QUALITY OF CARE FOR CHRONIC CONDITIONS IN MINNESOTA

2018 REPORT

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Who is MN Community Measurement?

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

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

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

REPORT PREPARATION DIRECTION

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INTRODUCTION

While Minnesota has some of the best health indicators in the country, measurement results show a pattern of wide variation in health care quality overall and significantly different outcomes among some patient populations. MN Community Measurement (MNCM) has been empowering the community with data and information to drive improvement in health care quality and cost since 2005. This report presents data collected by MNCM in 2018 on quality measures for chronic disease. It includes chronic diseases with the highest impacts in terms of prevalence and costs – diabetes, vascular disease, hypertension and asthma. The measures were developed or selected for their potential to reduce the modifiable risks and complications associated with these conditions.

Chronic disease is defined as a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living or both.[1]

» Sixty percent of adults in the United States have a chronic disease and 40 percent of adults have two or more.[1]

» Chronic diseases such as diabetes, heart disease, stroke or cancer are the leading causes of death and disability in the U.S.[1]

» Chronic diseases are also a significant share of health care costs, with over 90 percent of the nation's $3 trillion in annual health care expenditures attributed to people with chronic and mental health conditions.[2]

MNCM has been collecting and publishing information on chronic disease measures since 2004.

Chronic diseases are an important focus for measurement because of the large numbers of adults and children living with these conditions and known gaps in care related to optimal treatment. Americans with chronic conditions use the health care system far more frequently than people without a chronic disease, and chronic diseases represent the majority of health care spending. In addition, the number of people with chronic conditions is estimated to increase rapidly – by 2025, nearly half of the U.S. population will have a chronic disease.[3] The good news is that many chronic diseases could be prevented, delayed, improved or better managed through modest lifestyle changes. In fact, CDC estimates that eliminating three risk factors (poor diet, inactivity, smoking) would prevent 80 percent of heart disease, stroke, and type 2 diabetes.[3]

Chronic disease measures, as measured by MN Community Measurement (MNCM), tend to improve slowly in part because these diseases are multifaceted. Because of this complexity, several of MNCM's chronic disease measures are constructed as all-or-none composite measures in which the desired goal is for the patient to achieve multiple clinical outcomes and/or medication use targets to best reduce their overall risk of developing long term complications from the disease. These measures are considered "gold standard" because they reflect best patient outcomes by reducing several modifiable risks. A recent study, reinforcing the value of the composite measure construct, found that diabetes patients who were

MNCM's Composite Measures

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

successful in achieving targets for all five risk factors had little or no excess risk of death, heart attack or stroke compared to the general population.[4]

Frequent monitoring of patients with one or more chronic conditions correlates with better outcomes. While there are many factors that can influence successful treatment of chronic conditions, medical groups with higher performance on these measures often find that a team-based approach incorporates a mutually respectful patient/provider relationship, shared decision-making, consistent follow-up, and care coordination with specialists and community/public health services to be effective.

The Impact of Chronic Disease

Diabetes is the seventh leading cause of death in the United States.[5,6]

» Diabetes is a condition characterized by hyperglycemia resulting from the body's inability to use blood glucose for energy. In Type 1 diabetes, the pancreas no longer makes insulin and therefore blood glucose cannot enter the cells to be used for energy. In Type 2 diabetes, either the pancreas does not make enough insulin or the body is unable to use insulin correctly.[7]

» Over 30 million people in the U.S. have diabetes (about 1 in 10), and approximately 90 percent of them have type 2 diabetes.[8] In Minnesota, nearly 320,000 people (8 percent of adults) had diabetes in 2015.[9]

» Type 2 diabetes most often develops in people over 45, but is becoming more common in children, teens, and young adults. Type 1 diabetes is usually diagnosed in children, teens and young adults, but it can develop at any age.[5]

» Age, family history and a previous history of gestational diabetes are indicators of increased risk for diabetes, along with being African American, Asian American, Hispanic/Latino or American Indian. Potentially modifiable risk factors for developing diabetes include: obesity, inactivity, high blood pressure and abnormal cholesterol levels. Studies show that people at high risk for type 2 diabetes can prevent or delay the onset of the disease by maintaining a healthy diet and regular exercise.[10]

Diabetes Measures

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

» HbA1c less than 8.0 mg/dL

» Blood Pressure less than 140/90 mmHg

» On a statin medication, unless allowed contraindications or exceptions are present

» Non-tobacco user

» Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Diabetes Eye Exams: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Cardiovascular disease is the leading cause of death for both men and women in the United States.[11]

» Cardiovascular disease can refer to a number of conditions including heart disease, heart attack, stroke, heart failure, arrythmia and valve problems. Ischemic vascular diseases of the heart and blood vessels are related to atherosclerosis, a process where plaque builds up inside arteries and restricts the normal flow of blood.[12]

» Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics, and whites. For Asian Americans or Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer.[11]

» More than 18 percent of all deaths in Minnesota are due to heart disease, making it the 2nd-leading cause of death in the state behind cancer.[13]

Hypertension or high blood pressure is a common and dangerous condition. It increases the risk for heart disease and stroke, two of the leading causes of death for Americans.[14]

» One out of every three Americans has hypertension or high blood pressure. Even with the availability of effective treatment options, only half of Americans with hypertension have their blood pressure under control.[14]

» According to the American Heart Association, the death rate attributed to high blood pressure increased by over 10 percent between 2005 and 2015, and the number of deaths attributed to high blood pressure rose by over 37 percent.[15]

Circulatory Measures

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 as defined by achieving ALL four of the following:

» Blood Pressure less than 140/90 mmHg

» On a statin medication, unless allowed contraindications or exceptions are present

» Non-tobacco use

» On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Controlling High Blood Pressure: The percentage of adults 18–75 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled based on the following:

» Adults 18–59 years of age whose BP was <140/90 mm Hg.

» Adults 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.

» Adults 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Asthma is a common respiratory disease. It is a chronic disease of the lungs that affects adults and children of all ages. It is characterized by repeated episodes of wheezing, breathlessness, chest tightness and coughing.[16]

» Asthma is a serious public health problem affecting over 26 million people in the United States, including 6 million children.[17] Over 400,000 adults and children have asthma in Minnesota.[18]

» Asthma is a significant health and economic burden to patients, their families and society, and it's getting worse. In the last decade the proportion of people with asthma in the United States grew by nearly 15 percent. Nationally, nearly 2 million people visited an emergency department (ED) for asthma-related care and over 470,000 people were hospitalized because of asthma.[16] In 2014, there were over 21,000 ED visits and over 3,400 hospitalizations for asthma across Minnesota.[18]

» Regarding race and ethnicity, multi-race and black adults are more likely to have asthma than white adults, and black children are 2 times more likely to have asthma than white children.[16] In Minnesota, among those who were under age 65 when they died, the asthma death rate for African Americans was six times higher than it was for whites.[18]

Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung disease that damages the airways and leads to shortness of breath. It's sometimes called emphysema or chronic bronchitis. It is the third leading cause of death in the United States.[19]

» More than 11 million people have been diagnosed with COPD, but millions more may have the disease without knowing it. While there's no cure, early diagnosis and treatment can help make it manageable.[19]

» In Minnesota, COPD is the fifth leading cause of death and one of the most prevalent chronic conditions. A Minnesota Department of Health report found that Minnesota spent nearly $2 billion on COPD care in 2012.[20]

Respiratory Measures

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

» Asthma well-controlled as defined by the most recent asthma control tool result

» Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)

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

» Asthma well-controlled as defined by the most recent asthma control tool result

» Patient not at risk of exacerbation (i.e., fewer than two emergency department visits and/or hospitalizations due to asthma in the last 12 months)

Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of adults 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.

