



Department of Employee Trust Funds

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Date: October 24, 2002
To: Group Insurance Board
From: Sonya Sidky, Project Manager
Health Benefits and Insurance Plans
Subject: HEDIS 2001 Data

The following report is an analysis of the Health Plan Employer Data and Information Set (HEDIS) submitted by the participating HMOs to the Department of Employee Trust Funds (ETF). This memo is meant to inform the Board about HEDIS data and how our participating HMOs compare to each other as well as to available national averages. This is an informational piece and does not require board action.

HEDIS is the most widely used set of performance measures in the managed care industry. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization. The purpose of HEDIS is to improve upon the quality of care provided by organized delivery systems by providing measures designed to increase accountability of managed care.

Although participating HMOs have been submitting HEDIS data to ETF for the past several years, only recently has the quality of the data improved to the point where the results could be considered reliable. NCQA has developed a Data Submission Tool for HMOs to submit their audited HEDIS data. ETF now has an arrangement with NCQA that health plans that submit their data to NCQA can use the same tool to submit their data to ETF. As a result, ETF receives audited data from all but four health plans—Atrium, Health Tradition, Humana and Prevea.

It should be noted that the HEDIS data measured reflects an HMO's entire block of Wisconsin business. NCQA strongly discourages health plans from providing HEDIS data that reflects the experience of particular employers. HEDIS data is expensive and difficult to collect and even large HMOs struggle to obtain an adequate sample for certain measures with limited events in their covered population, such as treatment after a heart attack.

Executive Summary

- HEDIS results were incorporated into the Health Plan Report Card (section E) for the first time in the 2003 "It's Your Choice" booklets.
- Overall, participating health plans scored higher on HEDIS measures than HMOs nationwide. In fact, according to NCQA, of the top 15 accredited organizations for the Effectiveness of Care measures, 4 are Wisconsin HMOs. They are GHC South Central,

Physicians Plus, Security Health Plan (no longer participating in the state program for 2003), and Touchpoint. On average, Wisconsin participating health plans scored higher than the national averages on measures such as adolescent immunizations, beta blocker treatment after a heart attack, breast cancer treatment, cervical cancer treatment, chlamydia screening, cholesterol management after acute cardiovascular events, comprehensive diabetes care, prenatal and postpartum care, and use of appropriate medications for people with asthma.

- Overall, participating health plans scored higher on HEDIS measures in 2001 than in 2000. This follows national trends in improving HEDIS scores. The measures in which performance improved the most include Comprehensive Diabetes Care, Adolescent Immunization Status, Childhood Immunization Status, and Cholesterol Management after Acute Cardiovascular Events, Controlling High Blood Pressure, and Beta-Blocker Treatment after a Heart Attack.
- One of the measures that has most improved for participating health plans is Comprehensive Diabetes Care. For example, screenings for kidney disease increased by more than 7 percentage points from 2000 to 2001. The improvement of the scores are likely the result of the efforts of the Wisconsin Collaborative Diabetes Quality Improvement Project, whose mission it is to improve the quality of care for diabetics in Wisconsin. All HMOs participating in the state program are members of this collaborative with the exception of Medical Associates, which is an Iowa based HMO. Please refer to Appendix 4 for a comparison between year 2000 and 2001 average scores and detailed results by HMO.
- There was only one score within the Childhood Immunization Status measure in which the average of participating health plans did not meet or exceed the national average. Wisconsin participating plans on average only had a 68.9 percent immunization rate for chicken pox (up from 63 percent in measurement year 2000), while the national average was 75.3 percent (up from 70.5 percent in measurement year 2000). However, the following health plans were able to meet or exceed the national average for chicken pox vaccinations: GHC-South Central, Gundersen Lutheran, MercyCare, Touchpoint, and Valley Health Plan.
- There are differences in the relative performance of Wisconsin participating health plans on their HEDIS scores. A number of plans stood out as scoring higher or lower than the average of participating health plans across several measures. For example, Touchpoint health plan performed above average on 14 scores across five measures—Adolescent Immunization Status, Childhood Immunization Status, Cholesterol Management after Acute Cardiovascular Events, Comprehensive Diabetic Care and Follow-up After Hospitalization for Mental Illness. By contrast, CompCare performed below average on 9 scores across 4 measures—Adolescent Immunization Status, Childhood Immunization Status, Cholesterol Management after Acute Cardiovascular Events and Comprehensive Diabetic Care.
- Methodology for comparing the performance of HMOs was refined as a result of several meetings with the HMOs throughout the past year and consultation with NCQA. Please see page four for details on the changes in methodology.
- The comparability of HMO scores continues to improve as NCQA, HMOs and ETF gain more experience in working with HEDIS data, however it has become clear that larger HMOs do have advantages over smaller HMOs in collecting HEDIS data. Higher scores from larger HMOs may at least in part reflect more resources available to measure HEDIS

