



# Measuring **More** of What Matters

HEDIS® Measures in Arkansas, 2005  
A REPORT TO THE COMMUNITY



Arkansas Foundation  
for Medical Care  
[www.afmc.org](http://www.afmc.org)





# Executive Summary

**T**he colorful diversity of our state — its landscape and its citizenry — draws admirers from across the nation, and also presents unique health care challenges. For 24 years, AFMC and Arkansas Medicaid have been working together with health care providers across the state, to find opportunities for improvement, to share and apply successful strategies, and to educate Arkansans about maintaining and improving their own health. Never before has our mission been more vital — or more challenging.

Meeting the needs of nearly 600,000 Arkansans covered by Medicaid means more than just “paying the bills.” Part of our responsibility is ensuring that each Arkansan receives high-quality care and the opportunity to benefit from today’s knowledge and technology. We must be careful stewards of state resources — without sacrificing quality of care.

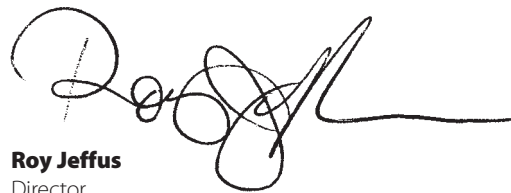
One tool we use is HEDIS — the quality indicators of the Health Plan Employer Data and Information Set. Developed by the National Committee for Quality Assurance, HEDIS is the most widely used set of performance measures in the managed care industry. Following careful data collection and analysis, HEDIS results help determine how many Medicaid recipients in Arkansas are receiving care that meets nationally accepted standards.

This is the fourth report of its kind for Arkansas, and it illustrates our state’s ongoing progress in many areas. Each percentage point of improvement represents hundreds of Arkansans and families who are getting vital health care and patient education. More Arkansans with asthma — primarily children — are receiving highly effective medications that can prevent asthma “attacks” and hospitalization. People with diabetes are much more likely to receive the appropriate blood tests and dilated eye exams, which can detect and help prevent blindness, kidney disease and other complications. Most infants are receiving timely immunizations.

However, to protect our state’s future health, we have much work ahead of us. Older children are not receiving critical preventive care as recommended by the American Academy of Pediatrics. Obesity and overweight are threatening our health and our children’s futures; our state is eighth in mortality from heart disease and tops the nation in death from stroke. In keeping with the goals of our governor’s Healthy Arkansas initiative, AFMC and Arkansas Medicaid are working to encourage Arkansans to eat right, stay active and set a healthy example for the next generation.

The results in this report are useful for Medicaid, AFMC, health care professionals and everyone working to improve health and health care in Arkansas. The information helps focus our educational efforts, improve access to needed services, and encourage effective communication between health care providers and patients. Used appropriately, it helps us better serve the people of Arkansas.

Health care improvement is not an end to be reached, but a continuous process. We have the tools at hand and the motivation. Through measurement, evaluation, carefully applied knowledge, and old-fashioned hard work, we can build a more effective, efficient health care system — and a healthier state for all Arkansans.



**Roy Jeffus**  
Director,  
Division of Medical Services  
Arkansas Department of Health and Human Services



**Russell Brasher, Ph.D.**  
President and Chief Executive Officer,  
Arkansas Foundation for Medical Care





# Table of Contents

<b>Executive Summary</b> .....	1
<b>Introduction</b> .....	5
<b>Health Measures for Children</b> .....	7
Asthma medication use .....	9
Childhood immunization status .....	10
Well child visits: Focus on the first 15 months of life .....	12
Well child visits: Focus on ages 3 through 6 years .....	13
Well child visits: Focus on adolescents .....	13
Annual dental visits .....	14
Appropriate use of antibiotics .....	15
<b>Health Measures for Women</b> .....	17
Breast cancer screening .....	19
Cervical cancer screening .....	20
Chlamydia screening .....	21
<b>Health Measures for Diabetics</b> .....	23
Hemoglobin A1c (HbA1c) test .....	25
Lipid profile .....	26
Dilated eye exam .....	27
<b>Health Measures for Smoking Cessation</b> .....	29
<b>Recipient Satisfaction</b> .....	33
ConnectCare Adult and ARKids First A .....	34
ARKids First B .....	35
<b>Medicaid Membership Information</b> .....	36



# Introduction

## What is HEDIS®?

**H**EDIS (the Health Plan Employer 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.

So, if the eligible population (denominator) was 1000, 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 aver-

age 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](http://www.afmc.org/tools), by calling 1-877-375-5700 or e-mailing [hcciptools@afmc.org](mailto:hcciptools@afmc.org).



**Components of Care** Indicates components of a specific aspect of health care, such as a complete well child screening.





# Health Measures for Children

“Preventive visits and immunizations for children are an inexpensive investment in the future of Arkansas. Although childhood immunization rates are at an all-time high, we need to continue to work toward protection of all Arkansas’ children.”

ROBERT HOPKINS, M.D.

*Associate Professor of Medicine and Pediatrics,  
University of Arkansas for Medical Sciences  
Pediatrician, Arkansas Children’s Hospital*

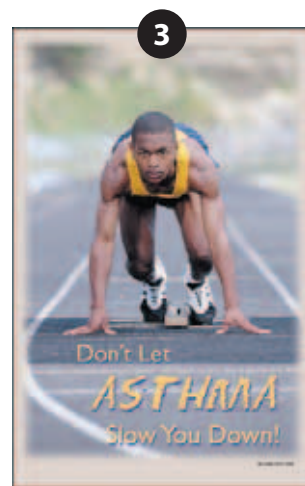
# Health Measures for Children:

## Recipient and provider education

Ensuring that our youngest and most vulnerable Arkansans have the benefit of high-quality health care is a top priority of Arkansas Medicaid and AFMC. We work with health care providers from the capital city to the most rural corners of the state to increase childhood vaccination and well child care, improve asthma management and encourage appropriate use of antibiotics to preserve their effectiveness.

AFMC has created and launched several multi-media campaigns to improve our children's health and health care. Clinical, communications and other staff collaborate to develop research-driven tools, such as posters for physician offices, educational booklets for parents and guardians, and chart folders and reminder stickers to help clinicians take the appropriate steps.

Statewide efforts have paid off, but greater progress is still possible. We will continue working with providers and helping educate families about how to keep children healthy, learning, playing and growing.



### Examples

- 1: EPSDT brochure for parents and guardians.
- 2: Easy-reading booklet for new parents.  
Covers immunizations and other aspects of infant care.
- 3: Patient education booklet about asthma management.
- 4: Spanish version of informational poster for the general public.