Key Findings

» Statewide results for all chronic condition measures have been relatively stable over the last three years but show continued room for improvement.

» Despite overall slow improvement in statewide rates for chronic conditions, there are bright spots with several medical groups and clinics achieving noteworthy outcome rates.

» Rates are, on average, significantly better for patients with chronic conditions who live in metro areas.

» In general, measures of how well chronic conditions are managed mostly improve with age. The highest rates occur among people age 60 and older with ischemic vascular disease.

» For asthma, there is no difference in rates by gender; however, for the diabetes and vascular measures, the gender differences are significant.

» Outcome rates vary by race and Hispanic ethnicity. In general, rates for diabetes, vascular, and asthma measures are lower for American Indians, African Americans, and Hispanics.

» Rates also vary by preferred language and country of origin but people who speak English or who are born in the United Stated do not necessarily have better outcomes than people who speak other languages or are born elsewhere. The Optimal Asthma Control measures for adults and children are exceptions, with people who speak English having significantly better asthma outcomes than people who speak other languages.

RESULTS FOR CHRONIC CONDITION MEASURES – DIABETES, CIRCULATORY AND RESPIRATORY
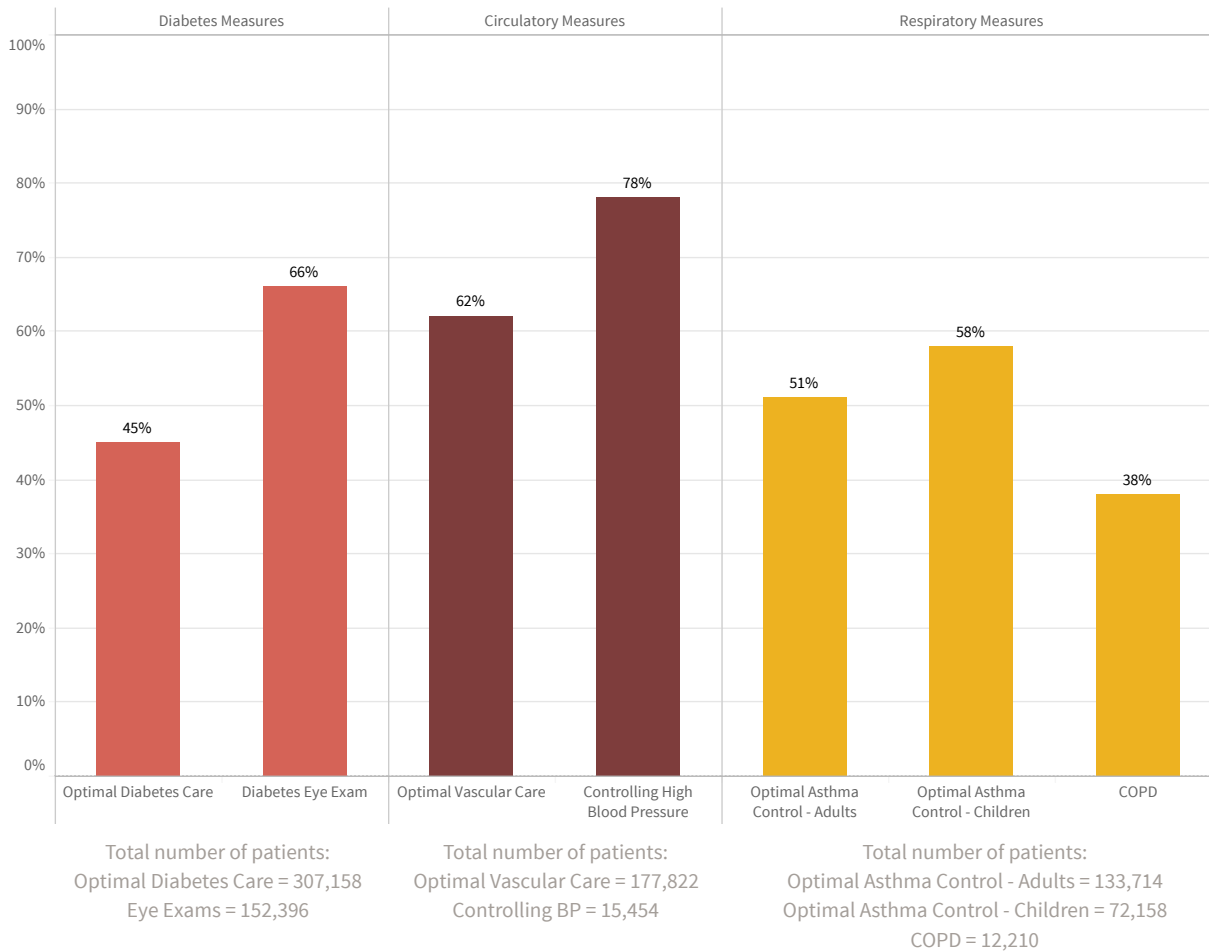
MNCM reports on seven chronic disease measures. The figures display results at a statewide level, over time, and illustrate variation across medical groups. For some measures, results are further segmented by geography, age, gender, race, Hispanic ethnicity, preferred language and country of origin. Detailed results by medical group and clinic are available in the online appendix to this report, and at *mnhealthscores.org*.

Data Source Enables Reporting Capability

The measures in this report are collected from two separate data sources: clinics and health plans. Direct Data Submission (DDS) measures use data from clinics. This data enables reporting of results by clinic location as well as by medical group. In contrast, the Healthcare Effectiveness Data and Information Set (HEDIS) measures use data from health plans. This data enables reporting of results by medical group only. So, clinic level results are only reported for DDS measures but not for HEDIS measures. In addition, in this report, only DDS measures are reported by geography, age, gender, race, Hispanic ethnicity, language, and country of origin.

FIGURE 1: Statewide Results

(2018 report year – current year only)

	Diabetes Measures		Circulatory Measures		Respiratory Measures		
	Optimal Diabetes Care: 45%	Diabetes Eye Exam: 66%	Optimal Vascular Care: 62%	Controlling High Blood Pressure: 78%	Optimal Asthma Control - Adults: 51%	Optimal Asthma Control - Children: 58%	COPD: 38%

Total number of patients:
Optimal Diabetes Care = 307,158
Eye Exams = 152,396

Total number of patients:
Optimal Vascular Care = 177,822
Controlling BP = 15,454

