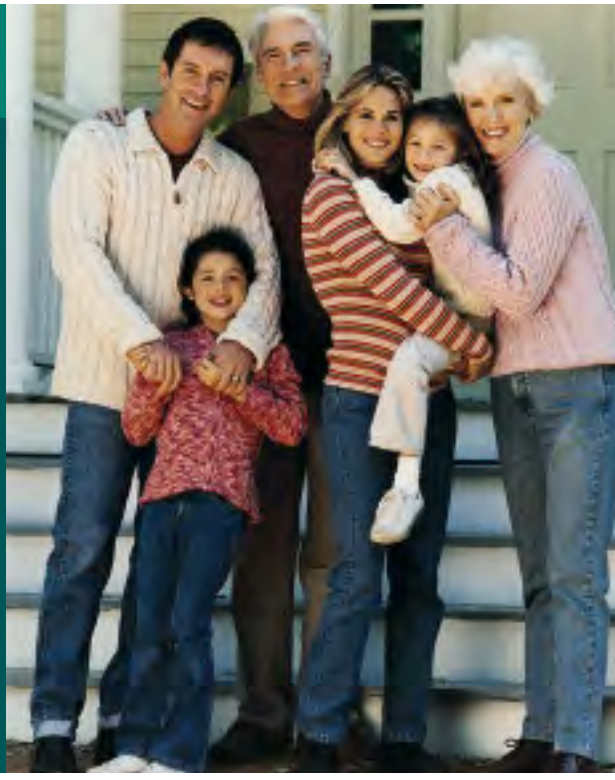
HealthPartners®

Clinical Indicators Report

2002 Results

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



HealthPartners®

P.O. Box 1309
Minneapolis, MN 55440-1309
www.healthpartners.com

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

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

Report Prepared By:

Diane Wehrle, Measurement Coordinator
Performance Measurement and Improvement

Key Contributors:
René Fisher, Senior Manager, Health Services Analysis and Reporting
Michelle Kairis, Consultant, Health Services Analysis and Reporting
Deborah Mullen, Senior Analyst, Health Services Analysis and Reporting
Rachel Woods, Consultant, Health Services Analysis and Reporting
Rick Carlson, Statistical Consultant, HealthPartners

Please direct questions or comments to:

Gail Amundson, MD, FACP
Associate Medical Director
Quality Improvement
(952) 883-5378
gail.m.amundson@healthpartners.com

Sue Gentilli
Director
Performance Measurement and Improvement
(952) 883-5758
susan.l.gentilli@healthpartners.com

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SUMMARY OF CLINICAL INDICATORS

2002 Results

CLINICAL INDICATOR		2002 Rate	± 95%	Page
Depression Care				
Optimal Depression Care	**H**	**15.5%**	3.0%	**5**
Diabetes Care				
Optimal Diabetes Care (A1c ≤ 8, LDL< 130, BP < 130/85)	**H**	**13.1%**	1.2%	**9**
Optimal Diabetes Care (Proposed Targets) (A1c ≤ 7, LDL< 100, BP < 130/80)	**H**	**4.2%**	0.7%	**9**
Heart Health				
Optimal Coronary Artery Disease Care (LDL< 130, BP <140/90 age ≤60, <160/90 age>60)	**H**	**42.2%**	5.8%	**14**
Optimal Coronary Artery Disease Care (Proposed Targets) (LDL< 100, BP < 140/90 all ages)	**H**	**22.0%**	4.9%	**14**
Immunizations				
Pediatric Combination 1 (4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 HBV)	**H**	**71.2%**	2.4%	**18**
Pediatric Combination 2 (4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 HBV, 1 VZV)	**H**	**64.2%**	2.6%	**18**
Prevention				
Healthy Lifestyle Advice *Report supplement to follow when data available*	**S**			
Preventive Services –	**H**	**76.5%**	3.5%	**22**
Includes Chlamydia	**H**	**75.4%**	3.5%	**22**
Tobacco Use and Cessation				
Tobacco – Assessment Rate	**C**	**84.8%**	2.5%	**26**
Tobacco – Adult Prevalence Rate *Report supplement to follow when data available*	**S**			
Tobacco – Assist Rate *Report supplement to follow when data available*	**S**			
Tobacco – Second Hand Exposure *Report supplement to follow when data available*	**S**			

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

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

Total Eligible Members	4,860
Members Sampled	528
Members Optimally Managed	82
Members Optimally Managed *	**15.5%** (± 3.0)
Behavioral Health Provider Groups	
Total Members Sampled	126
Total Members Optimally Managed	37
Members Optimally Managed	**29.4%** (± 8.0)
Non Behavioral Health Provider Groups	
Total Members Sampled	402
Behavioral Health Practitioner Provider Groups	45
Members Optimally Managed	**11.2%** (± 3.0)

** Weighted HealthPartners rates*

Results, cont.

Completion Rate by Individual Component*[1]		
Five or more depression symptoms at index visit	**40.5%**	(± 4.2)
Three or more symptoms monitored at follow-up	**43.6%**	(± 4.3)
Continuation of antidepressant med for 180 days	**54.0%**	(± 4.4)
Continuation of antidepressant med for 90 days	64.6%	(± 4.3)
Behavioral Health Provider Groups		
Five or more depression symptoms at index visit	**61.9%**	(± 9.1)
Three or more symptoms monitored at follow-up	**58.7%**	(± 8.7)
Continuation of antidepressant med for 180 days	**61.9%**	(± 8.5)
Continuation of antidepressant med for 90 days	72.2%	(± 8.7)
Non-Behavioral Health Provider Groups		
Five or more depression symptoms at index visit	**33.8%**	(± 4.6)
Three or more symptoms monitored at follow-up	**38.8%**	(± 4.8)
Continuation of antidepressant med for 180 days	**51.5%**	(± 5.0)
Continuation of antidepressant med for 90 days	62.2%	(± 5.0)

**** Weighted HealthPartners rates***

[1] 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[1]/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.

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

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

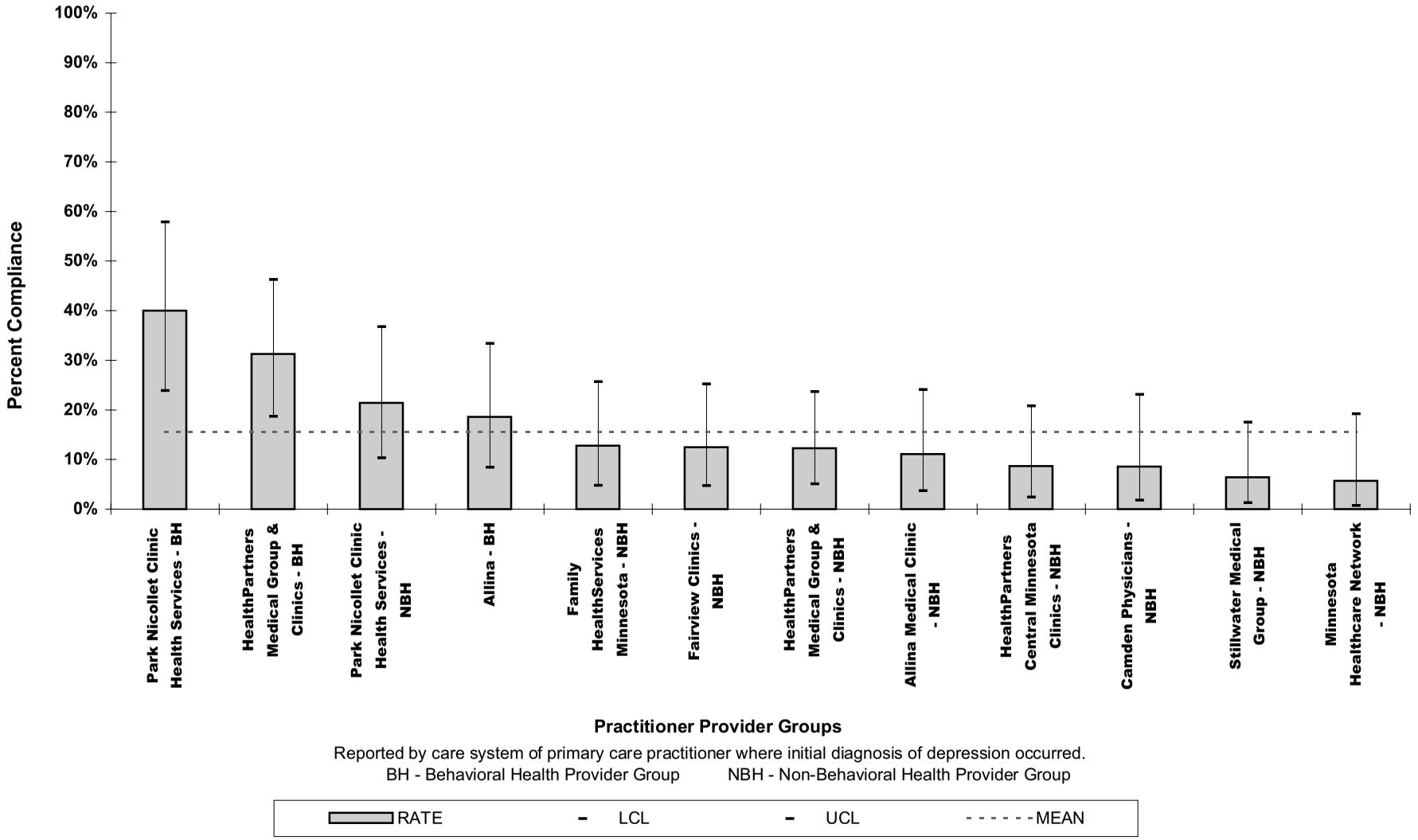
[1] HEDIS 2003 reports 2002 dates of service

External Rate Comparison

	Antidepressant Medication 90 Days	Antidepressant Medication 180 Days
HEDIS 2003 National Average	59.8%	42.8%
HEDIS 2003 Benchmark	74.0%	58.9%

HealthPartners
Clinical Indicators

Optimal Depression Care
1/1/2002 - 12/31/2002



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

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*

Total Eligible Members	17,370
Members Sampled	4,179
Members with Managed Risk Factors	524
Members Managed	**13.1%** (± 1.2)
Members Optimally Managed *(proposed targets)*	**4.2%** (± 0.7)

** Weighted HealthPartners rates*

Results, cont.*

Rate by Risk Factor

HbA1c Screening in 2002	**90.3%**	(± 1.0)
HbA1c ≤ 8	**66.7%**	(± 1.6)
LDL Screening in 2002	**85.0%**	(± 1.2)
LDL < 130	**60.6%**	(± 1.7)
Blood Pressure Control (<130/85) in 2002	**41.4%**	(± 1.7)
Aspirin Use (age >40) in 2002	**57.6%**	(± 1.8)
Tobacco Non-user	**80.6%**	(± 1.3)

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**

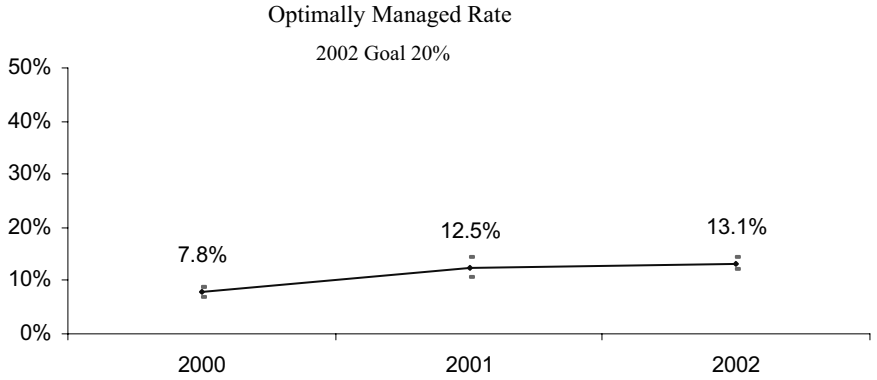
Cumulative Distribution by HbA1c Level
Members Sampled 4,179[1]

HbA1c Level	Members	Rate by HbA1c Level *	± 95% CI
≤ 6	620	14.5%	(± 1.2)
≤ 7	1,871	45.1%	(± 1.7)
≤ 8	**2,746**	**66.7%**	(± 1.6)
≤ 9	3,169	76.7%	(± 1.5)
≤ 10	3,424	82.7%	(± 1.3)
> 10	206	4.6%	(± 0.7)
No result found[2]	549	12.8%	(± 1.1)

[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



Historical Rate Comparison, cont.

