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CORRESPONDENCE MEMORANDUM

DATE: January 19, 2011
TO: Group Insurance Board
FROM: Bill Kox, Director, Health Benefits & Insurance Plans
Russell Hann, Manager, Insurance Projects
Betty Wittmann, Manager, Disease Management and Wellness
Division of Insurance Services
SUBJECT: 2010 CAHPS[®] and HEDIS[®] Performance and Disease Management Initiatives

This memo is for informational purposes only. No Board action is required.

Background

This report provides a summary of the quality and customer service rankings of our participating health plans. Highlights from the following sources are detailed in this document:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) data collected by the Department of Employee Trust Funds (ETF) through Internet and mail surveys in 2010.
- The Healthcare Effectiveness Data and Information Set (HEDIS[®]) submitted by the participating Health Maintenance Organizations (HMOs) to ETF in 2010 for the measured year 2009.
- How CAHPS[®] and HEDIS[®] results were used.
- Progress on the Low Back Pain Subcommittee.
- The 2009 Disease Management Survey Results collected by ETF from all participating health plans.

In addition to the highlights provided in this report, detailed CAHPS[®] and HEDIS[®] results, as well as a further description of the 2009 Disease Management survey collection process, are detailed in the attachments that are referenced in this memo.

Reviewed and approved by Lisa Ellinger, Division of Insurance Services.
Lisa Ellinger
Signature _____ Date 1/20/11

Board	Mtg Date	Item #
GIB	2.8.11	4F

CAHPS® Description

The CAHPS® survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Research and Quality (AHRQ), the Harvard Medical School, RAND Corporation, Research Triangle Institute and Westat. Each year, ETF contracts with a vendor to survey state employees and retirees about their experiences with their health plans.

HEDIS® Description

HEDIS® is the most widely used set of performance measures in the managed care industry and 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.

How CAHPS® and HEDIS® Results were Used

Once again, CAHPS® and HEDIS® results were used to give “credit” to high-performing HMO plans during the negotiation process. *GHC South Central Wisconsin (GHC-SCW)* received the highest score overall for quality and achieved the highest score for the CAHPS® and HEDIS® portion of the composites separately. The overall highest ranking health plans were as follows:

- (1) *GHC-SCW*
- (2) *Gundersen Lutheran Health Plan*
- (3) *Medical Associates Health Plan*
- (4) *Security Health Plan*

UnitedHealthcare, Anthem and Humana received the lowest overall scores.

Performance based on the quality composite system used in health plan negotiations was published in the *It's Your Choice: 2011 Decision Guide (IYC)* booklets. Health plan performance was noted by a four-star rating system for the following composite areas:

- **Overall Quality** (CAHPS® and HEDIS®)
- **Wellness & Prevention** (CAHPS® and HEDIS®)
- **Behavioral & Mental Health** (CAHPS® and HEDIS®)
- **Consumer Satisfaction & Experiences** (CAHPS® only)
- **Disease Management** (HEDIS® only)

Please refer to pages 74 and 75 of the State *IYC: 2011 Decision Guide* (Attachment #1) for the complete results of the quality composite.

Thirty-three percent (33%) of respondents reported that they used the information published in the 2010 IYC booklets to make a health plan selection (down from 43% for the 2009 IYC booklets). Overall, 97% of respondents found the information in the 2010 IYC booklets very or somewhat useful (45% and 52%). In addition, the health plans use the HEDIS[®] and CAHPS[®] results along with other reports from ETF for quality improvement purposes.

Overall Health Plan Performance

Our participating health plans continue to perform well on quality measures when compared to health plans nationwide, with the average of all of our health plans scoring above the national average in 37 of the 38 HEDIS[®] measures ETF tracks. Although there are some shifts in participating health plans on performance rankings, high performers continue to rank high and low performers continue to rank low, compared with most of our health plans (Attachment #2).

CAHPS[®] Highlights

Overall, members rate higher levels of satisfaction with the **health care** they receive than with their **health plan** and are particularly pleased with their personal doctor, which received the highest overall ratings score.

In addition to rating the health plan, health care, primary doctors, and specialists, six composite areas were also examined in the survey:

- Getting Care Quickly
- Shared Decision-Making
- How Well Doctors Communicate
- Claims Processing
- Customer Service
- Getting Needed Care

How Well Doctors Communicate and **Shared Decision-Making** were the composite areas that received the highest overall scores. *Health Tradition, Medical Associates* and *Gundersen Lutheran* received the top scores in **How Well Doctors Communicate**, while *GHC-SCW, Gundersen Lutheran* and *Arise Health Plan* received the top scores in **Shared Decision-Making**.

Getting Needed Care and **Claims Processing** were the composite areas that received the lowest overall scores. *Unity UW Health* and *Humana Western* received the lowest score for **Getting Needed Care**, while *Humana Western* and *Eastern* received the lowest scores for **Claims Processing**.

Although overall satisfaction with health plans and health care continued to improve since 2007, the scores are still below the highs set in 2006. *Humana Western* remains significantly lower (one star) than satisfaction levels with all health plans, but the plan did achieve a significant gain in satisfaction levels with the health plan and health care from the previous year. *Health Tradition*, which achieved well above average (four stars) satisfaction with health care, also achieved a significant increase from the previous year (Attachment #2).

Results for the ratings of satisfaction and composite service are available on pages 76-77 of the report card section of the state *IYC: 2011 Decision Guide* (see Attachment #1). For complete results of the CAHPS[®] survey, please refer to the *2011 Health Plan Quality Comparisons (CAHPS[®]) Health Plan Report Card – Supplement 1* (Attachment #3 – not included in attachments, but can be accessed at http://etf.wi.gov/boards/agendas_gib.htm, February 8, 2011 meeting).

With new health care legislation taking affect these next few years, cost-containment and evidence-based medicine continue to be areas of increasing importance. ETF plans to send a Cost-Containment/Evidence-Based Medicine Survey to its participating health plans early in 2011 to complement its Disease Management Survey. Some goals are:

- To set benchmarks for quality of care for all of the state's health plans,
- To monitor each health plan's progress in maintaining or achieving those benchmarks, and
- To share successful cost-containment methods that are being implemented or practiced by our health plans in Wisconsin as well as nationally.

HEDIS[®] Highlights

Based on HEDIS[®] information released by NCQA[®], our participating HMOs continued to score higher on HEDIS[®] measures than HMOs nationwide for the 2009 measurement year. Participating HMOs performed better than the national average on measures such as Childhood Immunizations, Appropriate Treatment for Children with Upper Respiratory Infection, Appropriate Testing for Children with Pharyngitis, Colorectal Cancer Screenings, Breast Cancer Screening, Cervical Cancer Screening, Controlling High Blood Pressure, Comprehensive Diabetes Care, Follow-up after Hospitalization for Mental Illness, Timeliness of Prenatal and Postpartum Care and Well-Child Visits.

In only one measure, Annual Monitoring for Patients on Persistent Medications, did the ETF plan average fall below the national average.

The six HEDIS[®] star rating areas include:

- Cancer Screenings
- Appropriate Use of Antibiotics
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Cholesterol Management for Patients with Cardiovascular Conditions
- Annual Monitoring for Patient with Persistent Medications

Grouping HEDIS[®] scores into these finer categories allows ETF to recognize more specifically the strengths and weaknesses of participating health plans. No health plan performed better than the ETF average in all six HEDIS[®] areas. However, *Medical Associates* and *Security Health Plan* scored above the ETF average in five of the six areas while *Arise*, *GHC-SCW*, *Gundersen Lutheran* and *HealthPartners* scored above average in four of the six areas. One health plan, *Anthem*, performed below the ETF average in all six areas.

For complete results, refer to the *2011 Healthcare Effectiveness Data and Information Set (HEDIS[®]) Health Plan Report Card – Supplement 2* (Attachment #4 – not included in attachments, but can be accessed at http://etf.wi.gov/boards/agendas_gib.htm, February 8, 2011 meeting).

It is now easier to recognize the strong and weak health plans in each area. For example, when it comes to providing appropriate cancer screenings, *GHC-SCW* stands out as doing a particularly better job than the rest; while both *GHC-SCW* and *Gundersen Lutheran* stand out as doing a better job at appropriately managing the use of antibiotics. *GHC-SCW*, the health plan that received the highest overall composite rating (CAHPS[®] and HEDIS[®]), performed well in Appropriate Use of Antibiotics, Cancer Screenings, Comprehensive Diabetes Care and Monitoring Patients with Persistent Medications; while performing slightly below average in Controlling High Blood Pressure and Cholesterol Management for Patients with Cardiovascular Conditions.

HealthPartners did well across the board for its first year, scoring slightly or significantly better than average in four of the six HEDIS[®] areas.

Please refer to the 2010 HEDIS[®] Composite Charts for Six Quality Measures (Attachment #5) and page 78 of the report card section of the state *IYC: 2011 Decision Guide* (Attachment #1).

Work Group of Low Back Pain

In consultation with medical consultant Dr. John Hansen, ETF created a work group of representative health plan medical directors to work on quality of care and cost of care in the area of lower back pain in 2007. A comprehensive disease management survey

was initially used to assess what health plans were doing to provide quality care and contain costs. The survey results showed that the health plans had very different abilities to deliver and measure quality of care. One area, in which there seems to be a high level of variance in managing care, is treating lower back pain. Based on these results ETF continues to work with the work group and has collaborated with external groups such as the National Committee for Quality Assurance (NCQA) and the Wisconsin Department of Health Services on the measures used for this initiative. Dr. Hansen provided the work group with detailed information about the HEDIS[®] measures used to gauge health plan performance on avoiding unnecessary MRIs, rates of back surgery and relative resource usage for members with low back pain. He also presented blinded health plan results in the Lower Back Pain Seminar that ETF hosted in November. ETF will continue to work with the work group in 2011 to better define how these measures can be used to create an incentive program to improve the quality of care and contain costs associated with treating low back pain.

Disease Management Survey

In consultation with medical consultant Dr. Tom Hirsch, ETF provided feedback to the health plans regarding their responses to the 2009 Disease Management survey. The 2009 Disease Management survey collected precise responses from the health plans for areas that had a lot of variation in the previous surveys. In addition, information was collected on very specific clinical interventions that supporting literature indicates positive impacts on member health, experience, and satisfaction. The interventions included were: low back pain, shared decision-making, end of life care, coordination of care at hospital discharge, and Prior Authorization of Elective High Technology Radiology Studies. ETF will continue to survey the health plans on specified clinical interventions and request updates on the programs offered to our members. Please refer to Attachment #6 for a full update on the preliminary results of the key interventions the health plans are incorporating into their disease management activities, along with the 2010 survey instrument. Dr. Hirsch will be presenting information on this topic at the February Board Meeting.

A staff member will be available at the meeting to answer questions.

Attachments: Attachment #1: Service and Quality Rating Charts from the State *IYC: 2011 Decision Guide* (pages 74-78)
Attachment #2: CAHPS[®] and HEDIS[®] Survey Charts 1-5
Attachment #3: 2011 CAHPS[®] Health Plan Report Card – Supplement 1 (http://etf.wi.gov/boards/agendas_gib.htm, February 8, 2011 meeting).
Attachment #4: 2011 HEDIS[®] Health Plan Report Card – Supplement 2 (http://etf.wi.gov/boards/agendas_gib.htm, February 8, 2011 meeting).
Attachment #5: 2010 HEDIS[®] Composite Charts for Six Quality Measures
Attachment #6: Update on the 2009 and 2010 Disease Management Survey

Quality Composite Rating Chart



Quality Composite

The following are descriptions of the rankings displayed in the [chart on page 75](#).

Overall Quality Score

The overall score is based on a comprehensive set of CAHPS and HEDIS measures. All the measures that are included in the four areas of focus described below are included in the overall quality score.

Wellness and Prevention Score

This score includes HEDIS measures such as childhood immunizations, well child visits, prenatal and postpartum care, the appropriate use of antibiotics for children and adults, and breast, cervical and colorectal cancer screenings. This composite also includes questions surveying our members about whether wellness information is provided by their doctor.

Behavioral and Mental Health

This score includes HEDIS measures for the treatment of depression and follow-up after a hospitalization for mental illness. This composite also includes survey questions on whether members could obtain needed treatment or counseling for a personal or family problem.

Disease Management

This score includes HEDIS measures that address treatment and screenings for members with acute cardiovascular conditions, hypertension, diabetes, chronic obstructive pulmonary disease and asthma. This composite also includes a measure that addresses monitoring members who are on persistent medications of interest.

Consumer Satisfaction and Experiences

This composite includes CAHPS scores that measure member satisfaction with their health plan and the health care they receive, and whether they believed their health plan improved from the previous year. The composite also includes questions about member experiences such as getting needed care, getting care quickly, health plan customer service, finding and understanding information, ease of paperwork and how claims were processed.

Quality Composite Rating Chart

Understanding the scores for the health plans:

- ★★★★★ 4 stars - **Well above** the average of all health plans (by **more than** one standard deviation)*
- ★★★★ 3 stars - **Above** the average of all health plans (by **less than** one standard deviation)*
- ★★★ 2 stars - **Below** the average of all health plans (by **less than** one standard deviation)*
- ★ 1 star - **Well below** the average of all health plans (by **more than** one standard deviation)*

Please see previous page for descriptions of the Quality Composite Ratings.

Plan Name	Overall Quality	Wellness and Prevention	Behavioral and Mental Health	Disease Management	Consumer Satisfaction and Experiences
Anthem BCBS	★	★	★★	★★	★
Arise Health Plan	★★★	★★	★★★★	★★	★★★
Dean Health Plan	★★	★★★★	★★	★★★★	★★
GHC of Eau Claire	★★★	★★★★	★★	★**	★★★★★
GHC of SCW	★★★★★	★★★★★	★★★★	★★★★	★★★★★
Gundersen Lutheran	★★★★★	★★★★★	★★★★	★★★★★	★★★
HealthPartners	Not Available	Not Available	Not Available	Not Available	Not Available
Health Tradition	★★★	★★★★	★	★★★★	★★★
Humana Eastern	★	★★	★★★★	★	★
Humana Western	★	★★	★★	★	★
Medical Associates	★★★★★	★★	★★	★★★★★	★★★
MercyCare	★★	★★★★	★★★★	★★★★	★★
Network Health Plan	★★★	★★★★	★★	★★★★	★★★
Physicians Plus	★★★	★★★★	★★★★	★★★★	★★★
Security Health Plan	★★★	★★★★	★★★★	★★★★	★★★
UnitedHealthCare NE	★★	★	★★	★★★★	★
UnitedHealthCare SE	★★	★	★★	★★★★	★
Unity Community	★★★	★★★★	★★★★	★★★★	★★★
Unity UW Health	★★★	★★★★	★★★★	★★★★	★★★

*The standard deviation measures the difference between an individual health plan's score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

**Data discrepancies were identified when reporting this measure.

CAHPS Overall Rating Chart

Understanding the scores for the Health Plans:

- ★★★★ 4 stars: **well above** the average of all health plans (by **more than** 1.96 standard deviations)*
- ★★★ 3 stars: **above** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★★ 2 stars: **below** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★ 1 star: **well below** the average of all health plans (by **more than** 1.96 standard deviations)*

This chart shows results for individual survey questions for which members were asked to rate their health plan, health care, primary doctor and specialists. 10 is the “best possible” rating and 0 is the “worst possible” rating. Health plan scores were adjusted for age, education level, and self-reported health status.

- ↗ means that a health plan had a statistically significant improvement in their score from 2008 to 2009.
- ↘ means that a health plan had a statistically significant decline in their score from 2008 to 2009.

PLAN NAME	How people rated their HEALTH PLAN	How people rated their HEALTH CARE	How people rated their PRIMARY DOCTOR	How people rated their SPECIALIST
AVERAGE - All Health Plans	8.23	8.44	8.69	8.47
Anthem BCBS	★	★	★★	★★↗
Arise Health Plan	★★★★↗	★★★★	★★★★	★★★★
Dean Health Plan	★★★	★★	★★	★★
GHC of Eau Claire	★★★★↗	★★★★	★★★★	★★★★
GHC of SCW	★★★★	★★★★	★★	★★★★
Gundersen Lutheran	★★★★	★★★★	★★★★	★★★★
Health Tradition	★★★★	★★★★↗	★★★★↗	★★★★
Humana Eastern	★	★★★	★★★★	★★★★↗
Humana Western	★↗	★	★★	★★
Medical Associates	★★★★	★★★★	★★★★	★★★★
MercyCare	★★	★★	★★	★★
Network Health Plan	★★★★	★★	★	★★★★
Physicians Plus	★★★★	★★★	★★	★★★★
Security Health Plan	★★★★↗	★★★	★★★★	★★★★↗
Standard Plan	★★★★	★★	★	★★↗
UnitedHealthCare NE	★	★★	★★	★★★★↗
UnitedHealthCare SE	★	★★	★★	★
Unity Community	★★★★	★★★	★★	★★↗
Unity UW Health	★★★★	★★★	★★	★★
WPS Metro Choice	★	★★	★★	★★★★↗

*The standard deviation measures the difference between an individual health plan’s score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

CAHPS Composite Rating Chart

Understanding the Scores for the Health Plans:

- ★★★★ 4 stars: **well above** the average of all health plans (by **more than** 1.96 standard deviations)*
- ★★★ 3 stars: **above** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★★ 2 stars: **below** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★ 1 star: **well below** the average of all health plans (by **more than** 1.96 standard deviations)*

This chart shows results for a composite of survey questions that asked members how often something occurred ("Always", "Sometimes", "Usually" or "Never") regarding Customer Service, Claims Processing, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Shared Decision Making (between the member and the doctor). Health plan scores were adjusted for age, education level, and self reported health status.

↗ means that a health plan had a statistically significant improvement in their score from 2008 to 2009.

↘ means that a health plan had a statistically significant decline in their score from 2008 to 2009.

PLAN NAME	Customer Service	Claims Processing	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Shared Decision Making
AVERAGE - All Health Plans	3.47	3.45	3.37	3.49	3.66	3.51
Anthem BCBS	★↗	★↗	★★★	★★	★	★
Arise Health Plan	★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Dean Health Plan	★★	★★★★	★	★	★★	★★
GHC of Eau Claire	★★★★	★★★★	★★★★	★★★★	★★★★	★★
GHC of SCW	★★★★↗	★★★★	★★★	★★★★	★★★★	★★★★
Gundersen Lutheran	★★★	★★★★	★★★	★★	★★★★	★★★
Health Tradition	★★★	★★★★	★★★	★★★★	★★★★↗	★★★
Humana Eastern	★	★	★★★★	★★★★	★★★★	★
Humana Western	★	★	★↗	★★★★	★	★★
Medical Associates	★★★	★★★★↗	★★★★	★★★★	★★★★	★★
MercyCare	★★	★★	★★	★★	★★	★★★★
Network Health Plan	★★★★	★★★★	★★★	★	★★	★★
Physicians Plus	★★★	★★★★	★	★★	★★	★★★★
Security Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★
Standard Plan	★★	★★	★★★	★★	★	★★
UnitedHealthCare NE	★↗	★	★★★★	★★★★	★★★★	★★★★
UnitedHealthCare SE	★	★★	★★★	★★★★	★★★★	★★★★
Unity Community	★★★★	★★★★↗	★★	★★★	★★	★★★★
Unity UW Health	★★★★	★★★★	★↘	★	★★	★★★★
WPS Metro Choice	★★	★	★★	★★★★	★★	★★

*The standard deviation measures the difference between an individual health plan's score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

HEDIS Composite Chart

This chart displays the following quality measures:

- * **Cancer Screenings:** This score includes the following HEDIS measures: Colorectal, breast and cervical cancer screenings.
- * **Appropriate Use of Antibiotics:** This score includes the following HEDIS measures: Appropriate treatment for children with upper respiratory infection, appropriate testing for children with pharyngitis, avoidance of antibiotic treatment in adults with acute bronchitis.
- * **Diabetes Care:** This score includes the following HEDIS measures: HbA1c Control, cholesterol screening and control, medical attention for kidney disease, eye exam, and blood pressure control.
- * **Controlling High Blood Pressure:** This score examines the percentage of eligible members with high blood pressure who had their blood pressure controlled.
- * **Cholesterol Management for Patients with Cardiovascular Conditions:** This score includes the following HEDIS measures: cholesterol screening and control.
- * **Annual Monitoring for Patients with Persistent Medications:** This single score examines monitoring for the following drugs of interest: Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), Digoxins, Diuretics, Anticonvulsants.

Plan Name	Cancer Screenings	Appropriate Use of Antibiotics	Diabetes Care	Controlling High Blood Pressure	Cholesterol Management for Patients with Cardiovascular Conditions	Annual Monitoring for Patient with Persistent Medications
Anthem BCBS	★	★★	★	★	★	★★
Arise Health Plan	★★★★	★★	★★★★	★★★★★	★★	★★★★
Dean Health Plan	★★	★★	★★	★★	★★	★★★★
GHC of Eau Claire	★★★★	★★★★	★★★*	★★	★★★★★	★★
GHC of SCW	★★★★★	★★★★★	★★★★	★★	★★	★★★★★
Gundersen Lutheran	★★★★	★★★★★	★★★★★	★★★★	★★	★
HealthPartners	★★★★	★★	★★★★	★★★★★	★★★★★	★★★★
Health Tradition	★★	★★★★	★★★★	★★★★	★★	NA*
Humana	★★	★★	★	★★	★	★★★★
Medical Associates	★★★★	★	★★★★★	★★★★★	★★★★	★★★★
MercyCare	★	★★★★	★★	★★	★★	★★
Network Health Plan	★★★★	★★	★★★★	★★	★★★★★	★★★★
Physicians Plus	★★★★	★★	★★	★★	★★★★	★
Security Health Plan	★★★★	★★	★★★★	★★★★	★★★★★	★★★★★
UnitedHeathCare	★★	★★	★★	★★★★	★★	★★★★
Unity Health Insurance	★★★★	★★	★★	★★★★	★★★★	★★

*Data discrepancies were identified when reporting this measure.

Please see [page 75](#) for a description of the star rating system that was used for this chart.

CAHPS 2010 Survey How Members Rated Their HEALTH PLAN on a Scale of 0 to 10

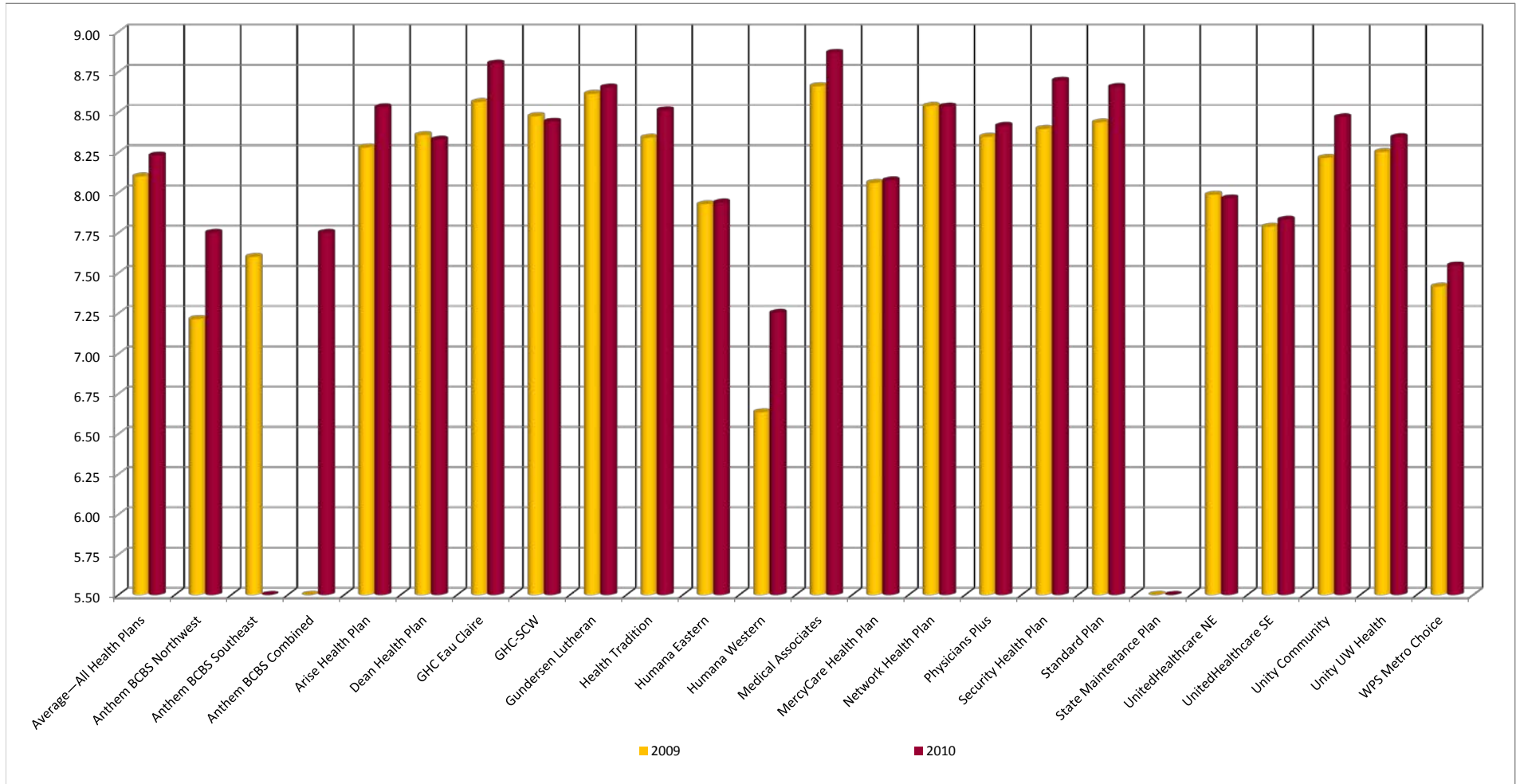


Chart 1 - HEALTH PLAN

CAHPS 2010 Survey

How Members Rated Their HEALTH CARE on a Scale of 0 to 10

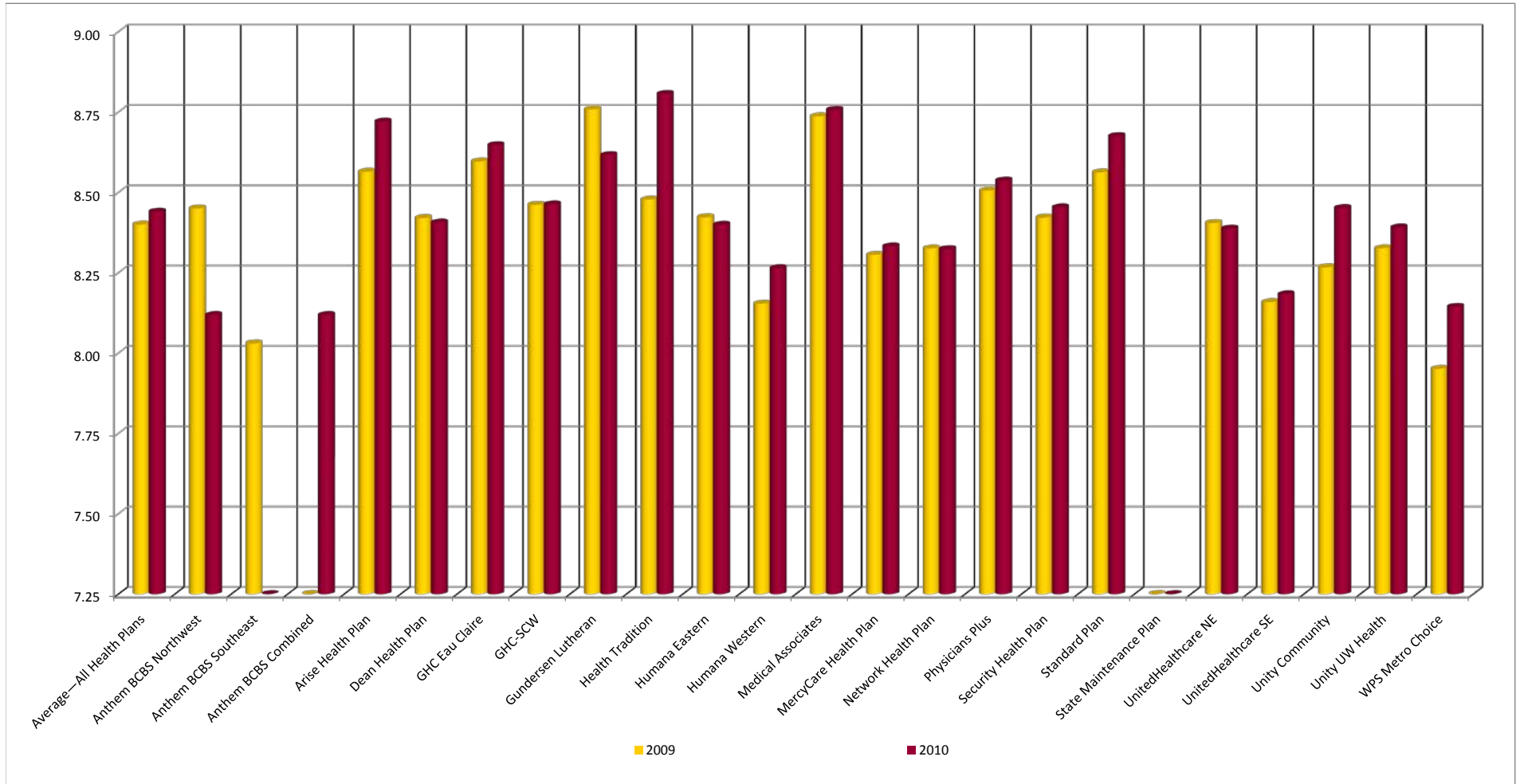


Chart 2 - HEALTH CARE

CAHPS 2010 Survey

How Members Rated Their PRIMARY DOCTOR on a Scale of 0 to 10

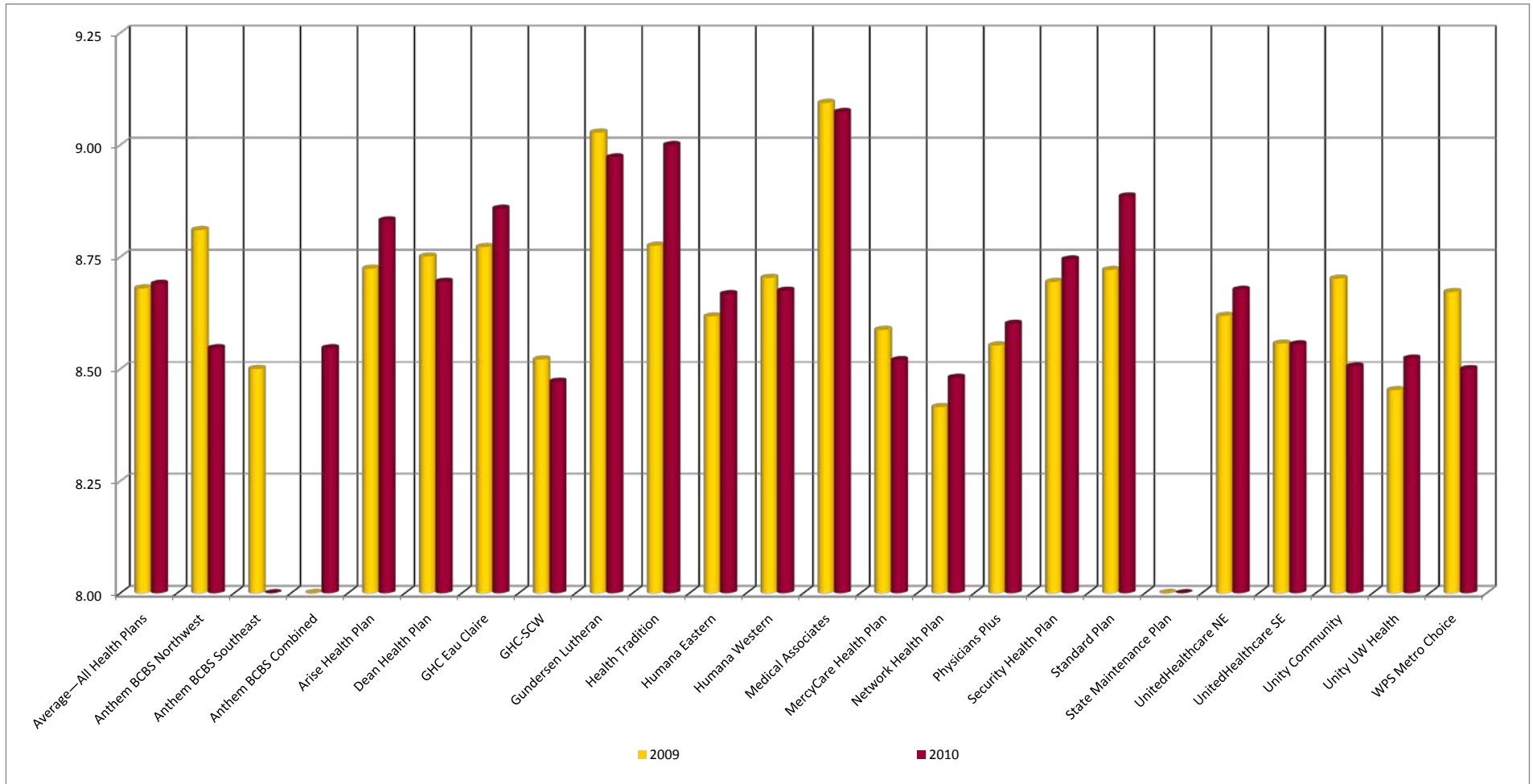


Chart 3 - PRIMARY DOCTOR

CAHPS 2010 Survey

How Members Rated Their SPECIALISTS on a Scale of 0 to 10

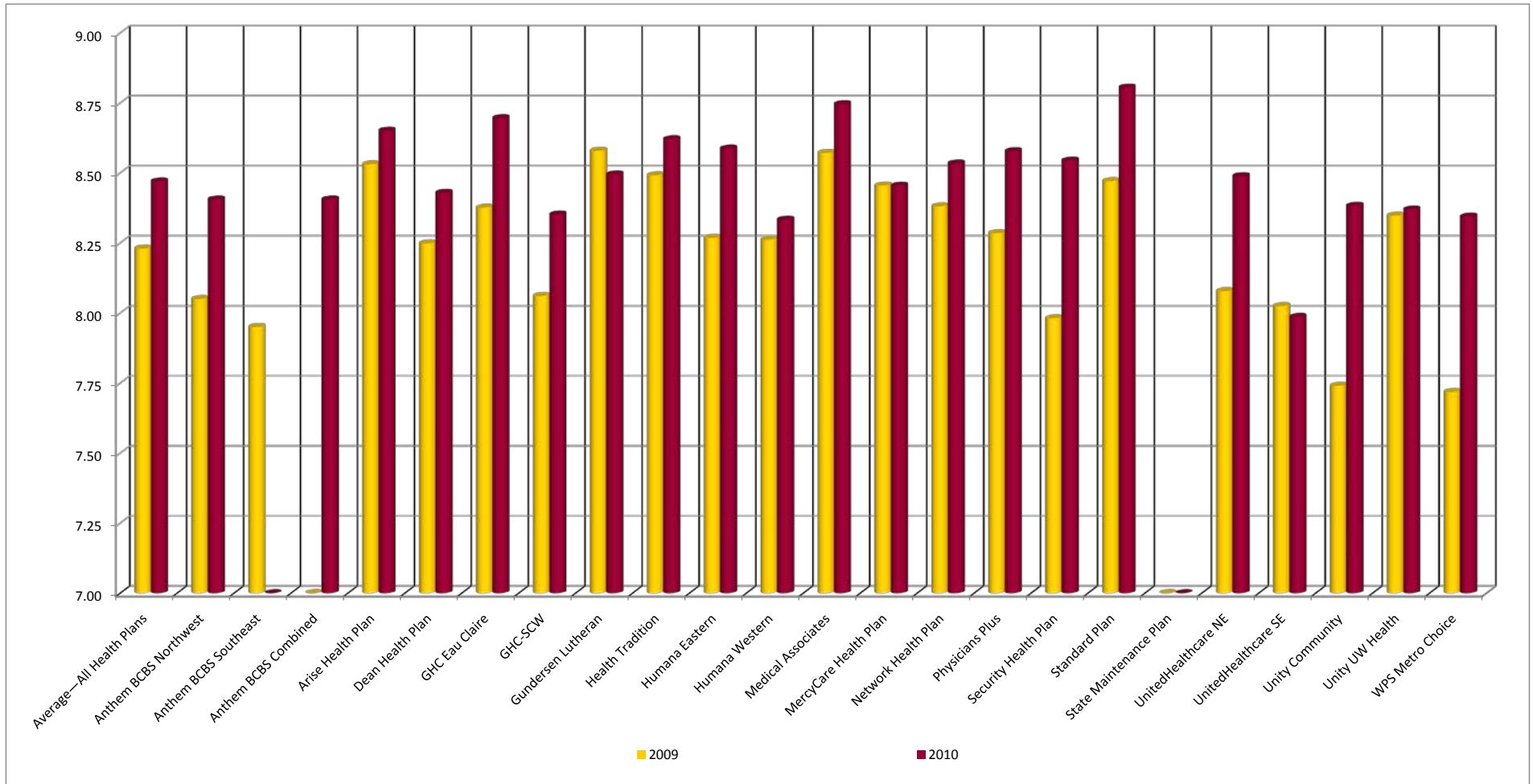


Chart 4 - SPECIALISTS



2011 Health Plan Quality Comparisons (CAHPS®)

Health Plan Report Card—Supplement 1





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**Health Plan Report Card -
Supplement 1**

Supplemental Report Card

Health Plan Report Card 2011

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) report card is a representation of survey respondents' perceptions and opinions of health care services provided by their health plan and primary care provider during the previous year.

The CAHPS health plan survey was developed to measure a member's overall satisfaction with their HMO or PPO plan. The CAHPS survey instrument was thoroughly tested for reliability and validity by the CAHPS development team.

CAHPS is designed to do the following:

- Focus on information that consumers want when choosing a plan and present this information in easy to understand reports.
- Cover specific plan features such as access to specialists, quality of patient-physician interaction and coordination of care.
- Provide standardized questionnaires for assessing experiences across different populations, health care delivery systems and geographic areas.
- Improve the utility and value of survey questions, and enhance the reliability and comparability of survey results across different plans and population groups.

This report card information is included to provide a consumer perspective for employees who are considering selecting or changing their health plan.

Health Plans Included in the Report Cards

For the 2011 Health Plan Quality Comparison, all HMO health plans that were available in 2010 were included in the calculation of the composite scores. The results are only published for health plans that are available in 2011.

The CAHPS report card includes health plans that have been available in the ETF program since at least January 2007 and that will be available in 2011. CAHPS data are collected from state employees, including the university and graduate assistants and state retirees.

The Department of Employee Trust Funds (ETF) would like to thank all of the respondents for participating in this year's survey. We look forward to your continued support and cooperation in future member satisfaction surveys.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

2010 ETF Participant Survey

Thinking About Quality - The annual member satisfaction survey covers areas where people enrolled in the health plans are really the experts about how well their plan is working. The survey does not ask about technical issues that can be hard for patients to judge, such as the skill level of a surgeon. Patients are, instead, asked about their experiences. Below are the types of questions they are asked:

- Could they get appointments quickly when they needed them?
- Did their doctors explain issues in a way they could understand?
- Did their doctor include them in decision making when there was more than one choice for treatment or health care?
- Could they get the information they needed from the health plan?

Answers to these and other questions are in this section to help you evaluate your health plan choices. The survey results are the opinions and judgments of the people who were surveyed. Your experience with a health plan could be different from those of the people surveyed. It can be helpful, however, to know of other person's experiences. The survey results are only meant to help consumers make more informed choices and are not the evaluation or recommendations of ETF.

Survey Background - The health plan report card section includes results of a random sample of active health plan members from 21 health plans. The survey was conducted from March to May of 2010. A total of 6,786 members responded to the survey through the Internet or mail. Health plan members were asked to answer the survey questions based on experiences with their health plan during the previous 12 months.

Who administered the survey? The survey was administered by Synovate, an independent marketing research firm located in Chicago, Illinois. The Department of Employee Trust Funds (ETF) coordinated the study.

Understanding the Star Ratings

Throughout this report we present an individual plan's score using a four-star rating.

★★★★ - If the score for a health plan is one standard deviation or more above the overall average of all health plans, the health plan's performance is noted with four stars.

★★★ - Health plan scores that are above the overall average by fewer than one standard deviation are noted with three stars.

★★ - Health plan scores that are below the overall average by fewer than one standard deviation are noted with two stars.

★ - If the health plan score is one standard deviation or more below the overall average of all health plans, the health plan's performance is noted with one star.

Supplemental Report Card

The table below shows the percentage of people who rated their health as "Excellent," "Very Good," "Good," "Fair" or "Poor."

