

## THE MONTH'S TOP STORIES

### UNNECESSARY MEDICAL SERVICES COST MINNESOTANS MILLIONS

Minnesota spent \$54.9 million on low-value medical tests in 2014, despite the fact that they're known to provide little benefit and in some cases have the potential to cause harm, according to the Minnesota Department of Health (MDH). Patients spent \$9.3 million out-of-pocket for these services.

There are more than 450 services that have been identified nationally as low-value. MDH and researchers at Mayo Clinic identified a subset of only 18 of these low-value services that primarily fall into diagnostic imaging and disease screening to study in Minnesota. These included unwarranted imaging for people with low back pain or for uncomplicated headache; cervical cancer screening for women younger than 21 or older than 65; colorectal cancer screening for adults ages 85 and older; and prostate-specific antigen tests for prostate cancer in men ages 75 and older. The 18 services analyzed were delivered relatively infrequently, but accounted for a substantial investment of health care resources in 2014.

Researchers used data from the Minnesota All Payer Claims Database to analyze health care claims for Minnesota patients. They found that in 2014, there were about 92,000 encounters associated with low-value diagnostic imaging and 69,000 encounters with low-value disease screening, and 15,000 encounters with low-value preoperative testing. The most common and most costly one was diagnostic imaging for uncomplicated headaches, which accounted for 40 percent of overall low-value cost.

"Reducing low-value services requires a culture of change for patients and providers to recognize that 'more' isn't always 'better,' when it comes to imaging and screening," notes Rozalina McCoy, MD, endocrinologist, primary care physician, and health services researcher at Mayo Clinic, who assisted with identifying service types and interpreting the results of the analysis. "In fact, many of these tests and procedures are not just 'low-value' and therefore a poor use of health care resources, but they can cause real harm to patients that receive them."

### TEEN PREGNANCY RATES FALL WHILE STI RATES RISE

A report from the University of Minnesota Healthy Youth Development—Prevention Research Center (HYD-PRC) shows that the pregnancy rate among 15- to 19-year-olds in Minnesota fell nearly 70 percent from 1990 to 2015, however rates of gonorrhea increased 40 percent and chlamydia is up 15 percent. The 2017 Minnesota Adolescent Sexual Health Report shows that fewer teens are using condoms, often when one

## IN BRIEF

### SUMMIT AND HEALTHEAST PARTNER ON ORTHOPEDIC CARE

The boards of directors for Summit Orthopedics and Fairview Health Services' HealthEast care system have approved an agreement through which Summit Orthopedics will become HealthEast's exclusive orthopedic care partner. The agreement also makes HealthEast a minority owner of Summit Orthopedics' Vadnais Heights Surgery Center.

Summit Orthopedics physicians will treat orthopedic patients at HealthEast's inpatient hospitals and work with them to improve the patient experience and quality of care. The privately owned company employs 50 orthopedic specialists at 33 locations.

"We've always had a deep respect for the compassionate and quality patient care that HealthEast offers," said Adam Berry, CEO of Summit Orthopedics. "This agreement presents Summit with a wonderful opportunity to work in tandem with HealthEast to bring to market a healthcare model that doesn't currently exist in the Twin Cities and to have a tremendous and positive impact on patient care."

### COURAGE KENNY OPENS NEW ADAPTIVE FITNESS AND WELLNESS CENTER

Allina Health's Courage Kenny Rehabilitation Institute has opened one of the largest adaptive fitness and wellness

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partner begins using a long-term method birth control.

“This report is a testament to the wise and healthy decisions young people are making about their sexual health,” said Jill Farris, director of adolescent sexual health training and education for HYD-PRC and author of the report. “Dramatic declines in pregnancy rates among Minnesota’s adolescents, including youth of color, are an encouraging sign. However, pregnancy and birth rates still disproportionately impact youth from communities of color and those in greater Minnesota.”

The 10 counties with the highest teen birth rates are all outside the metro area, with the highest rates found in north central and south central Minnesota. However, sexually transmitted infections (STIs) are more prevalent in the metro area. Even though teens account for only 7 percent of the population in Minnesota, those ages 15 to 19 accounted for nearly 26 percent of chlamydia and 18 percent of gonorrhea cases in 2016.

The data also showed disparities between populations. Birth rates for American Indian, black, and Hispanic/Latina youth in Minnesota were more than three times greater than that of white youth. From 2014 to 2015, birth rates decreased among adolescents in every racial group except American Indians and the birth rate fell most markedly among black and Hispanic/Latina youth, which saw declines of 20 percent and 17 percent.

In addition, STI rates are disproportionately high for populations of color in Minnesota. The rates for both chlamydia and gonorrhea were highest among black youth, followed by Hispanic/Latino youth. The gonorrhea rate was 29 times higher for black youth and the chlamydia rate was 9 times higher for black youth when compared to the rate for white youth.

The report is based on data from the Minnesota Department of Health and an annual student survey conducted by the Department of Education.

