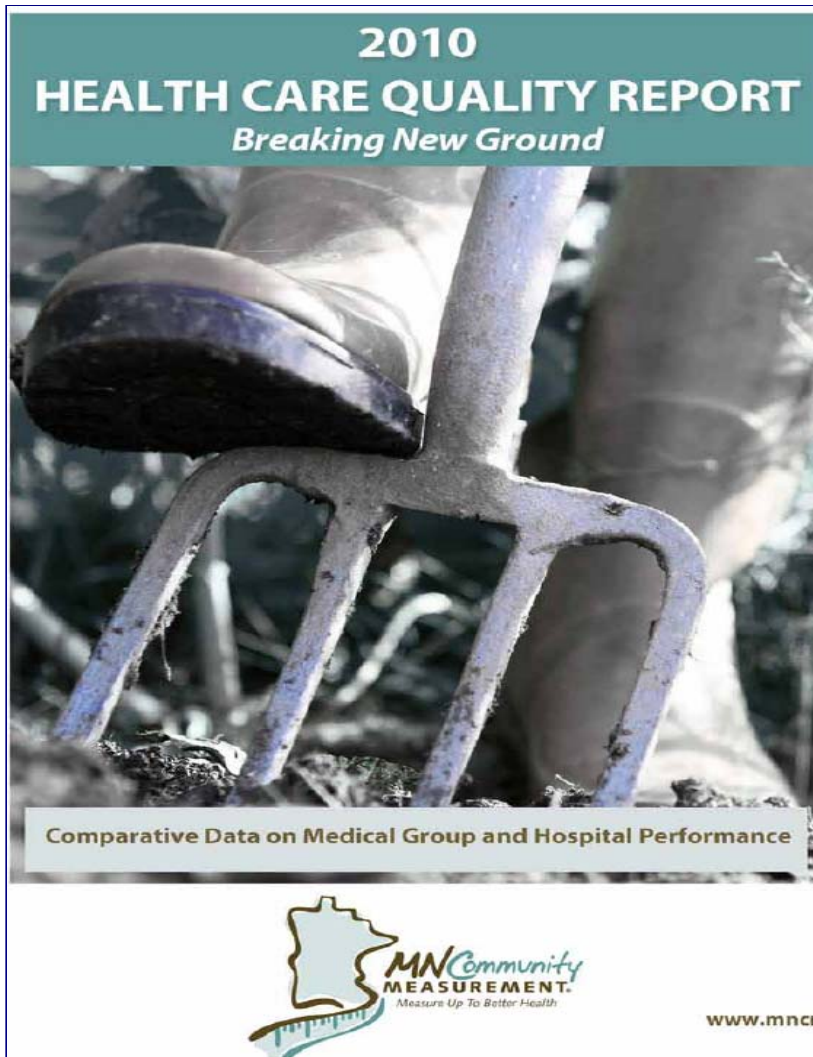




MNCommunity
MEASUREMENT®

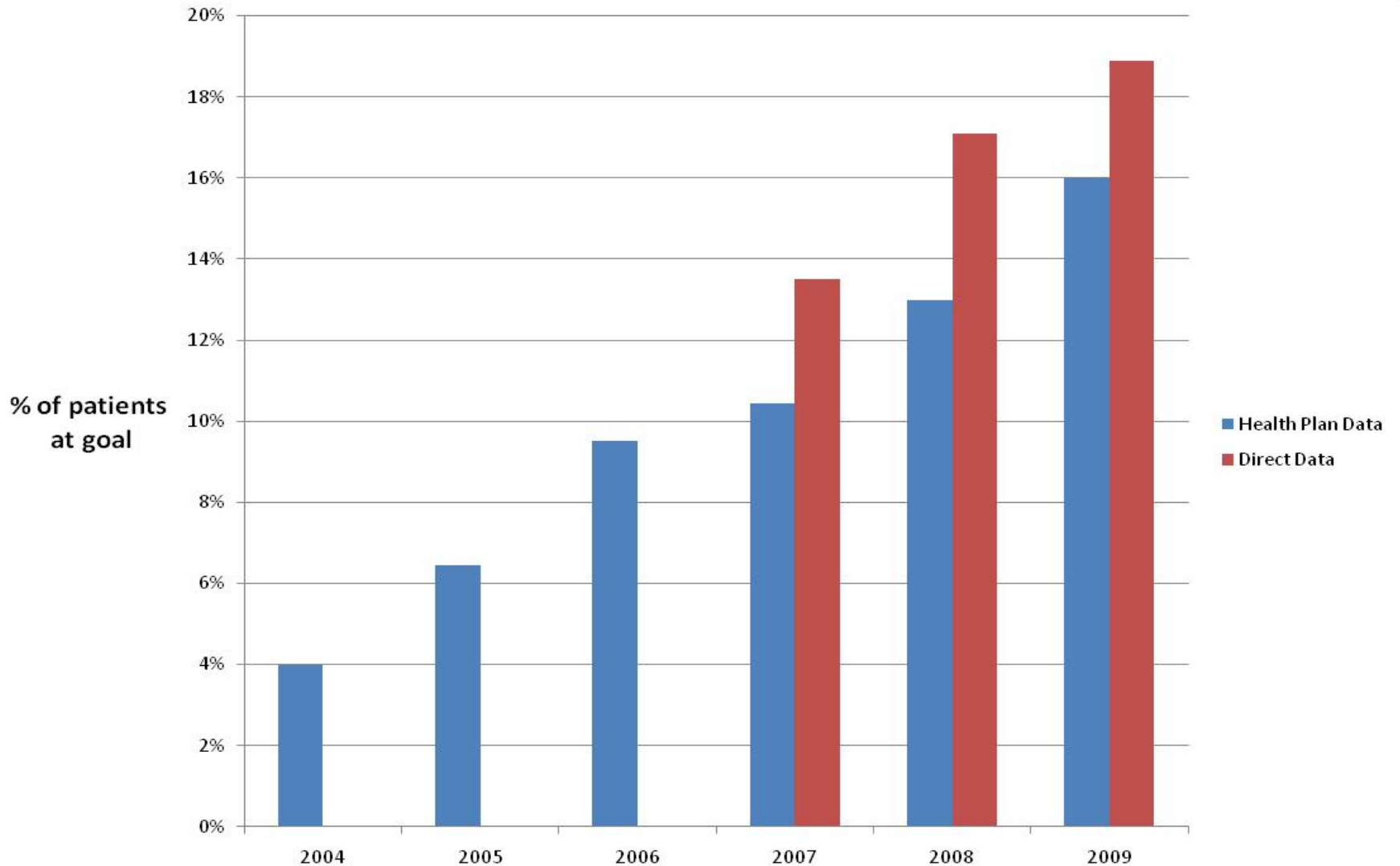
National P4P Summit
March 23, 2011

MNCM Health Care Quality Report



- Reports on 18 clinical quality measures, Health Information Technology, patient experience, cost of care, and hospital measures
- Reports results on 315 medical groups and 550 clinics
- Results from health plan and medical group data
- Results remain steady for most measures

Minnesota Optimal Diabetes Care Measure



Optimal Diabetes Care Measure Changes

Optimal Diabetes Care (2002)

- HbA1c = 9.0 or less
- Blood Pressure = less than 160/90
- Bad Cholesterol = less than 200
- Daily aspirin use
- Tobacco free

Optimal Diabetes Care (2006)

- HbA1c = 7.0 or less

Optimal Diabetes Care (2007)

- HbA1c = less than 7.0

Optimal Diabetes Care (2010)

- HbA1c = less than 8.0
- Blood Pressure = less than 140/90
- Bad Cholesterol = less than 100
- Daily aspirin use
- Tobacco free

Optimal Diabetes Care (2011)

- HbA1c = less than 8.0
- Blood Pressure = less than 140/90
- Bad Cholesterol = less than 100
- Daily aspirin use for vascular disease
- Tobacco free