Overall Health Rating

Health Plan Name	Excellent	Very Good	Good	Fair	Poor
ALL HEALTH PLANS	15%	45%	32%	7%	1%
ANTHEM BCBS	13%	43%	35%	8%	1%
ARISE HEALTH PLAN	15%	46%	32%	6%	1%
DEAN HEALTH PLAN	15%	42%	33%	8%	2%
GHC OF EAU CLAIRE	14%	50%	31%	5%	0%
GHC OF SCW	19%	52%	25%	4%	1%
GUNDERSEN LUTHERAN	14%	48%	32%	5%	1%
HEALTH TRADITION	13%	50%	30%	6%	1%
HUMANA EASTERN	13%	46%	33%	8%	1%
HUMANA WESTERN	24%	46%	27%	4%	0%
MEDICAL ASSOCIATES	12%	49%	31%	7%	1%
MERCYCARE	16%	52%	26%	6%	0%
NETWORK	11%	42%	37%	8%	1%
PHYSICIANS PLUS	15%	49%	28%	7%	1%
SECURITY HEALTH PLAN	17%	40%	36%	6%	1%
STANDARD PLAN	11%	37%	36%	12%	3%
UNITEDHEALTHCARE NE	11%	42%	40%	7%	0%
UNITEDHEALTHCARE SE	17%	44%	30%	9%	1%
UNITY COMMUNITY	17%	48%	29%	5%	1%
UNITY UW HEALTH	24%	45%	26%	4%	1%
WPS METRO CHOICE	16%	43%	31%	8%	1%

Supplemental Report Card

The table below shows the age level of respondents.

Age of Respondents

Health Plan Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74
ALL HEALTH PLANS	2%	15%	17%	25%	29%	12%
ANTHEM BCBS	2%	16%	20%	25%	27%	10%
ARISE HEALTH PLAN	1%	11%	18%	20%	35%	14%
DEAN HEALTH PLAN	2%	10%	17%	28%	33%	11%
GHC OF EAU CLAIRE	1%	13%	14%	29%	33%	10%
GHC OF SCW	9%	40%	11%	14%	20%	5%
GUNDERSEN LUTHERAN	1%	10%	22%	24%	29%	14%
HEALTH TRADITION	3%	9%	18%	25%	33%	12%
HUMANA EASTERN	1%	13%	23%	27%	28%	8%
HUMANA WESTERN	2%	14%	16%	21%	29%	18%
MEDICAL ASSOCIATES	0%	10%	14%	30%	32%	14%
MERCYCARE	0%	10%	24%	31%	30%	6%
NETWORK	1%	9%	18%	32%	32%	9%
PHYSICIANS PLUS	2%	14%	12%	24%	33%	14%
SECURITY HEALTH PLAN	1%	11%	16%	29%	33%	11%
STANDARD PLAN	0%	2%	1%	4%	18%	74%
UNITEDHEALTHCARE NE	0%	12%	20%	27%	31%	11%
UNITEDHEALTHCARE SE	4%	23%	17%	28%	22%	7%
UNITY COMMUNITY	3%	14%	24%	29%	25%	5%
UNITY UW HEALTH	4%	22%	20%	19%	27%	8%
WPS METRO CHOICE	1%	17%	24%	25%	29%	4%

Supplemental Report Card

The table below shows the education level of respondents.

Education Level of Respondents

Health Plan Name	Not high school graduate	High school graduate or GED	Some college or 2-year degree	4-year college graduate	More than 4-year college degree
ALL HEALTH PLANS	1%	11%	23%	22%	43%
ANTHEM BCBS	1%	10%	23%	26%	40%
ARISE HEALTH PLAN	0%	9%	24%	31%	36%
DEAN HEALTH PLAN	0%	17%	32%	22%	28%
GHC OF EAU CLAIRE	1%	13%	27%	22%	38%
GHC OF SCW	0%	4%	12%	20%	62%
GUNDERSEN LUTHERAN	0%	10%	25%	23%	42%
HEALTH TRADITION	0%	15%	28%	23%	34%
HUMANA EASTERN	0%	5%	23%	29%	42%
HUMANA WESTERN	2%	13%	17%	19%	49%
MEDICAL ASSOCIATES	2%	16%	27%	16%	39%
MERCYCARE	0%	10%	35%	23%	32%
NETWORK	1%	14%	35%	21%	30%
PHYSICIANS PLUS	0%	10%	23%	21%	46%
SECURITY HEALTH PLAN	0%	9%	21%	25%	45%
STANDARD PLAN	2%	16%	12%	13%	57%
UNITEDHEALTHCARE NE	1%	16%	30%	20%	33%
UNITEDHEALTHCARE SE	0%	6%	19%	27%	48%
UNITY COMMUNITY	0%	12%	31%	26%	31%
UNITY UW HEALTH	0%	5%	16%	19%	60%
WPS METRO CHOICE	0%	1%	18%	19%	61%

Supplemental Report Card

The table below shows percentage of people who responded “Fewer than 1 year,” “At least 1 year but less than two years,” “At least two years but fewer than 5 years” or “5 or more years.”

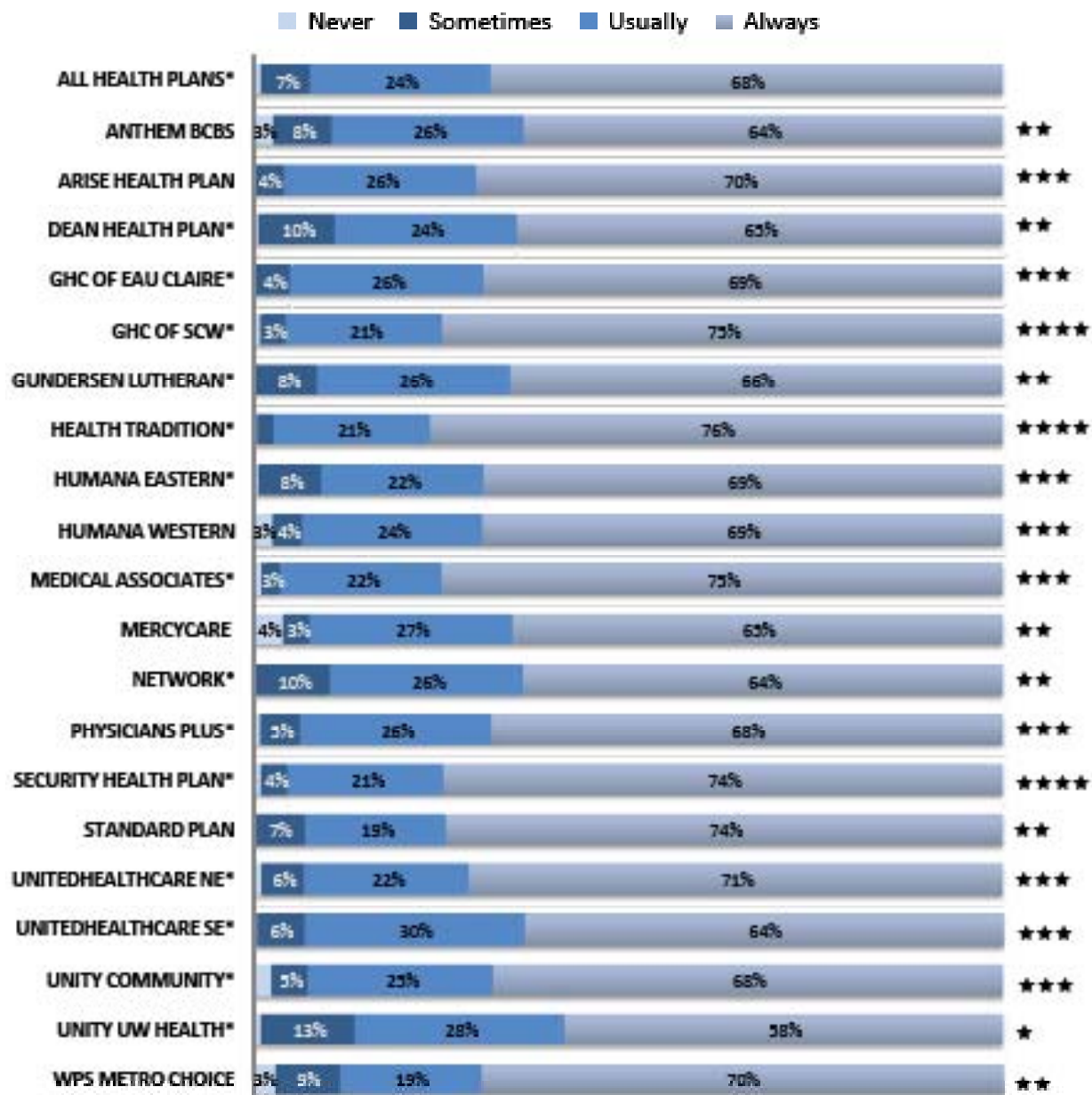
Question 2a. How many years in a row have you been in this health plan?

Health Plan Name	Fewer than 1 year	At least 1 year, but less than 2 years	At least 2 years, but less than 5 years	5 or more years
ALL HEALTH PLANS	6%	10%	29%	56%
ANTHEM BCBS	8%	10%	42%	40%
ARISE HEALTH PLAN	5%	15%	34%	46%
DEAN HEALTH PLAN	3%	3%	10%	83%
GHC OF EAU CLAIRE	4%	10%	49%	37%
GHC OF SCW	12%	11%	26%	51%
GUNDERSEN LUTHERAN	4%	8%	18%	69%
HEALTH TRADITION	5%	16%	24%	56%
HUMANA EASTERN	4%	9%	34%	54%
HUMANA WESTERN	4%	17%	27%	52%
MEDICAL ASSOCIATES	6%	6%	9%	79%
MERCYCARE	4%	5%	19%	72%
NETWORK	3%	5%	12%	81%
PHYSICIANS PLUS	4%	6%	16%	73%
SECURITY HEALTH PLAN	4%	8%	59%	29%
STANDARD PLAN	2%	4%	16%	79%
UNITEDHEALTHCARE NE	3%	6%	25%	66%
UNITEDHEALTHCARE SE	13%	27%	54%	6%
UNITY COMMUNITY	9%	15%	41%	34%
UNITY UW HEALTH	8%	6%	21%	65%
WPS METRO CHOICE	9%	26%	55%	9%

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 4: In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed it?

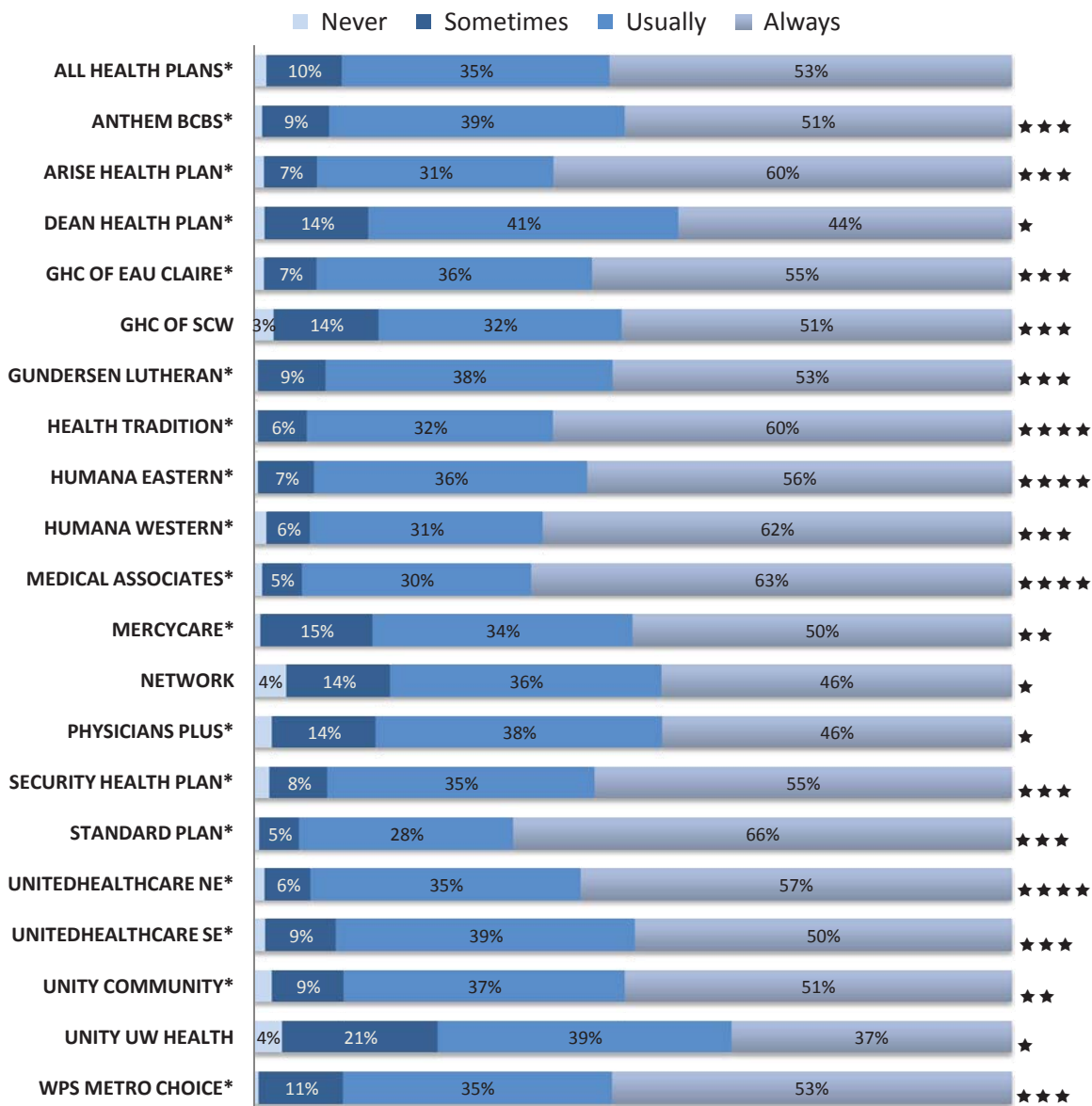


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 6: In the last 12 month, not counting the times that you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?

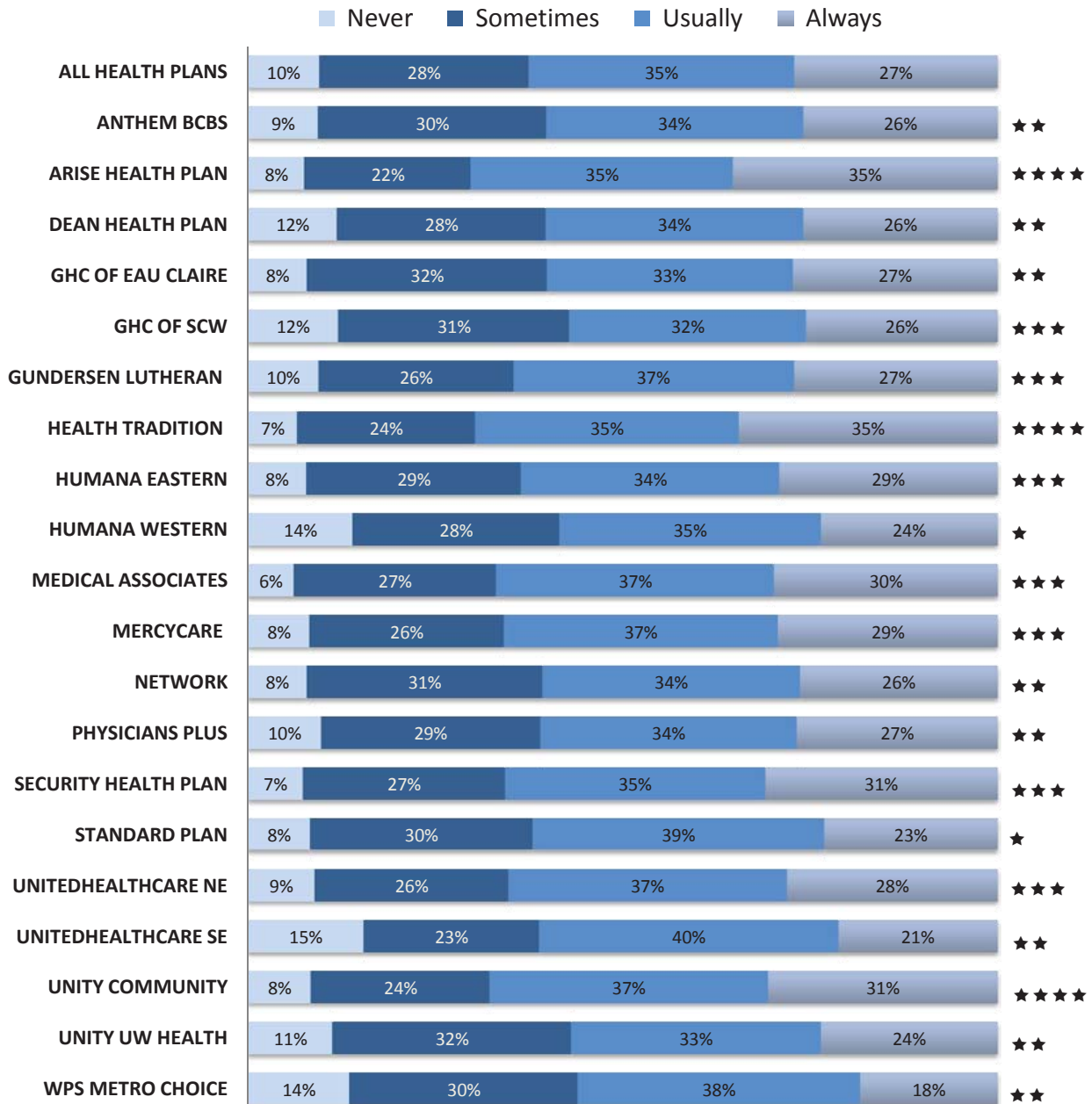


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 8: In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

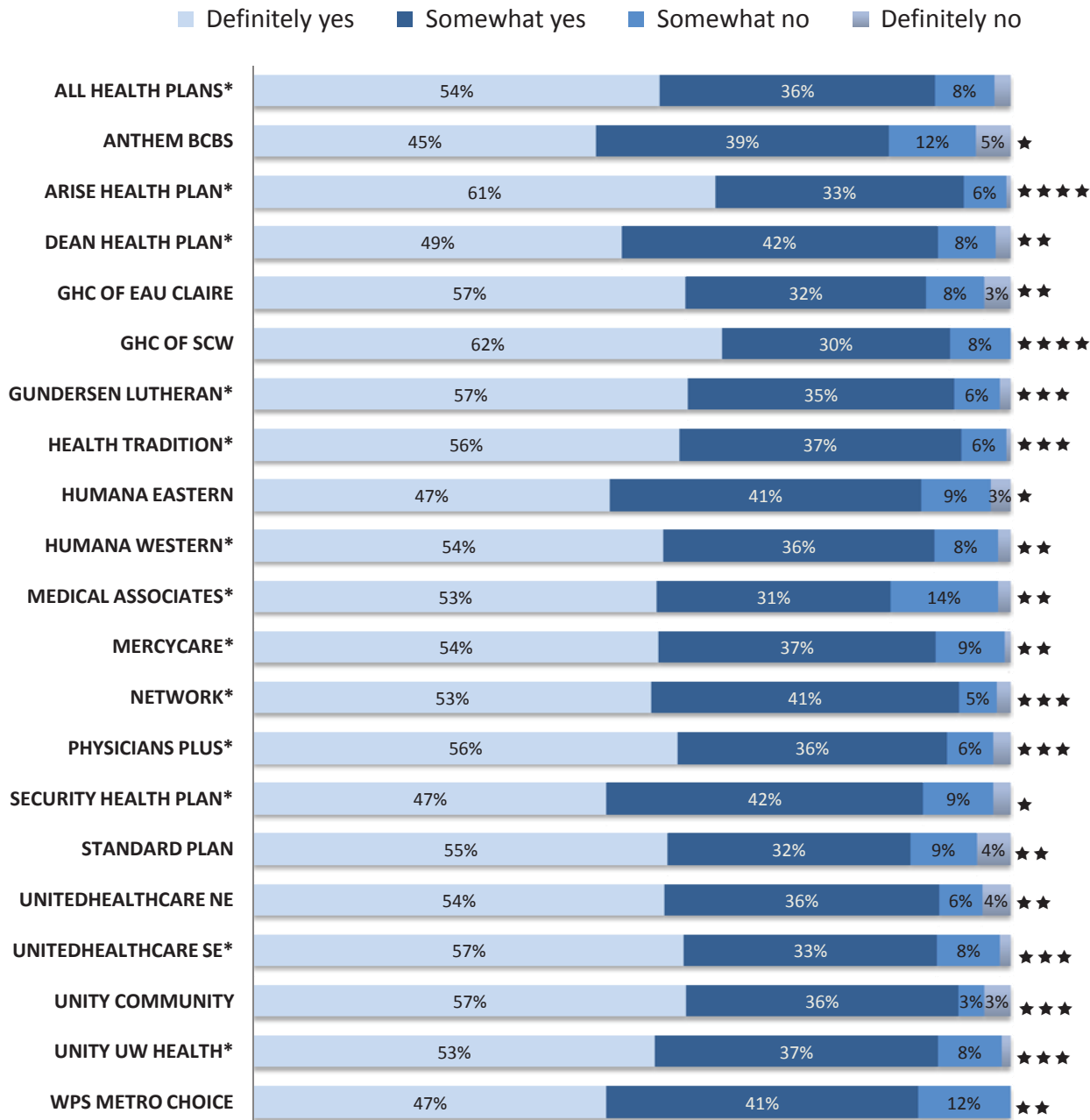


See Page 3 for a description of the star rating system.

Supplemental Report Card

This graph shows the percentage of people who responded “Definitely yes,” “Somewhat yes,” “Somewhat no” or “Definitely no.”

Question 11: In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

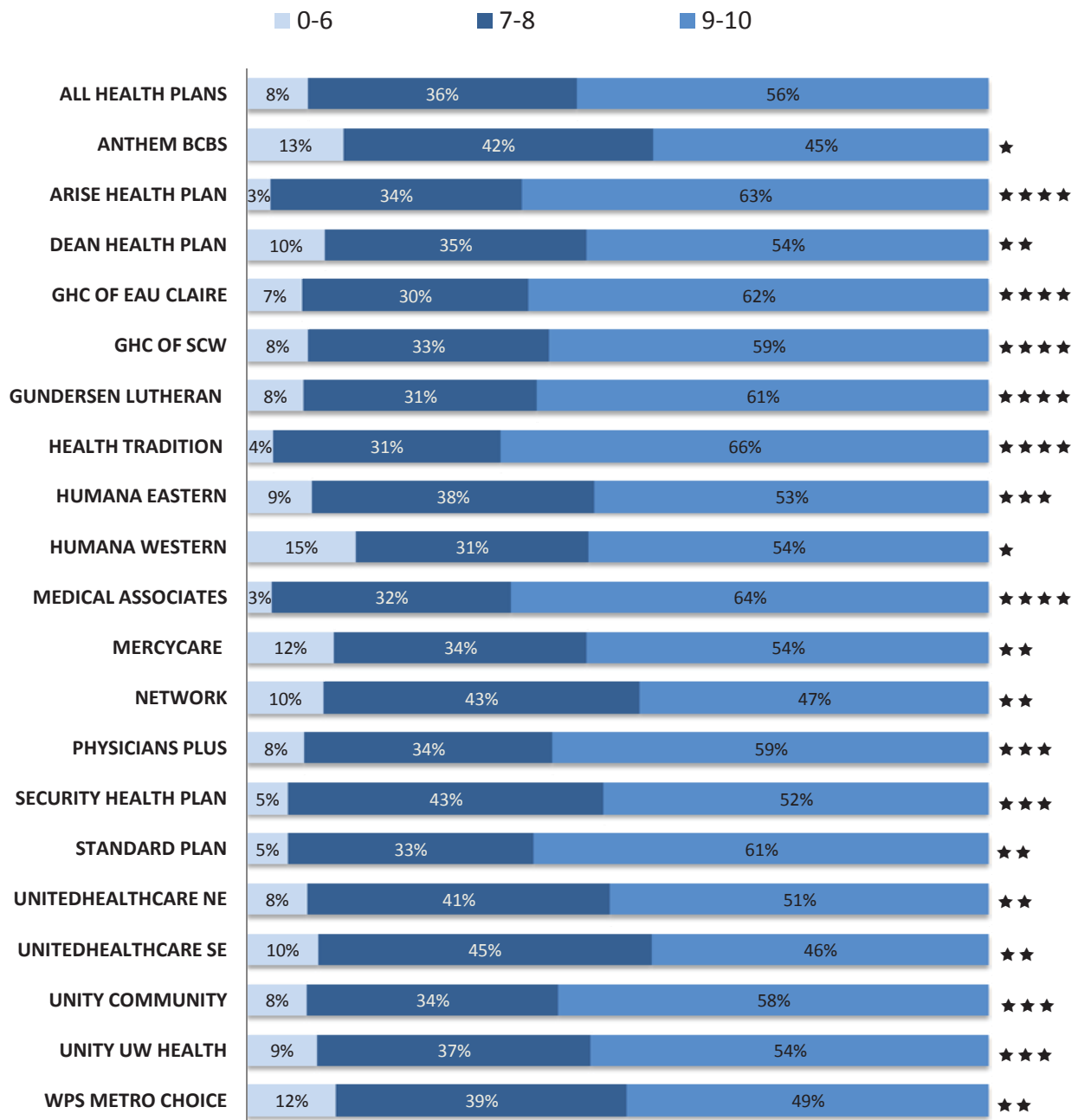


See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows results where the surveyed were asked to rate their health care on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible." The percentage of people who rated their health care from "0 to 6," "7 to 8," "9 to 10."

Question 12: Rating of your health care.

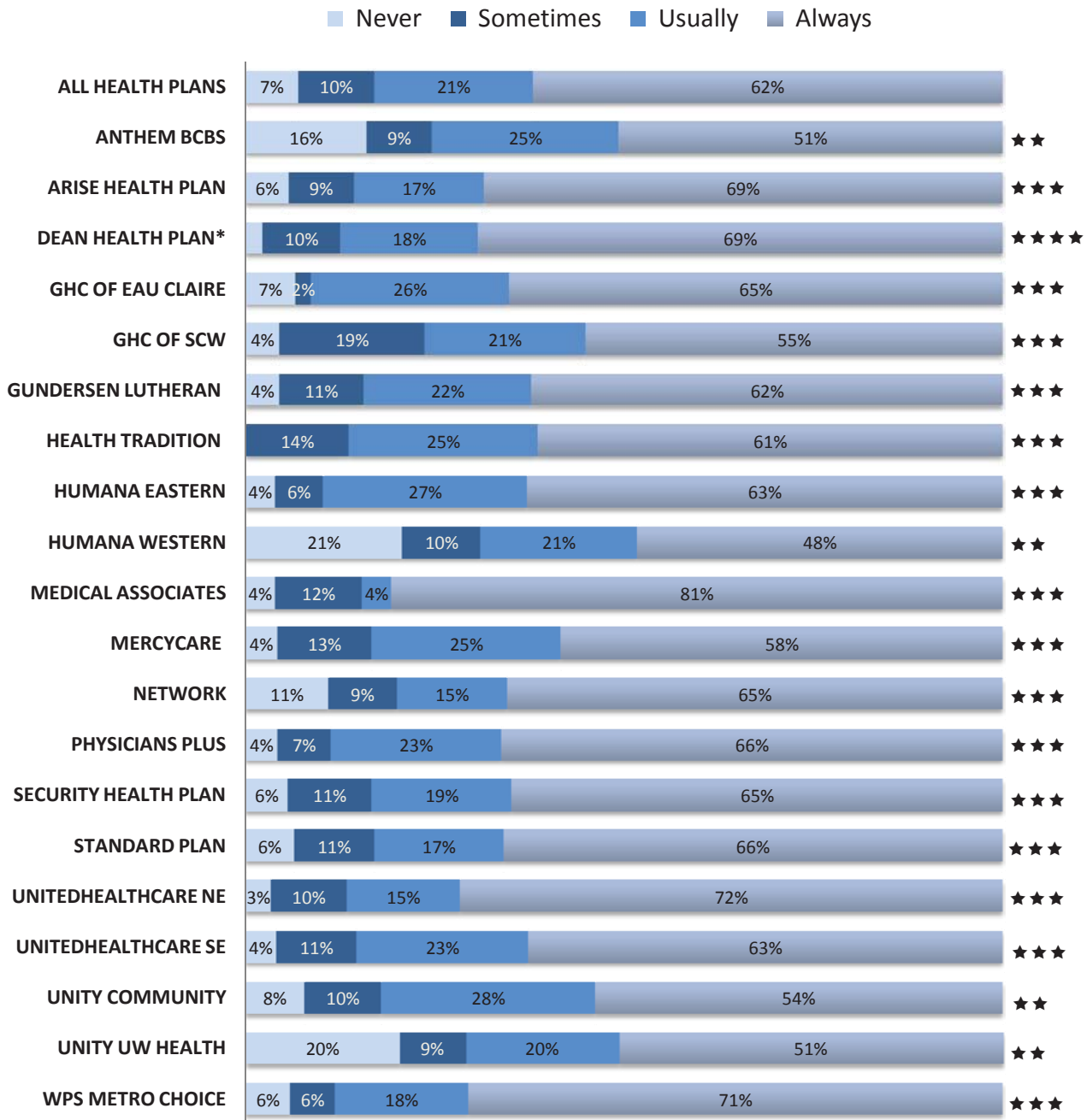


See Page 3 for a description of the star rating system.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 12B: In the last 12 months, how often were you able to get the treatment or counseling you needed through your health plan?



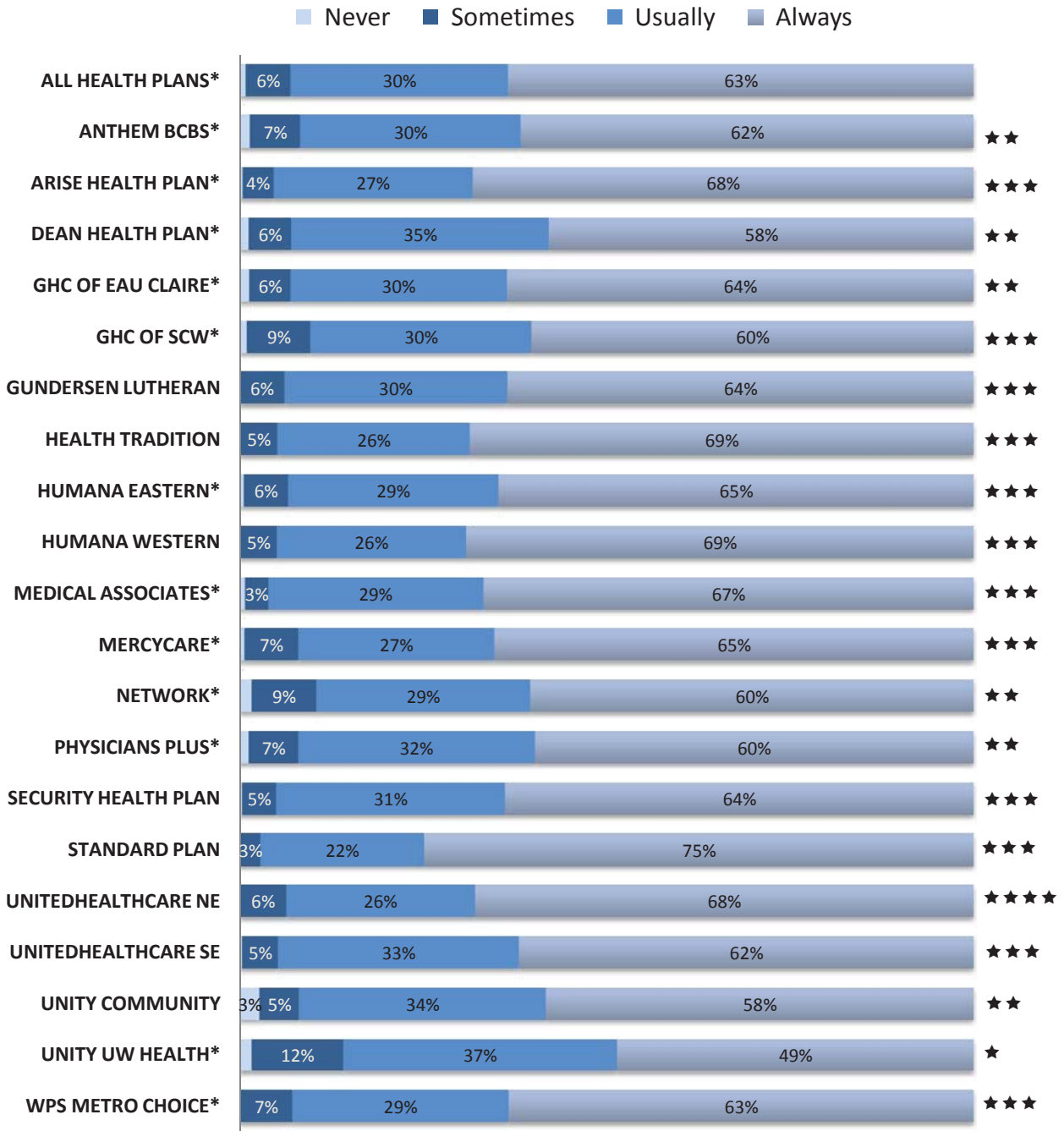
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 14A: In the last 12 months, when you visited your doctor’s office or clinic, how often were you able to see your provider and receive care and/or medical tests in a timely manner?

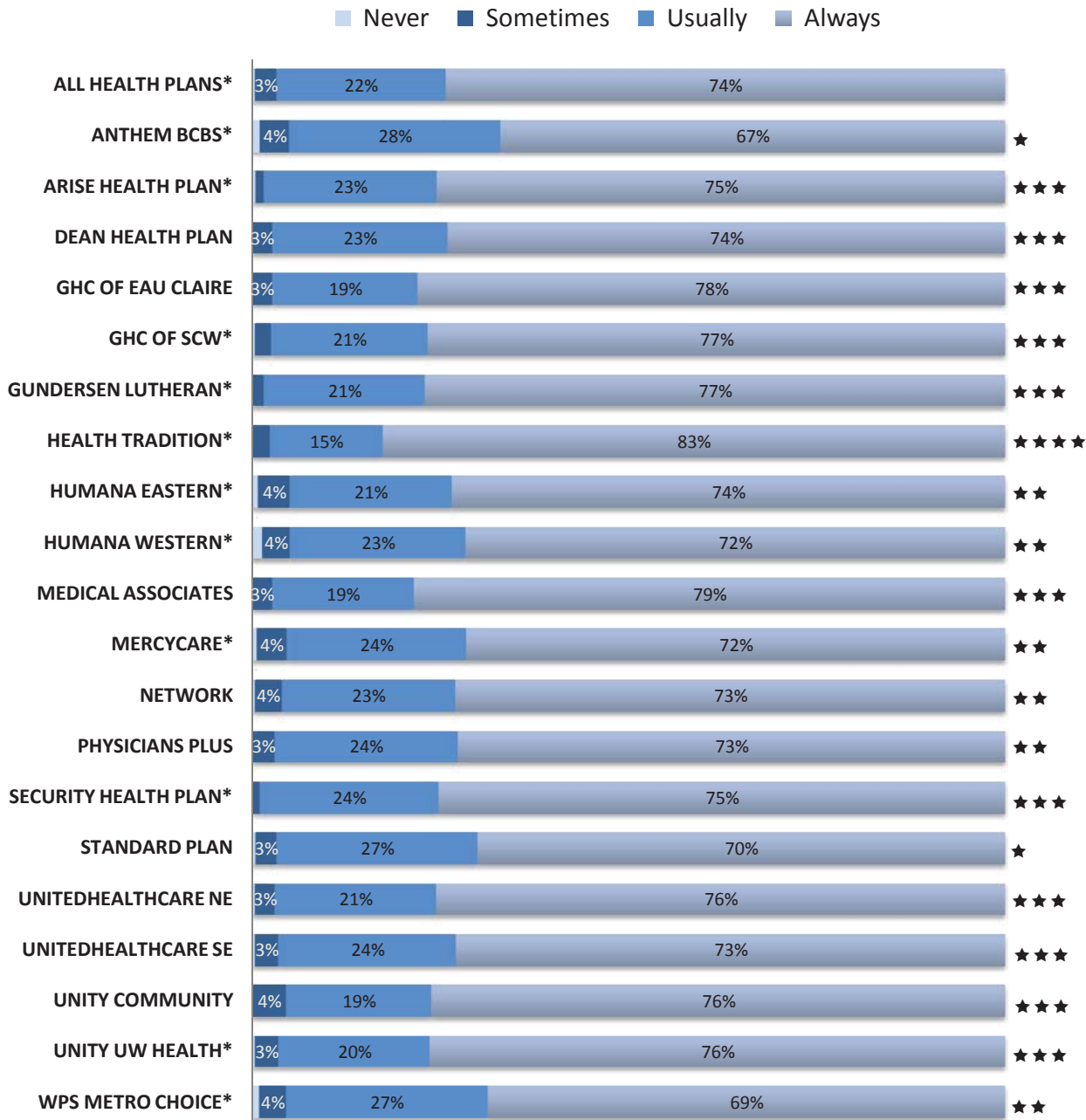


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never” “Sometimes,” “Usually” or “Always.”

Question 15: In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?



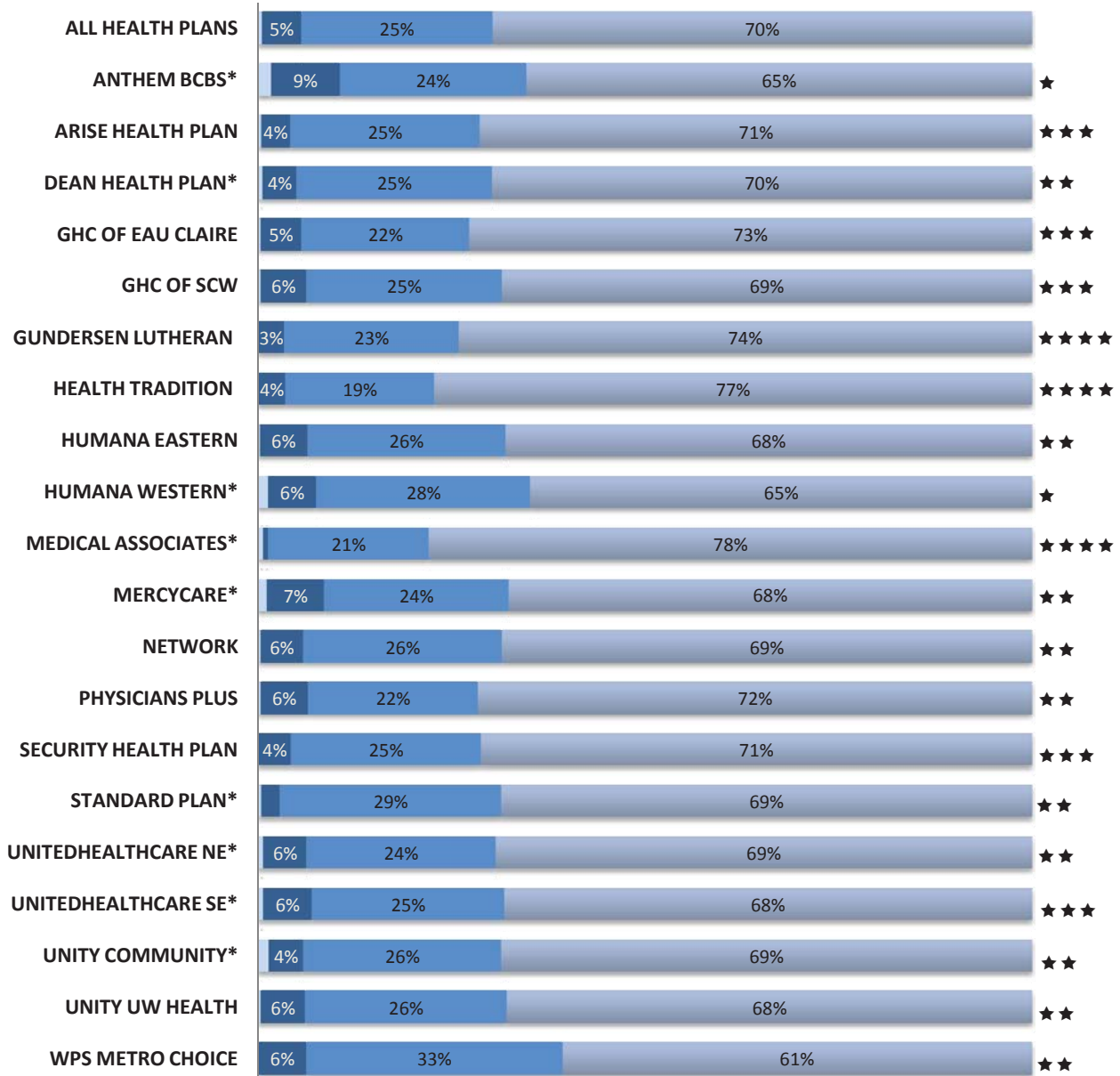
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 16: In the last 12 months, how often did your personal doctor listen carefully to you?



