Clinical Indicators Report

2002 Results

The Clinical Indicators Report features comparative provider performance on clinical measures related to preventive and chronic care.
October 2003

Dear Colleagues and Friends,

I’m pleased to present you with HealthPartners 2003 Clinical Indicators report. This 11th annual report is noteworthy as it expands the scope of Clinical Indicators to include specialty care and hospital performance. This year’s results continue to reflect remarkable collaboration, measurement innovation and performance improvement.

HealthPartners has long been recognized as a leader in providing effective quality results at the care delivery level. Since 1992, HealthPartners has published a Clinical Indicators Report featuring comparative provider performance on key clinical topics. Medical groups use the information to benchmark their efforts and to support their improvement work.

Clinical Indicators align with community best practice defined by the Institute for Clinical Systems Improvement (ICSI) guidelines. As a result, measures reflect our community’s agreement on most effective care.

HealthPartners recognizes the critical value of clinic systems that support a planned approach to patient care. Clinical Indicators have evolved to place patients at the center of the health care equation. Each composite patient-centered measure reflects whether health care was optimized for individual patients by assessing the multiple components necessary for excellent care. This approach represents a breakthrough in measuring health care quality. One that will transform health care quality and help build a bridge across the quality chasm.

HealthPartners remains committed to providing you with reliable and meaningful performance information. We look forward to continued partnership, innovation and greater joint success as we work to provide health care that is safe, timely, effective, efficient, equitable and patient-centered.

Gail Amundson, MD, FACP
Associate Medical Director
Health Plan Quality Improvement

Our mission is to improve the health of our members, our patients and the community.
CLINICAL INDICATORS REPORT

2002 Results

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### SUMMARY OF CLINICAL INDICATORS

#### 2002 Results

<table>
<thead>
<tr>
<th>CLINICAL INDICATOR</th>
<th>2002 Rate</th>
<th>± 95%</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Depression Care</td>
<td>H</td>
<td>15.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Diabetes Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Diabetes Care (A1c ≤ 8, LDL&lt; 130, BP &lt; 130/85)</td>
<td>H</td>
<td>13.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Optimal Diabetes Care (Proposed Targets) (A1c ≤ 7, LDL&lt; 100, BP &lt; 130/80)</td>
<td>H</td>
<td>4.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Heart Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Coronary Artery Disease Care (LDL&lt; 130, BP &lt;140/90 age ≤60, &lt;160/90 age&gt;60)</td>
<td>H</td>
<td>42.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Optimal Coronary Artery Disease Care (Proposed Targets) (LDL&lt; 100, BP &lt; 140/90 all ages)</td>
<td>H</td>
<td>22.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Combination 1 (4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 HBV)</td>
<td>H</td>
<td>71.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Pediatric Combination 2 (4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 HBV, 1 VZV)</td>
<td>H</td>
<td>64.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Lifestyle Advice</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services – Includes Chlamydia</td>
<td>H</td>
<td>76.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Tobacco Use and Cessation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco – Assessment Rate</td>
<td>C</td>
<td>84.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Tobacco – Adult Prevalence Rate</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco – Assist Rate</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco – Second Hand Exposure</td>
<td>S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C: Chart abstraction  
H: Hybrid (combination administrative data and chart abstraction)  
A: Administrative data  
S: Member survey
<table>
<thead>
<tr>
<th>CLINICAL INDICATOR</th>
<th>2002 Rate</th>
<th>± 95%</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialty Performance Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Pre-surgical Evaluation (Orthopedics)</td>
<td>C</td>
<td>68.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Healthy Lifestyle Advice (OB/GYN)</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Coronary Artery Disease Care (Cardiology)</td>
<td>H</td>
<td>42.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Tobacco Assessment (Cardiology, ENT, OB/GYN, Orthopedics)</td>
<td>C</td>
<td>78.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Tobacco Assist (Cardiology, OB/GYN, Orthopedics)</td>
<td>S</td>
<td>25.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Hospital Performance Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Lifestyle Advice (Hospital Inpatient Medical/Surgical Care and OB)</td>
<td>S</td>
<td>46.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Pharmacy Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drug Use</td>
<td>A</td>
<td>47.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Improvement Initiatives and Resources</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participating Provider Groups and Clinics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C  Chart abstraction  
H  Hybrid (combination administrative data and chart abstraction)  
A  Administrative data  
S  Member survey
Introduction

Purpose
This annual report of clinical indicators features comparative provider performance on clinical measures related to preventive and chronic care. The report’s primary purpose is to provide valid and reliable information for provider groups to use in their efforts toward continuous improvement of patient care and outcomes.

Content
This year’s Clinical Indicators set includes 21 quality measures in nine key clinical areas which are reported by primary medical group, specialty provider or hospital. Six of the measures are included in the Outcomes Recognition Program (ORP) which provides financial recognition to medical groups who achieve superior performance on specific quality and satisfaction targets (Optimal Coronary Artery Disease Care, Optimal Diabetes Care, Preventive Services Members Up to Date, Tobacco Assessment and Assist, and Generic Drug Use.)

The report includes:
- Descriptions of measurement definitions and methodology
- Graphs of provider rates with confidence intervals
- HealthPartners mean rates
- Outcome Recognition goals
- Historical comparisons
- HealthPartners HEDIS and State rates
- Related improvement initiatives and resources
- Listing of provider groups and clinics

Participating Providers
Rates are not displayed for the entire HealthPartners provider network. Inclusion of medical groups in the Clinical Indicators Report is based on patient volume, Outcomes Recognition Program participation, geographic location and strategic relationship with HealthPartners. Primary care medical groups included in this year’s Clinical Indicators Report serve over 90% of HealthPartners membership.

2002 Report Highlights
This report has undergone the greatest revision in its history. The changes include renaming measures, deleting measures and adding whole categories of measures. These changes make the set of clinical indicators more reflective of the broad spectrum of care delivered by HealthPartners network. Changes to the report this year include:

Improvement Initiatives/Resources
Improvement initiatives and resources previously listed with each measure are presented as a reference document at the conclusion of the report.

Participating Providers
A listing of all provider groups (and clinics) from which data were gathered for this report is included. Although all medical groups are not graphically displayed, they are included in the HealthPartners averages.

Depression Care
The Optimal Depression Care measure replaces the two retired measures related to Antidepressant Medication Management. This measure is an example of the Optimal Care measurement methodology applied to behavioral health. The Optimal Depression Care measure includes three important aspects of depression care: appropriate diagnosis, symptom monitoring and medication management. Results are calculated and attributed to either the primary care system or the behavioral care system.

Diabetes Care
The “Comprehensive Diabetes – Members Managed” measure was renamed the “Optimal Diabetes Care” measure. Members who were in the sample for the Optimal CAD measure who also have diabetes are included in this measure. The components of the measure have not changed.
Heart Health
The ‘Comprehensive Coronary Artery Disease – Members Managed” measure was renamed the “Optimal Coronary Artery Disease (CAD) Care” measure. The components of the measure have not changed.

Prevention
The “Preventive Counseling – Members Up to Date” measure was renamed “Healthy Lifestyle Advice” to better reflect the nature of this measure. This measure is based on survey data which is not yet available and will be published as a report supplement at a later date.

The influenza immunization component was removed from the Preventive Services measure as many members receive this service at various community locations which creates challenges for data collection. For 2002 reporting only, adult tetanus immunization has been removed from the up to date rate calculations due to vaccine shortages in 2002.

The tobacco measures are based on survey data which is not yet available and will be published as a report supplement at a later date.

Specialty Performance Measures
This report introduces measures based in specialty care. These include Healthy Lifestyle Advice for OB/GYN, Tobacco Assist for Cardiology and Orthopedics, Tobacco Assessment for Cardiology, OB/GYN, and Orthopedics, Documentation of Surgical Criteria for Orthopedics and Optimal Coronary Artery Disease care for Cardiology.

Hospital Performance Measures
This report introduces measures based on hospital care. These include Healthy Lifestyle Advice for medical/surgical stays and obstetrical stays.

Generic Drug Use
This report introduces a measure on generic drug use by primary care medical group.

For additional copies of the Clinical Indicators Report, please contact the Performance Measurement and Improvement Department at 952-883-5777. The report is also available at http://www.healthpartners.com (search: clinical indicators). Comparative quality data at a provider level is also available in the HealthPartners Consumer Choice® system at consumerchoice.com. Choose “Clinical Quality Measures” from the “Quality Comparisons” section.

This report is the result of a collaborative effort between Performance Measurement and Improvement (PMI), Health Services Analysis and Reporting (HSAR) and Care Systems Improvement.

Recognition must also be extended to the participating medical groups. Without their cooperation and support, this report would not be possible.
OPTIMAL DEPRESSION CARE
January 1, 2002 - December 31, 2002

Description
The rates represent the percentage of members age 18 years and older as of the 120th day of 2002 who were diagnosed with a new episode of depression, were treated with antidepressant medication and who are optimally managed. A new episode of depression for a member is defined as having no claims/encounters with a diagnosis of depression for a period of 120 days prior to diagnosis, or no prescription for a period of 3 months prior to the initial prescription for an antidepressant medication.

Optimal management is defined as:
- documentation of 5 or more symptoms of major depression as defined in the DSM-IV (one which must be either depressed mood or loss of interest or pleasure); and
- documentation of symptom monitoring i.e. treatment response; and
- maintained on antidepressant medication for 180 days (*this component is calculated with administrative data*)

Methodology
The study population includes members from all products who were continuously enrolled from 120 days prior to, and 245 days following, the diagnosis of major depression. Population identification is based on encounter, claim and membership databases. All members within the population who have appropriate CPT codes to identify follow-up office visits, and NDC codes for antidepressant medications, are included in the calculation of the compliance rates. This measure includes a minimum of 30, and up to 63 members (60 + 5% oversample) for each provider group. Results are calculated and reported based on the provider group of the practitioner where the initial diagnosis of depression occurred. The members optimally managed rate reflects a combination of administrative and chart abstracted data.

Measurement 1 – Members Optimally Managed
The percentage of members within the sample who are optimally managed.

Measurement 2 – Completion Rate by Individual Component
The completion rate for each specific component.

Results

<table>
<thead>
<tr>
<th>Total Eligible Members</th>
<th>4,860</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Sampled</td>
<td>528</td>
</tr>
<tr>
<td>Members Optimally Managed</td>
<td>82</td>
</tr>
<tr>
<td>Members Optimally Managed *</td>
<td>15.5% (± 3.0)</td>
</tr>
</tbody>
</table>

Behavioral Health Provider Groups

<table>
<thead>
<tr>
<th>Total Members Sampled</th>
<th>126</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members Optimally Managed</td>
<td>37</td>
</tr>
<tr>
<td>Members Optimally Managed</td>
<td>29.4% (± 8.0)</td>
</tr>
</tbody>
</table>

Non Behavioral Health Provider Groups

<table>
<thead>
<tr>
<th>Total Members Sampled</th>
<th>402</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Practitioner Provider Groups</td>
<td>45</td>
</tr>
<tr>
<td>Members Optimally Managed</td>
<td>11.2% (± 3.0)</td>
</tr>
</tbody>
</table>

* Weighted HealthPartners rates
Results, cont.

