

**Date:** April 26, 2013

**Re:** 2014 Statewide Quality Reporting and Measurement System: MN Community Measurement's Preliminary Recommendations for Physician Clinic and Ambulatory Surgical Center Measures

Minnesota Statutes 62U.02 requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state. A subset of the standardized set of quality measures will be used for public reporting purposes. To implement the collection of quality measurement data, the Minnesota Department of Health (MDH) has developed the Minnesota Statewide Quality Reporting and Measurement System (SQRMS), created through Minnesota Rules, Chapter 4654. This rule compels physician clinics, hospitals, and ambulatory surgical centers to submit data on a set of quality measures to be publicly reported and also establishes a broader standardized set of quality measures for health care providers across the state. MDH collects data on those measures to be publicly reported, while health plans may only require providers to submit data on those measures that are part of the standardized set.

The Commissioner of Health is required to evaluate the measures included in the set of quality measures to be publicly reported on an annual basis. MDH contracted with MN Community Measurement (MNCM) and other community partners to make recommendations about new, modified and/or retired quality measures to be publicly reported for SQRMS. Accordingly, MNCM annually submits preliminary quality measure recommendations to MDH. The attached table summarizes MNCM's preliminary recommendations for physician clinic and ambulatory surgical center measures for the 2014 Statewide Quality Reporting and Measurement System. These recommendations were reviewed and approved by MNCM's Measurement and Reporting Committee (MARC). MARC meeting minutes documenting these reviews can be viewed at <http://www.health.state.mn.us/healthreform/measurement/marc/index.html>.

Key proposed changes include the following:

- The addition of two newly developed pediatric preventive care measures—Adolescent Mental Health and/or Depression Screening and Obesity/BMI & Counseling for reporting in 2015;
- Use of the CAHPS Clinic and Group 12-month Survey instead of the CAHPS Clinic and Group Visit Survey to better align with other state and federal reporting requirements; and
- The addition of new risk adjustment variables for the Optimal Diabetes Care, Optimal Vascular Care, Depression Remission at 6 Months, Colorectal Cancer Screening, and Primary C-section measures.

Proposed changes are highlighted in yellow in the attached table.

**The Minnesota Department of Health invites interested stakeholders to review and comment on MNCM's preliminary recommendations for physician clinic and ambulatory surgical center measures for the 2014 Statewide Quality Reporting and Measurement System. Please send your comments to [health.reform@state.mn.us](mailto:health.reform@state.mn.us) through May 17.**

MNCM will consider all public comments before submitting their final recommendations for physician clinic and ambulatory surgical center measures to MDH on June 1. The final recommendations will be presented at a public forum that will be held on June 26, from 10:00 to 12:00 at MDH (Freeman Building, 625 Robert St. N, B145).

**Existing Measures**

Measure	Eligible Specialties	Collection Date / Dates of Service	Data Elements	Risk Adjustment
<p><b>Optimal Diabetes Care Composite:</b></p> <ul style="list-style-type: none"> <li>HbA1c (less than 8 percent)</li> <li>Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)</li> <li>Blood pressure control (less than 140/90 mm Hg)</li> <li>Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin documented)</li> <li>Documented tobacco free</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Internal Medicine</li> <li>Geriatric Medicine</li> <li>Endocrinology</li> </ul>	Collecting January 1, 2014 on dates of service: January 1, 2013 through December 31, 2013.	<ul style="list-style-type: none"> <li>Adults age 18 to 75.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with a diabetes ICD-9 code.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Product Type:                             <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Age                             <ul style="list-style-type: none"> <li>18-25</li> <li>26-50</li> <li>51-65</li> <li>66-75</li> </ul> </li> <li>Diabetes Type                             <ul style="list-style-type: none"> <li>Type 1</li> <li>Type 2</li> </ul> </li> </ul>
<p><b>Optimal Vascular Care Composite:</b></p> <ul style="list-style-type: none"> <li>Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)</li> <li>Blood pressure control (less than 140/90 mm Hg)</li> <li>Daily aspirin use or contraindication to aspirin documented</li> <li>Documented tobacco free</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Internal Medicine</li> <li>Geriatric Medicine</li> <li>Cardiology</li> </ul>	Collecting January 1, 2014 on dates of service: January 1, 2013 through December 31, 2013.	<ul style="list-style-type: none"> <li>Adults age 18 to 75.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with an ischemic vascular disease ICD-9 code.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Product Type:                             <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Age                             <ul style="list-style-type: none"> <li>18-25</li> <li>26-50</li> <li>51-65</li> <li>66-75</li> </ul> </li> </ul>

