2009
HEDIS®
Measuring More of What Matters

A Report of HEDIS®
Health Care Measures in Arkansas
Perhaps never in the history of our nation has health care been as passionately discussed and hotly debated as it is today. It’s been said that in any discussion or debate, one should first seek common ground as a foundation. When it comes to health care, common ground is easy to find. Few would disagree that high-quality, highly accessible health care is critical to our personal, national and global well-being. Everyone needs it, and everyone deserves it.

Medicaid and AFMC are working together to make sure that every Arkansan gets it.

We’ve been doing it for more than 25 years. We search for ways to improve care for specific groups or health conditions. We provide resources, tools and information for health care professionals. We educate Arkansans about how to stay healthy, keep their families healthy and get the most from their health care benefits. We find ways to reduce or stabilize costs without sacrificing quality of care.

Medicaid and AFMC are working together to make sure that every Arkansan gets it.

We’re working to encourage the effective use of health information technology, to reduce infant mortality, to prevent childhood injuries, to find practical, feasible ways of applying new knowledge, technical advancement and common sense to health care and its delivery.

Success does not always come easily, and requires the commitment, expertise and old-fashioned hard work of individuals and organizations across the state—and especially health care professionals on the front lines of the health care system. We are honored to serve them and to help them better serve their patients — our families, our friends, ourselves.

The current national health care debate could remain heated and largely unresolved for some time. But we aren’t waiting for a resolution. We will continue the hard work of improving health care for all Arkansans and making the most of health care dollars and other resources — building on previous efforts and on a foundation of shared goals and commitment. The work will never be finished and will never be easy. But it will always be important and will always be rewarding.

Please join us.
What is HEDIS®?

HEDIS® (the Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures used by health plans to measure performance on important dimensions of care and service. 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: MMR Vaccination Status**

The denominator is the eligible population — the number of children enrolled in the managed care plan at least 11 months before their second birthday and who turned 2 years old during the measurement year. The numerator is the number of children in the eligible population who received the MMR (measles, mumps and rubella) vaccine. If the eligible population (denominator) was 1,000, of which 900 were immunized (numerator), the rate would be 900/1,000, or 90%.

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, payers 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
“Quality and innovation in the financing and delivery of care are two of the top priorities in the national debate about health care. The medical home concept has continued to gain attention, even while most people continue to be in the dark about just what a "medical home" looks like. Arkansas Medicaid has been an innovator in this area for years, creating ConnectCare to provide each Medicaid beneficiary a primary care physician to call “their doctor.” It is partly because of this program that quality measures in Arkansas continue to improve.”

David Wroten
Executive Vice President
Arkansas Medical Society

HEALTH MEASURES FOR CHILDREN

FACT

OVER 160,000 CHILDREN AGES 0-18 HAD A WELL-CHILD VISIT IN SFY 2008.
Investing in high-quality health care for our children not only makes sense—it’s the right thing to do. Ensuring that Arkansas’ youngest and most vulnerable citizens get the care they need—from vaccinations and screenings to asthma management and antibiotics when appropriate—is a top priority for Arkansas Medicaid and AFMC.

AFMC works to promote quality health care for children through multimedia campaigns and research-driven tools for both providers and patients’ families, such as posters for physician offices, educational booklets for parents and guardians, chart folders and reminder stickers for clinicians.

These efforts have paid off, but there is still room for improvement. We will continue working with providers and helping families understand how to keep children healthy, learning, playing and growing.

HEALTH MEASURES FOR CHILDREN:
Beneficiary and provider education

EXAMPLES
1. Poster encouraging asthma patients to ask their doctors about treatment options (English and Spanish)
2. Booklet for new parents about well-baby care, including immunizations (English and Spanish)
3. Booklet for patients about proper use of antibiotics (English and Spanish)
4. Poster encouraging children to ask their parents or doctors about getting a check-up (English and Spanish)
5. Age-specific screening sheets for providers
More than 20 million people in the United States suffer from asthma. In fact, it’s one of the most common chronic conditions in children and young adults. Asthma has the potential to substantially limit daily functions and increase health care costs, and it can force patients to miss school and work. Better use of medications that control the root processes of asthma, however, can significantly reduce the impact 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 intervention, physicians should ask their patients to visit two to four times a year, even when doing well, to reinforce the value of ongoing preventive therapy with inhaled corticosteroids.

**Appropriate use of medications for people with asthma**

**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 prior year for the measurement year. The measure is based on how many of these beneficiaries had at least one prescription for inhaled corticosteroids, comorbid conditions and food/environmental triggers modified as methylxanthines.

**STRATEGIES FOR IMPROVEMENT**

- Emphasize use of anti-inflammatory medications as mainstay of therapy for symptoms of mild to moderate to severe asthma.
- Schedule regular office visits for asthmatic patients with moderate to severe symptoms, to monitor compliance with medications and the need for daily anti-inflammatory therapy.
- Develop an Asthma Action Plan with patients and families, providing written instructions on:
  - Asthma triggers
  - Individual signs and symptoms.
  - Medication dosage and frequency for daily management (green zone), mild symptoms (yellow zone), and acute exacerbation (red zone).
  - Danger signs and emergency contact information.

**TOOLS AVAILABLE FROM AFMC**

- A colorful booklet, available in English and Spanish, titled “Don’t Let Asthma Slow You Down!”
- A poster featuring a girl runner, available in English and Spanish.
- A poster featuring a young swimmer.
- A coloring book in both English and Spanish.
Childhood immunization is one of the most beneficial, low-risk and cost-effective steps we can take to protect the health of our children. Our state’s vaccination rates are generally even with or higher than national Medicaid rates. There is still work to be done. Incomplete vaccination can leave children vulnerable to diseases that haven’t been common in this country for decades—measles, mumps, whooping cough, diphtheria—but that still threaten children in countries where vaccines are not as widely available. Health care workers and parents must work together to make sure children are protected from these diseases.