Completion Rate by Individual Component*1

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Rate</th>
<th>(±)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five or more depression symptoms at index visit</td>
<td>40.5%</td>
<td>(± 4.2)</td>
</tr>
<tr>
<td>Three or more symptoms monitored at follow-up</td>
<td>43.6%</td>
<td>(± 4.3)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 180 days</td>
<td>54.0%</td>
<td>(± 4.4)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 90 days</td>
<td>64.6%</td>
<td>(± 4.3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Health Provider Groups</th>
<th>Rate</th>
<th>(±)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five or more depression symptoms at index visit</td>
<td>61.9%</td>
<td>(± 9.1)</td>
</tr>
<tr>
<td>Three or more symptoms monitored at follow-up</td>
<td>58.7%</td>
<td>(± 8.7)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 180 days</td>
<td>61.9%</td>
<td>(± 8.5)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 90 days</td>
<td>72.2%</td>
<td>(± 8.7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Behavioral Health Provider Groups</th>
<th>Rate</th>
<th>(±)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five or more depression symptoms at index visit</td>
<td>33.8%</td>
<td>(± 4.6)</td>
</tr>
<tr>
<td>Three or more symptoms monitored at follow-up</td>
<td>38.8%</td>
<td>(± 4.8)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 180 days</td>
<td>51.5%</td>
<td>(± 5.0)</td>
</tr>
<tr>
<td>Continuation of antidepressant med for 90 days</td>
<td>62.2%</td>
<td>(± 5.0)</td>
</tr>
</tbody>
</table>

* Weighted HealthPartners rates

Continuation of antidepressant medication for 180 days is included in the calculation of the optimally managed rate; the 90 days rate is also provided.

HealthPartners HEDIS 2003/State Rates

This comprehensive measure is not a HEDIS or State measure; the antidepressant medication management component is included in the HEDIS 2003 measurement set.

<table>
<thead>
<tr>
<th></th>
<th>Antidepressant Medication 90 Days</th>
<th>Antidepressant Medication 180 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCQA – Commercial</td>
<td>68.0% (± 1.5)</td>
<td>53.0% (± 1.6)</td>
</tr>
<tr>
<td>NCQA – Medicare + Choice</td>
<td>65.0% (± 9.1)</td>
<td>51.3% (± 9.5)</td>
</tr>
<tr>
<td>NCQA – Medicare Cost</td>
<td>77.0% (± 7.4)</td>
<td>64.0% (± 8.3)</td>
</tr>
<tr>
<td>State – Commercial (HealthPartners License)</td>
<td>67.7% (± 1.9)</td>
<td>51.8% (± 2.0)</td>
</tr>
<tr>
<td>State – Commercial (Group Health License)</td>
<td>65.6% (± 8.7)</td>
<td>54.4% (± 9.1)</td>
</tr>
<tr>
<td>State – PMAP</td>
<td>42.9% (± 7.7)</td>
<td>27.7% (± 7.1)</td>
</tr>
<tr>
<td>State – MNCare</td>
<td>55.3% (± 8.5)</td>
<td>41.8% (± 8.4)</td>
</tr>
<tr>
<td>State – GAMC</td>
<td>64.9% (± 16.8)</td>
<td>43.2% (± 17.3)</td>
</tr>
</tbody>
</table>

1 HEDIS 2003 reports 2002 dates of service

The HEDIS/State measurement definitions are similar to Clinical Indicators, however, the population definition may vary.

External Rate Comparison

<table>
<thead>
<tr>
<th></th>
<th>Antidepressant Medication 90 Days</th>
<th>Antidepressant Medication 180 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2003 National Average</td>
<td>59.8%</td>
<td>42.8%</td>
</tr>
<tr>
<td>HEDIS 2003 Benchmark</td>
<td>74.0%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>
HealthPartners
Clinical Indicators
Optimal Depression Care
1/1/2002 - 12/31/2002

Practitioner Provider Groups
Reported by care system of primary care practitioner where initial diagnosis of depression occurred.
BH - Behavioral Health Provider Group    NBH - Non-Behavioral Health Provider Group

- RATE
- LCL
- UCL
- - - - MEAN
**OPTIMAL DIABETES CARE**

*January 1, 2002 - December 31, 2002*

**Description**
The rates represent the percentage of members with diabetes (Type 1 and Type 2) age 18 through 75 who have optimally managed modifiable cardiovascular risk factors (*HbA1c < 8%, LDL cholesterol < 130 mg/dl, blood pressure < 130/85, aspirin use for members > 40 years old and documented non-tobacco use)*.

**Methodology**
The study population includes members from all products who were continuously enrolled from January 1, 2002, to December 31, 2002, who had two or more encounters in an ambulatory or non-acute inpatient setting, or one or more encounters in an acute inpatient or emergency room setting during the measurement year or year prior with a diagnosis of diabetes, or who were dispensed insulin or oral hypoglycemic prescriptions. Population identification is based on pharmacy, encounter, claim and membership databases. All members within the population who have risk factors assessed and are in control during the reporting year are included in the rate calculation. This measure includes a statistically significant sample of up to 84 members (80 + 5% oversample) for each medical group. In addition, the sample includes all members abstracted for the HEDIS Commercial and Medicare samples, State required samples and members from the Optimal Coronary Artery Disease Care measure with diabetes identified as a co-morbidity. As a result, sample sizes vary by medical group. The members optimally managed rate reflects a combination of administrative and chart abstracted data.

**Measurement 1 – Members with Optimally Managed Risk Factors**
The percentage of members within the sample with all risk factors optimally managed. Also included is the percentage of members within the sample with all risk factors optimally managed at proposed targets (*HbA1c < 7%, LDL < 100 mg/dl, blood pressure < 130/80)*.

**Measurement 2 – Completion Rate by Risk Factor**
The completion rate for each specific risk factor component.

**Measurement 3 – Tobacco Prevalence Rate**
The percentage of members within the sample who are known tobacco users. Tobacco prevalence rates are calculated from medical groups with tobacco assessment rates > 80%.

**Measurement 4 – HbA1c Level Average for Diabetes Population**
This health plan average is calculated using all HbA1c values gathered in the Optimal Diabetes Care measure and HbA1c values gathered in the Optimal Coronary Artery Disease Care measure for those members identified with diabetes as a co-morbidity.

**Measurement 5 – LDL Level Average for Diabetes Population**
This health plan average is calculated using all LDL values gathered in the Optimal Diabetes Care measure and LDL values gathered in the Optimal Coronary Artery Disease Care measure for those members identified with diabetes as a co-morbidity.

**Measurement 6 – Blood Pressure Average for Diabetes Population**
The health plan systolic and diastolic averages are calculated using all blood pressure values gathered in the Optimal Diabetes Care measure and blood pressure values gathered in the Optimal Coronary Artery Disease Care measure for those members identified with diabetes as a co-morbidity.

**Results**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eligible Members</td>
<td>17,370</td>
</tr>
<tr>
<td>Members Sampled</td>
<td>4,179</td>
</tr>
<tr>
<td>Members with Managed Risk Factors</td>
<td>524</td>
</tr>
<tr>
<td><strong>Members Managed</strong></td>
<td><strong>13.1% (± 1.2)</strong></td>
</tr>
<tr>
<td><strong>Members Optimally Managed (proposed targets)</strong></td>
<td><strong>4.2% (± 0.7)</strong></td>
</tr>
</tbody>
</table>

*Weighted HealthPartners rates
Results, cont.*

<table>
<thead>
<tr>
<th>Rate by Risk Factor</th>
<th>Rate by HbA1c Level</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Screening in 2002</td>
<td>90.3% (± 1.0)</td>
<td></td>
</tr>
<tr>
<td>HbA1c ≤ 8</td>
<td>66.7% (± 1.6)</td>
<td></td>
</tr>
<tr>
<td>LDL Screening in 2002</td>
<td>85.0% (± 1.2)</td>
<td></td>
</tr>
<tr>
<td>LDL &lt; 130</td>
<td>60.6% (± 1.7)</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Control (&lt;130/85) in 2002</td>
<td>41.4% (± 1.7)</td>
<td></td>
</tr>
<tr>
<td>Aspirin Use (age &gt;40) in 2002</td>
<td>57.6% (± 1.8)</td>
<td></td>
</tr>
<tr>
<td>Tobacco Non-user</td>
<td>80.6% (± 1.3)</td>
<td></td>
</tr>
</tbody>
</table>

Tobacco Prevalence Rate 9.9% (± 1.0)

HbA1c Level Average for diabetes population 7.3%

LDL Level Average for diabetes population 106 mg/dl

Systolic BP Average for diabetes population 130 mm

Diastolic BP Average for diabetes population 75 mm

Cumulative Distribution by HbA1c Level

<table>
<thead>
<tr>
<th>HbA1c Level</th>
<th>Members</th>
<th>Rate by HbA1c Level</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 6</td>
<td>620</td>
<td>14.5%</td>
<td>(± 1.2)</td>
</tr>
<tr>
<td>≤ 7</td>
<td>1,871</td>
<td>45.1%</td>
<td>(± 1.7)</td>
</tr>
<tr>
<td>≤ 8</td>
<td>2,746</td>
<td>66.7%</td>
<td>(± 1.6)</td>
</tr>
<tr>
<td>≤ 9</td>
<td>3,169</td>
<td>76.7%</td>
<td>(± 1.5)</td>
</tr>
<tr>
<td>≤ 10</td>
<td>3,424</td>
<td>82.7%</td>
<td>(± 1.3)</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>206</td>
<td>4.6%</td>
<td>(± 0.7)</td>
</tr>
<tr>
<td>No result found¹</td>
<td>549</td>
<td>12.8%</td>
<td>(± 1.1)</td>
</tr>
</tbody>
</table>

¹ Denominator equals members ≤10 + members >10 + no result found
² Members with no result found are included in the denominator and are considered not managed for this component.

