

Existing Measures

Measure	Eligible Specialties	Submission Date / Dates of Service	Numerator/Denominator
<p>Optimal Diabetes Care Composite: NQF# 0729</p> <p><i>Percent of patients with diabetes that are well-controlled</i></p> <ul style="list-style-type: none"> • HbA1c (less than 8 percent) • Blood pressure control (less than 140/90 mm Hg) • Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin documented if patient has IVD) • Documented tobacco free • Statin use unless contraindicated 	<ul style="list-style-type: none"> • Family Medicine • General Practice • Internal Medicine • Geriatric Medicine • Endocrinology 	<p>Collecting mid-January 2016 to mid-February 2016 on dates of service: January 1, 2015 through December 31, 2015. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator who meet all components of HbA1c, blood pressure, daily aspirin use, statin use, and tobacco free during dates of service. <u>Denominator:</u> Adults age 18 to 75, 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, and seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</p>
<p>Optimal Vascular Care Composite: NQF# 0076</p> <p><i>Percent of patients with vascular disease that are well controlled</i></p> <ul style="list-style-type: none"> • Blood pressure control (less than 140/90 mm Hg) • Daily aspirin use or valid contraindication to aspirin documented • Documented tobacco free • Statin use unless contraindicated 	<ul style="list-style-type: none"> • Family Medicine • General Practice • Internal Medicine • Geriatric Medicine • Cardiology 	<p>Collecting mid-January 2016 to mid-February 2016 on dates of service: January 1, 2015 through December 31, 2015. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator who meet all components of blood pressure, daily aspirin use, statin use, and tobacco free during dates of service. <u>Denominator:</u> Adults age 18 to 75, 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 IVD ICD-9 code, seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

Measure	Eligible Specialties	Submission Date / Dates of Service	Numerator/Denominator
<p>Depression Remission at 6 Months: NQF# 0711</p> <p>Percent of patients with depression that are in remission</p> <ul style="list-style-type: none"> Patients with major depression or dysthymia and an initial PHQ-9 score > nine whose PHQ-9 score at six months is less than 5. 	<ul style="list-style-type: none"> Family Medicine General Practice Internal Medicine Geriatric Medicine Psychiatry Licensed Behavioral Health (if physician on site) 	<p>Collecting February 2016 on index dates: January 1, 2014 through December 31, 2014, allowing for 6 month (+/- 30 days) follow-up contact. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator who have a PHQ-9 score less than 5 at 6 months (+/- 30 days). <u>Denominator:</u> Adults age 18 and older with patient visits or contacts during the measurement period with Diagnosis of Major Depression or Dysthymia, whose initial PHQ-9 score is > 9.</p>
<p>Optimal Asthma Control Composite</p> <p>Percent of patients with asthma that are well controlled</p> <ul style="list-style-type: none"> Asthma is well controlled as demonstrated by specified assessment tools Patient is not at risk for future exacerbations (patient reports less than two total emergency department visits and hospitalizations during previous 12 months). <p><i>Adult and pediatric measure reported separately</i></p>	<ul style="list-style-type: none"> Family Medicine General Practice Internal Medicine Pediatrics Allergy/Immunology Pulmonology 	<p>Collecting mid-July 2016 to mid-August 2016 on dates of service: July 1, 2015 through June 30, 2016. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients with asthma well controlled and not at risk for future exacerbations. <u>Denominator:</u> Patient ages 5 to 17 or 18 to 50, 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, and seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</p>
<p>Colorectal Cancer Screening</p>	<ul style="list-style-type: none"> Family Medicine General Practice 	<p>Collecting mid-July 2016 to mid-August</p>	<p><u>Numerator:</u> number of patients in denominator with colorectal cancer screening.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

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<p>Percent of patients current on colorectal cancer screening</p> <ul style="list-style-type: none"> Patients 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"> Internal Medicine Geriatric Medicine Obstetrics /Gynecology 	<p>2016 on dates of service: July 1, 2015 through June 30, 2016. Data Source: MNMCM</p>	<p><u>Denominator:</u> Adults ages 50 to75, seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years for any reason, and seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.</p>
<p>Maternity Care- C-Section Rate</p> <ul style="list-style-type: none"> Percentage of cesarean deliveries for first births <p><i>All clinics part of a medical group in which the medical group has providers who perform C-sections</i></p>	<ul style="list-style-type: none"> Family Medicine General Practice Obstetrics/Gyn Perinatology 	<p>Collecting mid-July 2016 to mid-August 2016 on dates of service: July 1, 2015 through June 30, 2016. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator who had a cesarean delivery. <u>Denominator:</u> All live, singleton, vertex, term (≥ 37 weeks gestation) deliveries to nulliparous women performed by a medical clinic site during measurement period.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