2011

Direct Data Collection

2002-2006

**Administrative Data
and Independent
Chart Audits**

2007-2008

**Added Provider
Submitted Data
from Medical Record**

2009 - 2010

Patient Derived Data

2011

Procedural Measures

Direct Data Submission Advantages

- All patients represented
- Faster results
- Site level reporting
- Increased provider confidence in data
- Encourages use at point of care
- Collects clinical and patient reported data not available in claims

Data Portal Home Page

**Aligning Forces
for Quality**

Improving Health & Health Care
Across Greater Cincinnati

Welcome [Collette Pitzen](#) | [Help](#) | [Log Out](#)

An initiative of the Health Improvement Collaborative of Greater Cincinnati
and the Robert Wood Johnson Foundation

[Home](#)

[My Medical Group](#)

[Clinic Sites](#)

[Physicians](#)

[Results](#)

[Resources](#)

The Cincinnati data portal, data transfer process and data storage are all HIPAA compliant

Home Page

Data Submission

[Help](#) [DDS Submission Guide \(PDF\)](#)

Optimal Diabetes Care — 2008 DOS

[Help](#) [Optimal Diabetes Care Template](#)

1. [Group/Clinic Verification](#) **To Do - Please Verify Group and Clinics**
2. Physician Upload **Please verify your group/clinics.**
3. [Denominator Certification](#) **To Do**
4. Enter Denominators **Please Complete Steps 1-3**
5. Generate Sample Lists **Please Complete Steps 1-4**
6. **Please verify your group/clinics.** Deadline: March 31, 2009

[Contact Support](#) | [Site Terms of Use](#) | [Data Use Agreement](#)

- The Home Page serves as a “To – Do List”
- Items that are red need to be completed (in sequence) and are green on completion

Quality Comparison Feature on Portal

Select a Previous Period to Compare To:

2009 Report (2008 DOS) | [Download this Data](#)

Clinic Site	Period	Number of Patients That Meet Inclusion Criteria (Less Exclusions)	Number of Patients Submitting	Blood Pressure	LDL Control	HbA1c Control	Tobacco-free	Daily Aspirin Use	Optimal Care Rate
Northwest Family Physicians - Plymouth	Current	277	277	54.2%	59.6%	79.1%	89.2%	89.9%	27.4%
	Previous	249	249	34.5%	62.2%	81.1%	84.3%	86.3%	12.0%
	Change	28 +11%	28 +11%	+19.6%	-2.7%	-2.1%	+4.8%	+3.5%	+15.4%
Northwest Family Physicians - Crystal	Current	754	754	60.1%	54.8%	72.0%	81.6%	85.5%	23.3%
	Previous	725	725	49.1%	58.1%	74.9%	78.2%	84.4%	15.7%
	Change	29 +4%	29 +4%	+11.0%	-3.3%	-2.9%	+3.4%	+1.1%	+7.6%
Northwest Family Physicians - Rogers	Current	234	234	81.6%	65.0%	76.1%	80.3%	92.3%	34.6%
	Previous	236	236	62.7%	59.7%	75.0%	79.2%	86.0%	20.3%
	Change	-2 -1%	-2 -1%	+18.9%	+5.2%	+1.1%	+1.1%	+6.3%	+14.3%
TOTAL	Current	1265	1265	62.8%	57.7%	74.3%	83.0%	87.7%	26.3%
	Previous	1210	1210	48.8%	59.3%	76.2%	79.7%	85.1%	15.9%
	Change	55 +5%	55 +5%	+14.0%	-1.5%	-1.9%	+3.3%	+2.6%	+10.5%

Exclusions

Depression Care Measure

- Use of PHQ-9 Assessment Tool
- Six and Twelve Month Remission Rate
- Six and Twelve Month Response Rate