* Weighted HealthPartners rates

Historical Rate Comparison

Optimally Managed Rate

2002 Goal 20%
Historical Rate Comparison, cont.

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Average</td>
<td>7.7%</td>
<td>7.5%</td>
<td>7.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td>LDL Average</td>
<td>115 mg/dl</td>
<td>111 mg/dl</td>
<td>106 mg/dl</td>
<td>106 mg/dl</td>
</tr>
<tr>
<td>Systolic BP Average</td>
<td>134 mm</td>
<td>133 mm</td>
<td>133 mm</td>
<td>130 mm</td>
</tr>
<tr>
<td>Diastolic BP Average</td>
<td>77 mm</td>
<td>76 mm</td>
<td>75 mm</td>
<td>75 mm</td>
</tr>
</tbody>
</table>

HealthPartners HEDIS 2003¹/State Rates

<table>
<thead>
<tr>
<th></th>
<th>HbA1c Screening</th>
<th>LDL Screening</th>
<th>LDL &lt;130</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCQA – Commercial</td>
<td>91.2% (± 2.8)</td>
<td>88.1% (± 3.3)</td>
<td>60.7% (± 4.8)</td>
</tr>
<tr>
<td>NCQA – Medicare + Choice</td>
<td>93.1% (± 2.7)</td>
<td>92.0% (± 2.8)</td>
<td>70.0% (± 4.8)</td>
</tr>
<tr>
<td>NCQA – Medicare Cost</td>
<td>94.4% (± 2.4)</td>
<td>92.6% (± 2.8)</td>
<td>71.8% (± 4.7)</td>
</tr>
<tr>
<td>State – Commercial (HealthPartners License)</td>
<td>89.3% (± 3.1)</td>
<td>86.4% (± 3.5)</td>
<td>56.0% (± 5.0)</td>
</tr>
<tr>
<td>State – Commercial (Group Health License)</td>
<td>89.1% (± 3.2)</td>
<td>86.9% (± 3.4)</td>
<td>63.5% (± 4.8)</td>
</tr>
</tbody>
</table>

¹ HEDIS 2003 reports 2002 dates of service. HEDIS measure reports HbA1c > 9.5 and does not include blood pressure control, aspirin use, tobacco non-user or combination rates such as Members with Managed Risk Factors. NCQA and State rates are reported separately by product.

External Rate Comparison

<table>
<thead>
<tr>
<th></th>
<th>HbA1c Screening</th>
<th>LDL Screening</th>
<th>LDL &lt; 130</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2003 National Average</td>
<td>82.6%</td>
<td>85.1%</td>
<td>54.8%</td>
</tr>
<tr>
<td>HEDIS 2003 Benchmark</td>
<td>93.2%</td>
<td>94.4%</td>
<td>70.3%</td>
</tr>
</tbody>
</table>
HealthPartners
Clinical Indicators

Optimal Diabetes Care - Members Optimally Managed
1/1/2002 - 12/31/2002

Medical Groups with a sample < 20 are not displayed, however, they are included in the mean.
Optimal Diabetes Care - Members at Proposed Targets
(HbA1c < 7, LDL < 100, BP < 130/80)
1/1/2002 - 12/31/2002

Medical Groups with a sample < 20 are not displayed, however, they are included in the mean.

2002 Clinical Indicators Report
OPTIMAL CORONARY ARTERY DISEASE CARE
Primary Care
January 1, 2002 - December 31, 2002

Description
The rates represent the percentage of members with a diagnosis of coronary artery disease (CAD) age 18 through 75 who have optimally managed modifiable cardiovascular risk factors (LDL cholesterol < 130 mg/dl, blood pressure <140/90 age ≤ 60, <160/90 age>60. taking one aspirin per day, lipid medication for members with LDL ≥ 130 mg/dl and documented non-tobacco use).

Methodology
The study population includes members from all products who were continuously enrolled from January 1, 2002, to December 31, 2002, and who had a visit with a CAD diagnosis between 1/1/01 and 12/31/02. Population identification is based on encounter, claim and membership databases. All members within the population who have risk factors assessed and are in control during the reporting year are included in the rate calculation. This measure includes a statistically significant sample of up to 92 members (80 + 15% oversample) for each medical group. The members optimally managed rate reflects a combination of administrative and chart abstracted data.

Measurement 1 – Members with Optimally Managed Risk Factors
The percentage of members within the sample with all risk factors optimally managed. Also includes is the percentage of members within the sample with all risk factors optimally managed at proposed targets (LDL < 100 mg/dl, lipid medication for members with LDL ≥ 100, blood pressure < 140/90 for all ages and for members with diabetes as a co-morbidity, blood pressure target < 130/80).

Measurement 2 – Completion Rate by Risk Factor
The completion rate for each specific risk factor component.

Measurement 3 – Tobacco Prevalence Rate
The percentage of members within the sample who are known tobacco users. Tobacco prevalence rates are calculated from medical groups with tobacco assessment rates > 80%.

Measurement 4 – LDL Level Average for CAD Population
This health plan average is calculated using all LDL values gathered in the Optimal CAD Care measure.

Measurement 5 – Blood Pressure Average for CAD Population
Health plan systolic and diastolic averages are calculated using all blood pressure values gathered in the Optimal CAD Care measure.

Results*

Total Eligible Members 11,674
Members Sampled 1,560
Members with Managed Risk Factors 608

Members Optimally Managed 42.2% (± 5.8)

Members Optimally Managed (proposed targets) 22.0% (± 4.9)

Rate by Risk Factor

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Rate (±)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL Screening in 2002</td>
<td>86.2% (± 3.8)</td>
</tr>
<tr>
<td>LDL &lt; 130</td>
<td>68.6% (± 5.4)</td>
</tr>
<tr>
<td>Lipid Rx Use in 2002 (LDL ≥ 130)</td>
<td>91.5% (± 2.6)</td>
</tr>
<tr>
<td>Aspirin Use in 2002</td>
<td>87.3% (± 3.6)</td>
</tr>
<tr>
<td>Blood Pressure Control (&lt;140/90 age ≤ 60, &lt;160/90 age&gt;60)</td>
<td>80.4% (± 4.5)</td>
</tr>
<tr>
<td>Tobacco Non-user</td>
<td>83.0% (± 4.1)</td>
</tr>
</tbody>
</table>

* Weighted HealthPartners rates
Results* (cont.)

Tobacco Prevalence Rate 13.0% (± 3.9)
LDL Level Average for CAD population 102 mg/dl
Systolic BP Average for CAD population 128 mm
Diastolic BP Average for CAD population 75 mm

* Weighted HealthPartners rates

Historical Rate Comparison

<table>
<thead>
<tr>
<th>Year</th>
<th>Optimally Managed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>35.8%</td>
</tr>
<tr>
<td>2001</td>
<td>38.8%</td>
</tr>
<tr>
<td>2002</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

Optimally Managed Rate 2002 Goal 65%

<table>
<thead>
<tr>
<th>Year</th>
<th>LDL Average</th>
<th>Systolic BP Average</th>
<th>Diastolic BP Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>109 mg/dl</td>
<td>129 mm</td>
<td>80 mm</td>
</tr>
<tr>
<td>2000</td>
<td>104 mg/dl</td>
<td>131 mm</td>
<td>76 mm</td>
</tr>
<tr>
<td>2001</td>
<td>101 mg/dl</td>
<td>128 mm</td>
<td>74 mm</td>
</tr>
<tr>
<td>2002</td>
<td>102 mg/dl</td>
<td>128 mm</td>
<td>75 mm</td>
</tr>
</tbody>
</table>

HealthPartners HEDIS 2003/State Rates
This is not a HEDIS or State measure.

External Rate Comparison
Not available
HealthPartners
Clinical Indicators

Optimal Coronary Artery Disease Care - Members Optimally Managed
Primary Care
1/1/2002 - 12/31/2002

Percent Compliance Chart

Medical Group

- RATE
- LCL
- UCL
- MEAN
- 2002 Goal (65%)
HealthPartners
Clinical Indicators

Optimal CAD Care - Members at Proposed Targets
(LDL <100, BP <140/90, diabetes co-morbidity BP <130/80)
1/1/2002 - 12/31/2002

Percent Compliance

Medical Group

- RATE
- LCL
- UCL
- MEAN
PEDIATRIC IMMUNIZATION
January 1, 2002 - December 31, 2002

Description
The rate represents the percentage of children who receive all recommended immunizations (DTaP, OPV, MMR, Hib, HBV, VZV) within prescribed timeframes by 24 months of age.

Methodology
This measure includes all children who turned two years of age between January 1, 2002, and December 31, 2002, who were continuously enrolled for the 12 months immediately preceding their second birthday. This sample includes only those members sampled for HEDIS commercial and State required samples. Rates will likely over-emphasize public program enrollees. All members within the population having an appropriate CPT or ICD-9-CM code for an immunization and who are not contraindicated for any of the specified antigens are included in the rate calculation. The up-to-date (UTD) rate reflects a combination of administrative and chart abstracted data.

Results*

<table>
<thead>
<tr>
<th>Combo</th>
<th>Eligible Members</th>
<th>Members Sampled</th>
<th>Total UTD</th>
<th>UTD Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combo 1</td>
<td>4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HBV</td>
<td>7,482</td>
<td>1,371</td>
<td>954</td>
</tr>
<tr>
<td>Combo 2</td>
<td>4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HBV, 1 VZV</td>
<td>7,482</td>
<td>1,371</td>
<td>855</td>
</tr>
</tbody>
</table>

Series
- 4 DTaP: 82.5% (± 2.0)
- 3 Polio: 89.6% (± 1.6)
- 1 MMR: 91.2% (± 1.5)
- 3 Hib: 83.8% (± 1.9)
- 3 Hepatitis B: 90.2% (± 1.6)
- 1 Varicella: 80.8% (± 2.1)

*Weighted HealthPartners rates

Historical Rate Comparison

**Pediatric Immunizations**

![Graph showing historical rate comparison](image)

1 Sampling methodology change in 2000 to include HEDIS and State samples only. Rates more strongly reflect effectiveness of immunization practices in public program enrollees. In 2001, the Hib requirement increased from two to three immunizations prior to the second birthday.
### External Rate Comparison

<table>
<thead>
<tr>
<th></th>
<th>Combo 1</th>
<th>Combo 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2003 National Average</td>
<td>68.6%</td>
<td>62.5%</td>
</tr>
<tr>
<td>HEDIS 2003 Benchmark</td>
<td>86.0%</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

---

1. HEDIS 2003 reports 2002 dates of service.
HealthPartners
Clinical Indicators

Pediatric Immunizations - Combination 1
(4 DTP, 3 Polio, 1 MMR, 3 HiB, 3 HBV)
1/1/2002 - 12/31/2002

Medical Groups with a sample < 10 are not displayed, however, they are included in the mean

2002 Clinical Indicators Report
Medical Groups with a sample < 10 are not displayed, however, they are included in the mean.
PREVENTIVE SERVICES
January 1, 2002 - December 31, 2002

Description
The rates represent the percent of enrolled members who receive all appropriate preventive services and are up to
date and the completion rate by each service type. The measure includes preventive screening appropriate to each
member’s age and gender.

Methodology
The study population includes members from all products and all ages who were continuously enrolled from January
1, 2002, to December 31, 2002. This measure includes a statistically significant sample of 105 members (100 + 5%
oversample) per medical group. The up to date (UTD) rate reflects a combination of administrative and chart
abstracted data.