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<p>Total Knee Replacement:</p> <p><i>Average change of functional status and quality of life for total knee replacement patients</i></p> <ul style="list-style-type: none"> • Average post-operative functional status at one year post-operatively measured by the Oxford Knee Score tool. • Average post-operative quality of life at one year post-operatively measured using the specified health related quality of life tool. <p><i>Primary and revision procedures reported separately</i></p>	<ul style="list-style-type: none"> • Orthopedic Surgery 	<p>Collecting mid-April 2016 to mid-May 2016 on dates of procedure: January 1, 2014 through December 31, 2014. Data Source: MNMCM</p>	<p><u>Numerator:</u> functional status (or quality of life) score at one year of patients in denominator.</p> <p><u>Denominator:</u> pre-operative functional status (or quality of life) of 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 procedure.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

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<p>Lumbar Spine Surgery:</p> <ul style="list-style-type: none"> • Average change between pre-operative and post-operative <u>functional status</u> as measured with the Oswestry Disability Index, version 2.1a. • Average change between pre-operative and post-operative <u>health related quality of life</u> as measured with the health related quality of life tool. • Average change between pre-operative and post-operative <u>back pain</u> as measured with the visual analog scale (VAS) for pain. • Average change between pre-operative and post-operative <u>leg pain</u> as measured with the visual analog scale (VAS) for pain. 	<ul style="list-style-type: none"> • Orthopedic Surgery • Neurosurgery 	<p>Collecting mid-April 2016 to mid-May 2016 on dates of procedure: January 1, 2014 through December 31, 2014. Data Source: MNMCM</p>	<p>Lumbar Discectomy/Laminotomy: <u>Numerator:</u> The average change in the pre- to post-operative functional status, pain, and quality of life for denominator patients at 3 months. <u>Denominator:</u> 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> <p>Lumbar Spinal Fusion: <u>Numerator:</u> The average change in the pre- to post-operative functional status, pain, and quality of life for denominator patients at one year. <u>Denominator:</u> 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.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

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<p>Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening</p> <ul style="list-style-type: none"> • Patient has a mental health and/or depression screening using specified assessment tools documented in medical record <p><i>Clinics that provide well-child visit services</i></p>	<ul style="list-style-type: none"> • Family Medicine • General Practice • Internal Medicine • Pediatric/Adolescent Medicine 	<p>Collecting mid-April 2016 to mid-May 2016 on dates of service: January 1, 2015 through December 31, 2015. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator with a mental health and/or depression screening documented. <u>Denominator:</u> Patients ages 12 to 17, 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.</p>
<p>Pediatric Preventive Care: Overweight Counseling</p> <ul style="list-style-type: none"> • Patient with a BMI percentile $\geq 85\%$ has documentation of both physical activity and nutrition discussion, counseling or referral documented in the medical record <p><i>Clinics that provide well-child visit services</i></p>	<ul style="list-style-type: none"> • Family Medicine • General Practice • Internal Medicine • Pediatric/Adolescent Medicine 	<p>Collecting mid-April 2016 to mid-May 2016 on dates of service: January 1, 2015 through December 31, 2015. Data Source: MNMCM</p>	<p><u>Numerator:</u> number of patients in denominator with physical activity and nutrition counseling documented. <u>Denominator:</u> patients ages 3 to 17 with a BMI percentile $\geq 85\%$, 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.</p>

Minnesota Statewide Quality Reporting and Measurement System
 Final Slate of Proposed Measures for Physician Clinics
 2016 Report Year

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<p>Patient Experience of Care Survey topics cover:</p> <ul style="list-style-type: none"> • Getting care when needed / access to care • Communication • Helpfulness of office staff • Providers with an exceptional rating <p>Recommended CG-CAHPS Clinician and Group Survey</p> <p><i>*Measure is required every other year</i></p>	<ul style="list-style-type: none"> • All specialties except Psychiatry-only practices 	<p>Collecting October, 2016 to February 20, 2017. Dates of service for survey: September 1, 2016 through November 30, 2016. Sample should be sufficient to achieve a 0.70 reliability threshold; sample size calculation based on provider-scaling/clinic size according to CAHPS protocol. Data Source: MNMCM</p>	<p>Question summary rollup into survey domains of access to care, provider communication, helpfulness of office staff, and provider rating. 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"> • Physician specialty • Reason for visit • Duration of patient/physician relationship
<p>Health Information Technology Survey</p> <ul style="list-style-type: none"> • Survey topics cover adoption, use, and exchange of HIT information; and on-line services <p>See attached MN Ambulatory Clinic HIT Survey for complete list of questions</p>	<p>All Specialties</p>	<p>Collecting February 15, 2016 to March 15, 2016 on current HIT status. Data Source: MNMCM</p>	<p>Question summary rollup into survey domains of adoption, utilization, and exchange of EMR data.</p>