HEDIS 2007

measuring more of what matters
ome. It’s a word that evokes thoughts of warmth, security and care. It also represents a health care philosophy that is gaining momentum across the nation — the idea that every patient deserves a “medical home.”

The term “medical home” is commonly used throughout the managed care industry to designate a patient’s primary care physician, or the doctor he or she regularly visits. When a patient visits the same doctor, health problems can be detected and treated early. Regular visits also build relationships and establish trust.

Arkansas Medicaid and AFMC are committed to the medical home philosophy as we work to improve care and effectively use resources. For more than 25 years, we have collaborated with clinicians to find opportunities for improvement, to share and apply successful strategies, and to educate consumers about improving their own health.

An important part of our mission is assessing the quality of care for more than 400,000 beneficiaries of Arkansas Medicaid. To do this, we use HEDIS®, the Healthcare Effectiveness Data and Information Set. HEDIS is the most widely used set of performance measures in the managed care industry. Following careful data collection and analysis, HEDIS results help determine how many Medicaid beneficiaries in Arkansas receive care that meets national standards.

This year’s HEDIS report, Measuring More of What Matters, reflects the importance of consistent patient care. The results show progress in many areas. For example:

- 36.7% of children on ARKids First A who were prescribed antibiotics after receiving a diagnosis of pharyngitis received a strep test for the episode, compared to only 23% last year.
- Arkansas tops the national Medicaid average of 85.2% for 2-year-olds receiving a Hepatitis B immunization. For ARKids First A, 92.7% received immunization, and for ARKids First B, 94.6% received immunization.

However, there is still much work ahead:

- Only 37.87% of women age 52 to 69 on Medicaid received a mammogram in SFY 2006, compared to 38.8% in SFY 2005. The rates have slowly declined since SFY 2003.
- Only 46.68% of women age 21 to 64 on Medicaid received a Pap smear in SFY 2006, compared to 47.29% in SFY 2005.

All of these results are useful for Medicaid, AFMC and everyone who is committed to improving care. As we look toward the future, Arkansas Medicaid and AFMC are dedicated to helping every patient establish a medical home. As health care professionals, we all play a role in ensuring that patients experience the comfort and security that comes from high-quality, effective care. Arkansans know that our state is more than just a place to live — it’s a home. Together, we can make sure it’s a healthy one.

Nick J. Paslidis, MD, PhD, MHCM
Chief Executive Officer,
Arkansas Foundation for Medical Care

Roy Jeffus
Director,
Division of Medical Services
Arkansas Department of Human Services

HEDIS 2007: Measuring More of What Matters • 1
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What is HEDIS®?
HEDIS (the Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures for managed care organizations. HEDIS is maintained by the National Committee for Quality Assurance, a not-for-profit organization committed to evaluating and publicly reporting on the quality of managed care organizations.

HEDIS measures look at how many of a plan’s enrollees are receiving care that meets national standards. Many of the measures focus on preventive care, such as childhood vaccinations and mammograms. Other measures look at specific care for chronic illnesses, such as asthma or diabetes.

How to read the measures
HEDIS measures are usually expressed as rates or percentages, based on the number of plan members or covered individuals who have received the indicated service, in proportion to all members who should have received it.

• Example: Breast cancer screening

The denominator is the eligible population—the number of women ages 52 to 69 who were enrolled during the measurement year and the preceding year. The numerator is the number of women in the eligible population who had a mammogram during the measurement year or the preceding year.

If the eligible population (denominator) was 1,000, of which 650 had a mammogram (numerator), the rate would be 650/1000, or 65%.

How to use this report
This report provides summaries of data collected for Arkansas Medicaid HEDIS measures, as well as each measure’s description and relevance, and ways to improve our state’s performance. Results for ConnectCare and ARKids First programs are compared to the national Medicaid average when applicable. The national Medicaid health plan average comes from Medicaid health plans that have reported data to the National Committee for Quality Assurance.

If a large percentage of patients is not receiving a treatment or preventive service that national guidelines call for, this tells us—medical professionals, payors and the general public—that something needs to change. This may mean:

• changing the way care is delivered.
• establishing or refining processes so that critical steps are not missed.
• helping health care providers stay current on the latest guidelines.
• educating Arkansans about the importance of preventive health care.
• improving access to health care providers in medically underserved areas.
• helping doctors and patients communicate effectively.

Icon key
These symbols can help you find the information you’re looking for.

Definition of Measure Names the population included in the measure (gender, age or other characteristics) and what the percentage shows (such as how many received a specific aspect of health care).

Strategies for Improvement Appears beside evidence-based strategies for improving health care performance on a specific measure.

Tools Available from AFMC Indicates tools recommended for improving performance in the measure or measures detailed on that page. Health care providers can order tools free of charge at www.afmc.org/tools, by calling 1-877-375-5700 or e-mailing hqiptools@afmc.org.