	1999	2000	2001	2002
HbA1c Average	7.7%	7.5%	7.1%	7.3%
LDL Average	115 mg/dl	111 mg/dl	106 mg/dl	106 mg/dl
Systolic BP Average	134 mm	133 mm	133 mm	130 mm
Diastolic BP Average	77 mm	76 mm	75 mm	75 mm

HealthPartners HEDIS 2003[1]/State Rates

	HbA1c Screening	LDL Screening	LDL <130
NCQA – Commercial	91.2% (± 2.8)	88.1% (± 3.3)	60.7% (± 4.8)
NCQA – Medicare + Choice	93.1% (± 2.7)	92.0% (± 2.8)	70.0% (± 4.8)
NCQA – Medicare Cost	94.4% (± 2.4)	92.6% (± 2.8)	71.8% (± 4.7)
State – Commercial *(HealthPartners License)*	89.3% (± 3.1)	86.4% (± 3.5)	56.0% (± 5.0)
State – Commercial *(Group Health License)*	89.1% (± 3.2)	86.9% (± 3.4)	63.5% (± 4.8)

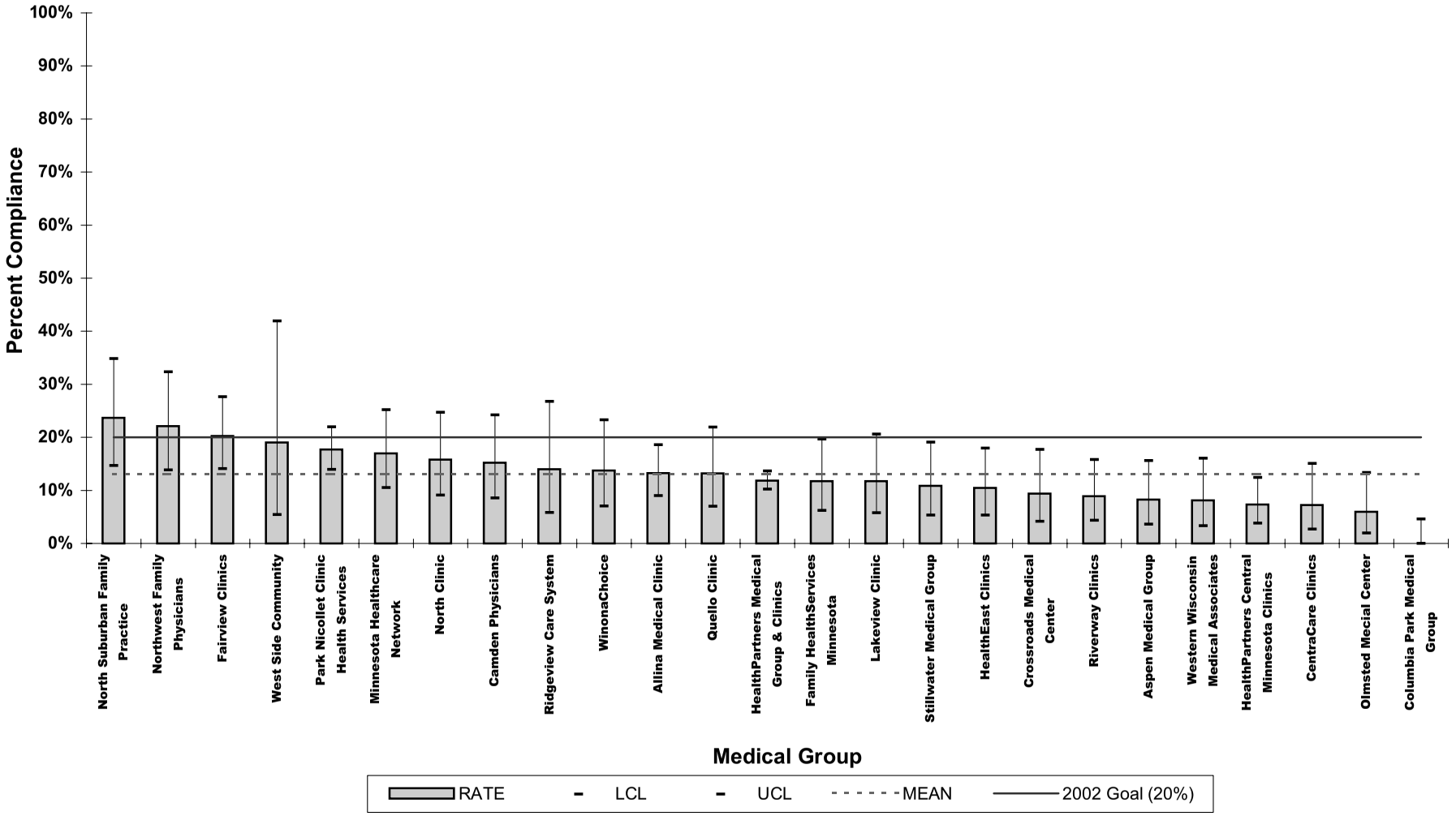
[1] *HEDIS 2003 reports 2002 dates of service. HEDIS measure reports HbA1c >9.5 and does not include blood pressure control, aspirin use, tobacco non-user or combination rates such as Members with Managed Risk Factors. NCQA and State rates are reported separately by product.*

External Rate Comparison

	HbA1c Screening	LDL Screening	LDL < 130
HEDIS 2003 National Average	82.6%	85.1%	54.8%
HEDIS 2003 Benchmark	93.2%	94.4%	70.3%

HealthPartners
Clinical Indicators

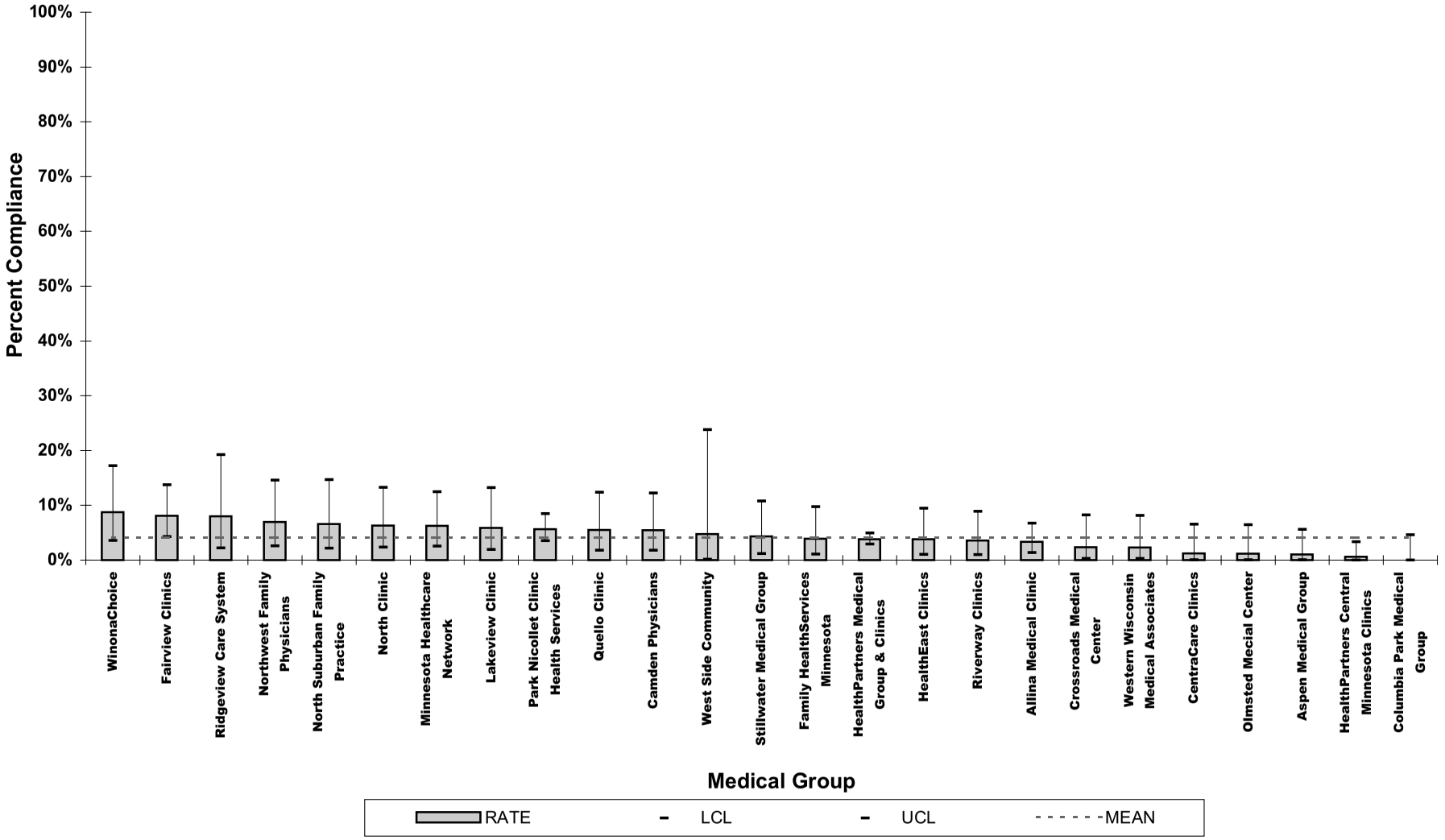
Optimal Diabetes Care - Members Optimally Managed
1/1/2002 - 12/31/2002



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

HealthPartners
Clinical Indicators

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

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 included 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		
LDL Screening in 2002	**86.2%**	(± 3.8)
LDL < 130	**68.6%**	(± 5.4)
Lipid Rx Use in 2002 (LDL ≥ 130)	**91.5%**	(± 2.6)
Aspirin Use in 2002	**87.3%**	(± 3.6)
Blood Pressure Control (<140/90 age ≤60, <160/90 age>60)	**80.4%**	(± 4.5)
Tobacco Non-user	**83.0%**	(± 4.1)

