DATE: **April 21, 2011**

RE: **2012 Preliminary Recommendations**
Physician Clinics and Ambulatory Surgery Centers
Statewide Quality Reporting and Measurement System

The attached table summarizes MN Community Measurement's (MNCM's) preliminary recommendations for physician clinic and ambulatory surgery center measures for the 2012 Statewide Quality Reporting and Measurement System. These recommendations were reviewed and approved by MNCM's Measurement and Reporting Committee.

Proposed changes include the following:

- An update of the Optimal Vascular Care (OVC) measure to include a revised blood pressure component
- The addition of Ischemic Vascular Disease and Diabetes as factors of comorbidity for risk adjustment of the Diabetes and OVC measures
- The addition of Behavioral Health as a required group of providers for the Depression Remission measure regardless of whether a physician sees patients at the clinic
- Modifications to measurement of Patient Experience
- New measures of Optimal Maternity Care and Total Knee Replacement

Proposed changes are highlighted in yellow on the following pages.

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 2012 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 in June. The final recommendations will be presented at a public forum in June.

Revised Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Optimal Vascular Care Composite (revised 2011): • 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	• Family Medicine • Internal Medicine • Geriatric Medicine • Cardiology	Collecting January 1, 2012 on calendar 2011 dates of service.	• 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 ischemic vascular disease 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.	Insurance Product Type: • Commercial • Medicare • MN Government Programs and Self-pay / Uninsured Diabetes co-morbidity

Existing Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Optimal Diabetes Care Composite: • 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	• Family Medicine • Internal Medicine • Geriatric Medicine • Endocrinology	Collecting January 1, 2012 on calendar 2011 dates of service.	• 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. • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.	Insurance Product Type: • Commercial • Medicare • MN Government Programs and Self-pay / Uninsured Ischemic Vascular Disease co-morbidity
Depression Remission at 6 Months: • Patients with major depression or dysthymia and an initial PHQ-9 score > nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.	• Family Medicine • Internal Medicine • Geriatric Medicine • Psychiatry • Licensed Behavioral Health (regardless of physician on site)	Collecting January 1, 2012 on dates of service: February 1, 2011 - January 31, 2012	• 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 > nine	Initial PHQ-9 severity bands

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Optimal Asthma Care • 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)	• Family Medicine • Internal Medicine • General Practice • Pediatrics • Allergy / Immunology • Pulmonology	Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012	• Patient ages 5-50 • 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 • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.	Insurance Product Type: • Commercial • Medicare • MN Government Programs and Self-pay / Uninsured

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Colorectal Cancer Screen • Patient is current with colorectal cancer screening (allowable screens: colonoscopy within 10 years, sigmoidoscopy within 5 years, FOBT or FIT within the reporting period)	• Family Medicine • Internal Medicine • Geriatric Medicine • Obstetrics / Gynecology	Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012	• Adults age 50-75 • Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years for any reason. • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason.	Insurance Product Type: • Commercial • Medicare • MN Government Programs and Self-pay / Uninsured
Health Information Technology Survey • Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services	All Specialties	Collecting February 15 through March 15, 2012 on current HIT status.	Clinic-level survey	Not applicable – data reported as descriptive statistics only

New Measures

Measure	Eligible Providers	Collection Date / Dates of Service*	Data Elements	Risk Adjustment
Patient Experience of Care Survey topics cover: • Getting care when needed / access to care • Communication • Helpfulness of office staff • Doctors with an exceptional rating Clinic sites with fewer than 625 unique patients visiting the clinic during 9/1/11 through 11/30/11 are not required to submit survey results. *See attached Patient Experience of Care Survey Specifications for more information*	All specialties except Psychiatry	Dates of service to survey: September 1 – November 30, 2012 Sample should achieve a minimum of 250 responses. • Federally Qualified Health Centers may distribute surveys using in-office distribution. • All other providers will use modes approved by the CAHPS Consortium. ** Measure will be required every other year*	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: • Physician specialty • Reason for visit • Duration of patient/physician relationship	Survey responses to: • Health status • Age

