

2009

HEDIS®

Measuring More of What Matters



A Report of HEDIS®  
Health Care Measures in Arkansas



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



ARKANSAS  
DEPARTMENT OF  
HUMAN  
SERVICES



# 2009 HEDIS® *Measuring More of What Matters*

## *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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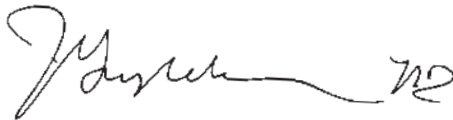




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# Medicaid and AFMC: Refining health care for more than 25 years

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

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

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

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

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

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

*Please join us.*



<b>ICON KEY</b> These symbols can help you find the information you're looking for.	<b>What is HEDIS®?</b> <b>H</b> EDIS (the Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures used by health plans to measure performance on important dimensions of care and service. HEDIS is maintained by the National Committee for Quality Assurance, a not-for-profit organization committed to evaluating and publicly reporting on the quality of managed care organizations.  HEDIS measures look at how many of a plan's enrollees are receiving care that meets national standards. Many of the measures focus on preventive care, such as childhood vaccinations and mammograms. Other measures look at specific care for chronic illnesses, such as asthma or diabetes.	<b>How to use this report</b> 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:
<b>QUESTION MARK</b> <b>DEFINITION OF MEASURE</b> 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).	<b>STRATEGIES FOR IMPROVEMENT</b> Appears beside evidence-based strategies for improving health care performance on a specific measure.	<ul style="list-style-type: none"><li>■ Changing the way care is delivered</li><li>■ Establishing or refining processes so that critical steps are not missed</li><li>■ Helping health care providers stay current on the latest guidelines</li><li>■ Educating Arkansans about the importance of preventive health care</li><li>■ Improving access to health care providers in medically underserved areas</li><li>■ Helping doctors and patients communicate effectively</li></ul>
<b>GEAR</b> <b>TOOLS AVAILABLE FROM AFMC</b> 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 <a href="http://www.afmc.org/tools">www.afmc.org/tools</a> , by calling 1-877-375-5700 or by e-mailing <a href="mailto:hcqiptools@afmc.org">hcqiptools@afmc.org</a> .	<b>How to read the measures</b> 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.	
<b>PUZZLE</b> <b>COMPONENTS OF CARE</b> Indicates components of a specific aspect of health care, such as a complete well-child screening.	<b>• EXAMPLE: MMR VACCINATION STATUS</b> The denominator is the eligible population—the number of children enrolled in the managed care plan at least 11 months before their second birthday and who turned 2 years old during the measurement year. The numerator is the number of children in the eligible population who received the MMR (measles, mumps and rubella) vaccine. If the eligible population (denominator) was 1,000, of which 900 were immunized (numerator), the rate would be 900/1,000, or 90%.	



# HEALTH MEASURES FOR CHILDREN

## FACT

OVER 160,000 CHILDREN AGES 0-18  
HAD A WELL-CHILD VISIT IN SFY 2008.

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

**David Wroten**  
*Executive Vice President*  
*Arkansas Medical Society*



## HEALTH MEASURES FOR CHILDREN:

### 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 asthma patient to ask their doctors about treatment options (English and Spanish)
- 2: Booklet for new parents about well-baby care, including immunizations (English and Spanish)
- 3: Booklet for patients about proper use of antibiotics (English and Spanish)
- 4: Poster encouraging children to ask their parents or doctors about getting a check-up (English and Spanish)
- 5: Age-specific screening sheets for providers





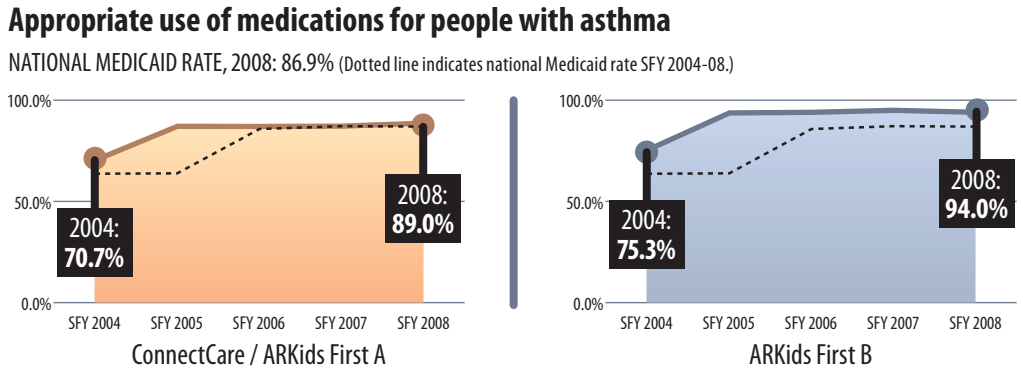



DEFINITION  
OF  
MEASURE

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.





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

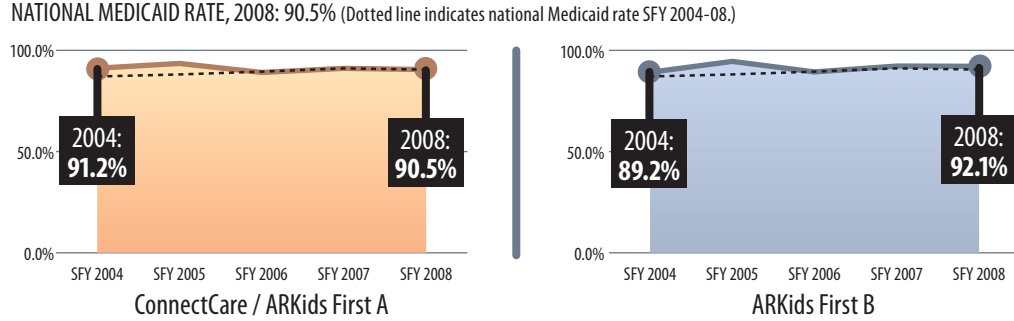
**DEFINITION  
OF  
MEASURE**

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.

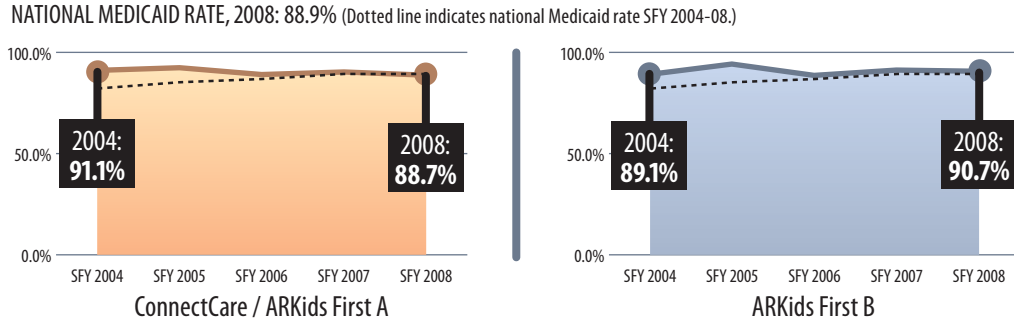
*(Data source: AFMC review of a random sample of medical records for 2-year-olds)*

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 Medicaid rates. There is still work to be done. Incomplete vaccination can leave children

