

# HEDIS<sup>®</sup> 2008

## MEASURING MORE OF WHAT MATTERS

A Report of HEDIS Health Care Measures in Arkansas





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A Report of HEDIS Health Care Measures in Arkansas

A publication of the Arkansas Foundation for Medical Care,  
under contract with the Arkansas Department of Human Services,  
Division of Medical Services



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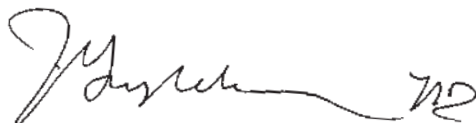
# EXECUTIVE SUMMARY



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



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



**Gary Wheeler, MD**  
Associate Medical Director of Quality,  
Arkansas Foundation for Medical Care

The theme of “change” is not a new one. But rarely in America’s collective memory has the call for change come on so many fronts and in so many forms.

Health care is at the crux of the rising demand for more transparency, accountability and evidence of effectiveness and value. The pressure from payers and the public has been building for years, and providers have been working diligently to meet their concerns. Improving care, cost-effectiveness and patient outcomes is a constant goal, and the bar is being set higher every day.

The Arkansas Foundation for Medical Care and Arkansas Medicaid are answering the call for change — and many of our projects were launched long before their primary goals became national buzzwords. The medical home. Patient safety. Value-driven health care.

We’ve forged alliances with health care providers, organizations and individuals across the state and beyond — partners with common goals and complementary roles. Together, we’re forging a path to a health care system that is better, safer, more cost-effective, more compassionate — not just for Medicaid enrollees but for all Arkansans.

The work is hard; results do not come easily and seldom come quickly. But our efforts are paying off — gradually but certainly — and we are confident that with persistence, meticulous measurement and constant adjusting of our combined efforts, they will continue to do so.

One continuing success story is appropriate use of medication for asthma. More children than ever are receiving inhaled anti-inflammatory medications, which can reduce symptoms and keep children in school and out of the emergency room. Childhood immunization rates are also rising, and in most cases are above the national average for Medicaid patients. Children with ADHD are more likely than in the past to receive the treatment and follow-up care they need, and again Arkansas rates are higher than national rates.

Preventive care for women — mammograms, cervical cancer testing and chlamydia screening — is in need of increased attention and focus. Mammogram rates are falling nationally and here at home. Screening for chlamydia — one of the most common and easily cured sexually transmitted diseases — has fallen in recent years in Arkansas, even as national rates have climbed. The percentage of women receiving Pap tests, which can detect precancerous changes in cervical cells, has also fallen in Arkansas while national rates have risen slightly.

Satisfaction surveys administered by AFMC once again show that most Arkansans who are on Medicaid are pleased with their health care services and feel they are treated respectfully. Our state’s satisfaction rates have historically matched or exceeded national rates.

We are living in uncertain times — and in truth, we always have been. Change, as always, is certain. But our commitment to the health and quality of life in our state is as strong as ever. Working together, we will ensure that Arkansans have access to high-quality health care and that every health care dollar is spent wisely and responsibly.





**ICON KEY**

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

**DEFINITION OF MEASURE**

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

**STRATEGIES FOR IMPROVEMENT**

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

**TOOLS AVAILABLE FROM AFMC**

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

**COMPONENTS OF CARE**

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

**What is HEDIS®?**

**H**EDIS (the Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures for managed care organizations. HEDIS is maintained by the National Committee for Quality Assurance, a not-for-profit organization committed to evaluating and publicly reporting on the quality of managed care organizations.

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

**How to read the measures**

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

• **EXAMPLE: BREAST CANCER SCREENING**

The denominator is the eligible population—the number of women ages 50 to 69 who were enrolled during the measurement year and the preceding year. The numerator is the number of women in the eligible population who had a mammogram during the measurement year or the preceding year.

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

**How to use this report**

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

- If a large percentage of patients is not receiving a treatment or preventive service that national guidelines call for, this tells us—medical professionals, 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





# Health Measures for Children

“The old adage ‘Prevention is the best medicine’ is certainly the truth. Where asthma is concerned, this is no less true. Staying on top of things with maintenance medications is certainly better than trying to play catch-up in an emergency situation.”

**Jeff Craig, MD**

*Central Arkansas Pediatrics  
Conway*

1,495

PRIMARY CARE PROVIDERS MANAGED CARE FOR MORE THAN 390,000 CHILDREN DURING SFY 2007.





## HEALTH MEASURES FOR CHILDREN:

### Beneficiary and provider education

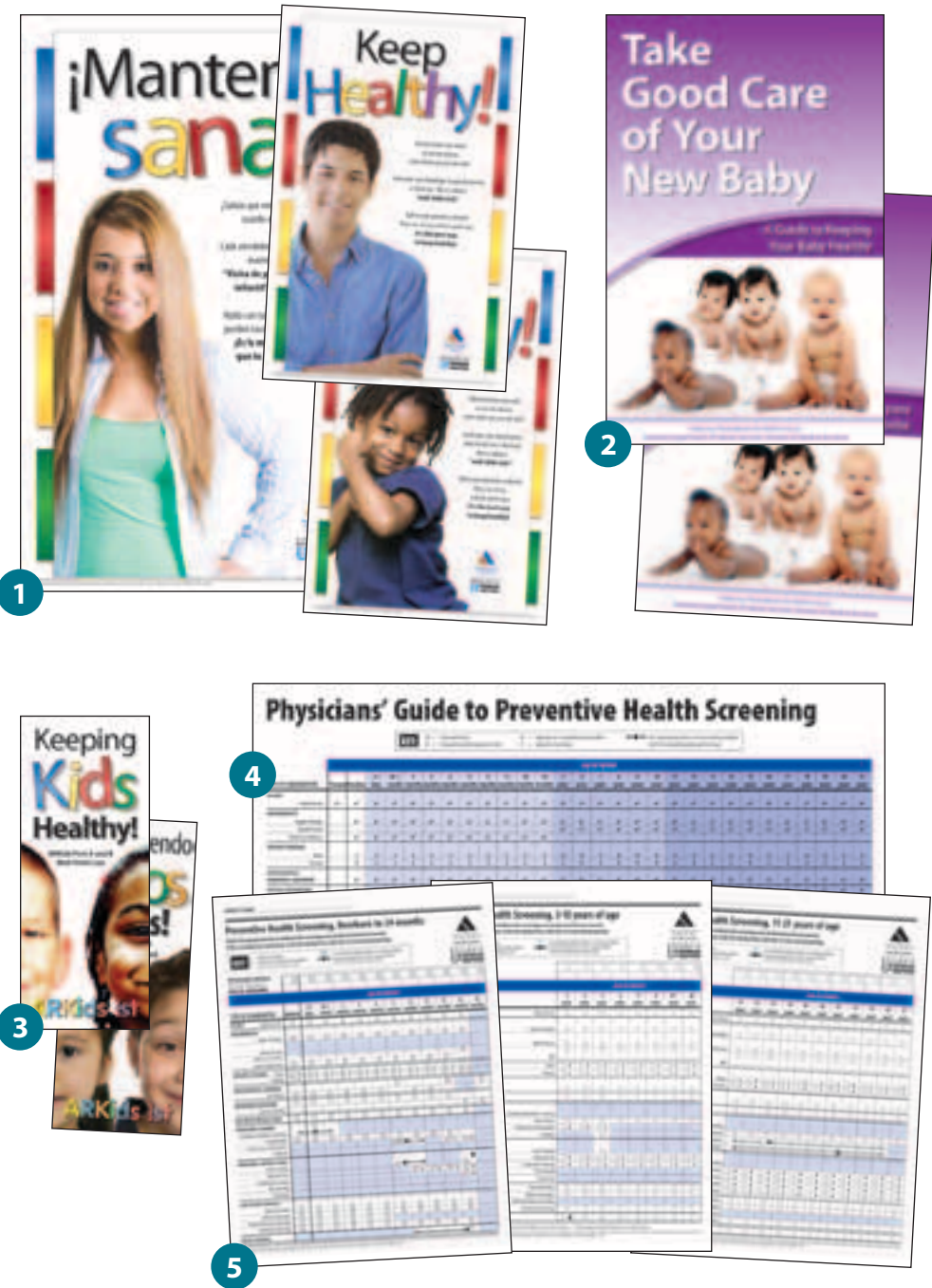
Investing in high-quality health care for our children not only makes sense—it’s the right thing to do. Ensuring that Arkansas’ youngest and most vulnerable citizens get the care they need—from vaccinations and screenings to asthma management and antibiotics when appropriate—is a top priority for Arkansas 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 educate families about how to keep children healthy, learning, playing and growing.

