

REGION 2

2010 MINNESOTA Health Care Quality REPORT

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This report was updated in January 2011 to incorporate minor technical corrections.

Dear Community Member:

We are pleased to provide this report of the Minnesota Statewide Quality Reporting and Measurement System. It enhances our state's quality data and market transparency for health care and is a building block for transformation of health care.

This quality report is a critical component of Minnesota's nation-leading health reform law of 2008. The law requires the Minnesota Department of Health (MDH) to develop a standardized set of quality measures for hospitals and physician clinics across the state and to produce a public report on health care quality. These efforts build on important work that has been done in Minnesota for many years by MN Community Measurement (MNCM), Stratis Health and the Minnesota Hospital Association (MHA) and have drawn upon their multi-stakeholder, community-wide processes for measure development and selection. Through the requirements in the 2008 law, MDH has expanded the reach of this work:

- 1. Scope.** Approximately 520 Minnesota clinics have reported data to the state system in the first year of required data submission, increasing by over 40 percent the number of physician clinics that reported voluntarily to MNCM. We now have a more complete picture of health care in urban and rural areas. Hospitals are also now submitting data on more than 40 quality measures.
- 2. Risk adjustment.** The information on quality builds on the work done by MNCM. The results have been risk-adjusted to reflect the complexity of the patients that providers serve. This requirement aims to ensure that the results are fair for all providers, regardless of the makeup of their patient populations.

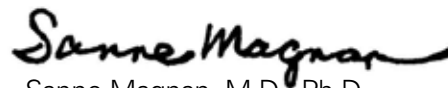
Comprehensive information about health care quality is a cornerstone of our health reform initiative – which has been called “Minnesota’s Vision for a Better State of Health.” Throughout the implementation of our vision, we have been working hard to achieve the “Triple Aim” of improving the health of the population, the patient experience of care and the affordability of health care. Quality reporting is a vital component of these

goals; if we want to truly improve our state's health in the future, we must first have robust, fair and accurate information about the quality of health care being provided today. This information is also a critical building block of provider peer grouping (PPG), another component of the 2008 state health reform law. PPG will compare providers on a combined measure of risk-adjusted cost and quality. The risk-adjusted quality information presented in this report will be part of the peer grouping analysis. In the future, the release of these risk-adjusted results will be part of the yearly release of PPG.

I thank the providers who have been important partners as we have expanded Minnesota's quality measurement system. I also want to thank our partners at MNCM and Minnesota's non-profit health plans for playing a key role in developing new quality measures and supporting providers' efforts to submit data. We also appreciate the effective collaboration with MHA, Stratis Health, the Institute for Clinical Systems Improvement and the Minnesota Medical Association in supporting providers' efforts both to submit data and to improve quality. We have had substantive conversations about these efforts, and I hope these discussions will continue as we work to improve health care value in Minnesota – and the health of all Minnesotans.

In summary, this quality report is an important stepping stone toward a value-based health care system in Minnesota – one that reflects both quality and cost. Together, those elements will provide a better picture of health care value in our state, encourage redesign of care and payment based on value and allow consumers to choose providers based on both quality and cost. With such information we can reach our vision of a better state of health care – and a better state of health.