Components of Care Indicates components of a specific aspect of health care, such as a complete well child screening.
“For years, Medicaid has helped Arkansas children stay healthy and strong. Even before the term ‘medical home’ was popular, Arkansas Medicaid worked to create an infrastructure that encourages this philosophy. That’s why ARKids First has been so successful. Through their efforts, Medicaid has supported our organization in one of its most important guiding principles: that every child has the right to grow up healthy and strong.”

Rhonda Sanders
Director of Health Policy
Arkansas Advocates for Children and Families

1,408 primary care providers offer a medical home for children.
Health Measures for Children: Beneficiary and provider education

No one needs a secure, safe home more than a child. That’s why parents and caregivers dedicate themselves to ensuring their children are cared for and loved. The same principle guides Arkansas physicians as they care for their youngest patients.

Arkansas Medicaid and AFMC have made it a top priority to help physicians provide a secure medical home for young beneficiaries. We promote childhood vaccination and well child care. We work to improve asthma management. And we encourage the appropriate use of antibiotics.

AFMC has created and launched several multimedia campaigns to improve health care quality for children, in addition to developing research-driven tools such as posters for physician offices, educational booklets for parents and guardians, chart folders and reminder stickers to help clinicians take the appropriate steps.

The state has seen significant improvement, but more work is still needed. We will continue to help providers educate families about how to keep their children healthy and strong.

Examples
1: Poster encouraging children to ask their parents or doctors about getting a well-child check-up (English and Spanish).
2: EPSDT brochure for families (English and Spanish).
3: Booklet for new parents that covers immunizations and other aspects of infant care (English and Spanish).
4: ADHD provider fact sheet, including treatment guidelines and common symptoms.
5: ADHD diagnostic criteria reference sheet for providers.
6: ADHD clinical algorithm for providers, outlining steps for accurate diagnosis and evaluation.

Asthma medication use

Asthma is one of the most common chronic health conditions for children and young adults. It can cause substantial limitation of daily function, increased health care costs and lost productivity from missed school and work days. Its impact, however, can be greatly reduced by better use of medications that control the underlying pathophysiology of the condition.

With greater prescribing of inhaled anti-inflammatory medications, we must now emphasize long-term compliance with preventive and maintenance therapies. To reduce the need for acute interventions or reliance on short-acting beta agonist inhalers, physicians should ask their patients to visit two to four times a year, even when doing well, to reinforce the value of chronic, ongoing preventive therapy with inhaled corticosteroids.

Definition of Measure
This measure included beneficiaries ages 5 through 56 with persistent asthma who were enrolled at least 11 months during the measurement year and at least 11 months of the year prior to the measurement year. The percentage shows how many of these beneficiaries had at least one prescription for inhaled corticosteroids, cromolyn sodium and nedocromil, leukotriene modifiers or methylxanthines.

Appropriate use of medications for people with asthma

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Appropriate use of medications for people with asthma

Asthma medication use

Asthma medication use

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Asthma medication use

Asthma medication use
Childhood immunization status

Preventive visits and immunizations for children are an important investment in the future of Arkansas. Our state’s childhood immunization rates are high, but we need to continue to work toward protecting this vulnerable group.

Incomplete immunization could leave children vulnerable to diseases that most Americans no longer worry about — diseases that are still common in countries where vaccines are not as easily available. Health care providers and parents must work together to ensure that children are protected against chicken pox, tetanus, hepatitis, measles, whooping cough and other vaccine-preventable diseases.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps and Rubella)</td>
<td>89.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Polio</td>
<td>90.1%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>87.7%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>86.4%</td>
<td>87.5%</td>
</tr>
<tr>
<td>DTP (Diphtheria, Tetanus and Whooping Cough)</td>
<td>76.8%</td>
<td>79.0%</td>
</tr>
<tr>
<td>H Influenza B</td>
<td>83.2%</td>
<td>85.2%</td>
</tr>
</tbody>
</table>

(Data source: AFMC review of a random sample of medical records for 2-year-olds)

**Definition of Measure**

This measure included all children enrolled at least 10 months before their 2nd birthday who turned 2 years old during the measurement year. The percentage shows how many of these children received the appropriate immunizations.