Measure	Eligible Providers	Collection Date / Dates of Service[1]	Data Elements	Risk Adjustment
Optimal Maternity Care • Percentage of cesarean deliveries for first births • Percentage of electively induced deliveries between 37 and 39 weeks gestational age	• Family Medicine • Internal Medicine • Obstetrics / Gynecology • Perinatology	• Percentage Cesarean: Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012 • Elective Induction: Collecting July 1, 2013 on dates of service: July 1, 2012 – June 30, 2013	• Cesarean: All live, singleton deliveries to nulliparous women performed by a medical clinic site, including all cesarean and all vaginal deliveries. • Induction: All live, singleton deliveries to women between =>37 and < 39 weeks completed gestational age. All cesarean and all vaginal deliveries.	• TBD
Total Knee Replacement • Average post-operative functional status improvement at one year post-operatively measured by the Oxford Knee Score tool. • Average post-operative quality of life improvement at one year post-operatively measured using the EQ-5D tool.	• Orthopedic Surgery	Collecting April 1, 2014 on dates of service:[2] 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.	• TBD

[1] The collection date/dates of service for the elective induction maternity care measure and total knee replacement measures accommodate measure pilots being conducted by MNCM in 2011.
[2] The collection date for the total knee replacement measures allows for a one year (± 3 months) post-operative follow up period.

Existing Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Prophylactic intravenous (IV) antibiotic timing	Freestanding Ambulatory Surgical Centers (ASC) as defined by MDH Quality Rule.	Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012	• Numerator: 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 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). • Denominator: 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) as defined by MDH Quality Rule.	Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012	• Numerator: (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC • Denominator: All ASC admissions	Insurance Product Type: • Commercial • Medicare • MN Government Programs and Self-pay / Uninsured
Appropriate surgical site hair removal	Freestanding Ambulatory Surgical Centers (ASC) as defined by MDH Quality Rule.	Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012	• Numerator: ASC admissions with surgical site hair removal with clippers or depilatory cream • Denominator: All ASC admissions with surgical site hair removal	N/A

PATIENT EXPERIENCE OF CARE SURVEY SPECIFICATIONS
Updated April 2011

Category	Recommendation Draft for 2011
Survey Tool	CAHPS® Clinician and Group Survey (CG-CAHPS)
Survey Version	CG-CAHPS Visit-Specific questionnaire
Patient Population Surveyed	All patients ages 18 and older with face-to-face office visits should be included
Languages	Survey is required to be used among English-speaking patients. Providers who are able to identify patient languages and are able to survey in multiple languages are encouraged to conduct the survey in languages other than English.
Sample Frame	A random selection of all patients ages 18 and older with a face-to-face visit at the clinic during the timeframe will be selected for surveying. The sample will be drawn regardless of physician specialty, reason for visit, or duration of patient/physician relationship.
Timeframe	A clinic will be required to sample patients with visits between September 1, 2012 - November 30, 2012. Survey will be required every other year. (i.e. next timeframe will be 2014)
Sampled Unit	Physician clinic site (Data that rolls up to the clinic site is necessary for public reporting, however clinics choosing to oversample at the department, specialty, or individual provider level may choose to do so.)
Reported Unit	Physician clinic site (Data that rolls up to the clinic site is necessary for public reporting, however clinics choosing to oversample at the department, specialty, or individual provider level may choose to do so.)
Sample Size	Clinics should survey a sample of at least 625 patients with the goal of achieving 250 completed surveys (assuming a 40% response rate).
Clinics Included	Clinics with more than 625 unique adult patients with face-to-face visits in the three-month period from September 1, 2011 – November 30, 2011 are required to use this survey. All specialties with the exception of psychiatry are included.
Use of a CMS-approved vendor	Physician clinics are required to use a vendor approved by CMS to administer the HCAHPS tool.
Method of Surveying	Physician clinics should select a random sample of patients to survey using a CMS-approved vendor. Federally Qualified Health Centers may distribute surveys using the in-office distribution specified by MDH/MNCM in 2012, but will not be reportable with other clinic results.
Mode of Survey Administration	Modes of survey administration currently approved by the CAHPS Consortium for the CG-CAHPS visit-specific survey, which presently include mail, telephone, and on-line survey completion (not distribution). Federally Qualified Health Centers may distribute surveys using the in-office distribution specified by MDH/MNCM in 2012, but will not be reportable with other clinic results.