#### EXAMPLES

- 1:** Poster encouraging children to ask their parents or doctors about getting a check-up (English and Spanish)
- 2:** Booklet for new parents about well-baby care, including immunizations (English and Spanish)
- 3:** Well-child care brochure for families (English and Spanish)
- 4:** Providers’ guide for recommended well-child screenings
- 5:** Age-specific screening sheets for providers





# ASTHMA MEDICATION USE



## DEFINITION OF MEASURE

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

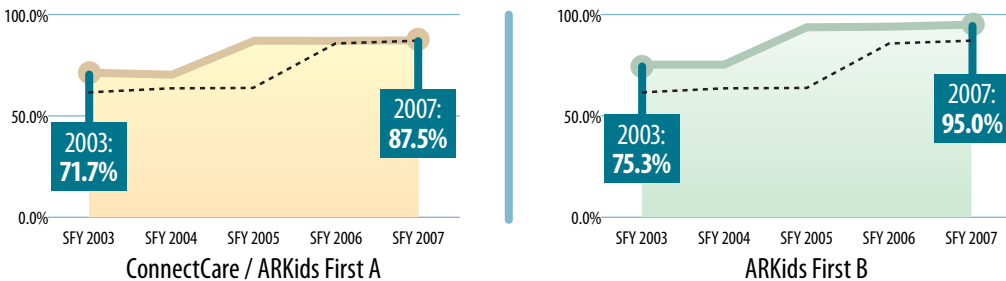
More

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

NATIONAL MEDICAID RATE, 2007: 87.1% (Dotted line indicates national Medicaid rate SFY 2003-07.)



## 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)
  - 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



## DEFINITION OF MEASURE

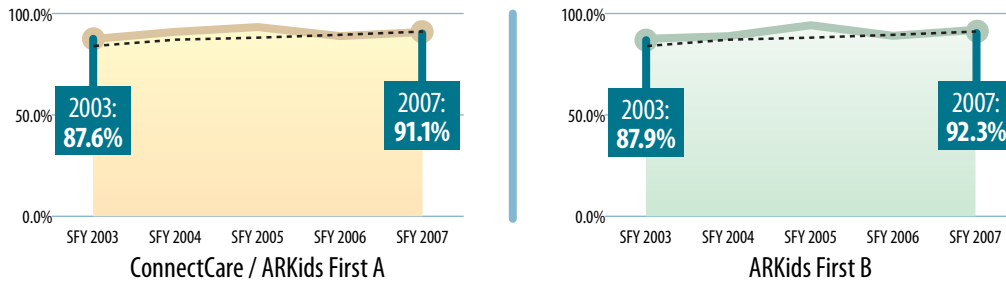
This measure included all children enrolled at least 11 months before their 2nd birthday who turned 2 years old during the measurement year. The percentage shows how many of these children received the appropriate immunizations.

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

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 rates, and in almost all cases the rates improved from SFY 2003 to SFY 2007.

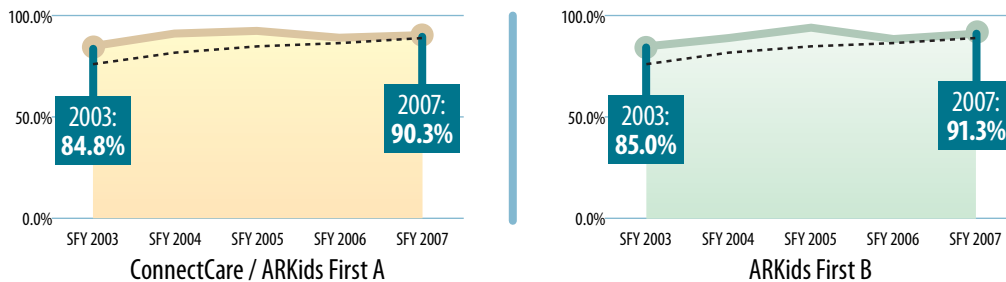
### MMR (Measles, Mumps and Rubella)

NATIONAL MEDICAID RATE, 2007: 91.1% (Dotted line indicates national Medicaid rate SFY 2003-07.)



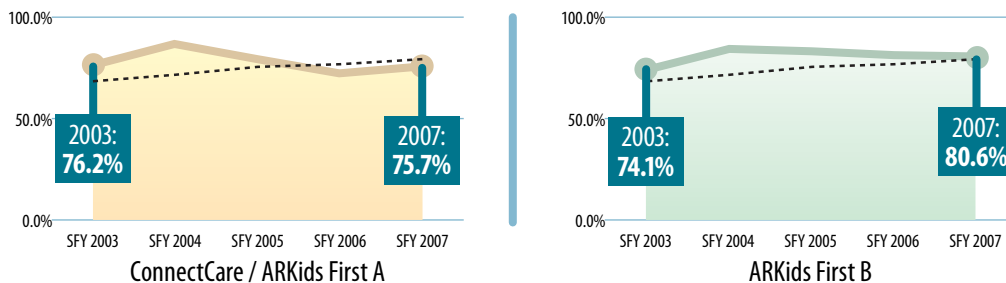
### Chicken Pox

NATIONAL MEDICAID RATE, 2007: 88.9% (Dotted line indicates national Medicaid rate SFY 2003-07.)



### DTP

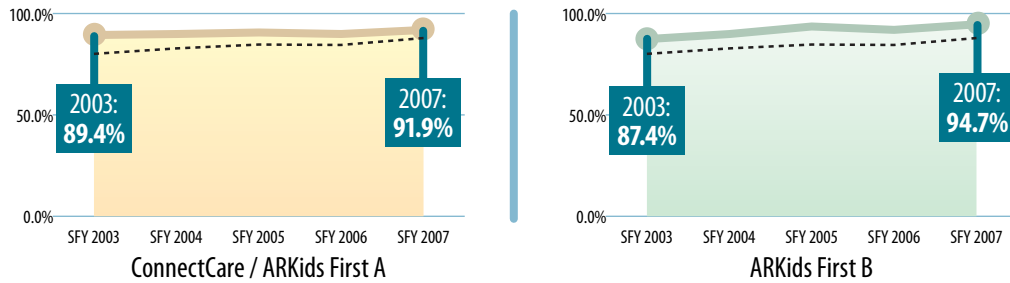
NATIONAL MEDICAID RATE, 2007: 79.3% (Dotted line indicates national Medicaid rate SFY 2003-07.)



This does not mean there is not work still 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 illnesses.

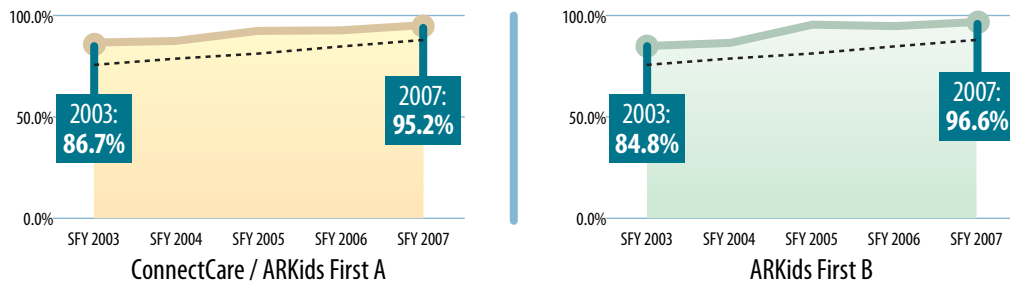
### Polio

NATIONAL MEDICAID RATE, 2007: 87.9% (Dotted line indicates national Medicaid rate SFY 2003-07.)