# Asthma medication use

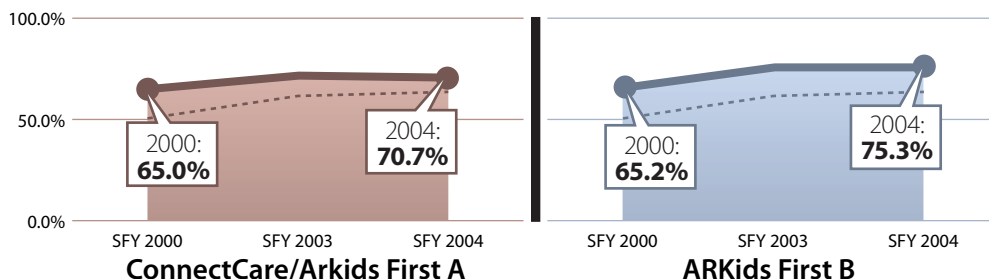
Asthma is one of the most common chronic conditions of childhood and early adulthood. It is responsible for substantial limitation of daily function, health care expenditures, and lost productivity stemming from missed school and work days. Its impact, however, can be greatly reduced by better use of 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 recipients 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 recipients had at least one prescription for inhaled corticosteroids, cromolyn sodium and nedocromil, leukotriene modifiers or methylxanthines.

## Appropriate use of medications for people with asthma

NATIONAL MEDICAID RATE, 2004: 63.6% (Dotted line indicates national Medicaid rate SFY 2000-04.)



## Strategies for Improvement

- Emphasize use of anti-inflammatory medications as mainstay of therapy for symptoms of mild persistent 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)
  - Educate about 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 track runner, available in English and Spanish
- A poster featuring a young swimmer
- Coloring book in both English and Spanish

# Childhood immunization status

Childhood immunization is one of the most beneficial, low-risk and cost-effective steps we can take for the future health of our children. 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 dangerous diseases such as chicken pox, tetanus, hepatitis B and measles.



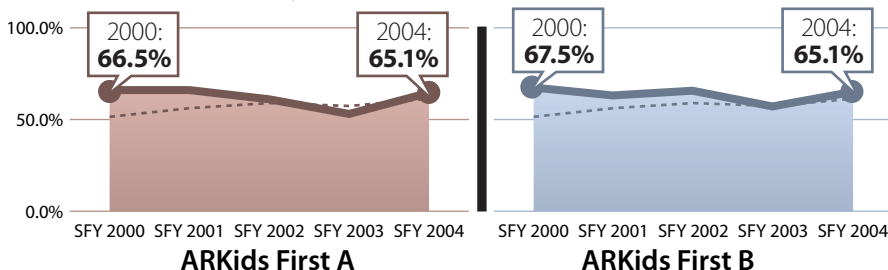
## Definition of Measure

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.

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

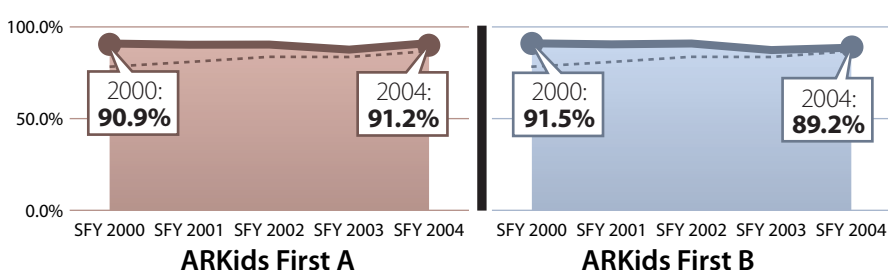
### Combo (4 DTP, 3 Polio, 1 MMR, 3 HIB and 3 Hep B)

NATIONAL MEDICAID RATE, 2004: 61.2% (Dotted line indicates national Medicaid rate SFY 2000-04.)



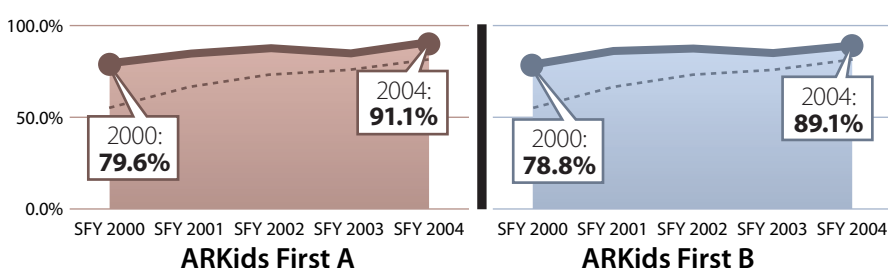
### MMR (Measles, Mumps and Rubella)

NATIONAL MEDICAID RATE, 2004: 87.1% (Dotted line indicates national Medicaid rate SFY 2000-04.)



### Chicken Pox

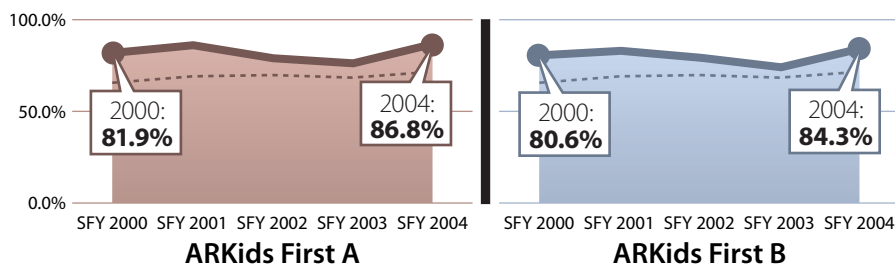
NATIONAL MEDICAID RATE, 2004: 81.7% (Dotted line indicates national Medicaid rate SFY 2000-04.)





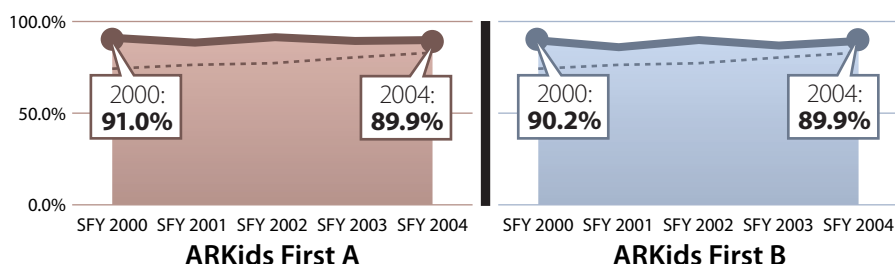
## DTP (Diphtheria, Tetanus and Whooping Cough)

NATIONAL MEDICAID RATE, 2004: 71.6% (Dotted line indicates national Medicaid rate SFY 2000-04.)