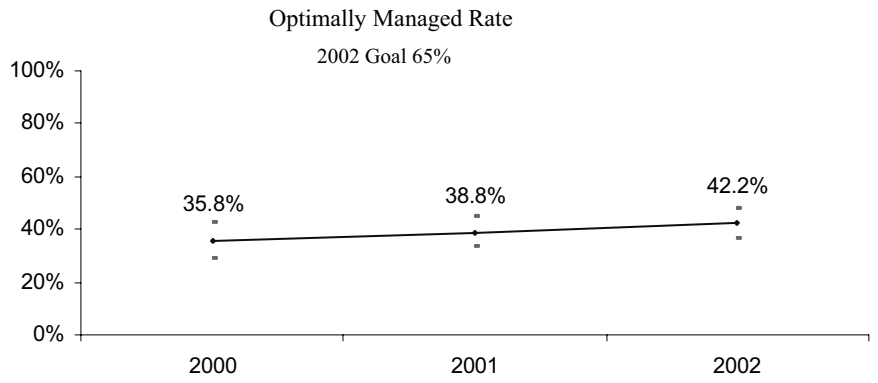
** Weighted HealthPartners rates*

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



	1999	2000	2001	2002
LDL Average	109 mg/dl	104 mg/dl	101 mg/dl	102 mg/dl
Systolic BP Average	129 mm	131 mm	128 mm	128 mm
Diastolic BP Average	80 mm	76 mm	74 mm	75 mm

HealthPartners HEDIS 2003/State Rates

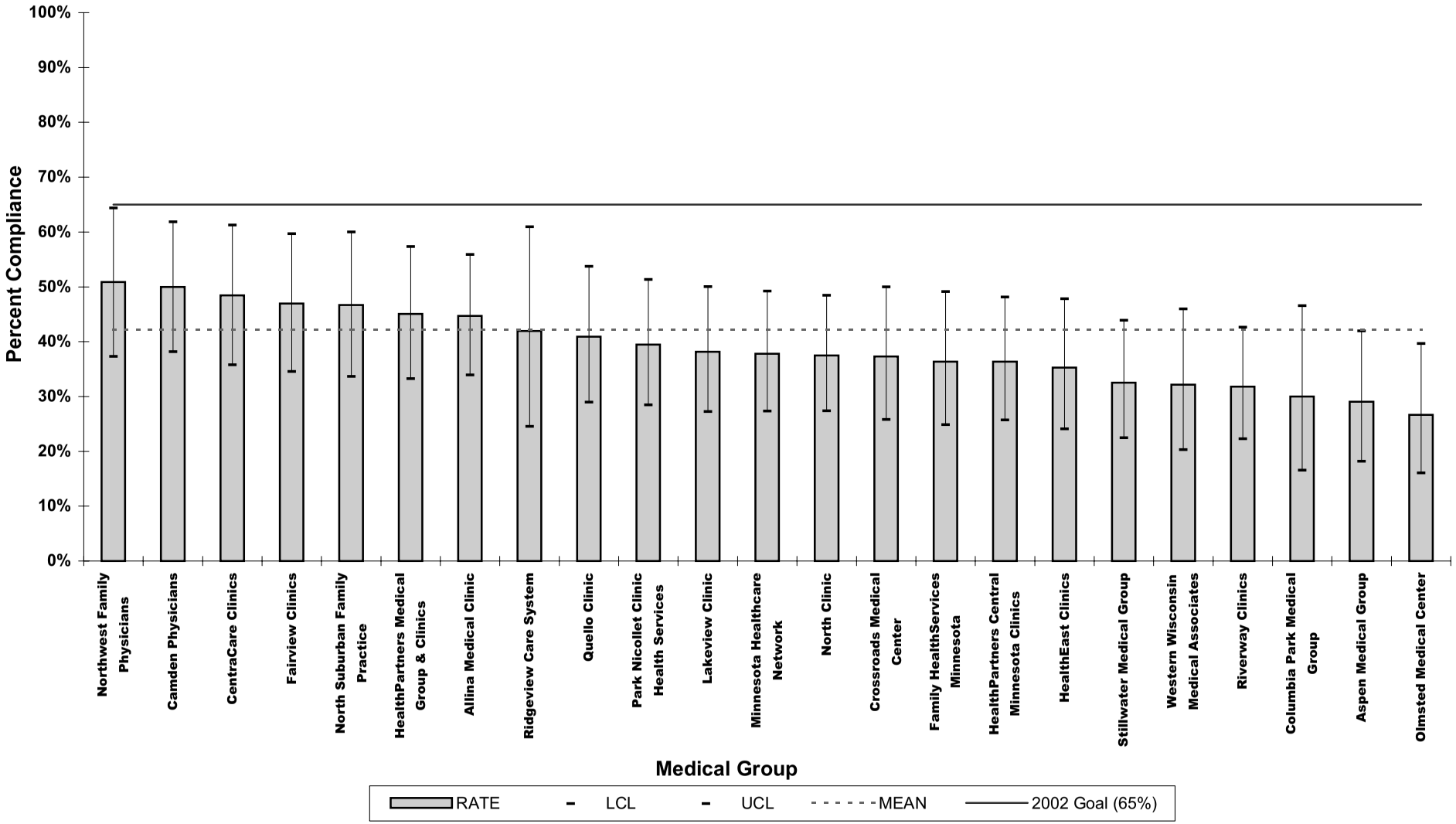
This is not a HEDIS or State measure.

External Rate Comparison

Not available

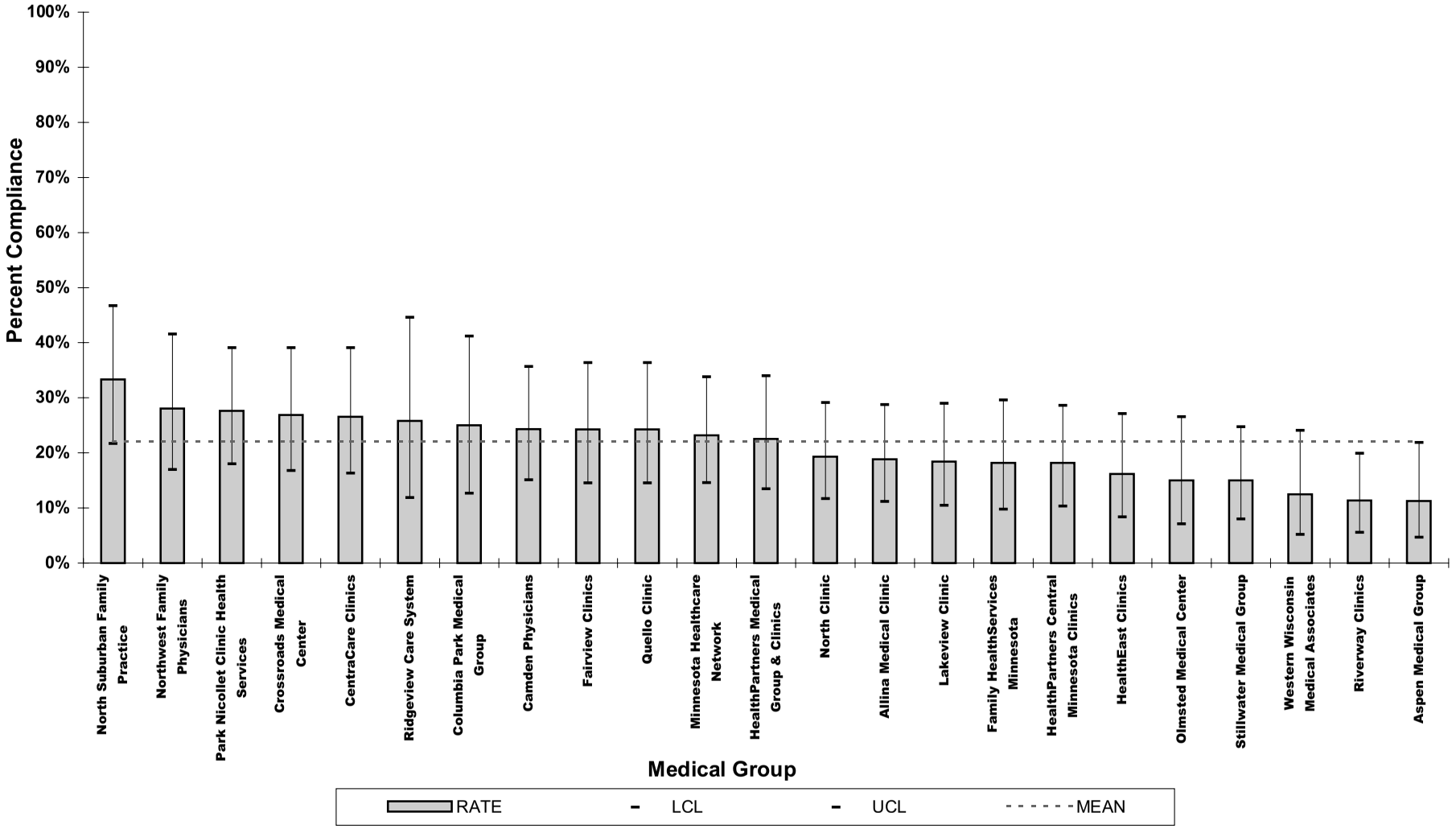
HealthPartners
Clinical Indicators

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



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



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.

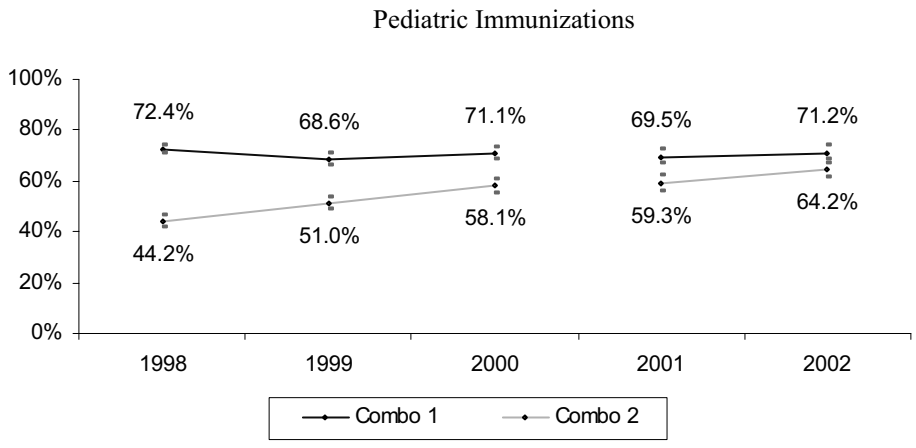
Results*

		Eligible Members	Members Sampled	Total UTD	UTD Rate
Combo 1	**4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HBV**	7,482	1,371	954	**71.2%** (± 2.4)
Combo 2	**4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HBV, 1 VZV**	7,482	1,371	855	**64.2%** (± 2.6)

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 Hepititis B	**90.2%** (± 1.6)
1 Varicella	**80.8%** (± 2.1)

** Weighted HealthPartners rates*

Historical Rate Comparison[1]