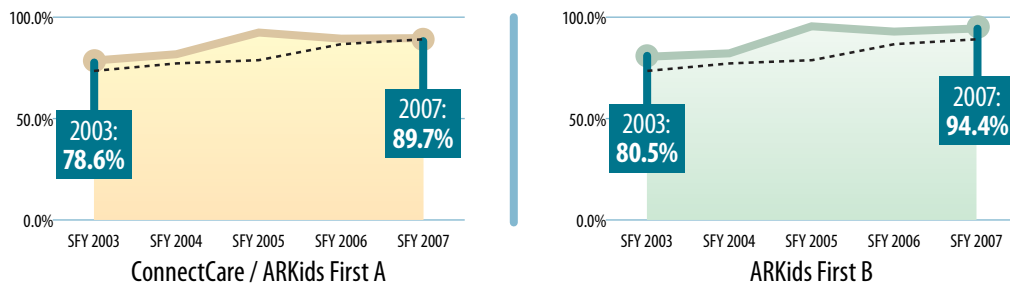
### Hepatitis B

NATIONAL MEDICAID RATE, 2007: 88.4% (Dotted line indicates national Medicaid rate SFY 2003-07.)



### H Influenza b

NATIONAL MEDICAID RATE, 2007: 89.1% (Dotted line indicates national Medicaid rate SFY 2003-07.)



## New Immunization Measures

### Pneumococcal

NATIONAL MEDICAID RATE, 2007: 68.3%

	2005	2006	2007
ARKids First A	35.2%	47.9%	69.8%
ARKids First B	40.1%	58.1%	76.5%

### Combo 2

(4 DTP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV)

NATIONAL MEDICAID RATE, 2007: 73.4%

	2005	2006	2007
ARKids First A	74.3%	69.6%	72.7%
ARKids First B	79.1%	76.8%	78.6%

### Combo 3

(4 DPT, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV)

NATIONAL MEDICAID RATE, 2007: 60.9%

	2005	2006	2007
ARKids First A	30.2%	43.0%	61.8%
ARKids First B	35.4%	51.9%	70.6%



## 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.
- Record vaccinations 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
  - Chart folders and reminder stickers
  - Growth and developmental milestones flyer, in English and Spanish



# WELL-CHILD VISITS



## 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 are an essential part of children’s health care. They 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. Although Arkansas lags behind the national Medicaid rate for well-child visits for all ages, rates for SFY 2007 were significantly higher than SFY 2003 rates in the 3-to-6 years and adolescent age groups. The rates for children through 15 months of age who’d had six or more well-child visits held steady from SFY 2006 to SFY 2007 after declining for several years.

## First 15 months of life

### ARKIDS FIRST A

	2003	2004	2005	2006	2007	NATIONAL MEDICAID RATE (2007)
0 visits	5.68%	5.73%	7.90%	7.58%	7.41%	3.80%
1 visit	10.71%	10.08%	10.29%	9.91%	9.48%	2.60%
2 visits	9.83%	10.00%	10.12%	9.82%	10.32%	3.60%
3 visits	10.40%	10.53%	10.70%	11.75%	11.41%	6.10%
4 visits	11.91%	11.54%	13.81%	14.74%	15.46%	11.00%
5 visits	13.07%	14.74%	14.64%	20.76%	20.37%	17.30%
6+ visits	38.40%	37.39%	32.54%	25.43%	25.54%	55.60%

### ARKIDS FIRST B

	2003	2004	2005	2006	2007	NATIONAL MEDICAID RATE (2007)
0 visits	6.38%	5.10%	7.16%	6.66%	4.58%	3.80%
1 visit	6.94%	5.74%	7.88%	7.11%	5.81%	2.60%
2 visits	10.69%	7.02%	8.95%	6.30%	6.58%	3.60%
3 visits	8.63%	11.00%	8.35%	9.27%	10.00%	6.10%
4 visits	9.76%	9.73%	10.62%	13.14%	14.58%	11.00%
5 visits	11.26%	15.79%	17.42%	23.04%	23.10%	17.30%
6+ visits	46.34%	45.61%	39.62%	34.47%	35.35%	55.60%



## 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



# WELL-CHILD VISITS



## 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.

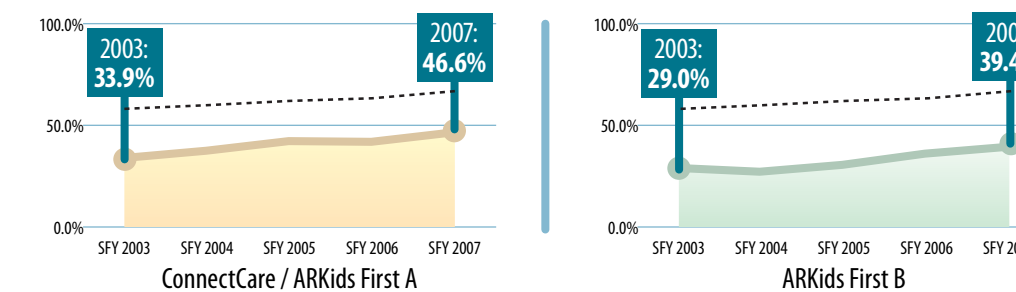


## DEFINITION OF MEASURE

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

## Ages 3 through 6 years

NATIONAL MEDICAID RATE, 2007: 66.8% (Dotted line indicates national Medicaid rate SFY 2003-07.)

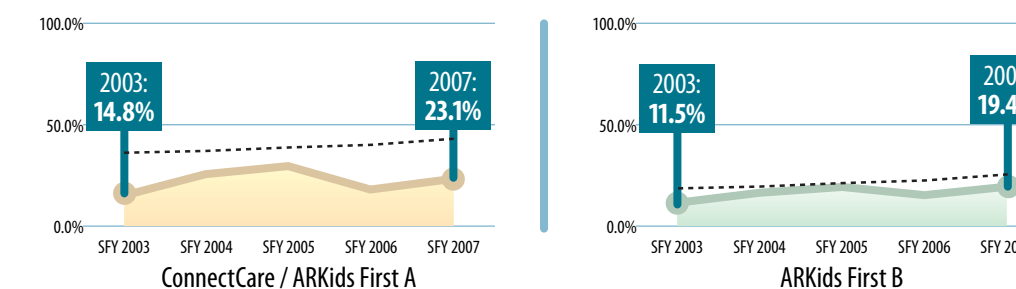


## COMPONENTS OF THIS WELL-CHILD SCREENING SHOULD INCLUDE:

- Assessing school readiness
- Completing preschool immunization
- Reinforcing injury prevention
- Educating about Body Mass Index (BMI) and calculating annually

## Adolescents

NATIONAL MEDICAID RATE, 2007: 43.6% (Dotted line indicates national Medicaid rate SFY 2003-07.)