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Measure	Eligible Specialties	Collection Date / Dates of Service	Data Elements	Risk Adjustment
<p><b>Depression Remission at 6 Months:</b></p> <ul style="list-style-type: none"> <li>Patients with major depression or dysthymia and an initial PHQ-9 score &gt; nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Internal Medicine</li> <li>Geriatric Medicine</li> <li>Psychiatry</li> <li>Licensed Behavioral Health (if physician on site)</li> </ul>	<p>Collecting January 1, 2014 on index dates: July 1, 2012 through June 30, 2013, allowing for 6 month (+/- 30 days) follow-up contact.</p>	<ul style="list-style-type: none"> <li>Adults age 18 and older.</li> <li>Patient visits or contacts during the measurement period with Diagnosis of Major Depression or Dysthymia.</li> <li>Initial PHQ-9 score is &gt; nine.</li> </ul>	<ul style="list-style-type: none"> <li>Initial PHQ-9 severity bands           <ul style="list-style-type: none"> <li>Moderate (10-14)</li> <li>Moderately severe (15-19)</li> <li>Severe (20 and above)</li> </ul> </li> <li>Insurance Product Type:           <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Age           <ul style="list-style-type: none"> <li>18-25</li> <li>26-50</li> <li>51-65</li> <li>66+</li> </ul> </li> </ul>
<p><b>Optimal Asthma Care Composite</b></p> <ul style="list-style-type: none"> <li>Asthma is well controlled (asthma control tool/test results indicate control)</li> <li>Patient is not at risk for future exacerbations (patient reports less than two total emergency department visits and hospitalizations during previous 12 months)</li> <li>Patient has been educated about asthma and has a current written asthma management plan containing information on medication doses and effects, what to do during an exacerbation, and information on the patient's triggers (written/reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Internal Medicine</li> <li>General Practice</li> <li>Pediatrics</li> <li>Allergy/Immunology</li> <li>Pulmonology</li> </ul>	<p>Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.</p>	<ul style="list-style-type: none"> <li>Patient ages 5 to 17.</li> <li>Patient ages 18 to 50.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with an asthma ICD-9 code.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Product Type:           <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> </ul>

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within the measurement period				
<b>Colorectal Cancer Screening</b> <ul style="list-style-type: none"> <li>Patient is current with colorectal cancer screening (allowable screens: colonoscopy within 10 years, sigmoidoscopy within 5 years, FOBT or FIT within the reporting period)</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Internal Medicine</li> <li>Geriatric Medicine</li> <li>Obstetrics /Gynecology</li> </ul>	Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.	<ul style="list-style-type: none"> <li>Adults ages 50 to75.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years for any reason.</li> <li>Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Product Type:               <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Age               <ul style="list-style-type: none"> <li>51-65</li> <li>66-75</li> </ul> </li> </ul>
<b>Maternity Care- Primary C-Section Rate</b> <ul style="list-style-type: none"> <li>Percentage of cesarean deliveries for first births</li> </ul> <p><i>Clinics that have providers who perform C-sections</i></p>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>General Practice</li> <li>Obstetrics/Gynecology</li> <li>Perinatology</li> </ul>	Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.	All live, singleton deliveries to nulliparous women performed by a medical clinic site, including all cesarean and all vaginal deliveries.	<ul style="list-style-type: none"> <li>Insurance Product Type:               <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Age               <ul style="list-style-type: none"> <li>17 and under</li> <li>18-20</li> <li>21-25</li> <li>26-30</li> <li>31-35</li> <li>36 and older</li> </ul> </li> </ul>