[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.*

HealthPartners HEDIS 2003[1]/State Rates

	Combo 1	Combo 2
NCQA – Commercial	74.9% (± 4.3)	67.2% (± 4.7)
State – Commercial *(HealthPartners License)*	76.4% (± 4.2)	69.6% (± 4.6)
State – Commercial *(Group Health License)*	79.0% (± 7.5)	72.6% (± 8.3)
State – PMAP	57.9% (± 4.9)	50.9% (± 5.0)
State – MNCare	70.4% (± 6.3)	62.9% (± 6.7)

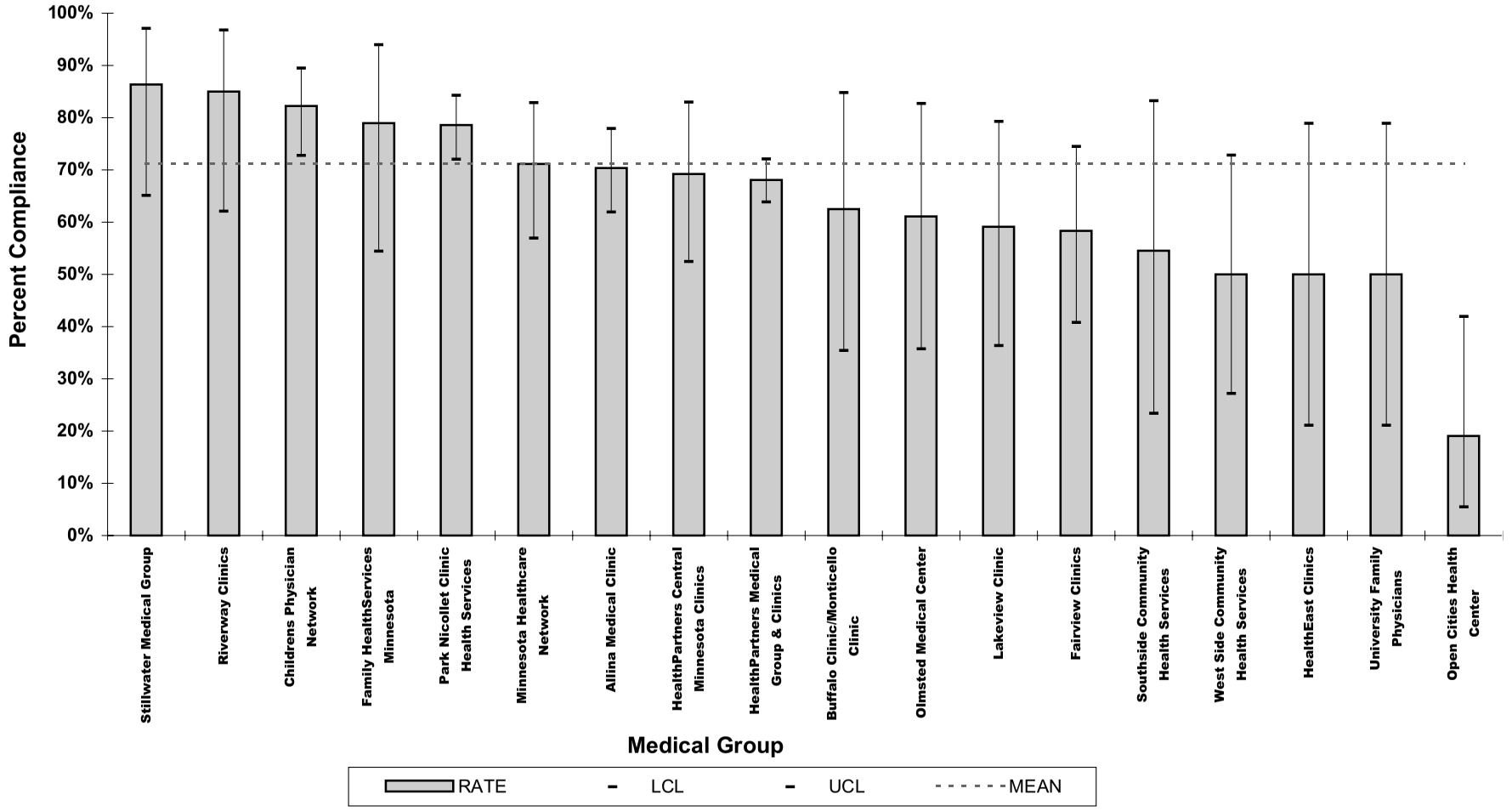
[1] *HEDIS 2003 reports 2002 dates of service.*

External Rate Comparison

	Combo 1	Combo 2
HEDIS 2003 National Average	68.6%	62.5%
HEDIS 2003 Benchmark	86.0%	81.8%

HealthPartners
Clinical Indicators

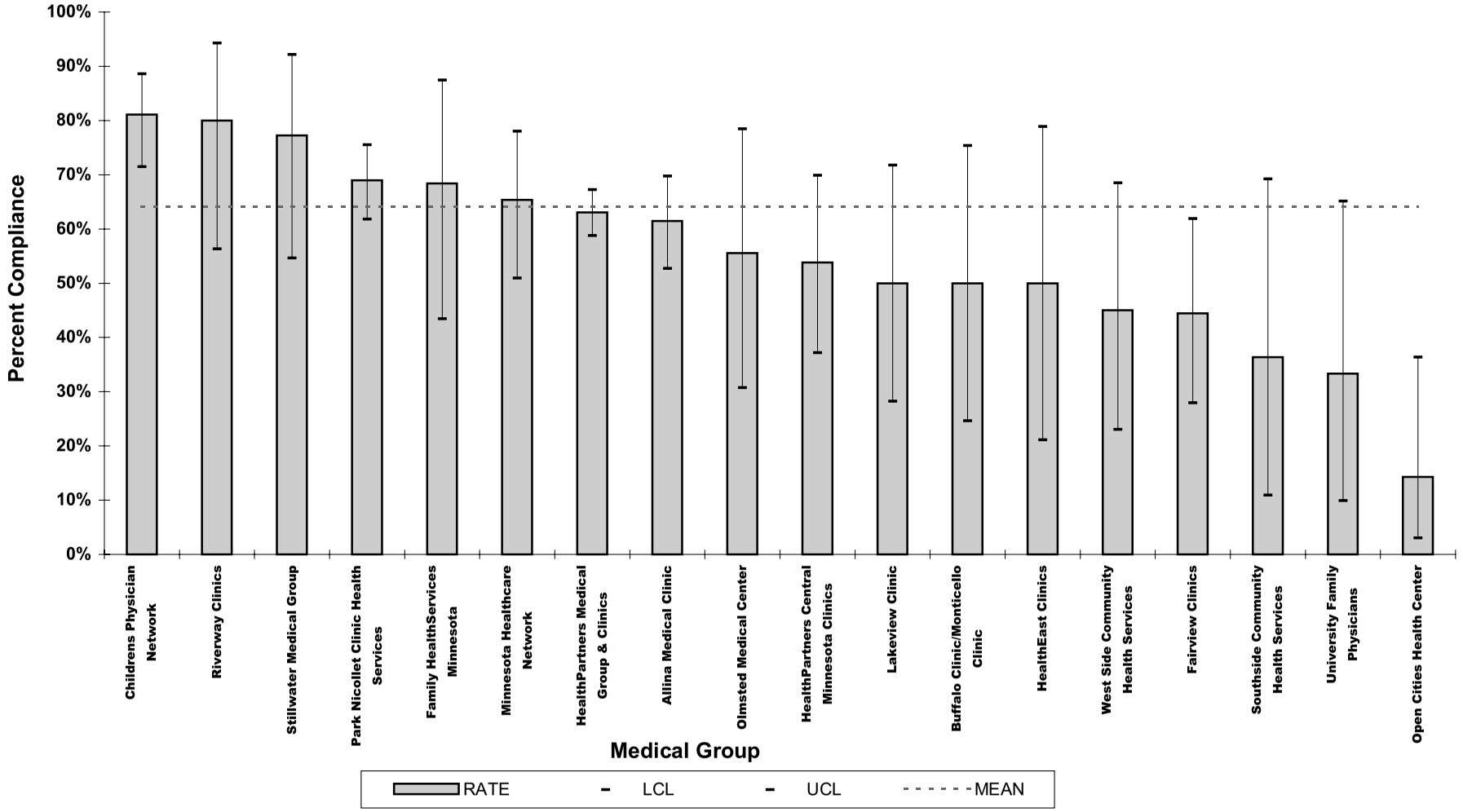
Pediatric Immunizations - Combination 1
(4 DTP, 3 Polio, 1 MMR, 3 HiB, 3 HBV)
1/1/2002 - 12/31/2002



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

HealthPartners
Clinical Indicators

Pediatric Immunizations - Combination 2
(4 DTP, 3 Polio, 1 MMR, 3 HiB, 3 HBV, 1 VZV)
1/1/2002 - 12/31/2002



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*

Total Members Sampled	2,620	
Total Members Up to Date	2,007	
Members Up to Date[1] Includes immunization combination components	**76.5%**	(± 3.5)
Members Up to Date[1] Includes immunization combination components and chlamydia screening	**75.4%**	(± 3.5)

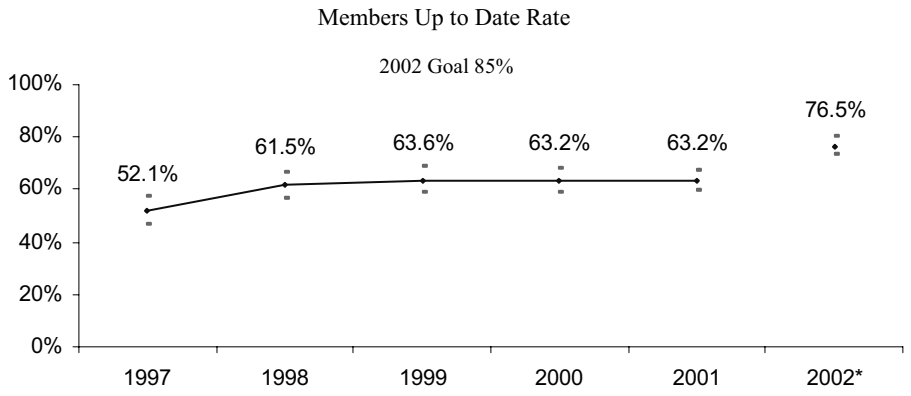
Rate by Service

Cholesterol, total and HDL (last 5 years)	**73.8 %**	(± 6.4)
Colon Cancer Screening (last 5 years or FOBT in 2002)	**59.6 %**	(± 10.7)
Mammography (last 2 years)	**88.0 %**	(± 5.4)
Pap Smear (last 3 years)	**83.5%**	(± 5.3)
Pneumococcal Vaccine (≥ 65 yrs)	**75.7 %**	(± 13.7)
Blood Pressure (last 2 years)	**89.1 %**	(± 3.3)
DPT Booster (ages ≥ 4 & ≤ 7)	**83.9 %**	(± 23.0)
Tetanus, Adolescent (≤ 13)	**88.1 %**	(± 3.3)
Tetanus, Adult (last 10 years) [1]	**52.7 %**	(± 5.0)
MMR Booster (≤ 13)	**95.5 %**	(± 3.1)
Hepatitis B (series of 3 ≤ 13)	**95.0 %**	(± 2.9)
Immunization combination ages 2-4 (UTD by 12/31/02) (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 1 VZV)	**75.3 %**	(± 14.3)
Immunization combination ages 7 & 8 (UTD ≤ 7) (DTaP booster, MMR #2, Polio #4)	**71.8%**	(± 17.0)
Chlamydia Screening (in 2002)	**65.0 %**	(± 5.5)