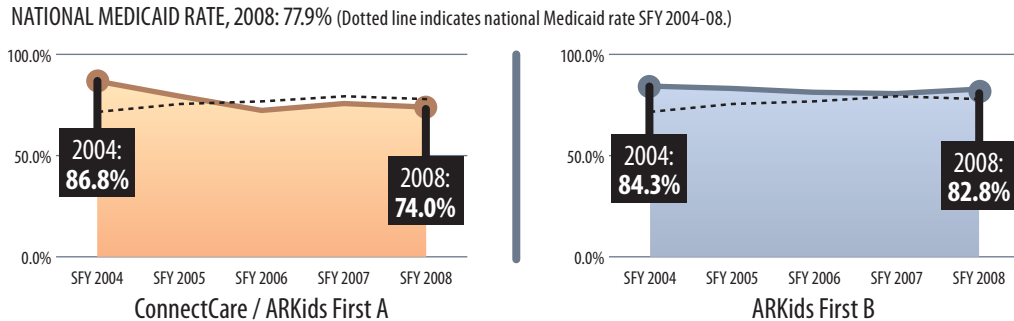
### MMR (Measles, Mumps and Rubella)



### Chicken Pox

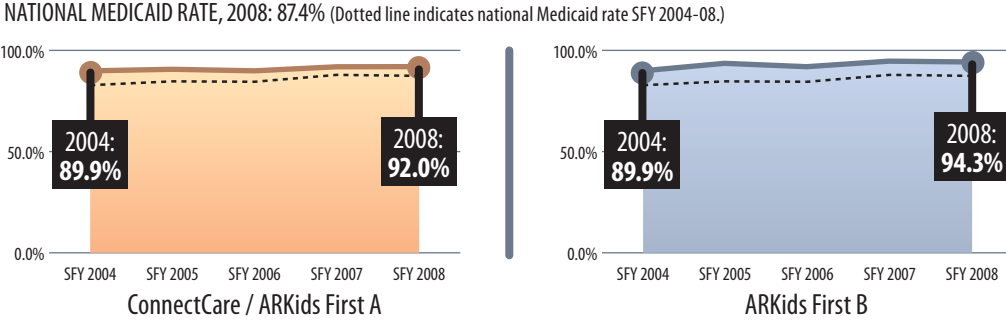


### DTP

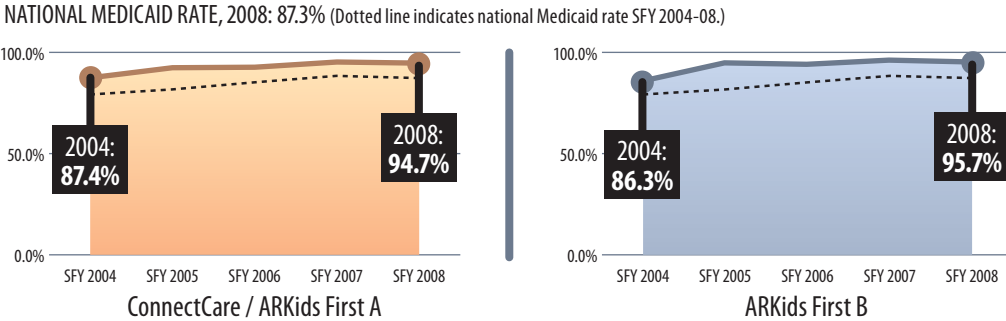


vulnerable to diseases that haven’t been common in this country for decades—measles, mumps, whooping cough, diphtheria—but that still threaten children in countries where vaccines are not as widely available. Health care workers and parents must work together to make sure children are protected from these illnesses.

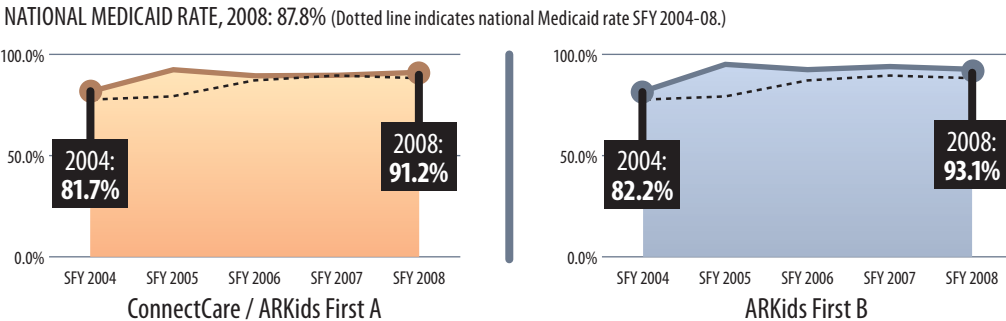
### Polio



### Hepatitis B



### H Influenza B



## New immunization measures

### Pneumococcal

NATIONAL MEDICAID RATE, 2008: 74.0%

	2006	2007	2008
ARKids First A	47.9%	69.8%	66.7%
ARKids First B	58.1%	76.5%	77.8%

### Combo 2

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

NATIONAL MEDICAID RATE, 2008: 72.3%

	2006	2007	2008
ARKids First A	69.6%	72.7%	70.5%
ARKids First B	76.8%	78.6%	80.1%

### Combo 3

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

NATIONAL MEDICAID RATE, 2008: 65.6%

	2006	2007	2008
ARKids First A	43.0%	61.8%	59.9%
ARKids First B	51.9%	70.6%	70.7%



### 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





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

## First 15 months of life


	2004	2005	2006	2007	2008	NATIONAL MEDICAID RATE (2008)
0 visits	5.73%	7.90%	7.58%	7.41%	4.89%	5.60%
1 visit	10.08%	10.29%	9.91%	9.48%	8.10%	3.30%
2 visits	10.00%	10.12%	9.82%	10.32%	9.27%	3.90%
3 visits	10.53%	10.70%	11.75%	11.41%	11.03%	6.20%
4 visits	11.54%	13.81%	14.74%	15.46%	16.89%	10.90%
5 visits	14.74%	14.64%	20.76%	20.37%	21.33%	17.20%
6+ visits	37.39%	32.54%	25.43%	25.54%	28.48%	53.00%

	2004	2005	2006	2007	2008	NATIONAL MEDICAID RATE (2008)
0 visits	5.10%	7.16%	6.66%	4.58%	3.05%	5.60%
1 visit	5.74%	7.88%	7.11%	5.81%	4.85%	3.30%
2 visits	7.02%	8.95%	6.30%	6.58%	6.03%	3.90%
3 visits	11.00%	8.35%	9.27%	10.00%	9.57%	6.20%
4 visits	9.73%	10.62%	13.14%	14.58%	15.16%	10.90%
5 visits	15.79%	17.42%	23.04%	23.10%	23.06%	17.20%
6+ visits	45.61%	39.62%	34.47%	35.35%	38.28%	53.00%



STRATEGIES  
FOR  
IMPROVEMENT


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



COMPONENTS OF  
WELL-CHILD SCREENINGS  
SHOULD INCLUDE:

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

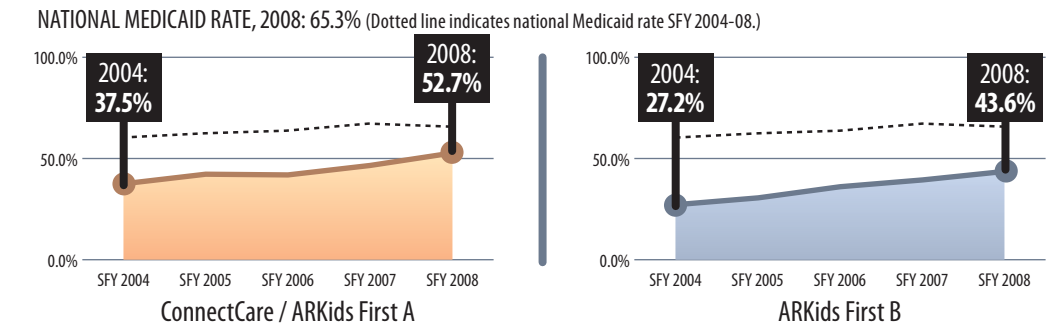





DEFINITION  
OF  
MEASURE

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


## Ages 3 through 6 years





COMPONENTS OF THIS  
WELL-CHILD SCREENING  
SHOULD INCLUDE:

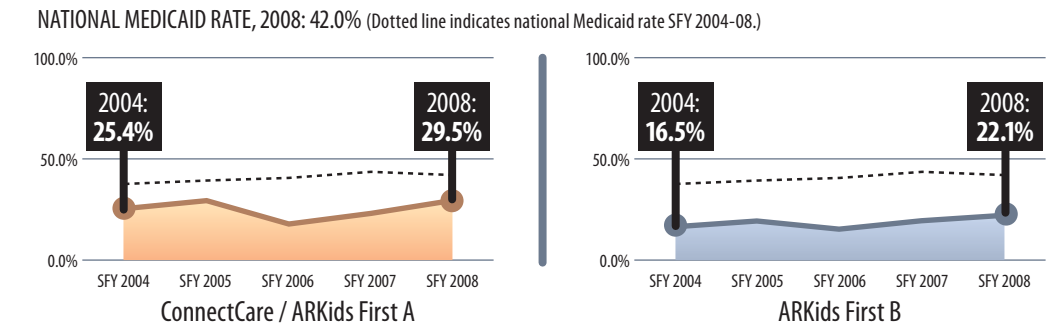
- Assessing school readiness
- Completing preschool immunization
- Reinforcing injury prevention
- Educating about Body Mass Index (BMI) and calculating annually




DEFINITION  
OF  
MEASURE

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

## Adolescents






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

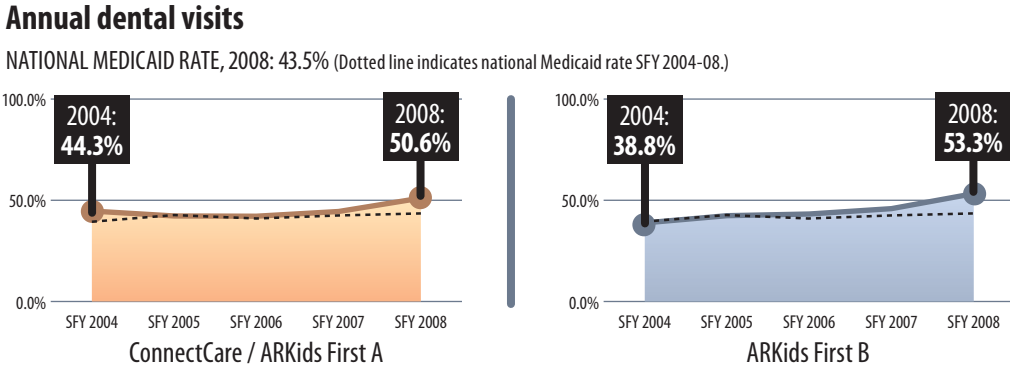



ANNUAL DENTAL VISITS /  
LEAD SCREENING IN CHILDREN

**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.

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.



**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.


**DEFINITION  
OF  
MEASURE**

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

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

**Lead screening in children**  
NATIONAL MEDICAID RATE, 2008: 61.5%

	2008
ConnectCare/ARKids First A	6.74%
ARKids First B	7.12%

**STRATEGIES  
FOR  
IMPROVEMENT**


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

# APPROPRIATE USE OF ANTIBIOTICS

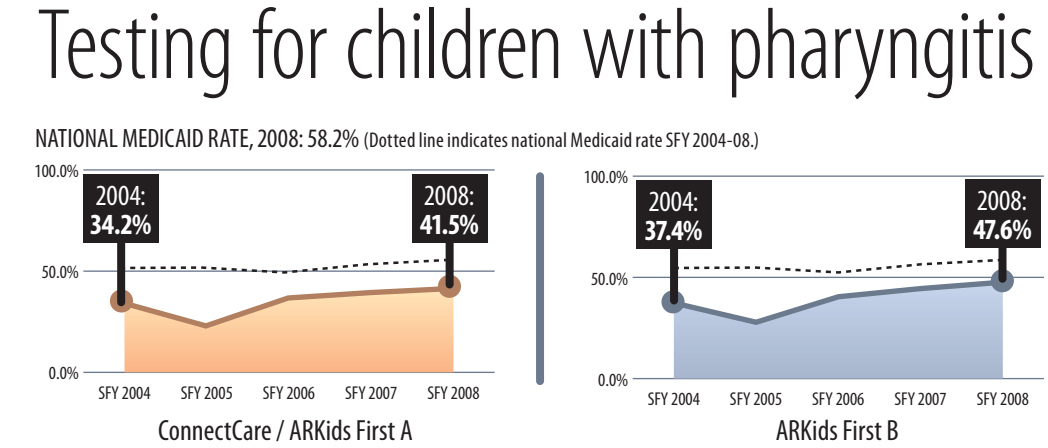


Antibiotic resistance has become a global threat to public health, and overuse of antibiotics has been cited as a major cause. Many common infections that were once easily treated with common antibiotics are requiring stronger drugs and larger doses. Consumers are more aware of antibiotic resistance than in the past, but in many parts of Arkansas, patients are not likely to be tested before being prescribed an antibiotic for an infection that is most likely viral. Testing of children who are prescribed antibiotics for

pharyngitis or upper respiratory infections is slowly increasing, but still lags behind the national Medicaid rate. We must focus on reducing the use of antibiotics for simple infections that are frequently viral. Convincing patients that their illnesses do not require antibiotics can be difficult and time-consuming, but it is necessary to help 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 old who were given a diagnosis of pharyngitis and prescribed an antibiotic, and who received a group A streptococcus (strep) test for the episode.




 **STRATEGIES FOR IMPROVEMENT**

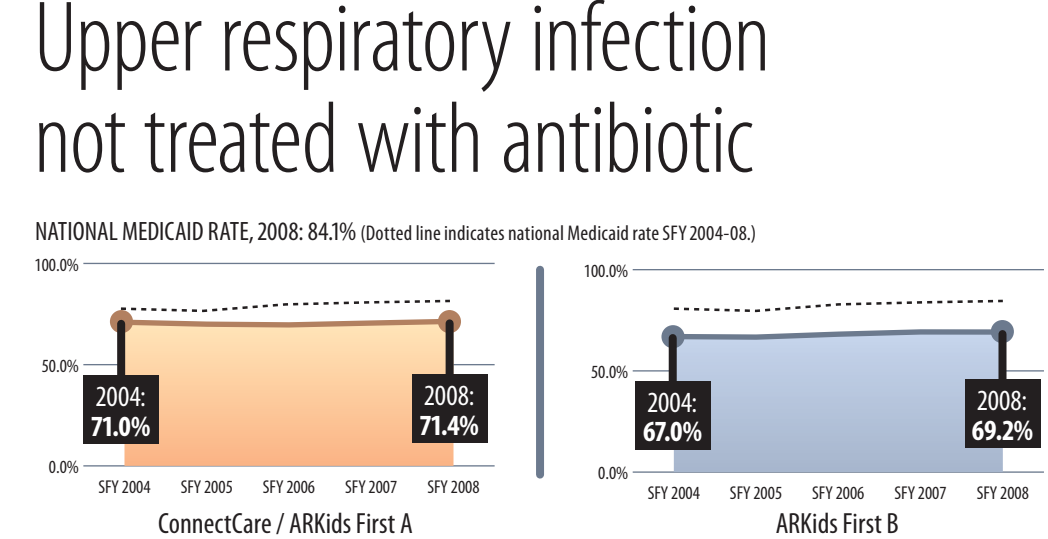
- Review prescribing habits.
- Educate staff about antibiotic use and resistance.
- Encourage clinical staff to wash hands between patients.
- Explain to patients why antibiotics are not always needed.
- Offer symptom support for patients with viruses.
- Stress the importance of taking all antibiotics 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

 **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.





# HEALTH MEASURES FOR WOMEN

## FACT

OVER 34,000 WOMEN AGES 16 TO 69 RECEIVED A PREVENTATIVE WOMEN'S HEALTH SCREENING IN SFY 2008.