## 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 immunizations are current
- Offering HPV and meningococcal vaccines



# ANNUAL DENTAL VISITS



## DEFINITION OF MEASURE

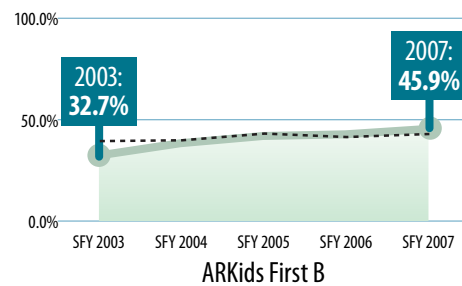
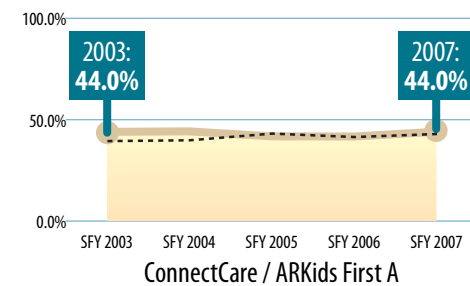
This measure included young people ages 2 through 21 who were enrolled at least 11 months of the measurement year. The percentage shows how many had at least one dental visit during the measurement year.

H

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.

## Annual dental visits

NATIONAL MEDICAID RATE, 2007: 42.5% (Dotted line indicates national Medicaid rate SFY 2003-07.)



## 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. 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 below the national Medicaid rate, but is increasing.



We must focus on prescribing antibiotics only when necessary. Convincing patients that their illnesses do not require antibiotics can be difficult and time-consuming, but will help ensure 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

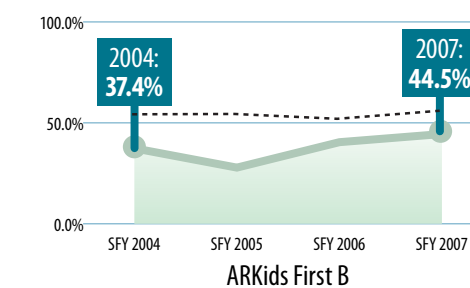
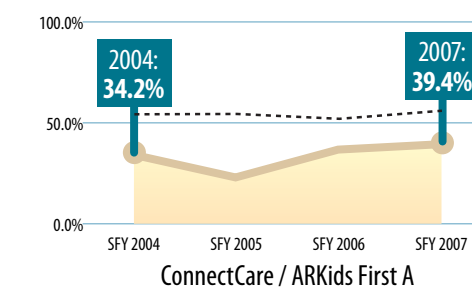
The percentage of children 2 to 18 years who were given a diagnosis of pharyngitis and prescribed an antibiotic, and who received a group A streptococcus (strep) test for the episode.

## 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  $1 - (\text{num}/\text{den})$ , so a higher inverted rate indicates better care.

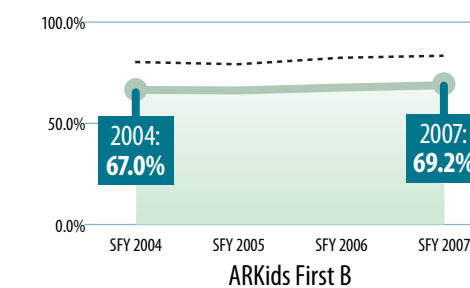
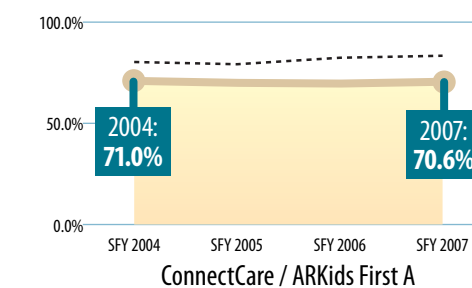
## Testing for children with pharyngitis

NATIONAL MEDICAID RATE, 2007: 56.0% (Dotted line indicates national Medicaid rate SFY 2004-07.)



## Upper respiratory infection not treated with antibiotic

NATIONAL MEDICAID RATE, 2007: 83.4% (Dotted line indicates national Medicaid rate SFY 2004-07.)



## STRATEGIES FOR IMPROVEMENT

- Review prescribing habits.
- Educate 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



# ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)



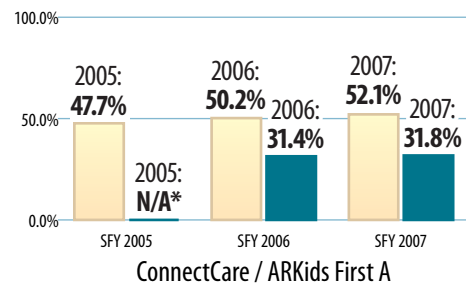
## DEFINITION OF MEASURE

Percentage of children age 6 to 12 (as of the index prescription start date) with an ambulatory prescription for an ADHD medication who had one follow-up visit with a practitioner during the 30-day initiation phase.

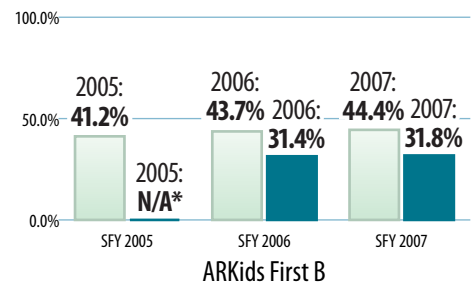
Attention-deficit/hyperactivity disorder (ADHD), a condition of the brain that makes it difficult for children to control their behavior, is one of the most common chronic conditions of childhood. The primary feature of ADHD is a persistent pattern of inattention or hyperactivity/impulsivity that is more frequent and severe than typically observed in other children at a similar level of development. While it has been widely studied, the cause of ADHD is still unknown.

The outlook for most children who receive treatment is very encouraging. As a chronic condition, ADHD treatment requires long-term planning. The primary goal should be to improve day-to-day functioning. In order to reach and maintain this goal, the treatment plan should involve coordinated efforts between parents, physicians and the patient’s entire support team. Arkansas compares favorably to national Medicaid rates for children who are prescribed ADHD medication and have a follow-up visit with their provider within 30 days.

NATIONAL MEDICAID RATE, 2007: 31.8% (Blue bars indicate national Medicaid rate.)



\*No national data was available for 2005.



## STRATEGIES FOR IMPROVEMENT

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



## TOOLS AVAILABLE FROM AFMC

- Provider fact sheet, including treatment guidelines and common symptoms
- Diagnostic criteria reference sheet for providers
- Clinical algorithm for providers, outlining steps for accurate diagnosis and evaluation





# Health Measures for Women

“Prevention is one of those rare win-win solutions. Earlier detection leads to better quality of life and lower health care costs, which lead to more positive outcomes for the beneficiary, the provider and the health care system.”

**George Garrett, MD, FACOG**  
*Medical Park Doctors Group  
Hope*

1,608

PRIMARY CARE PROVIDERS MANAGED CARE FOR MORE THAN 90,000 WOMEN DURING SFY 2007.





## HEALTH MEASURES FOR WOMEN:

### Beneficiary and provider education

Women’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 smears to catch precancerous changes in cervical cells.

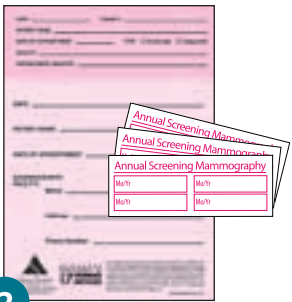
Health care providers play a key role in encouraging all women to schedule regular preventive health care. Arkansas Medicaid and AFMC work to help educate women and their families and physicians about the importance of preventive health care, and to make sure women have the information they need — where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

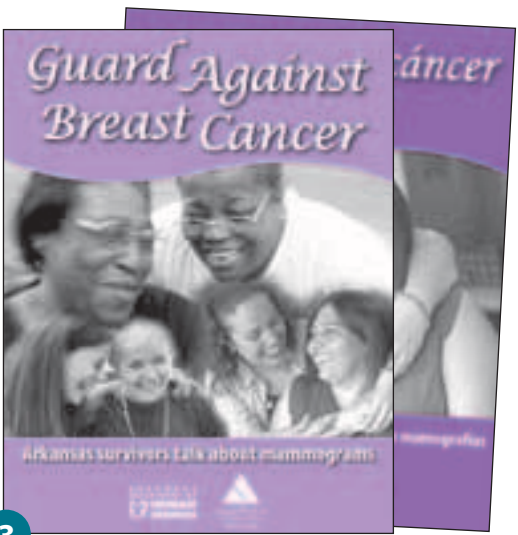
- 1: Poster for primary care providers to hang in patient areas (English and Spanish)
- 2: Mammography referral labels and reminder stickers for patient charts
- 3: Easy-to-read brochure for women, designed for primary care providers to distribute (English and Spanish)