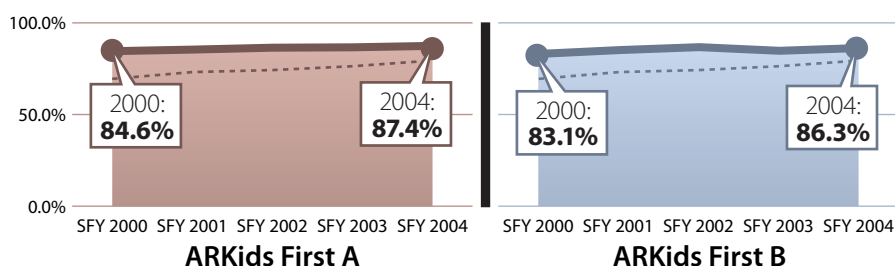
## Polio

NATIONAL MEDICAID RATE, 2004: 82.8% (Dotted line indicates national Medicaid rate SFY 2000-04.)



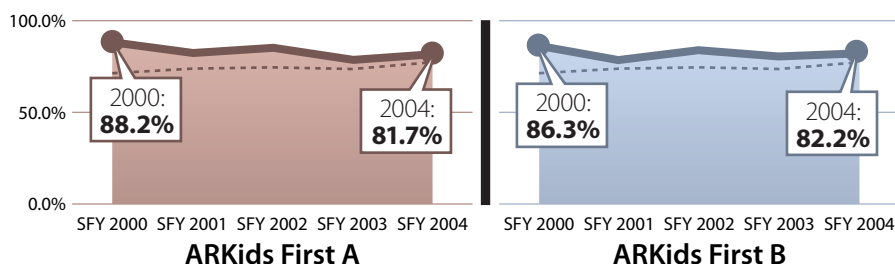
## Hepatitis B

NATIONAL MEDICAID RATE, 2004: 79.2% (Dotted line indicates national Medicaid rate SFY 2000-04.)



## H Influenza B

NATIONAL MEDICAID RATE, 2004: 77.2% (Dotted line indicates national Medicaid rate SFY 2000-04.)



## Strategies for Improvement

- Check immunization status and give needed vaccinations during every office visit
- Give multiple vaccinations 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 vaccinations delivered in schools and health departments



## 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 colorful poster, available in English or Spanish, with the recommended schedule for well-child visits and shots
  - Chart folders and reminder stickers
  - Growth and developmental milestones flyer, available in English and Spanish

# Well child visits

Well child visits are critical to identify or prevent potential problems before they affect a child's development or quality of life. They are also an essential part of Medicaid's vision of a medical home for every patient. These visits give health care providers a chance to assess a child's growth, nutrition, vaccination status and general health.



## 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
- Educate about Body Mass Index (BMI) and calculate at age 2

## Focus on the first 15 months of life



**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 these children received during their first 15 months (ranging from 0 to 6 or more).

### Well child visits, first 15 months of life

#### ARKIDS FIRST A

	2001	2002	2003	2004	NATIONAL MEDICAID RATE (2004)
0 visits	5.02%	4.72%	5.68%	5.73%	6.40%
1 visit	9.33%	9.78%	10.71%	10.08%	4.00%
2 visits	11.85%	11.56%	9.83%	10.00%	5.20%
3 visits	12.76%	11.29%	10.40%	10.53%	8.10%
4 visits	13.57%	13.26%	11.91%	11.54%	13.00%
5 visits	14.22%	13.85%	13.07%	14.74%	18.80%
6+ visits	33.24%	35.55%	38.40%	37.39%	44.50%

#### ARKIDS FIRST B

	2001	2002	2003	2004	NATIONAL MEDICAID RATE (2004)
0 visits	4.92%	5.71%	6.38%	5.10%	6.40%
1 visit	7.10%	7.35%	6.94%	5.74%	4.00%
2 visits	8.74%	8.37%	10.69%	7.02%	5.20%
3 visits	9.65%	7.55%	8.63%	11.00%	8.10%
4 visits	11.66%	11.63%	9.76%	9.73%	13.00%
5 visits	19.13%	14.08%	11.26%	15.79%	18.80%
6+ visits	38.80%	45.31%	46.34%	45.61%	44.50%

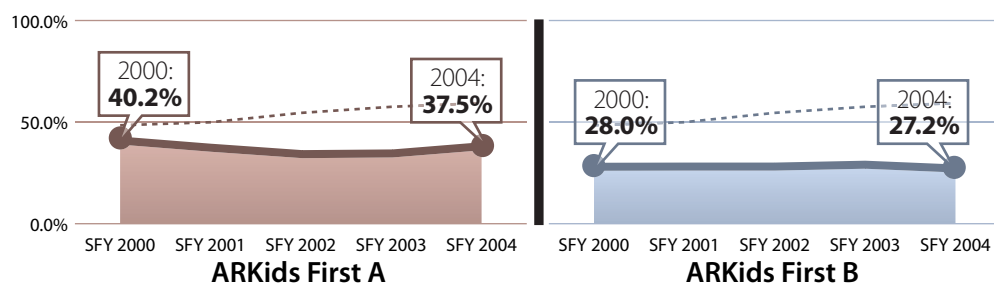
## Focus on ages 3 through 6 years



**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, 2004: 59.9% (Dotted line indicates national Medicaid rate SFY 2000-04.)



### 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 calculate annually

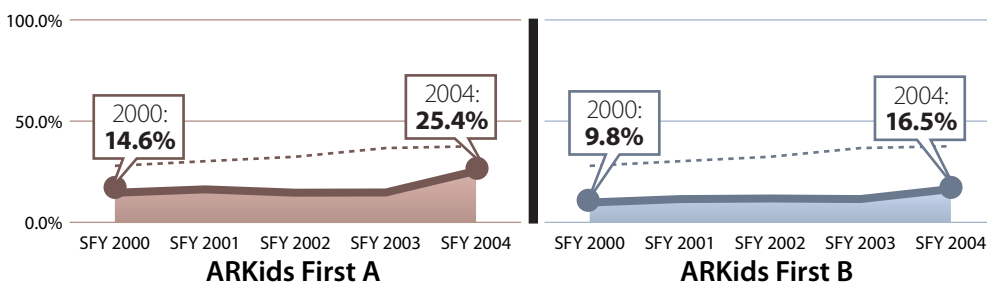
## Focus on adolescents



**Definition of Measure** This measure shows the percentage of recipients 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 child visits, adolescents

NATIONAL MEDICAID RATE, 2004: 37.6% (Dotted line indicates national Medicaid rate SFY 2000-04.)