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

**Sherrye McBryde**

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



## HEALTH MEASURES FOR WOMEN:

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

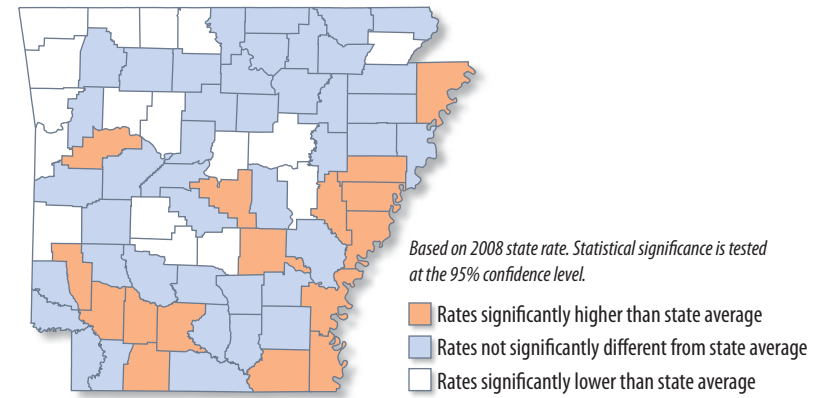
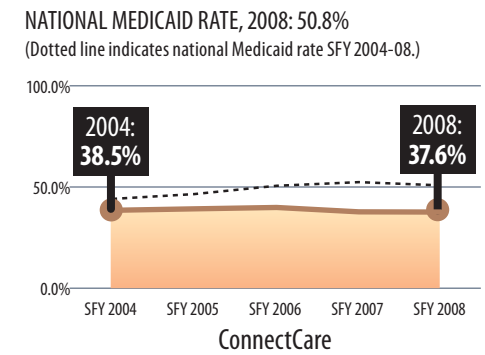





**DEFINITION  
OF  
MEASURE**


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.



**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

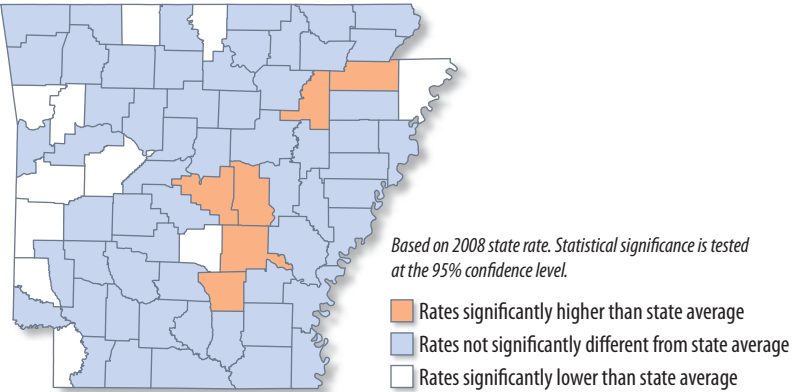
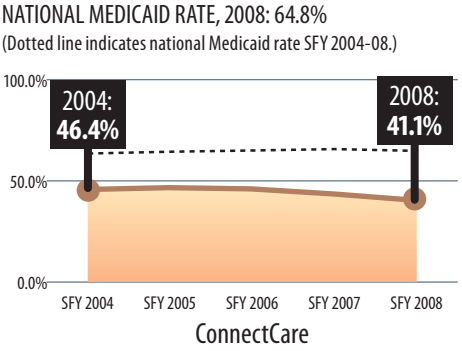


**DEFINITION  
OF  
MEASURE**

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.




**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

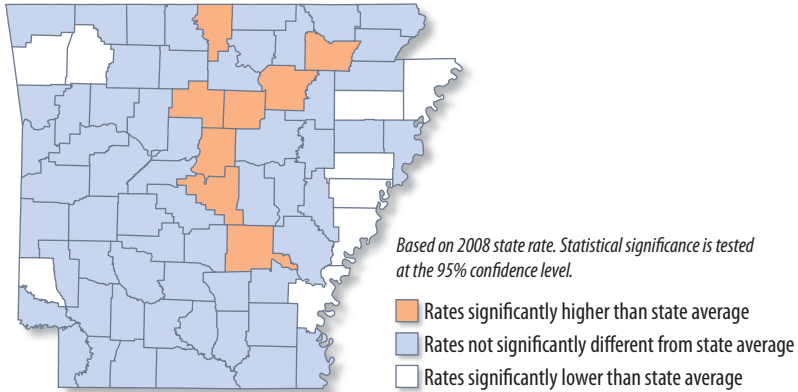
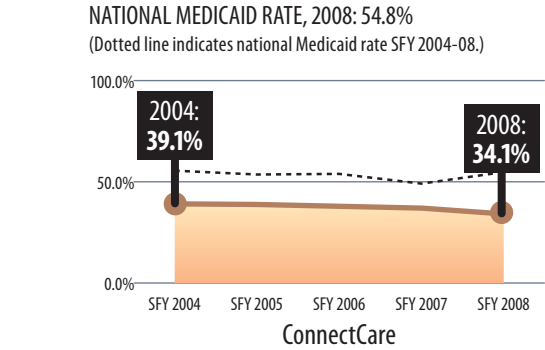



**DEFINITION  
OF  
MEASURE**

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

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

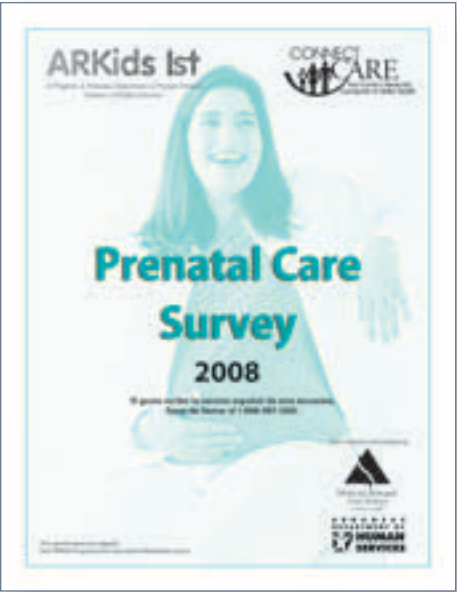


**STRATEGIES  
FOR  
IMPROVEMENT**

- 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




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.


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

“Because of the growing prevalence and impact of diabetes on the health system, all health professionals need to monitor and improve their management of this high risk patient population.”

**William E. Golden, MD, MACP**

*Medical Director, Health Policy,  
Arkansas Department  
of Human Services,  
Division of Medical Services*

*Professor of Medicine  
and Public Health  
University of Arkansas  
for Medical Sciences*

## FACT

OVER 12,000 BENEFICIARIES DIAGNOSED WITH DIABETES RECEIVED TREATMENT IN SFY 2008.



