

An All-or-None Performance Measure for Diabetes Quality and Public Reporting: Spur to Improvement?

Gail M. Amundson, MD
Patrick J. O'Connor, MD, MPH
Leif I. Solberg, MD

HealthPartners Research Foundation
and HealthPartners

Background

- Public reporting of performance measurements is increasingly important
- The best approach to both measurement and reporting are evolving and controversial
- Minnesota has had considerable experience with both:
 - All-or-none measurement for diabetes
 - Standardized reporting via MN Community Measurement

MN Community Measurement


- Seven Minnesota health plans initiated MN CM in 2001.
- The program yearly measures and publicly reports care across multiple clinical domains in 50+ primary care and multi-specialty group practices.
- Diabetes was the first topic tested, using a unique composite measure of multiple rates
- Now 15 other measures are included, for asthma, depression, hypertension, child URI & sore throats, and 7 preventive services

Accountability Systems



MN Community MEASUREMENT

Provider Group Login



Measuring health care quality

MN Community Measurement is Minnesota's source for information on health care quality. We all know quality health care is important, but did you know that quality can vary widely among provider groups and clinics? Today, consumers face many health care choices and MN Community Measurement has information to help make those difficult decisions. What is the best care for diabetes and who in Minnesota delivers the best results? What about asthma or high blood pressure? Our web site offers quality comparisons among provider groups and clinics. As a consumer, you can use this information to make more informed choices and discuss the results with your doctor. Provider groups and clinics across the state are also using these results to improve the care they deliver.


ABOUT US

NEWS & INFO

GROUPS/CLINICS

FEEDBACK

How does my group or clinic measure up?



Accessing health care quality data from medical groups and clinics participating in MN Community Measurement is easy. Just choose one of the options below.


Select by city:

Select by county:

Select by condition:

DISPLAY CHOICE

MNCM to release 2006 quality report



The final 2006 Health Care Quality Report is scheduled for release in April 2007. This third annual review of comparative provider group performance on key clinical measures will feature data currently available on this Web site, plus overall statewide results. The report will also provide further details on data sources, methodology and measurement specifications.


BRIDGES to Excellence

A coalition developed by employers and physicians to accelerate quality improvement. [Click here](#) to find out more about BTE in Minnesota.

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Need Help?
Take a few minutes and view an online demo of how to use this site.

Accountability Systems



High Blood Pressure

What is it?: Blood pressure is a measurement of the force your blood creates when it pushes against your blood vessels. Your blood pressure is at its greatest when your heart contracts and is pumping blood. This is called systolic blood pressure. When your heart rests between beats, your blood pressure falls. This is called diastolic blood pressure. Blood pressure is always noted using these two numbers: the systolic pressure "over" the diastolic pressure. A desirable blood pressure is equal to or less than 140/90. People with a systolic pressure of 140 or higher or a diastolic pressure of 90 or higher are considered to have high blood pressure. High blood pressure is also called hypertension and is a major risk factor for many diseases including heart attack, heart disease, kidney failure and stroke.

Why is it important?: It is estimated that close to one in three adults in the United States has high blood pressure, but because there are no symptoms, many people don't know they have it. This is why high blood pressure is often referred to as the "silent killer." The only way to know if you have high blood pressure is to have your blood pressure checked. Approximately 22% of adults in Minnesota report that they have high blood pressure -- but we know there are more people affected who just don't know it yet. Sources: American Heart Association and Minnesota Department of Health

Additional Resources: [American Heart Association](#) | [Centers for Disease Control and Prevention](#) | [Hypertension Diagnosis and Treatment Resources for Patients \(ICSI\)](#)

What is this measuring?: Control of high blood pressure. The percentage of patients from age 46 to 85 with a diagnosis of high blood pressure who were continuously enrolled in their health plan during the measurement year (2005 dates of service) and whose blood pressure was determined to be under control – less than or equal to 140/90. The data collected for this measure are from health plan claims and medical record review.

Legend: ★ = Below Average • ★★ = Average • ★★★ = Above Average • █ = High Blood Pressure Group Average: 68%

Rating	Provider Group	Rate*
★★★★	Park Nicollet Health Services	80%
★★★★	Quello Clinic, LTD.	79%
★★★★	HealthPartners Medical Group	74%
★★★	Fairview Health Services	72%
★	Aspen Medical Group	56%

Some provider groups not reported due to small data size.

* Rates (listed in the right-hand column) may not appear in descending order because the star rating (displayed in the left-hand column) is based on both the provider groups' rate and its 95% confidence interval.

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Measurement Types

1. Item-by-Item – e.g., % with $A1c \leq 7$
2. Composite – average of item rates
3. All-or-None – each patient must fulfill each item to be credited as successful

Nolan and Berwick

JAMA 2006; 295:1168-70

All-or-None Measure of Optimal Diabetes Care (ODC)

- To satisfy this measure, each patient with diabetes must meet all of the following:
 - Glycated hemoglobin (A1c) $\leq 8\%$
 - BP $< 130/85$ mm Hg
 - LDL-cholesterol (LDL) ≤ 130 mg/dl
 - Documented non-smoking status (NSMK)
 - Documented regular aspirin (ASA) use

Measuring the Quality of Diabetes Care

BP < 130/85, Daily Aspirin*, LDL < 130, A1c ≤ 8, No Tobacco

BP	ASA*	LDL	A1c	Smoker	Meets All
127/74	Y	95	6.5	Y	N
140/68	Y	84	6.9	N	N
122/85	N/A	79	8.1	N	N
116/74	N	98	7.0	N	N
126/72	Y	168	9.0	N	N
60%	80%	80%	60%	80%	0%

Methods

- This measure was developed and reported by HealthPartners in 1999.
- MN CM diabetes data are derived from:
 - standardized identification of subjects from administrative data from all health plans
 - clinical record review of a random sample of at least 60 adults with diabetes per provider group.

MN CM Results

- The proportion of diabetes patients with recommended levels of all 5 items in the optimal diabetes control measure was
 - 7.6% in 2001
 - 11.7% in 2002
 - 11.9% in 2003
 - 15.5% in 2004
 - 19.9% in 2005 (preliminary)

Individual Item Measures - 2004

Measure	Rate (%)
ODC	15.5
A1c	62
LDL	63
BP	42
ASA	60
Tobacco	64

Variation Among Medical Groups in ODC

	2001	2002	2003	2004
Mean	7.6	11.7	11.9	15.5
Range	0-20	2-23	0-32	2-40
>10%	16%	31%	57%	66%
>15%	6%	4%	29%	45%

Discussion

- Substantial improvement in diabetes care in a short period of time in a single state
- It seems likely that at least part of this improvement was due to public reporting and use of an all-or-none measure
- Size of medical group is not a decisive factor
- The continuing large variation (and individual MD results) suggests much more improvement is possible

How Does an All-or-none Measure Help?

- Low rates stimulate action
- Requires broadly-based improvement efforts
- Focuses attention on individual patients
- “More closely reflects the interests and likely desires of patients”
- Emphasizes the need for a systems approach

Some Caveats

- All items in the measure must be important
- Some argue for differential weighting of items
- It is unclear whether patient characteristics differentially affect the ability to improve all-or-none rates

“All-or-none assessment of [care] quality represents an important advance in the level of ambition, patient-centeredness, and system-mindedness of performance measurement and reporting as assets in the pursuit of better health care.”

Nolan and Berwick
JAMA 2006

Further Information or Comments

MN Community Measurement web site:
www.mnhealthcare.org

gail.m.amundson@osfhealthcare.org

patrick.j.oconnor@healthpartners.com

leif.i.solberg@healthpartners.com