### Components of this Well Child Screening Should Include:

- Educating adolescents and parents or guardians on:
  - psychosocial changes
  - substance abuse
  - violence prevention
  - reproductive health
- Assuring tetanus and hepatitis B immunizations are current
- Educating adolescents on reproductive health including STD prevention

# Annual dental visits

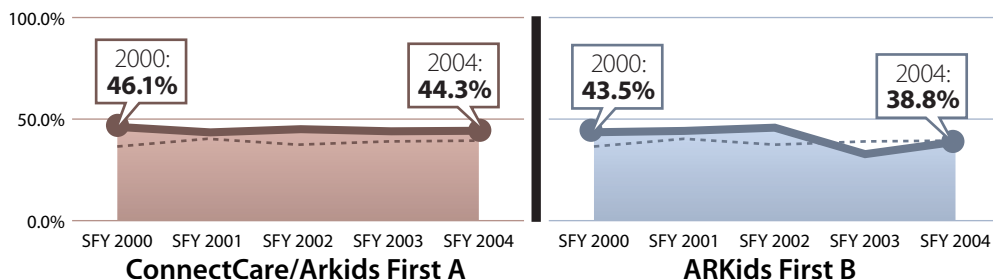
Regular dental care can prevent dental problems from permanently damaging a child's dental or physical health. It can also help establish healthy dental habits that carry on into adulthood.



**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

NATIONAL MEDICAID RATE, 2004: 39.4% (Dotted line indicates national Medicaid rate SFY 2000-04.)



## 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





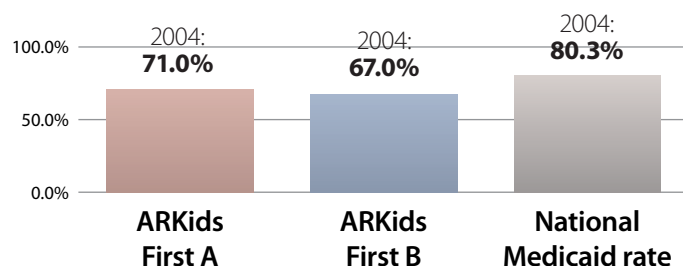
# Appropriate use of antibiotics

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. We must focus on reducing the use of antibiotics for simple infections that are frequently viral and promoting the use of more common, older medications to keep the newer antibiotics reserved for more serious infections. 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–18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic on or three days after the episode date. The numerator for this measure consists of episodes that were inappropriately treated with antibiotics. The inverted rate is  $1 - (\text{num}/\text{den})$ , so a higher inverted rate indicates better care.



### Strategies for Improvement

- Review your prescribing habits
- Educate your staff about antibiotic use and resistance
- 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



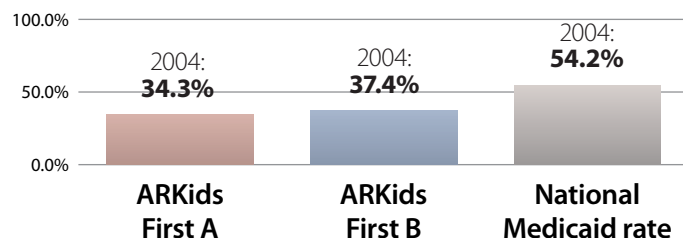
### Tools Available from AFMC

- 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 2–18 years who were given a diagnosis of pharyngitis and prescribed an antibiotic, and who received a group A streptococcus (strep) test for the episode.





# Health Measures for Women

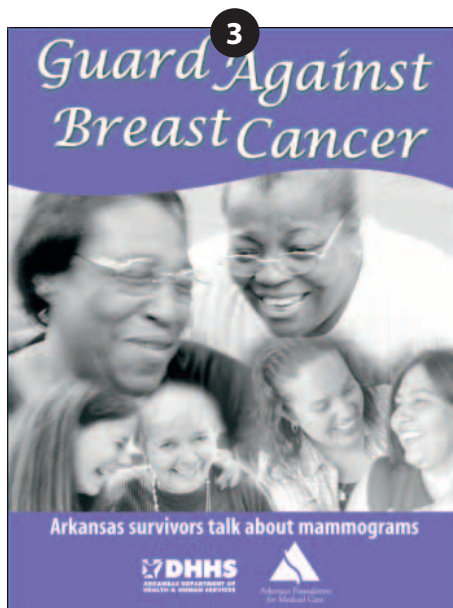
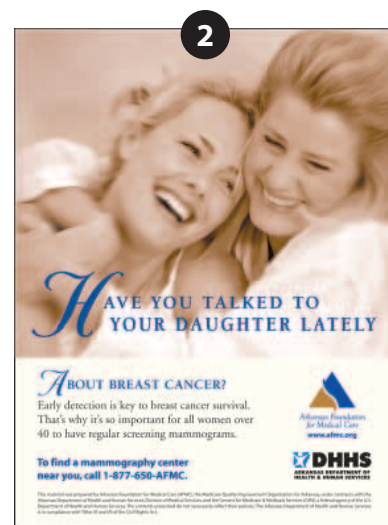
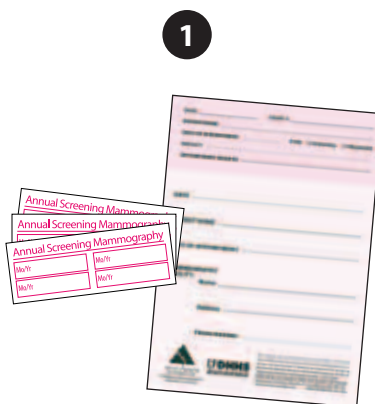
“The Pap smear is still a woman’s best protection from cervical cancer. It is essential that every woman understand that cervical cancer is a preventable life-threatening disease.”

BRENDA N. POWELL, M.D., FACOG  
*Obstetrics/Gynecology  
Physicians for Women  
at Ouachita Professional Center  
Hot Springs, Arkansas*

# Health Measures for Women:

## Recipient and provider education

At one time, women seldom discussed women's health issues above a whisper, and all too rarely even with their physicians. Today, women's health is a favorite topic of talk shows, magazines and other mainstream media. Yet 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. 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 multi-media 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: Mammography referral labels and reminder stickers for patient charts.
- 2: Ad for statewide consumer publications. Also produced as a poster for primary care providers to hang in patient areas.
- 3: Easy-reading brochure for women, designed for primary care providers to distribute.
- 4: Spanish version of mammography ad/poster.



# Breast cancer screening

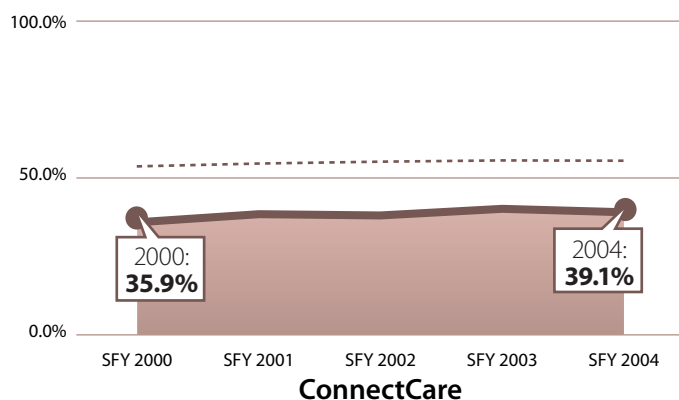
In Arkansas, an estimated 2,090 new cases of breast cancer will be diagnosed in 2005, according to the American Cancer Society, and as many as 380 Arkansas women will die from breast cancer. Mammograms can detect these tumors in early stages, when treatment is less invasive and more effective. Although 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.