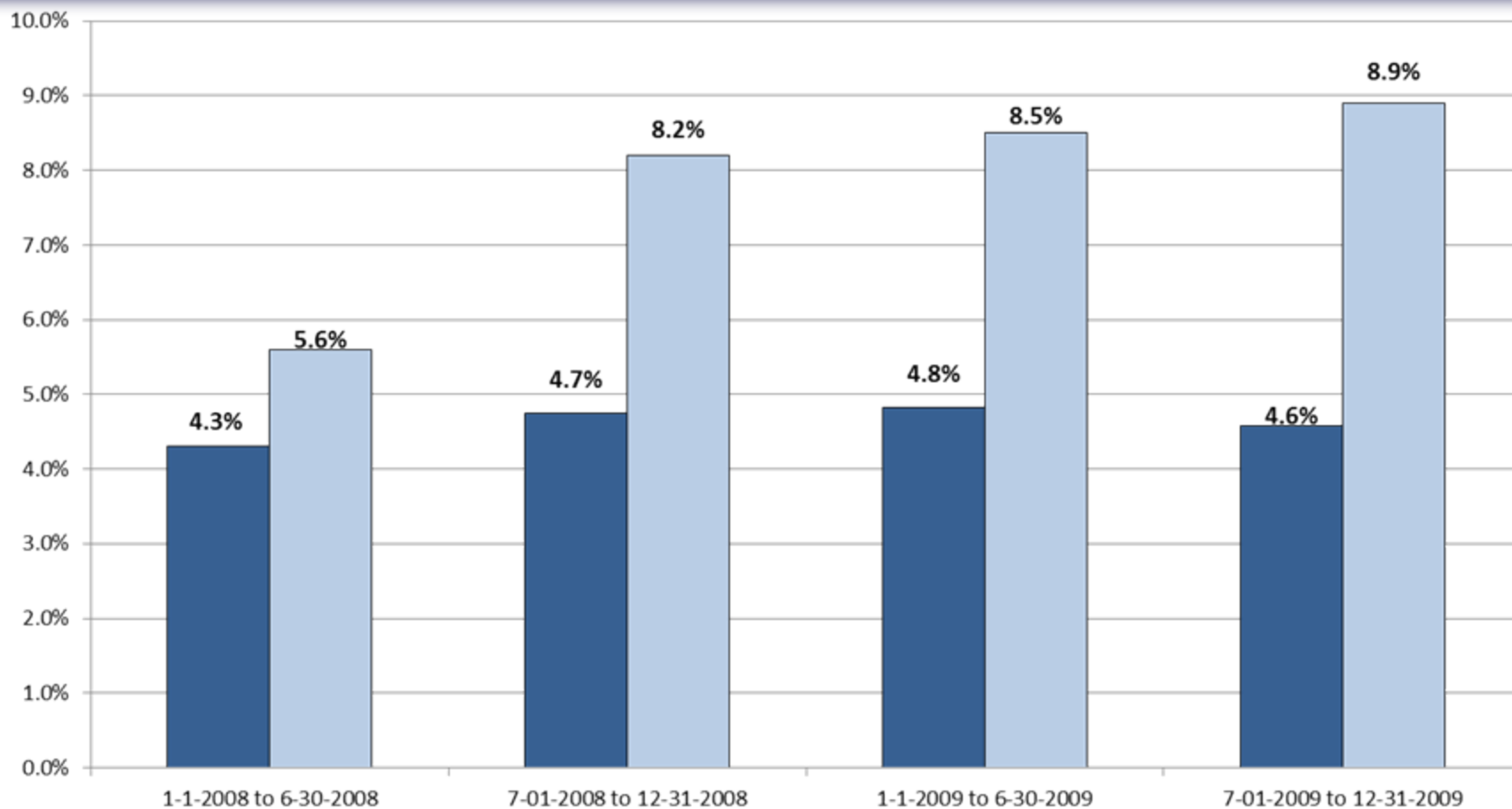
(patient must be in treatment for numerator score)