data rather than actual performance differences. Please see the data limitations section (page four) of this memo for more information on this and other limitations of HEDIS data. Should HEDIS data be included in a formula to qualify health plans or determine employer contribution towards premium, an adjustment would need to be made to account for the size of an HMO.

- The ability to track performance of HMOs will improve next year. At least three measurement years are needed to track changes in HEDIS score by HMO because NCQA allows HMOs to rotate certain measures each year. This means that for certain measures, an HMO can choose to retain the scores from the previous year and not go through the expense of data collection two years in a row. Therefore, for some measures, an HMO will have the identical score two years in a row.

Definition of Measures and Scores Examined in this Study

HEDIS 2002 (measurement year 2001) consists of 51 measures across 8 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care (CAHPS)
- Health Plan Stability
- Use of Services
- Cost of Care
- Informed Health Care Choices
- Health Plan Descriptive Information

For the purposes of this study, we focus on 15 measures across two domains—Effectiveness of Care and Access/Availability of Care, and a total of 45 scores. These two domains were selected for analysis because they contain some of the most important and widely used scores within the managed care industry. Effectiveness of care measures also have national averages available that can be compared to the performance of the participating HMOs.

For most of the 45 scores examined, a higher score is considered better; however, the one exception to this is the HbA1c control rate for the Comprehensive Diabetes Care measure. For this particular score, a lower score is considered better because it indicates that fewer diabetics were poorly controlled. (Please see Appendix 1 for a description of each measure analyzed in this report.)

Methods for determining statistically significant differences

According to NCQA, when comparing differences among health plans, the number of cases should be greater than 100 for each plan. Differences of 10% or greater should be considered significant. When comparing health plans with 30-99 cases, only differences of 20% or greater should be considered significant. Although NCQA indicates that health plans should report numerators and denominators for measures in which the denominator is less than 30, the reported rate should not be calculated in these cases.

The reported rates for the 16 participating health plans for the Effectiveness of Care and Access/Availability of Care domains were compared according to NCQA guidelines. For measures in which a health plan has a denominator greater than 100, a difference of at least 10 percentage points between scores is needed to conclude that the difference is meaningful. For

measures in which a health plan has a denominator between 30 to 99, a difference of at least 20 percentage points between scores is needed to conclude that the difference is meaningful.

Change in Methodology from 2001 report

This year averages for each score only included data from HMOs that had their HEDIS data audited. This is in line with NCQA's recommendations. Please note that the year 2000 average scores displayed in Appendix 2 have been calculated to follow this new method. The scores from Security Health Plan, which will no longer be participating in 2003, were also removed in order to make the 2000 averages comparable to the 2001 averages.

Another change in methodology was that the scores for HMOs with a denominator of 30 to 99 were included in the average scores. In last year's report, if less than half the HMOs had denominators of less than 100 but greater than 30 for a particular score, the scores for these HMOs were excluded from the analysis. In order to include scores for more health plans in the analysis, this standard was removed while still maintaining conservative interpretation by requiring a 20 percentage point difference in scores to conclude that there is a meaningful difference for HMOs with denominators of 30 to 99.

Limitations

Although HEDIS data is a valuable method of evaluating how well an HMO takes action to keep their members healthy, there are some limitations that should be acknowledged when comparing the reported rates of multiple HMOs. For example, results can differ for the following reasons:

- Random Chance
- Different Population of Members
- Data Collection and Recordkeeping Issues

These limitations should be kept in mind when comparing the performance of health plans. NCQA recommends that no measure be looked at in isolation. Rather, look for patterns in performance for multiple measures that address a particular issue such as how well an HMO keeps its members healthy or takes steps in implementing effective preventive medicine initiatives.