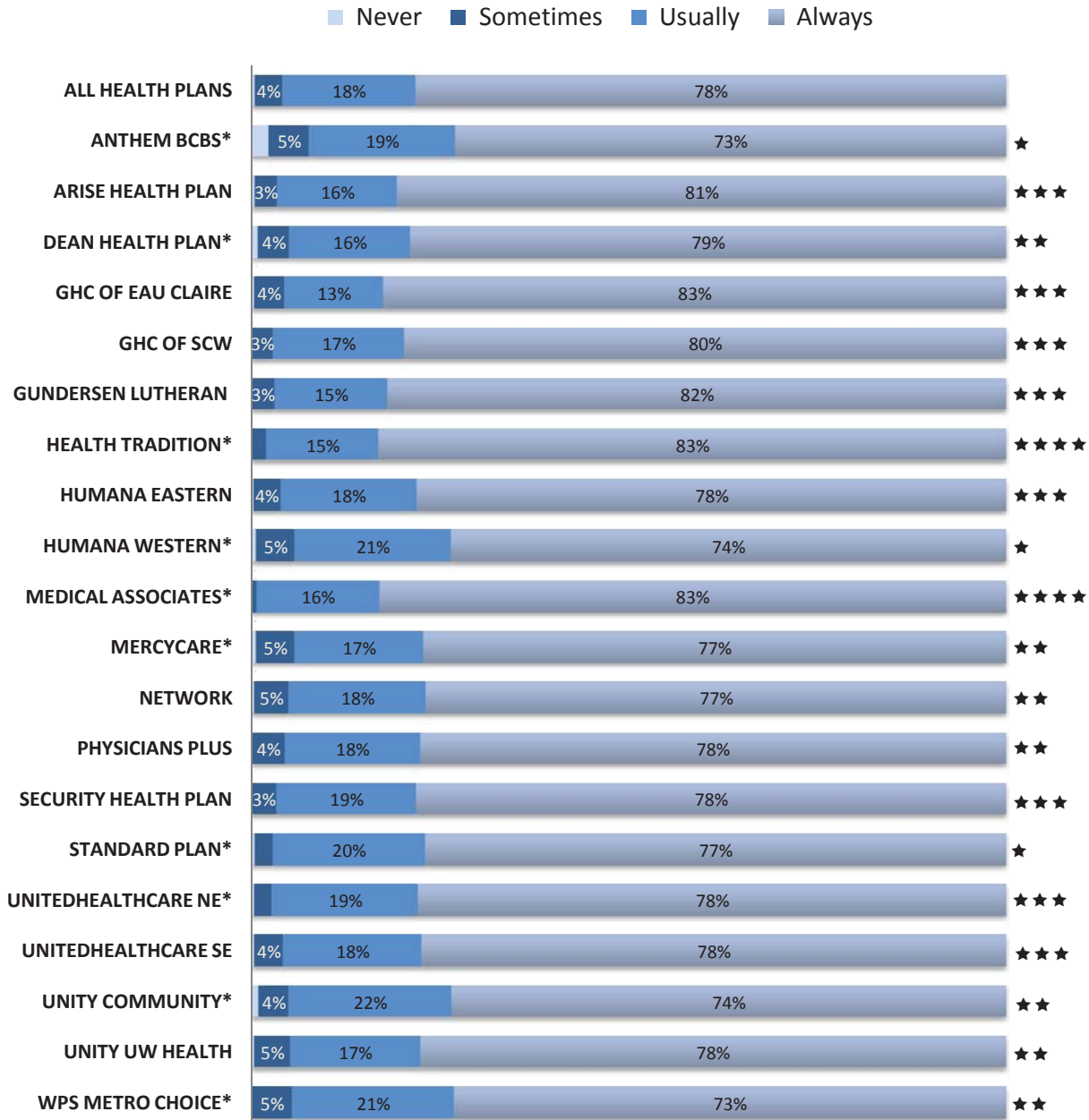
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 17: In the last 12 months, how often did your personal doctor show respect for what you had to say?



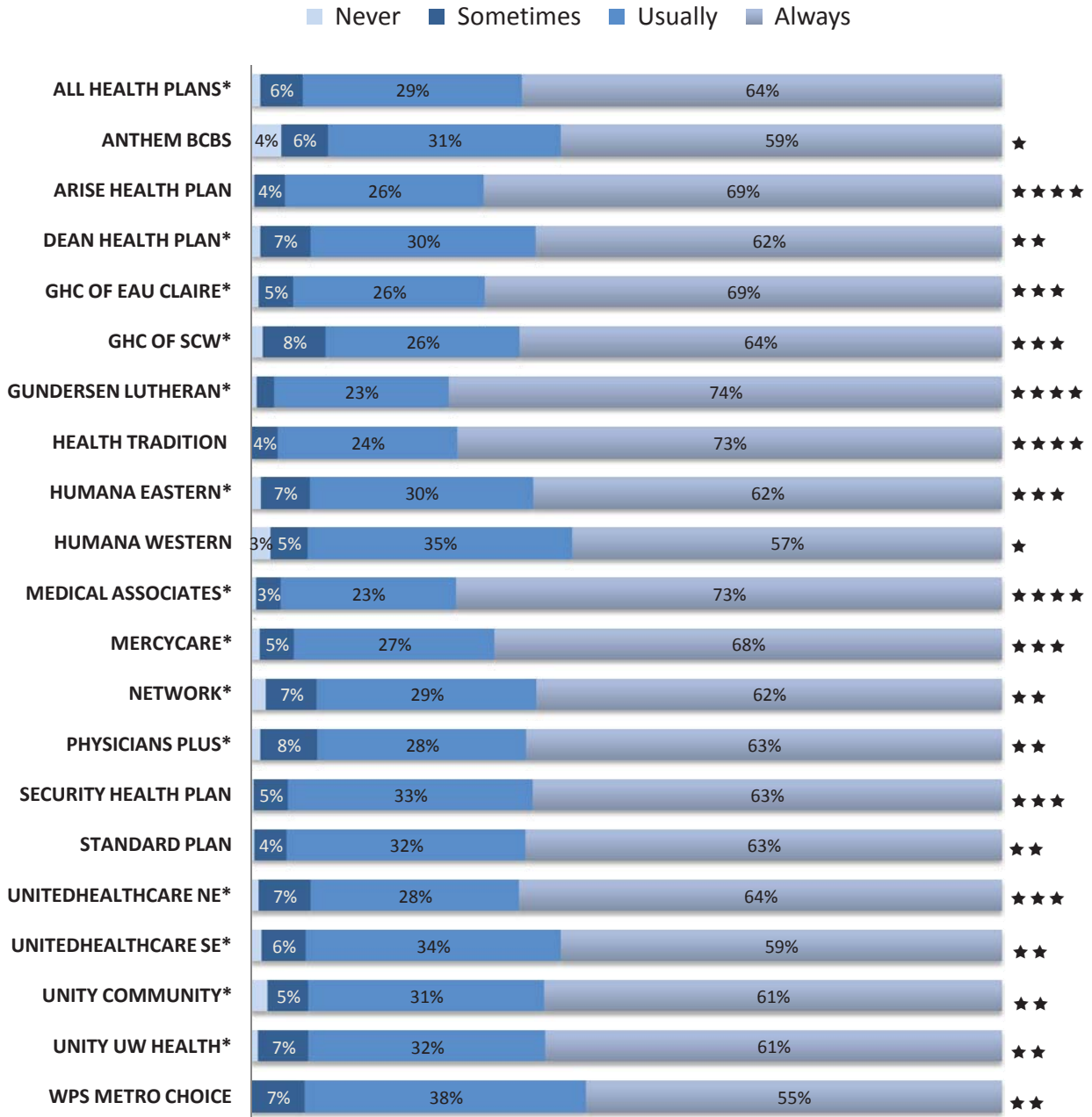
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 18: In the last 12 months, how often did your personal doctor spend enough time with you?

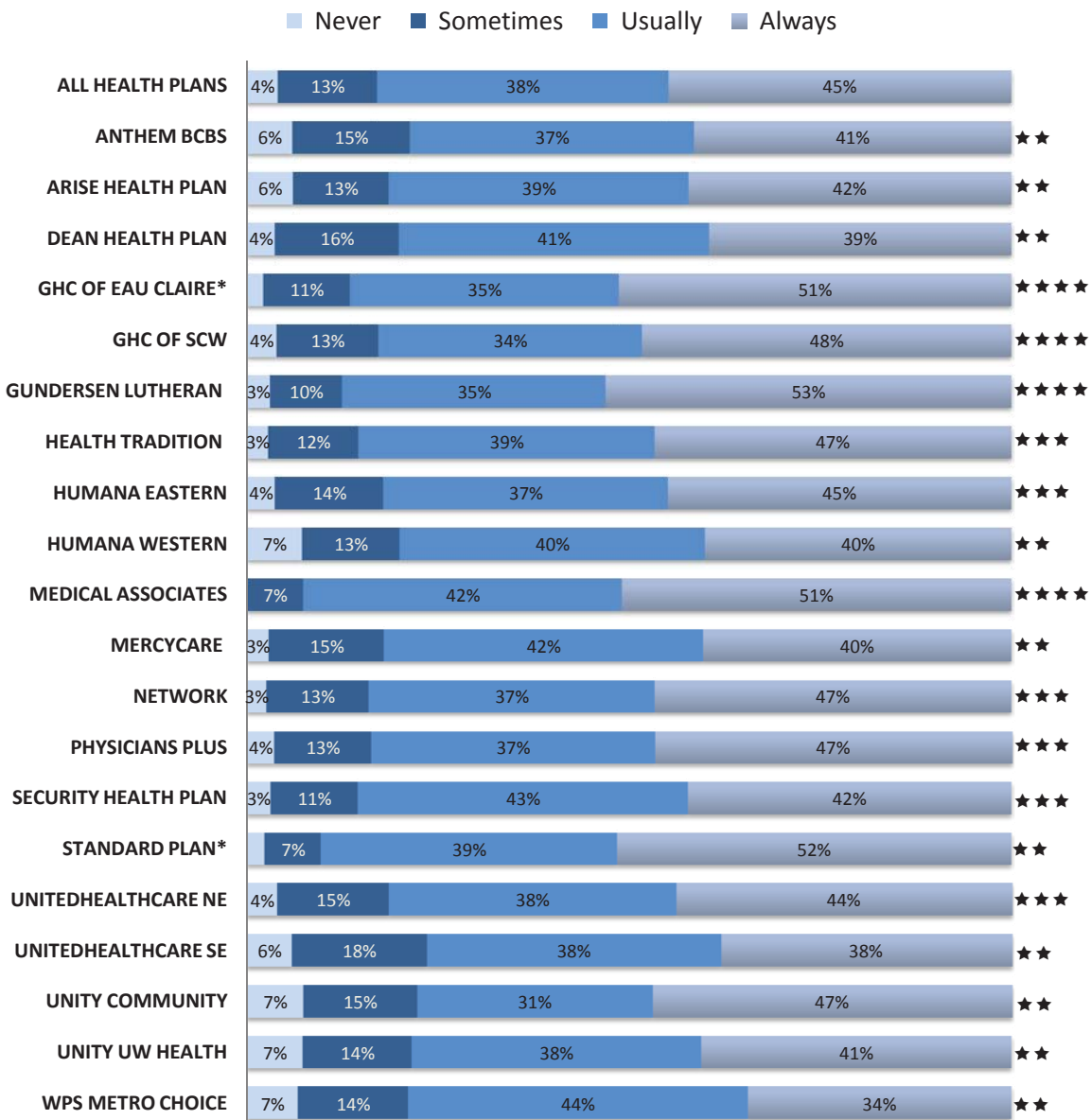


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 20: In the last 12 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?



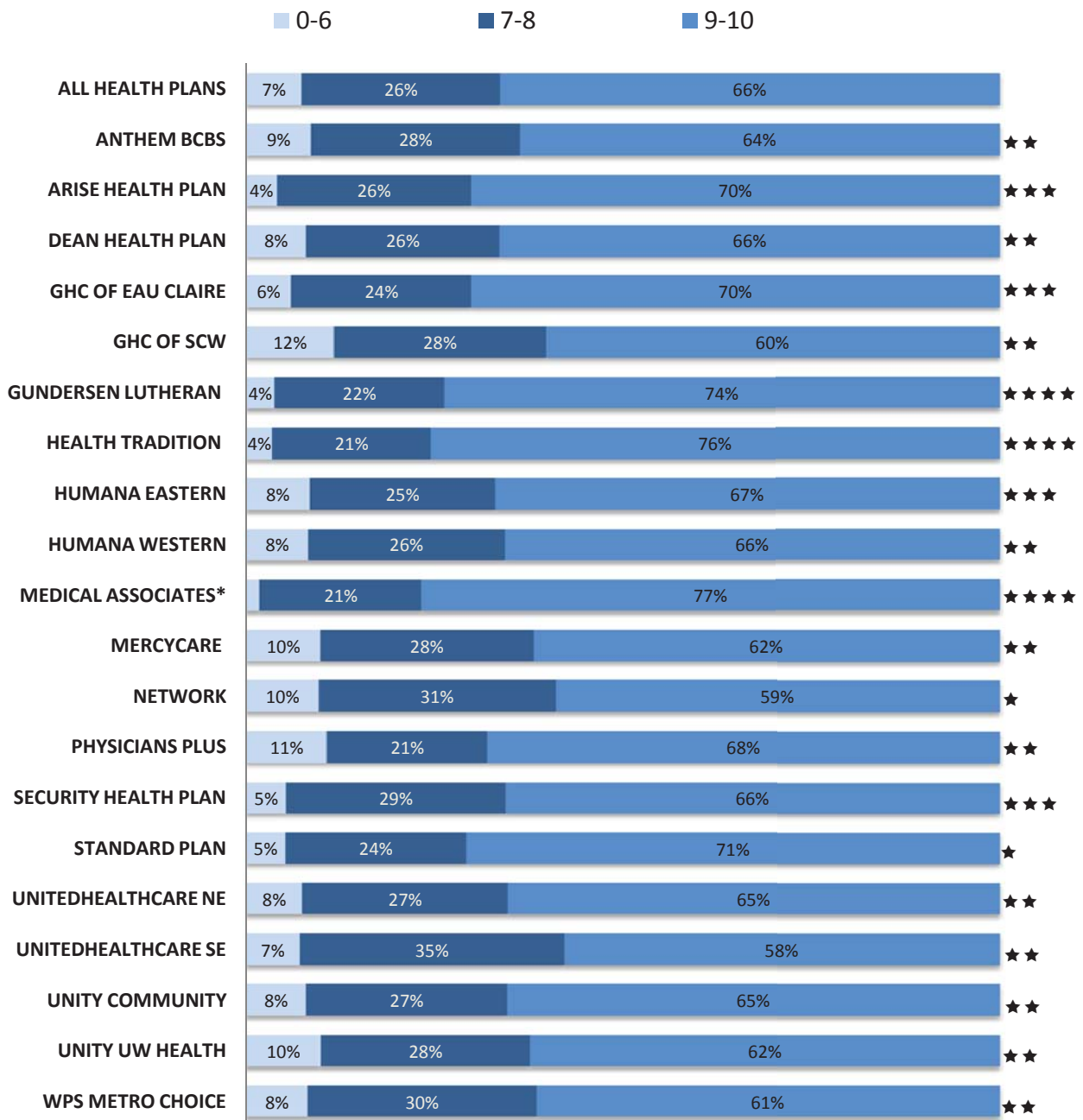
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows results where the surveyed were asked to rate their personal doctor on a scale from 0 to 10, with 0 meaning "worst possible" and 10 meaning "best possible." The percentage of people who rated their personal doctor from "0 to 6," "7 to 8," "9 to 10."

Question 21: Rating of your personal doctor.

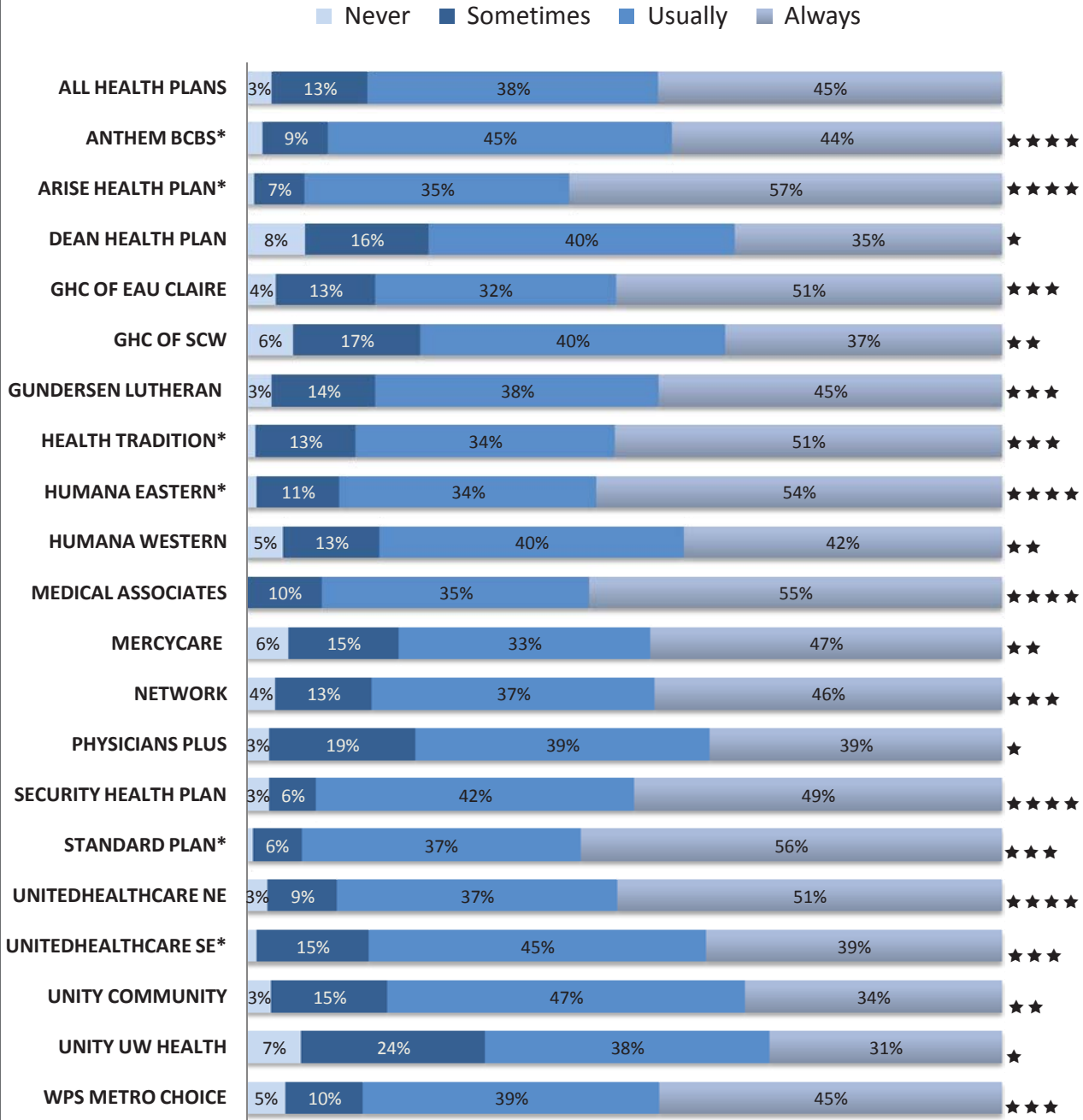


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always”

Question 23: In the last 12 months, how often was it easy to get appointments with specialists?

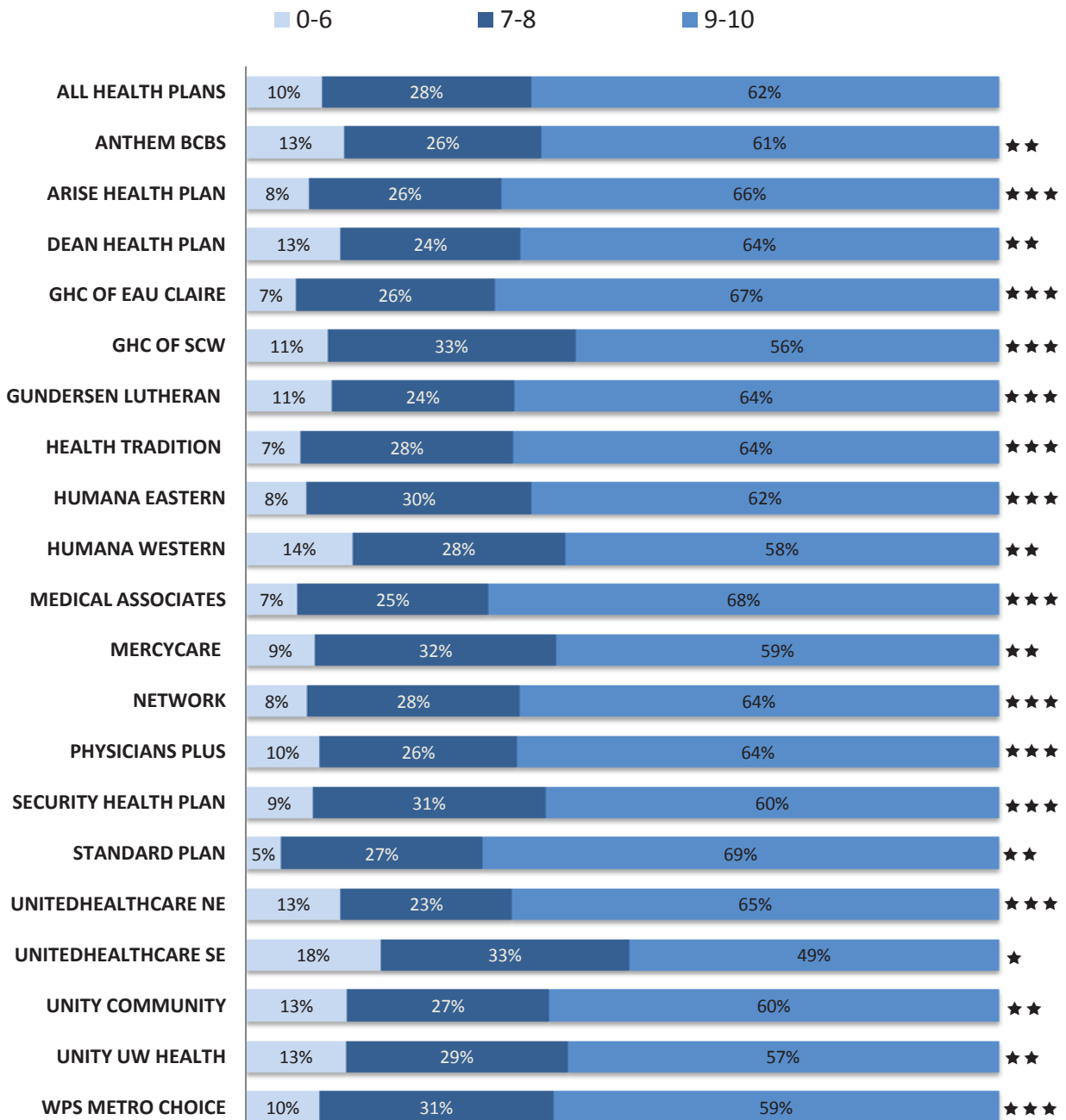


See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows results where the surveyed were asked to rate their specialist on a scale from 0 to 10, with 0 meaning "worst possible" and 10 meaning "best possible." The percentage of people who rated their specialist from "0 to 6," "7 to 8," "9 to 10."

Question 25: Rating of your specialist.

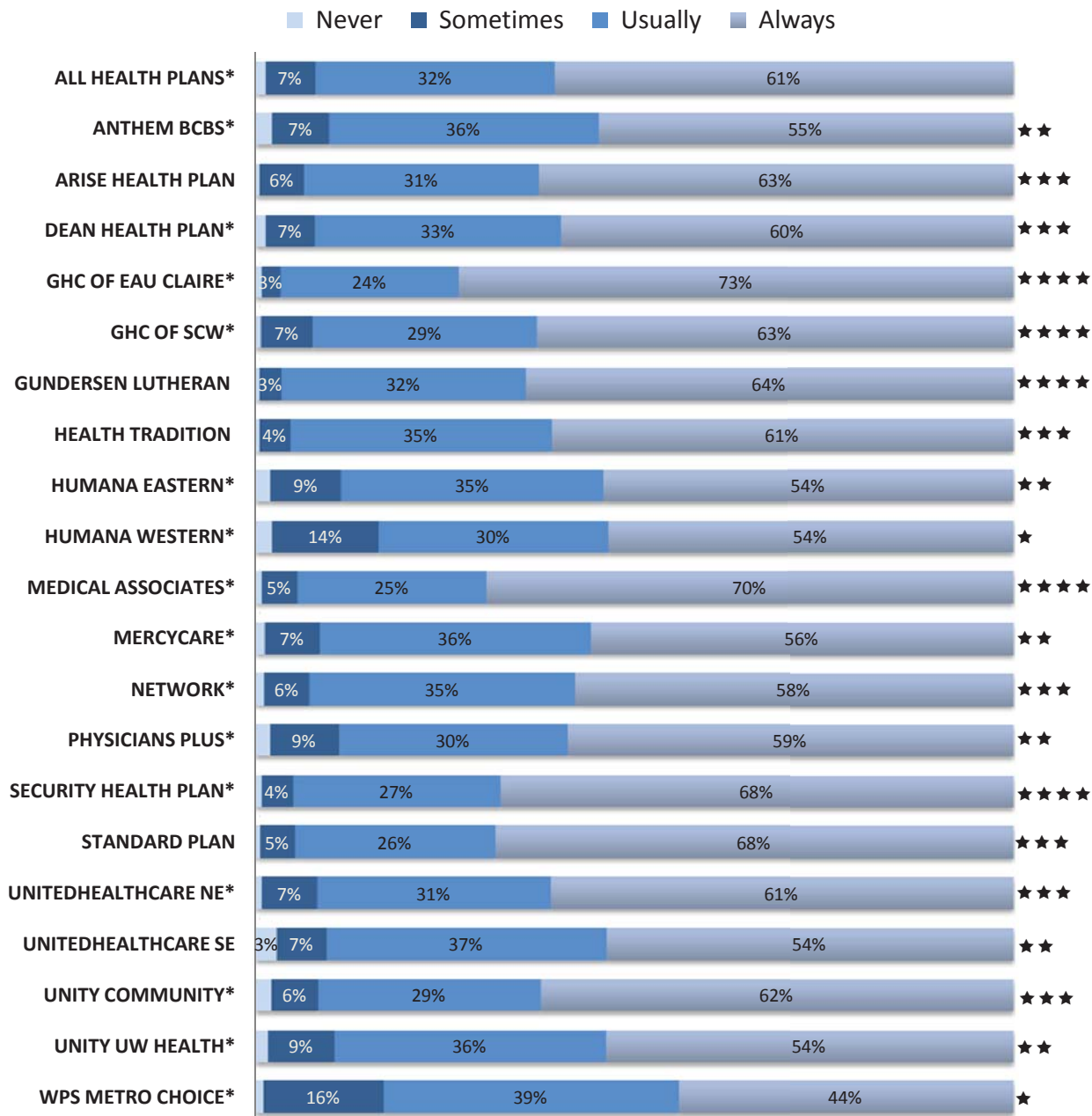


See Page 3 for a description of the star rating system.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 27: In the last 12 months, how often was it easy to get care, tests or treatment you thought you needed through your health plan?

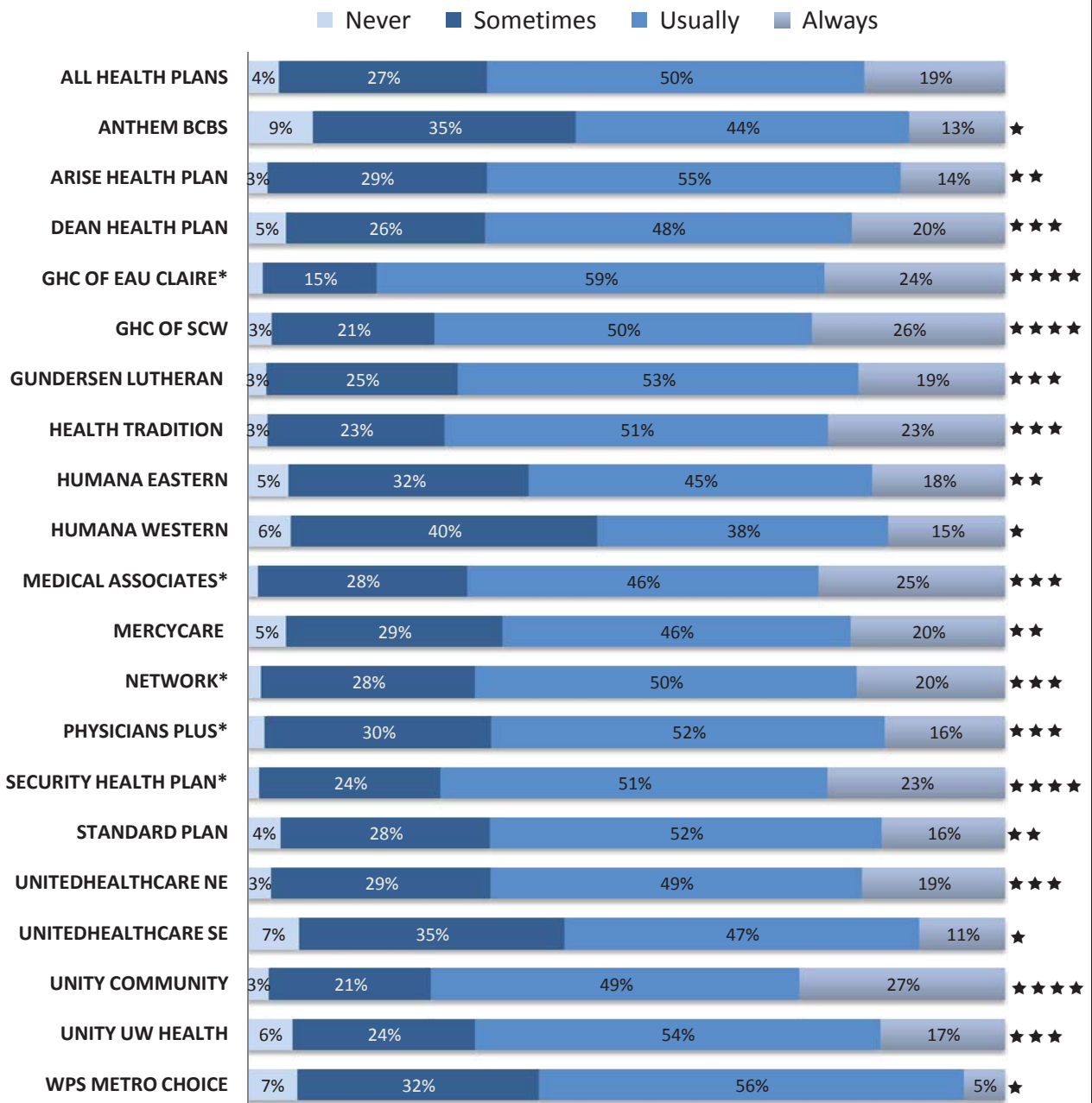


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always”

Question 29: In the last 12 months, how often did the written materials of the Internet provide the information you needed about how your health plan works?

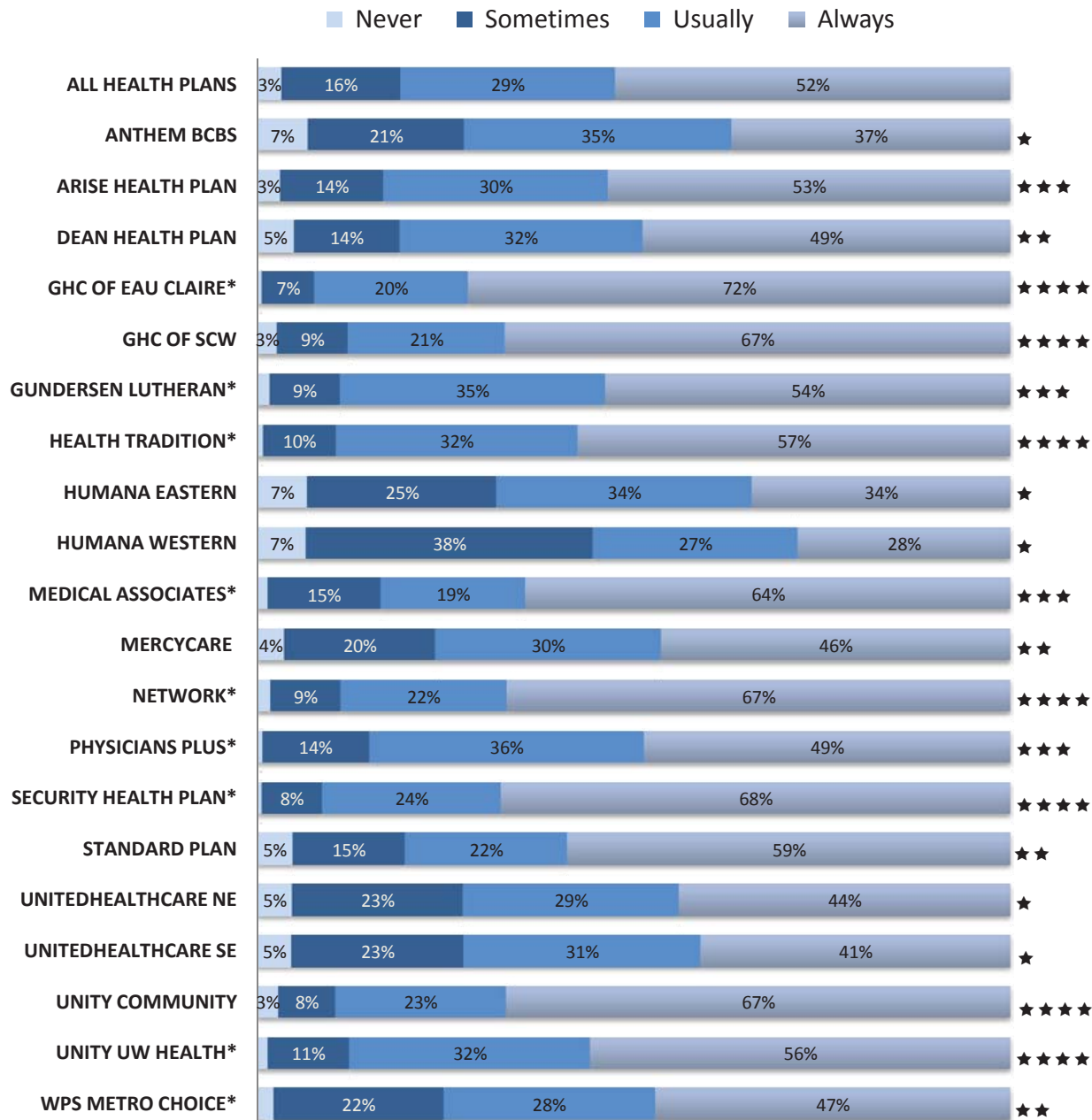


See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always”

Question 35: In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?



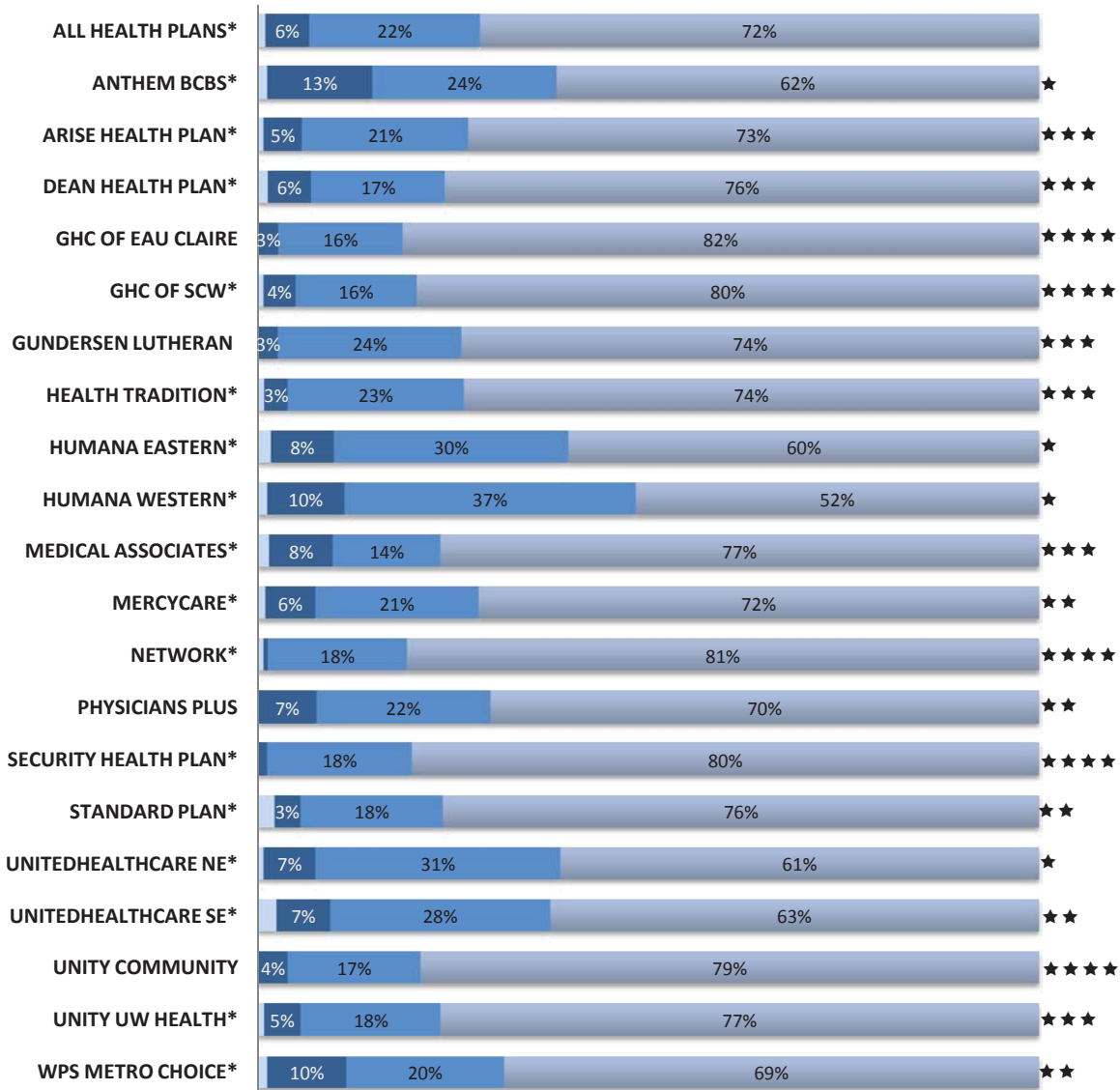
See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 36: In the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

■ Never ■ Sometimes ■ Usually ■ Always



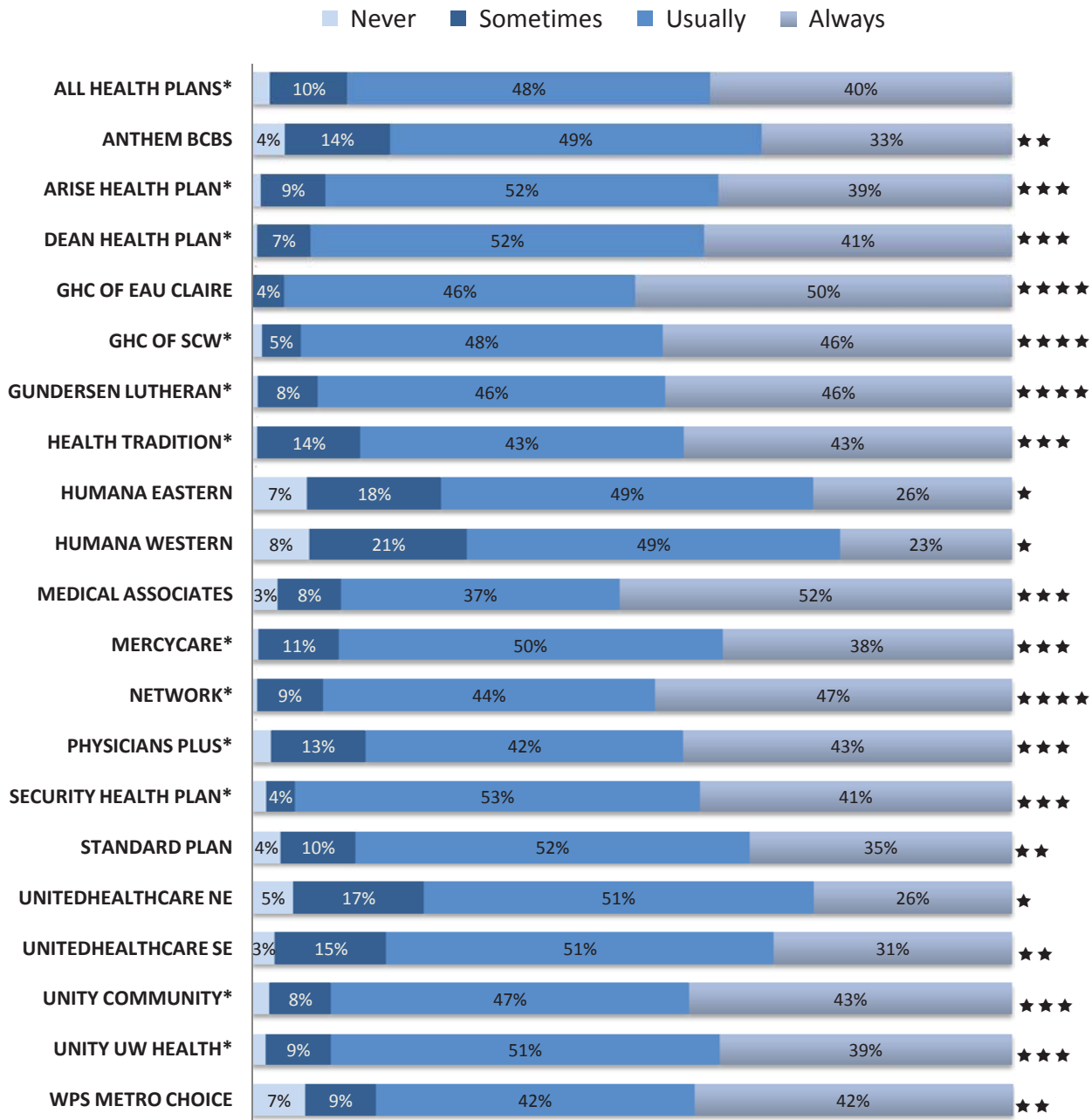
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 38: In the last 12 months, how often were the forms from your health plan easy to fill out?