Measurement 1 - Members Up to Date*
The percentage of members who receive all appropriate preventive services. The Clinical Indicators Report, 2001
Results introduced three additional components to the preventive services measure; immunizations up-to-date for 2
through 4 years olds and 7 & 8 year olds, and chlamydia screening for sexually active women age 16-26. The
original Preventive Services Rate has now been retired. This year two preventive services rates are provided:
• Members up to date with original components plus immunization combination components
• Members up to date with original components plus immunization combination components plus chlamydia
screening

* The flu immunization component has been removed from the preventive services measure. For 2002 reporting only, adult
tetanus immunization has also been removed from the up to date rate calculations due to vaccine shortages in 2002.

Measurement 2 - Completion Rate by Type of Service
The completion rate for each specific service component.

Results*

<table>
<thead>
<tr>
<th>Total Members Sampled</th>
<th>2,620</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members Up to Date</td>
<td>2,007</td>
</tr>
</tbody>
</table>

Members Up to Date¹ 76.5% (± 3.5)
Includes immunization combination components

Members Up to Date¹ 75.4% (± 3.5)
Includes immunization combination components and chlamydia screening

Rate by Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
<th>(±)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol, total and HDL</td>
<td>73.8</td>
<td>(6.4)</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>59.6</td>
<td>(10.7)</td>
</tr>
<tr>
<td>Mammography</td>
<td>88.0</td>
<td>(5.4)</td>
</tr>
<tr>
<td>Pap Smear (last 3 years)</td>
<td>83.5</td>
<td>(5.3)</td>
</tr>
<tr>
<td>Pneumococcal Vaccine (≥ 65 yrs)</td>
<td>75.7</td>
<td>(13.7)</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>89.1</td>
<td>(3.3)</td>
</tr>
<tr>
<td>DPT Booster (ages ≥ 4 &amp; ≤ 7)</td>
<td>83.9</td>
<td>(23.0)</td>
</tr>
<tr>
<td>Tetanus, Adolescent (≤ 13)</td>
<td>88.1</td>
<td>(3.3)</td>
</tr>
<tr>
<td>Tetanus, Adult (last 10 years)</td>
<td>52.7</td>
<td>(5.0)</td>
</tr>
<tr>
<td>MMR Booster (≤ 13)</td>
<td>95.5</td>
<td>(3.1)</td>
</tr>
<tr>
<td>Hepatitis B (series of 3 ≤ 13)</td>
<td>95.0</td>
<td>(2.9)</td>
</tr>
<tr>
<td>Immunization combination 2-4</td>
<td>75.3</td>
<td>(14.3)</td>
</tr>
<tr>
<td>(4 DTaP, 3 Polio, 1 MMR, 3 Hib, 1 VZV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization combination 7 &amp; 8</td>
<td>71.8</td>
<td>(17.0)</td>
</tr>
<tr>
<td>(DTaP booster, MMR #2, Polio #4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening (in 2002)</td>
<td>65.0</td>
<td>(5.5)</td>
</tr>
</tbody>
</table>

¹ 2002 rate excludes flu immunization and adult tetanus components
* Weighted HealthPartners rates
**HealthPartners Clinical Indicators Report**

**2002 Results**

**Preventive Services Rate (continued)**

**Historical Rate Comparison**

![Graph showing Members Up to Date Rate with historical rates from 1997 to 2002.]

- **2002 Goal**: 85%
- **2002 Rate**: 76.5%
- **1997**: 52.1%
- **1998**: 61.5%
- **1999**: 63.6%
- **2000**: 63.2%
- **2001**: 63.2%
- **2002**: 76.5%

* 2002 rate includes childhood immunizations, excludes flu immunization and adult tetanus components

**HealthPartners HEDIS 2003/State Rates**

*This is not a HEDIS or State measure.*

**External Rate Comparison**

<table>
<thead>
<tr>
<th></th>
<th>Mammography Rate</th>
<th>Pap Smear Rate</th>
<th>Adolescent HepB Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2003 National Average</td>
<td>74.9%</td>
<td>80.5%</td>
<td>54.6%</td>
</tr>
<tr>
<td>HEDIS 2003 Benchmark</td>
<td>86.9%</td>
<td>90.9%</td>
<td>85.2%</td>
</tr>
</tbody>
</table>
HealthPartners Clinical Indicators

Preventive Services - Members Up to Date
Excludes Chlamydia Screening
1/1/2002 - 12/31/2002

* The flu immunization component has been removed from this measure.
For 2002 reporting, adult tetanus has also been removed.

2002 Clinical Indicators Report
HealthPartners
Clinical Indicators

Preventive Services - Members Up to Date
Includes Chlamydia Screening

* The flu immunization component has been removed from this measure.
For 2002 reporting, adult tetanus has also been removed.
TOBACCO ASSESSMENT – Medical Record Audit
January 1, 2002 - December 31, 2002

Description
The rate represents the percentage of enrolled members from all products whose tobacco status is documented in the medical record. Children and adolescents are considered tobacco users if they are exposed to second hand smoke in their homes.

Methodology
The study population includes members from all products and all ages who were continuously enrolled from January 1, 2002, to December 31, 2002. Population identification is based on membership databases. This measure includes a statistically significant sample of up to 105 members (100 + 5% oversample) for each medical group. Tobacco assessment for each member in the sample is determined by medical record abstraction. For non-users, a label or mark anywhere on the chart that indicates the patient has been asked at least once and reported not using tobacco is adequate. For tobacco users, it is required that the most recent visit progress note contain documentation regarding current tobacco use.

Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members Sampled</td>
<td>2,620</td>
</tr>
<tr>
<td>Total Members with Assessment</td>
<td>2,089</td>
</tr>
<tr>
<td>Assessment Rate*</td>
<td>84.8% (± 2.5)</td>
</tr>
</tbody>
</table>

* Weighted HealthPartners rate

Historical Rate Comparison

HealthPartners HEDIS 2002/State Rates
This is not a HEDIS or State measure.

External Rate Comparison
Not available
HealthPartners
Clinical Indicators

Tobacco Assessment - Medical Record Audit
1/1/2002 - 12/31/2002

Percent Compliance
OPTIMAL PRE-SURGICAL EVALUATION
Orthopedic Surgical Criteria
Laproscopic Meniscectomy, Discectomy for Acute Disc Herniation, Carpal Tunnel Release
January 1, 2001 – April 30, 2002

Description
The rates represent the percentage of members with an orthopedic surgical intervention for laproscopic meniscectomy, acute discectomy or carpal tunnel who have documented optimal levels of pre-surgical evaluation for patient reported symptoms, examination findings and clinical management.

Methodology
The study population includes members from all products who had a surgical claim for laproscopic meniscectomy, acute discectomy or carpal tunnel. Population identification was based on encounter and claim databases. All members in the population who had pre-surgical evaluation for patient reported symptoms, examination findings and clinical management during the reporting year were included in the rate calculation. This measure includes a statistically significant sample of up to 180 members per provider group (60 maximum from each surgery type) for each orthopedic group.

Measurement 1 – Members with Optimal Pre-surgical Evaluation
The percentage of members within the sample with optimal pre-surgical evaluation for patient reported symptoms, examination findings and clinical management

Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eligible Members</td>
<td>3,447</td>
</tr>
<tr>
<td>Members Sampled</td>
<td>1,113</td>
</tr>
<tr>
<td>Members with Optimal Pre-surgical Evaluation</td>
<td>766</td>
</tr>
</tbody>
</table>

Members with Optimal Pre-surgical Evaluation 68.8% (± 2.8)

Orthopedic Surgical Criteria
Carpal Tunnel Release

Symptoms: (all gender appropriate symptoms must be present for optimal care)
- Not currently pregnant
- Persistent pain
- Numbness or weakness upper extremity
- Paresthesia in median nerve distribution

Findings: (one of the following)
- Abnormal 2 Point discrimination median distribution
- Phalen’s or Tinel’s Sign Positive
- Positive median nerve compression test
- Atrophy of the thenar muscles
- EMG/NCV test positive

Clinical Management: (one of the following)
- Perscription of NSAIDs
- Wrist splint for 6 weeks or more
- Corticosteroid injection
- Activity modification for 6 weeks or more
Orthopedic Surgical Criteria, cont.

Discectomy for Acute Disc Herniation

**Symptoms:** Radiating pain

**Findings on Examination** *(one of the following)*
- Nerve root specific nerve deficit (motor, sensory, or reflex changes), positive tension signs
- Progressive neurological deficit (numbness, tingling, weakness, loss of bowel or bladder control)

**Findings on Radiology** *(each of the following)*
- Lumbar spine AP and Lat views X-Ray
- MRI findings of disc herniation

**Clinical Management:** *(one of the following)*
- Conservative therapy for 3 weeks (unless has Cauda Equina Syndrome or progressive clinical deterioration)
- Anti-Inflammatory medication prescription
- Physical therapy
- Lumbar stabilization (corset/brace)
- Manipulation therapy (chiropractic)
- Epidural/facet injection

Arthroscopic Meniscectomy

**Symptoms:** *(two out of the three)*
- Knee Pain
- Mechanical instability symptoms (giving way, locking, catching)
- Swelling

**Findings on Examination:** *(one of the following)*
- Tenderness along the joint line
- Physical findings of a bucket handle tear: MRI not required
- Locked knee

**Findings on Radiology:** *(one of the following)*
- MRI demonstrating a meniscus tear in patient 40 years of age or less
- MRI demonstrating presence of mild to moderate degenerative arthritis & meniscus tear in patient over 40 years of age
- MRI not performed due to severe deterioration, X-ray done instead, patient unable to tolerate MRI

**Clinical Management:** *(one of the following)*
- Conservative therapy for patients over 40 years of age with no time limitation (physical therapy)
- Prescription for NSAIDs for at least 4 weeks unless patient unable to tolerate

**HealthPartners HEDIS 2002/State Rates**
*This is not a HEDIS or State measure.*

**External Rate Comparison**
*Not available*
OPTIMAL CORONARY ARTERY DISEASE CARE
Cardiology Care
January 1, 2002 - December 31, 2002

Description
The rates represent the percentage of members with a diagnosis of coronary artery disease (CAD) age 18 through 75 who have optimally managed modifiable cardiovascular risk factors.

Methodology
The study population includes all members with cardiology claims between January 1, 2002 and December 31, 2002. Each cardiology group’s claims are divided into subsets by primary medical group membership. These member volumes (26,651) are used to attribute a portion of each primary medical group’s Optimal CAD rates to the cardiology groups.

Measurement 1 – Members with Managed Risk Factors
The percentage of members within the sample with optimally managed modifiable risk factors.

Results*

| Members Optimally Managed | 42.2% (± 5.8) |

* Weighted HealthPartners rates

HealthPartners HEDIS 2002/State Rates
This is not a HEDIS or State measure.

External Rate Comparison
Not available
# TOBACCO ASSESSMENT - Medical Record Audit

**Cardiology, ENT, Obstetrics & Gynecology, Orthopedic Care**  
**January 1, 2002 - December 31, 2002**

## Description

The rate represents the percentage of sampled members from specialty care providers whose tobacco status is documented in the medical record. Children and adolescents are considered tobacco users if they are exposed to second hand smoke in their homes.