[1] *2002 rate excludes flu immunization and adult tetanus components*

** Weighted HealthPartners rates*

Historical Rate Comparison



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

HealthPartners HEDIS 2003/State Rates

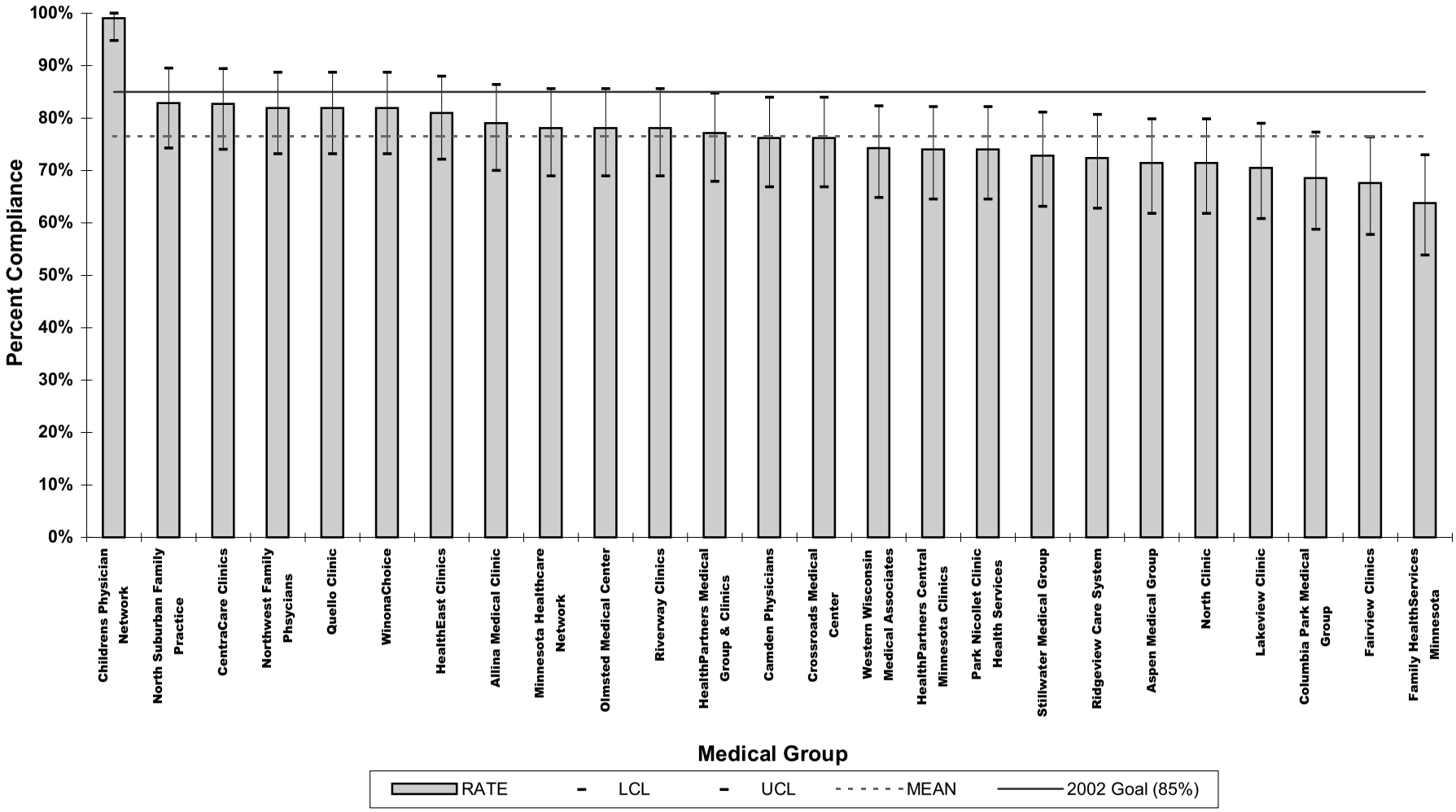
This is not a HEDIS or State measure.

External Rate Comparison

	Mammography Rate	Pap Smear Rate	Adolescent HepB Rate
HEDIS 2003 National Average	74.9%	80.5%	54.6%
HEDIS 2003 Benchmark	86.9%	90.9%	85.2%

HealthPartners
Clinical Indicators

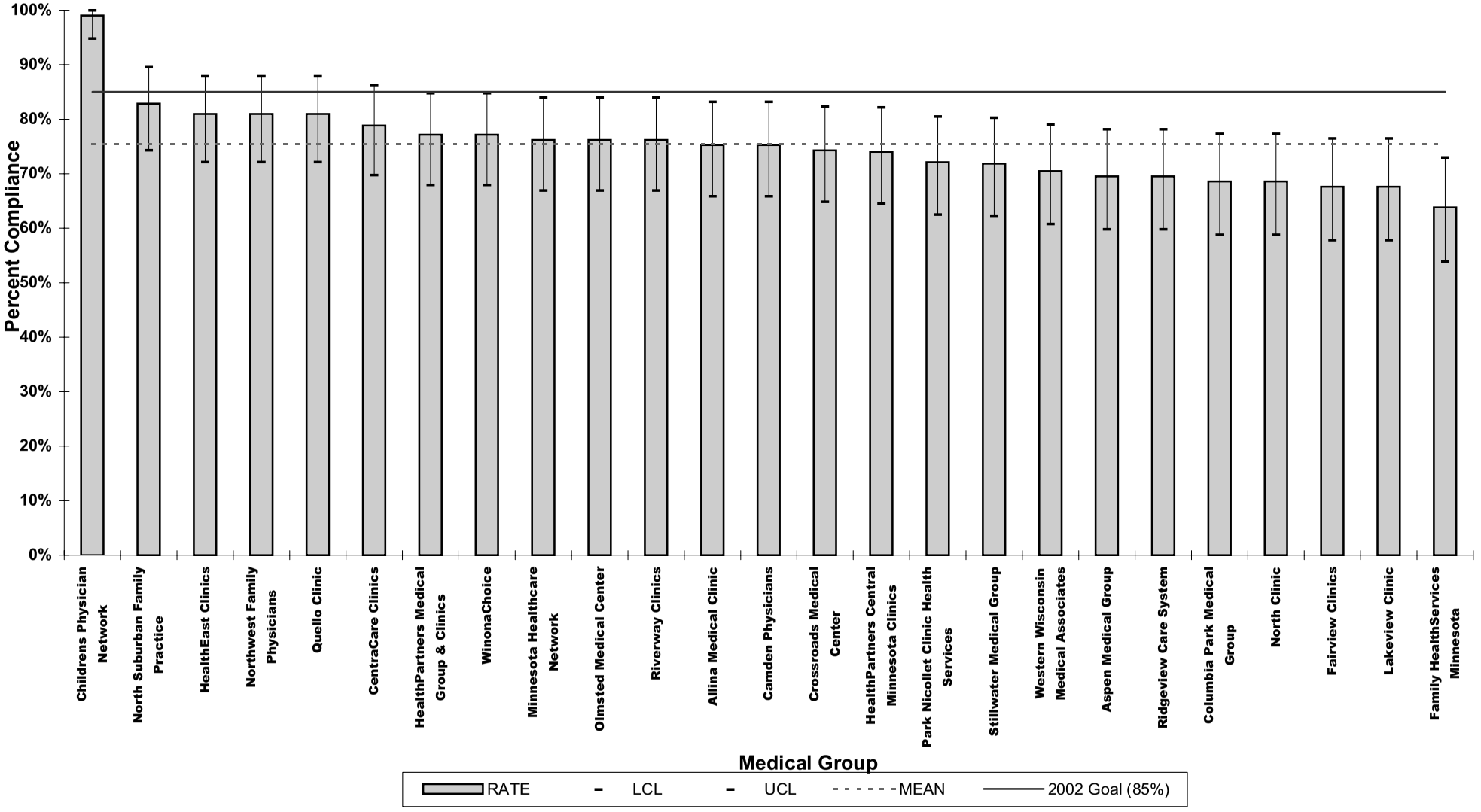
Preventive Services - Members Up to Date
Excludes Chlamydia Screening
1/1/2002 - 12/31/2002



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

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

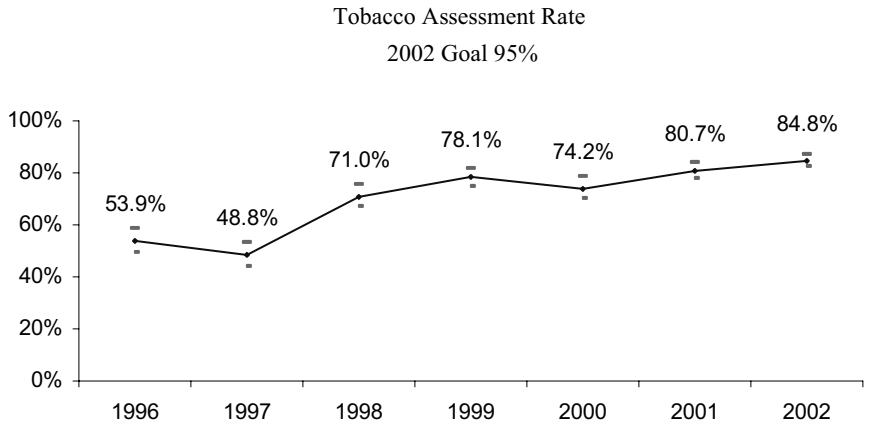
The study population includes members from all products and all ages who were continuously enrolled from January 1, 2002, to December 31, 2002. Population identification is based on membership databases. This measure includes a statistically significant sample of up to 105 members (100 + 5% oversample) 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

Total Members Sampled	2,620
Total Members with Assessment	2,089
Assessment Rate*	**84.8%** (± 2.5)