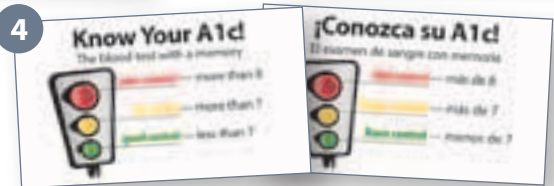
## HEALTH MEASURES FOR DIABETICS:

### 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 “Get in the Zone!” workbook helps children and adolescents learn about and monitor their diabetes. AFMC also offers labels for patient charts to remind physicians to perform critical blood work, eye exams and other essential care.

#### EXAMPLES

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







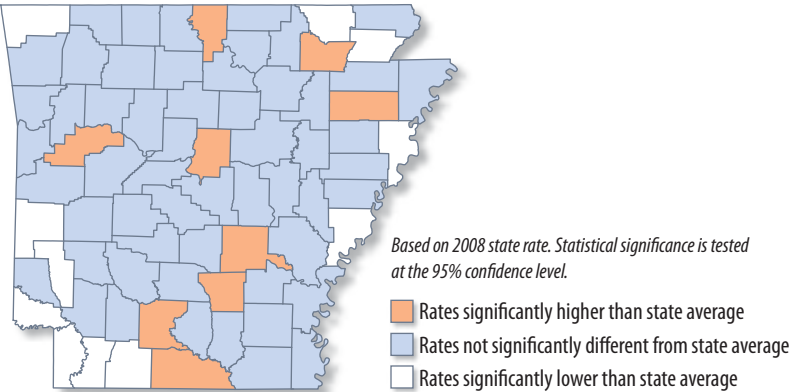
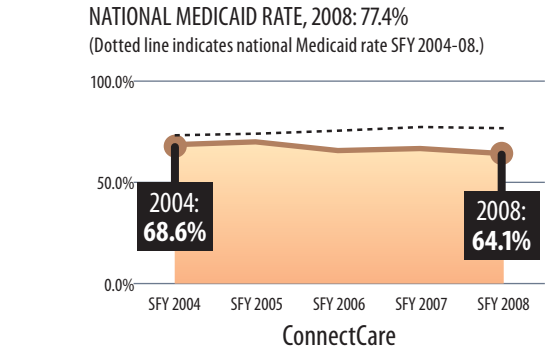
DEFINITION  
OF  
MEASURE


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

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

For the more than 250,000 Arkansans who have diabetes, preventive care is critical for preventing complications such as kidney disease, blindness and amputations. Regular hemoglobin A1c testing can detect a need for better blood-sugar control. Annual fasting lipid profiles track control of cholesterol and triglyceride levels, which are important in preventing diabetes-related vascular disease. Annual dilated eye exams can identify early signs of diabetic retinopathy, and early detection followed by laser treatments can dramatically reduce the risk of blindness. And excellent control of blood pressure is essential to prevent kidney disease and stroke.


## Hemoglobin A1c (HbA1c) test





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.

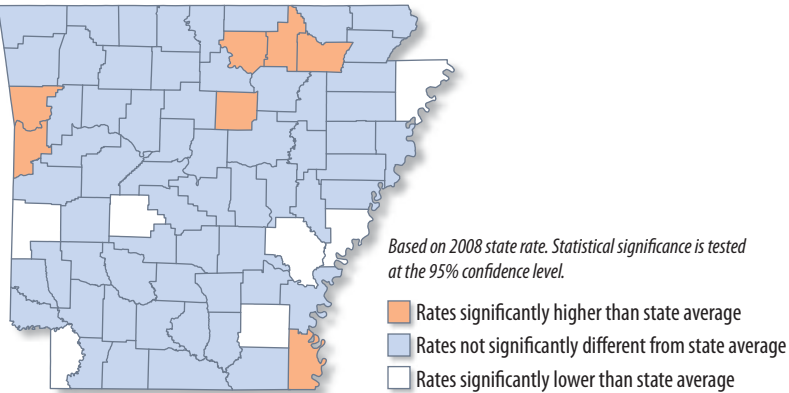
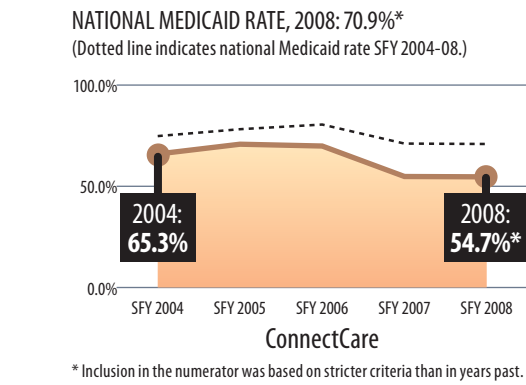


TOOLS  
AVAILABLE  
FROM AFMC

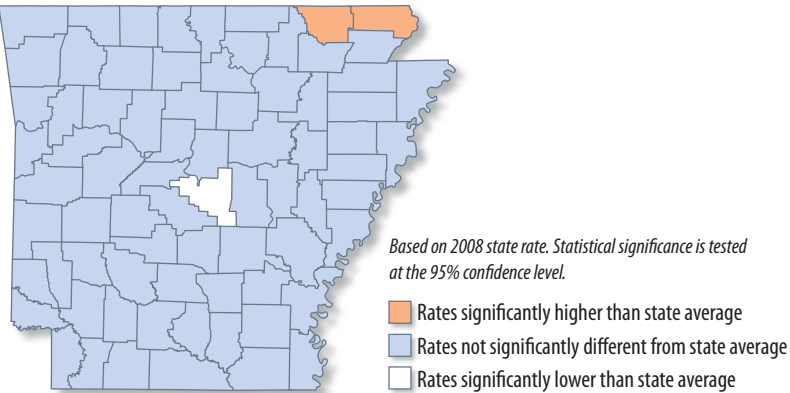
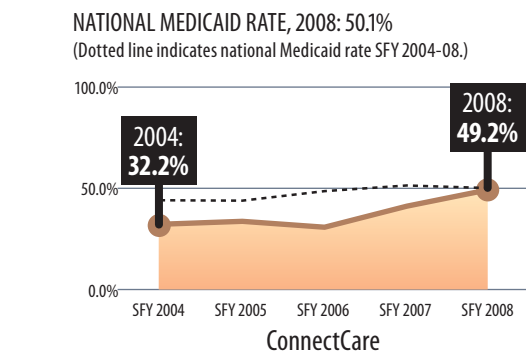
- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers talk to patients about diabetes:
  - “Straight Talk About Diabetes” brochure (English and Spanish)
  - “Get in the Zone” diabetes management booklet for children
  - “Get Control of Your Diabetes” self-management tool for Type 2 diabetes
  - “Why do I need an A1c?” brochure (English and Spanish)
  - Diabetes chart labels