## Methodology

This measure includes a samples of varying sizes with 60 to 90 members for Obstetrics & Gynecology, up to 25 members for Cardiology, from 40-240 for Orthopedic, and up to 70 for ENT provider groups. Tobacco assessment for each member in the sample was determined by medical record abstraction. For non-users, a label or mark anywhere on the chart that indicates the patient has been asked at least once and reported not using tobacco was adequate. For tobacco users, it was required that the most recent visit progress note contain documentation regarding current tobacco use.

## Results

<table>
<thead>
<tr>
<th>Total Members Sampled</th>
<th>780</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members with Assessment</td>
<td>608</td>
</tr>
</tbody>
</table>

### Assessment Rate*

78.0% (±3.0)

* Weighted HealthPartners rate

## HealthPartners HEDIS 2002/State Rates

*This is not a HEDIS or State measure.*

## External Rate Comparison

*Not available*
HealthPartners
Clinical Indicators

Tobacco Assessment
Cardiology, ENT, Obstetrics Gynecology, Orthopedic Care
1/1/2002 - 12/31/2002

Percent Compliance

Specialty Group

Cardiovascular Consultants, Ltd
Obstetrics & Gynecology Specialists, PA
Western OB/GYN, Ltd
Oakdale Obstetrics & Gynecology, PA
St. Paul Heart Clinic, PA
Drs. Haislet, Wavrin, Wright & Lehrman Associates
Ear, Nose & Throat Specialty Care of Minnesota
Summit Orthopedics, Ltd
Twin Cities Orthopedics, PA
Minnesota Orthopaedic Specialists, PA

Rate - LCL - UCL - - - Mean
TOBACCO ASSIST – Member Survey
Cardiology, Obstetrics & Gynecology, Orthopedic Care
August 2002

Description
The rates represent the percent of sampled members from specialty care providers who indicated they used tobacco products and who recalled receiving tobacco cessation assistance during the past year.

Methodology
Tobacco status was determined through a telephone survey conducted by Maritz Research in August, 2002. The measure includes a random sample of up to 360 commercial members who received services between June 1, 2001 and May 31, 2002 from Cardiology provider specialty groups, up to 100 members from Obstetrics and Gynecology, and up to 618 members from Orthopedic provider specialty groups, of which only the tobacco users are included in the assist rate.

Results*

<table>
<thead>
<tr>
<th>Total Tobacco-Using Members Sampled</th>
<th>1,113</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members Offered Assistance</td>
<td>283</td>
</tr>
<tr>
<td>Assist Rate</td>
<td>25.4% (± 2.6)</td>
</tr>
</tbody>
</table>

* Results for Obstetrics & Gynecology specialty groups are not graphed because the number of tobacco users sampled is <20 for each group however, Obstetrics & Gynecology specialty groups are included in aggregate results.

Maritz Research Survey Question

Among those who use tobacco:
   At your last appointment, were you offered assistance to help you stop using tobacco? Assistance could include the nicotine patch, Zyban, phone counseling, a follow-up appointment at your clinic or written materials.

HealthPartners HEDIS 2002/State Rates
This is not a HEDIS or State measure.

External Rate Comparison
Not available
Tobacco Assist - Member Survey
Cardiology, Obstetrics Gynecology, Orthopedic Care
1/1/2002 - 12/31/2002

Insufficient data for display of Obstetrics Gynecology, however, they are included in the mean
HEALTHY LIFESTYLE ADVICE – Member Survey
Hospital Inpatient Medical/Surgical Care & Obstetrics
September 2002

**Description**
The rates represent the percent of surveyed members who recalled receiving healthy lifestyle advice regarding exercise, nutrition and tobacco cessation, if applicable, during the past year.

**Methodology**
Healthy lifestyle advice status was determined through a telephone survey conducted by Maritz Research in September, 2002. The measures include a random sample of up to 100 commercial members, 18 through 64 years of age who had a medical or surgical hospital stay at one of 19 hospitals or obstetrical hospital stay at one of 14 hospitals.

**Measurement 1 - Members Up to Date**
The percentage of members who recall receiving all components of healthy lifestyle advice: exercise advice, nutrition advice and tobacco cessation advice.

**Measurement 2 - Completion Rate by Service**
The completion rate for each specific counseling component.

**Results**

<table>
<thead>
<tr>
<th>Total Members Sampled</th>
<th>2,868</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members Up to Date</td>
<td>1,324</td>
</tr>
</tbody>
</table>

**Members Up to Date** 46.2% (± 1.8)

**Rate by Service**
1. Exercise Advice 57.4% (± 1.8)
2. Nutrition Advice 63.6% (± 1.7)
3. Tobacco Cessation Advice 47.0% (± 4.9)

**Maritz Research Survey Questions**
1. During this hospital stay, did any health professional advise you about the importance of being physically active or exercising?
2. During this hospital stay, did any health professional advise you about the importance of healthy eating?
3. During this hospital stay, did any health professional advise you to quit smoking or stop using tobacco products?

**HealthPartners HEDIS 2003/State Rates**
*This is not a HEDIS or State measure.*

**External Rate Comparison**
*Not available*
Healthy Lifestyle Advice
Hospital Inpatient Medical/Surgical Care and Obstetrics
2002

Percent Compliance

Hospital

Rate - Average - UCL - LCL

2002 Clinical Indicators Report
**GENERIC DRUG USE**

**Description**
The rate represents the percentage of all prescriptions filled with generic drugs for HealthPartners members with a drug benefit.

**Methodology**
This measure includes all prescriptions for members with a drug benefit filled between January 1, 2003 and June 30, 2003 and whose prescription was filled with a generic drug. This rate is calculated with pharmacy claims data.

**Results**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prescriptions Sampled</td>
<td>16,725</td>
</tr>
<tr>
<td>Total Generic Drug Prescriptions</td>
<td>7,880</td>
</tr>
<tr>
<td>Generic Drug Use Rate</td>
<td>47.1% (± 0.7)</td>
</tr>
</tbody>
</table>

**HealthPartners HEDIS 2002/State Rates**

*This is not a HEDIS or State measure.*

**External Rate Comparison**

*Not available*
HealthPartners
Clinical Indicators

Generic Drug Use
January 1, 2003 - June 30, 2003

Percent Compliance

Medical Group

- Average Percent Generic
- LCL
- UCL
- Mean

HealthPartners Clinical Indicators

2002 Clinical Indicators Report
HealthPartners Improvement Initiatives and Resources

Depression Care

Improvement Initiatives

- Institute for Clinical Systems Improvement (ICSI) Practice Guidelines exist for Major Depression in Adults in Primary Care and Major Depression in Adults for Mental Health Care Providers. The guideline for primary care providers was revised in 2003 and now includes the PHQ-9. Discussion regarding depression as a co-morbidity is also included in Stable Coronary Artery Disease and Management of Type 2 Diabetes guidelines. ICSI guidelines are available at http://www.icsi.org.

- HealthPartners has created a proprietary predictive algorithm which detects patterns of care that are associated with high probability of future mental health hospitalizations. The aim of this program is to prevent mental health crises and hospitalizations by supporting treatment adherence and coordination of care among behavioral health and primary care providers through case management telephonic outreach.

- Members who respond positively to questions related to depression on an employer-offered HealthPartners Health Assessment receive a follow-up phone call from a behavioral health professional. Information and clarification is offered and help in selecting a provider is made available.

- HealthPartners outpatient case managers are using a standardized depression assessment tool (PHQ9) for members with a chronic medical illness. The results of the assessment are shared with the member’s providers to help facilitate and coordinate medical and behavioral health care.


Resources

- “Blues and Beyond: Practical Tools for Dealing with Depression and Low Mood” a seminar sponsored by HealthPartners Institute for Medical Education, is offered to providers each May. For more information visit http://www.healthpartners.com (search: IME).

- Behavioral health classes open to all members include Anger Management for Women, Anger Management for Men, and Love & Logic: A Parenting Approach. For more information, visit healthpartners.com. Choose “HealthPartners Classes and Community Resources” from “Classes, Programs and Resources” in the “Get Healthy” section, or call the PBH Phone Line to register. 952-883-7800 or 1-800-311-1052 (outside metro area). TDD also available at 952-883-7498.

- Tools Important to Patient Success (TIPS) counseling sheets for antidepressants are available in tear-off pads of 50 to help counsel patients. The TIPS sheets augment traditionally provided pharmacy information by focusing on the disease and its treatment rather than drug-specific information. They explain how medications work, how long before they start working, how to manage side effects and emphasize the importance of compliance. To order, call 952-883-6197.

The following resources are available through the Center for Health Promotion. Contact a health promotion advisor at CHPClinicLink@HealthPartners.com or call 952-967-7453.

- My depression care card (wallet card) provides key information about depression management. It also includes a tracking section to help patients monitor their weekly progress. This self-management tool, modeled after care cards developed for other medical illness, is designed to de-stigmatize depression treatment and support improved outcomes for your patients. Hope and Help for Depression is a patient self-care book available at no cost.

- Clinic displays focusing on depression awareness and offering advice on how to bring this topic to the attention of your health care provider are available for all clinic sites. The messages are consistent with the Depression Care card and the TIPS medication sheet. To reserve the display, contact your Health Promotion Advisor.
Depression Care (Resources), cont.

- The Spring 2002 issue of HealthPartners Discover magazine was devoted to the topic of depression awareness and self-management. The Diabetes Newsletter, produced by the Center for Health Promotion (CHP) and mailed to all members with diabetes, included an article addressing depression as a co-morbidity of diabetes. To obtain additional copies of these publications, contact the Center for Health Promotion. Current and past issues of Discover magazine can also be obtained at http://www.healthpartners.com. Choose “HealthPartners Classes and Community Resources” from “Classes, Programs and Resources” in the “Get Healthy” section.

Diabetes Care

Improvement Initiatives

- An Institute for Clinical Systems Improvement (ICSI) Practice Guideline exists for the Management of Type 2 Diabetes, as well as the related topics: Lipid Disorders, Stable CAD, Hypertension, Tobacco Use Prevention and Cessation, and Preventive Services. ICSI guidelines are available at http://www.icsi.org.

- The Optimal Diabetes Care measure is included in the Outcomes Recognition Program (ORP) which provides financial recognition to medical groups who achieve superior performance on specific quality and satisfaction targets.

- The ICSI Diabetes Registry is a collaborative effort among Minnesota health plans to provide medical groups with clinical data on their members with diabetes. This registry helps medical groups identify their total population and silent members and also highlights needed services.

- HealthPartners is a participant in the Minnesota Community Measurement Project, a collaborative effort between seven Minnesota health plans. In 2001, the health plans provided aggregated performance information to medical groups. The focus of the pilot was the community-identified priority of improving diabetes care. In 2002 performance measurement data will be reported at the medical group level on diabetes care and an additional 13 measures. For information about this project, contact Gail Amundson, MD, FACP, Associate Medical Director, HealthPartners at 952-883-5378.