Total number of patients:
Optimal Asthma Control - Adults = 133,714
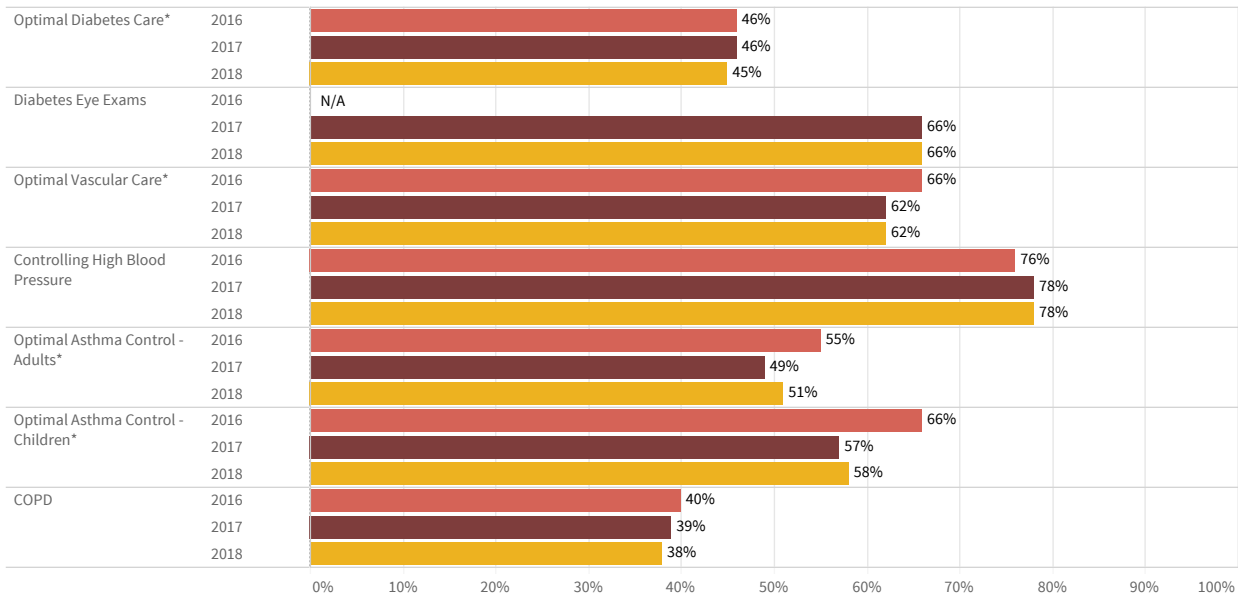Optimal Asthma Control - Children = 72,158
COPD = 12,210

Rates for all chronic disease measures indicate room for improvement. In Minnesota, 78 percent of patients with high blood pressure have their condition under control; however, only one third of adults are receiving appropriate spirometry testing to confirm a diagnosis of COPD.

FIGURE 2: Statewide trend over 3 years

(2016, 2017, 2018 report years)

Measure	Year	Value
Optimal Diabetes Care*	2016	46%
	2017	46%
	2018	45%
Diabetes Eye Exams	2016	N/A
	2017	66%
	2018	66%
Optimal Vascular Care*	2016	66%
	2017	62%
	2018	62%
Controlling High Blood Pressure	2016	76%
	2017	78%
	2018	78%
Optimal Asthma Control - Adults*	2016	55%
	2017	49%
	2018	51%
Optimal Asthma Control - Children*	2016	66%
	2017	57%
	2018	58%
COPD	2016	40%
	2017	39%
	2018	38%

Results for the chronic disease measures have remained relatively stable over the last three years. Diabetes, vascular, and asthma results dropped over time, due in part to a more inclusive denominator definition.

*Changes to measure denominator definitions in 2017 resulted in significant expansion of the measure population for noted measures above. This change may have contributed to the change in statewide rates for these measures.

FIGURE 3: Variation by Medical Group

(2018 report year)
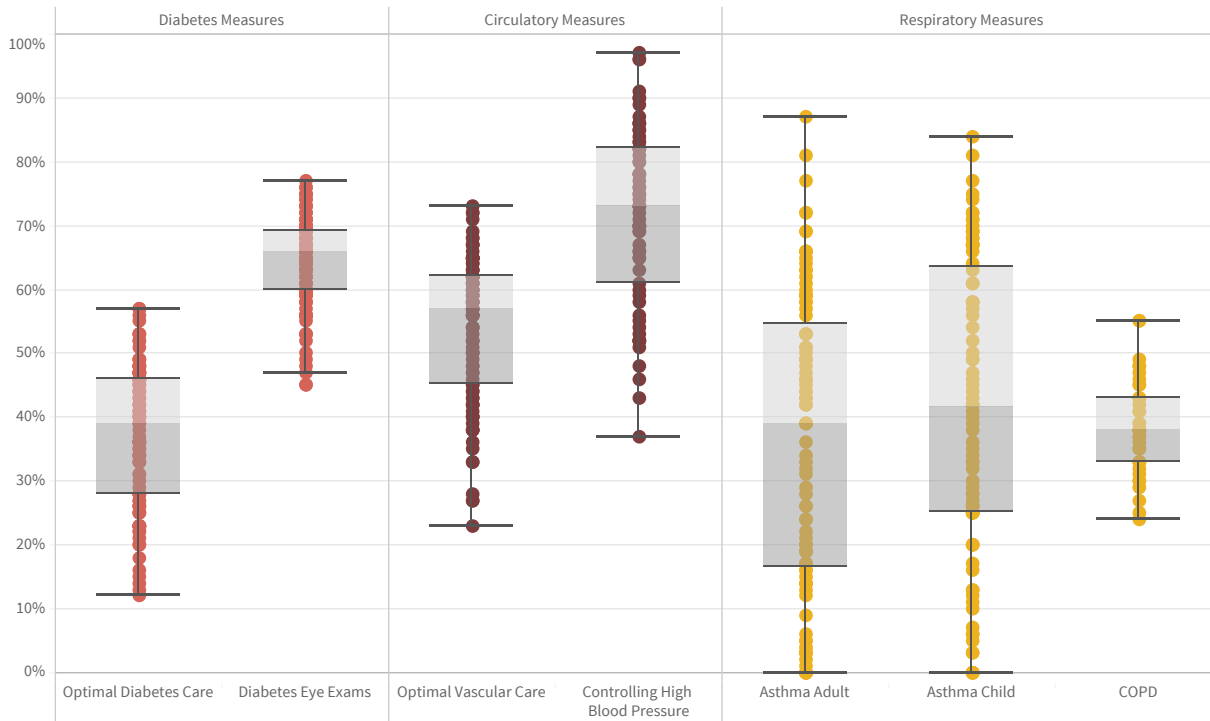
There is significant variation in medical group performance for all chronic condition measures. The range of variation is widest for the asthma measures. Rates for individual medical groups and clinics are included in the online appendix to this report.

How to interpret box plots: Box plots illustrate the distribution of medical group clinical measure results. Medical groups that fall within the 25th to 75th percentile of the range are located in the box (shaded region) and the line where the dark and light portions of the box meet is the median (50th percentile). The bars on the outside, or "whiskers," represent 1.5 times the interquartile range (25th to 75th percentiles) and dots outside of the whiskers are considered to be outliers.

FIGURE 4: Results by Geographic Location

(metro, micro, small town/rural)
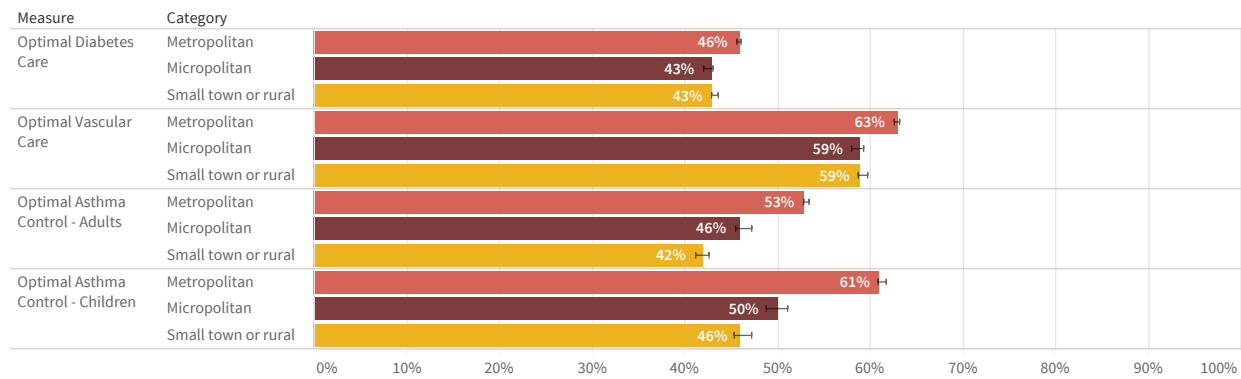
Measure	Category											
Optimal Diabetes Care	Metropolitan					46%						
	Micropolitan					43%						
	Small town or rural					43%						
Optimal Vascular Care	Metropolitan							63%				
	Micropolitan							59%				
	Small town or rural							59%				
Optimal Asthma Control - Adults	Metropolitan						53%					
	Micropolitan					46%						
	Small town or rural					42%						
Optimal Asthma Control - Children	Metropolitan							61%				
	Micropolitan					50%						
	Small town or rural					46%						