**New immunization measures**

- **Pneumococcal**
  - NATIONAL MEDICAID RATE, 2004: 94.9%
  - 2005: 94.5%
  - 2006: 96.1%
  - 2007: 97.7%
  - 2008: 100.0%
- **Polio**
  - NATIONAL MEDICAID RATE, 2004: 100.0%
  - 2005: 100.0%
  - 2006: 100.0%
  - 2007: 100.0%
  - 2008: 100.0%
- **Hepatitis B**
  - NATIONAL MEDICAID RATE, 2004: 98.6%
  - 2005: 99.5%
  - 2006: 100.0%
  - 2007: 100.0%
  - 2008: 100.0%
- **H Influenza A**
  - NATIONAL MEDICAID RATE, 2004: 85.9%
  - 2005: 84.5%
  - 2006: 88.1%
  - 2007: 91.7%
  - 2008: 94.5%
- **H Influenza B**
  - NATIONAL MEDICAID RATE, 2004: 87.7%
  - 2005: 90.2%
  - 2006: 94.5%
  - 2007: 97.7%
  - 2008: 100.0%

**STRATEGIES FOR IMPROVEMENT**

- Check immunization status and give needed vaccinations during every office visit.
- Give multiple vaccines whenever possible.
- Use a reminder system to contact parents or guardians whose children have not been fully immunized.
- Use structured records to document all vaccinations.
- Document all immunizations delivered in school and health departments.
- Provide accurate data in state immunization registry.

**TOOLS AVAILABLE FROM AFMC FOR ALL WELL-CHILD IMMUNIZATION MEASURES**

- Working with Arkansas Medicaid, AFMC has developed tools to foster communication with parents about keeping their children healthy.
- A colorful booklet titled "Take Good Care of Your New Baby," available in English and Spanish.
- A poster, available in English and Spanish, with the recommended schedule for well-child visits and shots.
- Dart folders and reminder stickers.
- Growth and developmental reference booklets in English and Spanish.

**DEFINITION OF MEASURE**

This measure included all children enrolled at least 1 month 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.

**IMMUNIZATION STATUS**

<table>
<thead>
<tr>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL MEDICAID RATE, 2004: 98.6% (95% of children vaccinated within 6 mos)</td>
<td>2005: 97.7%</td>
<td>2006: 99.9%</td>
</tr>
</tbody>
</table>

**NATIONAL MEDICAID RATE, 2008: 100.0% (Dotted line indicates national Medicaid rate SFY 2008)**

**VACCINATION SCHEDULE**

- Children must receive immunizations at scheduled visits.
- Children who receive care outside the health care system must document all vaccinations in their immunization registry.
- Use a reminder system to contact parents or guardians whose children have not been fully immunized.
- Use structured records to document all vaccinations.
- Document all immunizations delivered in school and health departments.

**SCHEDULE FOR WELL-BEING VISITS**

- Birth to 3 months: 2 visits
- 4 to 5 months: 2 visits
- 6 to 9 months: 4 visits
- 12 to 15 months: 2 visits
- 16 to 19 months: 1 visit
- 20 to 24 months: 1 visit

**STICKERS AND REMINDERS**

- Reminder stickers
- Growth and developmental reference booklets in English and Spanish

**AFMC HAS DEVELOPED TOOLS TO FOSTER COMMUNICATION WITH PARENTS ABOUT KEEPING THEIR CHILDREN HEALTHY**

- A colorful booklet titled "Take Good Care of Your New Baby," available in English and Spanish.
- A poster, available in English and Spanish, with the recommended schedule for well-child visits and shots.
- Dart folders and reminder stickers.
- Growth and developmental reference booklets in English and Spanish.

**MARKET BASIS**

- National Medicaid rate SFY 2008: 100.0% (Dotted line indicates national Medicaid rate SFY 2008)


- Data source: ARKids First Sample of Medical Records (2-year-olds)
Well-child visits allow health care providers to check a child's growth and development, make sure the child is eating well, offer parents educational guidance, ensure that vaccinations are up-to-date, and identify or prevent potential problems before they affect a child's development or quality of life. Well-child visits also help providers establish strong and trusting relationships with patients and their caregivers. Although Arkansas lags behind the national Medicaid rates for well-child visits, we have improved significantly in the 3-to-6-years and adolescent age groups, and are making progress with children through 15 months of age after several years of declining rates.

**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.

**COMPONENTS OF WELL-CHILD SCREENINGS SHOULD INCLUDE:**

- Nutritional assessment
- Growth and development
- Immunizations
- Vision and hearing screen
- Lead screening
- Education about body Mass index (BMI) and annual calculation beginning at age 2

**DEFINITION OF MEASURE**

This measure included children who turned 15 months old during the measurement year, and were enrolled at least 13 of the first 15 months of life. The table shows how many visits those children received during their first 15 months (ranging from 0 to 6 or more).