## LDL-C screening rate



## Dilated eye exam





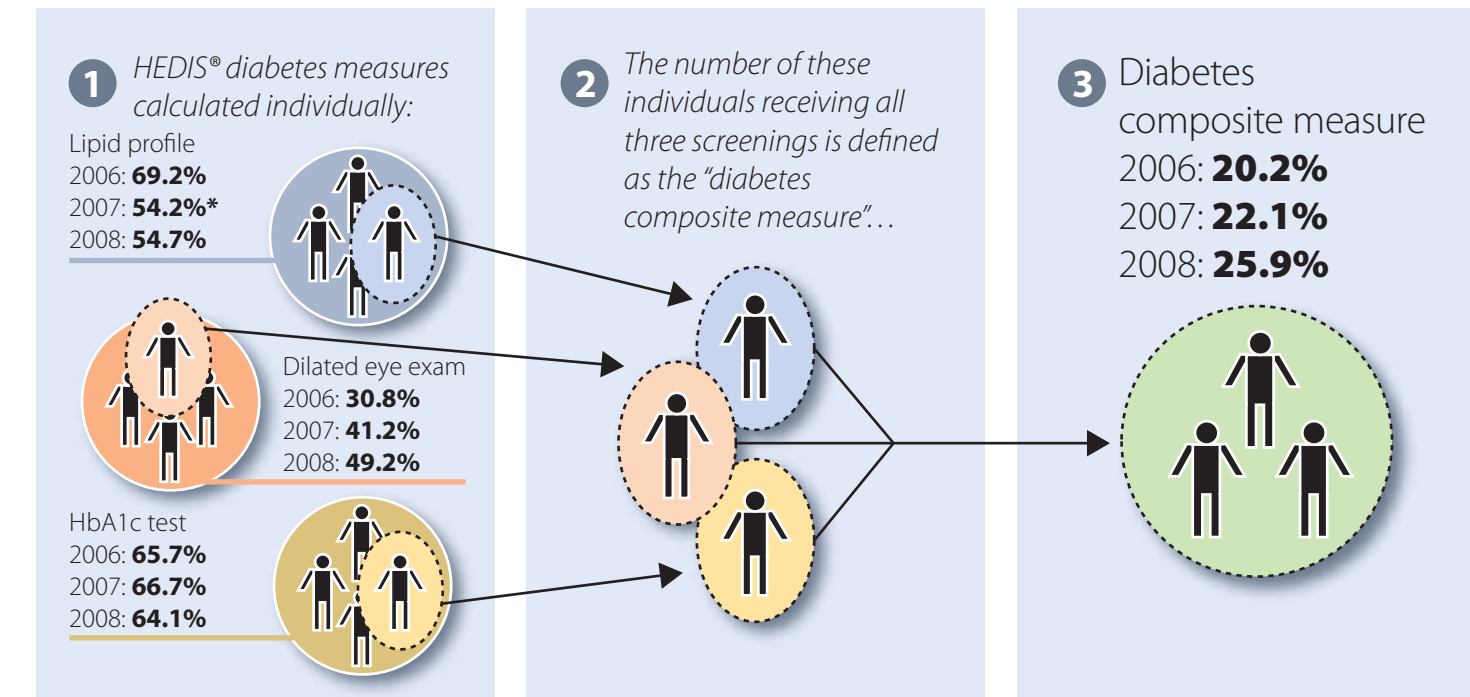
**?** DEFINITION OF MEASURE

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. Adults and children are developing type 2 diabetes at younger ages than ever before, in large part due to rapid increases in obesity.

Morbidity and mortality from diabetes are directly related to how long a patient has had the condition and how well it is controlled. Effective, ongoing management of risk factors related to complications is critical for the future well-being of individual patients, as well as our communities. Innovative approaches to patient outreach, office information systems and patient education are essential to prevent widespread heart, kidney, eye and foot complications in the years ahead.

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



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



# HEALTH MEASURES FOR SMOKING CESSATION

“Tobacco use continues to lead to a huge burden of disease in Arkansas. As physicians, we need to become much more aggressive in inquiring about our patients’ tobacco use and helping them find resources to quit.”

**Arlo Kahn, MD**  
*Professor of Family and Preventive Medicine, UAMS  
Senior Associate, Arkansas Center for Health Improvement (ACHI)*

## FACT

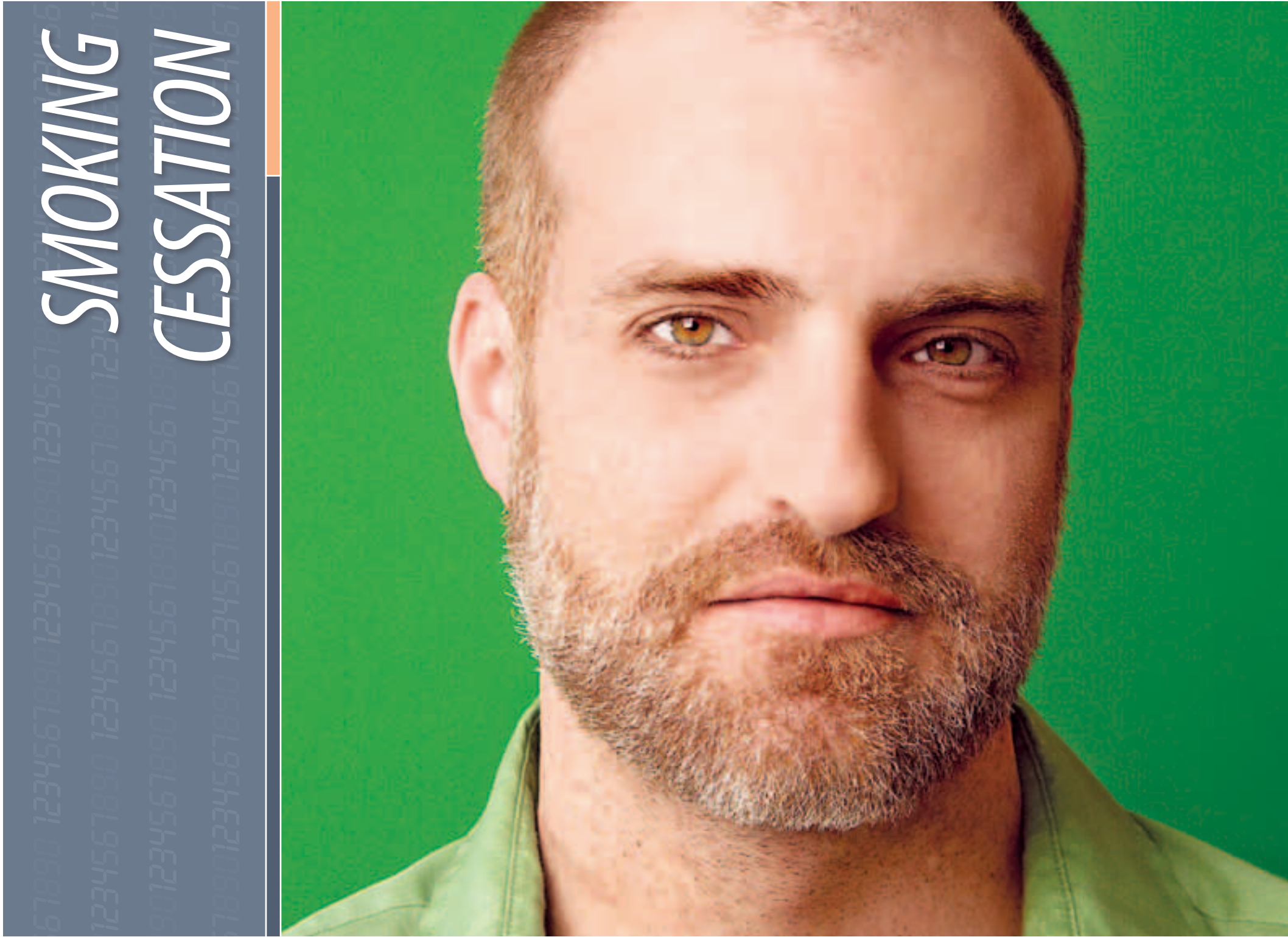
THERE WAS AT LEAST A 12% INCREASE IN SMOKING CESSATION MEASURE RATES FROM 2008 TO 2009.


## Beneficiary and provider education

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.