* *Weighted HealthPartners rate*

Historical Rate Comparison



HealthPartners HEDIS 2002/State Rates

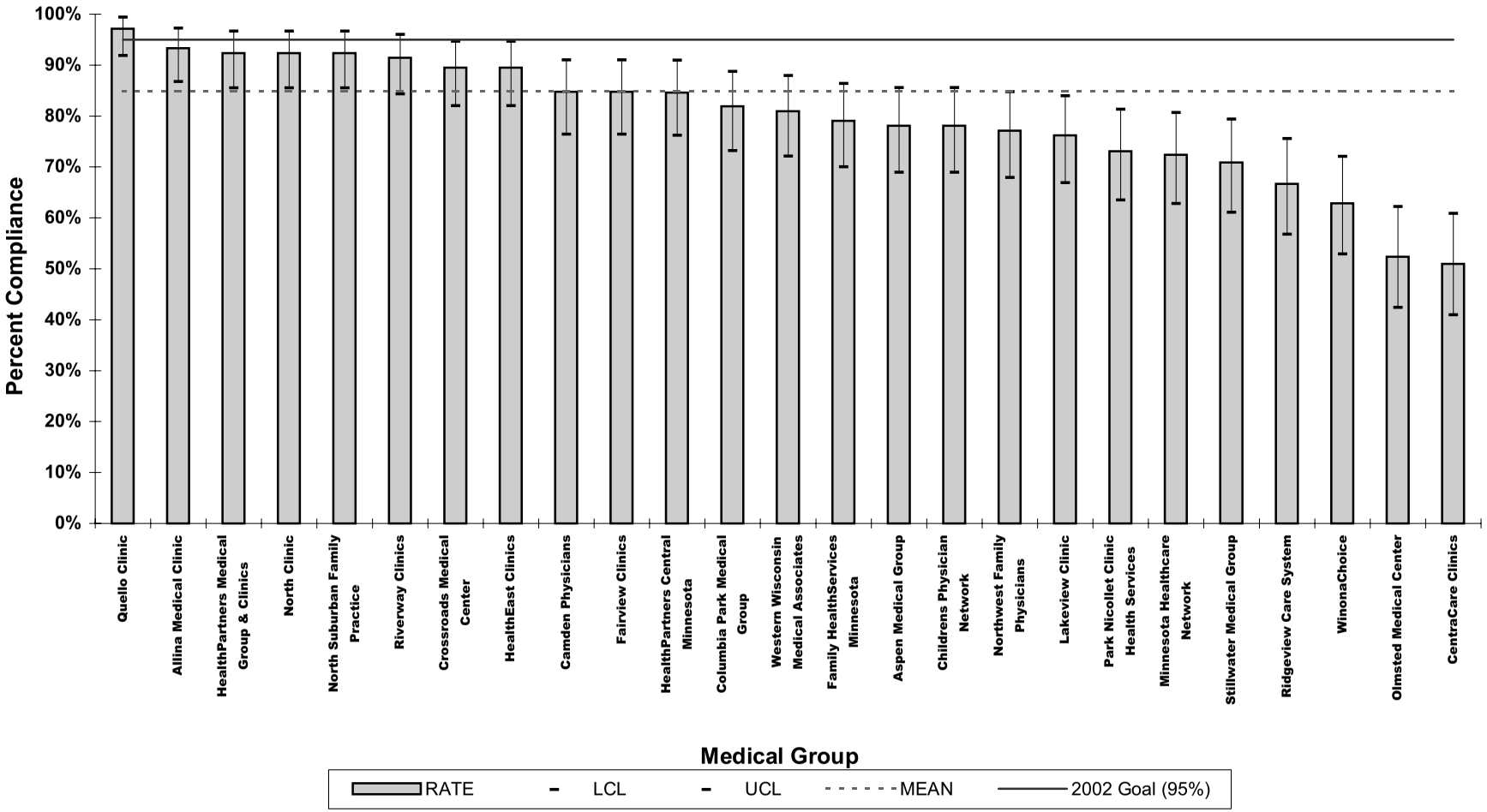
This is not a HEDIS or State measure.

External Rate Comparison

Not available

HealthPartners
Clinical Indicators

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



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

Total Eligible Members	3,447
Members Sampled	1,113
Members with Optimal Pre-surgical Evaluation	766
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)* Conservatve 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

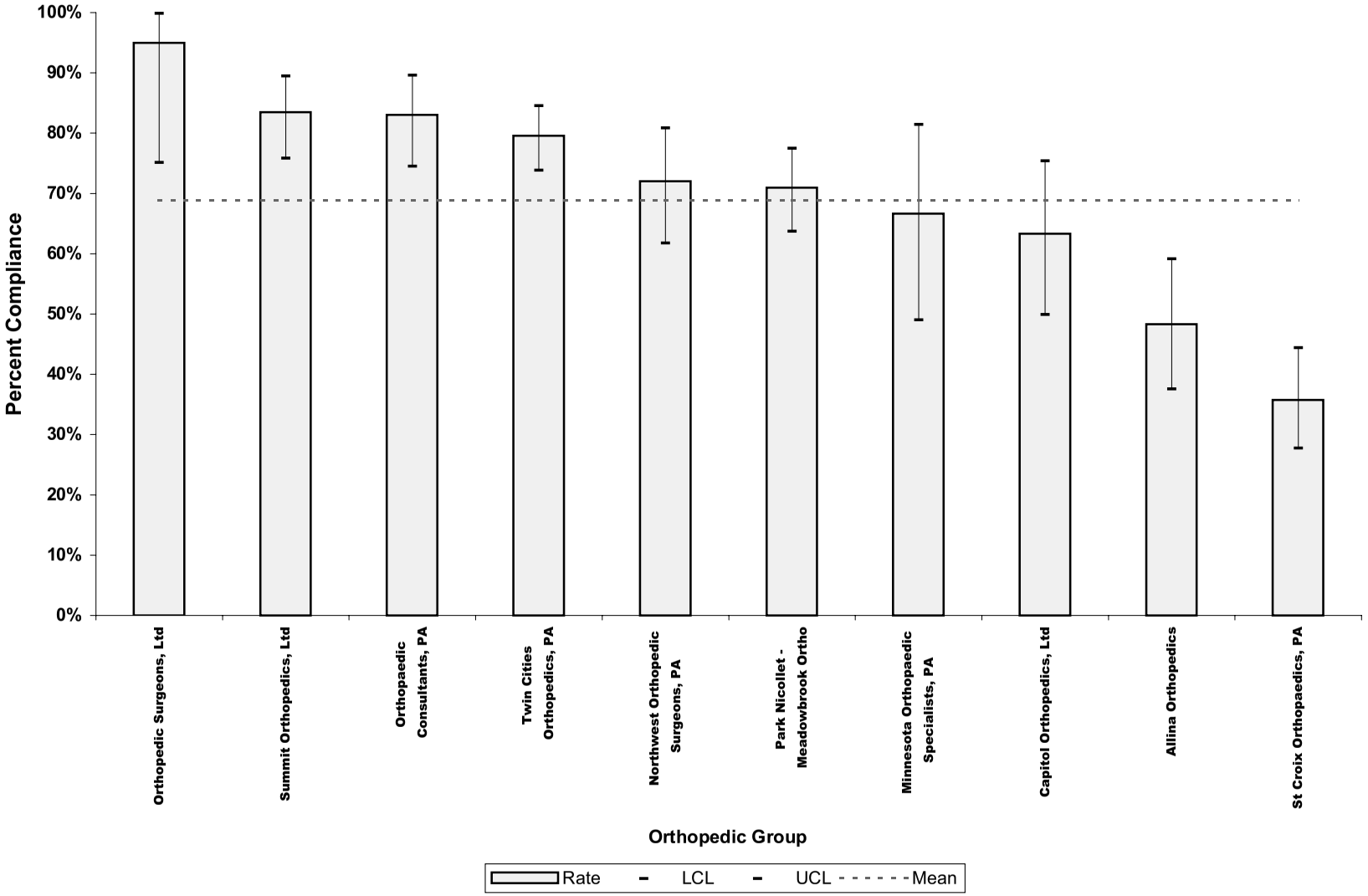
This is not a HEDIS or State measure.

External Rate Comparison

Not available

HealthPartners
Clinical Indicators

Optimal Pre-surgical Evaluation
1/1/2001 - 4/1/2002



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

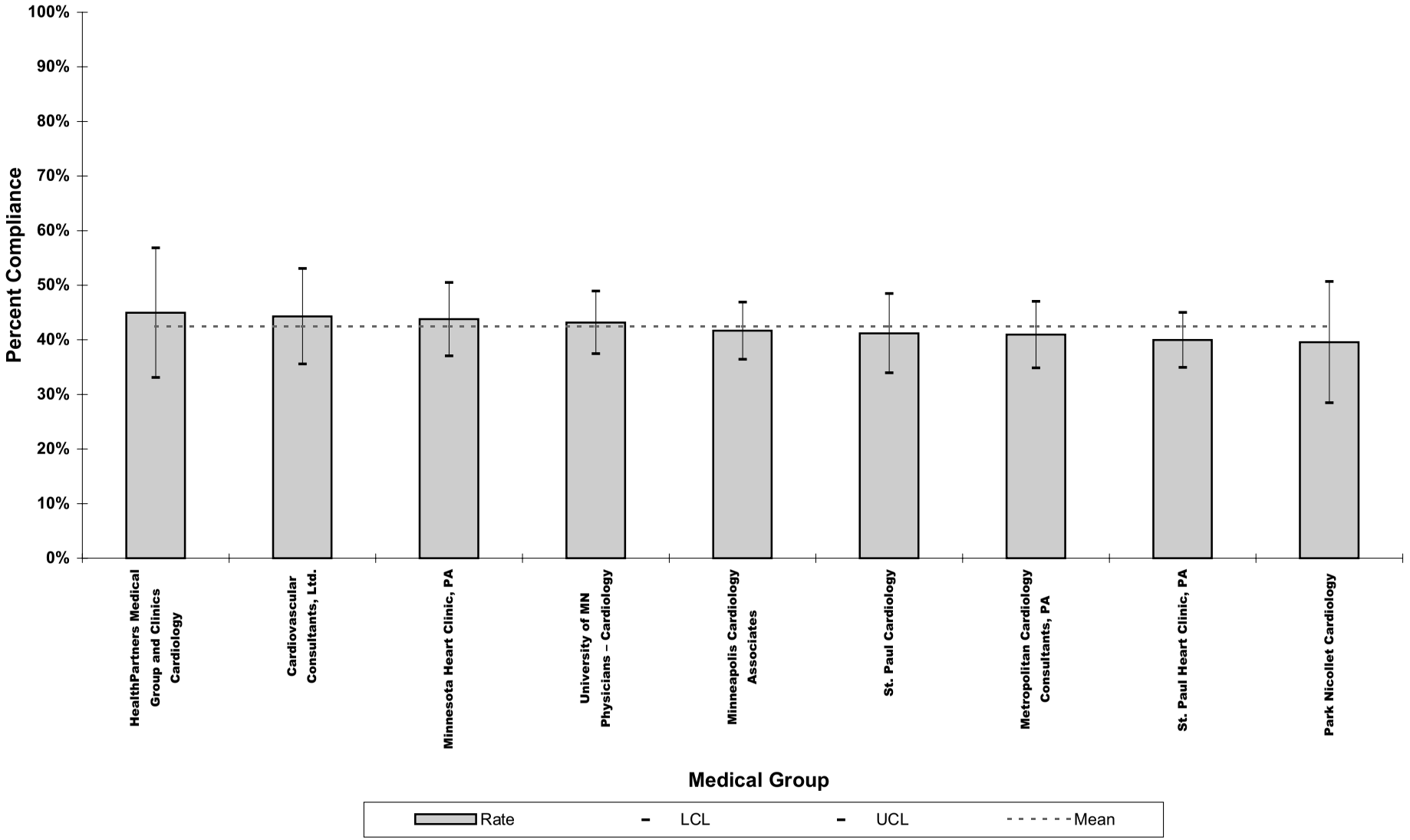
This is not a HEDIS or State measure.