### ARKIDS FIRST A

<table>
<thead>
<tr>
<th>Year</th>
<th>0 Visits</th>
<th>1 Visit</th>
<th>2 Visits</th>
<th>3 Visits</th>
<th>4 Visits</th>
<th>5 Visits</th>
<th>6+ Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>5.73%</td>
<td>5.74%</td>
<td>7.02%</td>
<td>11.00%</td>
<td>9.73%</td>
<td>15.79%</td>
<td>45.61%</td>
</tr>
<tr>
<td>2005</td>
<td>7.90%</td>
<td>8.95%</td>
<td>8.95%</td>
<td>12.88%</td>
<td>10.62%</td>
<td>17.42%</td>
<td>39.62%</td>
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<tr>
<td>2006</td>
<td>7.58%</td>
<td>8.95%</td>
<td>6.30%</td>
<td>14.54%</td>
<td>13.14%</td>
<td>23.04%</td>
<td>34.47%</td>
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<tr>
<td>2007</td>
<td>7.41%</td>
<td>11.15%</td>
<td>10.32%</td>
<td>14.74%</td>
<td>14.74%</td>
<td>20.76%</td>
<td>34.47%</td>
</tr>
<tr>
<td>2008</td>
<td>4.89%</td>
<td>9.27%</td>
<td>9.27%</td>
<td>15.00%</td>
<td>10.62%</td>
<td>21.53%</td>
<td>28.29%</td>
</tr>
</tbody>
</table>

### ARKIDS FIRST B

<table>
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<tr>
<th>Year</th>
<th>0 Visits</th>
<th>1 Visit</th>
<th>2 Visits</th>
<th>3 Visits</th>
<th>4 Visits</th>
<th>5 Visits</th>
<th>6+ Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>5.10%</td>
<td>7.09%</td>
<td>7.67%</td>
<td>11.84%</td>
<td>10.53%</td>
<td>14.74%</td>
<td>45.61%</td>
</tr>
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<td>15.00%</td>
<td>10.62%</td>
<td>21.53%</td>
<td>28.29%</td>
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**FIRST 15 MONTHS OF LIFE**
DEFINITION OF MEASURE
This measure included children who were 3, 4, 5 or 6 years old and 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.

DEFINITION OF MEASURE
This measure included 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.

COMPONENTS OF THIS WELL-CHILD SCREENING SHOULD INCLUDE:
- Assessing school readiness
- Completing preschool immunization
- Reinforcing injury prevention
- Educating about body Mass index (BMI) and calculating annually

COMPONENTS OF THIS WELL-CHILD SCREENING SHOULD INCLUDE:
- Educating adolescents and parents or guardians on:
  - Psychosocial changes
  - Substance abuse
  - Violence prevention
  - Reproductive health, including STD prevention
  - Assuring tetanus, DTap and hepatitis B
  - Offering HPV and meningococcal vaccines

Ages 3 through 6 years

Adolescents

NATIONAL MEDICAID RATE, 2008: 42.0% (National Medicaid rate: 2008-09-10.)

NATIONAL MEDICAID RATE, 2009: 43.2% (National Medicaid rate: 2009-10-11.)

WEll-CHIlD vISITS

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AnnuAl DEnTAl vISITs / LEAD SCREEnING IN CHIlDREn

Healthy dental habits established in childhood can last a lifetime. Arkansas Medicaid includes dental care for young beneficiaries because regular dental care can help prevent problems from permanently damaging a child’s dental or physical health. Arkansas’ rates of annual childhood dental visits are slightly above the national Medicaid rate.

Children are more sensitive to lead exposure than adults, and more than 300,000 are at risk. Lead poisoning leads to cognitive function impairments and behavioral disorders and is difficult to reverse. Elevated blood levels in children can also lead to death. Venous and capillary blood tests are both acceptable methods of screening for lead.

DEFINITION OF MEASURE
This measure included young people ages 2 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.

DEFINITION OF MEASURE
This measure included children who turned 2 during the measurement year, and were enrolled at least 11 months prior to their second birthday. The percentage shows how many of those children received at least one capillary or venous lead blood test by their second birthday. This is the first year for this measure.

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.

STRATEGIES FOR IMPROVEMENT
■ Incorporate lead screening into the 12-month and 24-month well-child visits.
■ Have the parent complete AAP’s Risk Assessment tool before the exam.
■ Use a venous blood sample to confirm capillary specimen screening results equal to or greater than 10µg/dl.

Annual dental visits

<table>
<thead>
<tr>
<th>Measure</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
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<tbody>
<tr>
<td>Conners Care</td>
<td>64.3%</td>
<td>59.9%</td>
<td>56.5%</td>
<td></td>
</tr>
<tr>
<td>Arkansas First B</td>
<td>63.6%</td>
<td>59.7%</td>
<td>43.3%</td>
<td></td>
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Lead screening in children

<table>
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<tr>
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Lead screening in children

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Antibiotic resistance has become a global threat to public health, and overuse of antibiotics has been cited as a major cause. Many common infections that were once easily treated with common antibiotics are requiring stronger drugs and larger doses. Consumers are more aware of antibiotic resistance than in the past, but in many parts of Arkansas, patients are not likely to be tested before being prescribed an antibiotic for an infection that is most likely viral. Testing of children who are prescribed antibiotics for pharyngitis or upper respiratory infections is slowly increasing, but still lags behind the national Medicaid rate. We must focus on reducing the use of antibiotics for simple infections that are frequently viral. Convincing patients that their illnesses do not require antibiotics can be difficult and time-consuming, but it is necessary to help assure the future effectiveness of these medications. 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.

**DEFINITION OF MEASURE**

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

**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/den), so a higher inverted rate indicates better care.

**STRATEGIES FOR IMPROVEMENT**

- Review prescribing habits.
- Educate staff about antibiotic use and resistance.
- Encourage clinical staff to ask each visit between patients.
- Explain to patients why antibiotics are not always needed.
- Offer symptomatic support for patients with viruses.
- Stress the importance of taking all antibiotics as prescribed.
- Tell patients what to expect and provide support.