**New Immunization Measures**

**Pneumococcal**

- **NATIONAL MEDICAID RATE, 2006:** 46.6%
  - **ARKids First A:** 40.1%
  - **ARKids First B:** 58.1%

**Diptheria, Tetanus, and Pertussis**

- **NATIONAL MEDICAID RATE, 2006:** 70.4%
  - **ARKids First A:** 74.3%
  - **ARKids First B:** 69.6%

**MMR (Measles, Mumps, and Rubella)**

- **NATIONAL MEDICAID RATE, 2006:** 91.4%
  - **ARKids First A:** 90.4%
  - **ARKids First B:** 91.9%

**Polio**

- **NATIONAL MEDICAID RATE, 2006:** 91.9%
  - **ARKids First A:** 91.7%
  - **ARKids First B:** 91.9%

**Hepatitis B**

- **NATIONAL MEDICAID RATE, 2006:** 86.4%
  - **ARKids First A:** 86.8%
  - **ARKids First B:** 94.6%

**Chicken Pox**

- **NATIONAL MEDICAID RATE, 2006:** 86.5%
  - **ARKids First A:** 87.7%
  - **ARKids First B:** 86.8%

**H Influenza B**

- **NATIONAL MEDICAID RATE, 2006:** 86.7%
  - **ARKids First A:** 83.9%
  - **ARKids First B:** 92.9%
Well child visits

Well child visits are an essential part of Medicaid's philosophy of a medical home for every patient. They offer health care providers the opportunity to check a child's growth, assess nutrition, offer educational guidance, ensure that vaccinations are up-to-date and screen for various health problems. They also help providers and patients build relationships and establish trust. A 2006 Medicaid policy change allows providers to bill for a sick and well child visit on the same day.

**Focus on the first 15 months of life**

**Arkids First A**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 visits</td>
<td>4.72%</td>
<td>5.68%</td>
<td>5.73%</td>
<td>7.90%</td>
<td>7.58%</td>
</tr>
<tr>
<td>1 visit</td>
<td>9.78%</td>
<td>10.71%</td>
<td>10.68%</td>
<td>10.29%</td>
<td>9.91%</td>
</tr>
<tr>
<td>2 visits</td>
<td>11.56%</td>
<td>9.83%</td>
<td>10.00%</td>
<td>10.12%</td>
<td>9.82%</td>
</tr>
<tr>
<td>3 visits</td>
<td>11.29%</td>
<td>10.60%</td>
<td>10.53%</td>
<td>10.00%</td>
<td>11.75%</td>
</tr>
<tr>
<td>4 visits</td>
<td>13.26%</td>
<td>11.91%</td>
<td>13.54%</td>
<td>13.81%</td>
<td>14.74%</td>
</tr>
<tr>
<td>5 visits</td>
<td>13.85%</td>
<td>13.07%</td>
<td>14.74%</td>
<td>14.64%</td>
<td>20.76%</td>
</tr>
<tr>
<td>6+ visits</td>
<td>35.55%</td>
<td>38.40%</td>
<td>37.39%</td>
<td>32.54%</td>
<td>25.43%</td>
</tr>
</tbody>
</table>

**Arkids First B**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 visits</td>
<td>4.71%</td>
<td>5.18%</td>
<td>5.10%</td>
<td>7.16%</td>
<td>5.66%</td>
</tr>
<tr>
<td>1 visit</td>
<td>7.35%</td>
<td>6.94%</td>
<td>5.74%</td>
<td>7.88%</td>
<td>7.11%</td>
</tr>
<tr>
<td>2 visits</td>
<td>11.56%</td>
<td>10.00%</td>
<td>10.12%</td>
<td>9.82%</td>
<td>4.00%</td>
</tr>
<tr>
<td>3 visits</td>
<td>11.29%</td>
<td>10.60%</td>
<td>10.53%</td>
<td>10.00%</td>
<td>11.75%</td>
</tr>
<tr>
<td>4 visits</td>
<td>13.26%</td>
<td>11.91%</td>
<td>13.54%</td>
<td>13.81%</td>
<td>14.74%</td>
</tr>
<tr>
<td>5 visits</td>
<td>13.85%</td>
<td>13.07%</td>
<td>14.74%</td>
<td>14.64%</td>
<td>20.76%</td>
</tr>
<tr>
<td>6+ visits</td>
<td>35.31%</td>
<td>46.34%</td>
<td>45.61%</td>
<td>39.62%</td>
<td>54.47%</td>
</tr>
</tbody>
</table>

**Components of Well Child Screenings Should Include:**

- Nutritional assessment.
- Growth and development.
- Immunizations.
- Vision and hearing screen.
- Education about Body Mass Index (BMI) and annual calculation beginning at age 2.

**Strategies for Improvement**

- Increase the clinical focus on preventive and well child care.
- Take advantage of all office visits to provide well child care.
- Educate parents and guardians on the importance of well child visits.
- Hand out well child visit schedules to parents and guardians.
- Use a reminder system to contact parents and guardians.
- Document all well child visits in medical record.
Focus on ages 3 through 6 years

**Definition of Measure** This measure included children who were 3, 4, 5 or 6 years old who were enrolled at least 11 months of the measurement year. The percentage shows how many of these children received at least one well child visit.

**Well child visits, ages 3-6**

NATIONAL MEDICAID RATE, 2006: 63.3% (Dotted line indicates national Medicaid rate SFY 2002-06.)