1



2



3



# CHLAMYDIA SCREENING

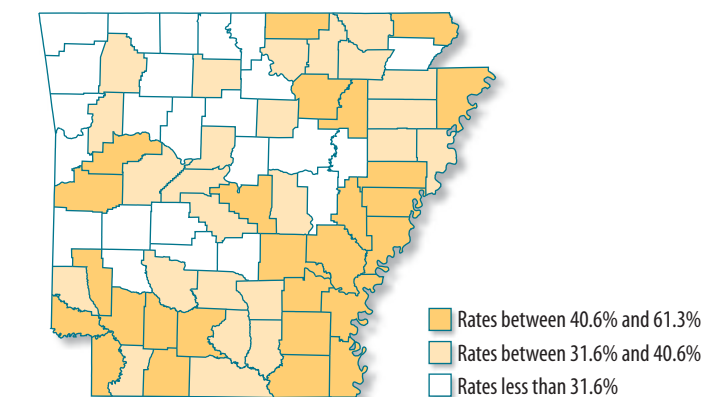
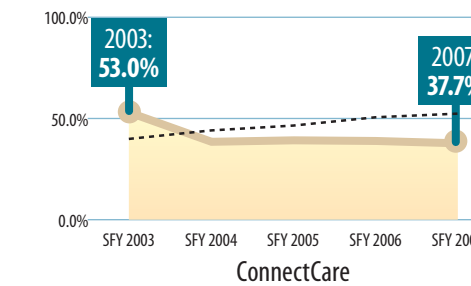


## DEFINITION OF MEASURE

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 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.

NATIONAL MEDICAID RATE, 2007: 52.4%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)



## 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 SCREENING



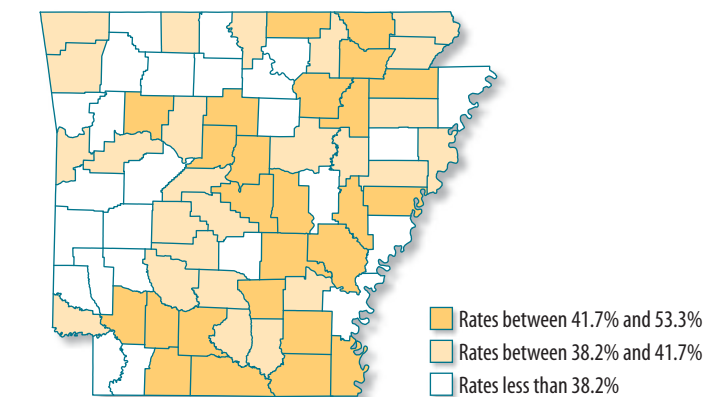
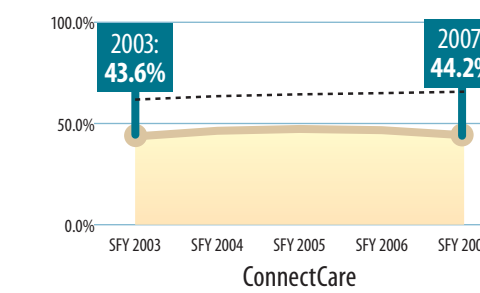
## DEFINITION OF MEASURE

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 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 50 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.

NATIONAL MEDICAID RATE, 2007: 65.7%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)



## STRATEGIES FOR IMPROVEMENT

- Educate patients about the need for Pap smears starting no later 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

# BREAST CANCER SCREENING



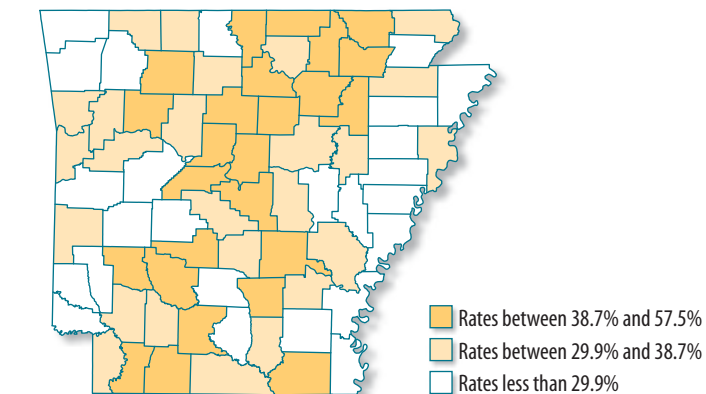
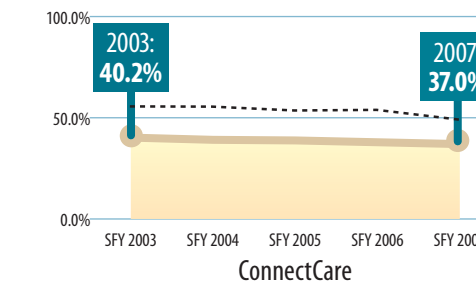
## DEFINITION OF MEASURE

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.

In Arkansas, an estimated 1,790 new cases of breast cancer were diagnosed in 2008, 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.

NATIONAL MEDICAID RATE, 2007: 49.1%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)



## STRATEGIES FOR IMPROVEMENT

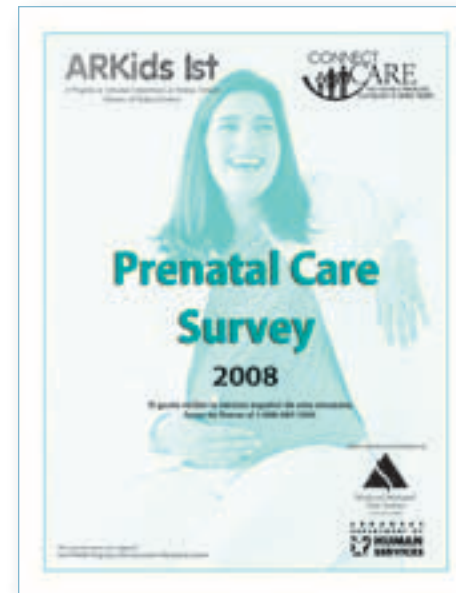
- Educate women about the importance of early detection and treatment.
- Refer women to local mammography imaging centers.
- Use reminder systems for check-ups and screening.
- Document all screenings on the medical record.
- Document any follow-up for abnormal findings.

## TOOLS AVAILABLE FROM AFMC

- "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



# PRENATAL CARE



The 2008 AFMC Prenatal Care Survey measured Medicaid beneficiaries' satisfaction with the prenatal care they received.

Prenatal care gives expectant mothers a better chance for a healthy pregnancy and a healthy baby. It can help prevent low birth weight, premature 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.

Arkansas Medicaid pays for more than half of all births in Arkansas. The Arkansas Medicaid Prenatal Survey, which measures beneficiaries' satisfaction with their prenatal care, is an important part of improving prenatal care services for all expectant mothers across the state, not just those enrolled in Medicaid. The survey is adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS), used by the Centers for Disease Control and Prevention since 1987.

## 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 Physician 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](http://www.afmc.org/prenatal).



# Health Measures for Diabetics

“A smooth-running medical home will promote satisfaction for parents, patients, medical providers and payers by coordinating and streamlining medical care as well as reducing unnecessary and duplicative care.”

**Eldon Schulz, MD**  
*Professor of Pediatrics and Physical Medicine and Rehabilitation  
University of Arkansas for Medical Sciences*

1,039

PRIMARY CARE PROVIDERS  
MANAGED CARE FOR DIABETICS.