Some of the limitations inherent in HEDIS scores may be more pronounced in smaller HMOs. In fact smaller HMOs face barriers in data collection that may make accurately comparing their scores to that of other HMOs more difficult. Low scores may be in part attributed to lack of staff available to collect data and sicker populations than to actual plan performance. The following is a brief description of a few of the issues that smaller HMOs face in collecting HEDIS data (from Pam Fischer, RN, Prevea Health Plan):

"HEDIS needs to be used with caution when making quality comparisons among health plans. For instance, any chart in a plan's hybrid sample that is not audited must be counted as a "no" or "negative" answer. A small plan may not have the resources available to audit the entire sample. This potentially increases the number of "no" answers and artificially reduces the plan's score.

A plan's member population can also affect outcomes for some of the HEDIS measures. Because HEDIS criteria doesn't account for individual plan demographics, a plan providing very good care to a sicker population may have a lower rating than a plan

providing mediocre care to a healthier population. One example is the blood pressure measure. To obtain data for the HEDIS blood pressure measure, a plan looks at only the very last blood pressure reading of the measurement year. If that one blood pressure is 140/90 or less, the plan records it as a "yes" or "good control" blood pressure. If that one reading is greater than 140/90, the plan counts it as a "no" or "poor control" blood pressure. A small plan may have a disproportionate number of "had to treat" hypertensives (e.g. minorities, elderly, diabetics). Because of this "sicker" population relative to larger health plans, it would be more difficult to reach the 140/90 goal—thus reducing the small health plan's score. If you look at a clinical study, it is only deemed statistically valid if the underlying demographics of the test samples have the same demographics. If the demographics behind a certain HEDIS measure are not the same among health plans, the HEDIS numbers cannot be fairly compared.

Both of these examples illustrate the difficulties and pitfalls of making quality comparisons based on HEDIS results alone."

Discussion of Results

Average rates for the participating plans were compared to the national average and are displayed in Appendix 2. For every score except for one, our participating HMOs on average outperformed the national averages. The one exception to that is within the Childhood Immunization Status measure in which Wisconsin participating plans, on average, only had a 68.9 percent immunization rate for chicken pox while the national average was 75.3 percent. However, the following health plans were able to meet or exceed the national average for chicken pox vaccinations: GHC-South Central, Gundersen Lutheran, MercyCare, Touchpoint, and Valley Health Plan. A schedule of recommended immunizations can be found at the Department of Health and Family Services website: <http://www.pkids.org/immune2.pdf>

The HMO average scores for other immunization categories were above the national average; however, HMOs in Wisconsin have not met the Healthy People 2010 target of a 90% rate of immunization for childhood diseases for all scores. While none of the vaccine scores nationwide met this goal, on average our participating HMOs reached the target for three childhood vaccines—polio, measles-mumps and rubella, and tetanus. Participating HMOs newly met the Healthy People 2010 standard for tetanus shots in 2001, while they already had achieved the standard for polio and measles-mumps and rubella in 2000.

Individual HMOs Compared to State Average: Better than Average Performance

The ETF HMOs are listed in order of number of measures for which they achieved a significantly better score than the average of all HMOs. Not all HMOs were included in all of the measures due to sample size issues; therefore, it is important to keep in mind that smaller HMOs or HMOs that have a limited presence in Wisconsin do not have as much opportunity to either overachieve or underachieve.

