

Date: May 3, 2012

Re: 2013 Statewide Quality Reporting and Measurement System: MN Community Measurement's Preliminary Recommendations for Physician Clinic and Ambulatory Surgical Center Measures

The attached table summarizes MN Community Measurement's (MNCM's) preliminary recommendations for physician clinic and ambulatory surgical center measures for the 2013 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 depression as a factor of comorbidity for risk adjustment of the Optimal Diabetes Care (ODC) and Optimal Vascular Care (OVC) measures; and the removal of Ischemic Vascular Disease and Diabetes as factors of comorbidity for risk adjustment of the ODC and OVC measures, respectively.
- The addition of a new Spine Surgery measure.

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 2013 Statewide Quality Reporting and Measurement System. Please send your comments to health.reform@state.mn.us through May 15.

MNCM will consider all public comments before submitting their final recommendations for physician clinic and ambulatory surgery center measures to MDH on June 1. The final recommendations will be presented at a public forum in June.

Existing measures

Measure	Eligible providers	Collection date / dates of service	Data elements	Risk adjustment
Optimal Diabetes Care (ODC) <ul style="list-style-type: none"> HbA1c (less than 8 percent) Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL) Blood pressure control (less than 140/90 mm Hg) Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin) Documented tobacco free 	<ul style="list-style-type: none"> Family medicine Internal medicine Geriatric medicine Endocrinology 	Collecting January 1, 2013 on calendar 2012 dates of service	<ul style="list-style-type: none"> Adults age 18 to 75 Seen by an eligible provider in an eligible specialty face-to-face at least two times during the prior 2 years with visits coded with a diabetes ICD-9 code Seen by an eligible provider in an eligible specialty face-to-face at least one time during the prior 12 months for any reason 	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured Depression comorbidity Ischemic Vascular Disease co-morbidity
Optimal Vascular Care (OVC) <ul style="list-style-type: none"> Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL) Blood pressure control (less than 140/90 mm Hg) Daily aspirin use or contraindication to aspirin Documented tobacco free 	<ul style="list-style-type: none"> Family medicine Internal medicine Geriatric medicine Cardiology 	Collecting January 1, 2013 on calendar 2012 dates of service	<ul style="list-style-type: none"> Adults age 18 to 75 Seen by an eligible provider in an eligible specialty face-to-face at least two times during the prior 2 years with visits coded with an ischemic vascular disease ICD-9 code Seen by an eligible provider in an eligible specialty face-to-face at least one time during the prior 12 months for any reason 	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured Depression comorbidity Diabetes co-morbidity
Depression Remission at 6 Months <ul style="list-style-type: none"> Patients with major depression or dysthymia and an initial PHQ-9 score > 9 whose PHQ-9 score at 6 months (+/- 30 days) is less than 5 	<ul style="list-style-type: none"> Family medicine Internal medicine Geriatric medicine Psychiatry Licensed behavioral health (if physician on site) 	Collecting January 1, 2013 on calendar 2012 dates of service	<ul style="list-style-type: none"> Adults age 18 and older Patient visits or contacts during the measurement period with Diagnosis of Major Depression or Dysthymia Initial PHQ-9 score is > 9 	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured Initial PHQ-9 severity bands

Existing measures (cont.)

Measure	Eligible providers	Collection date / dates of service	Data elements	Risk adjustment
<p>Optimal Asthma Care</p> <ul style="list-style-type: none"> Asthma is well controlled (asthma control tool/test results indicate control) Patient is not at risk for future exacerbations (patient reports less than two total emergency department visits and hospitalizations during previous 12 months) 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 within the measurement period) 	<ul style="list-style-type: none"> Family medicine Internal medicine General practice Pediatrics Allergy / Immunology Pulmonology 	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	<ul style="list-style-type: none"> Patient ages 5-17 Patient ages 18-50 Seen by an eligible provider in an eligible specialty face-to-face at least two times during the prior 2 years with visits coded with an asthma ICD-9 code Seen by an eligible provider in an eligible specialty face-to-face at least one time during the prior 12 months for any reason 	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured
<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> Patient is current with colorectal cancer screening (allowable screens: colonoscopy within 10 years, sigmoidoscopy within 5 years, FOBT or FIT within the reporting period) 	<ul style="list-style-type: none"> Family medicine Internal medicine Geriatric medicine Obstetrics / Gynecology 	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	<ul style="list-style-type: none"> Adults age 50-75 Seen by an eligible provider in an eligible specialty face-to-face at least two times during the prior 2 years for any reason Seen by an eligible provider in an eligible specialty face-to-face at least one time during the prior 12 months for any reason 	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured
<p>Health Information Technology Survey</p> <ul style="list-style-type: none"> Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services 	All specialties	Collecting February 15 – March 15, 2013 on current HIT status	Clinic-level survey	Not applicable – data reported as descriptive statistics only

Existing measures (cont.)