**TOOLS AVAILABLE FROM AFMC**

- Academic detailing sheets
- Prescription pad 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

**NATIONAL MEDICAID RATE, 2009:Medicaid do 90-100% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**

**NATIONAL MEDICAID RATE, 2009: 50-60% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**

**NATIONAL MEDICAID RATE, 2009: 50-60% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**


**KFYS First BConnectCare / ARKids First A**


**KFYS First BConnectCare / ARKids First A**


**KFYS First BConnectCare / ARKids First A**

**DEFINITION OF MEASURE**

The percentage of children 2 to 18 years old 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/den), so a higher inverted rate indicates better care.

**NATIONAL MEDICAID RATE, 2009:Medicaid do 90-100% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**

**NATIONAL MEDICAID RATE, 2009: 50-60% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**

**NATIONAL MEDICAID RATE, 2009: 50-60% (Dotted line indicates national Medicaid rate SFY 2009-2010.)**


**KFYS First BConnectCare / ARKids First A**


**KFYS First BConnectCare / ARKids First A**


**KFYS First BConnectCare / ARKids First A**
“With all of the confusion about when and how often a woman should have a mammogram, Susan G. Komen for the Cure would like to take a stand, saying nothing should impede a woman from getting a yearly mammogram beginning at age 40. One in three women who meet the current criteria are still not getting a yearly mammogram. This is especially alarming because we know early detection can save lives.”

Sherrye McBryde
Executive Director,
Arkansas Affiliate of Susan G. Komen for the Cure

HEALTH MEASURES FOR WOMEN

OVER 34,000 WOMEN AGES 16 TO 69 RECEIVED A PREVENTATIVE WOMEN’S HEALTH SCREENING IN SFY 2008.
omen’s health issues may no longer be confined to hushed conversations with close friends or relatives—talk shows and magazine articles discuss breast cancer and other women’s health topics openly and regularly—but thousands of Arkansas women still go without basic preventive health care. They don’t have mammograms to detect breast cancer or Pap smear to catch precancerous changes in cervical cells.

Health care providers play a key role in encouraging all women to schedule regular preventive health care. Arkansas Medicaid and AFMC work to help educate women and their families and physicians about the importance of preventive health care, and to make sure women have the information they need—where to go, what to ask and what to expect. 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 preventive health screening.

EXAMPLES
1. Easy-to-read brochure for women, designed for primary care providers to distribute (English and Spanish)
2. Mammography referral labels and reminder stickers for patient charts
3. Poster for primary care providers to hang in patient areas (English and Spanish)
Chlamydia is one of the most common and most easily cured sexually transmitted diseases. It is also often asymptomatic, especially in women, but can cause serious, permanent damage to the reproductive organs, leading to infertility, chronic pelvic pain and other complications. Women who are infected with chlamydia are also five times more likely to become infected with HIV if exposed. The Centers for Disease Control and Prevention recommends annual screening for all sexually active women age 25 and younger, and for women over 25 with certain risk factors. All pregnant women should be screened as well.

**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.

**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
Cervical cancer is the easiest solid tumor cancer to diagnose and treat, and is almost entirely preventable because the precursors can be treated before cancer develops. Yet it still causes nearly 4,000 deaths in the U.S. each year. Pap smears are the key to early detection and survival. Early detection results in a five-year survival rate of greater than 90 percent, and 52 percent of women in the United States who develop cervical cancer have never been screened.

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. Arkansas’ Medicaid beneficiaries are well behind the national average in receiving Pap smears.

**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.

**STRATEGIES FOR IMPROVEMENT**

- Educate patients about the need for Pap smear testing earlier than age 21.
- Educate staff about barriers assessment and counseling.
- Use computer software that can show which patients are due for preventive services.

**TOOLS AVAILABLE FROM AFMC**

- Cervical cancer screening guide for providers.

**NATIONAL MEDICAID RATE, /uniF63A/uniF639/uniF639/uniF640: /uniF63E/uniF63C./uniF640%**

(Dotted line indicates national Medicaid rate SFY /uniF63A/uniF639/uniF639/uniF63C-/uniF639/uniF640.)

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2008</td>
<td>44.6%</td>
<td>50.0%</td>
</tr>
<tr>
<td>SFY 2007</td>
<td>45.1%</td>
<td>50.0%</td>
</tr>
<tr>
<td>SFY 2006</td>
<td>45.1%</td>
<td>50.0%</td>
</tr>
<tr>
<td>SFY 2005</td>
<td>44.6%</td>
<td>50.0%</td>
</tr>
<tr>
<td>SFY 2004</td>
<td>44.6%</td>
<td>50.0%</td>
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</table>

Rates significantly higher than state average
Rates not significantly different from state average
Rates significantly lower than state average

Based on 2008 state rate. Statistical significance is tested at the 95% confidence level.
Arkansas, an estimated 1,820 new cases of breast cancer were diagnosed in 2009, according to the American Cancer Society, and as many as 410 Arkansas women died from the disease. Mammograms can detect these tumors in the early stages, when treatment is less invasive and more effective. Although mammogram guidelines can vary, most research-based recommendations call for yearly mammograms for women age 40 and older. Almost 90 percent of breast cancers are found in women over the age of 45.

Following national trends, the Arkansas Medicaid mammography rate has fallen slightly over the last several years, while the national Medicaid rate rose from 2007 to 2008.

**Definition of Measure**

This measure included women ages 50 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 screenings.
- Document all screenings on the medical record.
- Document any follow-up for abnormal findings.