Touchpoint Health Plan—14 above average rates (and one below average rating)

- Adolescent Immunization Status/MMR
- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Childhood Immunization Status/VZV
- Childhood Immunization Status/Combination #2

- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level
- Comprehensive Diabetic Care/Eye Exam
- Comprehensive Diabetes Care/LDL-C Screening
- Comprehensive Diabetic Care/LDL-C Level
- Comprehensive Diabetic Care/Monitoring for Diabetic Nethorpathy
- Follow-up After Hospitalization for Mental Illness: 30-day follow-up
- Follow-up After Hospitalization for Mental Illness: 7-day follow-up

GHC-South Central had 8 above average rates (and zero below average ratings)

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Childhood Immunization Status: VZV
- Chlamydia Screening/Age 16-20
- Chlamydia Screening/Age 21-26
- Chlamydia Screening/Total
- Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy

Physician Plus-S Central had 4 above average rates (and 3 below average rates)

- Adolescent Immunization Status
- Use of Appropriate Medications for People with Asthma: Asthma age 18-56
- Use of Appropriate Medications for People with Asthma: Asthma Combined
- Follow-Up After Hospitalization for Mental Illness: 7-day follow-up

CompcareBlue had 3 above average ratings (and 9 below average rates)

- Antidepressant Medication Management/Optimal Practitioner Contacts for Medication Management
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment

GHC-Eau Claire had 3 above average ratings (and 4 below average rating)

- Controlling High Blood Pressure: Blood Pressure Measure
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment

Gundersen Lutheran had 2 above average rates (and 2 below average rates)

- Childhood Immunization Status: VZV
- Comprehensive Diabetic Care/Monitoring for Diabetic Nephropathy

Health Tradition had 2 above average rates (and 2 below average rates)

- Comprehensive Diabetes Care: Poor HbA1c Control
- Comprehensive Diabetic Care/Eye Exam

Medical Associates had 2 above average rates (and 5 below average rates)

- Comprehensive Diabetic Care/ Poor HbA1c Control
- Comprehensive Diabetic Care/Monitoring for Diabetic Nephropathy

Humana had 1 above average rate (and 2 below average rates)

- Adolescent Immunization Status/VZV

Valley Health Plan had 1 above average rate (and 4 below average rates)

- Comprehensive Diabetic Care/Monitoring for Diabetic Nephropathy

Atrium Health Plan had zero above average rates (and 5 below average rates)

Dean Health Plan had zero above average rates (and 5 below average rates)

MercyCare Health Plan had zero above average rates (and 5 below average rates)

Network-Fox Valley had zero above average rates (and three below average rates)

Prevea Health Plan had zero above average rates (and 10 below average rates)

Unity had zero above average rates (and 4 below average rates)

Individual HMOs Compared to State Average: Below Average Performance

The HMOs are listed in the order of the most rates with a below average score. As with above average performance, it should be taken into consideration that the smaller HMOs that experienced sample size issues were excluded from some measures (see Appendix 3).

It is also important to keep in mind that although an HMO may have scored below the average, they may have achieved the national average provided by NCQA. Those rates in which the HMO met the average are noted below.

Prevea Health Plan had 10 below average rates (and zero above average rates)

- Adolescent Immunization Status/MMR
- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Comprehensive Diabetes Care/HbA1c Testing
- Comprehensive Diabetes Care/Poor HbA1c Control (**met the national average**)
- Comprehensive Diabetes Care/Eye Exam
- Use of Appropriate Medications for People with Asthma/Asthma age 18-56
- Use of Appropriate Medications for People with Asthma/Asthma Combined
- Prenatal and Postpartum Care/Timeliness of Prenatal Care

CompcareBlue had 9 below average rates (and 3 above average rates)

- Adolescent Immunization Status/MMR
- Adolescent Immunization Status/Hepatitis B (**met the national average**)
- Adolescent Immunization Status/Combination #1 (**met the national average**)
- Childhood Immunization Status/Combination #1
- Cholesterol Management after Acute Cardiovascular Events/LDL-C Level
- Cholesterol Management after Acute Cardiovascular Events/LDL-C Screening
- Comprehensive Diabetes Care/Monitoring for Diabetic Nephropathy

Atrium Health Plan had 5 below average rates (and no above average rates)

- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Comprehensive Diabetic Care/Eye Exam (**met the national average**)

Dean Health Plan had 5 below average rates (and zero above average rates)

- Beta Blocker Treatment After a Heart Attack/Treatment Measure
- Cholesterol Management after Acute Cardiovascular Events/LDL-C Level (**met the national average**)
- Comprehensive Diabetes Care/Monitoring for Diabetic Nephropathy
- Follow-Up After Hospitalization for Mental Illness/30-day follow-up
- Follow-Up After Hospitalization for Mental Illness/7-day follow-up