## MINNESOTA RANKS SECOND ON LONG-TERM CARE SCORECARD

Minnesota has ranked number two on the AARP Long-Term Services and Supports State Scorecard for older adults and people with disabilities, falling from its spot at number one on the two previous scorecards. Washington was ranked number one in 2017.

“Although Minnesota has enjoyed ranking number one on the scorecard the first two times it was issued, in 2011 and 2014, we are pleased to know that AARP considers Minnesota and Washington to be leading all of the 50 states with its long-term services and supports for older adults and people with disabilities,” said Emily Piper, human services commissioner. “This is a result of Minnesota putting emphasis on services in people’s homes and communities, offering information so consumers can make informed choices, rewarding quality care, and considering the needs of vital family caregivers.”

States are ranked on their performance in long-term services and supports in affordability and access; choice of setting and provider; quality of life and quality

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centers in the U.S. The \$4.75 million, 6,300-square-foot facility, named the Arthur Andersen Minneapolis Alumni Fitness & Wellness Center, replaces the previous location in Golden Valley. It is twice the size of the old facility and was fully funded with donations.

All activities at the new center are on one floor for accessibility and so patients and therapists can transition easily between pool-based and other therapies. The weights and equipment are accessible for people who use wheelchairs or have other physical challenges, and changing rooms and bathrooms have space for larger power wheelchairs and personal care assistants.

“The benefits of fitness in the general population are well known, but people with disabilities have difficulty finding accessible facilities and exercising at the level expected for the general population,” said Jeanne Olson, manager of aquatics, fitness, and activity-based locomotor exercise for Courage Kenny Rehabilitation Institute.

The organization’s Activity-Based Locomotor Exercise (ABLE) Program is part of the Christopher and Dana Reeve Foundation NeuroRecovery Network. It is the only program in Minnesota and one of just six across the U.S. to be affiliated with the foundation.

“We participate in research to see what type, intensity, and duration of exercise make the greatest quality of life improvements for people with spinal cord injuries,” said Olson.

An additional locomotor treadmill at the facility is expected to shorten the



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of care; support for family caregivers; and effective transitions between nursing homes, hospitals, and homes. According to AARP, the scorecards have all had slightly different methodologies and indicator sets because of changes in data availability.

The report also noted that most states have made progress in anticipation of the baby boomer generation beginning to turn 80 in 2026, however, “the pace of change overall remains too slow and has not kept up with the demographic demands.”

### ROCHESTER EPIDEMIOLOGY PROJECT TO ALLOW PUBLIC ACCESS TO DATABASE

The Rochester Epidemiology Project is launching a new tool that will offer regional disease prevalence data to health care providers, researchers, and patients.

The tool, called the Data Exploration Portal, uses information from the database that includes nearly all health information for Olmsted County residents for more than 50 years and medical records from a large number of residents in 26 surrounding counties in Minnesota and Wisconsin.

“The Rochester Epidemiology Project Data Exploration Portal provides a new way to examine the occurrence of diseases and facilitate prevention in our community,” said Walter Rocca, MD, neurologist and epidemiologist at Mayo Clinic and co-director of the Rochester Epidemiology Project.

The information available in the tool can be used by researchers to compare rates of different conditions, find age- or sex-specific information, identify geographic clusters, and determine if data are available to support their hypothesis.

“The new data exploration portal will provide information about whether a particular condition exists in a geographic area,” said Kathryn Lombardo, MD, president of Olmsted Medical Center. “For clinicians, this means we will be able to better determine the likelihood that two different clinical conditions could occur together. And, at point-of-care, it will help us determine what questions may need to be asked of our patients and, ultimately, enable us to provide more personalized care.”

Public health agencies can use it to narrow their focus to the conditions most relevant to their specific communities, and primary care providers can use it to identify potential patient needs and personalize care. Patients will also be able to use the portal to learn more about diseases affecting them or their loved ones.

“A patient recently diagnosed with multiple sclerosis can find out how common the disease is in the area and know that she is not alone,” said Rocca. “A son whose father has Parkinson’s disease can learn about how common the disease is and how the risk increases with age, and is greater for men.”

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ABLE Program’s current 18-month wait list for clients with spinal cord injury, stroke, or other neurological conditions.

### DENTAL ORGANIZATION AWARDED FOR COMMITMENT TO UNDERSERVED PATIENTS

Maplewood-based Community Dental Care in Maplewood has received the gold medal in the Oral Health category of the second annual Henry Schein Cares Medal program for its commitment to ensuring that everyone has access to quality dental care in a convenient, caring, and respectful environment through offering clinical services, preventive oral health education programs, advocacy, and training for dental, medical, and community health professionals. Programs selected for the award also demonstrate potential for replication and large-scale impact, as well as having a business plan or demonstration of financial sustainability.

Community Dental Care has four locations, with facilities in Maplewood, Robbinsdale, Rochester, and St. Paul. Since opening in 2004, it has grown to have 58 dental chairs and 245 employees, and serve more than 31,500 patients annually.

“There is a critical need among at-risk and underserved communities for quality oral health care, and this award only serves to strengthen our commitment to our patients,” said Vacharee Peterson, DDS, CEO of Community Dental Care.

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