Sincerely,



Sanne Magnan, M.D., Ph.D.
Commissioner

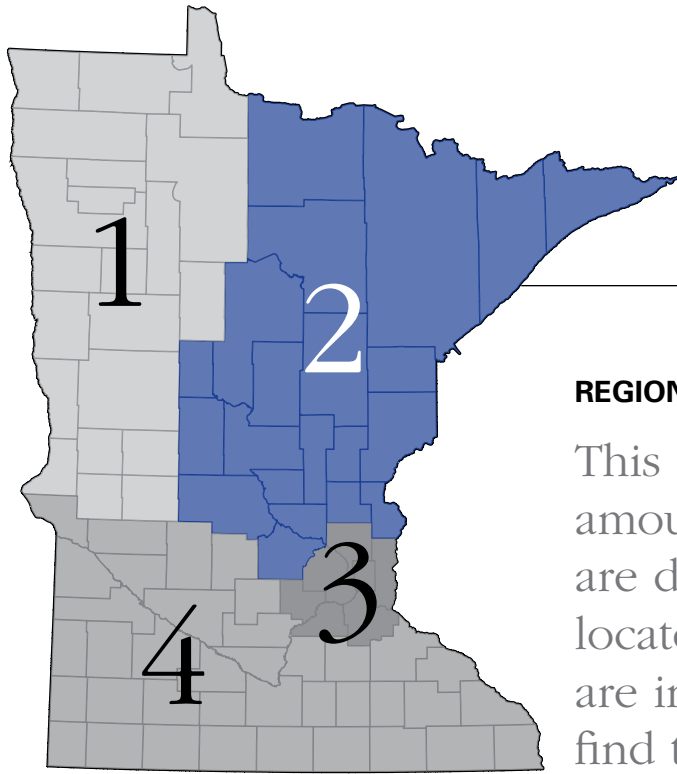


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REGION 2

This report is separated into four regions due to the large amount of data included. Physician clinics and hospitals are divided into regions based on the county where they are located. The list on the next page identifies which counties are included under each region. Use this information to find the region you are interested in.

REGION 1
Northwest and
West Central

Becker
Beltrami
Clay
Clearwater
Douglas
Grant
Hubbard
Kittson
Lake of the Woods
Mahnomen
Marshall
Norman
Otter Tail
Pennington
Polk
Pope
Red Lake
Roseau
Stevens
Traverse
Wilkin

REGION 2
Northeast
and Central

Aitkin
Benton
Carlton
Cass
Chisago
Cook
Crow Wing
Isanti
Itasca
Kanabec
Koochiching
Lake
Mille Lacs
Morrison
Pine
Sherburne
St. Louis
Stearns
Todd
Wadena
Wright

REGION 3
Twin Cities
Metro

Anoka
Carver
Dakota
Hennepin
Ramsey
Scott
Washington

REGION 4
Southwest,
Southeast and
South Central

Big Stone
Blue Earth
Brown
Chippewa
Cottonwood
Dodge
Faribault
Fillmore
Freeborn
Goodhue
Houston
Jackson
Kandiyohi
Lac Qui Parle
Le Sueur
Lincoln
Lyon

Martin
McLeod
Meeker
Mower
Murray
Nicollet
Nobles
Olmsted
Pipestone
Redwood
Renville
Rice
Rock
Sibley
Steele
Swift
Wabasha
Waseca
Watonwan
Winona
Yellow Medicine



What is high quality health care?

High quality in health care can be described as *“doing the right thing, at the right time, in the right way – and having the best possible results.”*

The Institute of Medicine states that high quality health care is:

Effective: Treatment uses scientific knowledge and medical experience to increase the chances of getting the best results, and decrease the chances of getting bad results, including death.

Safe: Treatment does not result in medical complications or cause harm to the patient that can be prevented.

Patient-centered: Doctors, nurses, and other medical staff treat patients with respect, dignity and compassion, and are responsive to patients’ needs, values, and preferences.

Timely: Patients get the care they need without harmful delays.

Efficient: Treatment does not waste doctors’ or patients’ time or money.

Equitable: The same level of care is available to everyone, including men, women and children of all cultures, incomes, education level, social status or any other characteristics.

Methods Overview

- This report includes information about the quality of care provided by physician clinics and hospitals in one region of the state. Readers may easily compare the results of a particular physician clinic or hospital with a statewide average on most measures.
- Much of the data for this report was collected as part of the Minnesota Statewide Quality Reporting and Measurement System.
 - Physician clinics are required to report data at the clinic level. Data collected directly from physician clinics included in this report relates to care provided in 2009. While participation in these data collection systems is required under state law, not all physician clinics submitted data. Those clinics are included in this report with a note they did not submit required data. For more information on which physician clinics are included, see the Physician Clinic Inclusion section on page 120.
 - Hospital results are available on 43 measures. The time periods covered by each measure vary; more details are available in Appendix Two.
- Results are publicly reported for those physician clinics submitting data on 30 or more patients for each measure, while hospital results are reported for those hospitals with data on 25 or more patients for each measure. These numbers are considered the minimum standards for valid public reporting and align with established reporting standards in Minnesota and at the national level. Physician clinics and hospitals that submitted data on fewer numbers of patients are included in this report with a note they did not have sufficient data for public reporting purposes.
- Some physician clinic measures were “not applicable” for a particular clinic given the specialties at the clinic site and have been noted as such in this report.
- Results are risk-adjusted, meaning that results are adjusted to account for differences in patient populations that are beyond the control of a doctor or hospital. This is done in order to make results comparable regardless of patient characteristics. For example, hospital outcome measures, such as death rates for patients with a broken hip, take into account how sick individual patients are. Similarly, results for physician clinics assume that physician clinics have the same proportion of patients covered by commercial insurance, Medicare, and MN health care programs or are uninsured. More details about how risk adjustment was carried out for particular categories of measures is available in Appendices One and Two.
- This report uses the terms “physician clinic” and “medical group” to describe the settings in which physicians provide medical services. For purposes of this report, a physician clinic is a specific location in which a physician practices, while a medical group may be a larger organization that includes multiple physician clinics.
- Some results are calculated at the medical group level. For those measures, each physician clinic associated with a particular medical group has been given the medical group’s score for that measure. While those measure results include a broader population of patients than any one individual clinic, each individual physician clinic contributed to the medical group’s score.
- More detail about physician performance, data collection and methodology is available in Appendix One. Additional information about hospital performance, data collection and methodology is available in Appendix Two.