## HEALTH MEASURES FOR DIABETICS:

### Beneficiary and provider education

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 new “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. The ongoing efforts have paid off; rates for diabetes-related measures have improved substantially in recent years.

#### EXAMPLES

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





# COMPREHENSIVE DIABETES CARE



## DEFINITION OF MEASURE

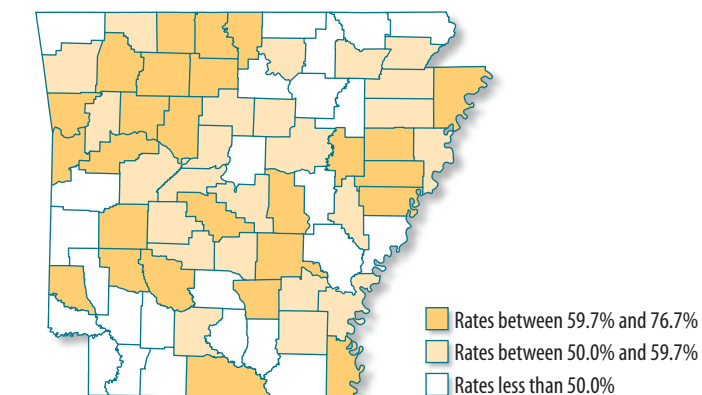
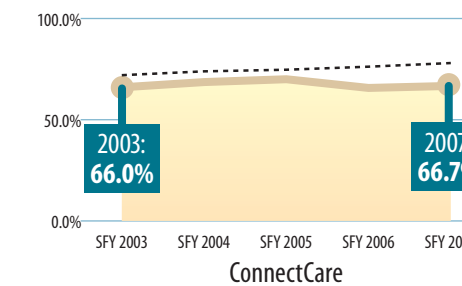
These measures included beneficiaries from age 18 through age 75 who have diabetes and who were enrolled at least 11 months during the measurement year. The percentages show how many of these people had:

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

For the more than 150,000 Arkansans who have diabetes, preventive care is critical for preventing complications such as kidney disease, blindness and amputations. Regular hemoglobin A1c testing can indicate 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. Excellent control of blood pressure is essential to prevent kidney disease and stroke.

## Hemoglobin A1c (HbA1c) test

NATIONAL MEDICAID RATE, 2007: 78.0%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)



## 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 screenings.
- Provide other preventive care, such as a pneumococcal vaccination and annual influenza vaccination.

## TOOLS AVAILABLE FROM AFMC

- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers talk to patients about diabetes:
  - “Straight Talk About Diabetes” brochure (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

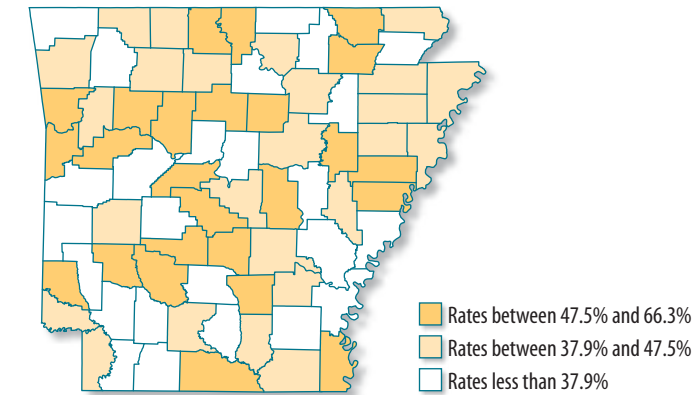
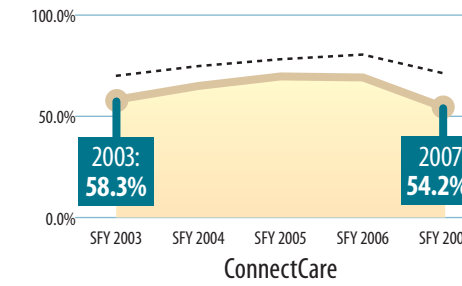


# COMPREHENSIVE DIABETES CARE



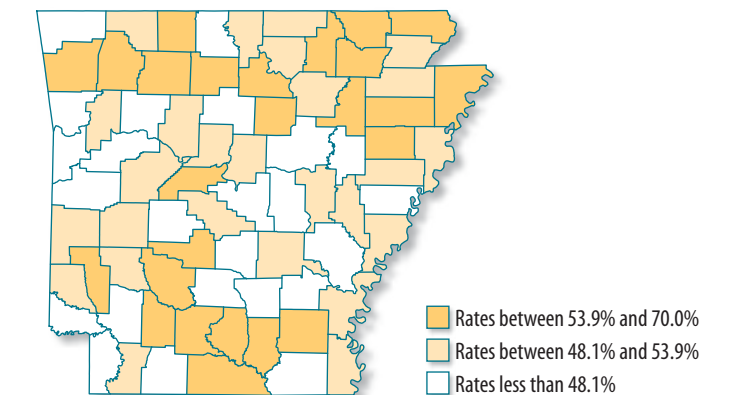
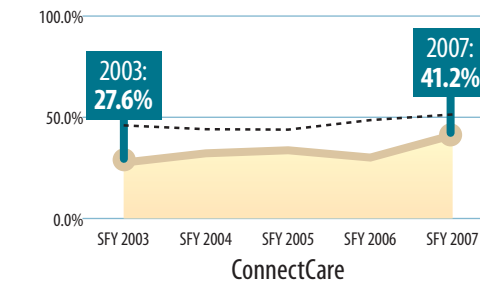
## LDL-C screening rate

NATIONAL MEDICAID RATE, 2007: 71.1%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)



## Dilated eye exam

NATIONAL MEDICAID RATE, 2007: 51.4%  
(Dotted line indicates national Medicaid rate SFY 2003-07.)