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Optimal Diabetes Care
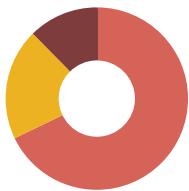
Total number of
patients = 307,158

Optimal Vascular Care
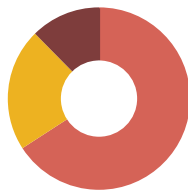
- Metropolitan
- Micropolitan
- Small town or rural

Total number of
patients = 177,822

Optimal Asthma Control – Adults

Total number of
patients = 133,714

Optimal Asthma Control – Children

Total number of
patients = 72,158

Patients living in metropolitan areas have significantly better rates for the chronic disease measures. For asthma, patients living in small towns or rural areas have the lowest rates.
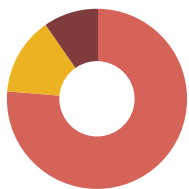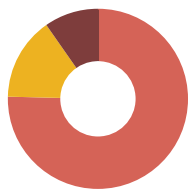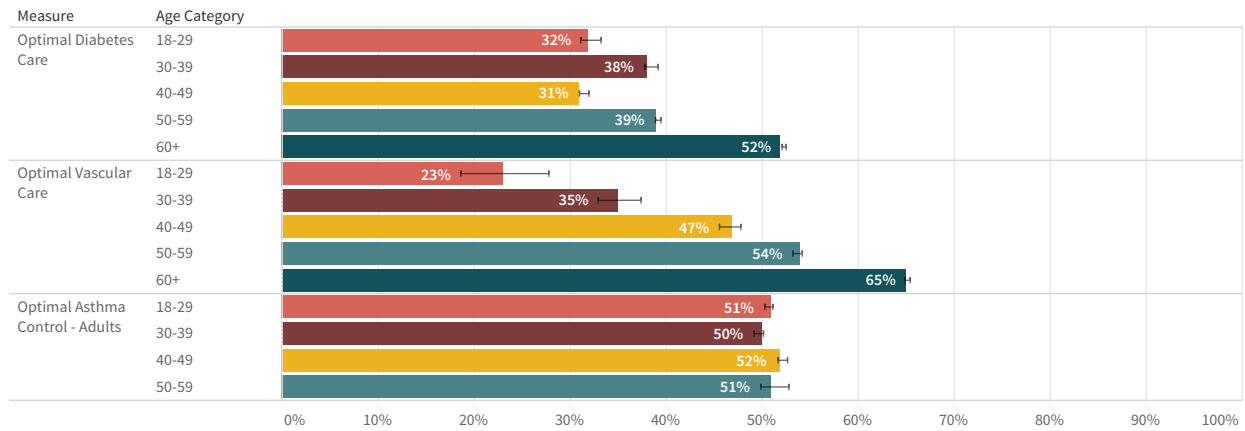
FIGURE 5: Results by Age Category

Measure	Age Category		
Optimal Diabetes Care	18-29	32%	
	30-39	38%	
	40-49	31%	
	50-59	39%	
	60+	52%	
Optimal Vascular Care	18-29	23%	
	30-39	35%	
	40-49	47%	
	50-59	54%	
	60+	65%	
Optimal Asthma Control - Adults	18-29	51%	
	30-39	50%	
	40-49	52%	
	50-59	51%	

Demographic details only available for measures listed above; 95 percent confidence intervals.
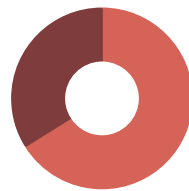
Optimal Diabetes Care
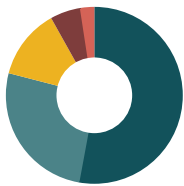
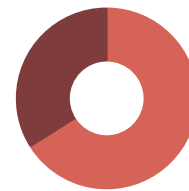Total number of patients = 307,158

Optimal Vascular Care
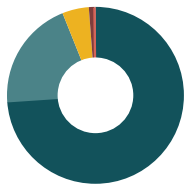
Total number of patients = 177,822

Optimal Asthma Control – Adults
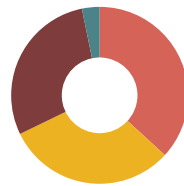
Total number of patients = 133,714

Age Category
- 18-29
- 30-39
- 40-49
- 50-59
- 60+

In general, measures of how well chronic conditions are managed mostly improve with age. The highest rates occur among people age 60 and older with ischemic vascular disease.

FIGURE 6: Results by Gender
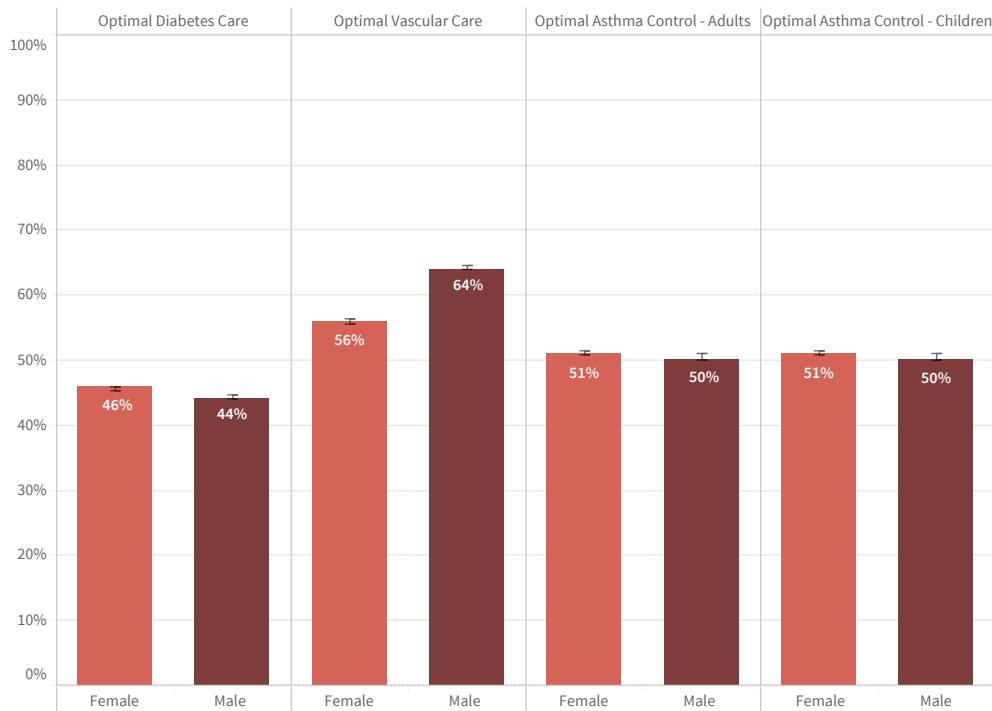
Demographic details only available for measures listed above; 95 percent confidence intervals.