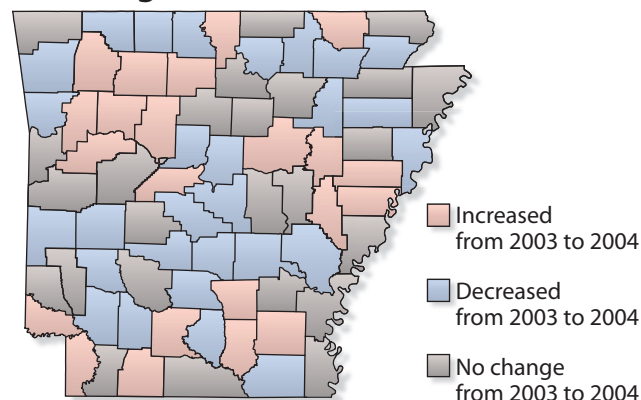
**Definition of Measure** This measure included women ages 52 to 69 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received at least one mammogram during the measurement year or the previous year.

## Breast cancer screening

NATIONAL MEDICAID RATE, 2004: 55.5%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)



## Breast cancer screening mammogram rates



## 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 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

# Cervical cancer screening

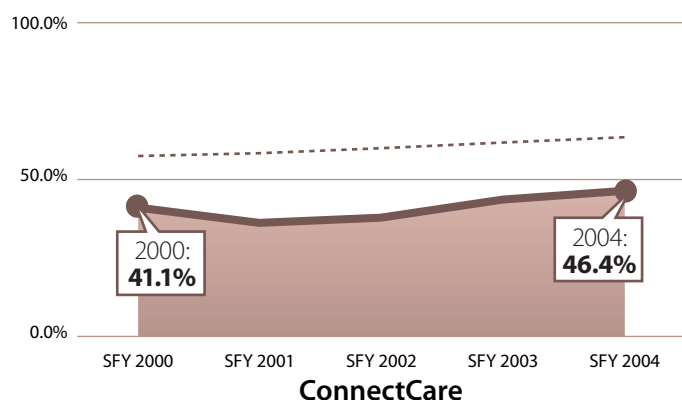
Largely because of the Pap smear, cervical cancer is the easiest solid tumor cancer to diagnose and treat, yet it still causes about 4,000 deaths in the U.S. each year. Most guidelines call for routine Pap testing for women beginning with the onset of sexual activity.



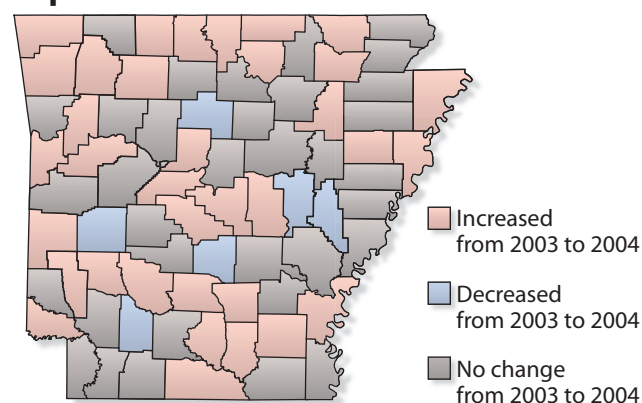
**Definition of Measure** This measure included women ages 21 to 64 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received a Pap smear during the measurement year or the two years prior to the measurement year.

## Cervical cancer screening

NATIONAL MEDICAID RATE, 2004: 63.5%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)



## Cervical cancer screening Pap smear rates



# Chlamydia screening

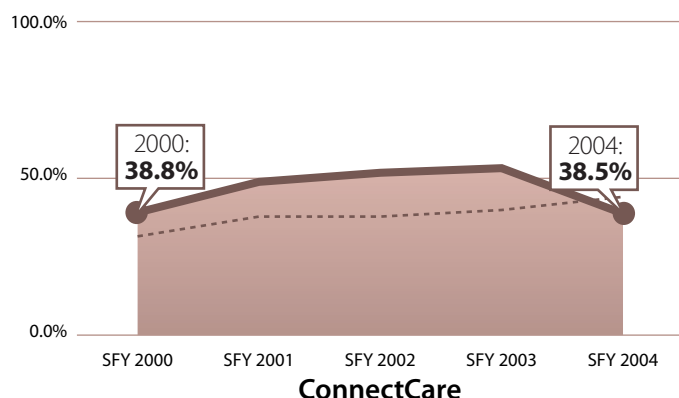
Chlamydia is the most curable bacterial sexually transmitted disease in the United States, but is often asymptomatic, especially in women. Testing methods for chlamydia have greatly improved in recent years. The Centers for Disease Control and Prevention now recommends screening all sexually active women under age 20, and all women under age 25 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, 2004: 44.1%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)



## Strategies for Improvement

- Incorporate a sexual history into the history and physical
- Screen all sexually active women for chlamydia
- Educate patients on symptoms and treatment
- Educate patients on safe sex and abstinence



## Tools Available from AFMC

- Family Planning/Screening Guide







# Health Measures for Diabetics

“I believe the most rewarding part of this endeavor is the certainty that together we can improve the quality of life for the many Arkansans suffering from this serious disease, while reducing our overall health care expenditures.”

GOVERNOR MIKE HUCKABEE,  
*on the Arkansas Medicaid  
Diabetes Program*

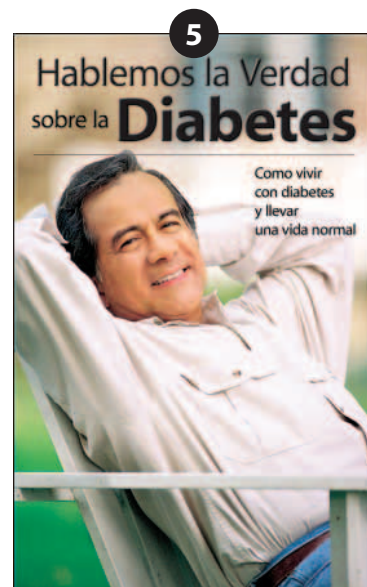
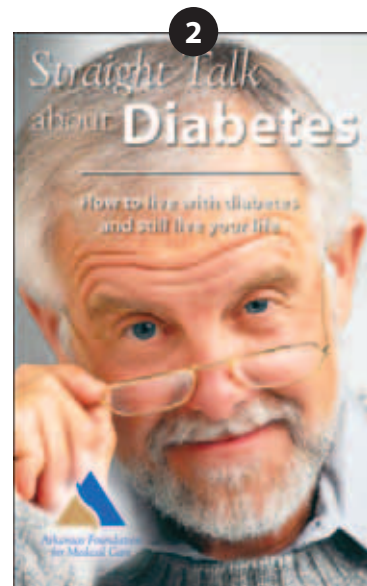
# Health Measures for Diabetics:

## Recipient and provider education

Preventive care keeps thousands of Arkansans with diabetes working, playing, growing — and alive. Arkansas Medicaid and AFMC are committed to ensuring that important steps are not missed. AFMC works with providers to find ways to increase preventive care rates and patient participation. A multi-media public awareness campaign encourages timely dilated eye exams to catch retinal damage while it can be treated. The award-winning, easy-reading booklet, “Straight Talk about Diabetes,” outlines important information for patients and families. Adhesive labels for patient charts remind physicians when critical blood work, eye exams or other steps are due. The ongoing efforts are paying off; rates for diabetes-related measures have improved substantially in recent years.

### Examples

- 1: Brochure promoting HbA1c screening, distributed to patients by primary care providers.
- 2: Brochure for patients and families, distributed by primary care providers.
- 3: Spanish version of HbA1c reminder card.
- 4: Chart reminder labels listing important aspects of diabetes care.
- 5: Spanish version of diabetes educational brochure for parents and families.



# Comprehensive diabetes care

More than 250,000 Arkansans have diabetes. To prevent complications such as kidney disease, blindness and amputation, preventive care is critical. Regular HbA1c testing can tell patients and physicians when more effective blood sugar control is needed. Annual fasting lipid profiles can track cholesterol and triglyceride levels, important information for preventing diabetes-related vascular disease. Annual dilated eye exams can identify signs of diabetic retinopathy, and early detection followed by laser treatment can dramatically reduce the risk of blindness. Good control of blood pressure is essential to prevent kidney disease and stroke.



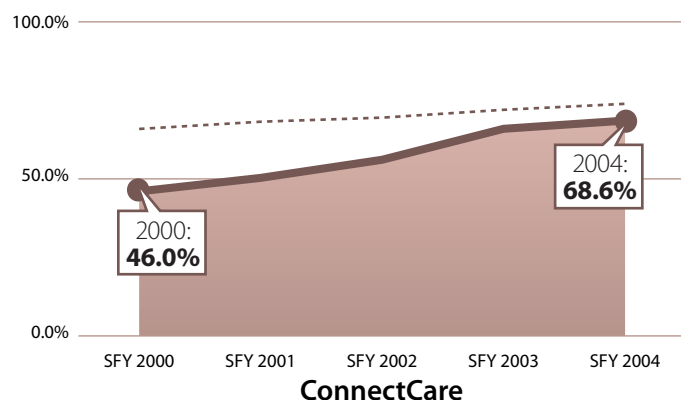
**Definition of Measure** These measures included recipients from ages 18 through age 75 who have diabetes and who were enrolled at least 11 months during the measurement year.

The percentages show how many of these people had:

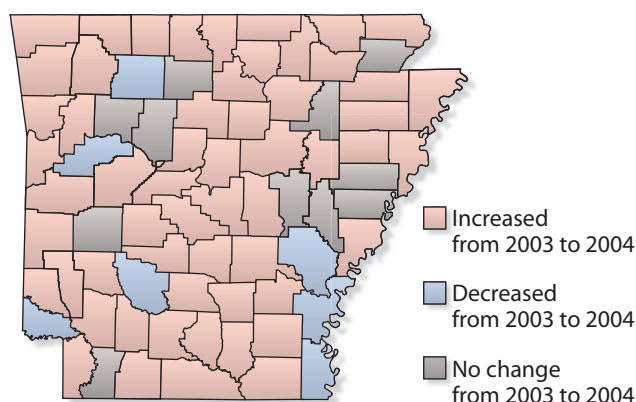
- A hemoglobin A1c (HbA1c) test during the measurement year
- A lipid profile performed during the measurement year or the year prior to the measurement year
- A dilated eye exam during the measurement year

## Hemoglobin A1c (HbA1c) test

NATIONAL MEDICAID RATE, 2004: 73.9%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)

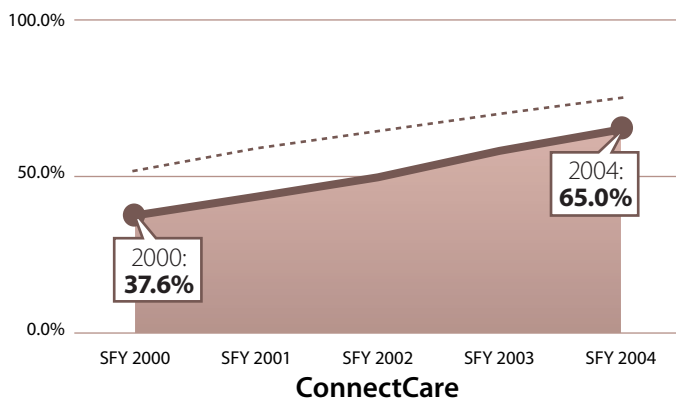


### HbA1c test rates

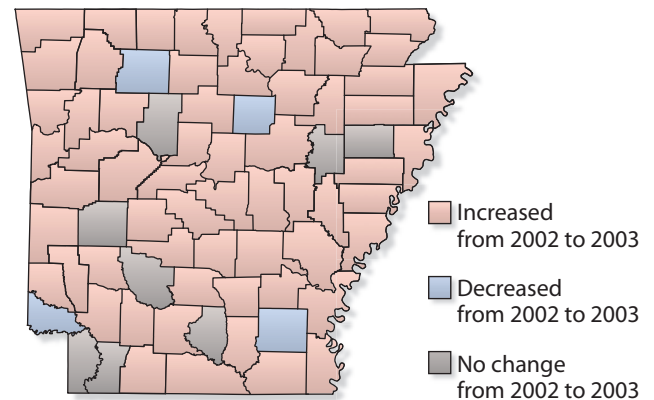


# Lipid profile

NATIONAL MEDICAID RATE, 2004: 74.8%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)