Medical Associates had 5 below average rates (and zero above average rates)

- Childhood Immunization Status/VZV
- Children's Access to Primary Care Practitioners/Access 12-24 months
- Chlamydia Screening/Age 16-20
- Chlamydia Screening/Age 21-26
- Chlamydia Screening/Chlamydia Total

MercyCare Health Plan had 5 below average rates (and zero above average rates)

- Comprehensive Diabetic Care/Eye Exam (**met the national average**)
- Comprehensive Diabetic Care/ Monitoring for Diabetic Nephropathy (**met the national average**)
- Use of Appropriate Medications for People with Asthma/Asthma age 10-17
- Use of Appropriate Medications for People with Asthma/Asthma age 18-56
- Use of Appropriate Medications for People with Asthma/Asthma Combined

GHC-Eau Claire had 4 below average rates (and 3 above average rates)

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1 (**met the national average**)
- Adolescent Immunization Status/Combination #2
- Comprehensive Diabetic Care/ Monitoring for Diabetic Nephropathy (**met the national average**)

Unity Health Plan had 4 below average rates (and zero above average rates)

- Adolescent Immunization Status/VZV
- Childhood Immunization Status/VZV
- Childhood Immunization Status/Combination #2
- Comprehensive Diabetes Care/Monitoring for Diabetic Nephropathy (**met the national average**)

Valley Health Plan had 4 below average rates (and one above average rate)

- Adolescent Immunization Status/Hepatitis B (**met the national average**)
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1 (**met the national average**)
- Adolescent Immunization Status/Combination #2

Network-Fox Valley had 3 below average rates (and zero above average rates)

- Antidepressant Medication Management/ Optimal Practitioner Contacts for Medication Management
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment

Physicians Plus-S Central had 3 below average rates (and 4 above average rates)

- Childhood Immunization Status/VZV
- Childhood Immunization Status/Combination #2
- Comprehensive Diabetes Care/LDL-C Level

Gundersen Lutheran had 2 below average rates (and 2 above average rates)

- Chlamydia Screening/Age 16-20
- Chlamydia Screening/Total

Health Tradition had 2 below average rates (and 2 above average rates)

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #2

Humana had 2 below average rates (and 1 above average rates)

- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level (**met the national average**)
- Comprehensive Diabetes Care/Eye Exam (**met the national average**)

Touchpoint Health Plan had one below average rates (and 14 above average rates)

- Children's Access to Primary care Practitioners/Access 7-11 years

GHC-South Central had zero below average rates (and 8 above average rates)

Conclusions

Overall Wisconsin HMOs performed better than HMOs across the country. However, there were significant differences in the performance of HMOs. HMOs such as Touchpoint and GHC-South Central scored high on several measures, while HMOs such as Compcare, Humana and Prevea scored below average on scores across several important measures and had few high scores.

These findings are significant and address actionable areas in which improvements could be made to better serve Wisconsin state and local employees. These findings, and the findings of future HEDIS studies, need to continue to be shared with consumers and addressed with the health plans. In fact, according to NCQA, organizations that have their HEDIS scores published score higher than organizations that do not have their scores published.

We believe that the HEDIS data submitted by the health plans has been accurately reported, but we will continue to have an open dialogue with the health plans about data integrity issues. There has been some discussion in the literature about using HEDIS measures as part of the health plan qualification process. As we continue to gain experience in collecting, analyzing and reporting HEDIS data, this may be an avenue to explore in the future. For now, we believe the best use of the data is to work with the plans on improving services to members based on HEDIS findings, continue to publish HEDIS results in the "It's Your Choice" booklet, and to keep the Board abreast of the performance of our participating HMOs.

Summary of Appendixes

Appendix 1: Description of HEDIS Measures

Appendix 2: HEDIS 2000 and 2001 Average Reported Rates for Participating HMOs in the State Employee Health Plan and National HEDIS 2001 Averages

Appendix 3: HEDIS 2001 State HMO Performance on 45 scores

Appendix 4: Comprehensive Diabetes Care Scores