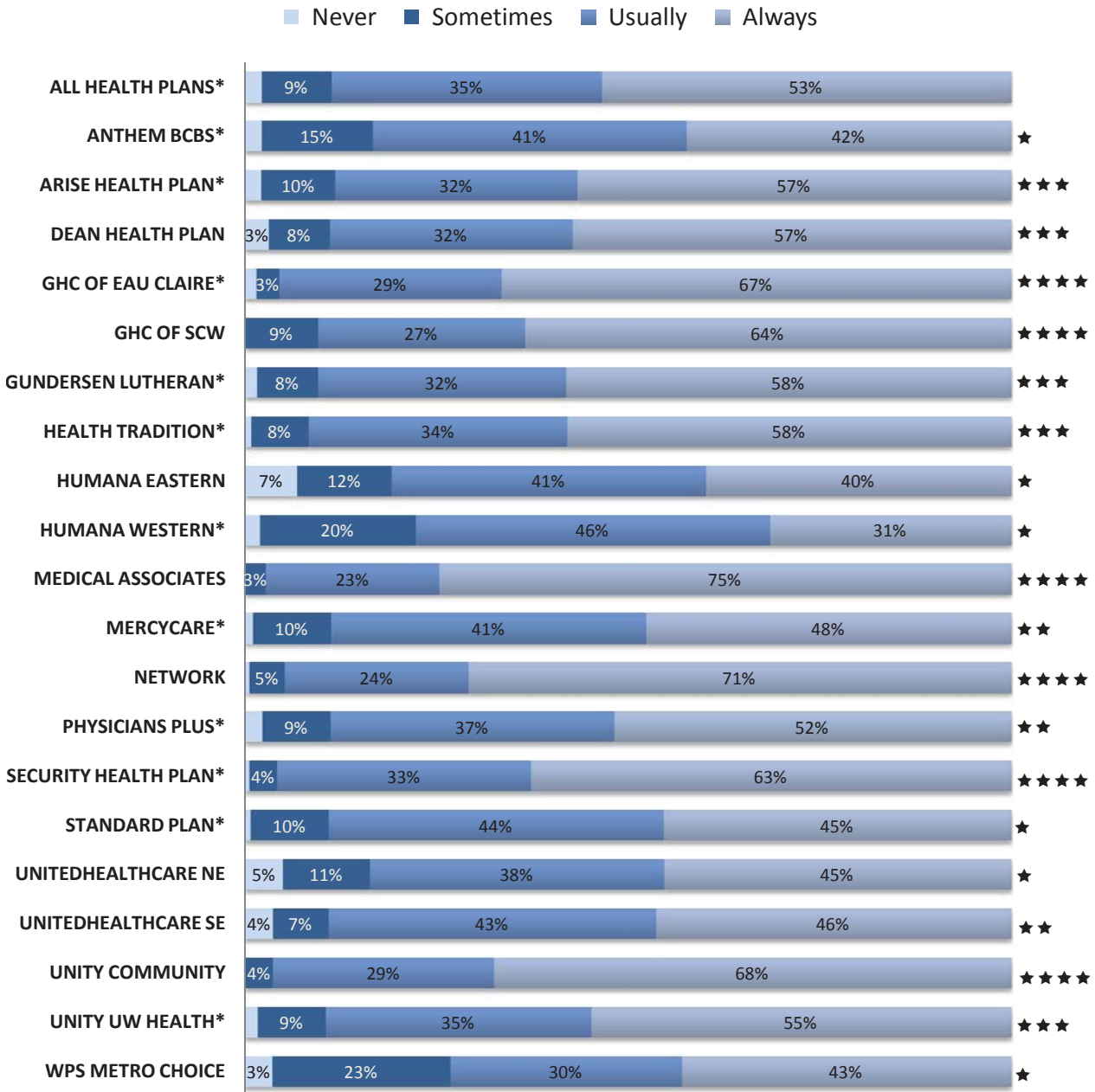


See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 40: In the last 12 months, how often did your health plan handle your claims quickly?

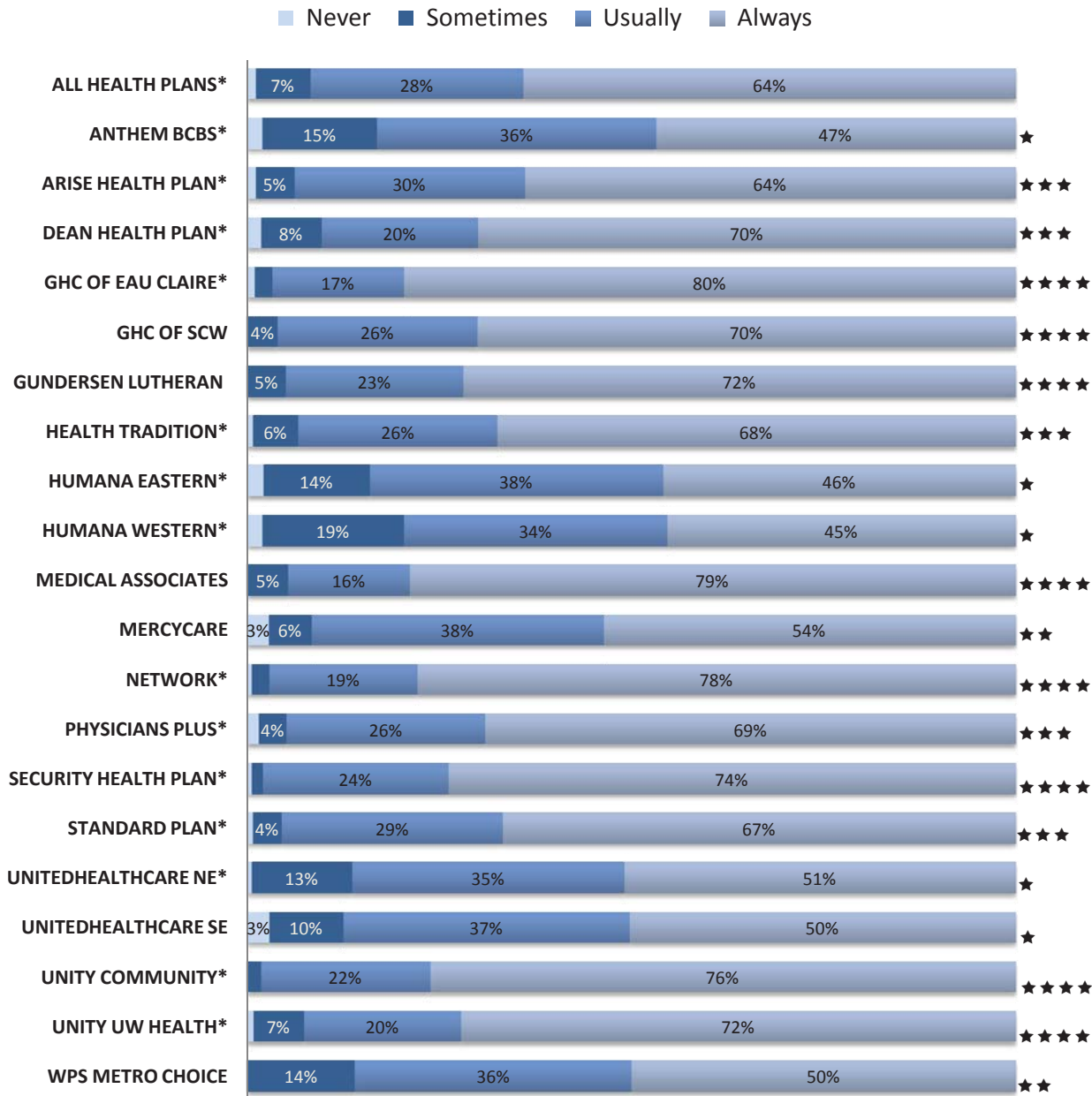


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 41: In the last 12 months, how often did your health plan handle your claims correctly?

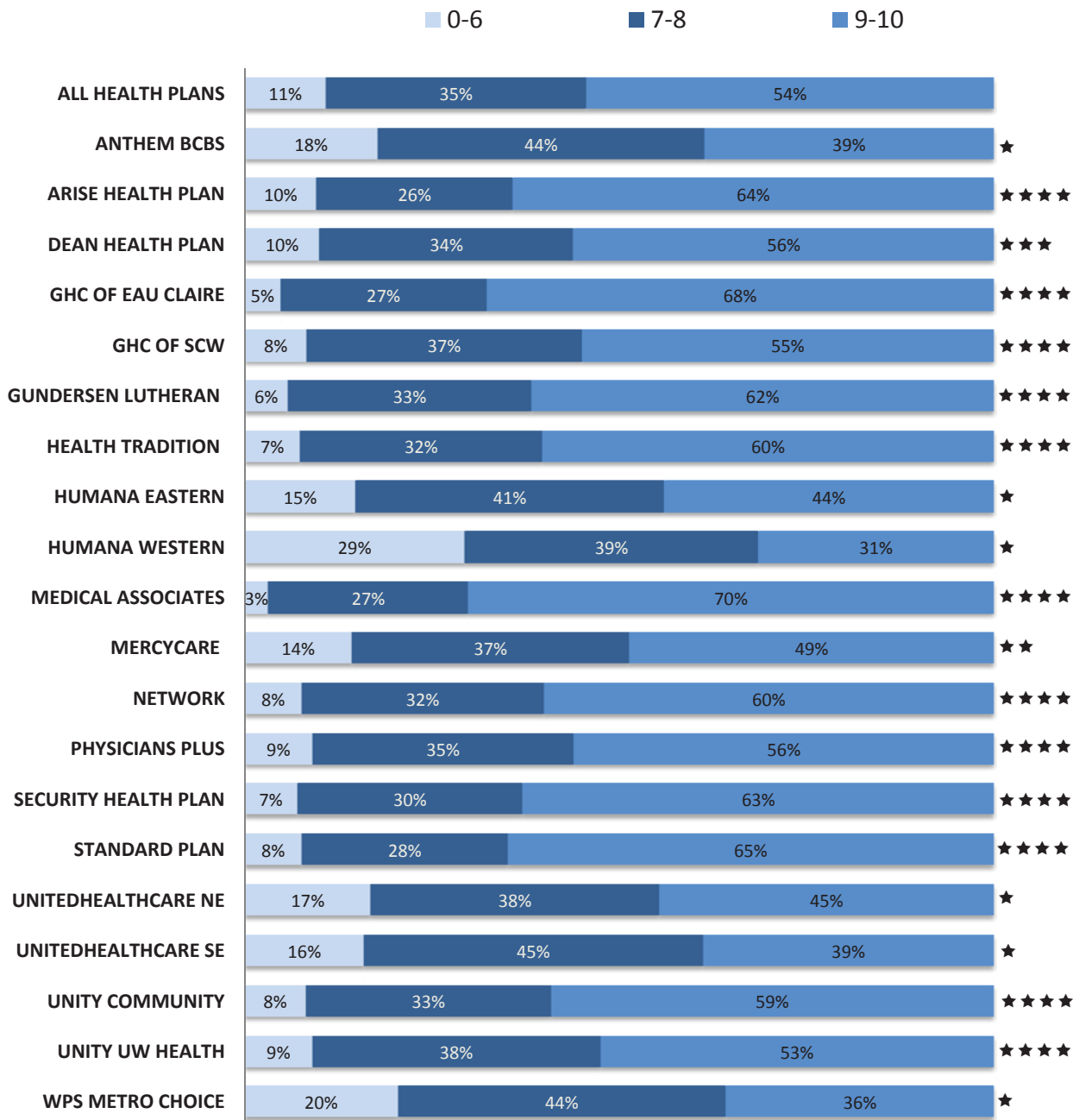


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows results where the surveyed were asked to rate their health plan on a scale from 0 to 10, with 0 meaning "worst possible" and 10 meaning "best possible." The percentage of people who rated their health plan from "0 to 6," "7 to 8," "9 to 10."

Question 42: Rating of health plan

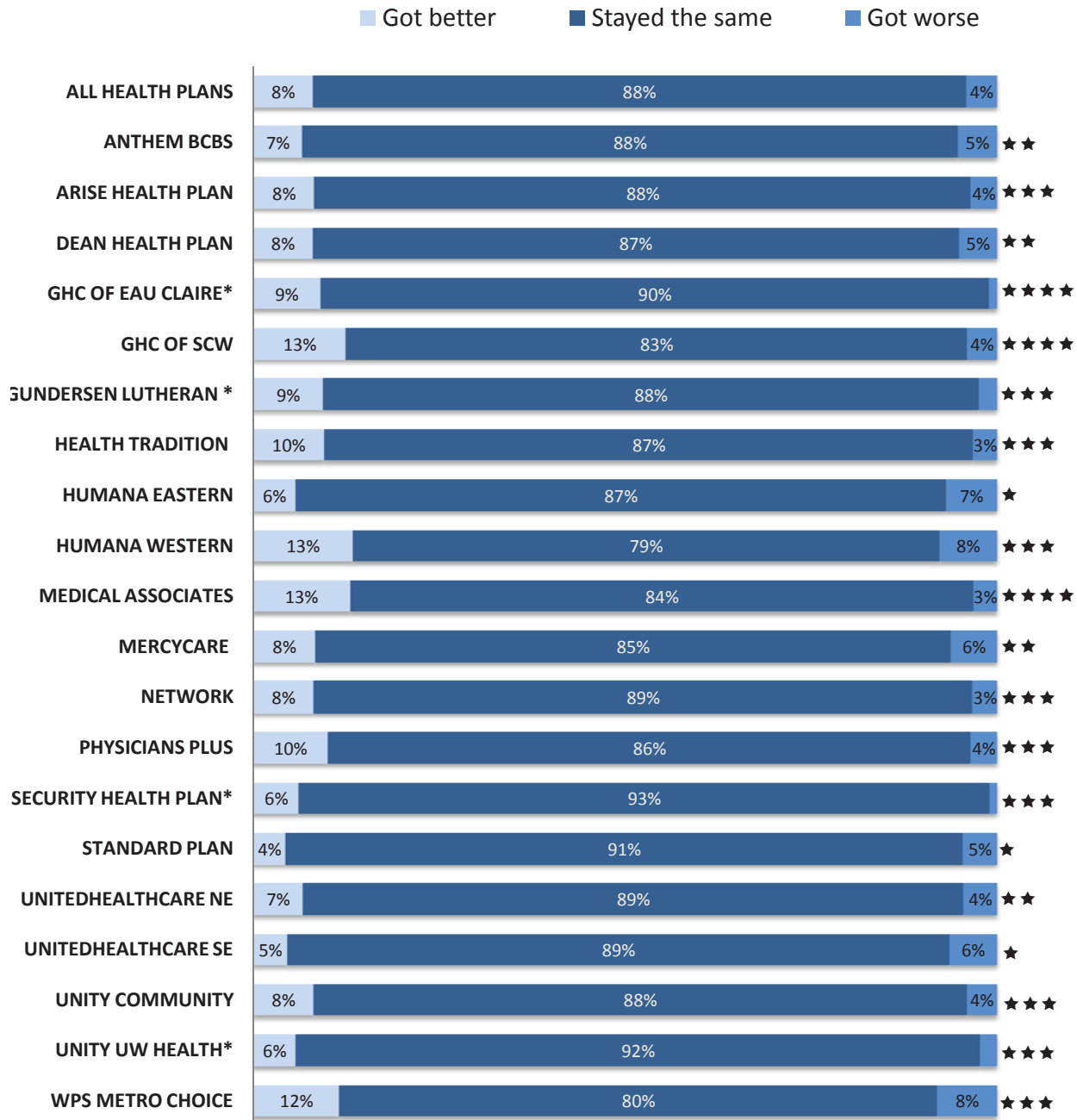


See Page 3 for a description of the star rating system.

Supplemental Report Card

This graph shows the percentage of people who responded “Got better,” “Stayed the same” or “Got worse.”

Question 42A: In the last 12 months, did your plan’s overall performance get better, stay the same or get worse?

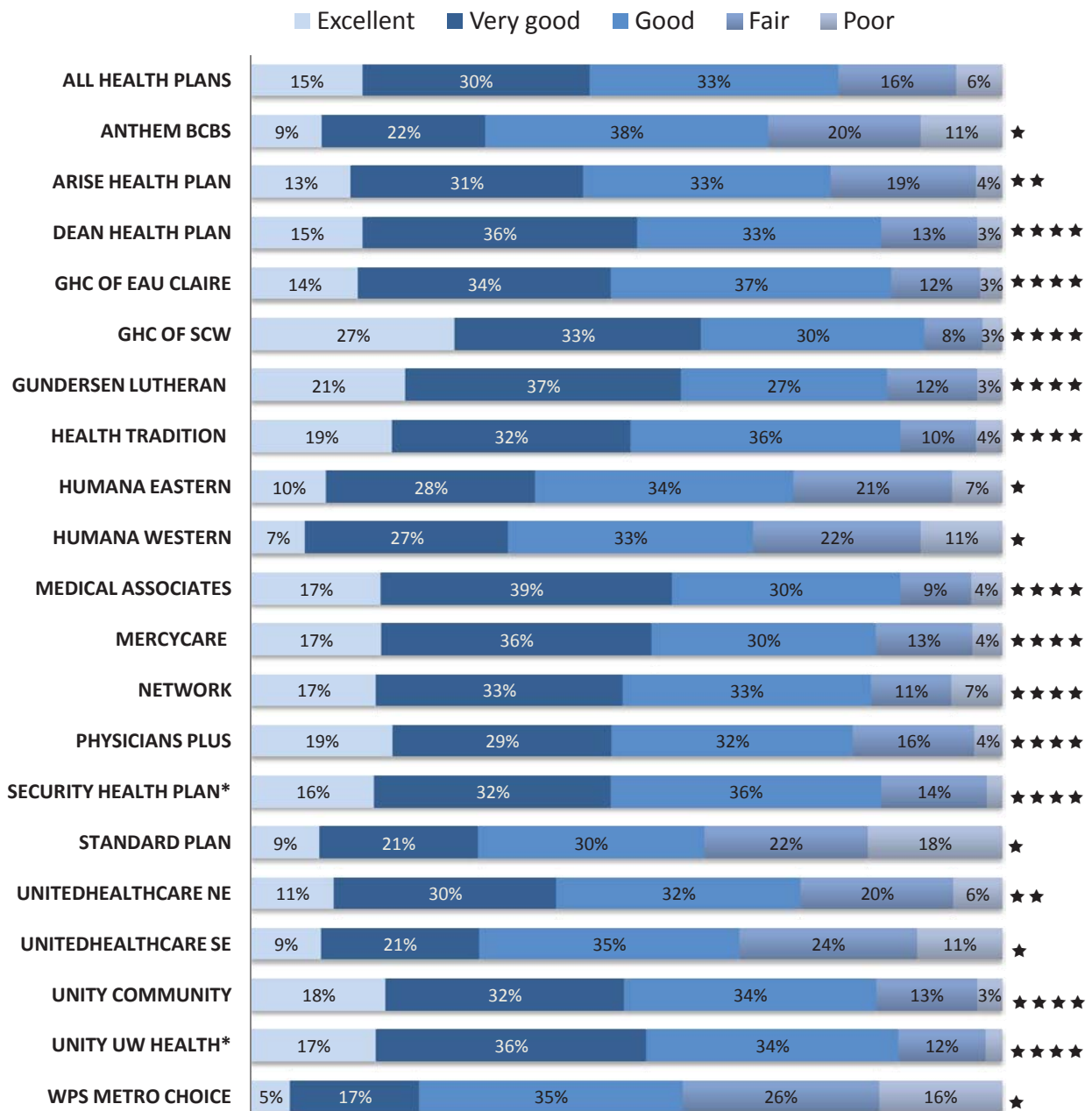


See Page 3 for a description of the star rating system.
*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded "Excellent" "Very good," "Good," "Fair" or "Poor."

Question 42B: How would you rate your plan's effort to provide you and your family with educational information on health and wellness issues such as smoking cessation, weight loss, mammograms, etc.?



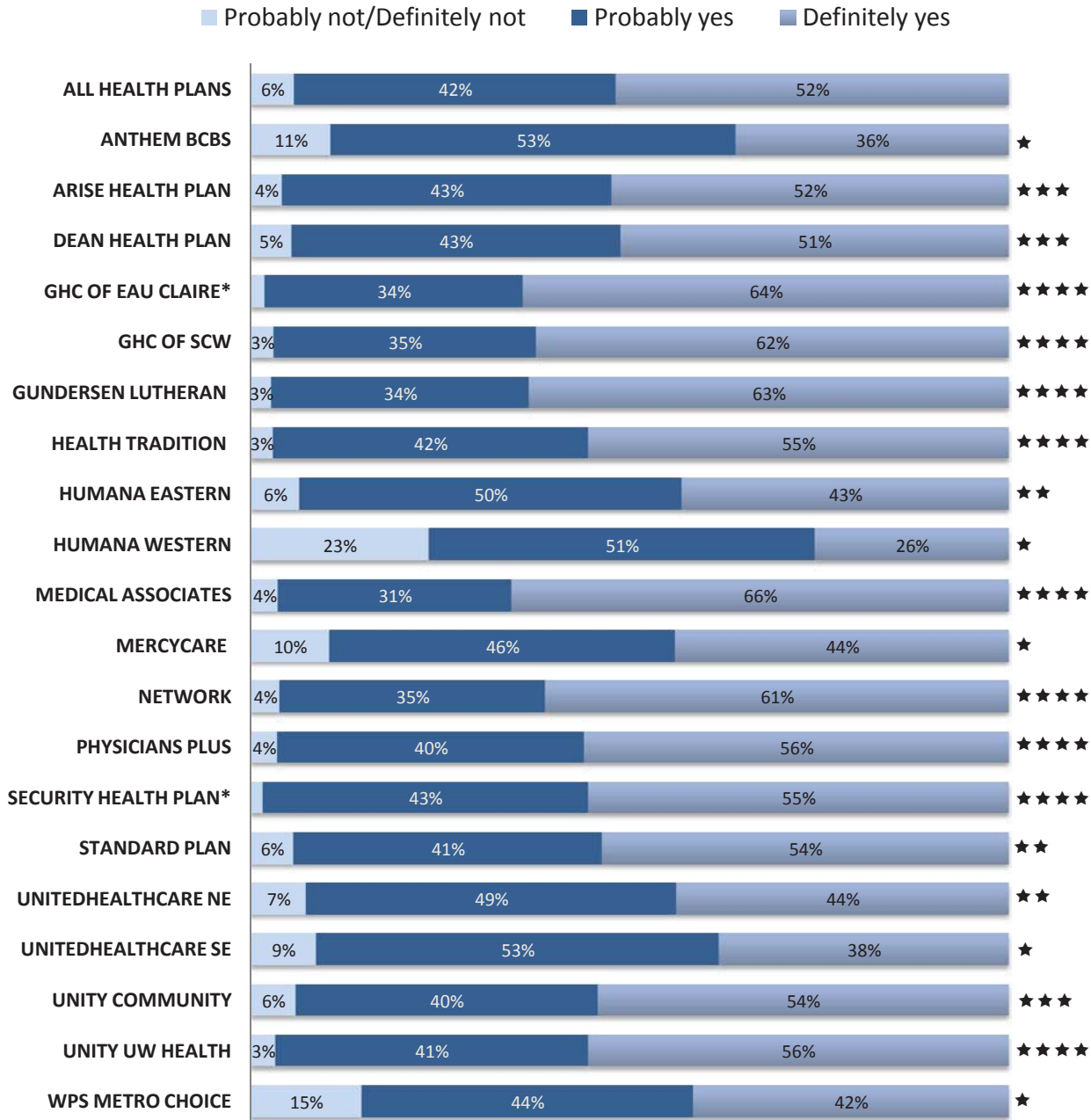
See Page 3 for a description of the star rating system.

*Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Probably not/ Definitely not,” “Probably yes” or “Definitely yes.”

Question 42D: Would you recommend your health plan to your family or friends?

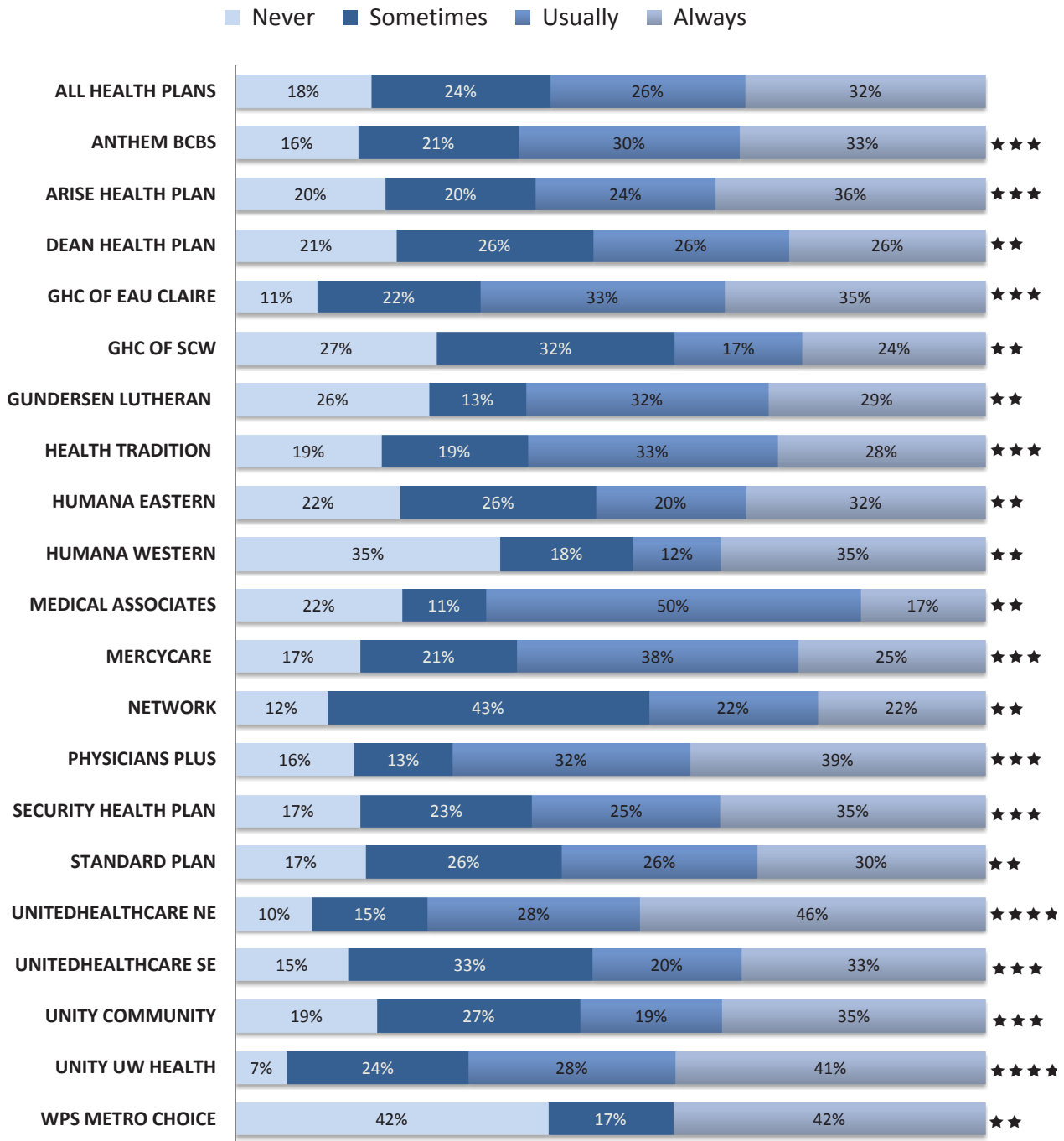


See Page 3 for a description of the star rating system.
 *Responses 2% or less are not labeled.

Supplemental Report Card

This graph shows the percentage of people who responded “Never,” “Sometimes,” “Usually” or “Always.”

Question 46: In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

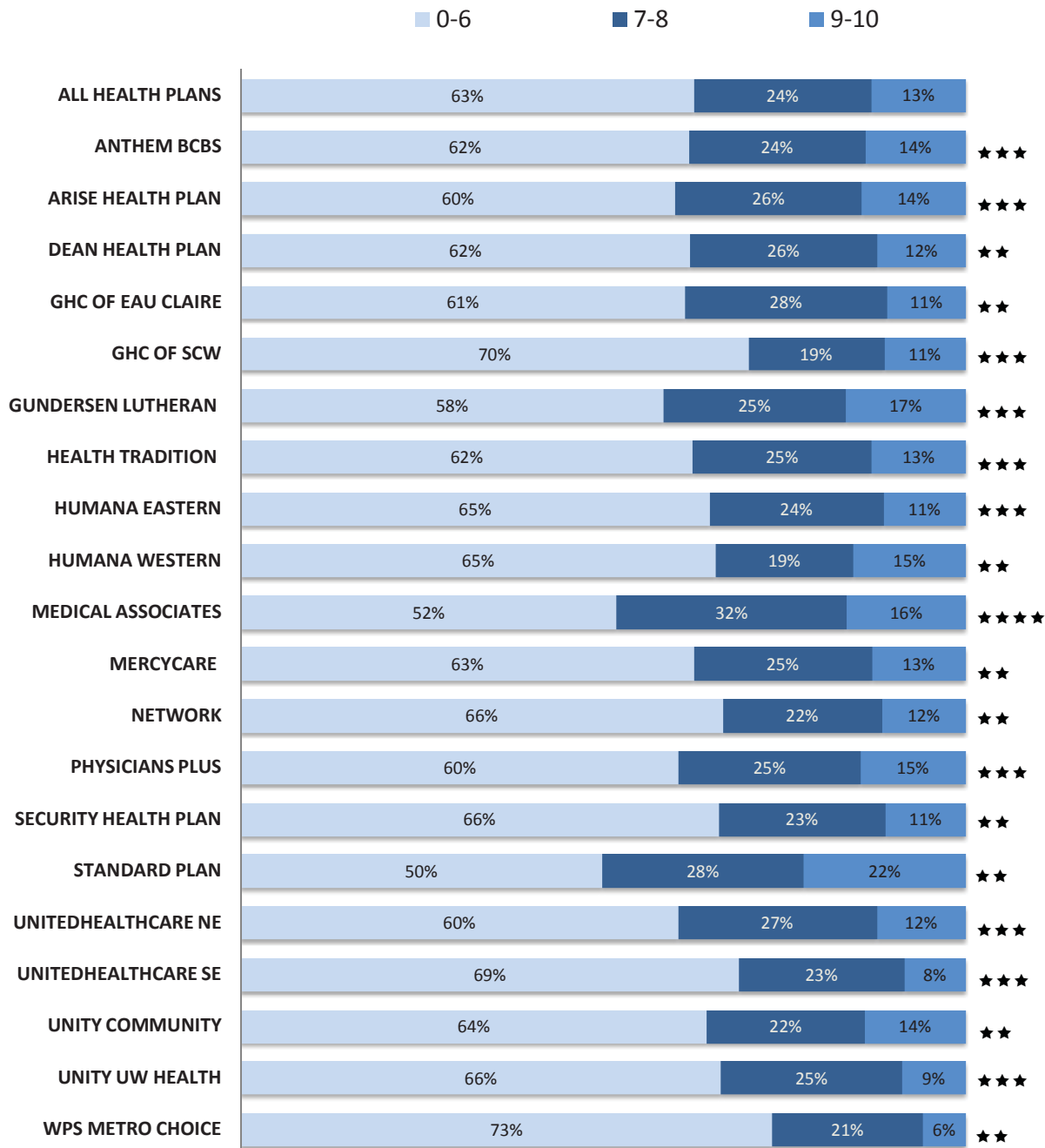


See Page 3 for a description of the star rating system.

Supplemental Report Card

This graph shows results where the surveyed were asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible." The percentage of people who rated their health plan from "0 to 6," "7 to 8," "9 to 10."

Question 62L: Amount of influence doctor and staff of your health insurance had in helping you make changes to improve your health?



See Page 3 for a description of the star rating system.



2011 Healthcare Effectiveness Data and Information Set (HEDIS®)

Health Plan Report Card—Supplement 2



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The following narrative information is based on and edited from NCQA’s HEDIS® 2010 Volume 1 Publication: © 2009 by the National Committee for Quality Assurance (NCQA)

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 Washington, DC 20005
 NCQA website: ncqa.org

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Supplemental Report Care 2



Health Plan Report Card - Supplement 2

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[Prenatal and Postnatal Care](#)



[Well-child
\(15 months\)](#)



[Well-child
\(six years\)](#)



[Well-adolescent
\(12-21 years\)](#)

Supplemental Report Card 2

WHAT IS HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed to ensure that the public has the information it needs for reliable comparison of organization performance. HEDIS results are based on statistically valid samples of members. Certified auditors rigorously audit HEDIS results, using a process designed by the National Committee for Quality Assurance (NCQA).

NCQA is a private, not-for-profit organization dedicated to improving health care quality, and is active in quality oversight and improvement initiatives at all levels of the health care system, from evaluating entire systems of care to recognizing individual providers that demonstrate excellence. NCQA firmly believes that health care sectors beyond managed care can significantly benefit from a meaningful performance measurement program that aids quality improvement and provides significant information about health care quality.

HEDIS demonstrates health plan performance from a clinical perspective. The measures evaluate whether the health plan delivers the recommended care based on medical evidence to prevent or manage illness. HEDIS measures health care issues that are meaningful to consumers and purchasers. They measure performance in areas of care where improvements can make a meaningful difference in members' lives while giving health care systems feedback they can use to improve service.

HEDIS is one component of a larger accountability system and complements the NCQA Accreditation Program. When combined, the results of NCQA Accreditation and HEDIS provide the most widely used view of organization quality currently available to purchasers and consumers.

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WHY HEDIS IS USEFUL?

Health care costs have escalated rapidly during the past decades. As costs increase, purchasers of health benefits (large corporations that purchase care on behalf of their employees and the public, and Medicare and Medicaid programs that purchase care on behalf of the senior and low-income populations) have become increasingly concerned that the value of health care has not risen proportionately. As health benefits consume an ever-larger proportion of total expenses, purchasers seek ways to assess the relative value of care offered by organizations. HEDIS offers a means to make an “apples-to-apples” comparison of organizations.

HEDIS provides value on two fronts. First, HEDIS measures give the public an unprecedented ability to understand how well organizations achieve results that matter, by answering questions such as:

- How effective and satisfying is the care and service delivered?
- How accessible is care?
- How well does the organization equip its members to make informed choices about their health?

Second, and just as important, HEDIS measures ensure that results are comparable across all organizations.

An additional use of HEDIS is as a component of a larger system that encourages accountability and quality improvement in health care. Quality professionals within health care strongly believe that managed care can provide better care, and HEDIS can help prove them right.

The HEDIS scores include all the HMO insurers that were available to ETF members in 2010. HEDIS data are collected by each insurer from their entire commercial population and are not reported separately by service area or from state employee and retiree membership. No HEDIS data are available for the State Maintenance Plan, the Standard Plan or WPS Metro Choice. For HMOs such as Humana, Anthem BCBS and United Healthcare, the overall results may not be reflective of the care given in each region of the state that the HMO operates. For example, if scores tend to be lower in the southeastern region than they are in the northeastern region of the state, than the scores presented in the HEDIS report card may be higher than the true scores achieved in the Southeast region and lower than the true scores achieved in the Northeast region.

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EFFECTIVENESS OF CARE

Prevention

A basic method for prevention of illness is immunization. Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy, and avoid potentially harmful effects of childhood diseases like mumps and measles. Even preventing “mild” diseases saves hundreds of lost school and work days, and millions of dollars.

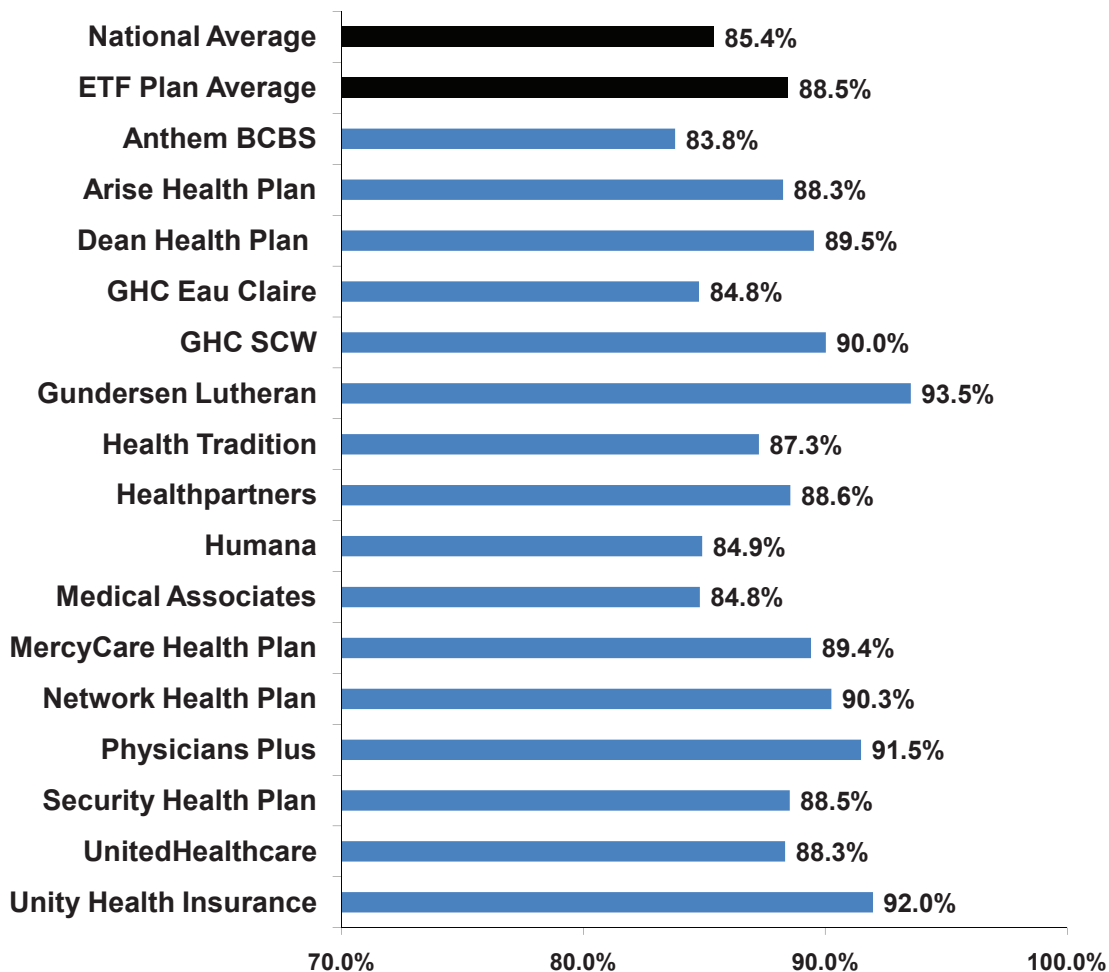
The measures in questions 1-9 assess the percentage of children who became 2 years old during the measurement year and who had received these vaccinations on or before 2 years of age: four doses of DTaP (diphtheria-tetanus-acellular pertussis) – [question 1](#); three doses of IPV (polio) – [question 2](#); one dose of MMR (measles, mumps, rubella) – [question 3](#); three doses of Hib (hemophilus influenza type b) – [question 4](#); three doses of hepatitis B – [question 5](#); one dose of VZV (chickenpox) – [question 6](#); four doses of pneumococcal conjugate – [question 7](#). Immunizations that were a combination of the vaccinations listed above are the measures in [question 8](#) and [question 9](#).

