Health Alliance
- UCare

NUMBER OF PATIENTS INCLUDED IN MEASURES

Measures Reported by Payers

QUALITY MEASURE	Age Range	Number of Eligible Patients	Number of Patients in Denominator
Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	3 months and older	26,240	26,240
Breast Cancer Screening	50-74	345,482	345,482
Cervical Cancer Screening*	21-64	682,211	13,603
Childhood Immunization Status (Combo 10)*	2 years	39,626	6,521
Chlamydia Screening in Women	16-24	109,284	109,284
Controlling High Blood Pressure*	18-85	328,665	20,042
Diabetes Eye Exam	18-75	182,018	182,018
Follow-up Care for Children Prescribed ADHD Medication	6-12	8,690	8,690
Immunizations for Adolescents (Combo 2)*	By age 13	48,380	6,476
Osteoporosis Management in Women who had a Fracture	67-85	2,431	2,431
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40 years and older	11,577	11,577

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

Hybrid measures use a random sample of the eligible population. These measures are denoted with an asterisk (*).

Hybrid measures include data from both claims and medical charts, and non-hybrid measures include data from only claims.