**Tools Available from AFMC**

- “Have you talked to your mother lately” poster (white, African-American and Hispanic versions)
- Mammography brochure for patients (English and Spanish versions)
- Mammography chart labels
- Mammography referral labels

**To be measured starting in SFY 2010**

- Breast cancer screening was part of the Mammography Program, which included women ages 50 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.

**National Medicaid Rate, /uniF63A/uniF639/uniF639/uniF640%**

(Dotted line indicates national Medicaid rate SFY /uniF63A/uniF639/uniF639/uniF63C-/uniF639/uniF640.)

**ConnectCare**

- 0.0%
- 50.0%
- 100.0%

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<tr>
<td>/uniF63A/uniF639/uniF639/uniF63D: /uniF63D/uniF63C./uniF639/uniF640%</td>
<td>/uniF63B/uniF63C./uniF6DC%</td>
<td>/uniF63A/uniF639/uniF639/uniF63C: /uniF63B/uniF641./uniF6DC%</td>
<td>Base on 2008 state rate. Statistical significance is tested at the 95% confidence level.</td>
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</table>

Rates significantly higher than state average

Rates not significantly different from state average

Rates significantly lower than state average
Prenatal care gives expectant mothers a better chance for a healthy pregnancy and a healthy baby. It can help prevent low birth weight, preterm birth and other problems.

During regular prenatal visits, health care providers can assess a woman’s health, run important tests, and discuss the importance of eating right and making healthy lifestyle changes.

2008 Prenatal Survey Highlights

- 80.3% of those surveyed had the recommended number of prenatal visits.
- 87.0% felt finding a prenatal care provider was not a problem.
- 79.6% 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.
- 95.7% felt they were usually or always treated with courtesy and respect by their prenatal care provider.
- 89.4% 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 the National Physicians’ Consortium for Performance Measures.
- Perform all core prenatal testing components, such as screening for gestational diabetes and congenital abnormalities.
- Offer patients resources for smoking cessation, alcohol, drug and/or domestic abuse counseling.

Tools Available from AFMC

- AFMC offers online prenatal resources and information at www.afmc.org/prenatal.
“Because of the growing prevalence and impact of diabetes on the health system, all health professionals need to monitor and improve their management of this high risk patient population.”

William E. Golden, MD, MACP
Medical Director, Health Policy
Arkansas Department of Human Services, Division of Medical Services
Professor of Medicine and Public Health
University of Arkansas for Medical Sciences

OVER 12,000 BENEFICIARIES DIAGNOSED WITH DIABETES RECEIVED TREATMENT IN SFY 2008.
Preventive care is essential for patients with chronic health conditions like diabetes. It keeps them healthy and active, and helps ensure any problems are caught and treated early. 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. The “Get in the Zone!” workbook helps children and adolescents learn about and monitor their diabetes. AFMC also offers labels for patient charts to remind physicians to perform critical blood work, eye exams and other essential care.

**Examples**
1. Educational brochure for patients and families, distributed by primary care providers (English and Spanish).
2. Brochure promoting HbA1c screening, distributed to patients by primary care providers (English and Spanish).
3. Educational booklet for patients and families, targeted at children, indicating proper blood sugar levels and behaviors (English and Spanish).
4. HbA1c test reminder card for patients (English and Spanish).
For the more than 250,000 Arkansans who have diabetes, preventive care is critical for preventing complications such as kidney disease, blindness and amputations. Regular hemoglobin A1c testing can detect a need for better blood-sugar control. Annual fasting lipid profiles track control of cholesterol and triglyceride levels, which are important in preventing diabetes-related vascular disease. Annual dilated eye exams can identify early signs of diabetic retinopathy, and early detection followed by laser treatments can dramatically reduce the risk of blindness. 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
- A dilated eye exam during the measurement year

**STRAteGIES FOR IMPROVEMENT**

- Follow national treatment guidelines for diabetes, such as those from the American Diabetes Association.
- Perform a lipid profile during the measurement year.
- Use checklists or flow sheets to help improve compliance with guidelines.
- Record all results of preventive care screenings.
- Provide other preventive care, such as 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 (English and Spanish)
- “Get in the Zone” diabetes management booklet for children
- “Get Control of Your Diabetes” self-management tool for type 2 diabetes
- “Why do I need an A1c?” brochure (English and Spanish)
- Diabetes chart labels

**NATIONAL MEDICAID RATE, FY 2008-11**

(White background color indicates state rate; purple indicates state average.

- **ConnectCare**

<table>
<thead>
<tr>
<th>SFY</th>
<th>ConnectCare</th>
<th>Rate</th>
<th>ConnectCare</th>
<th>Rate</th>
<th>ConnectCare</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>50.0%</td>
<td>100.0%</td>
<td>0.0%</td>
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<td></td>
<td></td>
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<tr>
<td>2007</td>
<td>50.0%</td>
<td>100.0%</td>
<td>0.0%</td>
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<td></td>
<td></td>
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<tr>
<td>2006</td>
<td>50.0%</td>
<td>100.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>50.0%</td>
<td>100.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>50.0%</td>
<td>100.0%</td>
<td>0.0%</td>
<td></td>
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</table>

**COMPREHENSIVE DIABETES CARE**
## Comprehensive Diabetes Care

### LDL-C Screening Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>20.0%</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

- **Dotted line indicates national Medicaid rate SFY 2006-2007.**
- Inclusion in the numerator was based on stricter criteria than in years past.