## Lipid profile rates



## 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



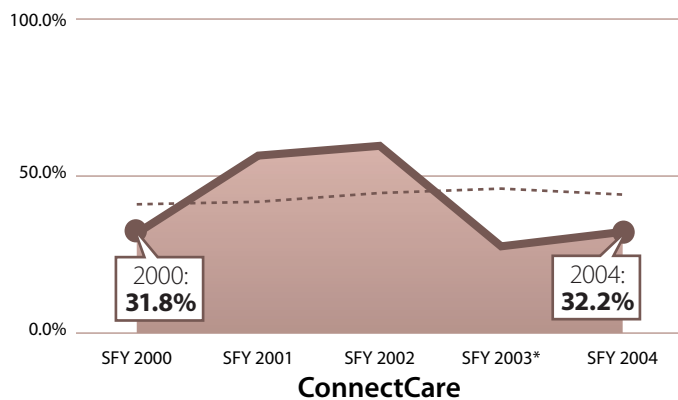
## Tools Available from AFMC

- Working with the Arkansas Department of Health and Human Services, 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



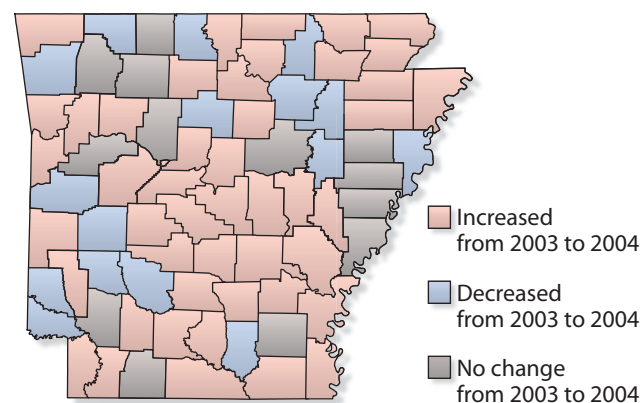
## Dilated eye exam

NATIONAL MEDICAID RATE, 2004: 44.1%  
(Dotted line indicates national Medicaid rate SFY 2000-04.)



\* Change in measure definition. Definition for the 2003 measure required eye exams to occur at a provider whose specialty was optometry or ophthalmology but included general office visit procedure codes. Previous measure definition required specific eye-related procedure codes regardless of the provider specialty.

### Dilated eye exam rates







# Health Measures for Smoking Cessation

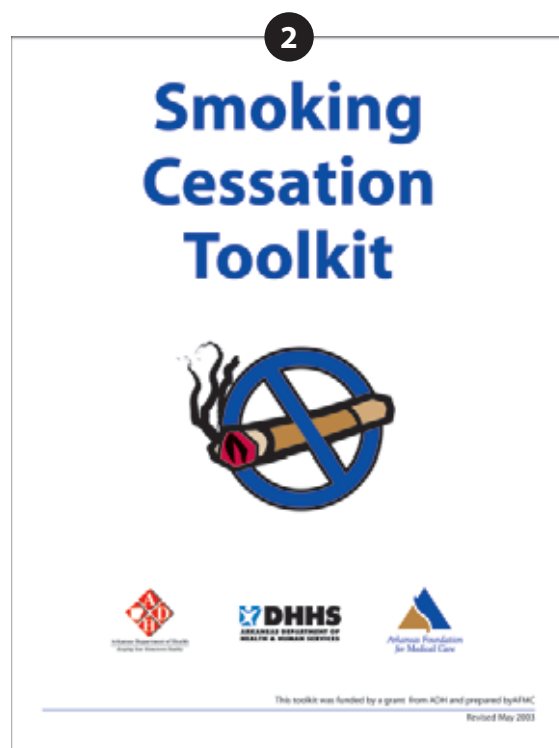
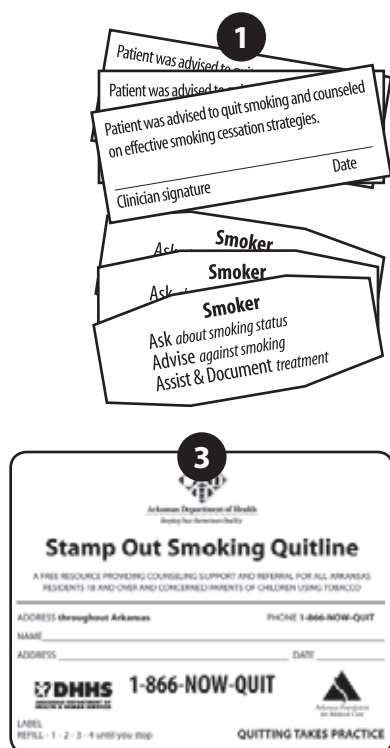
“We had one patient in her 60s. She had made several attempts to quit, and we referred her to the SOS (Stamp Out Smoking) helpline. She’s on the patch now and has been tobacco-free for three months. We encourage her to keep up the good work.”

GIANNA GRANT, APN  
*Family nurse practitioner*  
*El Dorado, Arkansas*

# Health Measures for Smoking Cessation:

## Recipient and provider education

We all know the dangers of smoking, but nonsmokers may not understand the intensity of the addiction. Studies have shown that nearly 70 percent of smokers want to quit. Simply advising a smoker to quit is not effective unless they have information and access to resources that can help them succeed. Arkansas Medicaid and AFMC offer several tools to help physicians help their patients who are ready to quit smoking. “Prescription” pads refer patients to the state’s Stamp Out Smoking Quitline. Smoker ID labels for patient charts remind physicians to talk to patients about quitting. A smoking cessation toolkit outlines successful strategies and interventions. We are also working with physicians across the state to encourage use of these tools and to improve communication regarding smoking, its consequences and how to quit.



### Examples

- 1: Labels and reminders for patient charts.
- 2: Toolkit for health care providers.
- 3: “Prescription” pad page, for providers to fill out and give to patients.

# Smoking cessation communication

About 25 percent of Arkansans smoke, and our state's tobacco use costs the Medicaid program an estimated \$540 million annually. In fact, an estimated 14 percent of all Medicaid costs nationally are related to tobacco use. Smokers suffer higher rates of heart disease, cancer and a host of 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. Smoking cessation medication and counseling is covered by Arkansas Medicaid.



**Definition of Measure** The measure uses data that was collected from the surveys conducted by AFMC and included recipients 18 years of age and older who were enrolled at least 11 months of the measurement year, and who were either current smokers or recent quitters. Three different rates are calculated: the percentage of recipients 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

	2004*	2005**
ConnectCare	49.82%	57.53%

## Recommended or discussed smoking cessation medications

	2004*	2005**
ConnectCare	17.22%	30.59%

## Recommended or discussed smoking cessation methods or strategies

	2004*	2005**
ConnectCare	18.32%	25.57%

\* Taken from 2004 Health Outcomes Survey.

\*\* Taken from 2005 Adult CAHPS Survey.



## 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





# Recipient Satisfaction

“ARKids First is one of the most positive things government has done for the state of Arkansas. Families have noted during focus groups and community meetings that their children have received quality care they would not have had without the ARKids First Program.”