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Measure	Eligible Specialties	Collection Date / Dates of Service	Data Elements	Risk Adjustment
<p><b>Patient Experience of Care</b></p> <p>Survey topics cover:</p> <ul style="list-style-type: none"> <li>Getting care when needed / access to care</li> <li>Communication</li> <li>Helpfulness of office staff</li> <li>Doctors with an exceptional rating</li> </ul> <p>CAHPS Clinician and Group 12-Month Survey</p>	<ul style="list-style-type: none"> <li>All specialties except Psychiatry</li> </ul>	<p>Collecting February 25, 2015.</p> <p>Dates of service to survey: September 1 through November 30, 2014.</p> <p>Sample should be sufficient to achieve a 0.70 reliability threshold; sample size calculation based on provider-scaling/clinic size according to CAHPS protocol.</p> <p><i>*Measure is required every other year</i></p>	<p>All patients ages 18 and older with a face-to-face visit at the clinic during the timeframe, are eligible for inclusion in the survey regardless of:</p> <ul style="list-style-type: none"> <li>Physician specialty</li> <li>Reason for visit</li> <li>Duration of patient/physician relationship</li> </ul>	<p>Survey responses to:</p> <ul style="list-style-type: none"> <li>Self-reported health status</li> <li>Age</li> <li>Education</li> </ul>
<p><b>Health Information Technology Survey</b></p> <ul style="list-style-type: none"> <li>Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services</li> <li>See attached MN Ambulatory Clinic HIT Survey for complete list of questions</li> </ul>	<p>All Specialties</p>	<p>Collecting February 15, 2014 on current HIT status.</p>	<p>Clinic-level survey</p>	<p>Not applicable – data reported as descriptive statistics only</p>

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**New Measures\***

\*Measures are currently in pilot testing, but are anticipated to be collected for the dates of service shown in the table.

Measure	Eligible Specialties	Collection Date / Dates of Service	Data Elements	Risk Adjustment
<p><b>Total Knee Replacement:</b></p> <ul style="list-style-type: none"> <li>Average post-operative functional status improvement at one year post-operatively measured by the Oxford Knee Score tool.</li> <li>Average post-operative quality of life improvement at one year post-operatively measured using the EQ-5D tool.</li> </ul>	<ul style="list-style-type: none"> <li>Orthopedic Surgery</li> </ul>	Collecting April 1, 2014 on dates of procedure: January 1, 2012 through December 31, 2012.	Adult patients age 18 and older with no upper age limit undergoing a primary total knee replacement or a revision total knee replacement during the required dates of service.	<ul style="list-style-type: none"> <li>Insurance Product Type:               <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Body mass index (BMI)</li> <li>Tobacco Status</li> </ul> <p><i>Tentative based on pilot testing results, expected to be collected in May 2013.</i></p>
<p><b>Spine Surgery:</b></p> <ul style="list-style-type: none"> <li>Average change in post-operative functional status improvement at three months post operatively for patients undergoing lumbar discectomy/ laminotomy with a diagnosis of disc herniation as measured by the following functional status tools: Oswestry Disability Index (ODI), Visual analog pain scale (VAS), EQ5D self-reported health status, and/or EQ5D health status index</li> <li>Average change in post-operative functional status improvement at one year post operatively for patients undergoing any level of lumbar spinal fusion as</li> </ul>	<ul style="list-style-type: none"> <li>Orthopedic Surgery</li> <li>Neurosurgery</li> </ul>	Collecting April 1, 2015 on dates of procedure: January 1, 2013 through December 31, 2013.	<p>Lumbar Discectomy/laminotomy:</p> <ul style="list-style-type: none"> <li>Adult patients age 18 and older with no upper age limit undergoing a lumbar discectomy/ laminotomy procedure for a diagnosis of disc herniation with the date of procedure occurring within a fixed measurement period.</li> </ul> <p>Lumbar Spinal Fusion:</p> <ul style="list-style-type: none"> <li>Adult patients age 18 and older with no upper age limit undergoing any level of lumbar spinal fusion with a date of procedure occurring with</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Product Type:               <ul style="list-style-type: none"> <li>Commercial</li> <li>Medicare</li> <li>MN Government Programs and Self-pay / Uninsured</li> </ul> </li> <li>Body mass index (BMI)</li> <li>Tobacco Status</li> </ul> <p><i>Tentative based on pilot testing results, expected to be collected in April 2013.</i></p>