### Dilated Eye Exam

Based on 2008 state rate. Statistical significance is tested at the 95% confidence level.
Diabetes is at an epidemic level in Arkansas and the United States. More than 150,000 Arkansans have been diagnosed with the condition. Adults and children are developing type 2 diabetes at younger ages than ever before, in large part due to rapid increases in obesity.

Morbidity and mortality from diabetes are directly related to how long a patient has had the condition and how well it is controlled. Effective, ongoing management of risk factors related to complications is critical for the future well-being of individual patients, as well as our communities. 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.

In the past, Arkansas Medicaid tracked only the progress of isolated elements of good diabetes care: hemoglobin A1c measurement, lipid measurement and regular eye examinations. Since 2006, however, Medicaid has evaluated care by “composite measures” — looking at the percentage of patients who received all the recommended aspects of diabetes care.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c test</td>
<td>65.7%</td>
<td>66.7%</td>
<td>64.1%</td>
</tr>
<tr>
<td>Lipid profile</td>
<td>69.2%</td>
<td>54.2%*</td>
<td>54.7%</td>
</tr>
<tr>
<td>Dilated eye exam</td>
<td>30.8%</td>
<td>41.2%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Diabetes composite measure</td>
<td>2006: 20.2%</td>
<td>2007: 22.1%</td>
<td>2008: 25.9%</td>
</tr>
</tbody>
</table>

* Inclusion in the numerator was based on stricter criteria than in years past.

HEDIS® diabetes measures calculated individually:
1. Hemoglobin A1c
2. Lipid profile
3. Dilated eye exam

The number of these individuals receiving all three screenings is defined as the "Diabetes composite measure"...
Tobacco use continues to lead to a huge burden of disease in Arkansas. As physicians, we need to become much more aggressive in inquiring about our patients’ tobacco use and helping them find resources to quit.

Arlo Kahn, MD
Professor of Family and Preventive Medicine, UAMS
Senior Associate, Arkansas Center for Health Improvement (ACHI)
 Quitting tobacco takes willpower, dedication and commitment. With consistent treatment under the care of a doctor, smokers can access tools and resources to help them succeed.

Health care professionals know the dangers of smoking, but nonsmokers may not understand the intensity of tobacco addiction. Arkansas Medicaid and AFMC offer several tools physicians can use to help their patients quit smoking. We also work with physicians across the state to encourage use of these tools and to improve communication about the dangers of smoking, its consequences and how to quit.

**EXAMPLES**

1. Toolkit for health care providers.
2. Labels and reminders for patient charts.
3. "Prescription" pad page, for providers to fill out and give to patients.
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 a 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 parents are not on Medicaid. Data shows that more providers are taking steps to discuss smoking cessation with their patients, but that many patients who smoke are not receiving this message.

Advice to Quit Smoking

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare</th>
<th>National Medicaid Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>49.82%</td>
<td>65.80%</td>
</tr>
<tr>
<td>2005</td>
<td>61.65%</td>
<td>66.90%</td>
</tr>
<tr>
<td>2006</td>
<td>58.63%</td>
<td>65.60%</td>
</tr>
<tr>
<td>2007</td>
<td>69.23%</td>
<td>68.20%</td>
</tr>
<tr>
<td>2008</td>
<td>59.26%</td>
<td>69.50%</td>
</tr>
<tr>
<td>2009</td>
<td>66.23%</td>
<td>69.30%</td>
</tr>
</tbody>
</table>

Recommended or Discussed Smoking Cessation Mediations

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare</th>
<th>National Medicaid Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>17.22%</td>
<td>31.50%</td>
</tr>
<tr>
<td>2005</td>
<td>33.50%</td>
<td>31.50%</td>
</tr>
<tr>
<td>2006</td>
<td>30.74%</td>
<td>31.90%</td>
</tr>
<tr>
<td>2007</td>
<td>40.65%</td>
<td>35.10%</td>
</tr>
<tr>
<td>2008</td>
<td>33.80%</td>
<td>38.70%</td>
</tr>
<tr>
<td>2009</td>
<td>40.40%</td>
<td>40.60%</td>
</tr>
</tbody>
</table>

Recommended or Discussed Smoking Cessation Methods or Strategies

<table>
<thead>
<tr>
<th>Year</th>
<th>ConnectCare</th>
<th>National Medicaid Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>18.32%</td>
<td>32.30%</td>
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<tr>
<td>2005</td>
<td>28.92%</td>
<td>33.00%</td>
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<tr>
<td>2006</td>
<td>25.41%</td>
<td>34.10%</td>
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<tr>
<td>2007</td>
<td>40.38%</td>
<td>36.70%</td>
</tr>
<tr>
<td>2008</td>
<td>26.27%</td>
<td>39.20%</td>
</tr>
<tr>
<td>2009</td>
<td>30.92%</td>
<td>40.80%</td>
</tr>
</tbody>
</table>

(1) Beneficiaries were randomly selected, 30% from 18-34 age category and 70% from 35+ age category
(2) Beneficiaries were randomly selected, results from the Adult CoHPS survey 2005
(3) Beneficiaries were randomly selected, results from the Adult CoHPS survey 2007
(4) Beneficiaries were randomly selected, results from the Adult CoHPS survey 2009

DEFINITION OF MEASURE

The measure included beneficiaries 18 years of age and older who were either current smokers or recent quitters. Three different rates are calculated. The first shows the percentage of beneficiaries who received advice from a doctor or other health care professional to quit smoking. The second shows the number of beneficiaries whose doctor or other health care professional recommended or discussed smoking cessation medications. Finally, the last percentage shows the number of beneficiaries whose doctor or other health care professional recommended or discussed smoking cessation methods or strategies.