Optimal Diabetes Care
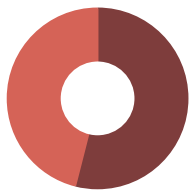
Total number of patients = 307,158

Optimal Vascular Care

Total number of patients = 177,822

Optimal Asthma Control – Adults

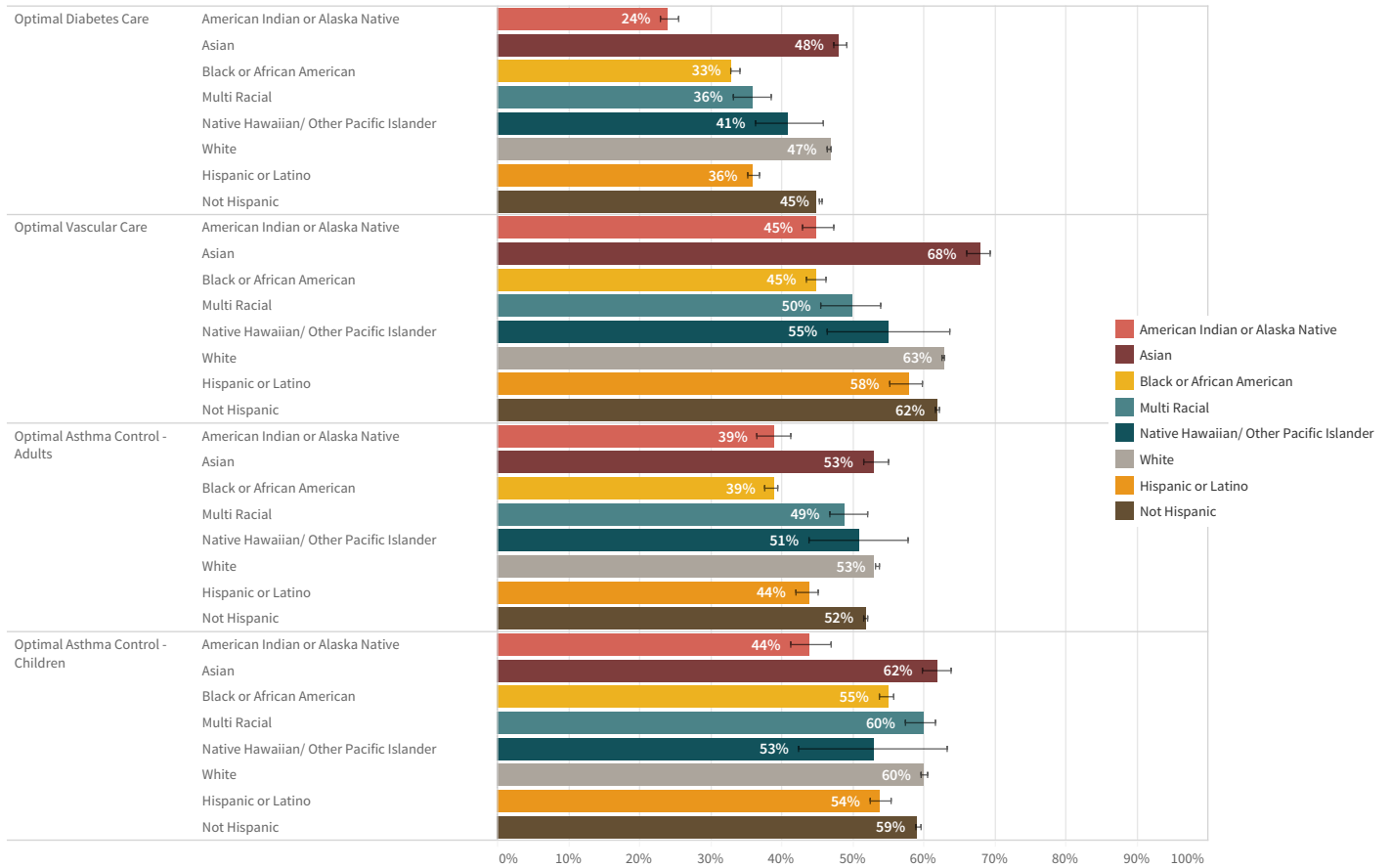Total number of patients = 133,714

Optimal Asthma Control – Children

Total number of patients = 72,158

Patient Gender
Female
Male

For asthma, there is no difference in rates by gender; however, for the diabetes and vascular measures, the gender differences are significant.
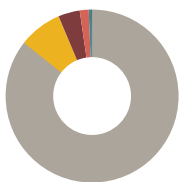
FIGURE 7: Results by Race and Hispanic Ethnicity

Demographic details only available for measures listed above; 95 percent confidence intervals.
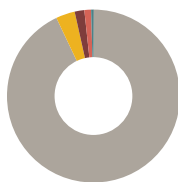
Optimal Diabetes Care
Race

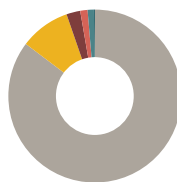Total number of patients = 262,165

Optimal Vascular Care
Race

Total number of patients = 156,615
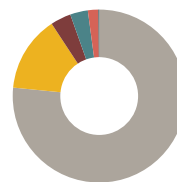
Optimal Asthma Control – Adults
Race

Total number of patients = 188,377

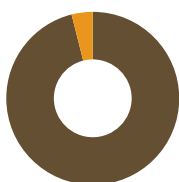**Optimal Asthma Control – Children**
Race

Total number of patients = 61,581
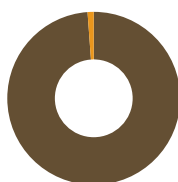
Optimal Diabetes Care
Ethnicity

Total number of patients = 273,052

Optimal Vascular Care
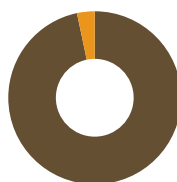*Ethnicity*

Total number of patients = 159,447
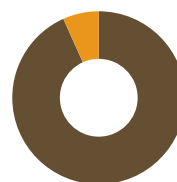
Optimal Asthma Control – Adults
Ethnicity

Total number of patients = 122,892
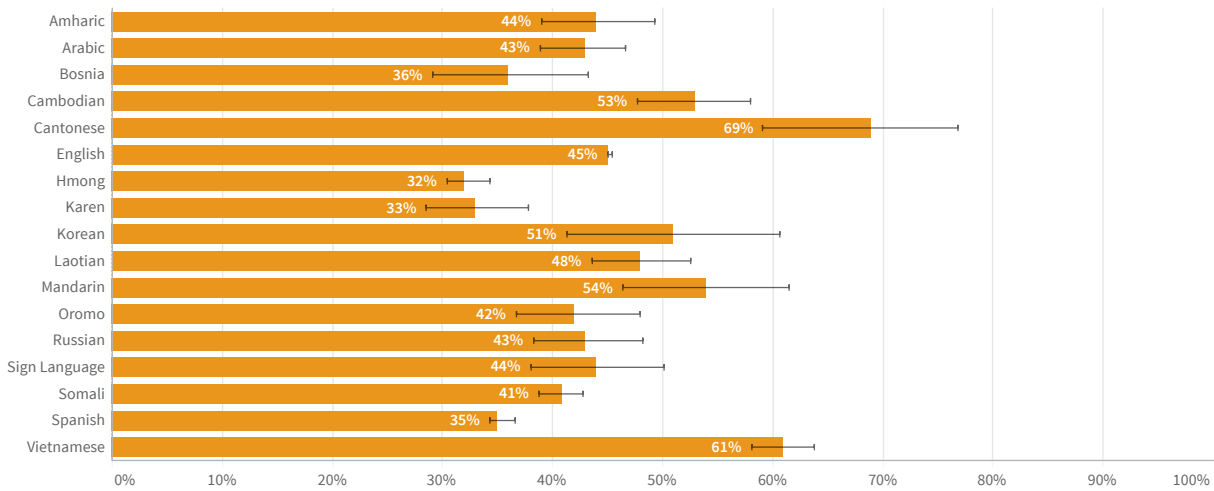
Optimal Asthma Control – Children
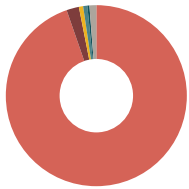*Ethnicity*

Total number of patients = 66,136

Outcome rates vary by race and Hispanic ethnicity. In general, rates for diabetes, vascular, and asthma measures are lower for American Indians, African Americans, and Hispanics.