Components of this Well Child Screening Should Include:
- Assessing school readiness.
- Completing preschool immunization.
- Reinforcing accident and injury prevention.
- Educating about Body Mass Index (BMI) and calculating annually.

Components of this Well Child Screening Should Include:
- Assessing school readiness.
- Completing preschool immunization.
- Reinforcing accident and injury prevention.
- Educating about Body Mass Index (BMI) and calculating annually.

Focus on adolescents

**Definition of Measure** This measure shows the percentage of beneficiaries ages 12 through 21 who were enrolled at least 11 months of the measurement year. The percentage shows how many received at least one comprehensive well care visit.

**Well care visits, adolescents**

NATIONAL MEDICAID RATE, 2006: 40.6% (Dotted line indicates national Medicaid rate SFY 2002-06.)

Components of this Well Care Screening Should Include:
- Educating adolescents and parents or guardians on:
  - Psychosocial changes.
  - Substance abuse.
  - Violence prevention.
  - Reproductive health.
- Assuring tetanus and hepatitis B vaccinations are current.
- Educating adolescents on reproductive health including STD prevention.
Annual dental visits

A medical home should encompass all aspects of a patient’s care. That’s why Arkansas Medicaid pays for regular dental care for young beneficiaries. Regular dental care can help prevent problems from permanently damaging a child’s dental or physical health. It can also help establish healthy habits that carry into adulthood.

Definition of Measure This measure included young people ages 4 through 21 who were enrolled at least 11 months of the measurement year. The percentage shows how many had at least one dental visit during the measurement year.

Annual dental visits

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare/ARKids First A</th>
<th>ARKids First B</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>45.0%</td>
<td>43.2%</td>
</tr>
<tr>
<td>2003</td>
<td>45.8%</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>41.7%</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medicaid pays for regular dental care for young beneficiaries. Regular dental care can help prevent problems from permanently damaging a child’s dental or physical health. It can also help establish healthy habits that carry into adulthood.

Strategies for Improvement
- Educate patients and their family members about the importance of annual dental exams.
- Use tools available from the American Dental Association to inform patients and families about proper dental care and follow-up.
- Track overdue visits and follow-up with patients when necessary.
- Send reminders, such as postcards, when a visit is due.

Appropriate use of antibiotics

Consumers are more aware of antibiotic resistance than ever before, and many mainstream media outlets have reported the dangers of antibiotic overuse. Yet, in many parts of Arkansas, patients presenting with viral infections are still likely to receive antibiotics without further testing.

We must focus on reducing the use of antibiotics for simple infections that are frequently viral. Convincing patients that their illness does not require an antibiotic can be difficult and time-consuming. AFMC and Arkansas Medicaid are working to educate the general public and to garner physician support to make a positive impact on this critical public health issue.

Treatment for children with upper respiratory infection

Definition of Measure The percentage of children 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic on or within the three days after the episode date. The numerator for this measure consists of episodes that were inappropriately treated with antibiotics. The inverted rate is 1 – (num/rel), so a higher inverted rate indicates better care.

Tools Available from AFMC
- Academic detailing sheets.
- Prescription pads listing symptom support measures.
- Information card.
- Educational booklet for patients, available in English and Spanish.
- Stickers for patients.
- Coloring book in English and Spanish.
- Posters in English and Spanish.
- Middle School Teacher’s Guide and Activity Book.

Testing for children with pharyngitis

Definition of Measure The percentage of children 2 to 18 years who were given a diagnosis of pharyngitis and prescribed an antibiotic, and who received a group A streptococcus (strep) test for the episode.

Stress the importance of taking all antibiotics as prescribed.
- Encourage clinical staff to wash hands between patients.
- Explain to patients why antibiotics are not always needed.
- Offer symptom support for patients with viruses.
- Stress the importance of taking all antibiotics as prescribed.
- Tell patients what to expect and provide support.
Attention-deficit hyperactivity disorder (ADHD) is one of the most common chronic conditions of childhood. Treatment requires long-term planning and the type of consistent care characterized by the medical home philosophy.

While ADHD is one of the most studied conditions of childhood, its cause is still unknown. The essential feature of ADHD is a persistent pattern of inattention or hyperactivity/impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development. The outlook for most children who receive treatment is very encouraging. The primary goal should be to improve day-to-day functioning. In order to reach and maintain this goal, the treatment plan should involve coordinated efforts between parents, physicians and the patient’s entire support team.

Strategies for Improvement

- Use a standard assessment tool to assist with consistent, detailed diagnosis and development of a treatment plan.
- Establish a treatment program recognizing ADHD as a chronic condition.
- Specify appropriate target outcomes to guide management in collaboration with the child, family and school personnel.
- Recommend medication and/or behavior therapy as appropriate to improve target outcomes.
- Provide follow-up care as recommended by the American Academy of Pediatrics guidelines. Monitoring should be directed to target outcomes and adverse effects. Gather information from parent, teacher and child.