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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 or strategies.
- Document all tobacco assessments and cessation counseling.

TOOLS AVAILABLE FROM AFMC

- Documentation label
- Identification chart stickder
- Prescription pads
- Smoking cessation toolkit

ADVICE TO QUIT SMOKING

- Educate health care staff on the available therapeutic options for effective smoking cessation.
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  - Assess willingness to quit.
  - Assist with attempt to quit.
  - Arrange for follow-up.
- Discuss and develop an individualized plan of cessation methods or strategies.

RECOMMENDED OR DISCUSSED SMOKING CESSATION METHODS OR STRATEGIES

- Document all tobacco assessments and cessation counseling.
- Discuss smoking cessation medication options with patient.
- Smoking cessation toolkit

DEFINITION OF MEASURE

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TOOLS AVAILABLE FROM AFMC

- Documentation label
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“The Arkansas Medicaid information interchange is an important example of provider-focused health information technology that improves patient care. The national impetus for expanding connectivity and use of electronic health records will help to further improve the quality of care in Arkansas.”

Joseph W. Thompson, MD, MPH
Director, Arkansas Center for Health Improvement
Surgeon General for the State of Arkansas

FACT

MORE THAN 700 ARKANSAS PROVIDERS ARE USING AMII TO MANAGE A TOTAL OF AT LEAST 282,553 MEDICAID BENEFICIARIES — MORE THAN HALF THE STATE’S CURRENT MEDICAID POPULATION.
ARKANSAS MEDICAID

Arkansas Medicaid beneficiaries managed by PCPs using AMII, by county

Arkansas providers using AMII, by county

WHat’S on amII?
- How many beneficiaries are on my caseload?
- How many beneficiaries are there to be contacted?
- Beneficiary dates of birth, date of last office visit, date of last EPSDT/well-child visit, date of last dates of diabetic testing (HbA1c, lipid profile, dilated eye exam).

WHAT’S ON AMII?
- Beneficiary date of birth
- Beneficiary dates of last office visit
- Beneficiary date of last EPSDT/well-child visit
- Beneficiary dates of last dates of diabetic testing (HbA1c, lipid profile, dilated eye exam)
- Beneficiary date of last mammogram, cervical cancer screening score and chlamydia screening for eligible female beneficiaries

FOR MORE INFORMATION
Medicaid PCPs interested in finding out more about AMII or signing up for a free account can visit www.afmc.org/amii or call 1-888-987-1200 ext. 8652.

WHat’s on AMII?

Thank you for downloading AMII. For more information, please visit www.afmc.org/amii or call 1-888-987-1200 ext. 8652.

AMII is a free service created in 2007 through a partnership between the Arkansas Foundation for Medical Care and Arkansas Medicaid. Providers who establish accounts gain easy access to a wealth of up-to-date information about patients on their caseload, including dates of last EPSDT/well-child visit, women’s health screenings, and most recent routine diabetic testing (HbA1c, lipid profile, dilated eye exam).

The goal is to equip primary care providers with relevant data they can use to create better plans of care, which should result in better outcomes for patients. Providers can easily download and sort the information by any field. This allows them to calculate, for example, what percentage of their eligible female patients are up to date on their mammograms, Pap tests for cervical cancer and chlamydia. New measures are added to AMII regularly.

To date, more than 700 Arkansas providers are using AMII to manage a total of at least 282,553 Medicaid beneficiaries — more than half the state’s current Medicaid population.
"Family-centered care honors the strengths, cultures, traditions, and life experiences that individuals bring to the provider-family partnership. Family-centered care empowers families to share in making health decisions with their primary care providers."

The Role of Cultural Competence in Family-Centered Care, published by the Maternal and Child Health Bureau’s Division of Services for Children with Special Health Care Needs.

**BENEFICIARY SATISFACTION**

**FACT**

Nine out of ten child satisfaction survey respondents said that their doctors communicated well and spent enough time with them.

"nine out of ten child satisfaction survey respondents said that their doctors communicated well and spent enough time with them."

“family-centered care honors the strengths, cultures, traditions, and life experiences that individuals bring to the provider-family partnership. family-centered care empowers families to share in making health decisions with their primary care providers.”

The Role of Cultural Competence in Family-Centered Care, published by the Maternal and Child Health Bureau’s Division of Services for Children with Special Health Care Needs
### ConnectCare and ARKids First A