FIGURE 8: Results by Language – Optimal Diabetes Care

Language	Rate
Amharic	44%
Arabic	43%
Bosnia	36%
Cambodian	53%
Cantonese	69%
English	45%
Hmong	32%
Karen	33%
Korean	51%
Laotian	48%
Mandarin	54%
Oromo	42%
Russian	43%
Sign Language	44%
Somali	41%
Spanish	35%
Vietnamese	61%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Total number of patients = 304,414

Preferred Language
- English
- Spanish
- Somali
- Hmong
- Vietnamese
- All other languages

Rates vary by language. For the Optimal Diabetes Care measure, people who speak English do not necessarily have better outcomes than people who prefer to speak other languages. In general, people who speak Hmong and Karen have the lowest rates.

FIGURE 9: Results by Language – Optimal Vascular Care

Language	Rate
Arabic	59%
English	62%
Hmong	63%
Laotian	67%
Russian	60%
Sign Language	64%
Somali	54%
Spanish	56%
Vietnamese	63%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Preferred Language
- English
- Spanish
- Hmong
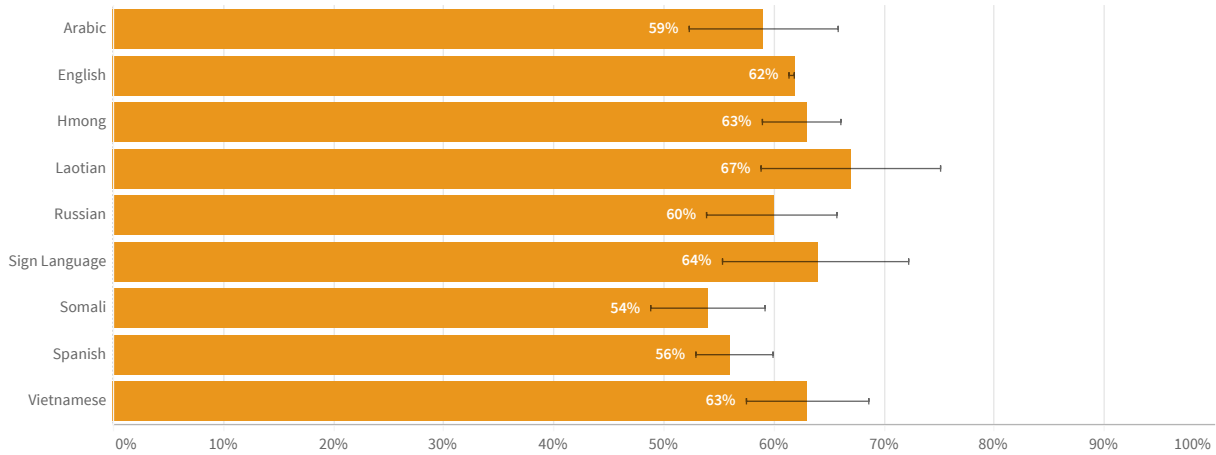- Somali
- Vietnamese
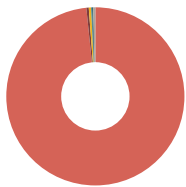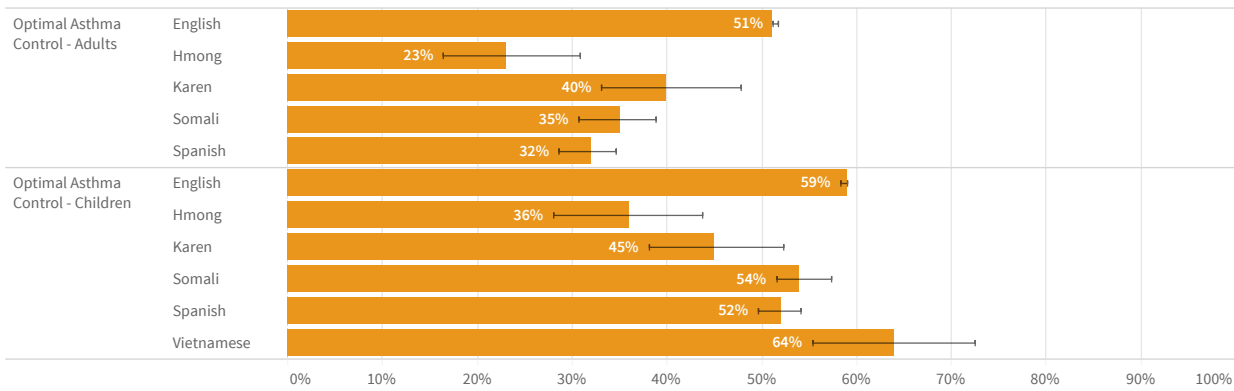- All other languages

Total number of patients = 175,702

Rates vary by language. For the Optimal Vascular Care measure, people who speak English do not necessarily have better outcomes than people who prefer to speak other languages. In general, people who speak Somali and Spanish have the lowest rates.

FIGURE 10: Results by Language – Optimal Asthma Control, Adults and Children

Demographic details only available for measures listed above; 95 percent confidence intervals.

Optimal Asthma Control – Adults
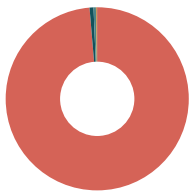
Total number of patients = 130,014

Optimal Asthma Control – Children
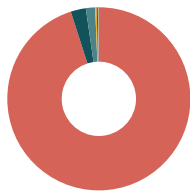
Total number of patients = 69,712

Preferred Language
- English
- Spanish
- Somali
- Karen
- Hmong
- Vietnamese

Rates vary by language. For the Optimal Asthma Control measures for adults and children, people who speak English generally have significantly better outcomes than people who prefer to speak other languages.

FIGURE 11: Results by Country of Origin – Optimal Diabetes Care

Country	Rate
Bosnia Herzegovina	36%
Burma	41%
Cambodia	52%
Canada	42%
China	55%
Ecuador	43%
Egypt	56%
El Salvador	38%
Ethiopia	42%
Germany	44%
Guatemala	39%
Guyana	51%
India	53%
Iraq	54%
Kenya	39%
Laos	37%
Liberia	40%
Mexico	34%
Nigeria	45%
Pakistan	56%
Philippines	52%
Russia	51%
Somalia	39%
South Korea	47%
Thailand	41%
United Kingdom	54%
United States	45%
Unknown	38%
Vietnam	59%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Country of Origin
- United States
- Mexico
- Somalia
- Laos
- India
- All other countries

Total number of patients = 260,310

Rates vary by country of origin, but people who are born in the United States do not necessarily have better outcomes than people born elsewhere. In general, adults born in Mexico have the lowest rates.