External Rate Comparison

Not available

HealthPartners
Clinical Indicators

Optimal Coronary Artery Disease Care - Members Optimally Managed
Cardiology
2002



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

Total Members Sampled	780
Total Members with Assessment	608
Assessment Rate*	**78.0%** (± 3.0)

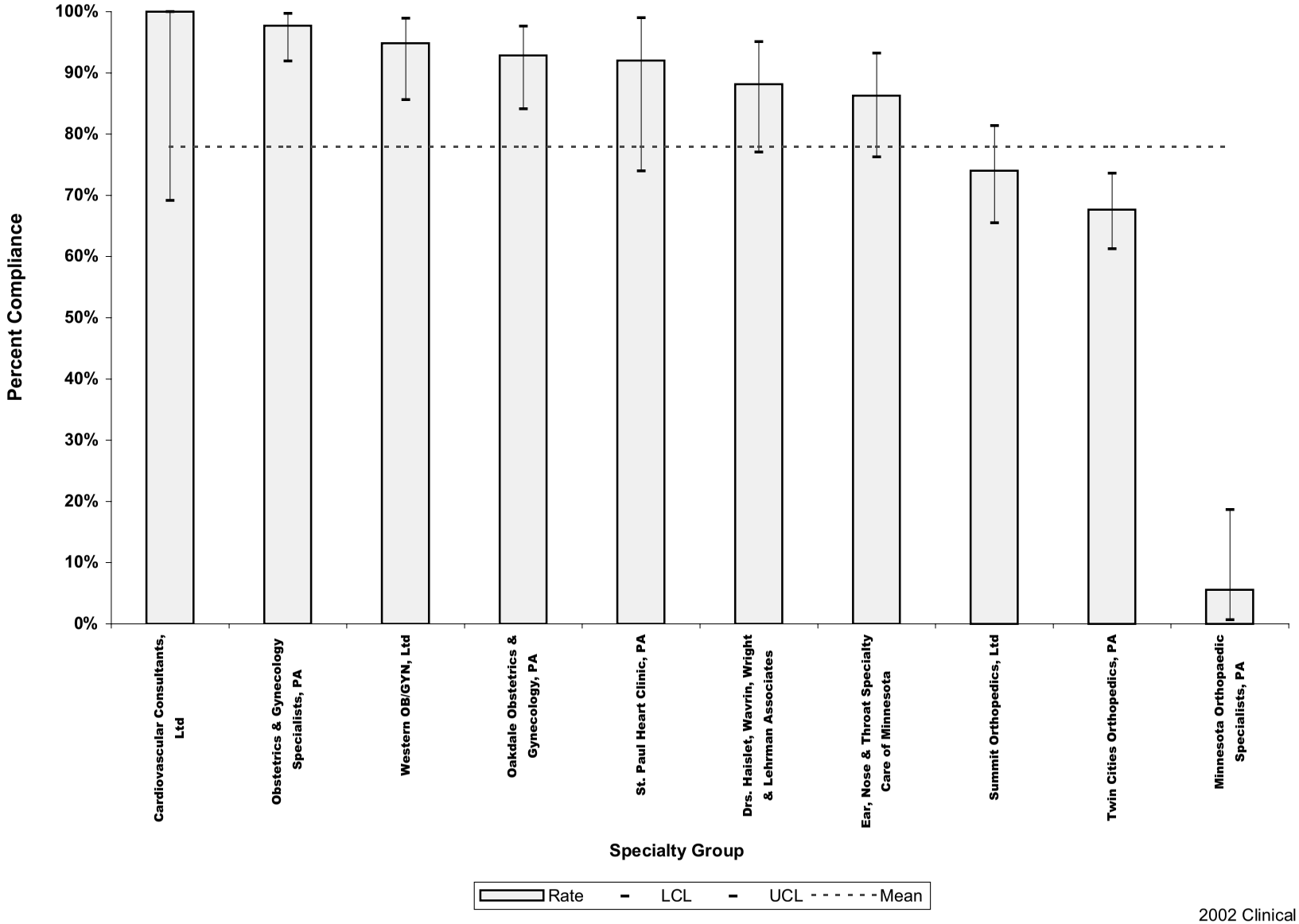
* *Weighted HealthPartners rate*

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



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*

Total Tobacco-Using Members Sampled	1,113
Total Members Offered Assistance	283
Assist Rate	**25.4%** (± 2.6)

** 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:

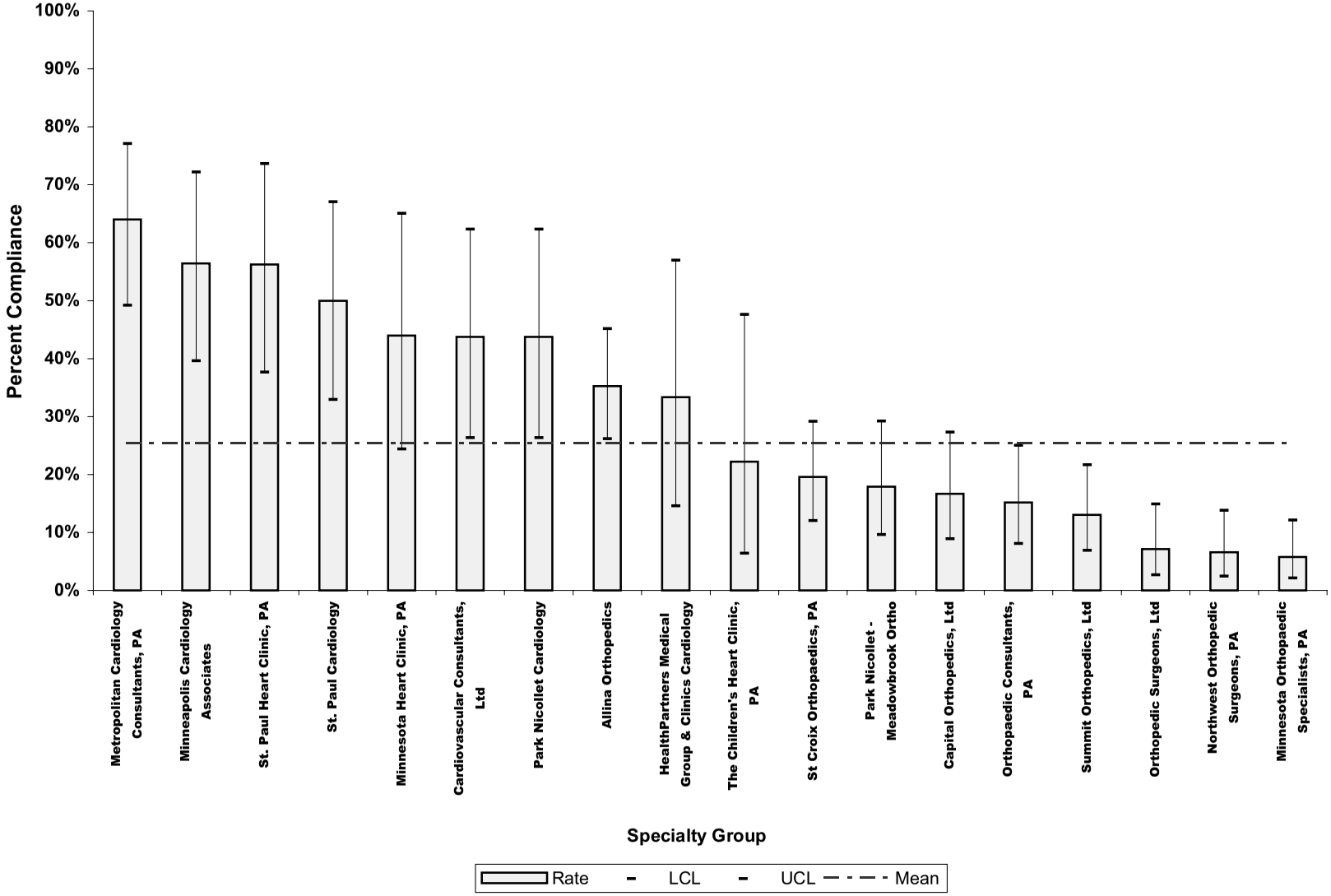
At your last appointment, were you offered assistance to help you stop using tobacco? Assistance could include the nicotine patch, Zyban, phone counseling, a follow-up appointment at your clinic or written materials.

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

External Rate Comparison
Not available

HealthPartners
Clinical Indicators

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

Total Members Sampled	2,868
Total Members Up to Date	1,324
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

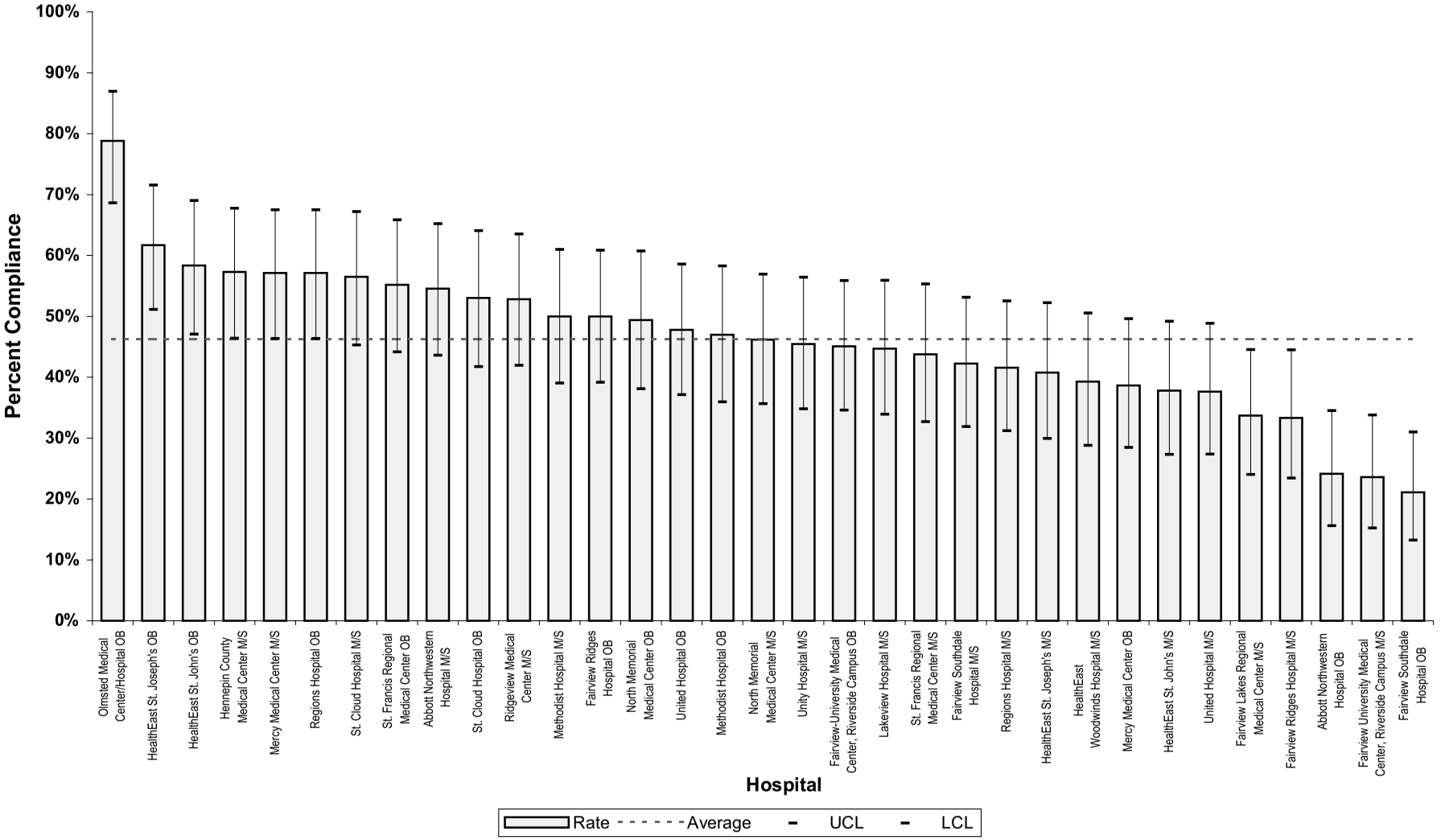
1. During this hospital stay, did any health professional advise you about the importance of being physically active or exercising?
2. During this hospital stay, did any health professional advise you about the importance of healthy eating?
3. During this hospital stay, did any health professional advise 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