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. On-line access to the At Risk list is available through the HealthPartners secure Intranet Access site. At Risk List Program: Planning, Implementation, and Evaluation Guide is provided to medical groups to improve effectiveness of their disease management or prevention initiatives. The Chronic Care At Risk Newsletter provides medical groups with current best practice advice. The newsletter is distributed twice a year and available at healthpartners.com in the provider section. Intranet Access information and At Risk program guide available from Performance Measurement and Improvement, 952-883-5777.


Resources

- A Call to Change...Balancing Life with Diabetes is a phone-based course available through the Partners for Better Health® (PBH) Phone Line. This 13-session course, designed utilizing the ten content areas of the National Standards for Diabetes Self-Management Education, helps participants learn to better manage their diabetes. Other courses available through the PBH Phone Line address diabetes prevention, nutrition, physical activity, stress management, heart disease, tobacco cessation and other lifestyle related activities. Call 952-883-7800 or 1-800-311-1052 (outside metro area). TDD also available at 952-883-7498.
HealthPartners Improvement Initiatives and Resources, cont.

Diabetes Care (Resources), cont.

- *A Call to Change...Balancing Life with Diabetes* is a phone-based course available through the Partners for Better Health® (PBH) Phone Line. This 13-session course, designed utilizing the ten content areas of the National Standards for Diabetes Self-Management Education, helps participants learn to better manage their diabetes. Other courses available through the PBH Phone Line address diabetes prevention, nutrition, physical activity, stress management, heart disease, tobacco cessation and other lifestyle related activities. Call 952-883-7800 or 1-800-311-1052 (outside metro area). TDD also available at 952-883-7498.

- HealthPartners Health Assessment Program provides proactive follow up to member’s with diabetes to continue to engage them for two years. This follow-up is provided through the PBH Phone Line. Health counselors review the health assessment results with the member, focusing on lifestyle behavior changes that will help members management their disease, and refer members to other education and referral sources as needed.

- HealthPartners has partnered with the Functional Insulin Therapy (FIT) USA Foundation and the University of Minnesota to make the FIT program available to HealthPartners members in the fall of 2003. FIT is an interactive educational approach designed to help individuals with diabetes maintain near normal blood sugars safely and independently. Call the PBH Phone Line at 952-883-7800 or 1-800-311-1052 (outside metro area). TDD also available at 952-883-7498.

- The Group Visits Care Team Workbook is available from Disease Management for clinics interested in use of group visits for members with diabetes. Call 952-883-7112 for information or to order a handbook.

*The following resources are available through the Center for Health Promotion. Contact a health promotion advisor at CHPClinicLink@HealthPartners.com or call 952-967-7453.*

- The Diabetes Newsletter, produced by the Center for Health Promotion (CHP), is distributed two times yearly via direct mailing to all members with diabetes. The content focuses on the components that define optimal diabetes care, including self-management. Additional copies of this publication are available.

- The Diabetes Care Card is a self-management tool to promote member participation in optimal diabetes care.

- The CHP loans educational displays on diabetes prevention and treatment to support medical groups health promotion efforts. These displays increase general awareness and knowledge of selected topics and provide resources for more information.

Heart Health

Improvement Initiatives

- Institute for Clinical Systems Improvement (ICSI) Practice Guidelines exist for Lipid Screening in Adults, Treatment of Lipid Disorder in Adults, Stable Coronary Artery Disease, Diagnosis of Chest Pain, Treatment of Acute Myocardial Infarction, Atrial Fibrillation, Hypertension Diagnosis and Treatment, Tobacco Use Prevention and Cessation for Adults and Mature Adolescents and Preventive Services. ICSI guidelines are available at [http://www.icsi.org](http://www.icsi.org).

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. On-line access to the At Risk list is available through the HealthPartners secure Intranet Access site. *At Risk List Program: Planning, Implementation, and Evaluation Guide* is provided to medical groups to improve effectiveness of their disease management or prevention initiatives. The Chronic Care At Risk Newsletter provides medical groups with current best practice advice. The newsletter is distributed twice a year and available at [healthpartners.com](http://www.healthpartners.com) in the provider section. Intranet Access information and At Risk program guide available from Performance Measurement and Improvement, 952-883-5777.
Heart Health (Improvement Initiatives), cont.

- The Optimal Coronary Artery Disease Care measure is included in the Outcomes Recognition Program (ORP) which provides financial recognition to medical groups who achieve superior performance on specific quality and satisfaction targets.

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. On-line access to the At Risk list is available through the HealthPartners secure Intranet Access site. *At Risk List Program: Planning, Implementation, and Evaluation Guide* is provided to medical groups to improve effectiveness of their disease management or prevention initiatives. The Chronic Care At Risk Newsletter provides medical groups with current best practice advice. The newsletter is distributed twice a year and available at healthpartners.com in the provider section. Intranet Access information and At Risk program guide available from Performance Measurement and Improvement, 952-883-5777.


Resources

- HealthPartners Institute for Medical Education (IME) presents a Cardiovascular Conference for primary care providers each December providing current concepts and advancements in cardiovascular disease. Lectures and case presentations are incorporated into the program providing participants an opportunity to integrate new information with past clinical experience in discussing challenging clinical problems. For more information visit http://www.healthpartners.com (search: IME).

- Tools Important to Patient Success (TIPS) counseling sheets for cholesterol medications are available in tear-off pads of 50 to help counsel patients. The TIPS sheets augment traditionally provided pharmacy information by focusing on the disease and its treatment rather than drug-specific information. They explain how medications work, how long before they start working, how to manage side effects and emphasize the importance of compliance. To order, call 952-883-6197.

- The Cardiac High Intensity Risk Reduction Program (CHIRRP) teaches and supports intensive lifestyle changes to reduce risk associated with heart disease. The highly qualified instructor team includes a physician, psychotherapist, registered dietitian and exercise physiologist. For more information call HealthPartners Nutrition Services at 952-967-6708.

*The following resources are available through the Center for Health Promotion. Contact a health promotion advisor at CHPClinicLink@HealthPartners.com or call 952-967-7453.*

- Partners for Better Health® Phone Line: *A Call to Change...Living Well with Heart Disease*, an innovative phone-based course developed for individuals with diagnosed coronary artery disease (CAD), provides self-management tools, skills and personal guidance to help individuals manage their heart disease. It supplements the care provided in the clinic and provides support as part of the after visit and in-between visit care.

- *My heart care card* (wallet card) is a patient activation tool developed to promote aggressive risk factor management in the secondary prevention of heart disease. The care card provides key information related to the management of heart disease, including target treatment goals and is designed to help members make a connection between their personal self-care efforts and their progress.

Pediatric and Adult Immunizations

Improvement Initiatives

Pediatric and Adult Immunizations (Improvement Initiatives), cont.

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. Online access to the At Risk list is available through the HealthPartners secure Intranet Access site. *At Risk List Program: Planning, Implementation, and Evaluation Guide* is provided to medical groups to improve effectiveness of their disease management or prevention initiatives. Intranet Access information and At Risk program guide available from Performance Measurement and Improvement, 952-883-5777.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at [http://www.consumerchoice.com](http://www.consumerchoice.com). Choose “Clinical Quality Measures” from the “Quality Comparisons” section.

**Healthy Lifestyles**

**Improvement Initiatives**

- Institute for Clinical Systems Improvement (ICSI) Practice Guidelines exist for Preventive Services for Adults and Preventive Services for Children and Adolescents, Preventive Counseling and Education, which includes a Preventive Risk Assessment form and Tobacco Use Prevention and Cessation. ICSI guidelines are available at [http://www.icsi.org](http://www.icsi.org).

- Components of this measure are included in the Outcomes Recognition Program (ORP) which provides financial recognition to medical groups who achieve superior performance on specific quality and satisfaction targets.

- Preventive services guidelines are distributed annually to all members through *HealthPartners Today®* newsletter and are also available at [http://www.healthpartners.com](http://www.healthpartners.com). Choose “Who We Are” from the “About HealthPartners” section.

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. Online access to the At Risk list is available through the HealthPartners secure Intranet Access site. *At Risk List Program: Planning, Implementation, and Evaluation Guide* is provided to medical groups to improve effectiveness of their disease management or prevention initiatives. Intranet Access information and At Risk program guide available from Performance Measurement and Improvement, 952-883-5777.

- Population-based list of members based on age (At Risk) is provided to medical groups to facilitate identification of high-risk children who have not received blood lead testing. Online access to the At Risk list is available through the HealthPartners secure Intranet Access site.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at [http://www.consumerchoice.com](http://www.consumerchoice.com). Choose “Clinical Quality Measures” from the “Quality Comparisons” section. Comparative medical group quality performance data includes the preventive services and preventive counseling measures.

**Resources**

The following resources are available through the Center for Health Promotion. Contact a health promotion advisor at [CHPClinicLink@HealthPartners.com](mailto:CHPClinicLink@HealthPartners.com) or call 952-967-7453.

- The *Plan Today for a Lifetime of Better Health* brochure contains preventive service guidelines for adults and supports the ICSI preventive service guideline.

- *Preventive health care services for women* wallet cards provide recommendations on preventive health care and provide adequate space for patients to record results and dates for preventive services.
Healthy Lifestyles (Resources), cont.

- A *Prescription for a Healthier Lifestyle* pad is available for providers to refer patients to the PBH Phone Line for heart health, weight management, tobacco cessation, stress management, diabetes self-management, and other lifestyle-related issues. Health educators, registered dietitians, or pharmacists are available to develop a personalized action plan toward a healthier life.

- HealthPartners 10,000 Steps® program is a simple and fun 8 week program that includes a pedometer to help increase your patients physical activity level. There are two ways to participate—online or through the mail. The 10,000 Steps program is just $20 for HealthPartners members and $30 for nonmembers. Your patients can purchase the pedometer program at the HealthPartners Clinic Pharmacies or Regions Hospital Pharmacy or log on at [www.healthpartners.com/10000steps](http://www.healthpartners.com/10000steps).

Tobacco Cessation

Improvement Initiatives


- This measure is included in the Outcomes Recognition Program (ORP) which provides financial recognition to medical groups who achieve superior performance on specific quality and satisfaction targets.

- Population-based list of members based on age, gender and diagnosis (At Risk) is provided to medical groups to facilitate identification of patients who are in need of a defined set of services. Known tobacco status is included and for known tobacco users, whether or not the member has a pharmacy benefit for tobacco cessation products and if the member has utilized this pharmacy benefit.


Resources

- HealthPartners has worked in partnership with the Minnesota Partnership for Action Against Tobacco and other Minnesota health plans to develop QUITPLAN, a tobacco helpline. Call 1-888-354-PLAN or [www.quitplan.com](http://www.quitplan.com).