FIGURE 12: Results by Country of Origin – Optimal Vascular Care
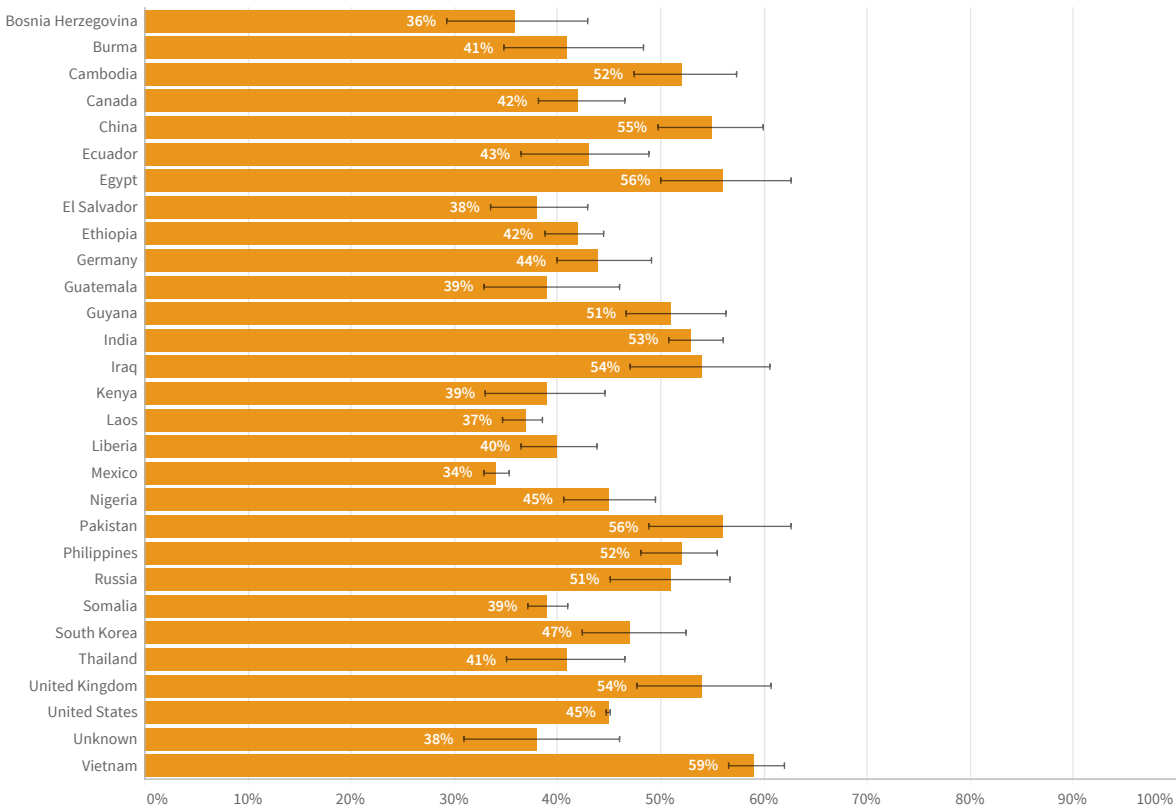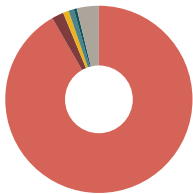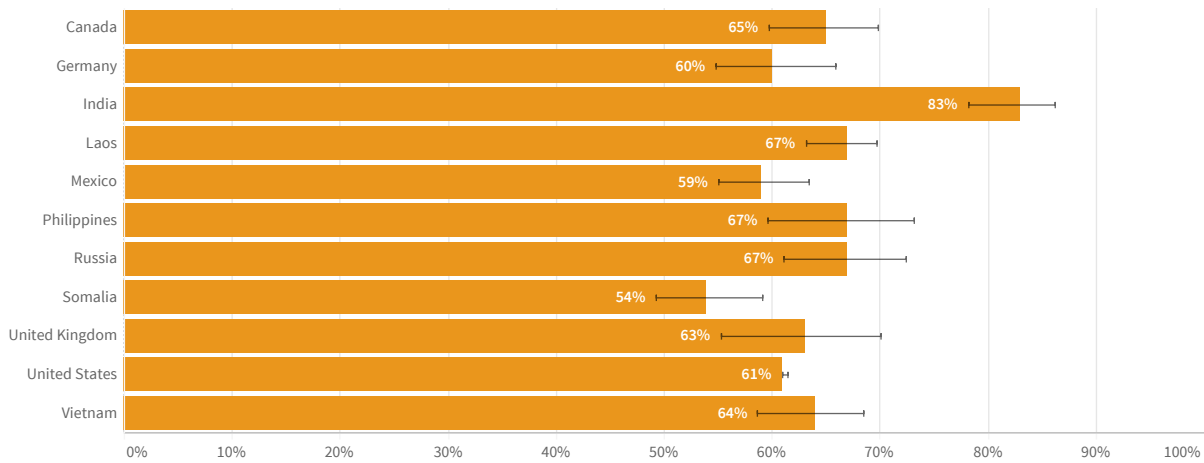

Country	Rate
Canada	65%
Germany	60%
India	83%
Laos	67%
Mexico	59%
Philippines	67%
Russia	67%
Somalia	54%
United Kingdom	63%
United States	61%
Vietnam	64%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Country of Origin
- United States
- Laos
- Mexico
- Somalia
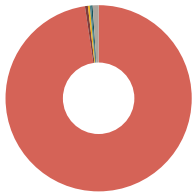- Vietnam
- All other countries

Total number of patients = 156,240

Rates vary by country of origin, but people who are born in the United States do not necessarily have better outcomes than people born elsewhere. In general, adults born in Mexico and Somalia have lower rates.
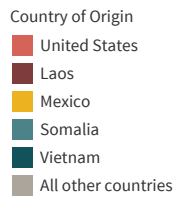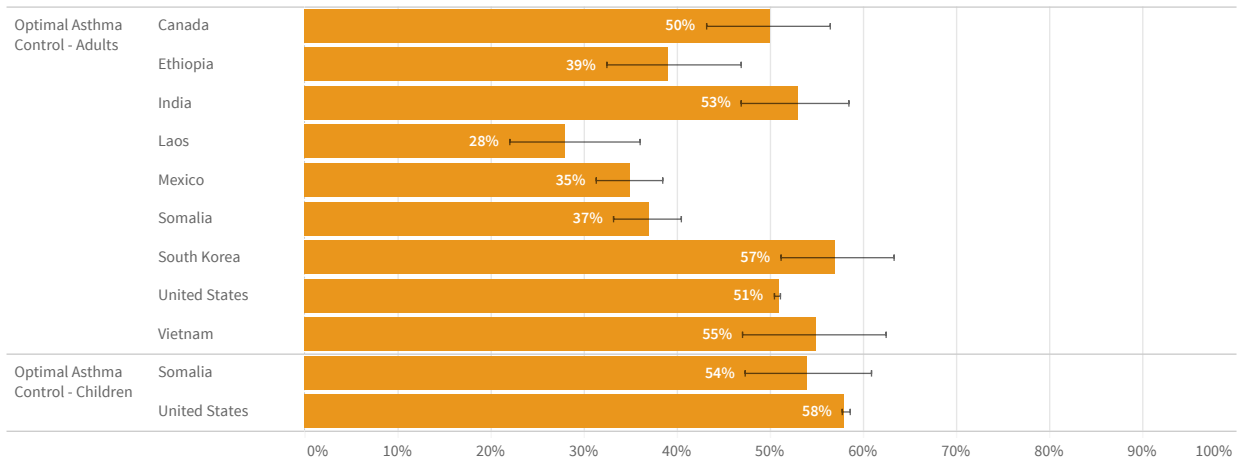
FIGURE 13: Results by Country of Origin – Optimal Asthma Control, Adults and Children

	Country	Rate
Optimal Asthma Control - Adults	Canada	50%
	Ethiopia	39%
	India	53%
	Laos	28%
	Mexico	35%
	Somalia	37%
	South Korea	57%
	United States	51%
	Vietnam	55%
Optimal Asthma Control - Children	Somalia	54%
	United States	58%

Demographic details only available for measures listed above; 95 percent confidence intervals.