HealthPartners
Clinical Indicators

Healthy Lifestyle Advice
Hospital Inpatient Medical/Surgical Care and Obstetrics
2002



GENERIC DRUG USE

January 1, 2003 – June 30, 2003

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

Total Prescriptions Sampled	16,725
Total Generic Drug Prescriptions	7,880
Generic Drug Use Rate	**47.1%** (± 0.7)

HealthPartners HEDIS 2002/State Rates

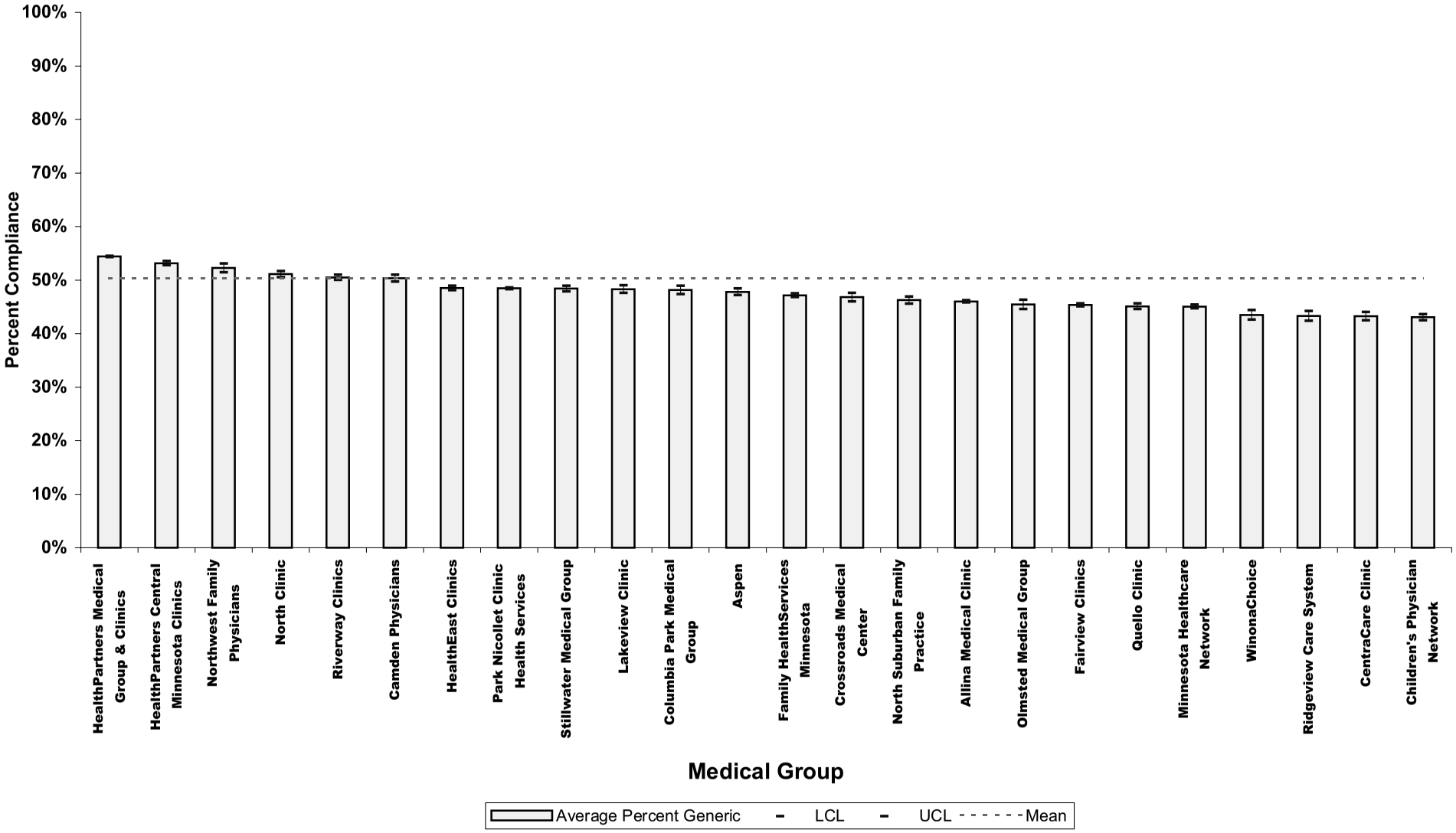
This is not a HEDIS or State measure.

External Rate Comparison

Not available

HealthPartners
Clinical Indicators

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



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.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at *http://www.consumerchoice.com.* Choose "Clinical Quality Measures" from the "Quality Comparisons" section.

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.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at *http://www.consumerchoice.com.* Choose "Clinical Quality Measures" from the "Quality Comparisons" section. Comparative medical group quality performance data includes the Optimal diabetes care measure.

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.

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 approached 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.*

- 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.

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.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at *http://www.consumerchoice.com.* Choose "Clinical Quality Measures" from the "Quality Comparisons" section. Comparative medical group quality performance data includes the comprehensive CAD measure.

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

- Institute for Clinical Systems Improvement (ICSI) Practice Guidelines exist for Pediatric Immunizations and Preventive Services. ICSI guidelines are available at *http://www.icsi.org.*

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. 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. 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.* 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.*

- 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 though *HealthPartners Today*® newsletter and are also available at *http://www.healthpartners.com*. Chose "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. 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. 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. On-line 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.* 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 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 provides 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.

Tobacco Cessation

Improvement Initiatives

- Institute for Clinical Systems Improvement (ICSI) Practice Guidelines exist for Tobacco Use Prevention and Cessation. ICSI guidelines available at *http://www.icsi.org.*

- 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.

- Clinical Indicator rates are available publicly in the HealthPartners Consumer Choice® system at *http://www.consumerchoice.com.* Choose "Clinical Quality Measures" from the "Quality Comparisons" section. Comparative medical group quality performance data includes tobacco measures.

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.

- 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*. 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

AVERA/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
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

CROSSROADS MEDICAL CENTER

Crossroads Medical Center P.A. Chaska
Crossroads Medical Center P.A. Prior Lake
Crossroads Medical Center P.A. Shakopee

PARTICIPATING PROVIDERS

Primary Care, cont.

FAIRVIEW CLINICS
- Fairview Cedar Ridge Clinic
- Fairview Crosstown Clinic
- Fairview Eagan Clinic
- Fairview EdenCenter Clinic
- Fairview Hiawatha Clinic
- Fairview Highland Park Clinic
- Fairview Jonathan Clinic
- Fairview Chisago Lakes Clinic
- Fairview Lakes Lino Lakes Clinic
- Fairview Lakes North Branch Clinic
- Fairview Lakes Regional Medical Center
- Fairview Lakes Rush City Area Clinic
- Fairview Northeast Clinic
- Fairview Northland Clinics Elk River
- Fairview Northland Clinics Milaca
- Fairview Northland Clinics Princeton
- Fairview Northland Clinics St. Michael
- Fairview Northland Clinics Zimmerman
- Fairview Oxboro Clinic
- Fairview Ridge Valley Clinic
- Fairview Ridges Clinic
- Fairview Uptown Clinic
- Staub Clinic

FAIRVIEW RED WING HEALTH SERVICES
- Fairview Red Wing Medical Center

FAMILY HEALTHSERVICES MINNESOTA
- East Metro Family Practice-Arcade
- East Metro Family Practice-Gorman
- East Metro Family Practice-IGH
- East Metro Family Practice-Maryland
- East Metro Family Practice-North St. Paul
- East Metro Family Practice-Woodlane
- EMFP-Highland Family Phys
- MinnHealth Family Phys Afton Rd.
- MinnHealth Family Phys Banning Ave.
- MinnHealth Family Phys Larpenteur
- MinnHealth Family Phys Maplewood
- MinnHealth Family Phys Scenic Hills
- MinnHealth Family Phys Vadnais Heights
- MinnHealth Family Phys White Bear
- MinnHealth Family Phys Woodbury

FREMONT COMMUNITY CLINIC
- Central Avenue Clinic
- Fremont Community Clinic
- Sheridan Women & Children's Clinic

HEALTHEAST CLINICS
- HealthEast Cottage Grove Clinic
- HealthEast Downtown St. Paul Clinic
- HealthEast Macalester/ Groveland Family Physicians
- HealthEast Maplewood Clinic
- HealthEast Midway Clinic
- HealthEast Oakdale Clinic
- HealthEast Payne Ave Clinic
- HealthEast Rice Street Clinic
- HealthEast Vadnais Heights Clinic
- HealthEast White Bear Ave Clinic
- HealthEast Woodbury Clinic

HEALTHPARTNERS CENTRAL MINNESOTA CLINICS
- Albany Medical Center
- Avon Medical Center
- Alexandria Clinic, P.A.
- Broadway Medical Center
- Community Medical Center Pierz
- Family Medical Center-Little Falls
- Foley Medical Center
- HealthPartners Central MN Clinics-St. Cloud
- HealthPartners Central MN Clinics-Waite Park
- Integrated Health Center of PAHC
- Jordan Medical P.A.
- Lakeview Medical Clinic, P.A.
- Mille Lacs Family Clinic Isle
- Mille Lacs Family Clinic-Onamia
- Paynesville Area Medical Clinic
- Richmond Area Medical Center
- RiverPlace Clinic, Inc.
- Watkins Family Practice Center

HEALTHPARTNERS MEDICAL GROUP & CLINICS
- 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 - Maplewood
- 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 Walker
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 Hlth Serv-Lester Prairie Medical 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-Brooklyn 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 Wilmar

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
Moose Lake
Kundel & 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-Chatfield
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
Owatanna 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
Quelllo Clinic Ltd-Amsden Ridge
Quello Clinic-Burnsville
Quello Clinic Ltd-Eden Prarie
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

WINONACHOICE
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-Ellsworth
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
Park Nicollet - Meadowbrook Ortho
Park Nicollet Cardiology
St Croix Orthopedics, PA
St. Paul Cardiology
St. Paul Heart Clinic, PA
Summit Orthopedics, Ltd
The Children's Heart Clinic, PA
Twin Cities Orthopedics, PA
University of MN Physicians – Cardiology
Western OB/GYN, 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.

HealthPartners®

8100 34th Avenue South
P.O. Box 1309
Minneapolis, MN 55440-1309

healthpartners.com

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