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





 **DEFINITION  
OF  
MEASURE**

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

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

ADVICE TO QUIT SMOKING

	2004 <sup>1</sup>	2005 <sup>2</sup>	2006 <sup>1</sup>	2007 <sup>3</sup>	2008 <sup>1</sup>	2009 <sup>4</sup>
ConnectCare	49.82%	61.65%	58.63%	69.23%	59.26%	66.23%
National Medicaid Rate	65.80%	66.90%	65.60%	68.20%	69.50%	69.30%


RECOMMENDED OR DISCUSSED SMOKING CESSATION MEDICATIONS

	2004 <sup>1</sup>	2005 <sup>2</sup>	2006 <sup>1</sup>	2007 <sup>3</sup>	2008 <sup>1</sup>	2009 <sup>4</sup>
ConnectCare	17.22%	33.50%	30.74%	40.65%	33.80%	40.40%
National Medicaid Rate	31.50%	31.50%	31.90%	35.10%	38.70%	40.60%


RECOMMENDED OR DISCUSSED SMOKING CESSATION METHODS OR STRATEGIES

	2004 <sup>1</sup>	2005 <sup>2</sup>	2006 <sup>1</sup>	2007 <sup>3</sup>	2008 <sup>1</sup>	2009 <sup>4</sup>
ConnectCare	18.32%	28.92%	25.41%	40.38%	26.27%	30.92%
National Medicaid Rate	32.30%	33.00%	34.10%	36.70%	39.20%	40.80%

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

 **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



# ARKANSAS MEDICAID INFORMATION INTERCHANGE (AMII)

## FACT

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

"The Arkansas Medicaid

Information Interchange is

an important example  
of provider-focused health  
information technology

that improves patient care.

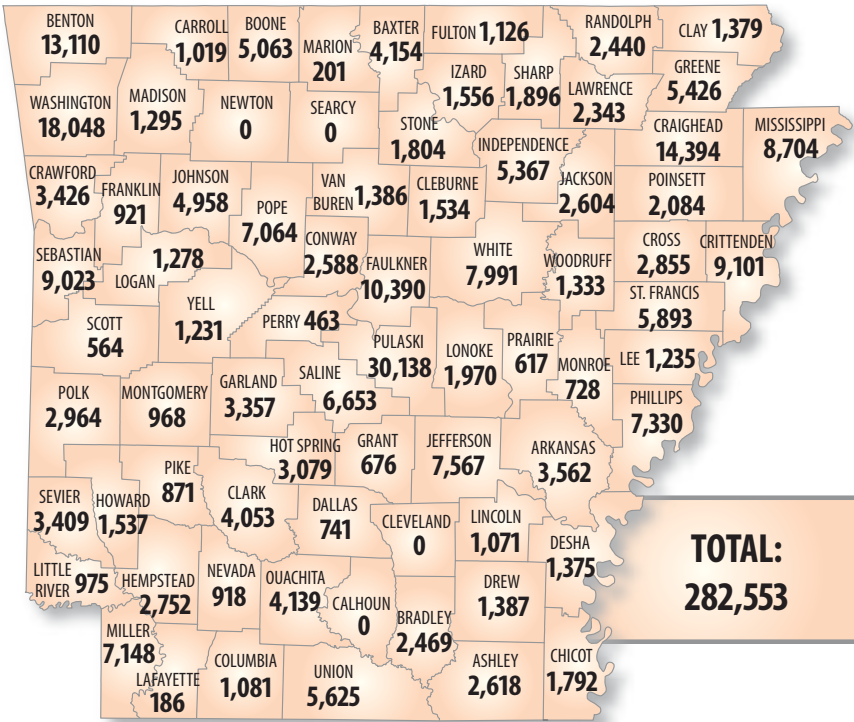
The national impetus for  
expanding connectivity and  
use of electronic health records

will help to further improve the  
quality of care in Arkansas."

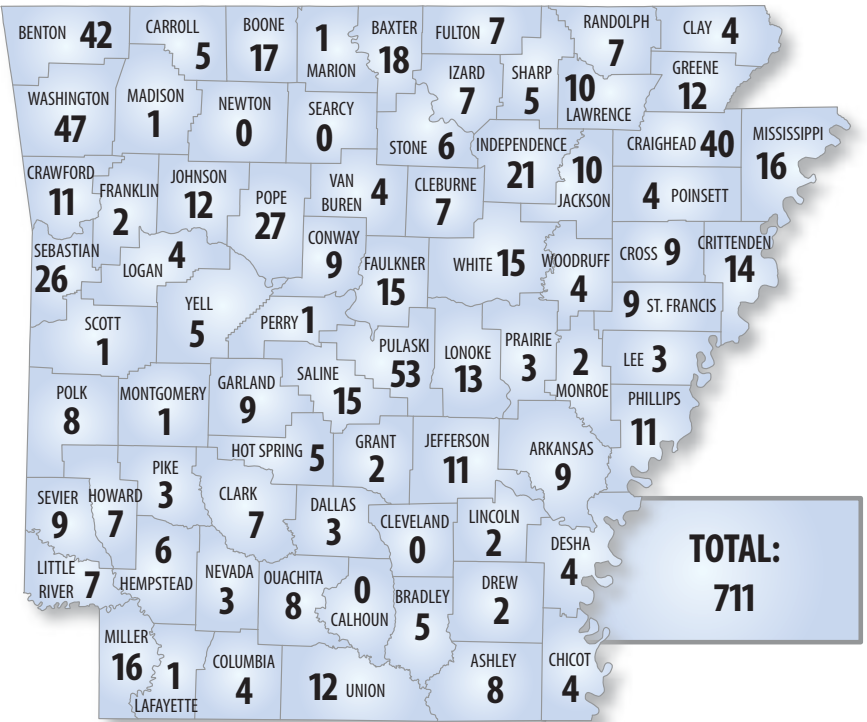
**Joseph W. Thompson, MD, MPH**

*Director, Arkansas Center for  
Health Improvement  
Surgeon General for  
the State of Arkansas*

# Arkansas Medicaid beneficiaries managed by PCPs using AMII, by county



# Arkansas providers using AMII, by county



The Arkansas Medicaid Information Interchange (AMII) is a Web-based patient management tool that allows Medicaid primary care providers to track how their practices are performing on some HEDIS measures, including well-child care, diabetes management and women’s health.

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

The goal is to equip primary care providers with relevant data they can use to create better plans of care, which should result in better outcomes for patients. Providers can easily download and sort the information by any field. This allows them to calculate, for example, what percentage of their eligible female patients are up to date on their mammograms and screens for cervical cancer and chlamydia. New measures are added to AMII regularly. To date, more than 700 Arkansas providers are using AMII to manage a total of at least 282,553 Medicaid beneficiaries — more than half the state’s current Medicaid population.

WHAT’S ON AMII?

- Total number of beneficiaries on a PCP’s caseload
- How many beneficiaries are new to the caseload
- Racial/ethnic and age distribution of caseload
- Beneficiary address/contact information
- Beneficiary date of birth
- Which beneficiaries are in foster care
- Date of last office visit
- Date of last ER visit
- Date of last EPSDT/well-child visit
- Date of last HbA1c test, eye exam and LDL-C screening for diabetic beneficiaries
- Date of last mammogram, cervical cancer screen and chlamydia screen for eligible female beneficiaries

FOR MORE INFORMATION

Medicaid PCPs interested in finding out more about AMII or signing up for a free account can visit [www.afmc.org/amii](http://www.afmc.org/amii), e-mail [amii@afmc.org](mailto:amii@afmc.org) or call 1-888-987-1200 ext. 8652.





# BENEFICIARY SATISFACTION

## FACT

NINE OUT OF TEN CHILD SATISFACTION SURVEY RESPONDENTS SAID THAT THEIR DOCTORS COMMUNICATED WELL AND SPENT ENOUGH TIME WITH THEM.

