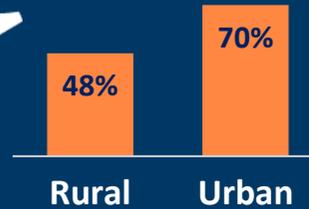


Pediatric Care Quality in Minnesota Varies

Over **69,000** adolescents were screened for **mental health** conditions in 2015



Only **48%** of **rural**¹ adolescents received **mental health** screening

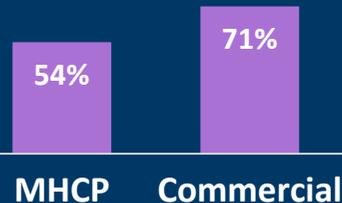


80% of overweight children received information on **nutrition** and **exercise** during their checkups

1/3 of children with **asthma** didn't have a current asthma self-management plan



81% of children with asthma had **<2** hospital or ER visits due to **asthma** in a year



Just **54%** of adolescents with **MHCP**² insurance received **mental health** screening

Boys were more likely than **girls** to have optimal **asthma** control



Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2015.

1. Rural-urban classifications were based on 2010 Rural-Urban Commuting Area (RUCA) codes created by the U. S. Department of Agriculture Economic Research Service & Federal Office of Rural Health Policy.

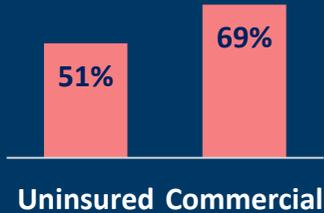
2. Minnesota Health Care Programs, which includes Medical Assistance, MinnesotaCare, and the Minnesota Family Planning Program.

We Can Improve Care for Many Minnesotans with Chronic Conditions



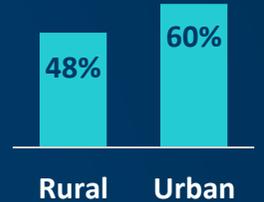
Only **30%** of **uninsured¹** patients received optimal **diabetes** care

Just **52%** of **uninsured¹** patients received optimal **vascular** care



Adult
Chronic
Condition
Care
Quality

Only **48%** of **rural³** patients had their **asthma** under control



Men were more likely than **women** to receive optimal **vascular** care



27% of **diabetics** with MHCP² insurance used **tobacco**



40% of **rural³** asthma patients had **2 or more** hospital or ER visits due to **asthma** in a year



21% of **uninsured¹** diabetics had blood pressure **greater than 140/90** mmHg

Rural³ diabetics were less likely to be taking recommended **statins**

Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2015.

1. Patients were either uninsured or self-paid for their care.

2. Minnesota Health Care Programs, which includes Medical Assistance, MinnesotaCare, and the Minnesota Family Planning Program.

3. Rural-urban classifications were based on 2010 Rural-Urban Commuting Area (RUCA) codes created by the U. S. Department of Agriculture Economic Research Service & Federal Office of Rural Health Policy.