# DIABETES COMPOSITE MEASURE



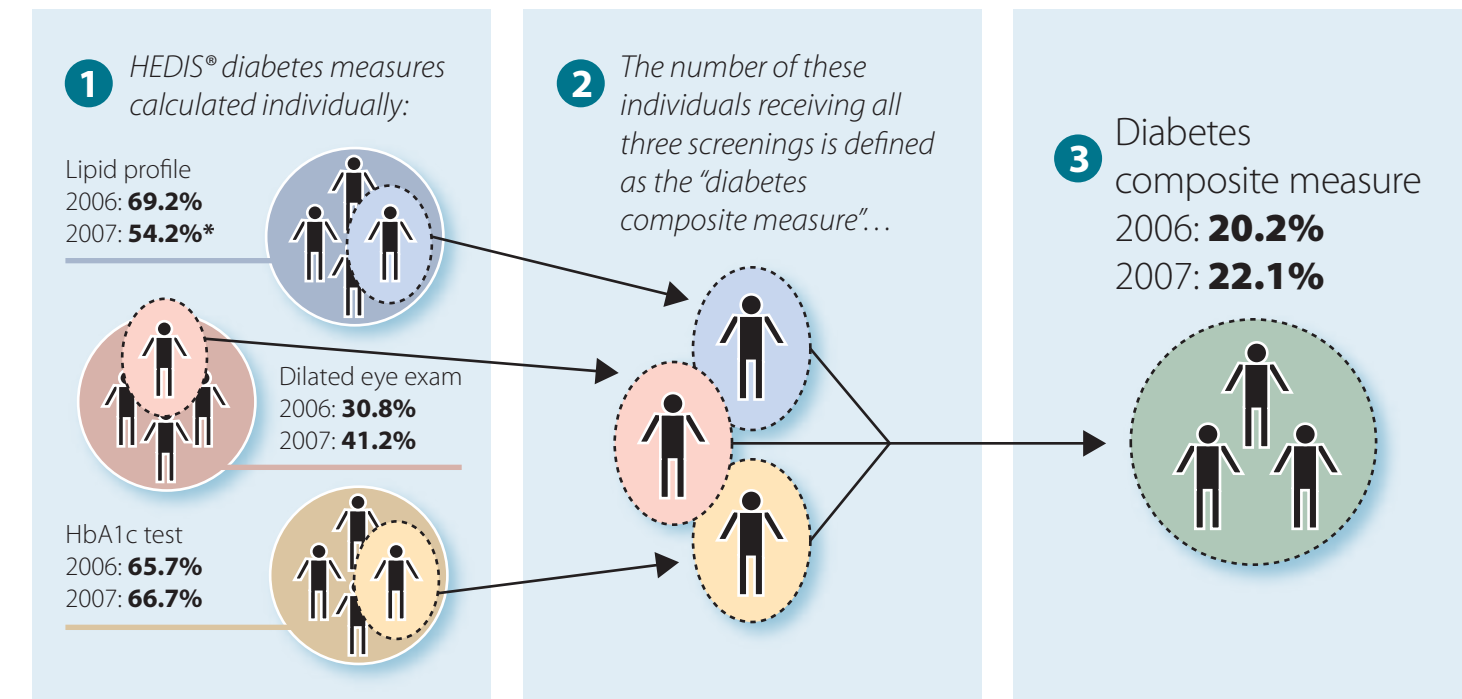
## DEFINITION OF MEASURE

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

Diabetes is at an epidemic level in Arkansas and the United States. More than 150,000 Arkansans have been diagnosed with the condition, and 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.

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 three recommended aspects of diabetes care.



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





# Health Measures for Smoking Cessation

“Medical care in America must change and change soon. It’s too expensive and rewards illness. AFMC is in a remarkable position to help this happen by utilizing its analytical team to partner with consumers and providers to make the big shift to public health and consumer-focused care. At the same time, we must reward providers for doing what they like to do, which is promote health, not disease.”

**Gary Wheeler, MD**

*Associate Medical Director of Quality  
Arkansas Foundation for Medical Care (AFMC)*

80,000

APPROXIMATE NUMBER OF CHILDREN WHO ESTABLISHED  
A NEW MEDICAL HOME WITH A PCP IN SFY 2007.





## HEALTH MEASURES FOR SMOKING CESSATION:

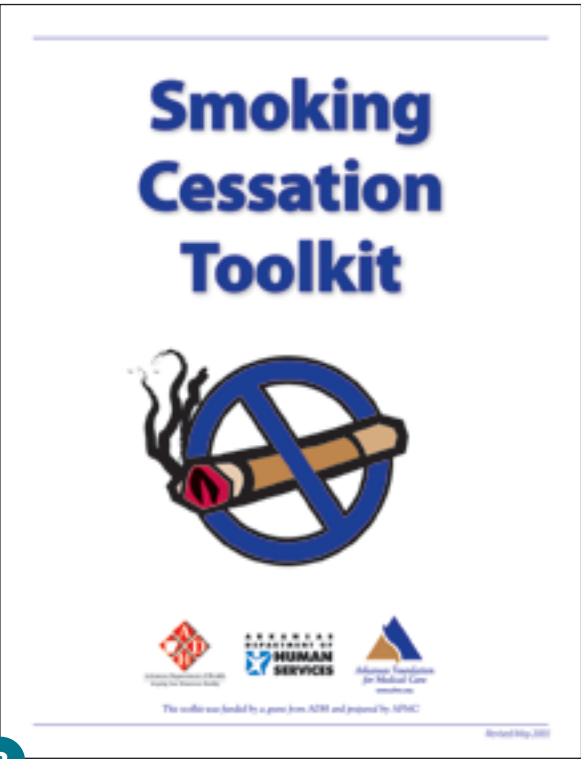
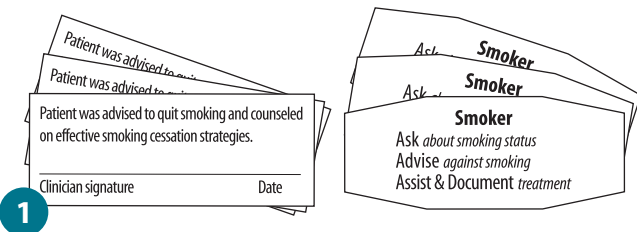
### Beneficiary and provider education

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





# SMOKING CESSATION



## 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 percentage shows the number 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.

Tobacco use is the single largest preventable cause of disease and premature death in the United States. 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 still not receiving this message.

### ADVICE TO QUIT SMOKING

	2004*	2005**	2006*	2007***
ConnectCare	49.82%	57.53%	58.63%	69.23%
National Medicaid Rate	65.80%	66.90%	65.60%	68.20%

### RECOMMENDED OR DISCUSSED SMOKING CESSATION MEDICATIONS

	2004*	2005**	2006*	2007***
ConnectCare	17.22%	30.59%	30.32%	40.65%
National Medicaid Rate	31.50%	31.50%	31.90%	35.10%

### RECOMMENDED OR DISCUSSED SMOKING CESSATION METHODS OR STRATEGIES

	2004*	2005**	2006*	2007***
ConnectCare	18.32%	25.57%	25.81%	40.38%
National Medicaid Rate	32.30%	33.00%	34.10%	36.70%

\* Beneficiaries were randomly selected, 30% from 18-34 age category and 70% from 35+ age category  
\*\* Beneficiaries were randomly selected, results from the Adult CAHPS Survey 2005  
\*\*\* Beneficiaries were randomly selected, results from the Adult CAHPS Survey 2007



## 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





# Beneficiary Satisfaction

“Collaboration and partnerships between agencies, organizations, and other entities must occur to improve the health of Arkansas’ children. The Medicaid program has demonstrated its commitment to collaboration through support for and participation in initiatives such as ABCD (Assuring Better Child Health and Development), the EPSDT State Leadership Summit, and Early Childhood Comprehensive Systems. Medicaid’s ongoing support for these and other collaborative efforts will help improve policies and systems to significantly improve child health in Arkansas.”

**Martha Hiett**  
*Health and Special Projects Director  
Arkansas Department of Human Services’  
Division of Child Care and Early Childhood Education*

1,375	PRIMARY CARE PROVIDERS HAD AT LEAST 10 MEDICAID BENEFICIARIES ON THEIR CASELOAD DURING SFY 2007.
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# BENEFICIARY PERCEPTIONS OF CARE

When patients and providers share positive relationships, quality of care can improve dramatically. Access, availability and communication all play an important role in achieving effective care. That's why Medicaid conducts regular beneficiary satisfaction surveys

to measure patient perceptions of their medical care. The surveys examine how well patients are able to communicate with their doctors, schedule an appointment or find answers to their questions. With these results, Medicaid is able to evaluate our state's progress in providing quality health care for every patient.



## DEFINITION OF MEASURE

- **Childhood and adolescent access to primary care practitioners:** This measure included beneficiaries age 12 months to 19 years. Children age 6 or younger must have been enrolled at least 11 months during SFY 2007. Children age 7 to 19 must have been enrolled at least 23 months during SFY 2006 and 2007. Both groups must have had at least one visit with a primary care practitioner.
- **Adult access to preventive/ambulatory care:** This measure included beneficiaries age 20 and older who were enrolled at least 11 months during SFY 2007 and who had an ambulatory or preventive care visit.