Measure	Eligible providers	Collection date / dates of service	Data elements	Risk adjustment
Patient Experience of Care <ul style="list-style-type: none"> Survey topics cover getting care when needed/access to care, communication, helpfulness of office staff, and doctors with an exceptional rating 	All specialties except Psychiatry and Pediatric / Adolescent medicine <i>Clinic sites with fewer than 715 unique patients visiting the clinic during 09/01/11 through 11/30/11 are not required to conduct the survey or submit survey results</i>	Collecting February – April 2013 on dates of service: September 1 – November 30, 2012 Sample should achieve a minimum of 250 responses <i>Measure will be required every other year</i>	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: <ul style="list-style-type: none"> Physician specialty Reason for visit Duration of patient/physician relationship 	Survey responses to: <ul style="list-style-type: none"> Self-reported health status Age Education
Maternity Care: Primary C-Section Rate <ul style="list-style-type: none"> Percentage of cesarean deliveries for first births 	<ul style="list-style-type: none"> Family medicine Internal medicine Obstetrics / Gynecology Perinatology 	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	All live, singleton deliveries to nulliparous women performed by a medical clinic site, including all cesarean and all vaginal deliveries	Insurance product type: <ul style="list-style-type: none"> Commercial Medicare MN Government Programs and Self-pay / Uninsured
Total Knee Replacement <ul style="list-style-type: none"> Average post-operative functional status improvement at 1 year post-operatively measured by the Oxford Knee Score tool Average post-operative quality of life improvement at 1 year post-operatively measured using the EQ-5D tool 	<ul style="list-style-type: none"> Orthopedic surgery 	Collecting April 1, 2014 on dates of service: January 1, 2012 through December 31, 2012 <i>The collection date allows for a 1 year (± 3 months) post-operative follow up period</i>	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"> TBD <i>This measure is currently undergoing pilot testing; risk adjusters will be determined after the conclusion of the pilot in May 2013</i>

NEW measure

Measure	Eligible providers	Collection date / dates of service	Data elements	Risk adjustment
<p>Spine Surgery</p> <p>Lumbar discectomy/ laminotomy:</p> <ul style="list-style-type: none"> Average change in post-operative functional status improvement at 3 months post operatively for patients undergoing 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 <p>Lumbar spinal fusion:</p> <ul style="list-style-type: none"> Average change in post-operative functional status improvement at 1 year post operatively for patients undergoing any level of lumbar spinal fusion as measured by the following functional status tools: ODI, VAS, EQ5D self-reported health status, and/or EQ5D health status index 	<ul style="list-style-type: none"> Orthopedic surgery Neurosurgery 	<p>Collecting April 1, 2015 on dates of service: January 1, 2013 through December 31, 2013</p>	<p>Lumbar discectomy/ laminotomy:</p> <ul style="list-style-type: none"> 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 <p>Lumbar spinal fusion:</p> <ul style="list-style-type: none"> 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 a fixed measurement period 	<ul style="list-style-type: none"> TBD <p><i>This measure is currently undergoing pilot testing; risk adjusters will be determined after the conclusion of the pilot in February 2014</i></p>

Existing measures

Measure	Eligible providers	Collection date / dates of service	Data elements	Risk adjustment
Prophylactic Intravenous (IV) Antibiotic Timing	Freestanding ambulatory surgical centers (ASC)	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	Numerator <ul style="list-style-type: none"> • Number of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time (within 1 hour prior to the time of the initial surgical incision or the beginning of the procedure or 2 hours prior if vancomycin or fluoroquinolones are administered). Denominator <ul style="list-style-type: none"> • All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection 	N/A
Hospital Transfer/Admission	Freestanding ambulatory surgical centers (ASC)	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	Numerator <ul style="list-style-type: none"> • ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC Denominator <ul style="list-style-type: none"> • All ASC admissions 	American Society of Anesthesiologists (ASA) Physical Status classification categories <ul style="list-style-type: none"> • Physical status -1 • Physical status -2 • Physical status -3

Minnesota Statewide Quality Reporting and Measurement System
 PRELIMINARY Slate of Proposed Measures for **Ambulatory Surgical Centers**
 2013 Report Year

Existing measures

Measure	Eligible specialties	Collection date / dates of service	Data elements	Risk adjustment
Appropriate Surgical Site Hair Removal	Freestanding ambulatory surgical centers (ASC)	Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	Numerator <ul style="list-style-type: none"> • ASC admissions with surgical site hair removal with clippers or depilatory cream Denominator <ul style="list-style-type: none"> • All ASC admissions with surgical site hair removal 	N/A