Health Care Quality in Minnesota

Quality in health care, including in doctor's offices and hospitals, can be described as *“doing the right thing, at the right time, in the right way – and having the best possible results.”*

This report provides information on how well physician clinics, like your doctor's office, and hospitals in Minnesota care for patients with a wide range of health problems. It can:

- Help you choose a hospital or physician clinic for yourself,
- Provide useful information for your loved ones if they need to visit the doctor's office or hospital for care,
- Encourage clinics and hospitals to improve their quality, and
- Help everyone learn more about health care quality.

Why should you look at this information?

Don't people receive high quality care in all physician clinics or hospitals? Here are the facts:

- All clinics and hospitals do not provide the same quality of care. Some are better than others.
- A particular clinic or hospital might do a very good job on some health problems and not on other health issues.
- Your doctor, or the specialist or surgeon he or she recommends, may be highly skilled, but clinic and hospital quality also depend on how well all of the staff, such as nurses, take care of you, and on how well the clinic or hospital is organized.
- For the physician measures, some clinics do better at managing chronic or ongoing conditions than others. Some physician clinics may also do a better job of treating different conditions like asthma or diabetes. Keep in mind that clinics vary in how well they do at managing these different conditions.
- Whenever people go to the hospital, they risk getting a new health problem while getting medical care for an existing problem. Hospitals vary in how well they protect patients from these risks.

Given these facts, the goal of this report is to give you information you can use to increase your chances of getting the best possible care when you need it.

How should you use this report?

How can this information help you? First, you can use this information to **help you choose a clinic or hospital**. The physician clinic measures are for different health conditions and preventive care. If you or someone you care about has one of these conditions, you can use this information to **choose a clinic**. This also applies to hospitals where you can use the hospital measures to **choose a hospital** that's right for you if you are being admitted to the hospital in the near future. It can help you **find a clinic or hospital that is especially good** at treating the conditions you face, or especially good at avoiding complications in the case of the hospital measures.

The best way to use this particular report is also to **look for patterns in the scores**. Some clinics or hospitals may do very well across the board; others may do well in some areas and not in others; still others may really show problems in a wide range of areas. Look carefully for these patterns. At the same time, if there is a particular operation, medical condition, or complication that is of particular concern to you, you will want to give more consideration to information related to those concerns.

A few things to keep in mind as you use this information:

This information is a starting point for looking at the quality of care at a particular clinic or hospital. The overall scores and specific topic results are not the final word. There are a few things to keep in mind when looking at this report.

- **This report doesn't cover all conditions, preventive treatments, surgeries or complications.**

Additional information may be included in future reports.

- **Don't presume that because a clinic or hospital does well (or poorly) in one area of health care, that it will do well (or poorly) in all areas.**

Physician clinics and hospitals have strengths and weaknesses in providing different types of care.

- **In some cases the specific measures track serious failures in a hospital's performance which happen only once in a great while.**

You have to be careful when comparing hospitals on these very rare events. The numbers are so small that it is hard to know when a difference means something or just happened by chance. For example, only a handful of patients experience bad reactions to a blood transfusion out of a million people each year.

- **Don't give too much weight to small differences between clinics or hospitals.**

Even on more common events, be careful not to give too much weight to small differences. For example, if in one hospital, 25 people out of a thousand had too much bleeding after an operation, and in another hospital, 26 people out a thousand did, that's a really small difference and you shouldn't worry about it.