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

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<tbody>
<tr>
<td>a. PCP</td>
<td>8.2</td>
<td>8.5</td>
<td>8.5</td>
<td>8.5</td>
<td>8.4</td>
<td>8.6</td>
</tr>
<tr>
<td>b. Specialist</td>
<td>7.9</td>
<td>8.2</td>
<td>8.0</td>
<td>8.2</td>
<td>8.2</td>
<td>8.5</td>
</tr>
<tr>
<td>c. Quality of care</td>
<td>7.9</td>
<td>8.3</td>
<td>7.3</td>
<td>8.3</td>
<td>7.4</td>
<td>8.4</td>
</tr>
<tr>
<td>d. ConnectCare or ARKids First A program</td>
<td>7.8</td>
<td>9.0</td>
<td>7.4</td>
<td>8.9</td>
<td>7.3</td>
<td>8.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PCP</td>
<td>78%</td>
<td>78%</td>
<td>84%</td>
<td>81%</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
<td>b. Specialist</td>
<td>71%</td>
<td>80%</td>
<td>80%</td>
<td>82%</td>
<td>80%</td>
<td>73%</td>
</tr>
<tr>
<td>c. Quality of care</td>
<td>80%</td>
<td>80%</td>
<td>84%</td>
<td>83%</td>
<td>81%</td>
<td>77%</td>
</tr>
<tr>
<td>d. ConnectCare or ARKids First A program</td>
<td>86%</td>
<td>81%</td>
<td>76%</td>
<td>74%</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>e. Dentist</td>
<td>74%</td>
<td>81%</td>
<td>76%</td>
<td>74%</td>
<td>80%</td>
<td>82%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Seeing a doctor</td>
<td>83%</td>
<td>82%</td>
<td>90%</td>
<td>83%</td>
<td>80%</td>
<td>83%</td>
</tr>
<tr>
<td>b. Getting care without long waits (&quot;usually&quot; or &quot;always&quot;)</td>
<td>75%</td>
<td>84%</td>
<td>76%</td>
<td>83%</td>
<td>82%</td>
<td>90%</td>
</tr>
<tr>
<td>c. Getting the care you need</td>
<td>n/a</td>
<td>n/a</td>
<td>72%</td>
<td>n/a</td>
<td>70%</td>
<td>84%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Doctor communicated well and spent enough time with the patient*</td>
<td>83%</td>
<td>87%</td>
<td>88%</td>
<td>88%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>b. Customer service treated patient with courtesy and respect*</td>
<td>n/a</td>
<td>n/a</td>
<td>61%</td>
<td>n/a</td>
<td>58%</td>
<td>67%</td>
</tr>
</tbody>
</table>

*Not available. * These questions are composites. Similar questions are combined to form a composite question.

### ARKids First B

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

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PCP</td>
<td>8.2</td>
<td>8.6</td>
<td>8.7</td>
<td>8.6</td>
<td>8.8</td>
<td>8.7</td>
</tr>
<tr>
<td>b. Specialist</td>
<td>8.2</td>
<td>8.6</td>
<td>8.7</td>
<td>8.4</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>c. Quality of care</td>
<td>8.6</td>
<td>8.6</td>
<td>8.7</td>
<td>8.7</td>
<td>8.6</td>
<td>8.4</td>
</tr>
<tr>
<td>d. ARKids First B program</td>
<td>8.9</td>
<td>7.7</td>
<td>7.7</td>
<td>8.6</td>
<td>8.4</td>
<td>8.3</td>
</tr>
<tr>
<td>e. Dentist</td>
<td>8.2</td>
<td>8.6</td>
<td>8.2</td>
<td>8.2</td>
<td>8.6</td>
<td>8.4</td>
</tr>
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#### 2. Percent indicating high degree of satisfaction (8 or higher):

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<tr>
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<th>2004</th>
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<th>2006</th>
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<th>2008</th>
<th>2009</th>
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</thead>
<tbody>
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<td>a. PCP</td>
<td>78%</td>
<td>78%</td>
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<td>84%</td>
<td>83%</td>
<td>81%</td>
<td>77%</td>
</tr>
<tr>
<td>d. ARKids First B program</td>
<td>86%</td>
<td>81%</td>
<td>83%</td>
<td>83%</td>
<td>77%</td>
<td>79%</td>
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<td>e. Dentist</td>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Seeing a doctor</td>
<td>76%</td>
<td>76%</td>
<td>73%</td>
<td>77%</td>
<td>78%</td>
<td>71%</td>
</tr>
<tr>
<td>b. Getting care without long waits (&quot;usually&quot; or &quot;always&quot;)</td>
<td>81%</td>
<td>76%</td>
<td>76%</td>
<td>90%</td>
<td>99%</td>
<td>88%</td>
</tr>
<tr>
<td>c. Getting the care you need</td>
<td>n/a</td>
<td>n/a</td>
<td>72%</td>
<td>n/a</td>
<td>76%</td>
<td>84%</td>
</tr>
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#### 4. Communication — percent that reported always or usually:

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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Doctor communicated well and spent enough time with the patient*</td>
<td>95%</td>
<td>91%</td>
<td>92%</td>
<td>93%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>b. Staff treated patient with courtesy and respect*</td>
<td>95%</td>
<td>92%</td>
<td>94%</td>
<td>95%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>c. Customer service treated patient with courtesy and respect*</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>d. Doctors discussed treatment choices with patient*</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Not available. * These satisfaction scores are composites. Similar questions are combined to form a composite score.
**ConnectCare/ARKids First A, SFY 2008**

- **TOTAL ENROLLEES:** 407,089
- **SEX**
  - Female: 261,357
  - Male: 145,732
  - Unknown: 12,180
- **RACE/ETHNICITY**
  - White: 240,581 (60.70%)
  - Hispanic/Latino: 27,775 (6.74%)
  - Other: 9,165 (2.23%)
  - Unknown: 2,182 (0.53%)

**ARKids First B, SFY 2008**

- **TOTAL ENROLLEES:** 87,628
- **SEX**
  - Female: 54,214 (61.93%)
  - Male: 33,414 (38.07%)
  - Unknown: 260 (0.30%)
- **RACE/ETHNICITY**
  - White: 55,612 (63.60%)
  - Hispanic/Latino: 6,785 (7.74%)
  - Other: 1,462 (1.67%)
  - Unknown: 5,607 (6.34%)

**MEDICAID MEMBERSHIP INFORMATION**

For more information about this report or AFMC’s health care quality improvement projects, please contact:

**AFMC Quality Improvement Team**
Phone: 877-375-5700  Fax: 501-375-5705  E-mail: hcqiptools@afmc.org
www.afmc.org/professionals

Arkansas Foundation for Medical Care
401 West Capitol Avenue, Suite 400  Little Rock, AR 72201

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