- Education on applicable ICD-9-CM coding to identify tobacco users provided to medical groups within the HealthPartners network through *Fast Facts, Spring 2002* publication. For additional copies, call 952-883-5589.

*The following resources, are available through the Center for Health Promotion. Contact a health promotion advisor at CHPClinicLink@HealthPartners.com or call 952-967-7453.*

- Professional seminars are available to educate providers about new techniques and standards for treating tobacco use.

- HealthPartners has the following printed tobacco cessation resources available. Access instructions on how to order at [http://www.healthpartners.com](http://www.healthpartners.com). Choose “HealthPartners Classes and Community Resources” from “Classes, Programs and Resources” in the “Get Healthy” section.

  * *Gotta Smoke? Wanna Stop? Here’s How!*, an adolescent smoking cessation guide and calendar
  * *The Sure-Fire Fifty-Day Way to Stop Smoking*, an adult smoking cessation calendar
  * *Thinking About My Tobacco Use*, a stage-based stop smoking booklet
  * *Keep Your System Healthy: Don’t Let the Nicotine Virus Take Control*, an adult quit smoking resource guide
Tobacco Cessation (Resources) cont.

- HealthPartners website has information and resources on tobacco prevention and cessation classes. Find “Stop Smoking Resources” at http://www.healthpartners.com. Choose “HealthPartners Classes and Community Resources” from “Classes, Programs and Resources” in the “Get Healthy” section.

To see additional resources, visit http://www.healthpartners.com. Choose “HealthPartners Classes and Community Resources” from “Classes, Programs and Resources” in the “Get Healthy” section or contact a health promotion advisor at CHPClinicLink@HealthPartners.com or call 952-967-7453.
## PARTICIPATING PROVIDERS

### Primary Care

**ALLINA MEDICAL CLINIC**
- Allina Behavioral Health
  - Services- Abbott Northwestern
- Allina Behavioral Health
  - Services-Northtown Clinic
- Allina Behavioral Health
  - Services- St. Paul
- Allina Medical Clinic Buffalo
- Allina Medical Clinic Champlin
- Allina Medical Clinic Cokato
- Allina Medical Clinic Coon Rapids
- Allina Medical Clinic Cottage Grove
- Allina Medical Clinic Eagan
- Allina Medical Clinic Edina
- Allina Medical Clinic Elk River
- Allina Medical Clinic Fairbault
- Allina Medical Clinic Farmington
- Allina Medical Clinic Forest Lake
- Allina Medical Clinic Hastings
- Allina Medical Clinic Isles
- Allina Medical Clinic Litchfield
- Allina Medical Clinic Maple Grove
- Allina Medical Clinic Mora
- Allina Medical Clinic Nicollet Mall
- Allina Medical Clinic North Branch
- Allina Medical Clinic Northfield
- Allina Medical Clinic Ramsey
- Allina Medical Clinic Shakopee
- Allina Medical Clinic Shoreview
- Allina Medical Clinic United Family Practice
- Allina Medical Clinic West Health Campus
- Allina Medical Clinic West St. Paul
- Allina Medical Clinic Woodbury
- Allina Medical Clinic Woodlake
- Cambridge Medical Center

**AMERY REGIONAL MEDICAL CENTER**
- Amery Regional Medical Center
- Amery Regional Medical Center-Clear Lake

**ASPEN MEDICAL GROUP**
- Aspen Bandana Square Clinic
- Aspen Bloomington Clinic
- Aspen East Lake Street Clinic
- Aspen Edina
- Aspen Highland Park Clinic
- Aspen Hopkins
- Aspen Maplewood Clinic
- Aspen West St. Paul Clinic
- Aspen White Bear Lake

**AUSTIN MEDICAL CENTER – MAYO HEALTH SYSTEM**
- Austin Medical Center-Mayo Health System

**AYERA/TRI-STATE HEALTH AFFILIATES**
- Brown Clinic Health Care Center
- McGreevy Clinic

**BUFFALO CLINIC/MONTICELLO CLINIC**
- Buffalo Clinic, P.A.
- Monticello Clinic

**CAMDEN PHYSICIANS**
- Camden Physicians Ltd-
  - Camden Office
- Camden Physicians Ltd-Four Seasons Office
- Camden Physicians Ltd-Maple Grove Office

**CANNON VALLEY CLINIC- MAYO HEALTH SYSTEM**
- Cannon Valley Clinic Mayo Health System

**CEDAR RIVERSIDE PEOPLES CENTER**
- Cedar Riverside Peoples Center

**CENTRACARE CLINICS**
- CentraCare Clinic Becker
- CentraCare Clinic Eagle Valley
- CentraCare Clinic Heartland
- CentraCare Clinic Heartland-St. Cloud
- CentraCare Clinic Little Falls
- CentraCare Clinic Long Prairie
- CentraCare Clinic Melrose
- CentraCare Clinic River Campus
- CentraCare Clinic St. Joseph
- CentraCare Clinic Womens and Childrens
- Mid MN Family Practice Center

**CENTRAL LAKES MEDICAL CLINIC**
- Central Lakes Medical Clinic, P.A.

**CHILDREN'S PHYSICIAN NETWORK**
- All About Children Pediatrics, P.A.
- Central Pediatrics St. Paul
- Central Pediatrics, P.A.
- Woodbury
- Childrens Clinic of St. Paul
- Childrens Health Care Clinic
- Minneapolis
- Dakota Pediatric Clinic Inver Grove Heights

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*Drs Sackett, Huberty & Pohl*
*Eagan Valley Pediatrics, P.A.*
*Edina Pediatrics*
*Fridley Childrens and Teenagers Medical Clinic, P.A.*
*Northeast Pediatric Clinic, P.A.*
*Partners in Pediatrics, Ltd Minneapolis*
*Partners in Pediatrics, Ltd Plymouth*
*Partners in Pediatrics, Ltd Robbinsdale*
*Partners in Pediatrics, Ltd. Brooklyn Park*
*Partners in Pediatrics, Ltd. Maple Grove*
*Pediatric and Young Adult Medicine Eagan*
*Pediatric & Young Adult Medicine Lake Elmo*
*Pediatric & Young Adult Medicine Maplewood*
*Pediatric & Young Adult Medicine, P.A.-St. Paul*
*Pediatric Services, P.A. South Lake Clinic/Pediatrics West-Minnetonka*
*South Lake Pediatrics Children's West*
*South Lake Pediatrics Plymouth*
*Southdale Pediatric Associates, Ltd. Burnsville*
*Southdale Pediatric Associates, Ltd. Eden Prairie*
*Southdale Pediatric Associates, Ltd. -Edina*

**COLUMBIA PARK MEDICAL GROUP**
*Columbia Park Medical Group-Andover Park Clinic*
*Columbia Park Medical Group-Brooklyn Park Clinic*
*Columbia Park Medical Group-Columbia Park Clinic*
*Columbia Park Medical Group-Fridley Plaza Clinic*

**COMMUNITY UNIVERSITY HEALTH CARE CENTER**
*Community Univ Health Care Center Variety Children's Clinic*

**CROSROADS MEDICAL CENTER**
*Crosroads Medical Center P.A. Chaska*
*Crosroads Medical Center P.A. Prior Lake*
*Crosroads Medical Center P.A. Shakopee*
| Participating Providers | | |
|-------------------------|--------------------------|
| FAIRVIEW CLINICS | MinnHealth Family Phys Scenic Hills |
| Fairview Cedar Ridge Clinic | MinnHealth Family Phys Vadnais Heights |
| Fairview Crosstown Clinic | MinnHealth Family Phys White Bear |
| Fairview EdenCenter Clinic | MinnHealth Family Phys Woodbury |
| Fairview Hiawatha Clinic | FREMONT COMMUNITY CLINIC |
| Fairview Highland Park Clinic | Central Avenue Clinic |
| Fairview Jonathan Clinic | Fremont Community Clinic |
| Fairview Chisago Lakes Clinic | Sheridan Women & Children’s Clinic |
| Fairview Lakes Lino Lakes Clinic | HEALTHEAST CLINICS |
| Fairview Lakes North Branch Clinic | HealthEast Cottage Grove Clinic |
| Fairview Lakes Regional Medical Center | HealthEast Downtown St. Paul Clinic |
| Fairview Lakes Rush City Area Clinic | HealthEast Macalester/Groveland Family Physicians |
| Fairview Northeast Clinic | HealthEast Maplewood Clinic |
| Fairview Northland Clinics Elk River | HealthEast Midway Clinic |
| Fairview Northland Clinics Milaca | HealthEast Oakdale Clinic |
| Fairview Northland Clinics Princeton | HealthEast Payne Ave Clinic |
| Fairview Northland Clinics St. Michael | HealthEast Rice Street Clinic |
| Fairview Northland Clinics Zimmerman | HealthEast Vadnais Heights Clinic |
| Fairview Oxboro Clinic | HealthEast White Bear Ave Clinic |
| Fairview Ridge Valley Clinic | HealthEast Woodbury Clinic |
| Fairview Ridges Clinic | HEALTHPARTNERS CENTRAL MINNESOTA CLINICS |
| Fairview Uptown Clinic | Albany Medical Center |
| Staub Clinic | Avon Medical Center |
| FAIRVIEW RED WING HEALTH SERVICES | Alexandria Clinic, P.A. |
| Fairview Red Wing Medical Center | Broadway Medical Center |
| FAMILY HEALTHSERVICES MINNESOTA | Community Medical Center Pierz |
| East Metro Family Practice-Arcade | Family Medical Center-Little Falls |
| East Metro Family Practice-Gorman | Foley Medical Center |
| East Metro Family Practice-IGH | HealthPartners Central MN Clinics-St. Cloud |
| East Metro Family Practice-Maryland | HealthPartners Central MN Clinics-Waite Park |
| East Metro Family Practice-North St. Paul | Integrated Health Center of PAHC |
| East Metro Family Practice-Woodlane | Jordan Medical P.A. |
| EMFP-Highland Family Phys | Lakeview Medical Clinic, P.A. |
| MinnHealth Family Phys Afton Rd. | Mille Lacs Family Clinic Isle |
| MinnHealth Family Phys Banning Ave. | Mille Lacs Family Clinic-Onamia |
| MinnHealth Family Phys Larpenteur | Paynesville Area Medical Clinic |
| MinnHealth Family Phys Maplewood | Richmond Area Medical Center RiverPlace Clinic, Inc. |
| HEALTHPARTNERS MEDICAL GROUP & CLINICS | Watkins Family Practice Center |
| HealthPartners Behavioral Health | HealthPartners Regions Behavioral Health |
| | HealthPartners Regions Health Center for Women |
| | HealthPartners Regions Center for International Health |
| | HealthPartners Regions Family Physicians |
| | HealthPartners Regions Seniors Clinic |
| | HPMG - Apple Valley |
| | HPMG - Arden Hills |
| | HPMG - Bloomington |
| | HPMG - Brooklyn Center |
| | HPMG - Como |
| | HPMG - Coon Rapids |
| | HPMG - Inver Grove Heights |
| | HPMG - Maple Grove |
| | HPMG - Midway |
| | HPMG - Ridgedale |
| | HPMG - Riverside |
| | HPMG - Spring Lake Park |
| | HPMG - St. Paul |
| | HPMG - Uptown |
| | HPMG - West |
| | HPMG - White Bear Lake |
| | HPMG - Woodbury |
| | PartneringCare Senior Services |
| | HENNEPIN FACULTY ASSOCIATES |
| | Hennepin Care North |
| | HUTCHINSON DASSAL CARE |
| | Dassel Medical Clinic |
| | Hutchinson Medical Center |
| | IMMANUAL ST JOSEPH’S-MAYO HEALTH SYSTEM |
| | ISJ Clinic-Northridge |
| | INDIAN HEALTH BOARD OF MINNEAPOLIS |
| | Indian Health Board of Minneapolis |
| | LAKE CITY/WABASHA CLINIC – MAYO HEALTH SYSTEMS |
| | Alma Clinic-Mayo Health System |
| | Lake City Clinic-Mayo Health System |
| | Wabasha Clinic-Mayo Health System |
| | LAKEVIEW CLINIC |
| | Lakeview Clinic Ltd.-Waconia |
| | Lakeview Clinic Ltd.-Watertown |
| | Lakeview Clinic West |
| | Lakeview Clinic-Chaska |
| | MERITCARE MEDICAL GROUP |
| | MeritCare Clinic Detroit Lakes |
| | MeritCare Clinic Mayville |
### Participating Providers

