

Annual report shows progress in quality of care provided to low-income Minnesotans

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With the release of the fifth annual Health Care Disparities Report for Minnesota Health Care Programs (MHCP), long-term progress is clear. Measures for controlling high blood pressure, appropriate testing for children with sore throats, screening for breast and cervical cancer and providing childhood immunizations improved between 11 and 30 percentage points.

Despite this progress, the quality of health care provided to people who have coverage through MHCP continues to lag behind that provided to those with other insurance. This includes care of serious illnesses like diabetes and vascular conditions, which are among the measures with the greatest disparities. “We are glad to see continued improvement on important health care measures,” said Human Services Commissioner Lucinda Jesson. “But we need to do more to close the gap for people on our public programs. One of the ways we are looking to do this is through the new accountable care delivery systems we will be announcing later this summer.”

The report produced by MN Community Measurement in collaboration with the Department of Human Services (DHS) looks at care provided to MHCP enrollees in managed care organizations during 2010. It includes performance rates on 13 specific measures, from preventive care, such as cancer screenings, to care for chronic conditions, such as diabetes and high blood pressure. Each year, more health measures or greater detail on existing measures have been added.

The largest improvement from last year occurred for controlling high blood pressure, with 72 percent of hypertensive patients achieving acceptable levels, an improvement of 5 percentage points.

“This information is important because it helps us identify not just the disparities, but which clinics are reducing disparities and how others can achieve the same results,” said Jim Chase, MN Community Measurement president.

Generally, the disparities between MHCP and other purchasers have declined in the years since measurement commenced. Yet in the 2011 report, performance rates on 10 of 13 measures were significantly lower for MHCP enrollees than for patients on private, employer-based health care insurance or Medicare programs. The largest disparities are in colorectal cancer screening (19 percentage points), breast cancer screening and optimal

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vascular care (both 13 percentage points), and optimal diabetes care (12 percentage points).

Recent initiatives in the state's public programs will help reduce disparities and may offer insight to other health care organizations seeking to improve care of public program enrollees, Jesson said. These include health care homes and new innovative systems, such as accountable care organizations that are focused on outcomes for specific populations and offer incentives for providers to increase quality and control cost. DHS' efforts in this area include:

- Health care homes that provide care coordination and other services to improve health outcomes of public program enrollees who have complex medical needs.
- Hennepin Health, a pilot project by DHS and Hennepin County, which is testing new strategies to better serve Medical Assistance (MA) adults with high needs for health care and social services. Hennepin Health integrates medical, behavioral health and additional county services in a patient-centered model of care.
- Health Care Delivery Systems, an initiative that DHS is negotiating with nine provider organizations to develop payment models that encourage better integration and accountability for health care, behavioral health, social service and long-term care.
- A dual-demonstration proposal DHS is working on with the federal government to further integrate services and align financing for MA enrollees who also have Medicare.

"These initiatives help us move closer to our goal of more person-centered care by focusing on the needs of specific populations, rather than using a 'one-size-fits-all model,'" Jesson said.

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