Note: Due to the Hib shortage, only two of the three doses are required for HEDIS 2010.

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Question 1: What percentage of children received four doses of DTaP (diphtheria, tetanus and acellular pertussis) vaccine before their second birthday?

Childhood Immunization Status: DTaP/DT



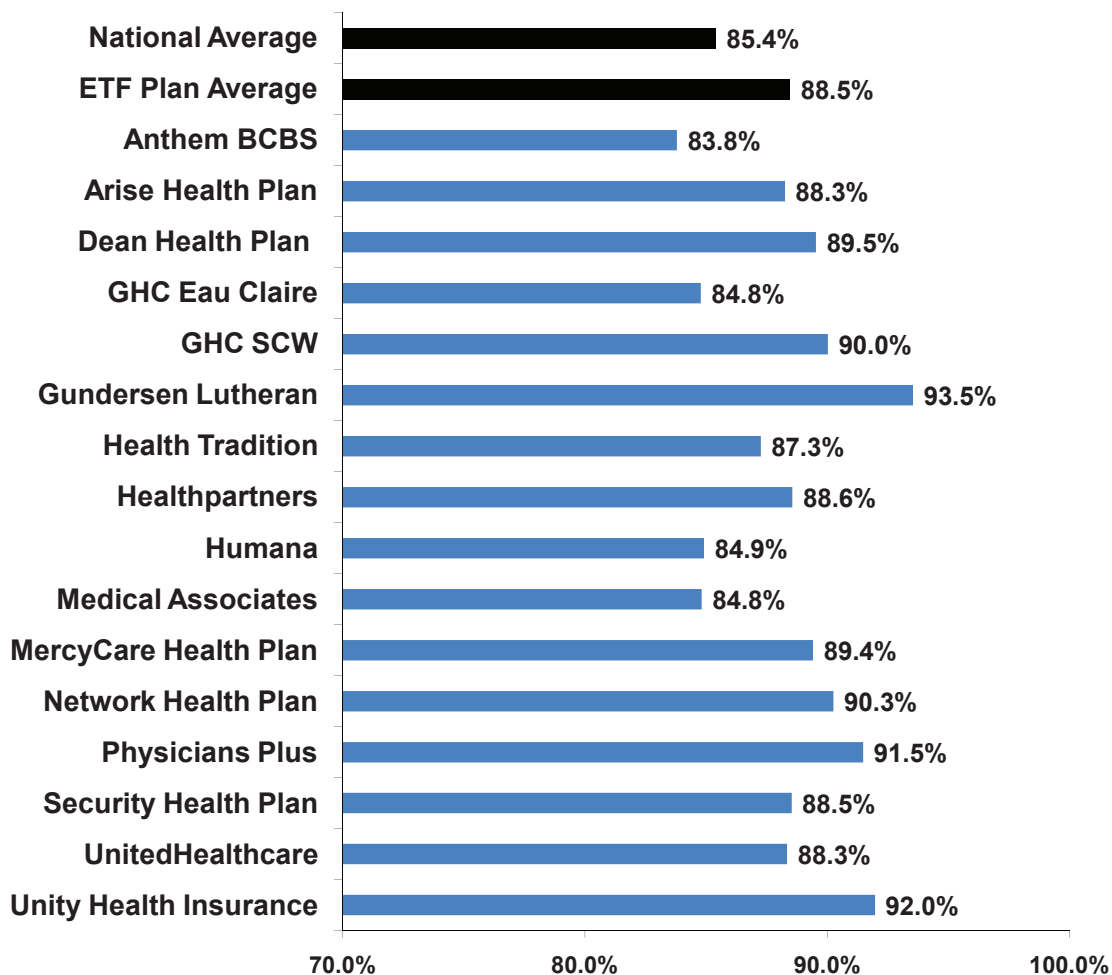
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Question 2: What percentage of children received at least three doses IPV (polio) vaccine before their second birthday?

Childhood Immunization Status: DTaP/DT



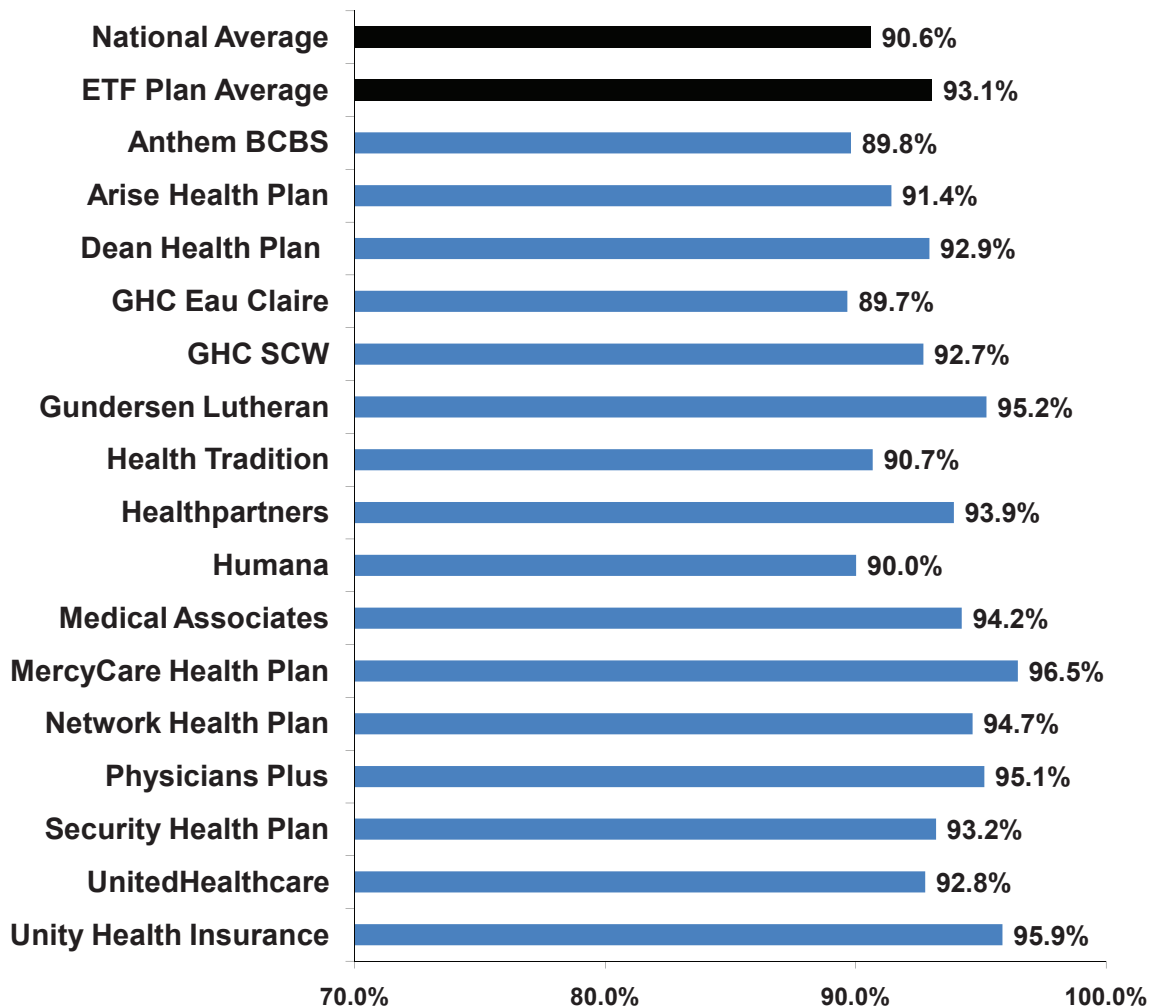
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Question 3: What percentage of children received one dose of MMR (measles, mumps, and rubella) vaccine before their second birthday?

Childhood Immunization Status: MMR



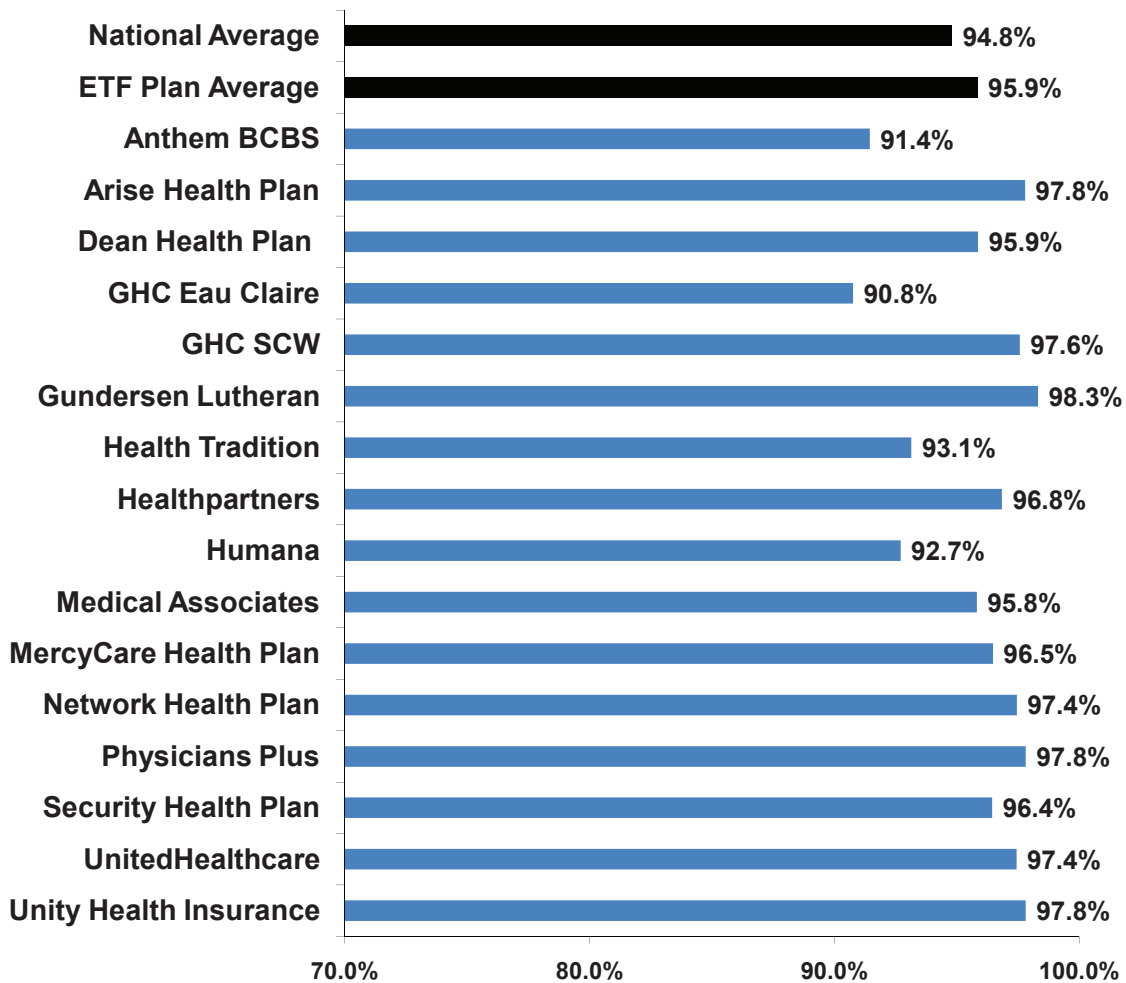
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Question 4: What percentage of children received two H influenza type B (Hib) vaccines before their second birthday?

Childhood Immunization Status: HiB



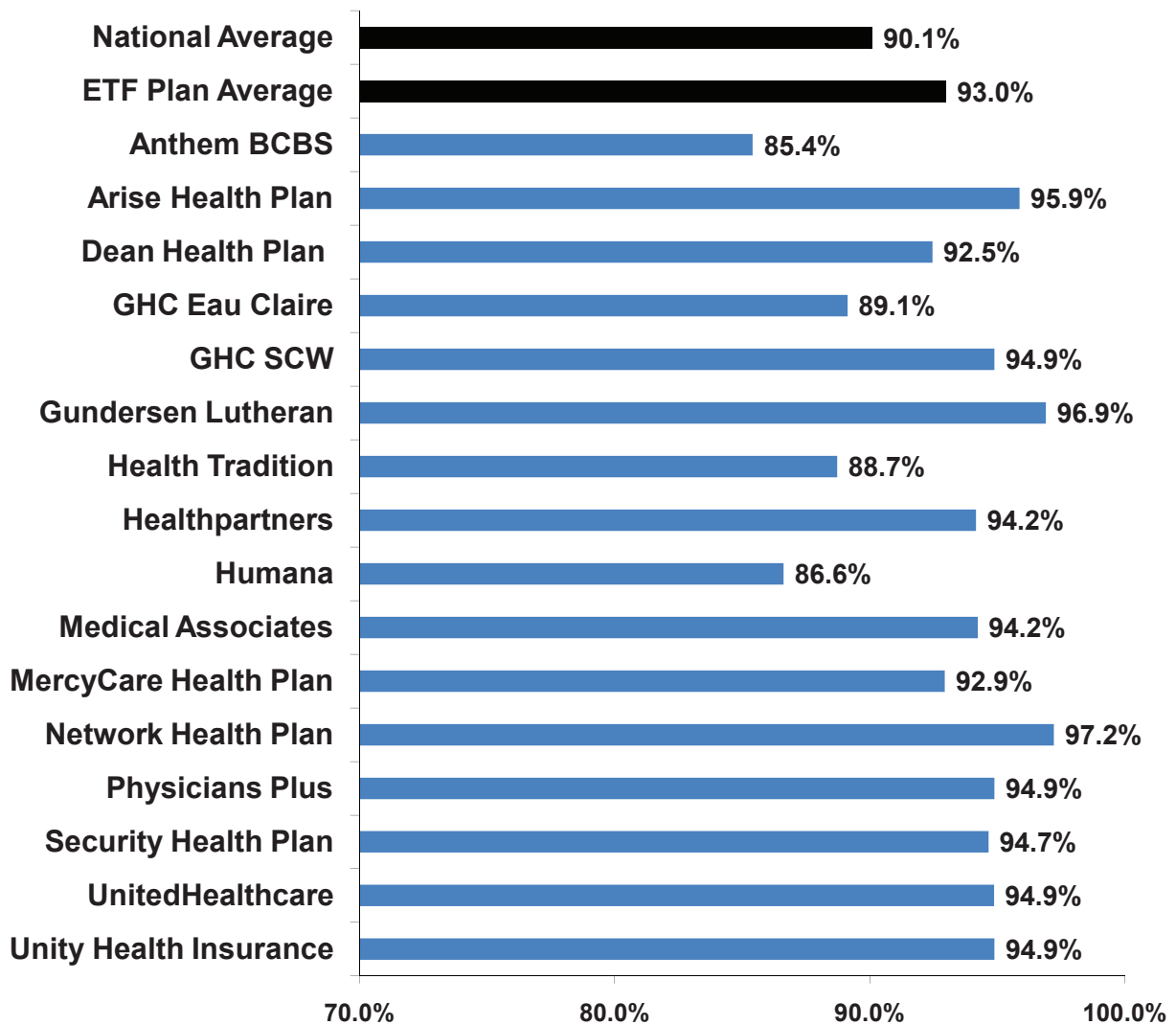
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Question 5: What percentage of children received three hepatitis B vaccines before their second birthday?

Childhood Immunization Status: Hepatitis B



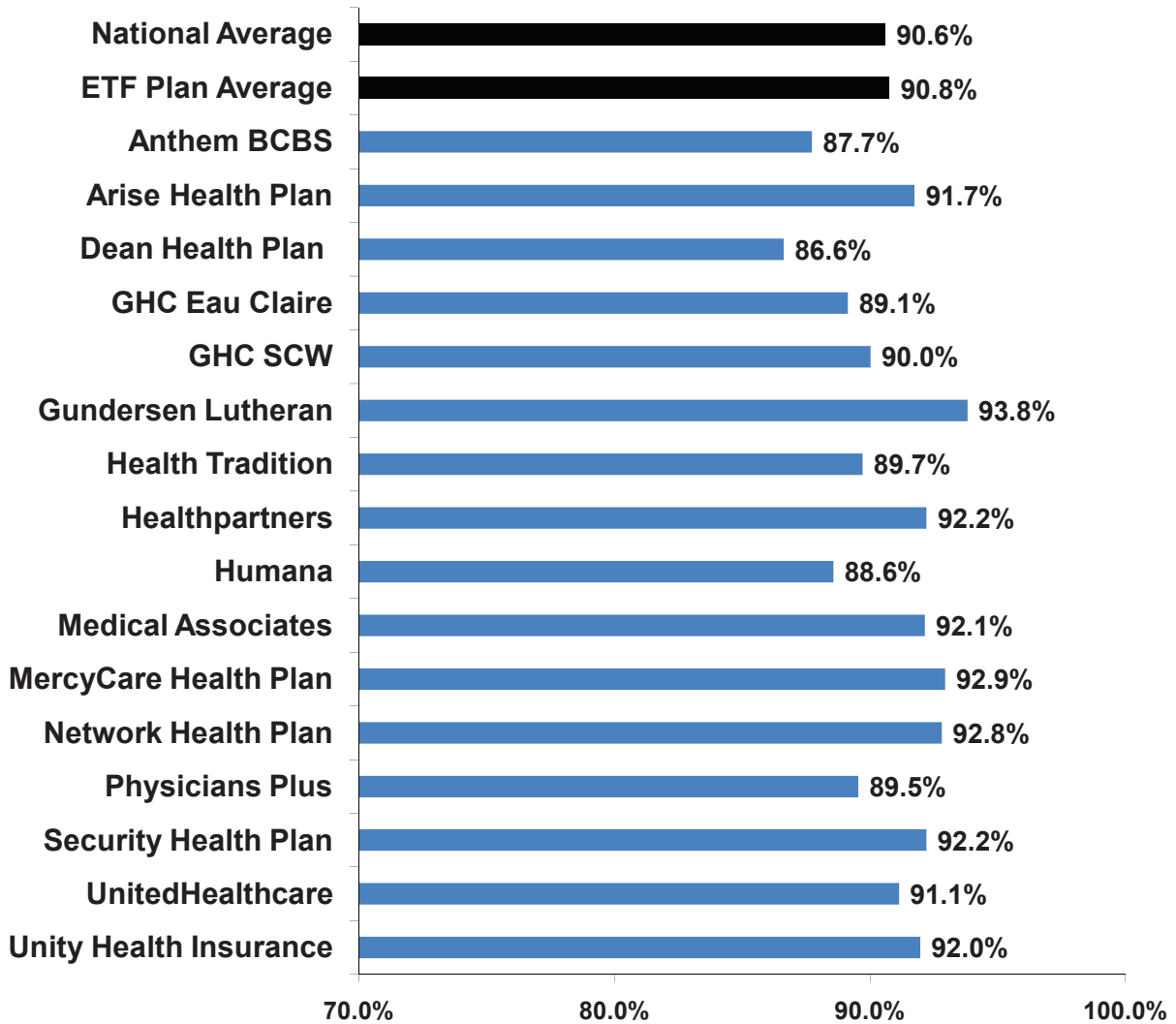
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Question 6: What percentage of children received one chicken pox (VZV) vaccine before their second birthday?

Childhood Immunization Status: VZV



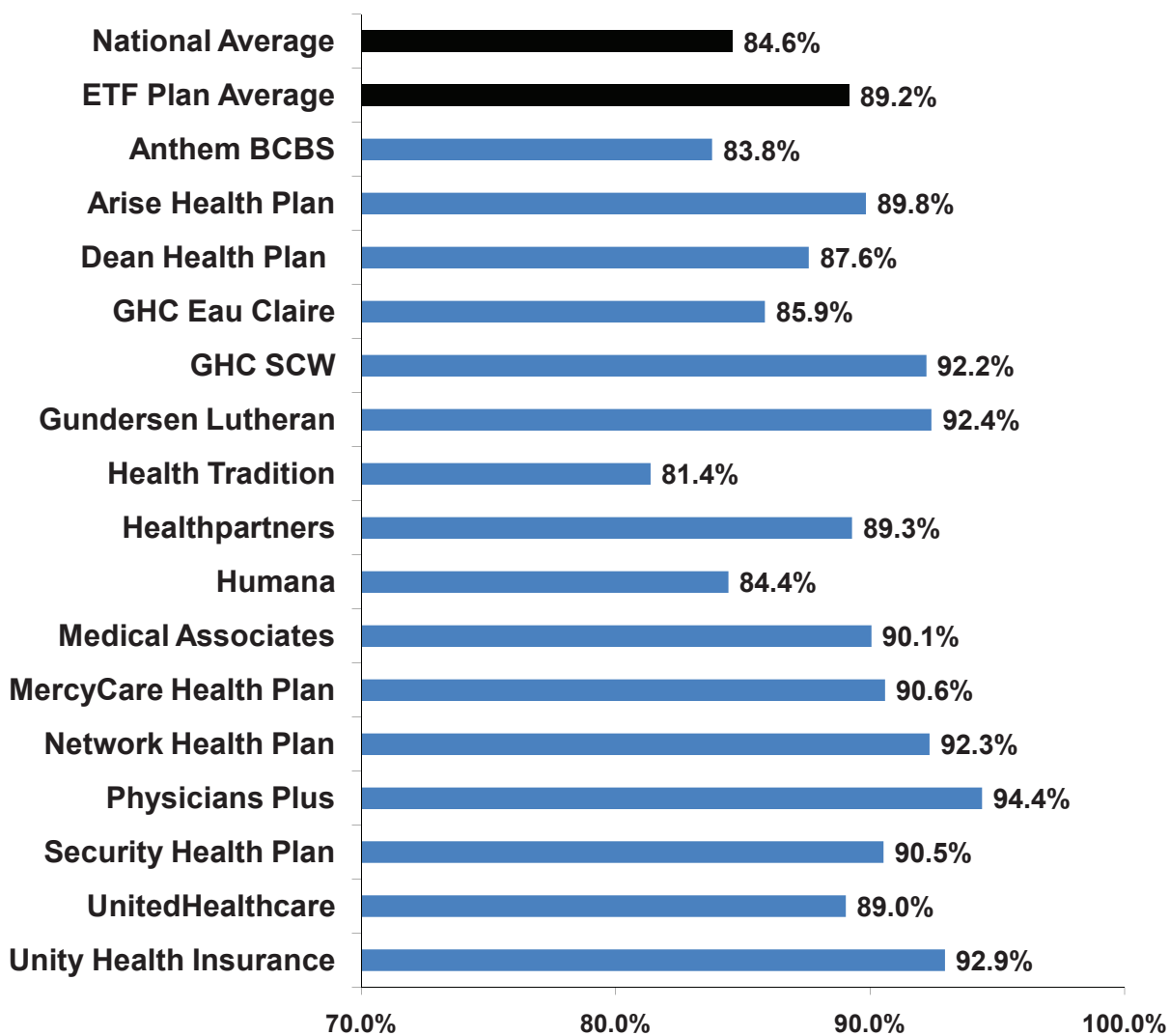
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Question 7: What percentage of children received four pneumococcal conjugate vaccines before their second birthday?

Childhood Immunization Status: Pneumococcal Conjugate



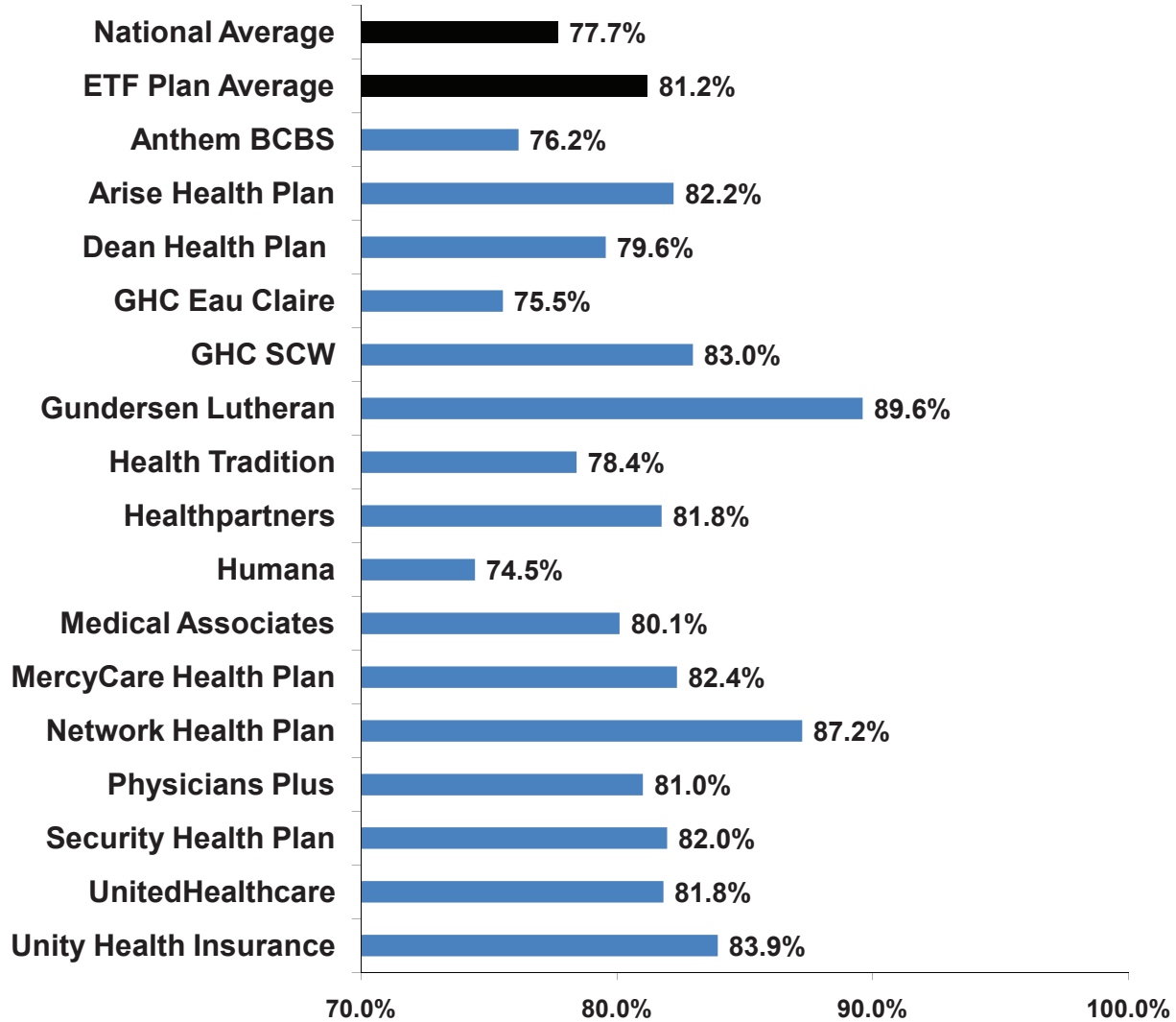
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Question 8: What percentage of children received recommended vaccines—Combination 2 (DTaP, IPV, MMR, Hib, hepatitis B, VZV) before their second birthday?

Childhood Immunization Status: Combination #2



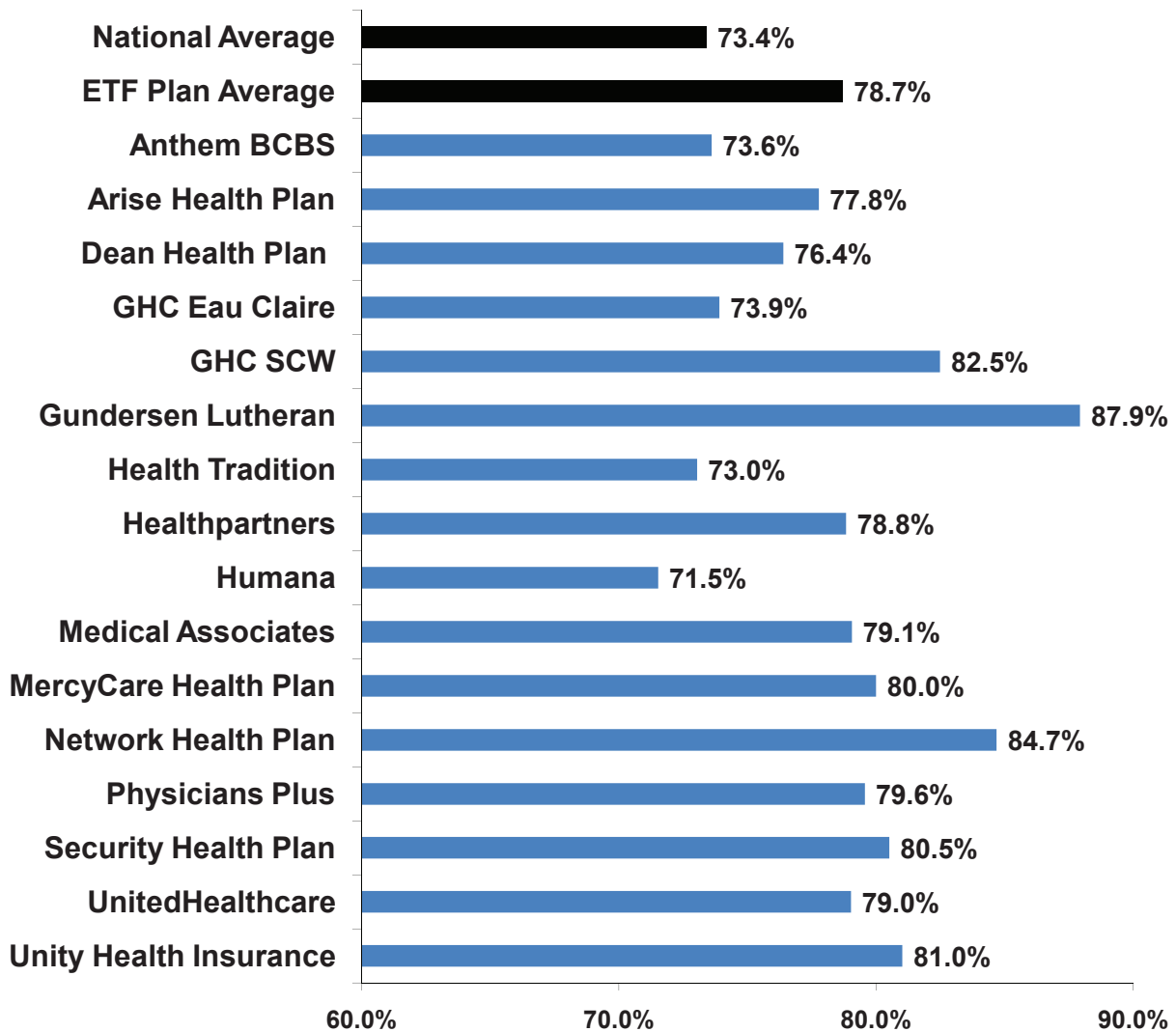
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Question 9: What percentage of children received recommended vaccines—Combination 3 (DTaP, IPV, MMR, Hib, hepatitis B, VZV, pneumococcal conjugate) before their second birthday?

Childhood Immunization Status: Combination #3



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Respiratory Conditions

The measure in [question 10](#) calculates the rate of antibiotic prescribing in children with upper respiratory infection (URI). It examines the proportion of children between 3 months and 18 years of age who were given a single diagnosis of URI at an outpatient visit and **did not** receive an antibiotic prescription for that episode of care within three days of the visit. Only the first eligible episode of URI for each child during the measurement year will be counted. A higher rate indicates better performance.

The common cold (or URI) is a frequent reason for children visiting the doctor's office. A performance measure of antibiotic use for URI sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

The measure in [question 11](#) reports the percentage of children between 2 and 18 years of age who were diagnosed with pharyngitis, prescribed an antibiotic at an outpatient visit and received a group A strep test. A higher rate indicates better performance.

Pharyngitis is the only condition among upper respiratory infections (URI) where diagnosis is easily and objectively validated through administrative and laboratory data, and it can serve as an important indicator of appropriate antibiotic use among all respiratory tract infections. Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance. A strep test (rapid assay or throat culture) is the definitive test of group A strep pharyngitis.

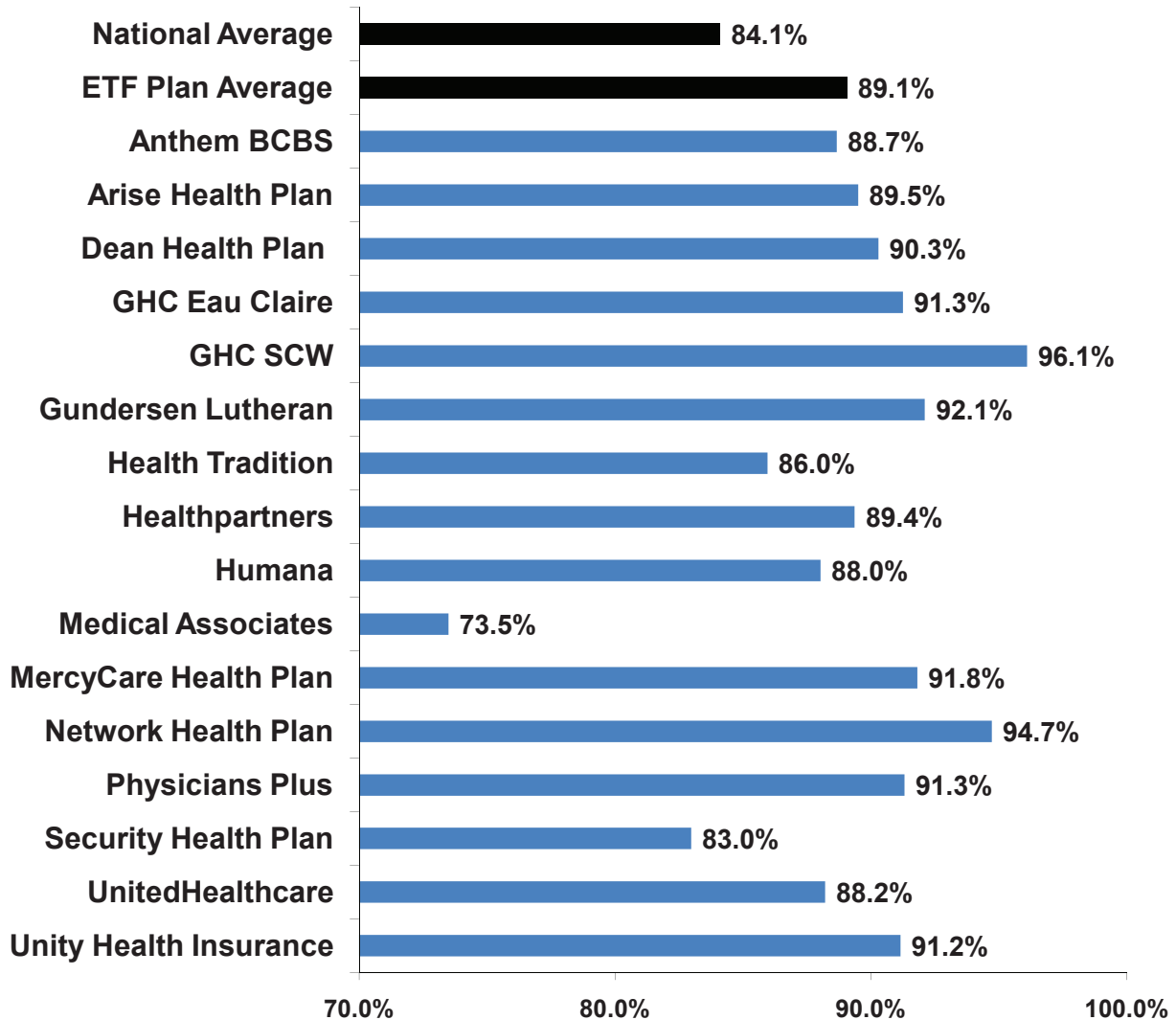
The measure in [question 12](#) assesses whether antibiotics were inappropriately prescribed for healthy adults 18 to 64 years of age with bronchitis and builds on an existing HEDIS measure that targets inappropriate antibiotic prescribing for children with URI.

Acute bronchitis consistently ranks among the 10 conditions that account for most ambulatory office visits to U.S. physicians. Despite that, the vast majority of acute bronchitis cases (more than 90%) have a nonbacterial cause, and antibiotics are prescribed 65% to 80% of the time. A lower rate indicates better performance.

Supplemental Report Card 2

Question 10: What percentage of children age 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) **were not** dispensed an antibiotic prescription?

Appropriate Treatment for Children With Upper Respiratory Infection



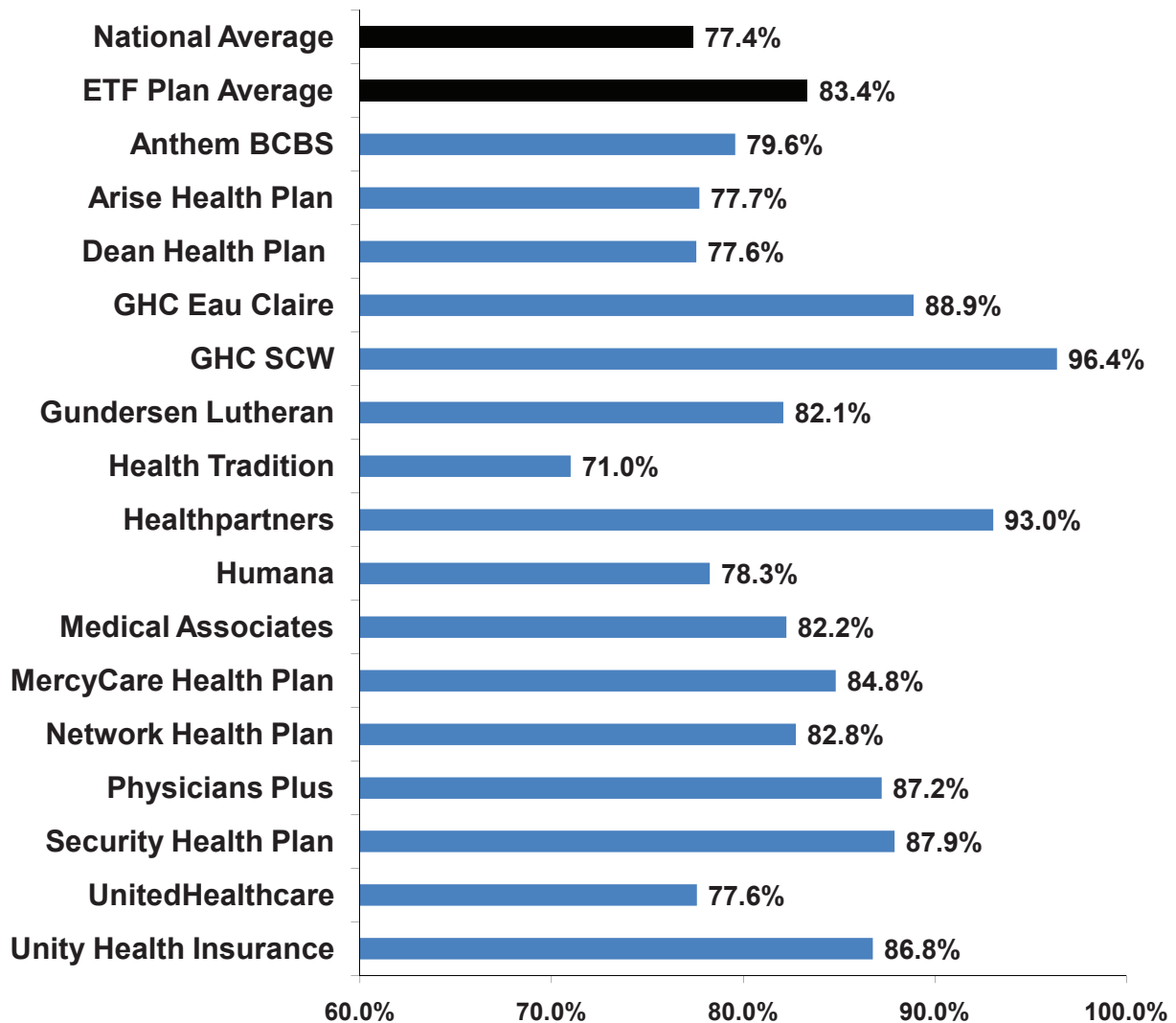
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Question 11: What percentage of children ages 2 to 18 who were diagnosed with pharyngitis and dispensed an antibiotic, received a group A streptococcus (strep) test for the episode?