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<p>measured by the following functional status tools: Oswestry Disability Index (ODI) tool, Visual analog pain scale (VAS), EQ5D self-reported health status, and/or EQ5D health status index</p>			<p>a fixed measurement period.</p>	
<p><b>Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening</b></p> <ul style="list-style-type: none"> <li>• Patient has a mental health and/or depression screening documented in medical record</li> </ul> <p><i>Clinics that provide well-child visit services</i></p>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• General Practice</li> <li>• Internal Medicine</li> <li>• Pediatric/Adolescent Medicine</li> </ul>	<p>Collecting January 1, 2015 on dates of service: January 1, 2014 through December 31, 2014.</p>	<ul style="list-style-type: none"> <li>• Patients ages 12 to 17.</li> <li>• Seen by an eligible provider in an eligible specialty face-to-face at least once for a well-child visit during the prior 12 months.</li> </ul>	<p>TBD</p>
<p><b>Pediatric Preventive Care: Obesity/BMI &amp; Counseling</b></p> <ul style="list-style-type: none"> <li>• Patient has a BMI assessment documented in medical record</li> <li>• Patient with a BMI percentile &gt;85% has documentation of both physical activity and nutrition discussion, counseling or referral documented in the medical record</li> </ul> <p><i>Clinics that provide well-child visit services</i></p>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• General Practice</li> <li>• Internal Medicine</li> <li>• Pediatric/Adolescent Medicine</li> </ul>	<p>Collecting January 1, 2015 on dates of service: January 1, 2014 through December 31, 2014.</p>	<ul style="list-style-type: none"> <li>• Patients ages 3 to 17.</li> <li>• Seen by an eligible provider in an eligible specialty face-to-face at least once for a well-child visit during the prior 12 months.</li> </ul>	<p>TBD</p>

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**Existing Measures**

Measure	Collection Date / Dates of Service	Data Elements	Risk Adjustment
<b>Prophylactic intravenous (IV) antibiotic timing</b>	Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.	<ul style="list-style-type: none"> <li>• Numerator: ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time (within one hour prior to the time of the initial surgical incision or the beginning of the procedure or two hours prior if vancomycin or fluoroquinolones are administered).</li> <li>• Denominator: All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection.</li> </ul>	N/A
<b>Hospital transfer/admission</b>	Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.	<ul style="list-style-type: none"> <li>• Numerator: ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.</li> <li>• Denominator: All ASC admissions.</li> </ul>	<ul style="list-style-type: none"> <li>• American Society of Anesthesiologists (ASA) Physical Status classification categories</li> </ul>
<b>Appropriate surgical site hair removal</b>	Collecting July 1, 2014 on dates of service: July 1, 2013 through June 30, 2014.	<ul style="list-style-type: none"> <li>• Numerator: ASC admissions with surgical site hair removal with clippers or depilatory cream.</li> <li>• Denominator: All ASC admissions with surgical site hair removal.</li> </ul>	N/A