National Quality Forum Endorsed

Six Month Depression Remission Rates

Clinics That Have Implemented DIAMOND
versus Clinics Not in DIAMOND

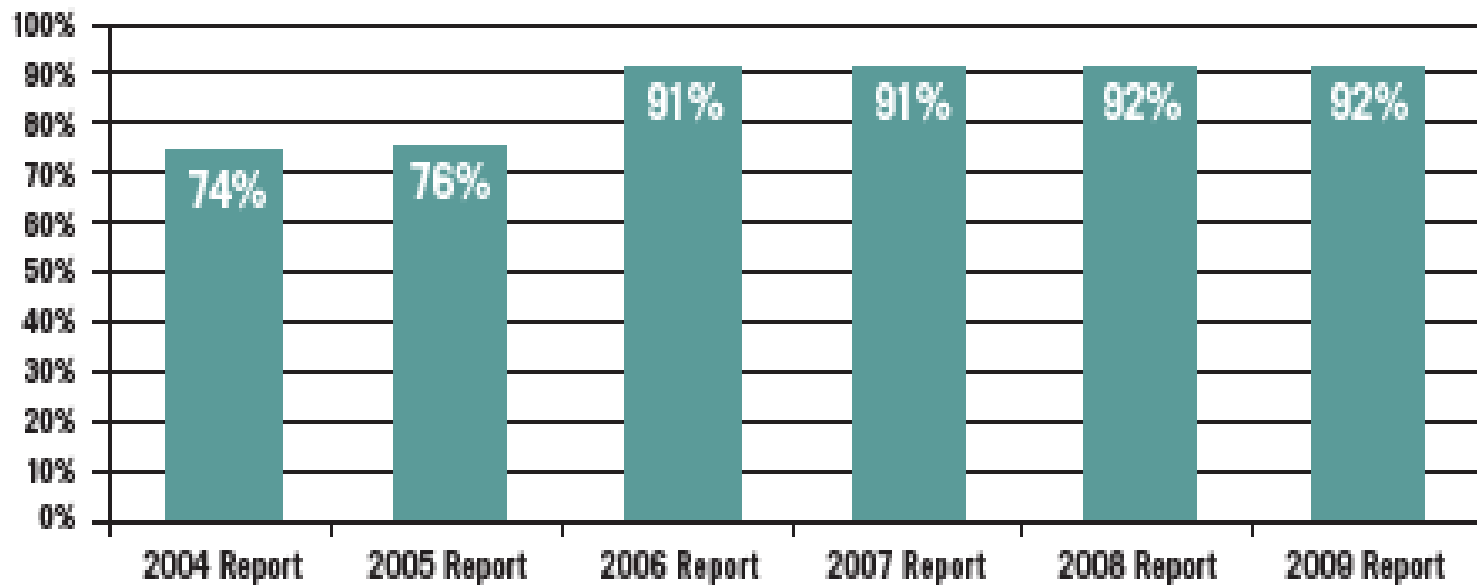
■ Non-DIAMOND Clinics
□ DIAMOND Clinics



These rates represent the full population of patients with depression at a clinic site; not just the DIAMOND patients who have opted in to the program

Asthma Measure Improvement

Figure 6: Statewide Medical Group Level Rates for Use of Appropriate Medications for People with Asthma (Ages 5-56)



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

New Asthma Care Composite

- Asthma well controlled
- Patient reported emergency department and hospital visits
- Written asthma plan

Colonoscopy Quality and Surveillance

- Procedure Quality Measures
 - Volume of Procedures Performed
 - Completion Rate
 - Adenoma Detection Rate
- Surveillance Measures
 - Patient waited appropriate interval for repeat colonoscopy
- New screening measure from medical record – all patient data

New Measures

- Total Knee Replacement
 - 3 and 12 month assessment post surgery
 - Patient functional status (Oxford Knee Score)
 - Patient Quality of Life (EQ-5D)
- Low Back Pain
 - Patient functional status post surgery
 - ???which patients to include

Challenges

- Data collection burden verses utility
- Sources of data – reduce multiple submission
 - Registry
 - Electronic Medical Record
 - Health Information Exchange
- Multiple Assessment Tools/comparability
- Reliability of patient derived data

Questions or Comments

Jim Chase

President, MN Community Measurement

612-454-4812

chase@mncm.org

www.MNHealthScores.org