Appropriate Testing for Children With Pharyngitis



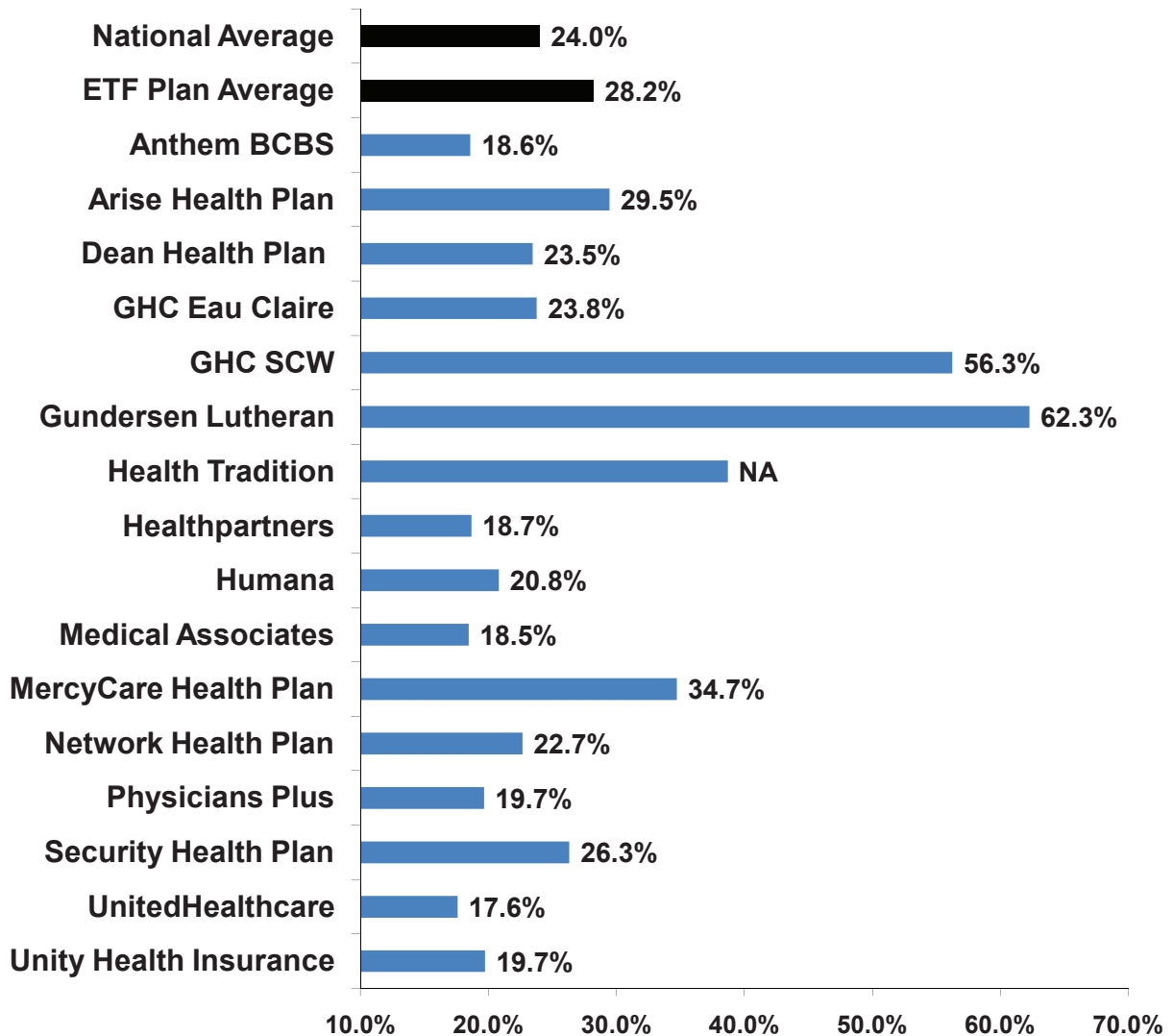
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Question 12: What percentage of adults ages 18 to 64 with a diagnosis of acute bronchitis **were not** dispensed an antibiotic prescription?

Antibiotic Prescription not dispensed within 3 days



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Cancer Screening

Colorectal Cancer

The measure in [question 13](#) assesses whether adults 50–75 years of age have had appropriate screening for colorectal cancer (CRC). “Appropriate screening” is defined by meeting any one of the screening methods below.

- Fecal occult blood test (FOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

CRC is the second leading cause of cancer-related deaths in the U.S. It places significant economic burden on society: treatment costs over \$6.5 billion per year. Unlike other screening tests that only detect disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which in theory can prevent the cancer from developing.

Breast Cancer

The measure in [question 14](#) looks at whether female members are being screened for breast cancer. It measures the percentage of women between 40 and 69 years of age who had at least one mammogram during the past two years.

Breast cancer is the second most common type of cancer among American women, with about 178,000 new cases reported each year. It is most common in women older than 50 years. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Mammography screening has been shown to reduce mortality by 20% to 30% among women 40 years old and older. A mammogram can reveal tumors too small to be felt by hand. It can also show other changes in the breast that may suggest cancer.

Cervical Cancer

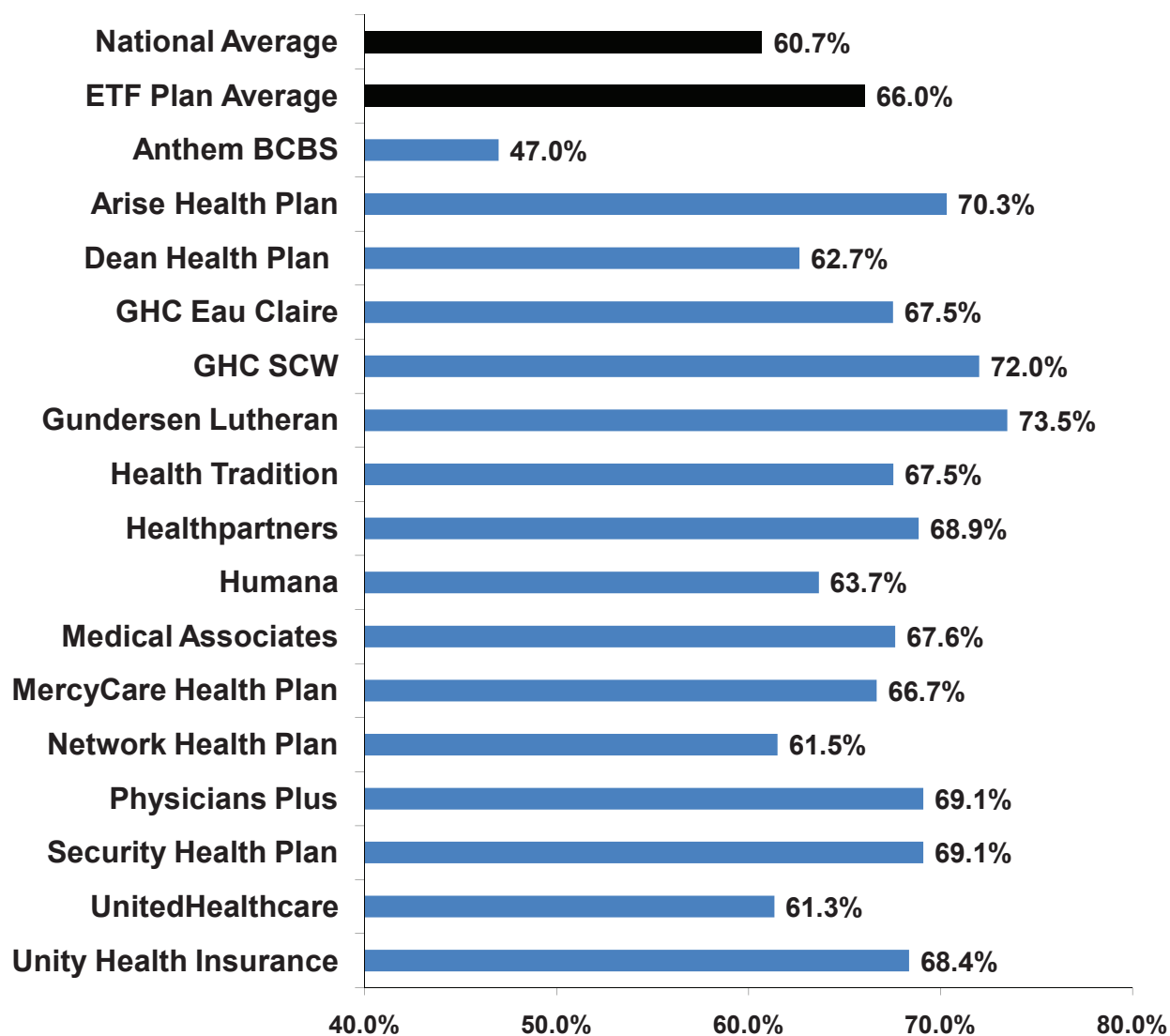
The measure in [question 15](#) assesses the percentage of women 21 to 64 years of age who had at least one Pap test during the past three years.

Cervical cancer can be detected in its early stages by regular screening using a Pap test. A number of organizations recommend Pap testing every one to three years for all women who have been sexually active or who are older than 21.

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Question 13: What percentage of adults ages 50 to 80 received an appropriate screening for colorectal cancer?

Colorectal Cancer Screening



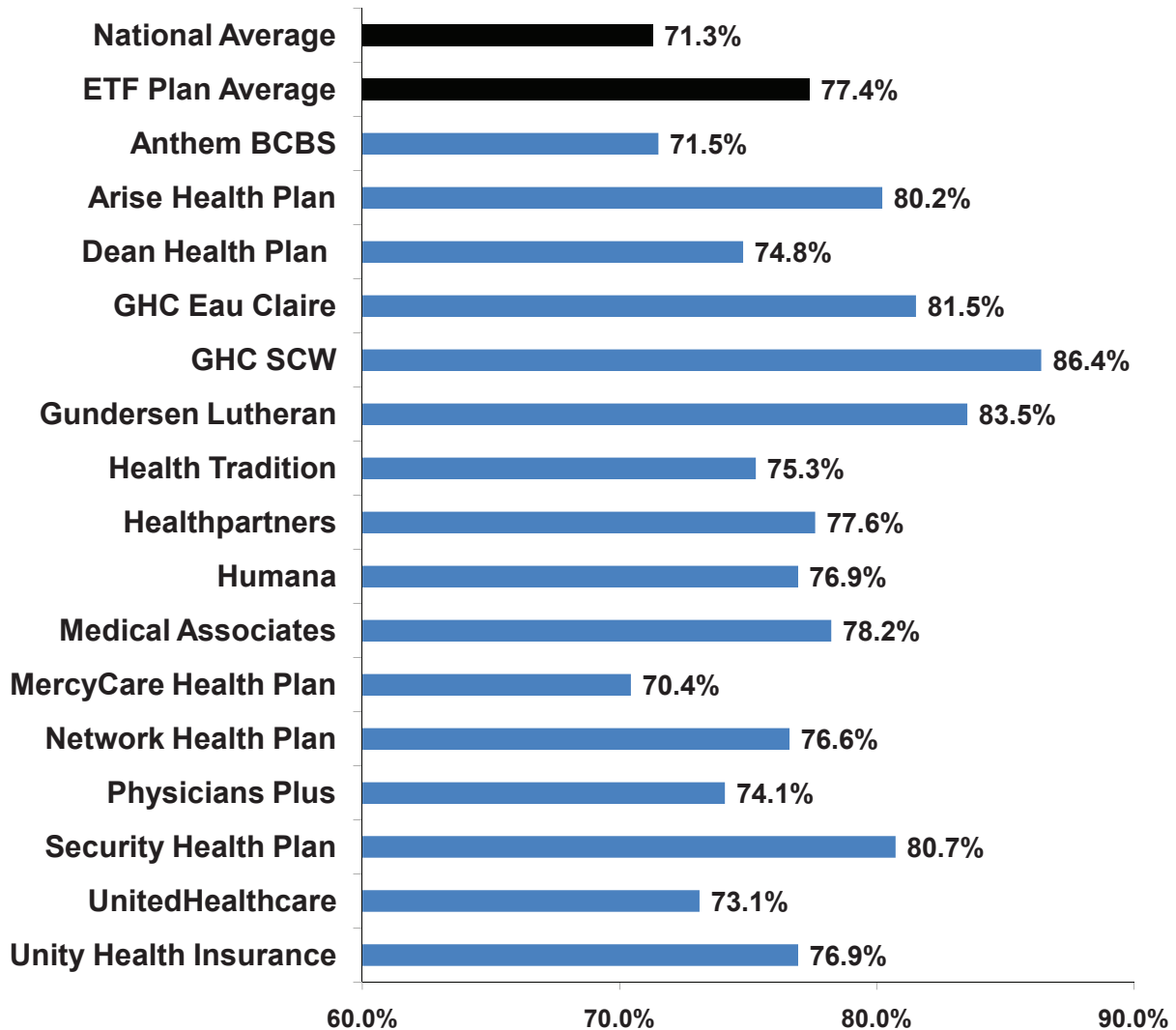
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Question 14: What percentage of women ages 42 to 69 years old had a mammogram within the last two years?

Breast Cancer Screening 42-69



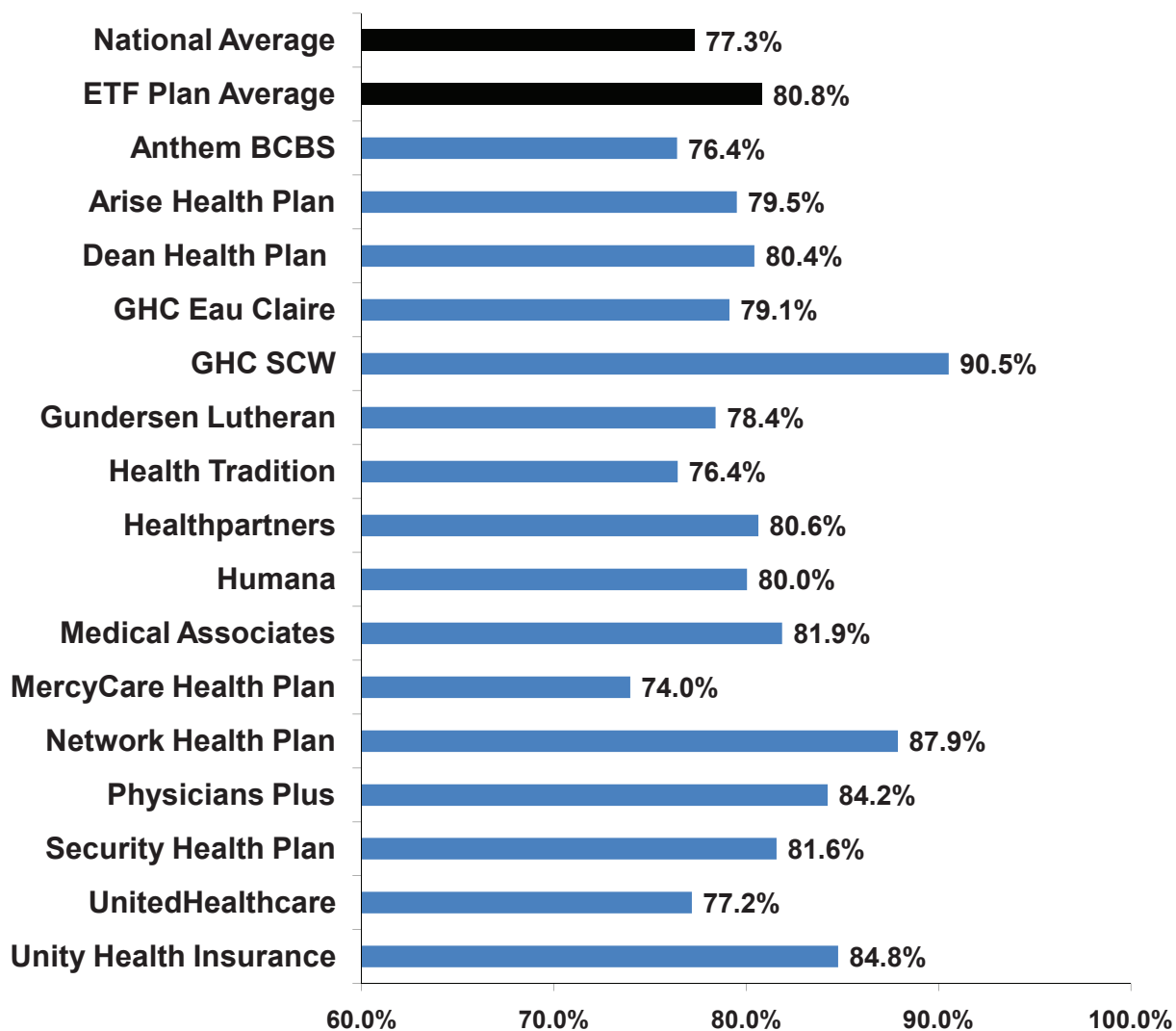
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Question 15: What percentage of women ages 21 to 64 had at least one Pap test during the past three years?

Cervical Cancer Screening



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Chronic Conditions

Hypertension

The intermediate-outcome measure in [question 16](#) looks at whether blood pressure was controlled among adults 18–85 years of age who were diagnosed with hypertension. Control is demonstrated by a blood pressure reading that is <140 mm Hg systolic and <90 mm Hg diastolic during the measurement year. Literature from clinical trials indicates that 53% to 75% of people under treatment achieved control of their blood pressure.

Approximately 50 million Americans have high blood pressure. Numerous clinical trials have shown that aggressive treatment of high blood pressure reduces mortality from heart disease, stroke and renal failure. Results are particularly striking in elderly hypertensives, who are more likely to have heart failure. A pool of past clinical trials demonstrated that a 5 mm–6 mm Hg reduction in diastolic blood pressure was associated with a 42 percent reduction in stroke mortality and a 14% to 20% reduction in mortality from coronary heart disease (CHD).

High Cholesterol

The measures in [question 17](#) and [question 18](#) assess multiple components of cholesterol management for people 18–75 years of age who are known to have heart disease by virtue of having had an acute cardiovascular event or diagnosis of ischemic vascular disease: the percentage of members who have an LDL-C screening (question 17) and the percentage of members who have a documented LDL-C level <100 mg/dL (question 18).

Total blood cholesterol is directly related to the development of coronary artery disease (CAD) and CHD, with most of the risk associated with LDL cholesterol. When LDL-C levels are high, cholesterol can build up within the walls of the arteries and cause atherosclerosis, a build-up of plaque. Hemorrhaging or clot formation can occur at the site of plaque build-up, blocking arteries and causing heart attack and stroke.

Reducing cholesterol in patients with known heart disease is critically important, as treatment can reduce morbidity (heart attack and stroke) and mortality by as much as 40 percent. Cholesterol screening and control depends on the combined efforts of the patient, physician and organization. Lifestyle factors and new medications offer tangible means for reducing cholesterol and the risk of heart disease.

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Diabetes

The composite measures in questions 19 through 26 look at how well an organization cares for the common and serious chronic disease of diabetes. It uses a single sample of diabetic members 18 to 75 years of age to evaluate organization performance on aspects of diabetes care. As a set, the rates provide a comprehensive picture of the clinical management of patients with diabetes. This measure looks at the percentage of individuals with diabetes who meet the following criteria.

- Had a hemoglobin (HbA1c) blood test – [question 19](#).
- Have controlled diabetes (HbA1c <9.0%) – [question 20](#).
- Had a retinal eye examination – [question 21](#).
- Had an LDL-C screening – [question 22](#).
- Had a controlled LDL-C level (LDL-C<100 mg/dL) – [question 23](#).
- Have been monitored for kidney disease – [question 24](#).
- Have blood pressure <130/80 – [question 25](#).
- Have blood pressure <140/90 – [question 26](#).

Diabetes is one of the most costly and highly prevalent chronic diseases in the U.S. Approximately 20.8 million Americans have diabetes, and half these cases are undiagnosed. Complications from the disease cost the country nearly \$100 billion annually. In addition, diabetes accounts for nearly 20 percent of all deaths in people older than 25. Many complications, such as amputation, blindness and kidney failure, can be prevented if detected and addressed in the early stages.

Asthma

The process measure in [question 27](#) evaluates whether members 5 to 50 years of age with persistent asthma are being prescribed medications acceptable as primary therapy for long-term asthma control.

Asthma is the most common chronic childhood disease, affecting an estimated 5 million children. Overall, approximately 20 million people in the U.S. have asthma. Collectively, people with asthma have more than 100 million days of restricted activity and 5,000 deaths annually. Much of the death and morbidity associated with asthma is avoidable. Successful management of asthma can be achieved for most asthmatics if they take medications that provide long-term control.

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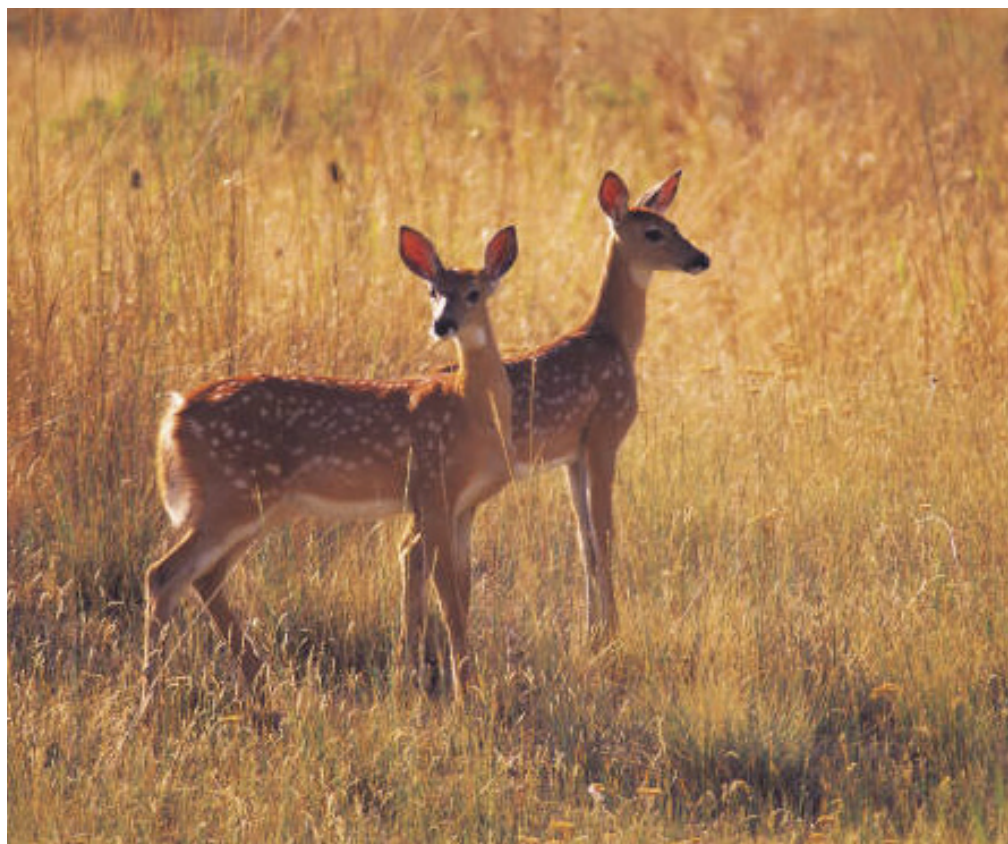
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Chronic Obstructive Pulmonary Disease

The measure in [question 28](#) looks at the percentage of members 40 years of age and older during the measurement year with a new diagnosis of chronic obstructive pulmonary disease (COPD) who received spirometry testing to confirm the diagnosis within a reasonable period.

Spirometry is a simple test that measures the amount of air a person can breathe out and the amount of time it takes to do so. Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity.

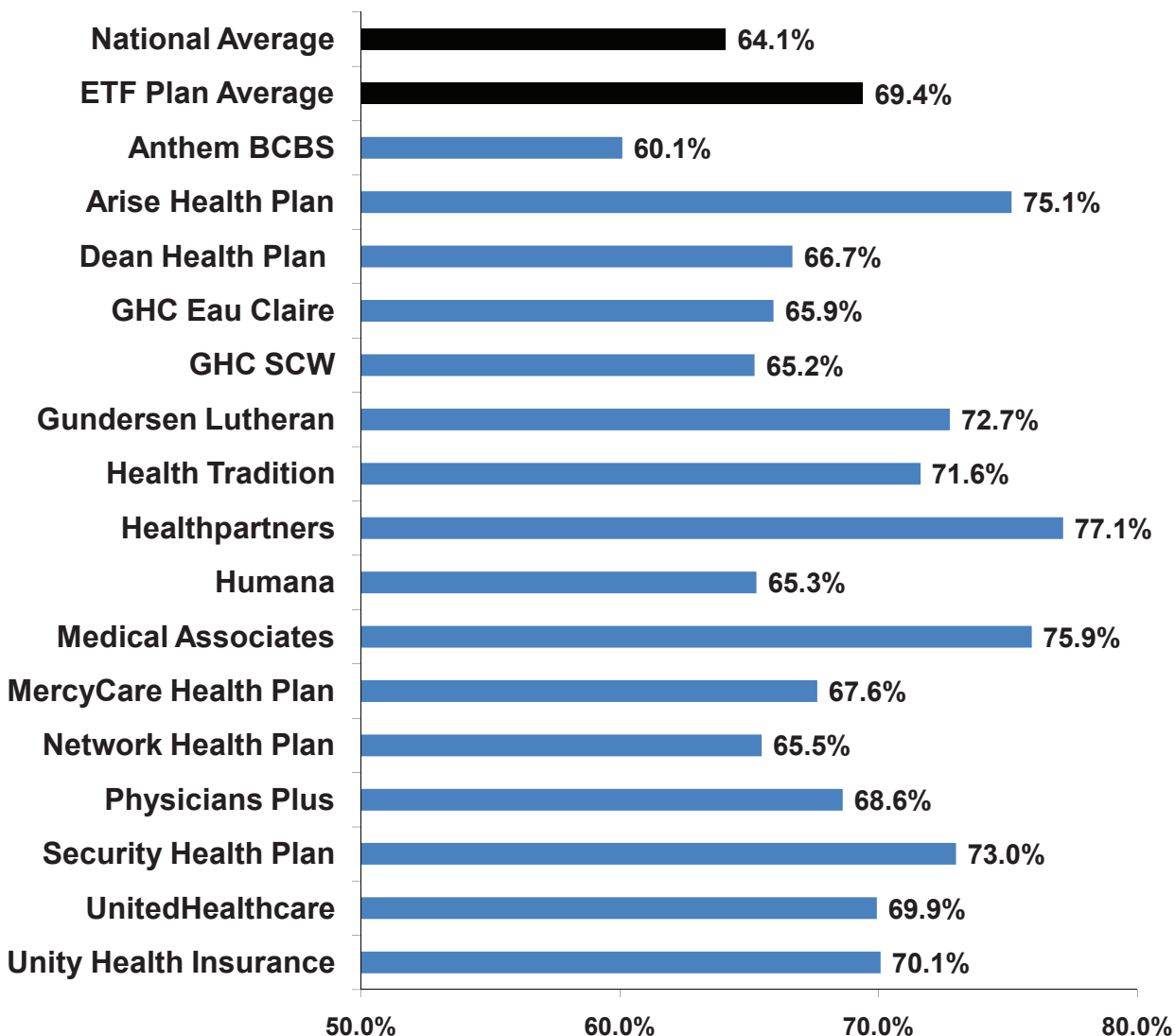
COPD is a major cause of chronic morbidity and mortality throughout the world and in the U.S. COPD defines a group of diseases characterized by airflow obstruction, and includes chronic bronchitis and emphysema. Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life. COPD afflicts nearly 16 million adults in the U.S. COPD is the fourth leading cause of death in the U.S., and is projected to move to third place by 2020.



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Question 16: What percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90)?

Controlling High Blood Pressure



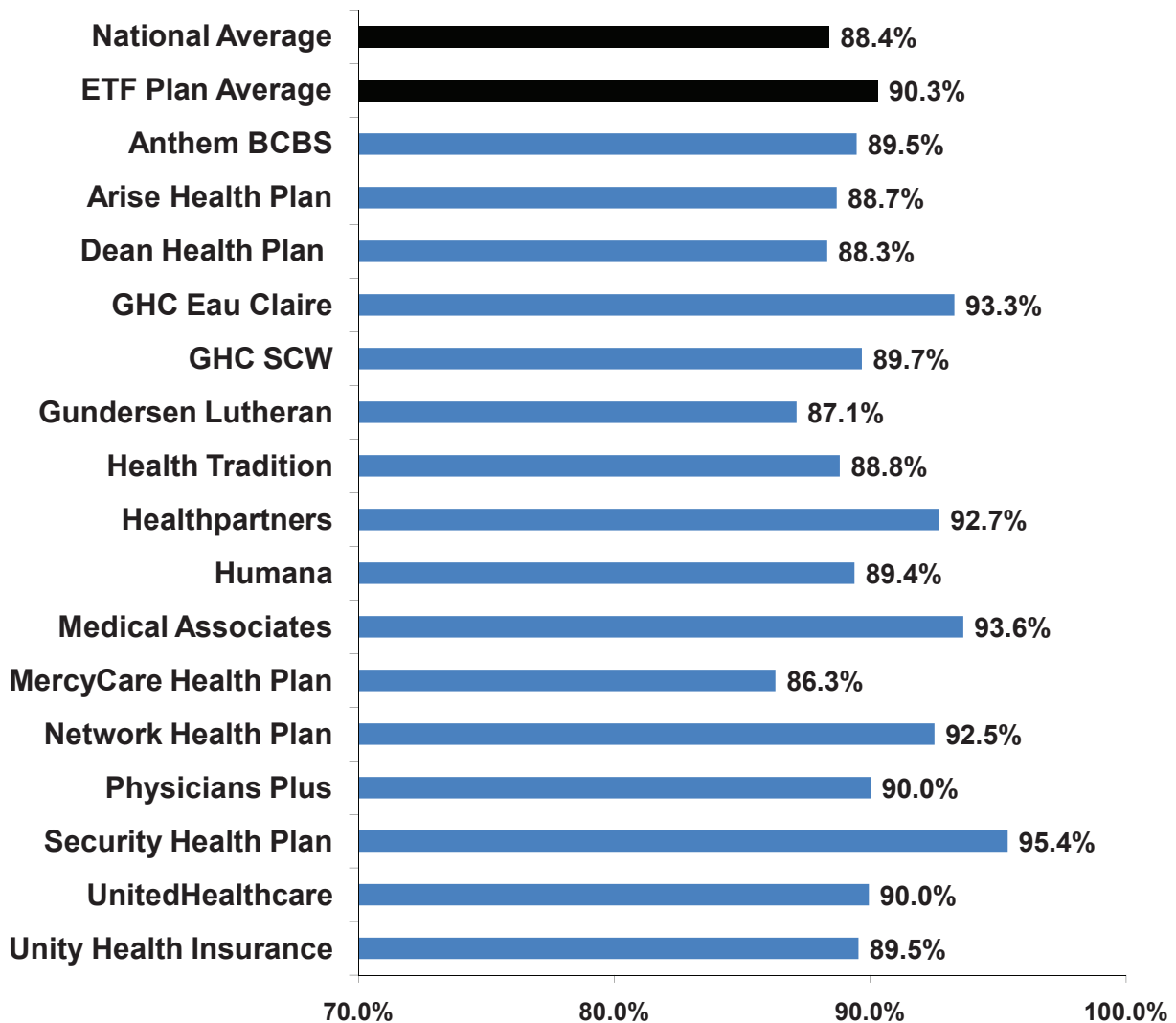
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Question 17: What percentage of members ages 18 to 75 with cardiovascular conditions within the prior year had their LDL-C (cholesterol) screened between 60 and 365 days after the event?

Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening



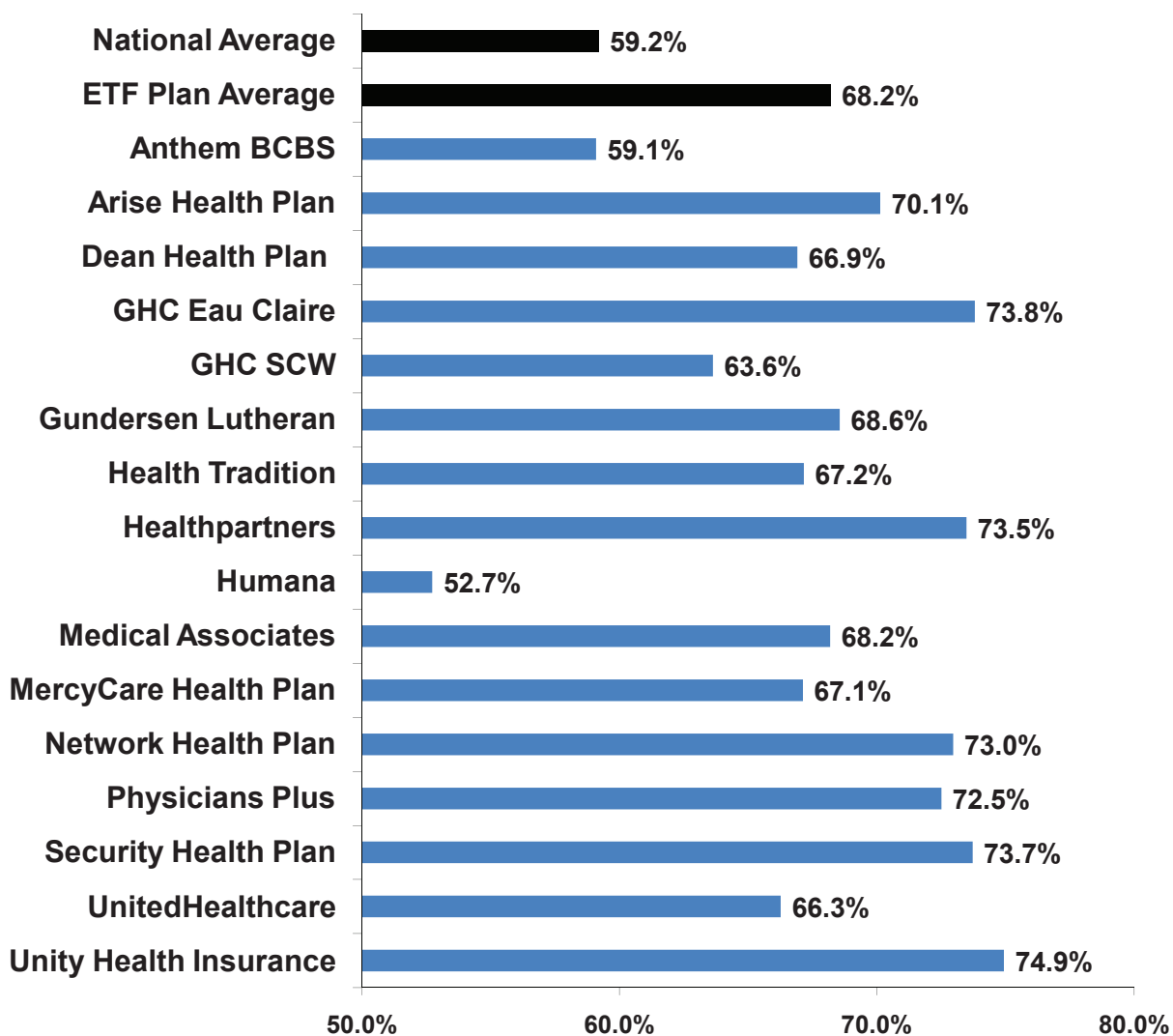
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Question 18: What percentage of members ages 18 to 75 with cardiovascular conditions within the prior year had their LDL-C (cholesterol) have a documented LDL-C (cholesterol) level <100 mg/dL?

Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100 mg/dL



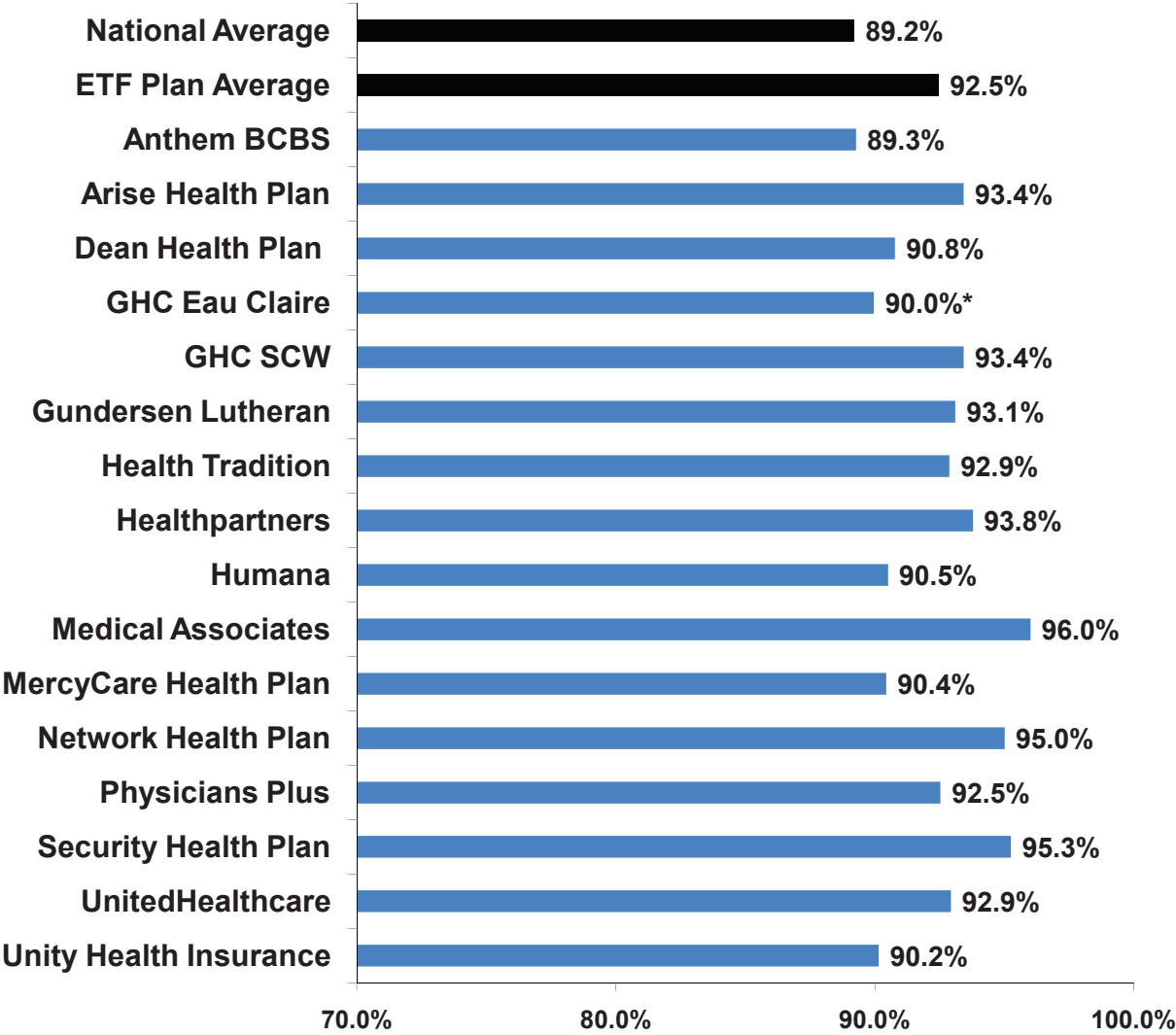
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Question 19: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes had a Hemoglobin A1c (HbA1c) test?