RHONDA SANDERS

*Director of Health and Legislative Affairs*

*Arkansas Advocates for Children and Families*

# ConnectCare Adult and ARKids First A

• Based on 2003 and 2005 surveys (Survey participants were asked to rate their satisfaction [0 = worst, 10 = best])

## 1. Overall average quality and satisfaction ratings:

	2003		2005	
	Adult	Child	Adult	Child
a. PCP	8.4*	8.5	8.2	8.5
b. Specialist	8.3*	8.6	7.9	8.2
c. Quality of care	8.2*	8.4	7.9	8.3
d. ConnectCare or ARKids First A program	8.0*	8.9*	7.8	9.0

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

	2003		2005	
	Adult	Child	Adult	Child
a. PCP	74%	77%	70%	76%
b. Specialist	76%	80%	71%	75%
c. Quality of care	72%	76%	67%	75%
d. ConnectCare or ARKids First A program	69%	83%	65%	85%

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

	2003		2005	
	Adult	Child	Adult	Child
a. Seeing a doctor	82%	83%	83%	82%
b. Getting care without long waits (“usually” or “always”)	74%	80%*	65%	74%
c. Ease of finding a doctor (“small problem” or “not a problem”)	91%	97%	86%	94%

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

	2003		2005	
	Adult	Child	Adult	Child
a. Doctor communicated well and spent enough time with the patient**	85%*	89%	83%	88%
b. Office staff treated patient with courtesy and respect**	88%*	90%	86%	92%

\* 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.

# ARKids First B

• Based on 2001-05 ARKids First B surveys (Survey participants were asked to rate their satisfaction [0 = worst, 10 = best ])

## 1. Overall average quality and satisfaction ratings:

	2001	2002	2003	2004	2005
a. PCP	8.6	8.5	8.6	8.5	8.6
b. Specialist	8.5	8.5	8.6	8.2	8.6
c. Quality of care	8.6	8.7	8.5	8.6	8.6
d. ARKids First B Program	9.0	9.1	9.1	8.9	8.7
e. Dentist	8.6	8.6	8.4	8.2	8.6

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

	2001	2002	2003	2004	2005
a. PCP	78%	78%	79%	78%	78%
b. Specialist	84%	79%	75%	71%	80%
c. Quality of care	79%	81%	79%	80%	80%
d. ARKids First B program	87%	87%	87%	86%	81%
e. Dentist	79%	80%	78%	74%	81%

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

	2001	2002	2003	2004	2005
a. Seeing a doctor	70%	75%	72%	76%	76%
b. Getting care without long waits ("usually" or "always")	84%	83%	82%	83%	76%
c. Getting the care you need ("not a problem")	91%	90%	90%	89%	85%

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

	2001	2002	2003	2004	2005
a. Doctors communicated well and spent enough time with patient**	94%	93%	91%	93%	91%
b. Office staff treated patient with courtesy and respect**	94%	95%	94%	93%	92%

\*\* 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 2004

SFY: State Fiscal Year

• TOTAL ENROLLEES: **353,287**

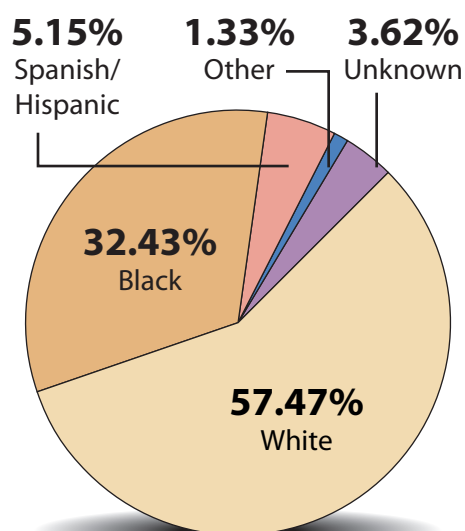
• BY RACE

White	<b>203,046</b>
Black	<b>114,572</b>
Spanish/Hispanic	<b>18,189</b>
Other	<b>4,687</b>
Unknown	<b>12,793</b>

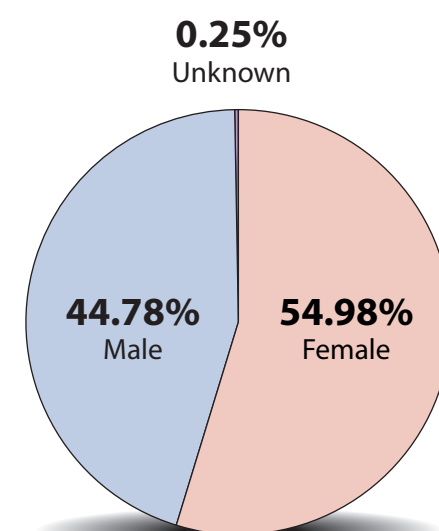
• BY SEX

Female	<b>194,225</b>
Male	<b>158,185</b>
Unknown	<b>877</b>

• RACE



• SEX



### ARKids First B, SFY 2004

• TOTAL ENROLLEES: **62,216**

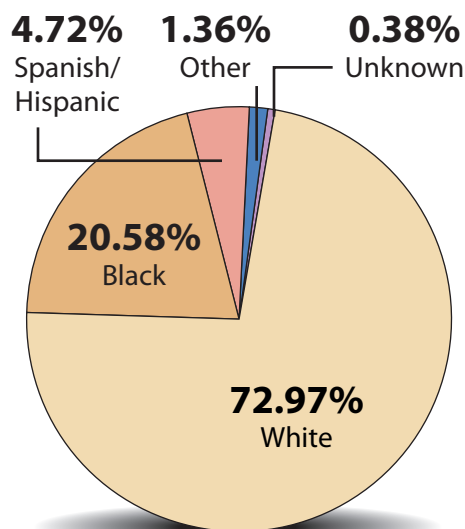
• BY RACE

White	<b>45,398</b>
Black	<b>12,804</b>
Spanish/Hispanic	<b>2,935</b>
Other	<b>844</b>
Unknown	<b>235</b>

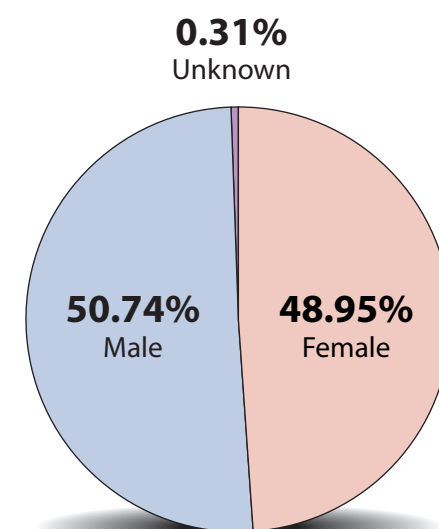
• BY SEX

Female	<b>30,453</b>
Male	<b>31,570</b>
Unknown	<b>193</b>

• RACE



• SEX



For more information about this report  
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