Tools Available from AFMC

- Provider fact sheet, including treatment guidelines and common symptoms.
- Diagnostic criteria reference sheet for providers.
- Clinical algorithm for providers, outlining steps for accurate diagnosis and evaluation.
For 10 years, Arkansas Medicaid has provided the infrastructure to create a medical home for beneficiaries.

“It’s no secret that patients benefit from coordinated, consistent care. But providers also benefit when they’re able to maintain strong relationships with their patients. Medicaid has helped make these types of relationships a reality through its managed care program. And we can see the positive results each time the state data improves even one percentage point. These small increases transfer to healthier citizens, and that’s something that every physician is aiming for.”

DAVID WROten
Executive Vice President
Arkansas Medical Society
Chlamydia screening

Chlamydia is one of the most common and most easily cured sexually transmitted diseases. Testing methods have improved greatly in recent years, and the Centers for Disease Control and Prevention now recommends screening for all sexually active women age 25 and under, and for women age 25 and older with certain risk factors.

**Definition of Measure**
This measure included women ages 16 through 25 who were identified as sexually active, and who were enrolled at least 11 months during the measurement year. The percentage shows how many of these women had at least one test for chlamydia during the measurement year.

**Chlamydia screening**

**NATIONAL MEDICAID RATE, 2006: 50.6%**

(Black line indicates national Medicaid rate (FY 2002-06).)

**Strategies for Improvement**
- Incorporate a sexual history into the history and physical.
- Screen all sexually active women for chlamydia.
- Educate patients about symptoms and treatment.
- Educate patients about safe sex and abstinence.

**Tools Available from AFMC**
- Family Planning/Screening Guide

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**Health Measures for Women: Beneficiary and provider education**

Women are often considered the heart of a home, providing support and love for their children and families. Yet, they often forget to take time for themselves. Thousands of Arkansas women go without basic preventive health care, such as mammograms to detect breast cancer and Pap smears to catch precancerous changes in cervical cells. Health care providers play an important role in encouraging all women to establish a medical home and schedule regular preventive care.

Arkansas Medicaid and AFMC work to help educate women and their families and physicians about the importance of preventive care. A multimedia public awareness campaign, posters, brochures and articles in statewide publications encourage communication and urge women and their physicians to work together to increase screening.

**Examples**

1. Poster for primary care providers to hang in patient areas (English and Spanish).
3. Easy-to-read brochure for women, designed for primary care providers to distribute (English and Spanish).
Cervical cancer screening

Cervical cancer is the easiest solid tumor cancer to diagnose and treat; however, it still causes nearly 4,000 deaths in the U.S. each year. Pap smears are the best way to detect cervical cancer and treat it early. Most guidelines call for women to begin having regular Pap smears and pelvic exams at age 21, or within three years of the first time they have sexual intercourse.

Definition of Measure
This measure included women ages 21 to 64 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received a Pap smear during the measurement year or the two years prior to the measurement year.

Breast cancer screening

Mammography is the best available method to detect breast cancer in the earliest, most treatable phase. Although mammogram guidelines vary widely for women in their 40s, most research-based recommendations call for yearly mammograms for women age 50 and older. More than 75 percent of breast cancers are found in women in this age group.

Definition of Measure
This measure included women ages 52 to 69 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received at least one mammogram during the measurement year or the previous year.

Strategies for Improvement
- Educate women about the importance of early detection and treatment.
- Refer women to local mammography imaging centers.
- Use reminder systems for check-ups and screening.
- Document all screenings on the medical record.
- Document any follow-up for abnormal findings.

Tools Available (Breast and Cervical Cancer Screening) from AFMC
- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers discuss breast health with their patients:
  - “Have you talked to your mother lately?” poster (Caucasian, African-American and Hispanic versions).
  - Cervical cancer educational resources.
  - Mammography brochure, available in English and Spanish.
  - Chart labels.
  - Mammogram referral labels, available in English and Spanish.
  - FDA-certified mammography center listings.
Prenatal care

Prenatal care gives expectant mothers a better chance for a healthy pregnancy. Establishing a medical home early in a pregnancy can help prevent low birth-weight, premature birth and other problems—what better way to protect a new life?

During regular doctor visits, health care providers can assess a woman's health and run important tests. Prenatal visits also offer providers the opportunity to talk to women about eating right and making healthy lifestyle changes.

An important part of improving prenatal care is measuring beneficiary satisfaction. Results of the Arkansas Medicaid Prenatal Survey can be used to improve prenatal services for all expectant mothers across the state—not just Medicaid beneficiaries. In fact, Arkansas Medicaid pays for 60 percent of all deliveries in Arkansas.