Diabetes Care: HbA1c Testing



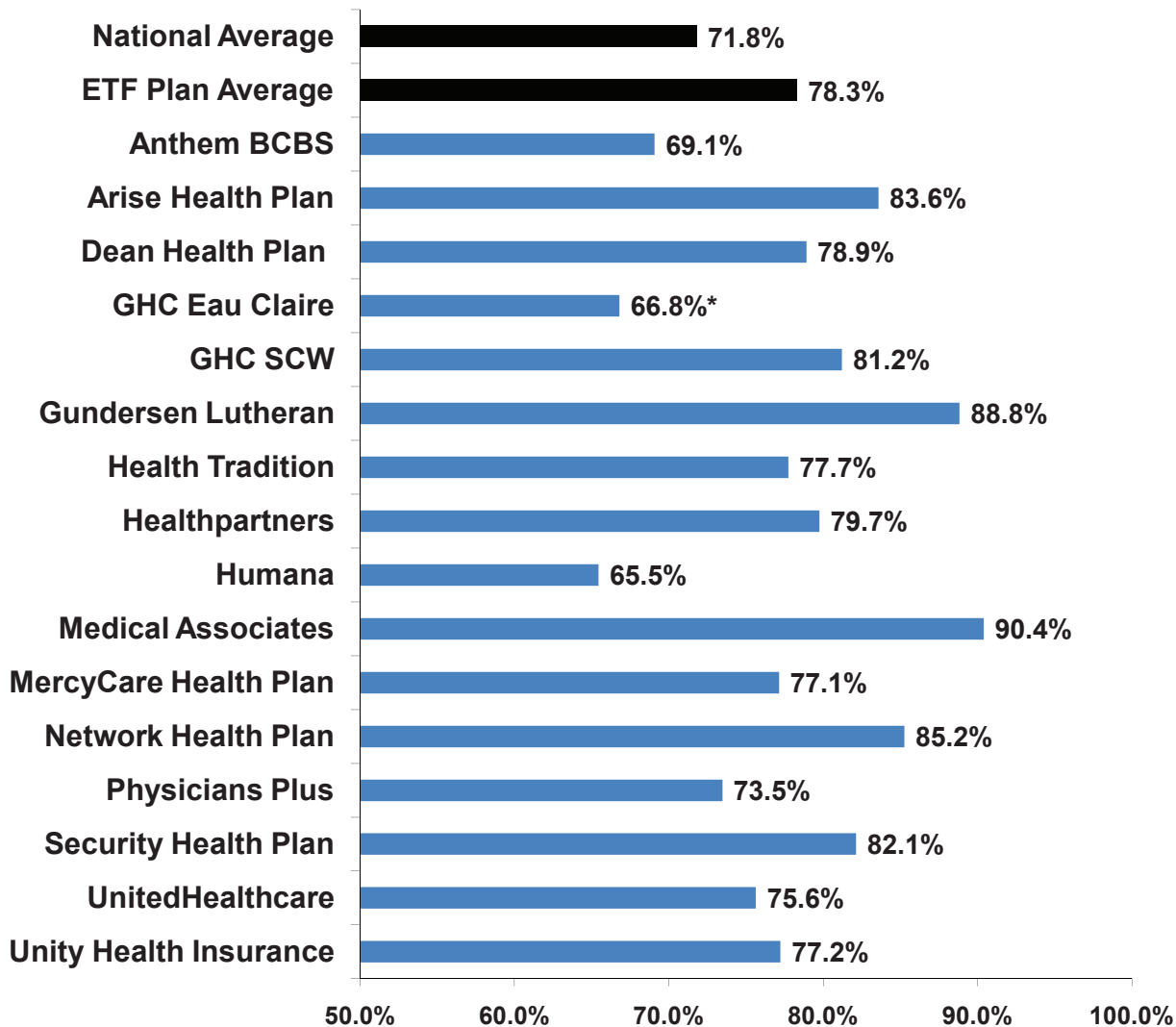
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Question 20: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes had a Hemoglobin A1c (HbA1c) level that was **not** poorly controlled (<9.0%)?

Diabetes Care: NOT Poor HbA1c Control <9.0%



*Data discrepancies were identified when reporting this measure.

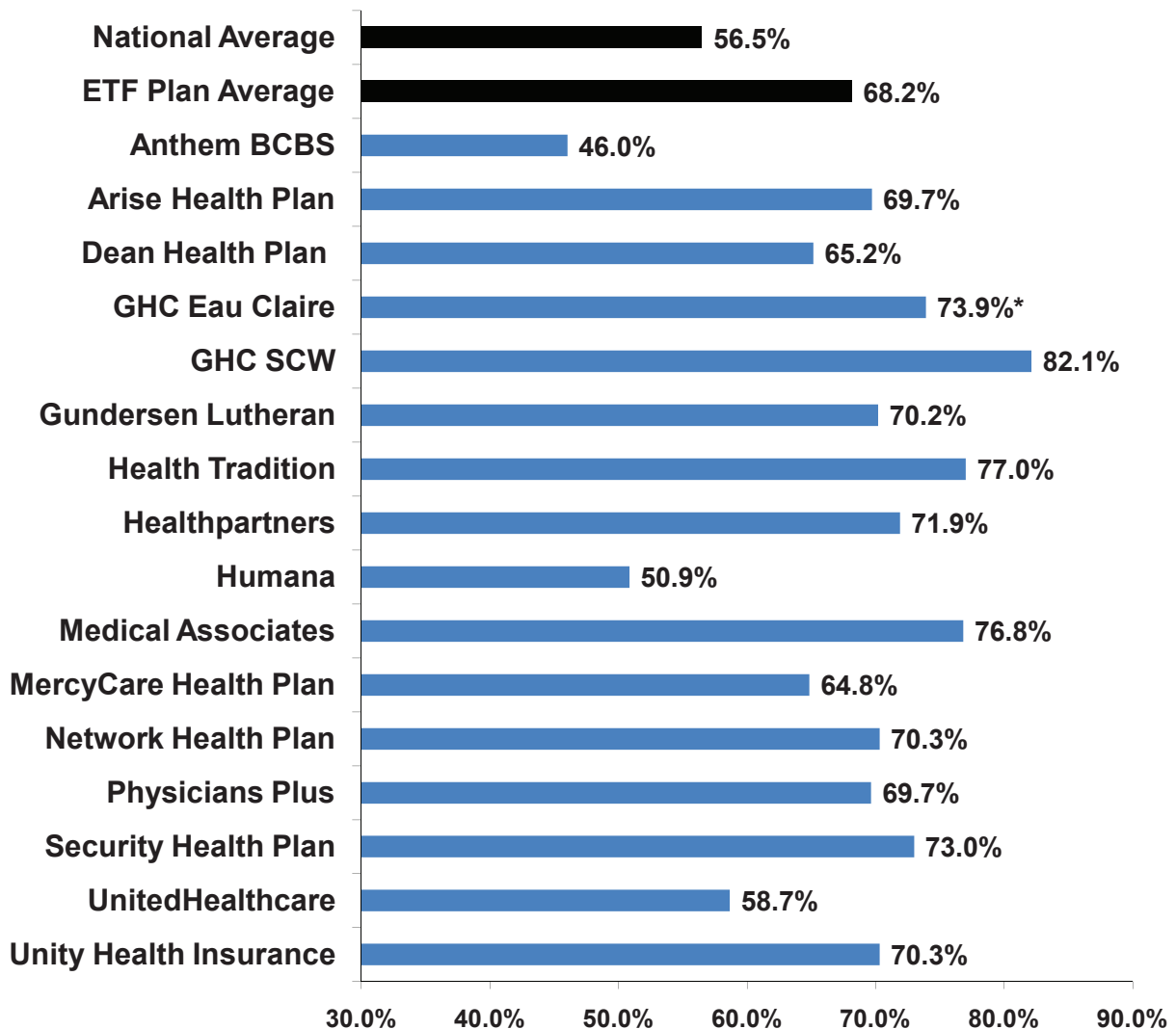
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Question 21: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes had an eye exam performed?

Diabetes Care: Eye Exam



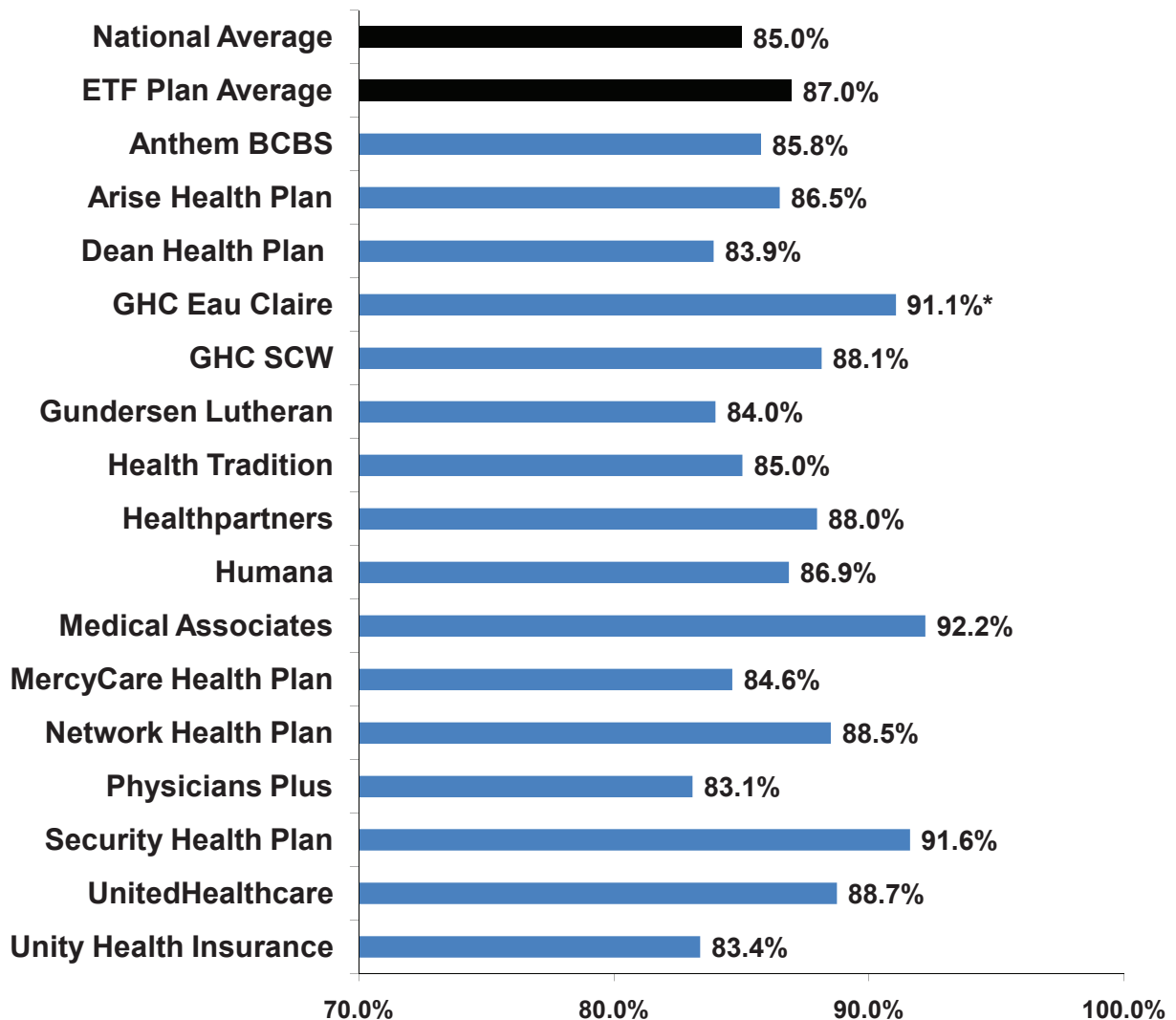
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Question 22: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes had a LDL-C screening?

Diabetes Care: LDL-C Screening



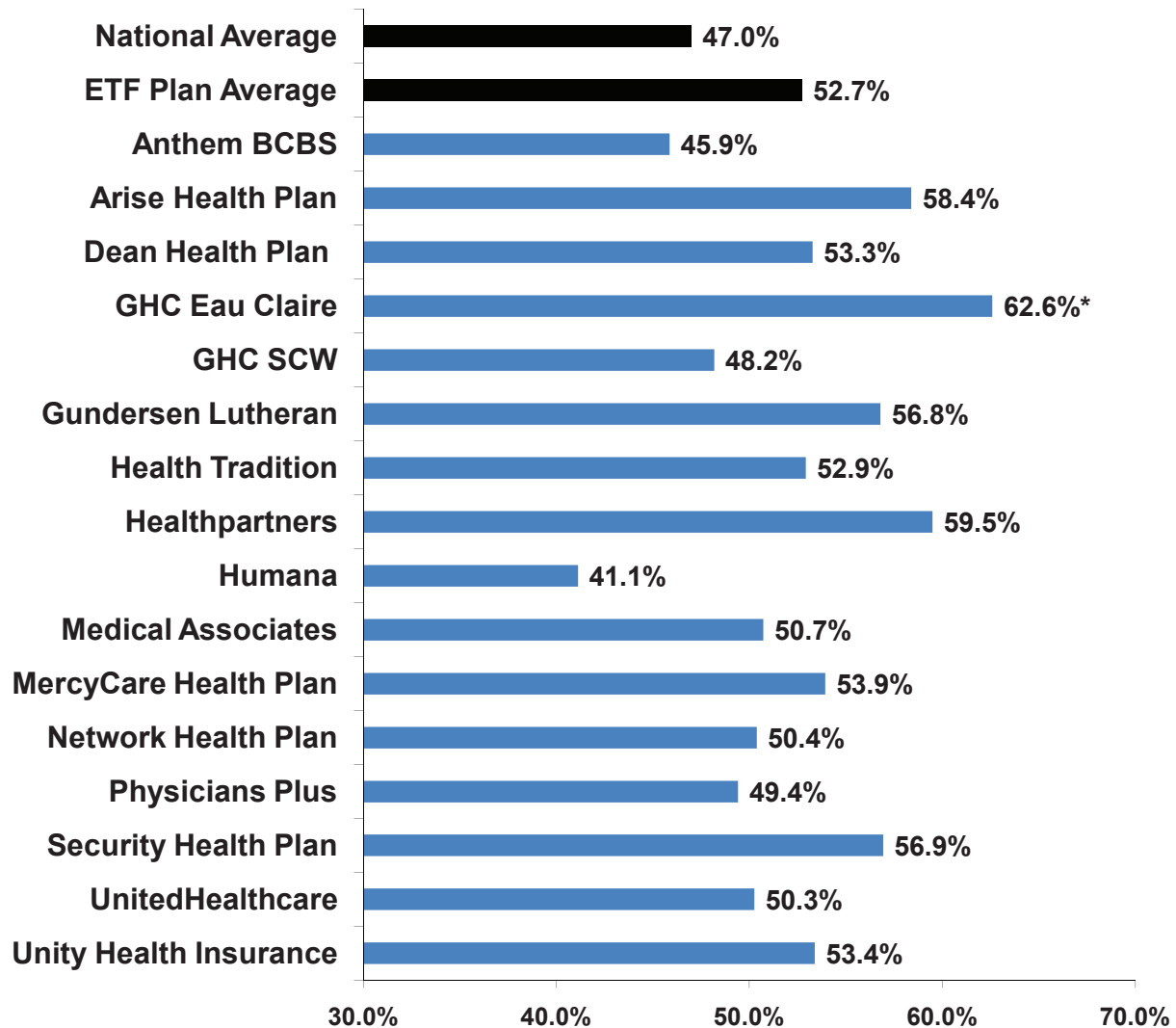
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Question 23: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes had their LDL-C levels under control (<100 mg/dL)?

Diabetes Care: LDL-C Level <100 mg/dL



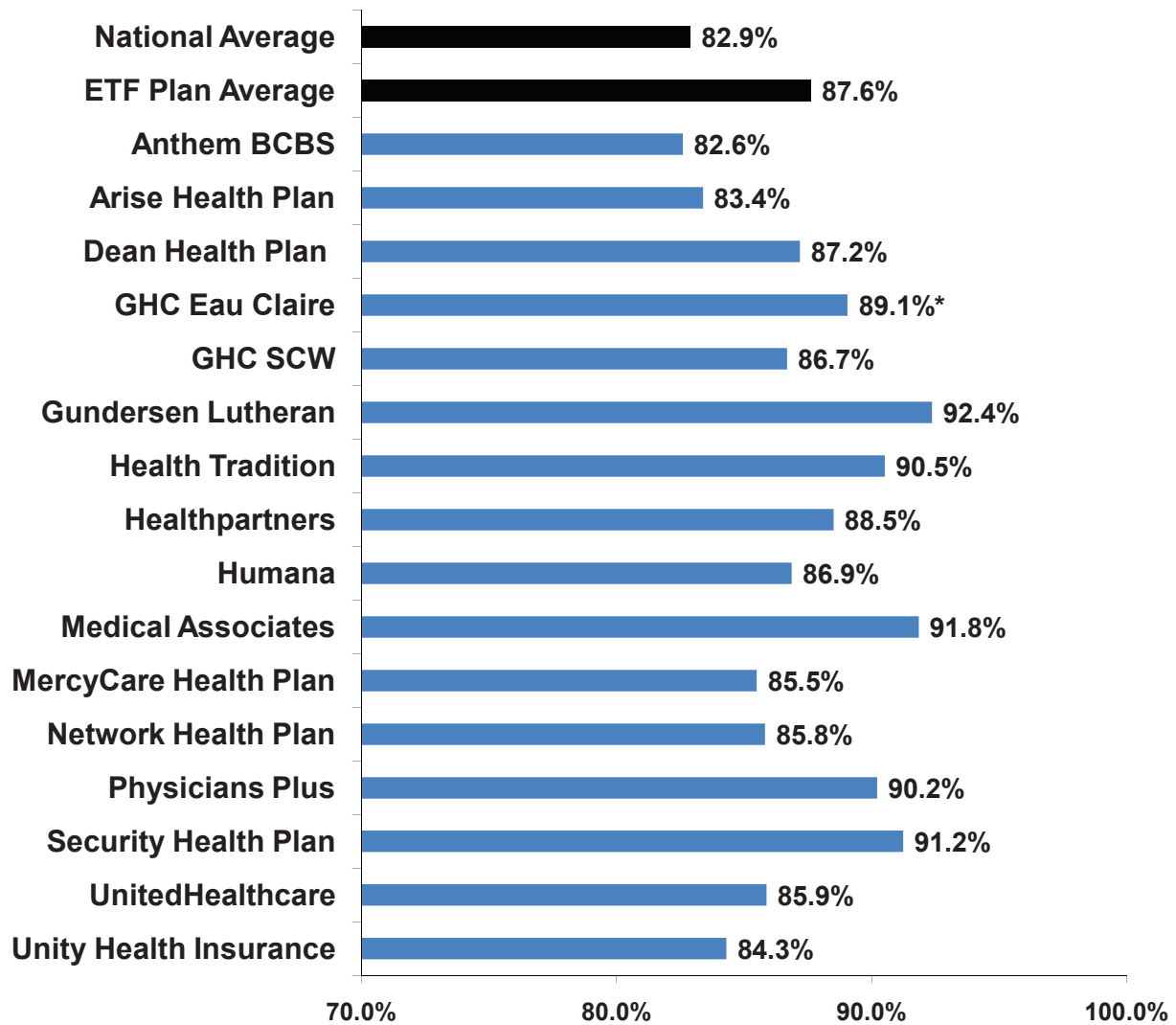
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Question 24: What percentage of members ages 18 to 75 with either type 1 or type 2 diabetes received medical attention for kidney disease?

Diabetes Care: Medical Attention for Kidney Disease



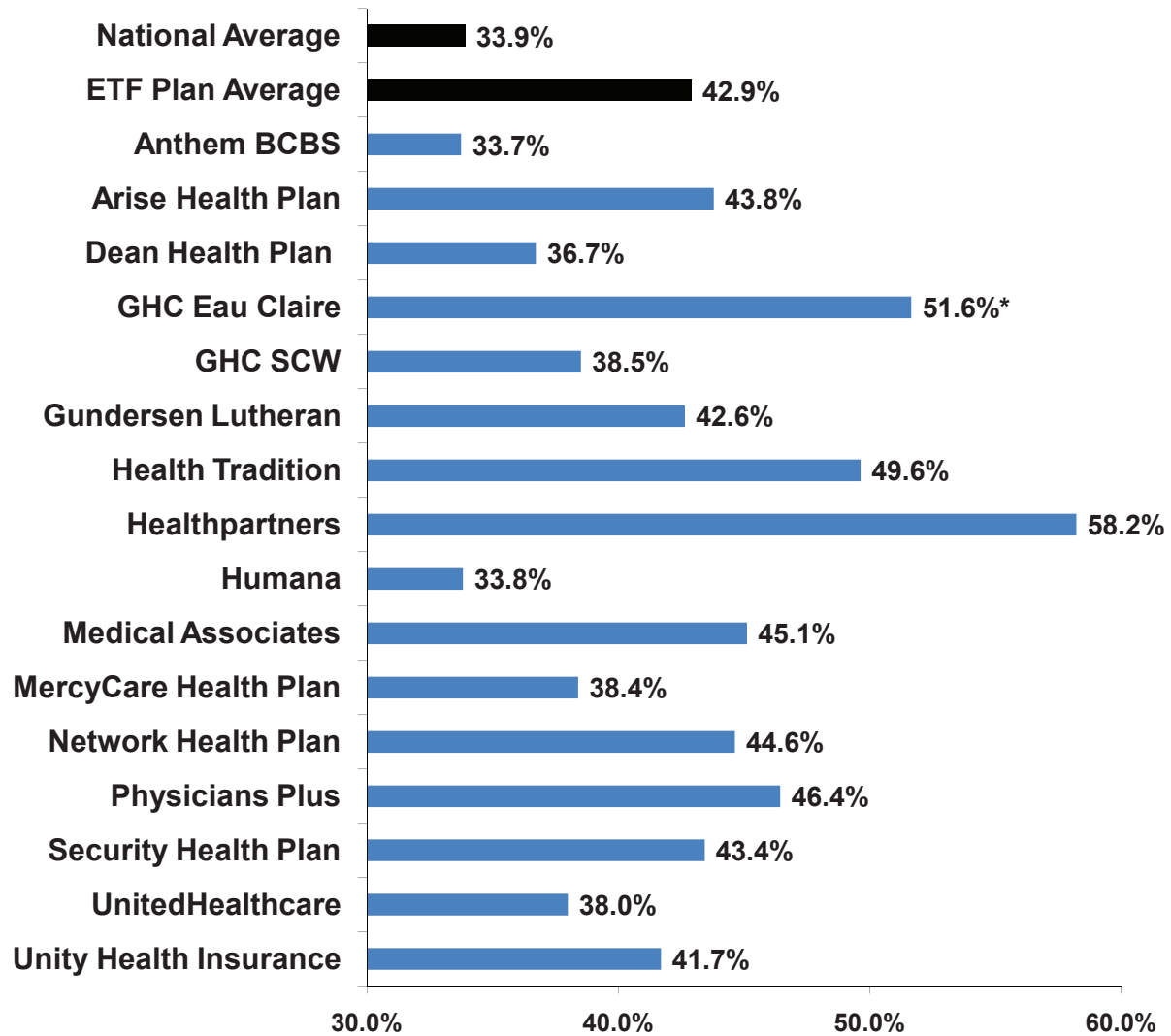
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Question 25: What was the percentage of members ages 18 to 75 with either type 1 or type 2 diabetes whose blood pressure was controlled (<130/80)?

Diabetes Care: Blood Pressure Control <130/80 Hg



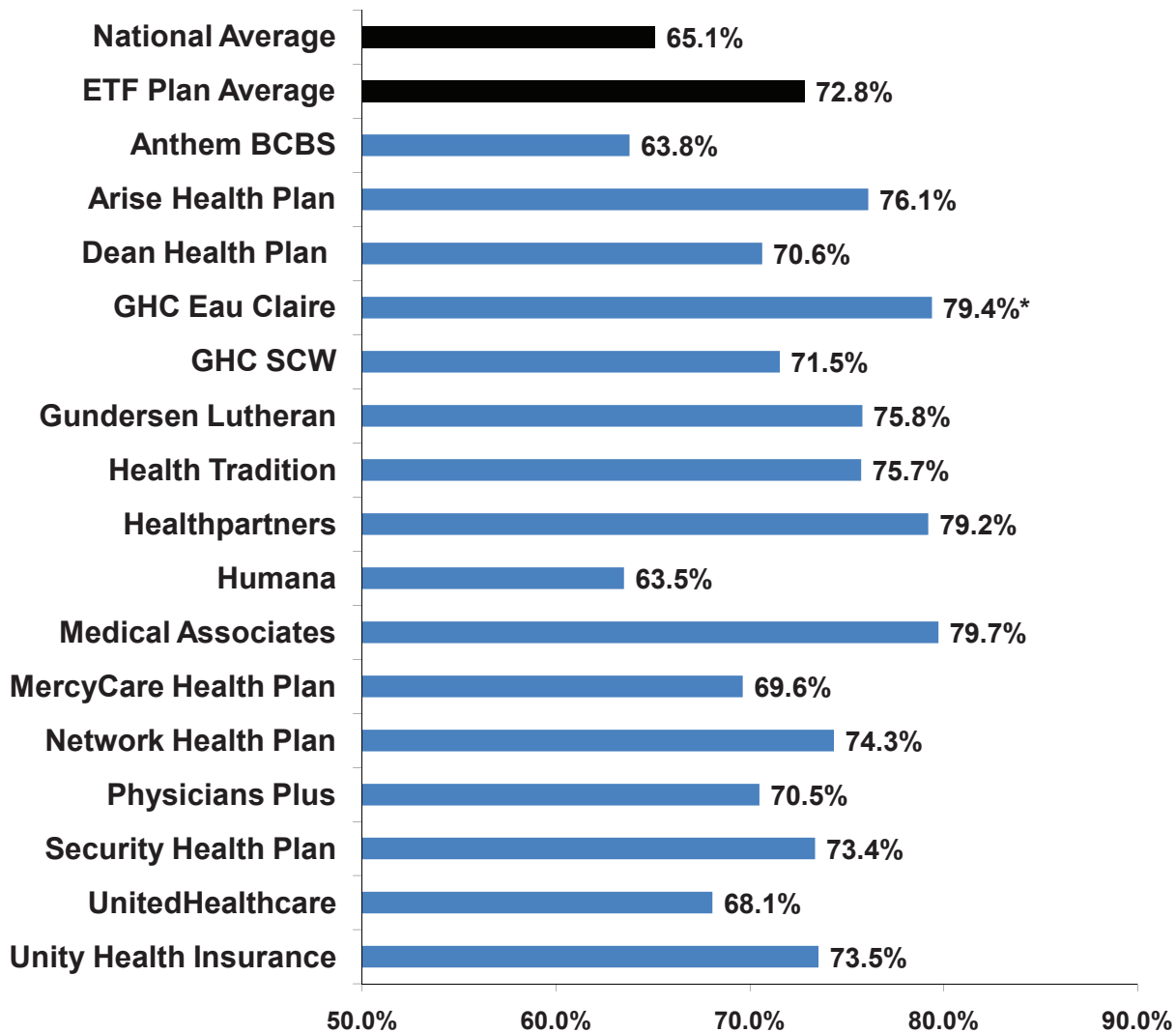
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Question 26: What was the percentage of members ages 18 to 75 with either type 1 or type 2 diabetes whose blood pressure was controlled (<140/90)?

Diabetes Care: Blood Pressure Control <140/90 Hg



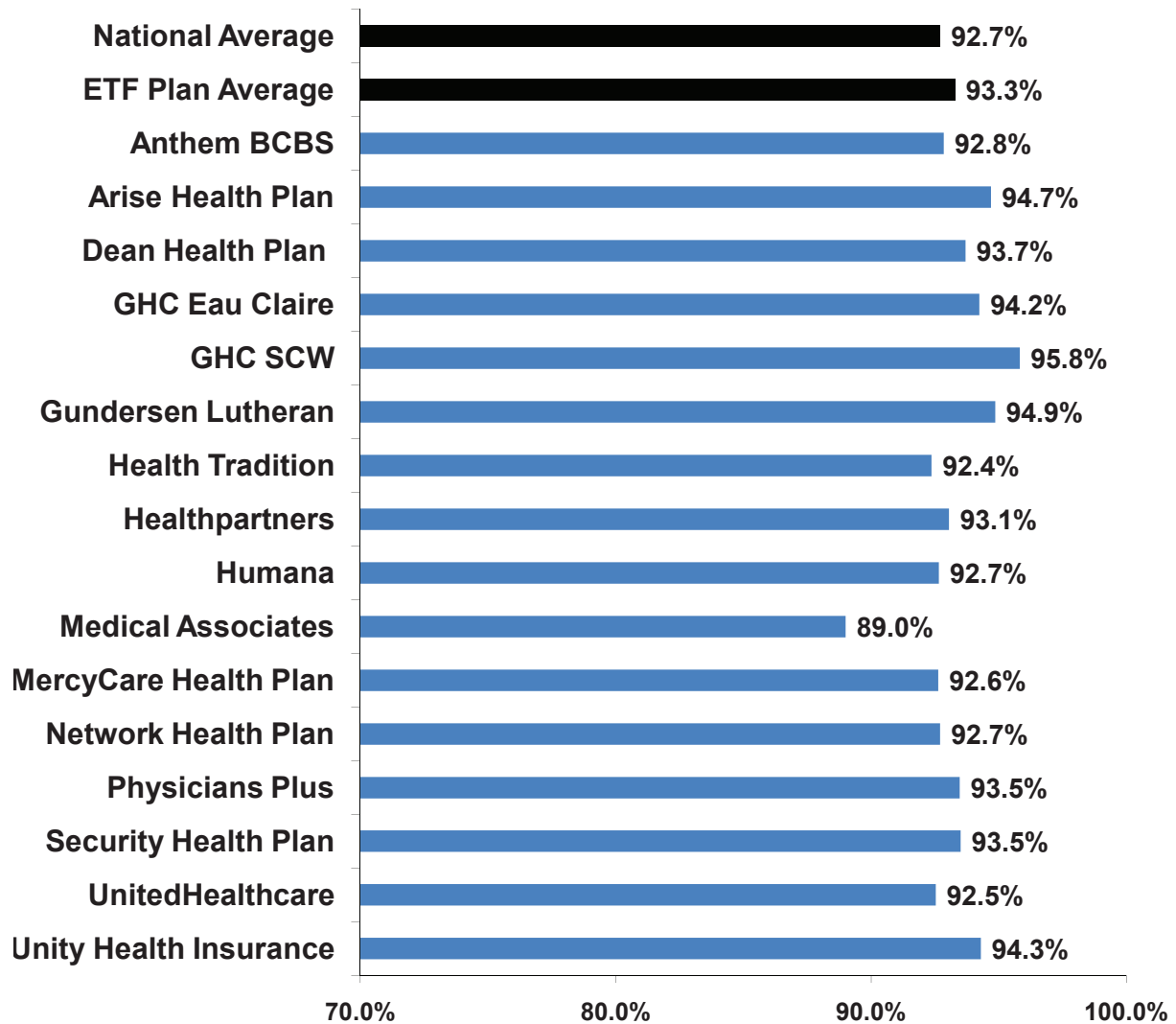
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Question 27: What percentage of members age 5 to 56 who were identified as having persistent asthma, were appropriately prescribed medication?

Use of Appropriate Medications for People with Asthma



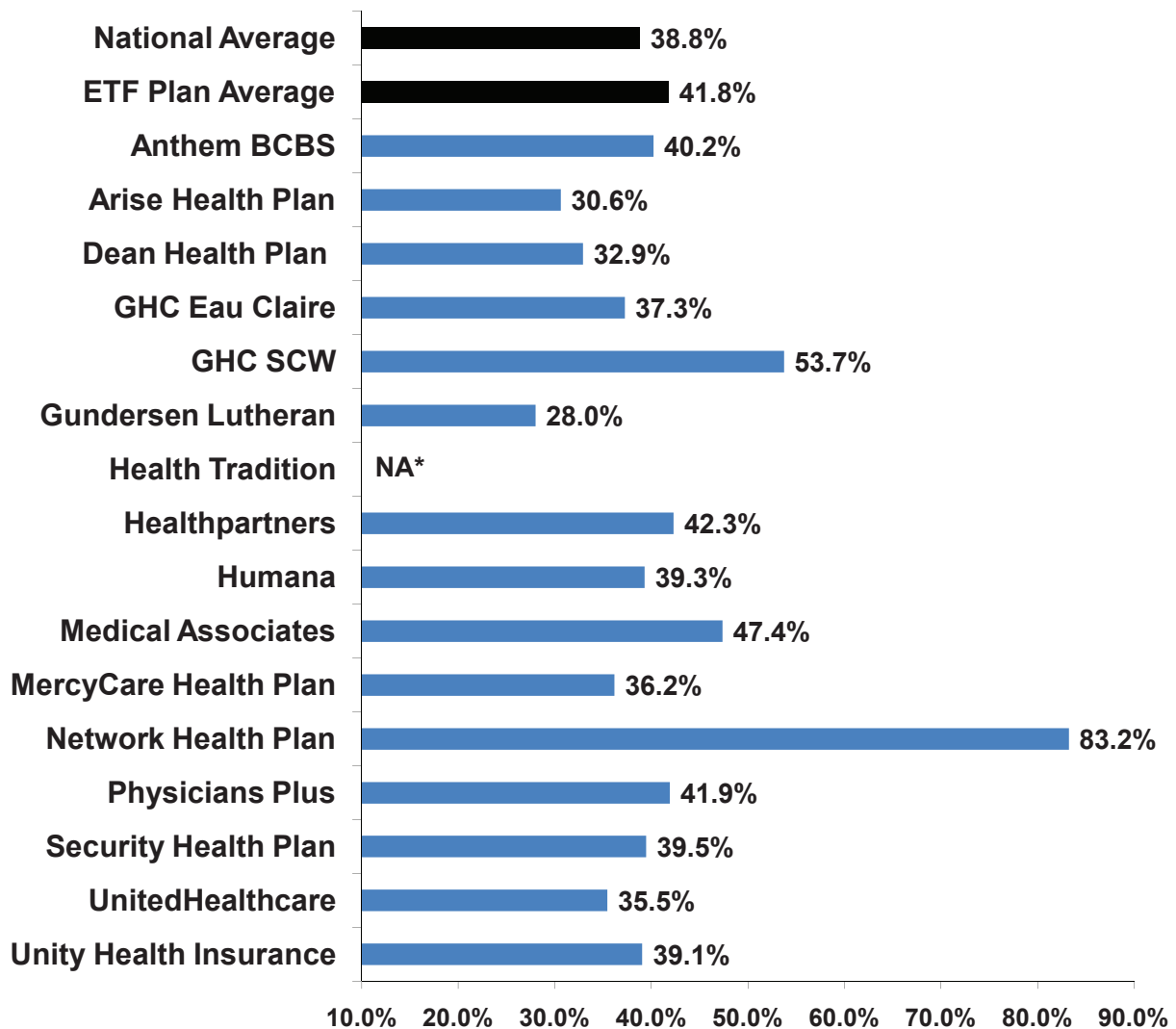
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Question 28: What percentage of members age 40 and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) received appropriate spirometry testing to confirm the diagnosis?

Use of Spirometry Testing in the Assessment and Diagnosis of COPD



*HEDIS score not reported because sample size was too small to be meaningful.

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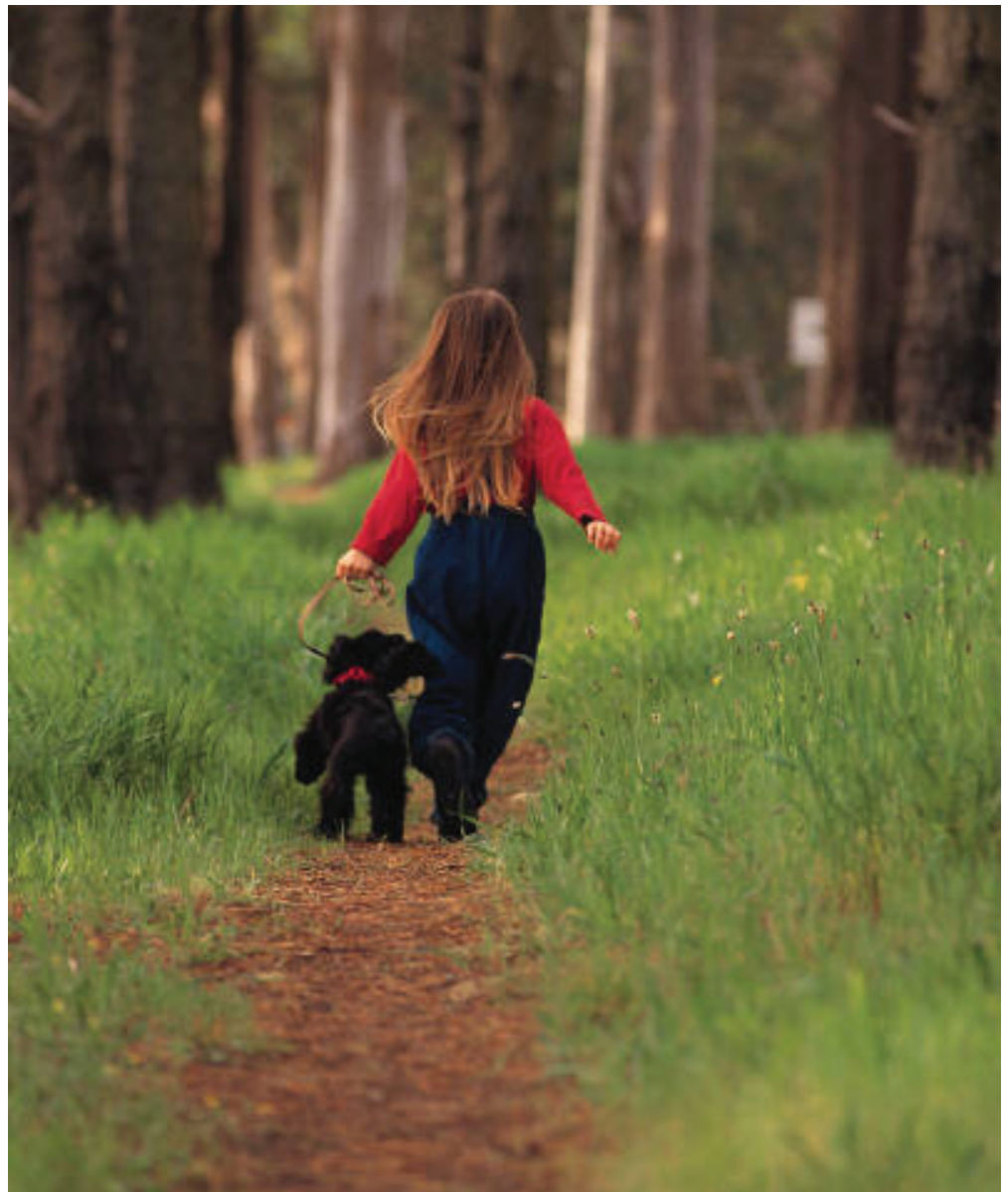


[Well-adolescent
\(12-21 years\)](#)

Mental Health

The measures in [question 29](#) and [question 30](#) look at continuity of care for mental illness. It measures the percentage of organization members 6 years old and older who were hospitalized for selected mental disorders and were seen on an outpatient basis by a mental health provider within 7 days (question 29), or within 30 days (question 30) after their discharge from the hospital.

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge



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is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

The measures in [question 31](#) and [question 32](#) look at:

- The percentage of members with major depression who were initiated on an antidepressant drug and received an adequate acute-phase trial of medications (three months) – [question 31](#).
- The percentage of members with major depression who were initiated on an antidepressant drug and who completed a period of continuous medication treatment (six months) – [question 32](#).

In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression. Untreated, symptoms associated with these disorders can last for years, or eventually lead to death by suicide or other causes. Fortunately, many people can improve through treatment with appropriate medications.

Successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an acute phase, during which remission is induced; a continuation phase, during which remission is preserved; and a maintenance phase, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.

When pharmacotherapy is part of the treatment plan, it must be integrated with the psychiatric management and any other treatments that are being provided. Patients who have started taking an antidepressant medication should be carefully monitored to assess their response to pharmacotherapy, their safety as well as the emergence of any side effects and/or clinical condition. Factors to consider when determining the frequency of patient monitoring include the severity of illness, the patient's cooperation with treatment, the availability of social supports and the presence of simultaneously occurring but independent general medical problems. In practice, the frequency of monitoring during the acute phase of pharmacotherapy can vary from once a week in routine cases to multiple times per week in more complex cases.

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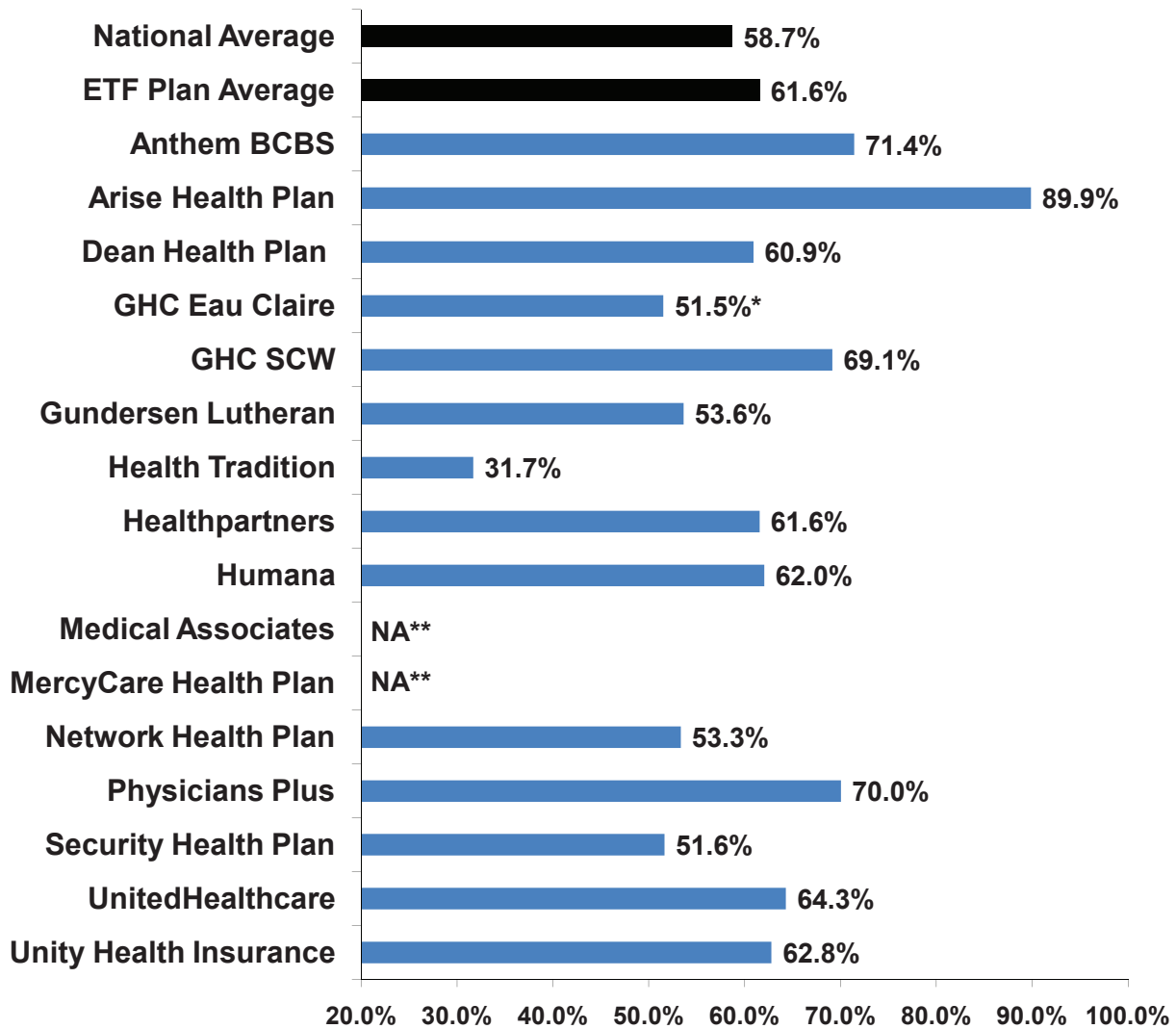


[Well-adolescent
\(12-21 years\)](#)

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Question 29: What percentage of members age 6 years and older who were hospitalized for treatment of selected mental health disorders received follow-up care (an outpatient visit, an intensive outpatient encounter or partial hospitalization) with a mental health practitioner within 7 days of being discharged from the hospital?