## Adult and child access to care

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

### Childhood and adolescent access to primary care practitioners

NATIONAL MEDICAID RATE, 2007: 87.0%	SFY 2006	SFY 2007
ConnectCare/ARKids First A	85.2%	86.0%
ARKids First B	82.5%	83.5%

### Adult access to preventive / ambulatory care

NATIONAL MEDICAID RATE, 2007: 80.4%	SFY 2006	SFY 2007
ConnectCare	81.0%	82.7%

## STRATEGIES FOR IMPROVEMENT

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

**REMINDER: Preventive screenings can be performed and reimbursed on the same day as a sick visit.**



# ConnectCare and ARKids First A

• Based on 2003, 2005 and 2007 surveys *(Survey participants were asked to rate their satisfaction [0 = worst, 10 = best] )*

1. Overall average quality and satisfaction ratings:	2003		2005		2007	
	Adult	Child	Adult	Child	Adult	Child
a. PCP	8.4*	8.5	8.2	8.5	8.5	8.5
b. Specialist	8.3*	8.6	7.9	8.2	8.0	8.2
c. Quality of care	8.2*	8.4	7.9	8.3	7.5	8.5
d. ConnectCare or ARKids First A program	8.0*	8.9*	7.8	9.0*	7.4	8.9
2. Percent indicating high degree of satisfaction (8 or higher):	2003		2005		2007	
	Adult	Child	Adult	Child	Adult	Child
a. PCP	74%	77%	70%	76%	75%	77%
b. Specialist	76%	80%	71%	75%	80%	76%
c. Quality of care	72%	76%	67%	75%	54%	77%
d. ConnectCare or ARKids First A program	69%	83%	65%	85%	57%	86%
3. Access and availability — percent that reported:	2003		2005		2007	
	Adult	Child	Adult	Child	Adult	Child
a. Seeing a doctor	82%	83%	83%	82%	90%	83%
b. Getting care without long waits (“usually” or “always”)**	74%	80%	65%	74%	78%	74%
c. Getting the care you need**	79%	86%	70%	78%	72%	77%
4. Communication — percent that reported always or usually:	2003		2005		2007	
	Adult	Child	Adult	Child	Adult	Child
a. Doctor communicated well and spent enough time with the patient**	85%*	89%	83%	88%	88%	89%
b. Office staff treated patient with courtesy and respect**	88%*	90%	86%	92%	61%	88%

\* Indicates a statistically higher result than other participating Medicaid states in the National CAHPS Benchmarking Database.

\*\* These questions are composites. Similar questions are combined to form a composite question.

# ARKids First B

• Based on 2004-08 ARKids First B surveys *(Survey participants were asked to rate their satisfaction [0 = worst, 10 = best ])*

1. Overall average quality and satisfaction ratings:	2004	2005	2006	2007	2008
a. PCP	8.5	8.6	8.7	8.6	8.8
b. Specialist	8.2	8.6	8.7	8.7	8.4
c. Quality of care	8.6	8.6	8.7	8.7	8.6
d. ARKids First B program	8.9	8.7	8.7	8.6	8.4
e. Dentist	8.2	8.6	8.2	8.2	8.6
2. Percent indicating high degree of satisfaction (8 or higher):	2004	2005	2006	2007	2008
a. PCP	78%	78%	84%	81%	84%
b. Specialist	71%	80%	80%	82%	80%
c. Quality of care	80%	80%	84%	83%	81%
d. ARKids First B program	86%	81%	83%	83%	77%
e. Dentist	74%	81%	76%	74%	80%
3. Access and availability — percent that reported:	2004	2005	2006	2007	2008
a. Seeing a doctor	76%	76%	73%	77%	78%
b. Getting care without long waits (“usually” or “always”)**	83%	76%	78%	80%	77%
c. Getting the care you need (“not a problem”)**	89%	85%	78%	72%	71%
4. Communication — percent that reported always or usually:	2004	2005	2006	2007	2008
a. Doctors communicated well and spent enough time with patient**	93%	91%	92%	93%	91%
b. Office staff treated patient with courtesy and respect**	93%	92%	94%	93%	90%

\*\* These satisfaction scores are composites. Similar questions are combined to form a composite score.



## ConnectCare / ARKids First A, SFY 2007

### • TOTAL ENROLLEES: **400,249**

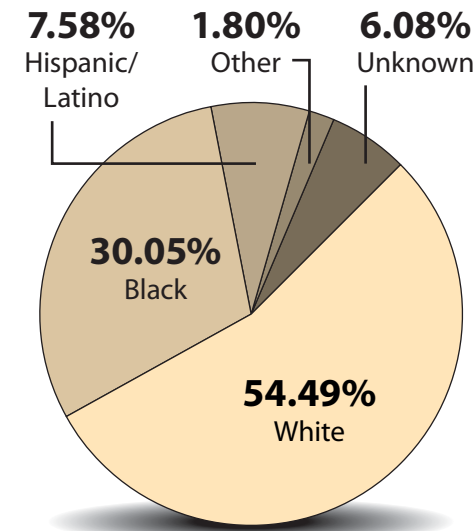
#### • BY RACE/ETHNICITY

White	<b>218,084</b>
Black	<b>120,269</b>
Hispanic/Latino	<b>30,325</b>
Other	<b>7,221</b>
Unknown	<b>24,350</b>

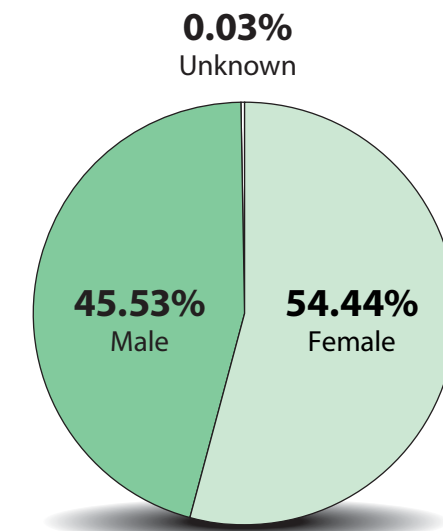
#### • BY SEX

Female	<b>217,893</b>
Male	<b>182,219</b>
Unknown	<b>137</b>

### • RACE/ETHNICITY



### • SEX



SFY: State Fiscal Year

## ARKids First B, SFY 2007

### • TOTAL ENROLLEES: **83,276**

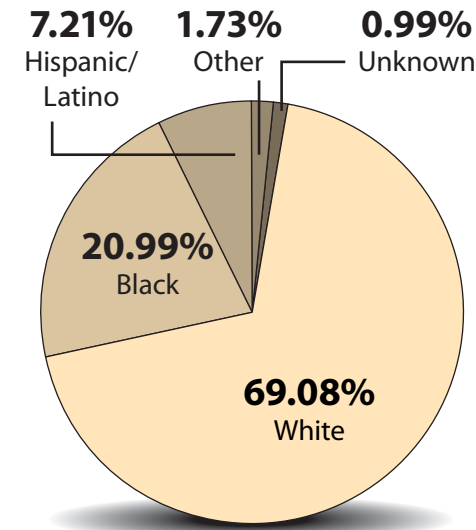
#### • BY RACE/ETHNICITY

White	<b>57,528</b>
Black	<b>17,482</b>
Hispanic/Latino	<b>5,999</b>
Other	<b>1,443</b>
Unknown	<b>824</b>

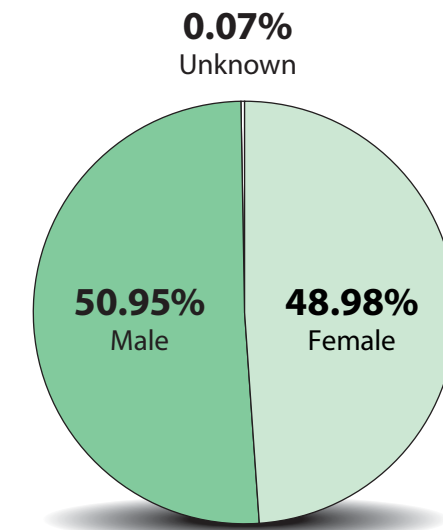
#### • BY SEX

Female	<b>40,790</b>
Male	<b>42,427</b>
Unknown	<b>59</b>

### • RACE/ETHNICITY



### • SEX



**For more information about this report  
or AFMC health care quality improvement projects,  
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