The quality measures were collected via a survey that was adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS) used by the Centers for Disease Control and Prevention (CDC) since 1987.

2006 Prenatal Survey Highlights

- 81.5% of those surveyed had the recommended number of prenatal visits.
- 89.2% felt finding a prenatal care provider was not a problem.
- 82.6% rated their prenatal care provider 8 or above on a scale of 0 to 10, with 0 being the worst possible and 10 being the best possible.
- 97.7% felt they were usually or always treated with courtesy and respect by their prenatal care provider.
- 92.0% believed their prenatal care provider usually or always listened to them.
- 91.5% felt their prenatal care provider usually or always offered understandable information.

Strategies for Improvement

- Follow national recommendations for prenatal care, such as those from the American College of Obstetricians and Gynecologists and National Physician Consortium for Performance Measures.
- Utilize prenatal performance measures, such as screening for gestational diabetes and D antibody testing.
- Maintain a prenatal flow sheet that incorporates national performance measures into each patient's chart.

Tools Available from AFMC

- AFMC offers online prenatal resources and information at www.afmc.org/prenatal.
Controlling blood pressure below 130/85 is one of the best and most cost effective treatments to prevent long-term complications in diabetic patients.

WILLIAM E. GOLDEN, MD, MACP
Vice President for Clinical Quality Improvement
Arkansas Foundation for Medical Care

primary care providers offer a medical home for diabetics.
Comprehensive diabetes care

More than 250,000 Arkansans have diabetes. To prevent complications such as kidney disease, blindness and amputations, preventive care is critical. Regular hemoglobin A1c testing can indicate to patients and physicians when more effective blood sugar control is needed. Annual fasting lipid profiles track control of cholesterol and triglyceride levels. Annual dilated eye exams can identify early signs of diabetic retinopathy. And excellent control of blood pressure is essential to prevent kidney disease and stroke.

Definition of Measure

These measures included beneficiaries from age 18 through age 75 who have diabetes and who were enrolled at least 11 months during the measurement year. The percentages show how many of these people had:

- A hemoglobin A1c (HbA1c) test during the measurement year.
- A lipid profile performed during the measurement year or the year prior to the measurement year.
- A dilated eye exam during the measurement year.

Health Measures for Diabetics: Beneficiary and provider education

Patients with chronic health conditions like diabetes can benefit greatly from an established medical home. Regular preventive care keeps thousands of Arkansans with diabetes healthy and active. Arkansas Medicaid and AFMC work with providers to find ways to increase preventive care rates and patient awareness. For example, the award-winning, easy-to-read booklet, “Straight Talk about Diabetes,” outlines important information for patients and families. AFMC also offers labels for patient charts to remind physicians to perform critical blood work, eye exams or other chronic care. The ongoing efforts have paid off; rates for diabetes-related measures improved substantially in recent years.

Examples

1: Educational pad for patients and families indicating proper blood sugar levels and behaviors.
2: Educational brochure for patients and families, distributed by primary care providers (English and Spanish).
3: Chart reminder labels listing important aspects of diabetes care.
4: Brochure promoting HbA1c screening, distributed to patients by primary care providers (English and Spanish).
5: HbA1c test reminder card for patients (English and Spanish).

Strategies for Improvement

- Follow national treatment guidelines for diabetes, such as those from the American Diabetes Association.
- Schedule regular clinic visits for diabetes management.
- Use checklists or flow sheets to help improve compliance with guidelines.
- Record all results of preventive screenings.
- Provide other preventive care, such as a pneumococcal vaccination and annual influenza vaccination.

Tools Available from AFMC

- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers talk to patients about diabetes:
  - “Straight Talk about Diabetes” brochure, available in English and Spanish.
  - Diabetes chart labels.
  - “Why do I need an A1c?” brochure, available in English and Spanish.
  - “Know your A1c” wallet card, available in English and Spanish.
Arkansas and the United States are in the middle of a diabetes epidemic. More adults and children are developing type 2 diabetes at younger ages than ever before, in large part due to rapid increases in obesity.

Since morbidity and mortality from diabetes directly relate to control and length of time with the condition, effective ongoing management of risk factors related to complications is critical for the future well-being of individual patients, as well as our communities.

In 2006, Arkansas Medicaid began evaluating diabetes care by “composite measures”: the percent of patients who received all the recommended measures of diabetes care. In the past, progress was tracked by isolated elements of good diabetes care: hemoglobin A1c measurement, lipid measurement and regular eye examinations. Innovative approaches to patient outreach, office information systems and patient education are essential to prevent widespread heart, kidney, eye and foot complications in the years ahead.