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

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

# ConnectCare and ARKids First A

• Based on 2005, 2007 and 2009 surveys (survey participants were asked to rate their satisfaction [0 = worst, 10 = best] )

1. Overall average quality and satisfaction ratings:	2005		2007		2009	
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD
a. PCP	8.2	8.5	8.5	8.5	8.4	8.6
b. Specialist	7.9	8.2	8.0	8.2	8.2	8.5
c. Quality of care	7.9	8.3	7.5	8.5	7.4	8.4
d. ConnectCare or ARKids First A program	7.8	9.0	7.4	8.9	7.3	8.8
2. Percent indicating high degree of satisfaction (8 or higher):	2005		2007		2009	
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD
a. PCP	70%	76%	75%	77%	77%	80%
b. Specialist	71%	75%	70%	76%	73%	79%
c. Quality of care	67%	75%	54%	77%	57%	76%
d. ConnectCare or ARKids First A program	65%	85%	57%	86%	56%	82%
3. Access and availability — percent that reported:	2005		2007		2009	
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD
a. Seeing a doctor	83%	82%	90%	83%	86%	83%
b. Getting care without long waits (“usually” or “always”)*	75%	84%	78%	85%	82%	90%
c. Getting the care you need	N/A	N/A	72%	N/A	76%	84%
4. Communication — percent that reported always or usually:	2005		2007		2009	
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD
a. Doctor communicated well and spent enough time with the patient*	83%	87%	88%	88%	87%	90%
b. Customer service treated patient with courtesy and respect*	N/A	N/A	61%	N/A	58%	67%

N/A: Not available. • \* These questions are composites. Similar questions are combined to form a composite question.

# ARKids First B

• Based on 2004-09 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	2009
a. PCP	8.5	8.6	8.7	8.6	8.8	8.7
b. Specialist	8.2	8.6	8.7	8.7	8.4	8.3
c. Quality of care	8.6	8.6	8.7	8.7	8.6	8.4
d. ARKids First B program	8.9	8.7	8.7	8.6	8.4	8.5
e. Dentist	8.2	8.6	8.2	8.2	8.6	8.6
2. Percent indicating high degree of satisfaction (8 or higher):	2004	2005	2006	2007	2008	2009
a. PCP	78%	78%	84%	81%	84%	82%
b. Specialist	71%	80%	80%	82%	80%	73%
c. Quality of care	80%	80%	84%	83%	81%	77%
d. ARKids First B program	86%	81%	83%	83%	77%	79%
e. Dentist	74%	81%	76%	74%	80%	82%
3. Access and availability — percent that reported:	2004	2005	2006	2007	2008	2009
a. Seeing a doctor	76%	76%	73%	77%	78%	71%
b. Getting care without long waits (“usually” or “always”)*	83%	76%	78%	90%	89%	88%
c. Getting the care you need (“not a problem”)	89%	85%	78%	N/A	N/A	78%
4. Communication — percent that reported always or usually:	2004	2005	2006	2007	2008	2009
a. Doctors communicated well and spent enough time with patient*	93%	91%	92%	92%	90%	91%
b. Office staff treated patient with courtesy and respect*	93%	92%	94%	93%	90%	N/A
c. Customer service treated patient with courtesy and respect*	N/A	N/A	N/A	N/A	N/A	72%
d. Doctors discussed treatment choices with patient*	N/A	N/A	N/A	N/A	N/A	95%

N/A: Not available. • \* These satisfaction scores are composites. Similar questions are combined to form a composite score.

# ConnectCare/ARKids First A, SFY 2008

• TOTAL ENROLLEES: 407,889

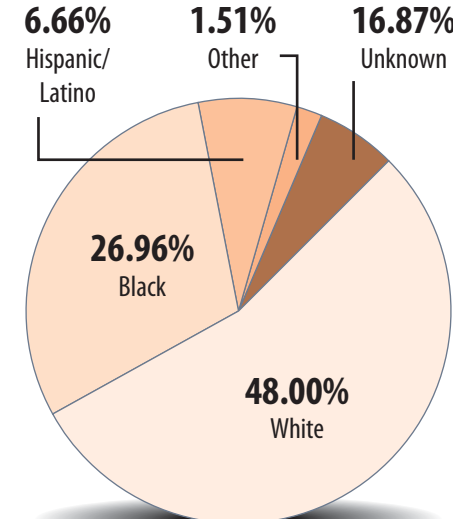
• BY RACE/ETHNICITY

White	195,781
Black	109,949
Hispanic/Latino	27,175
Other	6,162
Unknown	68,822

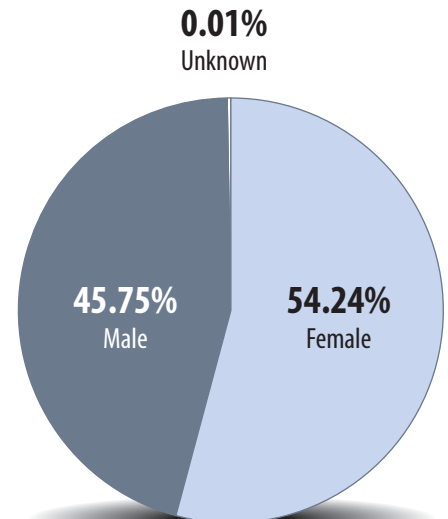
• BY SEX

Female	221,257
Male	186,612
Unknown	20

• RACE/ETHNICITY



• SEX



SFY: State Fiscal Year

# ARKids First B, SFY 2008

• TOTAL ENROLLEES: 87,628

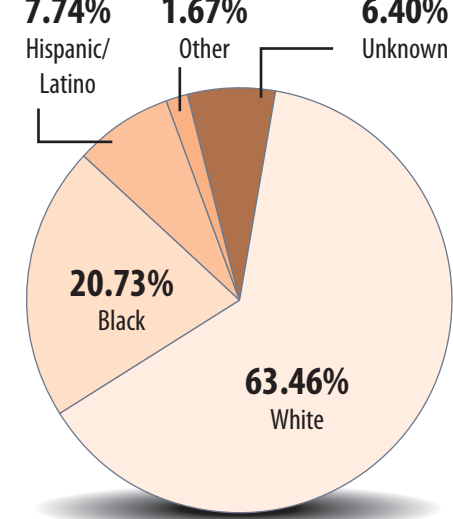
• BY RACE/ETHNICITY

White	55,612
Black	18,162
Hispanic/Latino	6,785
Other	1,462
Unknown	5,607

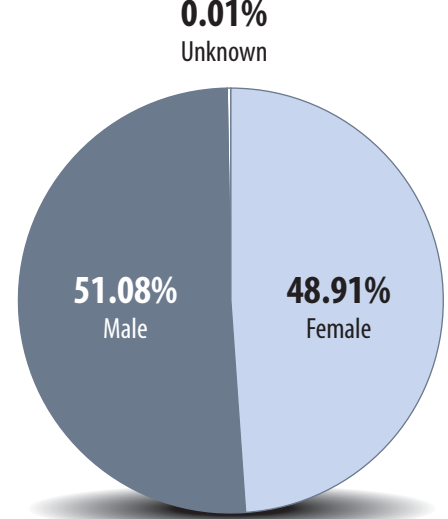
• BY SEX

Female	42,858
Male	44,762
Unknown	8

• RACE/ETHNICITY



• SEX



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

AFMC Quality Improvement Team

Phone: 877-375-5700 • Fax: 501-375-5705 • E-mail: [hcqiptools@afmc.org](mailto:hcqiptools@afmc.org)

[www.afmc.org/professionals](http://www.afmc.org/professionals)

Arkansas Foundation for Medical Care

401 West Capitol Avenue, Suite 400 • Little Rock, AR 72201



*Arkansas Foundation  
for Medical Care<sup>SM</sup>*

[www.afmc.org](http://www.afmc.org)