Optimal Asthma Control – Adults

Total number of patients = 133,714

Optimal Asthma Control – Children
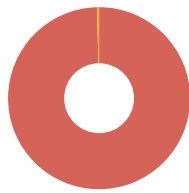
Total number of patients = 72,158

Country of Origin
- United States
- Mexico
- Somalia
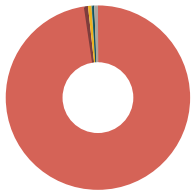- India
- South Korea
- All other countries

Rates vary by country of origin, but people who are born in the United States do not necessarily have better outcomes than people born elsewhere. In general, people born in Laos, Mexico, and Somalia have lower rates.

Highest Performers for Chronic Condition Measures – Clinic Level Results (Primary Care)

Four of the chronic disease measures are reported at the clinic level including Optimal Diabetes Care, Optimal Vascular Care, Optimal Asthma Control – Adults, and Optimal Asthma Control – Children. There were 25 primary care clinics with rates significantly above the statewide average on all relevant chronic disease measures that have clinic level results (see *Table 1*). The results are adjusted for differences in patient characteristics. The adjustment accounts for differences in health insurance product type, patient age, diabetes type (diabetes only), and ZIP code level indicator of socioeconomic status.* The clinics are listed below in alphabetical order.**

TABLE 1: High Performers by Clinic (Primary Care)

Clinic Name
Affiliated Community Medical Centers – Litchfield Clinic (East)
Allina Health – Coon Rapids
Essentia Health East Duluth Clinic 1st St
Entira Family Clinics – Como/Roseville
Entira Family Clinics – North St. Paul
Entira Family Clinics – Shoreview
Entira Family Clinics – White Bear Lake-Bellaire Avenue
Fairview Andover Clinic
Fairview Bloomington Lake Minneapolis
Fairview Brooklyn Park Clinic
Fairview Burnsville Clinic
Fairview EdenCenter Clinic
Fairview Fridley Clinic
Fairview Lino Lakes Clinic
Fairview Oxboro Clinic
Fairview Rosemount Clinic
HealthPartners – Arden Hills
HealthPartners – Brooklyn Center
HealthPartners – Roseville
HealthPartners – West
Park Nicollet Clinic – Burnsville
Park Nicollet Clinic – Eagan
Park Nicollet Clinic – Golden Valley
Park Nicollet Clinic – Shakopee
Park Nicollet Clinic – Shorewood

* More information on risk adjustment is available in the Methodology appendix.

** The list includes clinics with above average results for all measures for which they were eligible (i.e., assigned to the measure or reportable).

Highest Performers for Chronic Condition Measures – Clinic Level Results (Specialty Care)

There were 39 specialty care clinics with rates significantly above the statewide average on all relevant chronic disease measures for which they were eligible (see *Table 2*). The results are adjusted for differences in patient characteristics. The adjustment accounts for differences in health insurance type, age, diabetes type (diabetes only), and ZIP code level indicator of socioeconomic status.* The clinics are listed below in alphabetical order by specialty.

TABLE 2: High Performers by Clinic (Specialty Care)

Pediatric Specialty
CentraCare Health Plaza – Pediatrics
Central Pediatrics St. Paul
Central Pediatrics Woodbury
Children's Respiratory & Critical Care Specialists – Minneapolis
Children's Respiratory & Critical Care Specialists – Minnetonka
Children's Respiratory & Critical Care Specialists – St Paul
Fairview Children's Clinic
Fridley Children's & Teenagers' Medical Center
Hennepin County Medical Center (HCMC) Clinics – Downtown Pediatric Clinic
Sanford Fargo Broadway Clinic – Pediatrics
Sanford Fargo Southpointe Clinic – Specialty Clinics
Sanford Moorhead Clinic – Pediatrics
Sanford Sioux Falls Children's Clinic
Sanford Sioux Falls Children's Clinic 26th & Sycamore Clinic
Sanford Sioux Falls Children's Clinic 69th & Louise Clinic
Sanford Sioux Falls Children's Specialty Clinic
South Lake Pediatrics – Chaska
South Lake Pediatrics – Eden Prairie
South Lake Pediatrics – Maple Grove
South Lake Pediatrics – Minnetonka
South Lake Pediatrics – Plymouth
Wayzata Children's Clinic – Chaska
Wayzata Children's Clinic – Delano
Wayzata Children's Clinic – Maple Grove
Wayzata Children's Clinic – Minnetonka
Wayzata Children's Clinic – Spring Park

Cardiology Specialty
HealthEast Heart Care – St. John's Hospital Campus
HealthPartners – Regions Specialty Center
Park Nicollet Clinic – Heart and Vascular Center
Sanford Bemidji Main Clinic – Specialty Clinics
Sanford Fargo Heart Center
Sanford Sioux Falls Cardiovascular Institute
St Luke's Clinics – Cardiology Associates
University of Minnesota Health Heart Care – Burnsville
University of Minnesota Health Heart Care – Edina

Endocrinology Specialty
Park Nicollet Clinic – Endocrinology
Sanford Fargo Southpointe Clinic – Endocrinology

Respiratory Specialty
Allergy, Asthma & Immunology – Shoreview
MN Allergy & Asthma Clinic, PA

* The list includes clinics with above average results for all measures for which they were eligible (i.e., assigned to the measure or reportable).

Highest Performers for Chronic Condition Measures – Medical Group Level Results

There were 10 primary care or multi-specialty medical groups that had rates significantly above the statewide average on at least 50 percent of the chronic disease measures for which they were eligible (see *Table 3*). They are listed below in alphabetical order.

TABLE 3: High Performers by Medical Group (Primary Care)

MEDICAL GROUP	DIABETES		CIRCULATORY		RESPIRATORY		
	Optimal Diabetes Care	Diabetes Eye Exams	Optimal Vascular Care	Controlling High Blood Pressure	Optimal Asthma Control – Adult	Optimal Asthma Control – Child	COPD
Allina Health	●	●		●	●	●	
CentraCare Health	●	●		●		●	
Entira Family Clinics	●		●	●	●	●	
Essentia Health	●	●	●	●	●	●	
Fairview Health Services	●		●		●	●	●
HealthPartners Clinics	●	●	●		●	●	●
Mankato Clinic, Ltd.				●	●	●	●
Park Nicollet Health Services	●	●	●	●	●	●	●
Sanford Health – Fargo Region		●	●	●		●	
Sanford Health – Sioux Falls Region				●	●	●	●

Performance ratings for all clinics and medical groups can be found on *mnhealthscores.org*.

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. MNCM's composite measures are patient level all-or-none measures. The individual components are treated equally (not weighted). Every component must meet criteria to be counted in the numerator for the overall composite measure. The composite measures in this report include:

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

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

- » Optimal Diabetes Care
- » Optimal Vascular Care
- » Optimal Asthma Control – Adults
- » Optimal Asthma Control – Children
- » Controlling High Blood Pressure

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

Patient Reported Outcome Measure (PROM): A validated instrument or tool administered to a patient. The tools that can be used for the asthma measures include: The Asthma Control Test (ACT; Childhood Asthma Control Test (C-ACT); Asthma Control Questionnaire (ACQ) and the Asthma Therapy Assessment Questionnaire (ATAQ).

Patient Reported Outcome – Performance Measure (PRO-PM): The measure built from a PROM. The PRO-PM measures in this report include:

- » Optimal Asthma Control – Adults
- » Optimal Asthma Control – Children

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

- » Diabetes Eye Exams
- » Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Online Appendices

- ▤ Methodology
- ▤ Detailed Medical Group and Clinic Level Tables

Endnotes

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