**Definition of Measure**

The denominator for this measure is the same as that for any of the three components. The numerator consists of those beneficiaries who were included in the numerators of all three of the components. Thus, the measure represents the proportion of diabetics age 18 to 75 enrolled at least 11 months during the year who received all three of the following: HbA1c test, dilated eye exam and a lipid profile.
Health Measures for Smoking Cessation

“Successful smoking cessation must remain one of the most important personal and public health goals in Arkansas. The Department of Human Services is committed to helping our state continue to improve its rates of smoking cessation counseling and treatment. By working together, we can help protect Arkansans from this avoidable health risk.”

Janie Huddleston
Deputy Director
Arkansas Department of Human Services

AFMC quality improvement tools were distributed to primary care offices during SFY 2007.
Smoking cessation communication

Tobacco use is the single largest preventable cause of disease and premature death in the United States. In Arkansas, tobacco use costs Medicaid an estimated $540 million each year. Smokers and their families suffer higher rates of heart disease, cancer and many other illnesses, and are likely to have reduced quality of life because of smoking-related expenses and illness. Studies have shown that most smokers want to quit and that physician intervention can help them succeed. Arkansas Medicaid covers smoking cessation medication and counseling for beneficiaries. Medicaid also reimburses for smoking cessation counseling for the parents of young beneficiaries, even if the parent is not on Medicaid.

**Definition of Measure**

The measure uses data that was collected from surveys conducted by AFMC and included beneficiaries 18 years of age and older who were enrolled at least 5 out of 6 months of the measurement year, and who were either current smokers or recent quitters. Three different rates are calculated: the percentage of beneficiaries who received advice from a doctor or other health care professional to quit smoking; the percentage whose doctor or other health care professional recommended or discussed smoking cessation medications; and the percentage whose doctor or other health care professional recommended or discussed smoking cessation methods or strategies.

**Advice to quit smoking**

<table>
<thead>
<tr>
<th></th>
<th>2004*</th>
<th>2005**</th>
<th>2006*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ConnectCare</td>
<td>49.82%</td>
<td>57.53%</td>
<td>58.63%</td>
</tr>
</tbody>
</table>

**Recommended or discussed smoking cessation medications**

<table>
<thead>
<tr>
<th></th>
<th>2004*</th>
<th>2005**</th>
<th>2006*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ConnectCare</td>
<td>17.22%</td>
<td>30.59%</td>
<td>30.32%</td>
</tr>
</tbody>
</table>

**Recommended or discussed smoking cessation methods or strategies**

<table>
<thead>
<tr>
<th></th>
<th>2004*</th>
<th>2005**</th>
<th>2006*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ConnectCare</td>
<td>18.32%</td>
<td>25.57%</td>
<td>25.81%</td>
</tr>
</tbody>
</table>

* Taken from 2004 and 2006 Health Outcomes Surveys, respectively.
** Taken from 2005 Adult CAHPS surveys.

**Strategies for Improvement**

- Educate health care staff on the available therapeutic options for effective smoking cessation.
- Use the 5 A’s of basic intervention:
  - Ask about tobacco use.
  - Advise to quit.
  - Assess willingness to quit.
  - Assist with attempt to quit.
  - Arrange for follow-up.
- Discuss and develop an individualized plan of cessation methods/strategies.
- Document all tobacco assessments and cessation counseling.
- Discuss smoking cessation medication option with patient.

**Tools Available from AFMC**

- Documentation label
- Identification chart sticker
- Prescription pads
- Smoking cessation toolkit
At Arkansas Medicaid, we’ve always kept the patient and provider in mind, even when exploring ways to contain costs. Every plan, every decision is considered from these views. The result is that many of our policies reflect the medical home philosophy. With the partnership of health care providers and professionals from across the state, we can do even more to ensure that every patient gets the care he or she needs. It’s all part of building a ‘medical home’ for each patient, and I think it speaks well for our state when we support this viewpoint.”

ROY JEFFUS
Director of Medical Services
Arkansas Department of Human Services

1,287 primary care providers have at least 10 Medicaid beneficiaries on their caseload.
Beneficiary Perceptions of Care

When patients and physicians share positive relationships, quality of care can improve dramatically. Access, availability and communication all play an important role in achieving effective care. That’s why Medicaid conducts regular beneficiary satisfaction surveys to measure patient perceptions of their medical care. The surveys examine how well patients are able to communicate with their doctor, schedule an appointment or find answers to their questions. With these results, Medicaid is able to evaluate our state’s progress in providing a medical home for each patient.

Adult and child access to care

The greatest health risk for many Arkansans is simply being unable to access the services they need. Finding transportation or scheduling an appointment can often be a challenge for a significant portion of our state’s residents. When patients miss out on regular care, they put themselves at increased risk for preventable diseases that could be easily treated if caught early. To help ensure that beneficiaries receive care through an established medical home, Arkansas Medicaid examines “access to care” in this year’s HEDIS reporting.