**Primary Care, cont.**

- MeritCare Clinic Moorhead
- MeritCare Clinic North Fargo
- MeritCare Clinic Valley City
- MeritCare Clinic Wahpeton
- MeritCare Clinic West Fargo
- MeritCare Medical Group

**Metropolitan Internists, P.A.**
- Metropolitan Internists, P.A.

**Minnesota Healthcare Network**

- AALFA Family Practice, P.A.
- Apple Valley Medical Center
- Associated Medical & Dental
- Baldwin Area Medical Center
- Burnsville Family Physicians
- Catalyst Medical Clinic
- Edina Sports Health & Wellness P.A.
- France Avenue Family Physicians, P.A.
- Glencoe Regional Health Services-Glencoe Clinic
- Glencoe Regional Health Services-Winsted Clinic
- Metropolitan Pediatric
- Specialists-Burnsville
- Metropolitan Pediatric
- Specialists-Edina
- Metropolitan Pediatric
- Specialists-Shakopee
- Montgomery Medical Clinic
- New Prague Medical Clinic, P.A.
- NMC-Elk River Physicians (all in Robbinsdale)
- NMC-Brooklynn Park Family Physicians
- NMC-Golden Valley Family Physicians
- NMC-Minnetonka Physicians
- NMC-Northeast Family Physicians
- Parkview Medical Clinic
- Pediatric & Adolescent Care of Minnesota-Eagan
- Pediatric & Adolescent Care of MN-Shoreview
- Pediatric & Adolescent Care of MN-West St. Paul
- Pediatric & Adolescent Care of MN-White Bear Lake
- Pediatric & Adolescent Care of MN-Woodbury
- Richfield Medical Group
- Silver Lake Clinic-Minneapolis
- Silver Lake Clinic-Shoreview
- Soteria Family Health Center
- Southdale Family Practice
- Southdale Internal Medicine
- St. Anthony Park
- St. Paul Family Medical Center
- Valley Family Practice
- Wayzata Childrens Clinic-Mound
- Wayzata Childrens Clinic-Wayzata

**Minnesota Rural Health Cooperative**
- Family Practice Medical Center of Wilmars

**Multicare Associates of the Twin Cities**
- Multicare Associates-Blaine
- Multicare Associates-Fridley

**North Clinic**
- North Clinic, P.A.-Maple Grove
- North Clinic, P.A.-Osseo
- North Clinic, P.A.-Plymouth
- North Clinic-Robbinsdale

**Northstar Physicians**
- Duluth Internal Medicine Association
- Gateway Family Health Center
- Kunde & Streitz, P.A.
- Mount Royal Medical Center
- North Woods Community Health Center-Minong

**North Suburban Family Physicians**
- North Suburban Family Physicians-Lino Lakes
- North Suburban Family Physicians-Roseville
- North Suburban Family Physicians-Shoreview

**Northwest Family Physicians**
- Northwest Family Physicians-Crystal
- Northwest Family Physicians-Plymouth
- Northwest Family Physicians-Rogers

**Olmsted Medical Center**
- Olmsted Medical Center-Byron
- Olmsted Medical Center-Chateau
- Olmsted Medical Center-Northwest Rochester
- Olmsted Medical Center-Pine Island
- Olmsted Medical Center-Plainview
- Olmsted Medical Center-Preston
- Olmsted Medical Center-Rochester
- Olmsted Medical Center-Spring Valley
- Olmsted Medical Center-St. Charles
- Olmsted Medical Center-Stewartville
- Olmsted Medical Center-Wanamingo

**Open Cities Health Center**
- Open Cities Health Center – Dale
- North End Health Center

**Osceola Medical Center**
- Osceola Medical Center

**Owatonna Clinic – Mayo Health System**
- Owatonna Clinic-Mayo Health System

**Park Nicollet Clinic Health Services**
- Edina Family Physicians
- Long Lake Family Practice
- Park Nicollet Clinic - Bloomington
- Park Nicollet Clinic - Brookdale
- Park Nicollet Clinic - Burnsville
- Park Nicollet Clinic - Carlson
- Parkway
- Park Nicollet Clinic - Eagan
- Park Nicollet Clinic - Eden Prairie
- Park Nicollet Clinic - Golden Valley
- Park Nicollet Clinic - Maple Grove
- Park Nicollet Clinic - Minneapolis
- Park Nicollet Clinic - Minnetonka
- Park Nicollet Clinic - Plymouth
- Park Nicollet Clinic - Prairie Center
- Park Nicollet Clinic - Prior Lake
- Park Nicollet Clinic - Shakopee
- Park Nicollet Clinic - Wayzata
- Park Nicollet-9th Ave Hopkins
- Park Nicollet-Creekside
- Park Nicollet-Saint Louis Park
- Park Nicollet Mental Health

**Pilot City Health**
- Pilot City Health Center

**Quello Clinic**
- Quello Clinic Ltd-Amsden Ridge
- Quello Clinic-Burnsville
- Quello Clinic Ltd-Eden Prairie
- Quello Clinic Ltd-Edina
- Quello Clinic Ltd-Lakeville
## PARTICIPATING PROVIDERS

### Primary Care, cont.

- Quello Clinic Ltd-Mall of America
- Quello Clinic Ltd-Savage

**REGINA MEDICAL GROUP**
- Regina Medical Group
- Regina Medical Group-Prescott

**RIDGEVIEW CARE SYSTEM**
- Ridgeview Chanhassen Clinic
- Ridgeview Delano Clinic
- Ridgeview Howard Lake Clinic
- Ridgeview Mound Clinic

**RIVERWAY CLINICS**
- Riverway Clinic-Anoka
- Riverway Clinic-Elk River
- RiverWay Clinics-Andover

**SIOUX VALLEY**
- Family Healthcare
- Family Practice Physicians South
- Pediatric Specialists of Sioux Falls
- Sioux Valley Clinic-21st St.
- Sioux Valley-Center for Family Medicine
- Sycamore Clinic

**SOUTHERN METRO CLINICS**
- Le Sueur Medical Clinic

**SOUTHSIDE COMMUNITY HEALTH SERVICES**
- Green Central Community Clinic
- Southside Community Clinic

**ST CROIX REGIONAL MEDICAL CENTER**
- St. Croix Regional Medical Center-St. Croix Falls
- St. Croix Regional Medical Center-Balsam Lake
- St. Croix Regional Medical Center-Frederic

**ST MARY’S DULUTH CLINIC HEALTH SYSTEM**
- Duluth Clinic-Deer River
- Duluth Clinic-Ely

**ST PAUL INTERNISTS**
- St. Paul Internists

**STILLWATER MEDICAL GROUP**
- Stillwater Medical Group, P.A.-Curve Crest
- Stillwater Medical Group, P.A.-Greeley
- Stillwater Medical Group, P.A.-Somerset

**UNIVERSITY FAMILY PHYSICIANS**
- UFP-Bethesda Clinic

- UFP-North Memorial Clinic
- UFP-Phalen Village Clinic
- UFP-Smiley's Clinic

**VAURIO, SCHMIDT, REED, MDS,**
- Vaurio, Schmidt, Reed, MDs, P.A.

**WADENA/TRI-COUNTY**
- Wadena Medical Center, Ltd

**WEST SIDE COMMUNITY HEALTH SERVICES**
- West Side Community Health Services-La Clinica
- West Side Community Health-McDonough Homes Clinic
- West Side Community Health - Roosevelt Homes Clinic

**WINONACHOOSE**
- Family Medicine of Winona, P.A.
- Lewiston Clinic
- Rushford Clinic
- Winona Clinic, Ltd

**WESTERN WISCONSIN MEDICAL ASSOCIATION**
- Hudson Physicians
- New Richmond Clinic
- River Falls Medical Clinic-Elsworth
- River Falls Medical Clinic-River Falls
- River Falls Medical Clinic-Spring Valley

### Specialty Providers

- Allina Orthopedics
- Capital Orthopedics, Ltd
- Cardiovascular Consultants, Ltd
- Drs. Haislet, Wavrin, Wright & Lehrman Associates
- Ear, Nose & Throat Specialty Care of Minnesota
- HealthPartners Medical Group & Clinics Cardiology
- Metropolitan Cardiology Consultants, PA
- Minneapolis Cardiology Associates
- Minnesota Heart Clinic, PA
- Minnesota Orthopedic Specialists, PA
- Northwest Orthopedic Surgeons, PA
- Oakdale Obstetrics & Gynecology, PA
- Obstetrics & Gynecology Specialists, PA
- Orthopedic Consultants, PA
- Orthopedic Surgeons, Ltd

**Hospitals**

- Abbott Northwestern Hospital
- Fairview Lakes Regional Medical Center
- Fairview Ridges Hospital
- Fairview Southdale Hospital
- Fairview University Medical Center, Riverside Campus
- HealthEast Woodwinds Hospital
- HealthEast St. John's
- HealthEast St. Joseph's
- Hennepin County Medical Center
- Lakeview Hospital
- Mercy Medical Center
- Methodist Hospital
- North Memorial Medical Center
- Olmsted Medical Center/Hospital Regions Hospital
- Ridgeview Medical Center
- St. Cloud Hospital
- St. Francis Regional Medical Center
- United Hospital
- Unity Hospital
HealthPartners has been awarded "Excellent" Accreditation for its commercial HMO, point-of-service and Medicare+Choice plans from the National Committee for Quality Assurance (NCQA). NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.