Definition of Measures

- **Childhood and adolescent access to primary care practitioners**: This measure included beneficiaries age 12 months to 19 years. Children age 6 or younger must have been enrolled at least 11 months during SFY 2006. Children age 7 to 19 must have been enrolled at least 23 months during SFY 2005 and 2006. Both groups must have had at least one visit with a primary care practitioner.

- **Adult access to preventive/ambulatory care**: This measure included beneficiaries age 20 and older who were enrolled at least 11 months during SFY 2006 and who had an ambulatory or preventive care visit.

Strategies for Improvement

- Check eligibility and last screening date.
- Keep caseloads up-to-date with active patients.
- Check siblings’ last screening dates.
- Increase caseload to accept sibling of established patient.
- Check last screening date before granting referrals.
- Ask patients to complete a pre-questionnaire to decrease the chance of additional concerns toward the end of exam.
- Promote teamwork as the key to maximizing efficiency.
- Use age specific sheets to avoid missing required components.

**Reminder**: Preventive screenings can be performed and reimbursed on the same day as a sick visit.
### ARKids First B

- Based on 2002-06 ARKids First B surveys (Survey participants were asked to rate their satisfaction [0 = worst, 10 = best])

#### 1. Overall average quality and satisfaction ratings:

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PCP</td>
<td>8.5</td>
<td>8.6</td>
<td>8.5</td>
<td>8.6</td>
<td>8.7</td>
</tr>
<tr>
<td>b. Specialist</td>
<td>8.5</td>
<td>8.6</td>
<td>8.2</td>
<td>8.6</td>
<td>8.7</td>
</tr>
<tr>
<td>c. Quality of care</td>
<td>8.7</td>
<td>8.5</td>
<td>8.6</td>
<td>8.6</td>
<td>8.7</td>
</tr>
<tr>
<td>d. ARKids First B Program</td>
<td>9.1</td>
<td>9.1</td>
<td>8.9</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>e. Dentist</td>
<td>8.6</td>
<td>8.4</td>
<td>8.2</td>
<td>8.6</td>
<td>8.2</td>
</tr>
</tbody>
</table>

#### 2. Percent indicating high degree of satisfaction (8 or higher):

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PCP</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
<td>78%</td>
<td>84%</td>
</tr>
<tr>
<td>b. Specialist</td>
<td>79%</td>
<td>75%</td>
<td>71%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>c. Quality of care</td>
<td>81%</td>
<td>79%</td>
<td>80%</td>
<td>80%</td>
<td>84%</td>
</tr>
<tr>
<td>d. ARKids First B program</td>
<td>87%</td>
<td>87%</td>
<td>86%</td>
<td>81%</td>
<td>83%</td>
</tr>
<tr>
<td>e. Dentist</td>
<td>80%</td>
<td>78%</td>
<td>74%</td>
<td>81%</td>
<td>76%</td>
</tr>
</tbody>
</table>

#### 3. Access and availability — percent that reported:

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Seeing a doctor</td>
<td>74%</td>
<td>77%</td>
<td>70%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>b. Getting care without long waits (&quot;usually&quot; or &quot;always&quot;)</td>
<td>76%</td>
<td>80%</td>
<td>71%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>c. Ease of finding a doctor (&quot;small problem&quot; or &quot;not a problem&quot;)</td>
<td>72%</td>
<td>76%</td>
<td>67%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>d. ConnectCare or ARKids First A program</td>
<td>69%</td>
<td>83%</td>
<td>65%</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Communication — percent that reported always or usually:

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Doctor communicated well and spent enough time with the patient**</td>
<td>85%</td>
<td>89%</td>
<td>83%</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>b. Office staff treated patient with courtesy and respect**</td>
<td>88%</td>
<td>90%</td>
<td>86%</td>
<td>92%</td>
<td></td>
</tr>
</tbody>
</table>

* Indicates a statistically higher result than other participating Medicaid states in the National CAHPS Benchmarking Database.
** These satisfaction scores are composites. Similar questions are combined to form a composite score.
Medicaid Membership Information

Diversity of Medicaid Membership

**ConnectCare/ARKids First A, SFY 2006**
- **TOTAL ENROLLEES:** 391,548
  - **BY RACE**
    - White: 219,902
    - Black: 121,402
    - Spanish/Hispanic: 27,640
    - Other: 22,604
    - Unknown: N/A
  - **BY SEX**
    - Female: 214,581
    - Male: 176,312
    - Unknown: 655

**ARKids First B, SFY 2006**
- **TOTAL ENROLLEES:** 78,681
  - **BY RACE**
    - White: 55,959
    - Black: 16,106
    - Spanish/Hispanic: 5,067
    - Other: 1,549
    - Unknown: N/A
  - **BY SEX**
    - Female: 38,367
    - Male: 40,078
    - Unknown: 236

For more information about this report or AFMC Health Care Quality Improvement Projects, please contact:

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