7-Day Follow-Up After Hospitalization for Mental Illness



*HEDIS scores are not reported because sample size was too small to be meaningful.

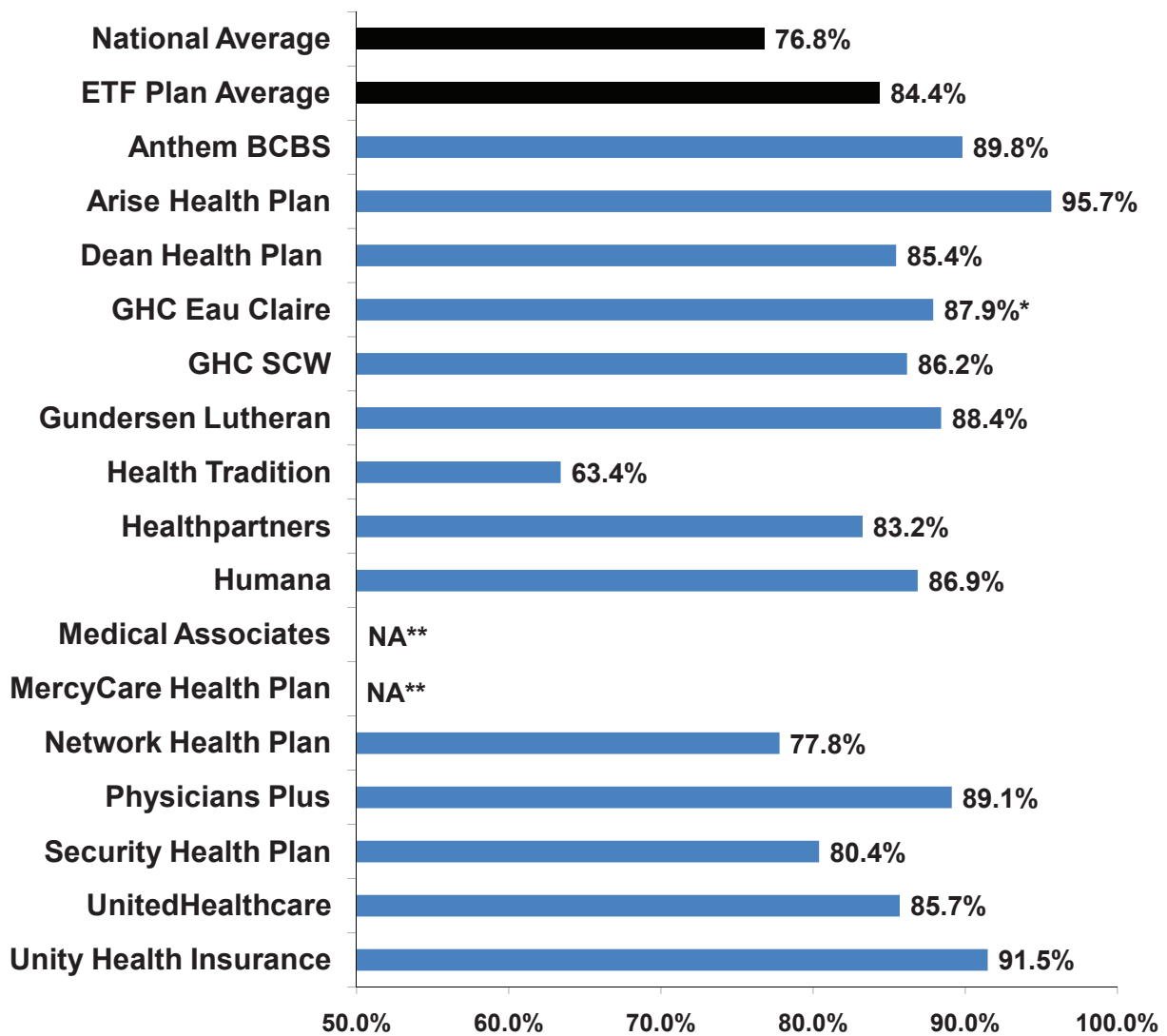
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Question 30: What percentage of members age 6 years and older who were hospitalized for treatment of selected mental health disorders received follow-up care (an outpatient visit, an intensive outpatient encounter or partial hospitalization) with a mental health practitioner within 30 days of being discharged from the hospital?

30-Day Follow-Up After Hospitalization for Mental Illness



*HEDIS scores are not reported because sample size was too small to be meaningful.

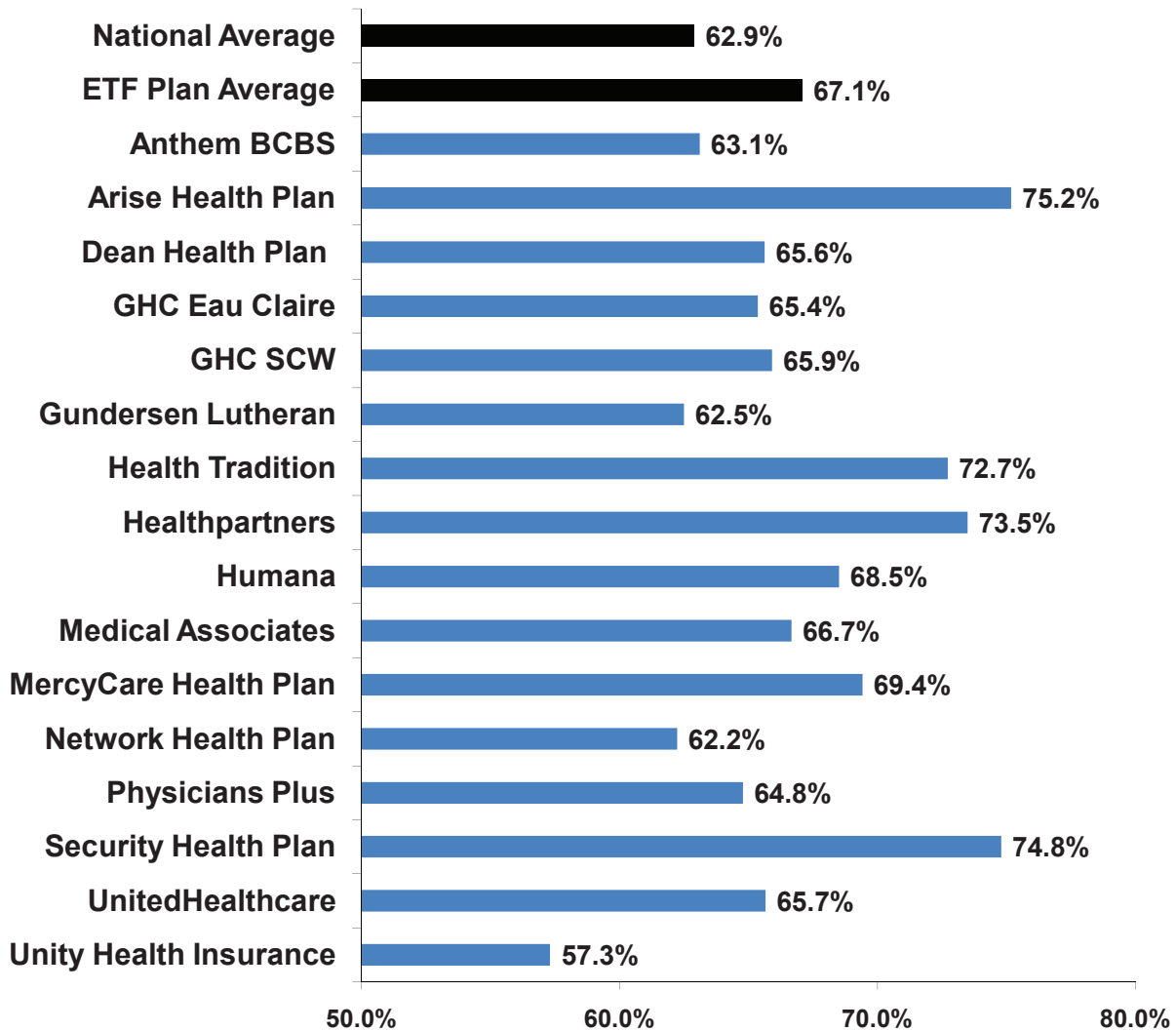
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Question 31: What percentage of members age 18 and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, remained on an antidepressant medication for at least 12 weeks?

Antidepressant Medication Management: Effective Acute Phase Treatment



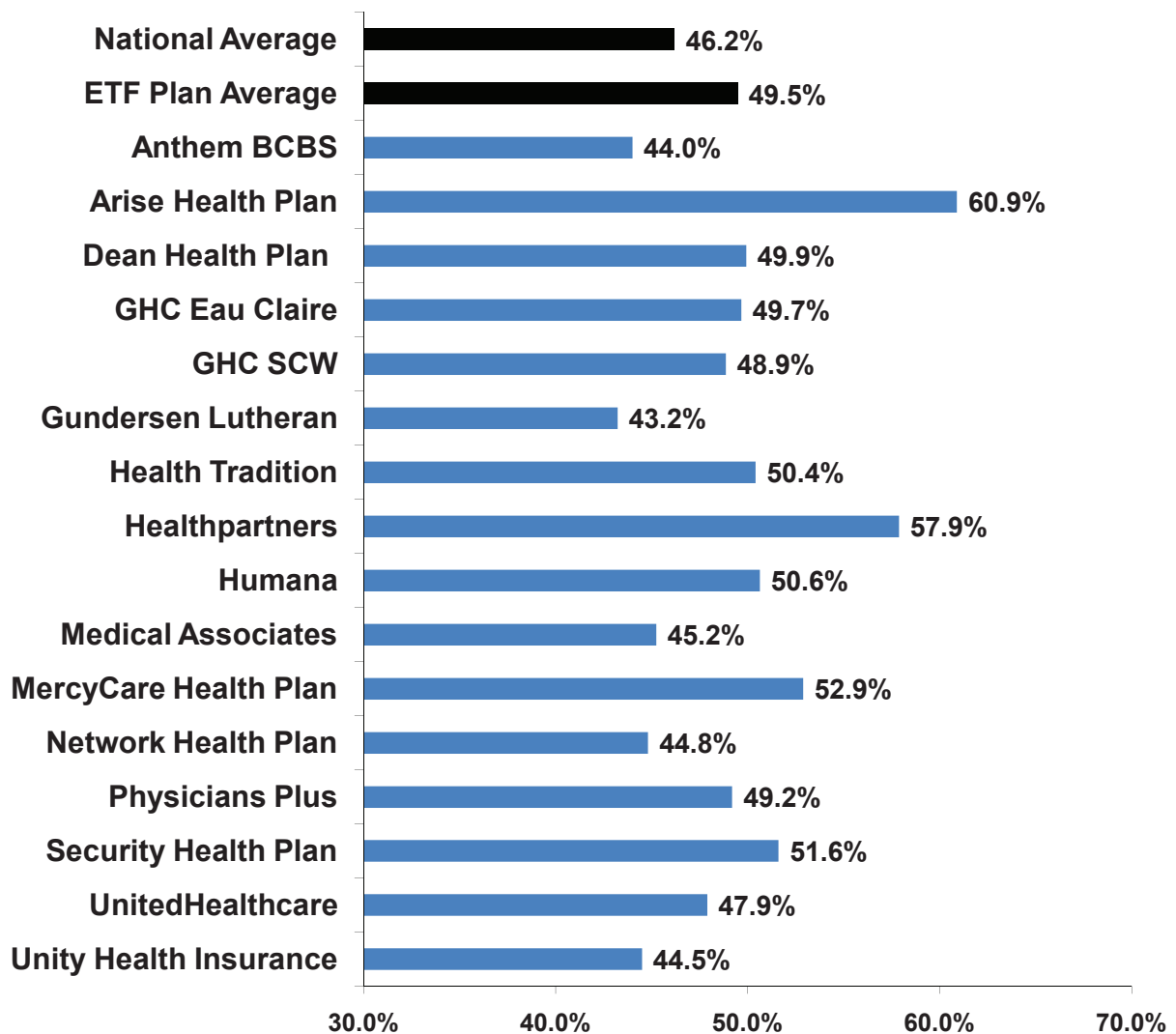
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Question 32: What percentage of members age 18 and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, remained on an antidepressant medication for at least six months?

Antidepressant Medication Management: Effective Continuation Phase Treatment



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Medication Management

The measure in [question 33](#) looks at the percentage of members 18 years old and older on persistent medications who received annual monitoring for the drugs of interest, reported as a combined rate and five separate rates.

Patient safety is highly important, especially for patients at increased risk of adverse drug events from long-term medication use. Persistent use of these drugs warrants monitoring and follow-up by the prescribing physician to assess for side-effects and adjust drug dosage/therapeutic decisions accordingly. The drugs included in this measure have harmful effects in the elderly.

The costs of annual monitoring are offset by the reduction in health care costs associated with complications arising from lack of monitoring and follow-up of patients on long-term medications. The total costs of drug-related problems due to misuse of drugs in the ambulatory setting has been estimated to exceed \$76 billion annually.

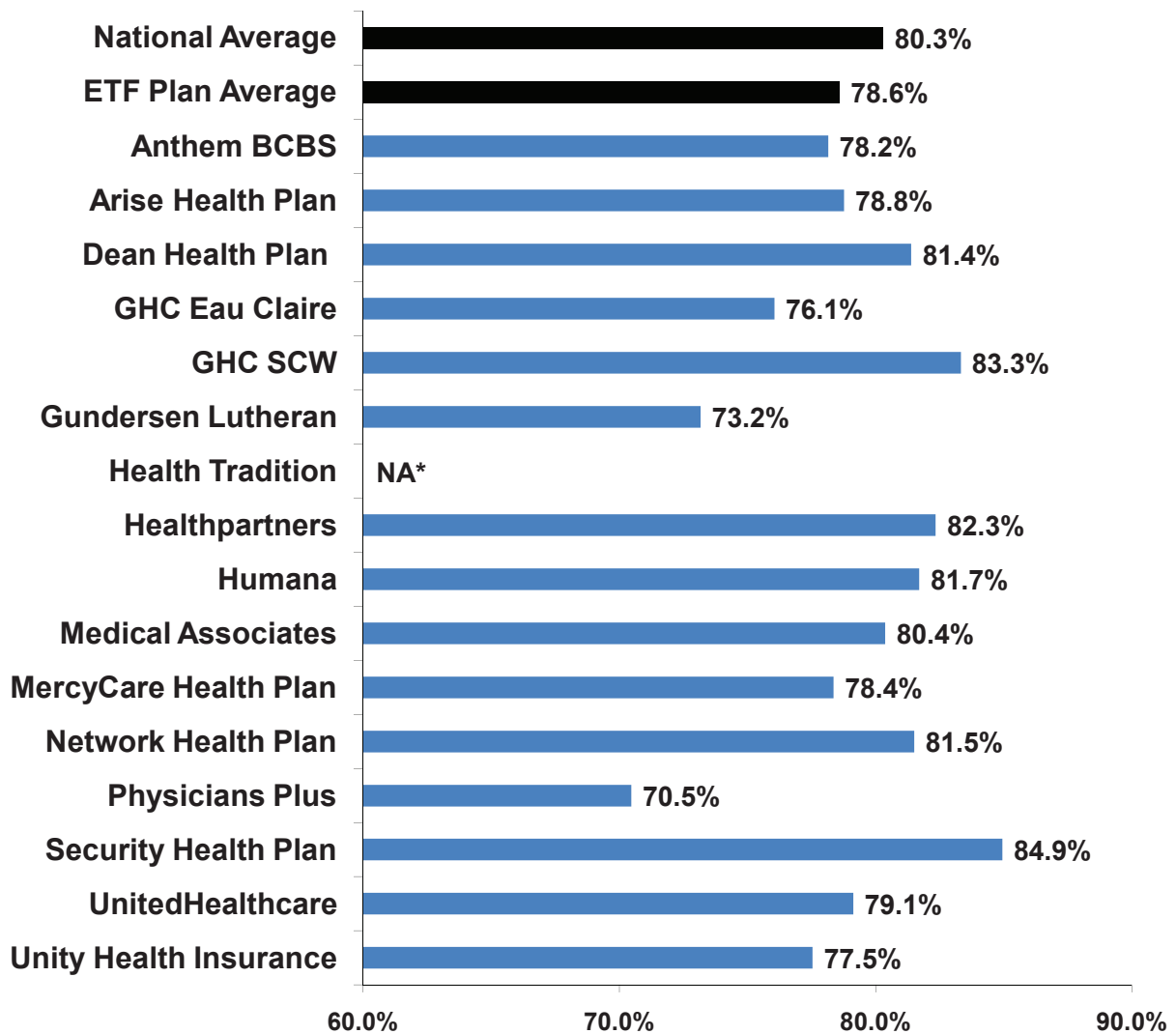
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Question 33: What percentage of members age 18 years old and older who received at least a 180-days supply of medications of interest (angiotensin converting enzyme inhibitors or angiotensin receptor blockers; digoxin; diuretics; and anticonvulsants) received an annual monitoring?

Annual Monitoring for Patients on Persistent Medications



*Data discrepancies were identified when reporting this measure.

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ACCESS/AVAILABILITY OF CARE

The measures in questions 34 through 38 look at how members access basic and important services offered by their organization. Access refers to members' ability to get the services they require from a health care system.

Prenatal and Postnatal Care

The measure in [question 34](#) looks at how well the organization provides timely prenatal care to pregnant women. It measures the percentage of pregnant women in the organization who began prenatal care during the first 13 weeks of pregnancy, or within 42 days of enrollment, for women who were more than 13 weeks pregnant when they enrolled. Care can be delivered by a variety of appropriate obstetrical, primary care or nurse-midwife practitioners.

Preventive medicine is fundamental to prenatal care. Healthy diet, counseling, vitamin supplements, identification of maternal risk factors and health promotion must occur early in pregnancy to have an optimal effect on outcome. Poor outcomes include spontaneous abortion, low-birth-weight babies, large-for-gestational-age babies and neonatal infection. Early prenatal care is also an essential part of helping a pregnant woman prepare to become a mother. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy. Some women enroll in an organization at a later stage of pregnancy. In this case, it is essential for the organization to begin providing prenatal care as quickly as possible.

The measure in [question 35](#) looks at care rendered to women after they have delivered a baby. It measures the percentage of women who had live births and a postpartum visit between 21 and 56 days after delivery.

Well-child (15 months)

The measure in [question 36](#) looks at the adequacy of well-child care for infants. It measures the percentage of children who had six or more well-child visits by the time they turned 15 months old.

Regular check-ups are one of the best ways to detect physical, developmental, behavioral and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

These visits are of particular importance during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination, and social

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and emotional growth. The AAP recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9 and 12 months of age.

Well-child (six years)

The measure in [question 37](#) looks at the use of routine check-ups by preschool and early school-age children. It assesses the percentage of children 3 to 6 years of age who received at least one well-child visit with a primary care practitioner during the measurement year.

Well-child visits during the preschool and early school years are particularly important. A child can be helped through early detection of vision, speech and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems. The American Academy of Pediatrics (AAP) recommends annual well-child visits for 2 to 6 year old children.

Well-adolescent (12-21 years)

The measure in [question 38](#) looks at the use of regular check-ups for adolescents. It reports the percentage of adolescents 12–21 years of age who had one or more well-care visits with a primary care provider or OB/GYN during the measurement year. Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional and social aspects of their health.

Adolescence is a time of transition between childhood and adult life and is accompanied by dramatic changes. Accidents, homicide and suicide are the leading causes of adolescent deaths. Sexually transmitted diseases, substance abuse, pregnancy and antisocial behavior are important causes of—or result from—physical, emotional and social adolescent problems. The AAP guidelines recommend comprehensive annual check-ups for adolescents.

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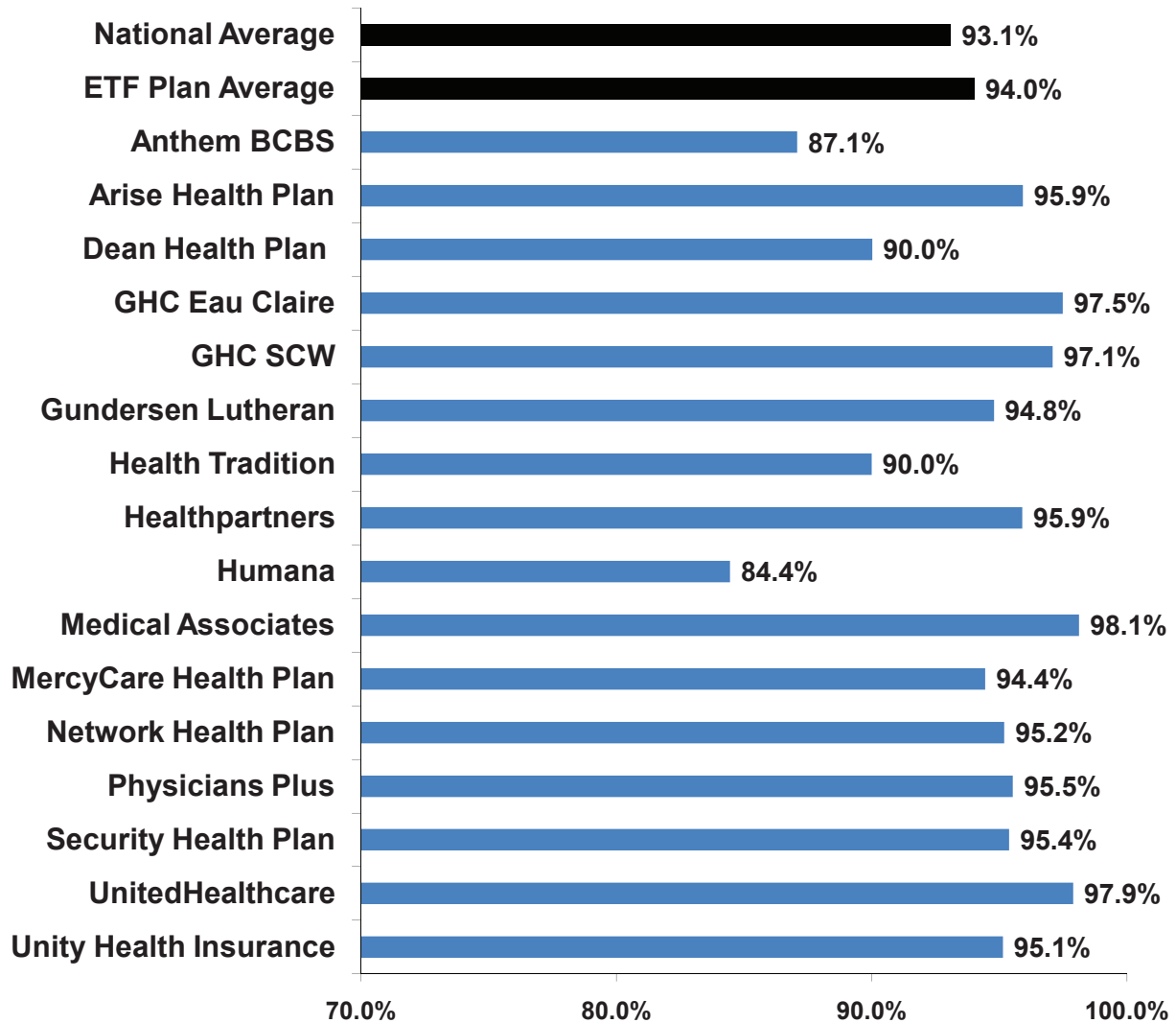
[Well-child
\(15 months\)](#)



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Question 34: What percentage of pregnant women began prenatal care during the first 13 weeks of pregnancy or within 42 days of enrollment, if more than 13 weeks pregnant when enrolled?

Timeliness of Prenatal Care



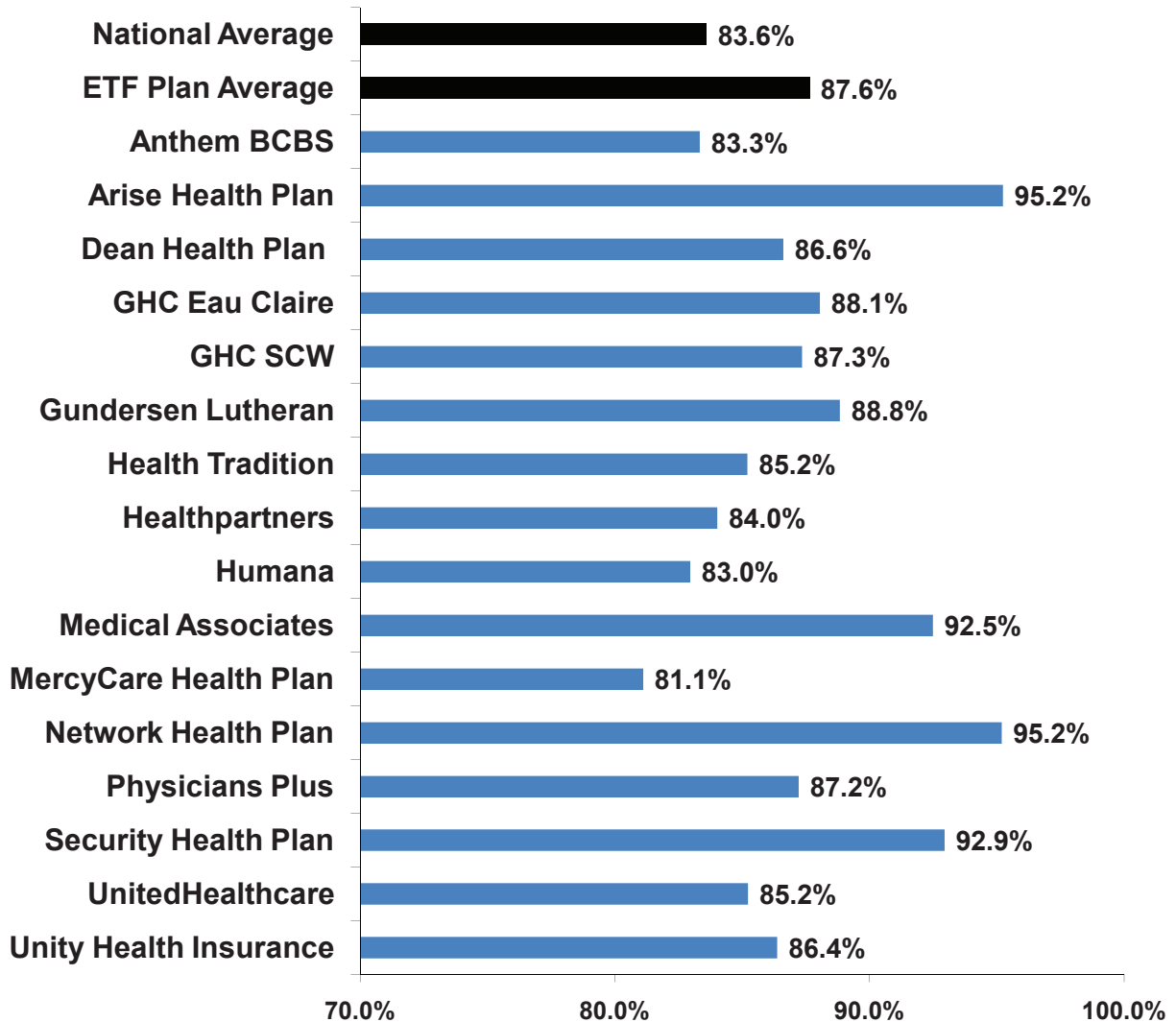
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Question 35: What percentage of women who had live births, have a postpartum visit between 21 and 56 days after delivery?

Postpartum Care



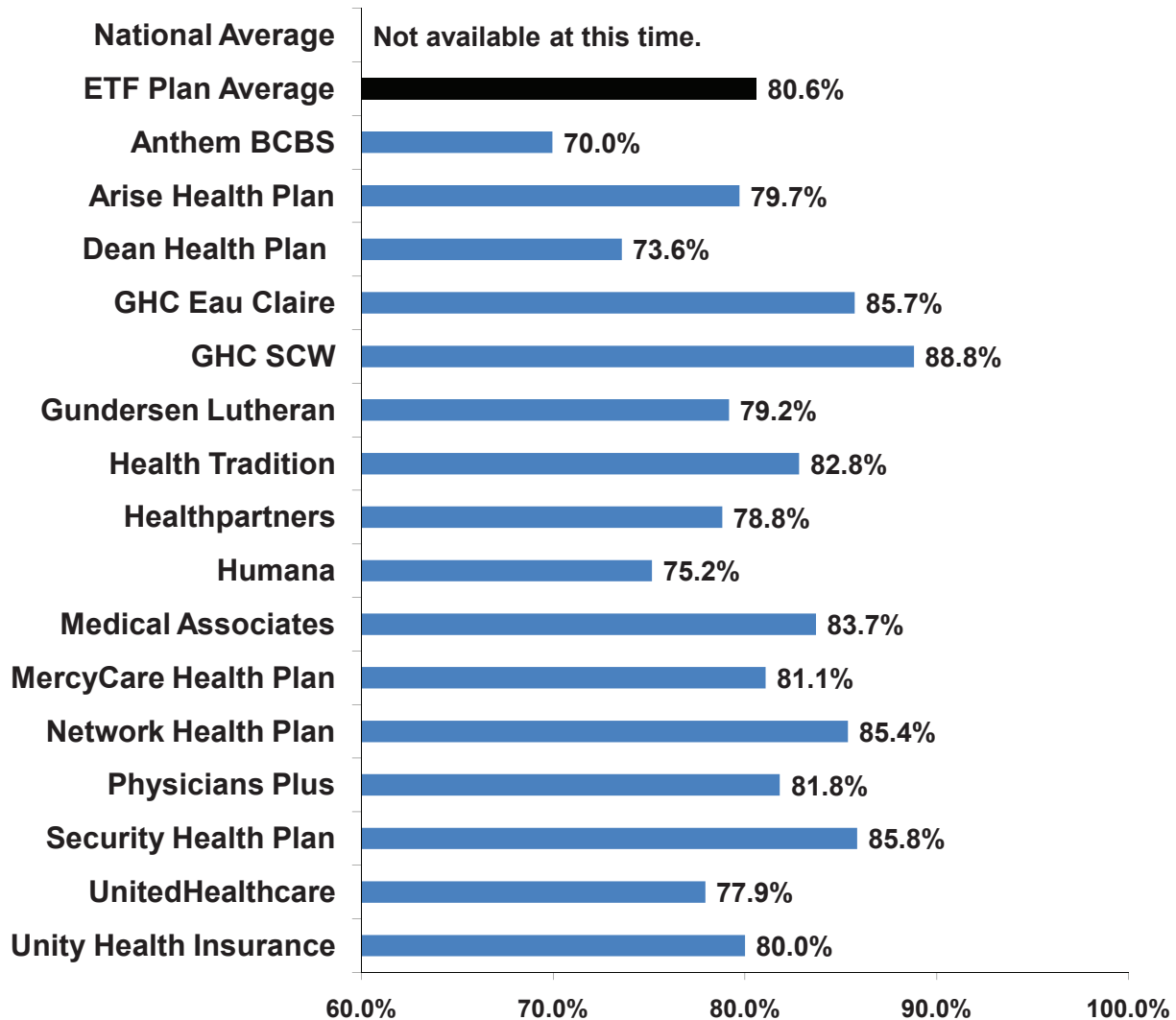
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Question 36: What percentage of children had six or more well-child visits during their first 15 months of life?

Well-Child Visits in the First 15 Months of Life (six or more visits)



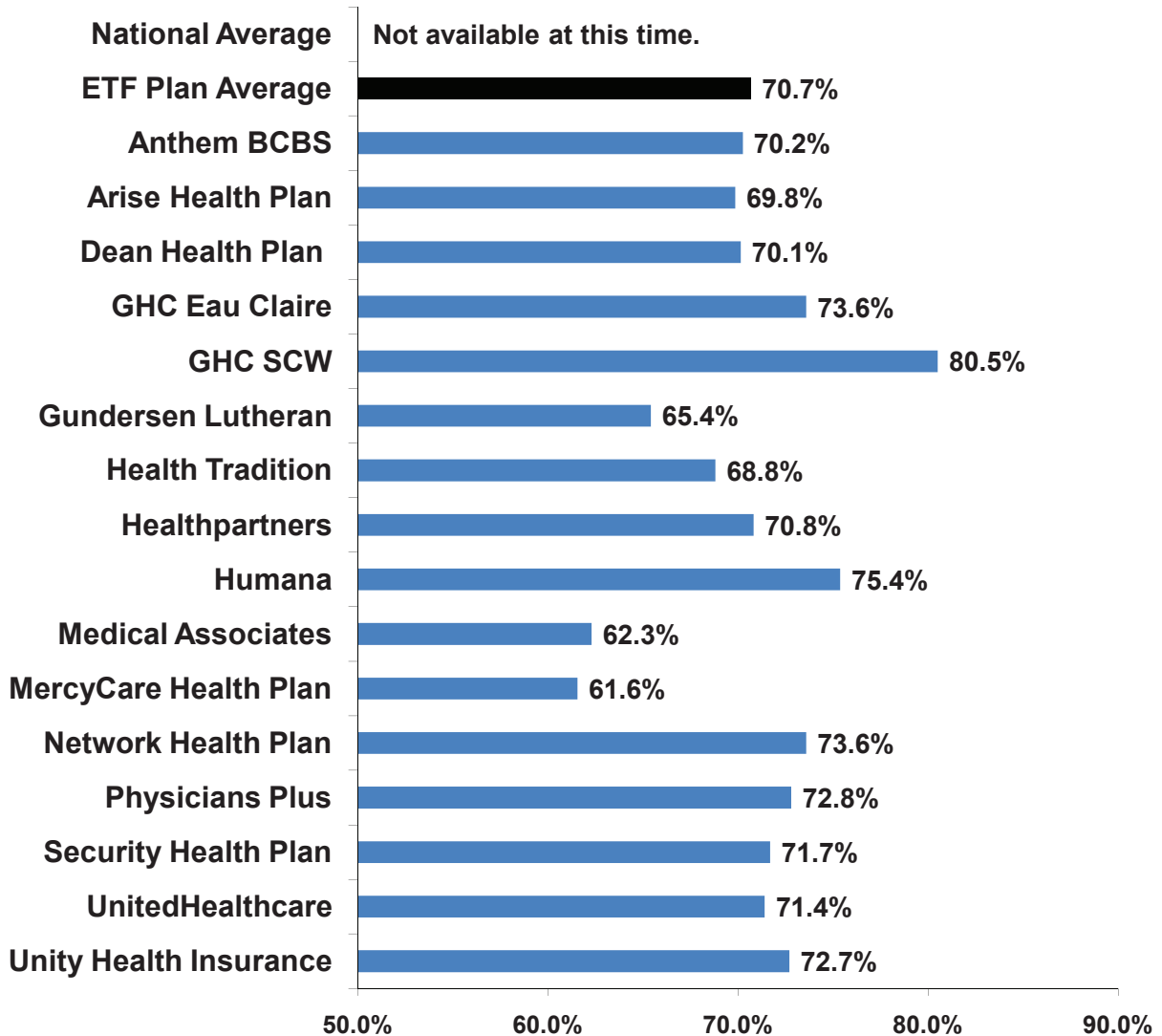
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Question 37: What percentage of children ages 3 to 6 received at least one well-child visit with a primary care practitioner during the past year?

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



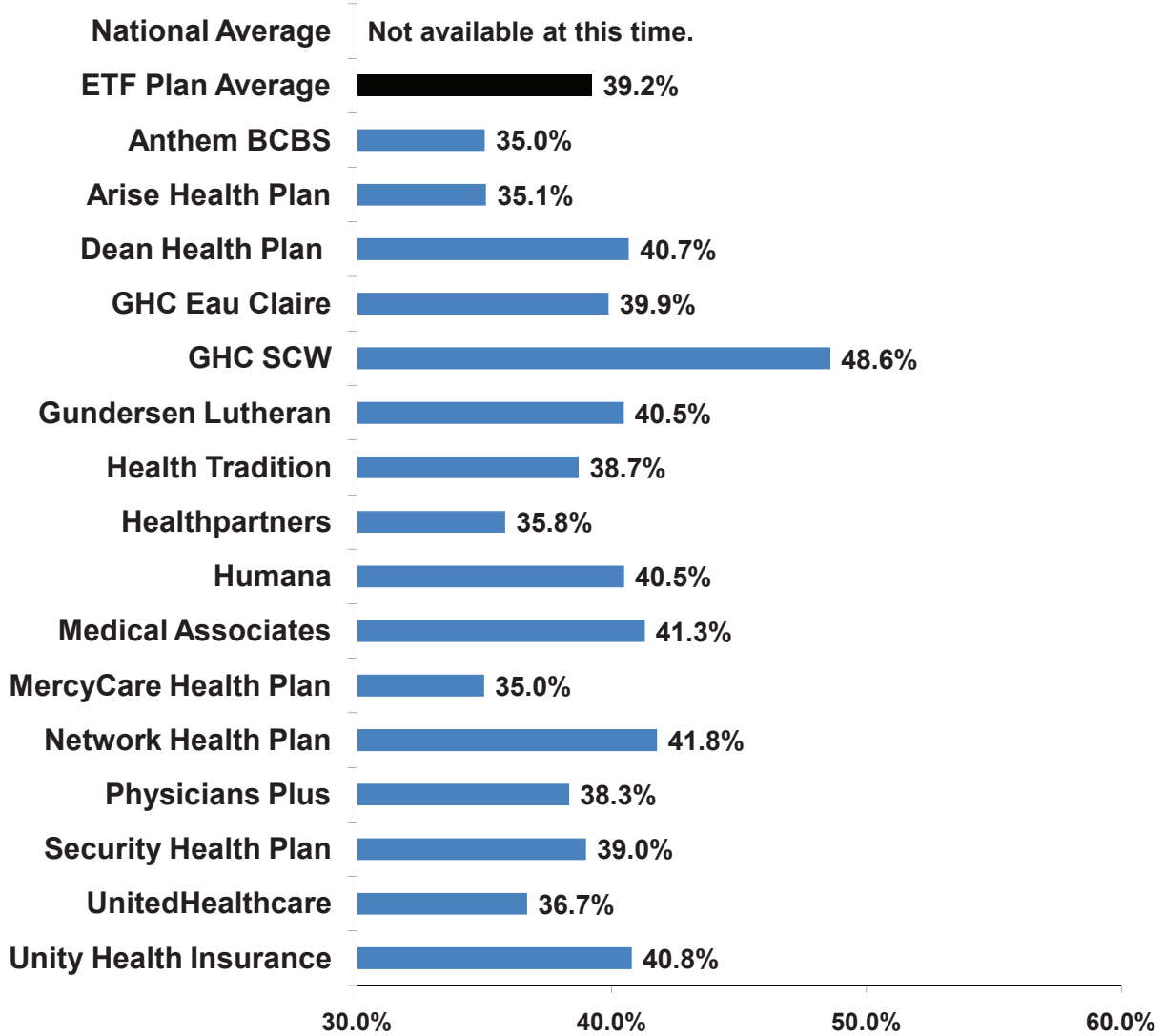
LINKS

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Supplemental Report Card 2

Question 38: What percentage of adolescents ages 12 to 21 had at least one well-care visit with a primary care practitioner during the past year?

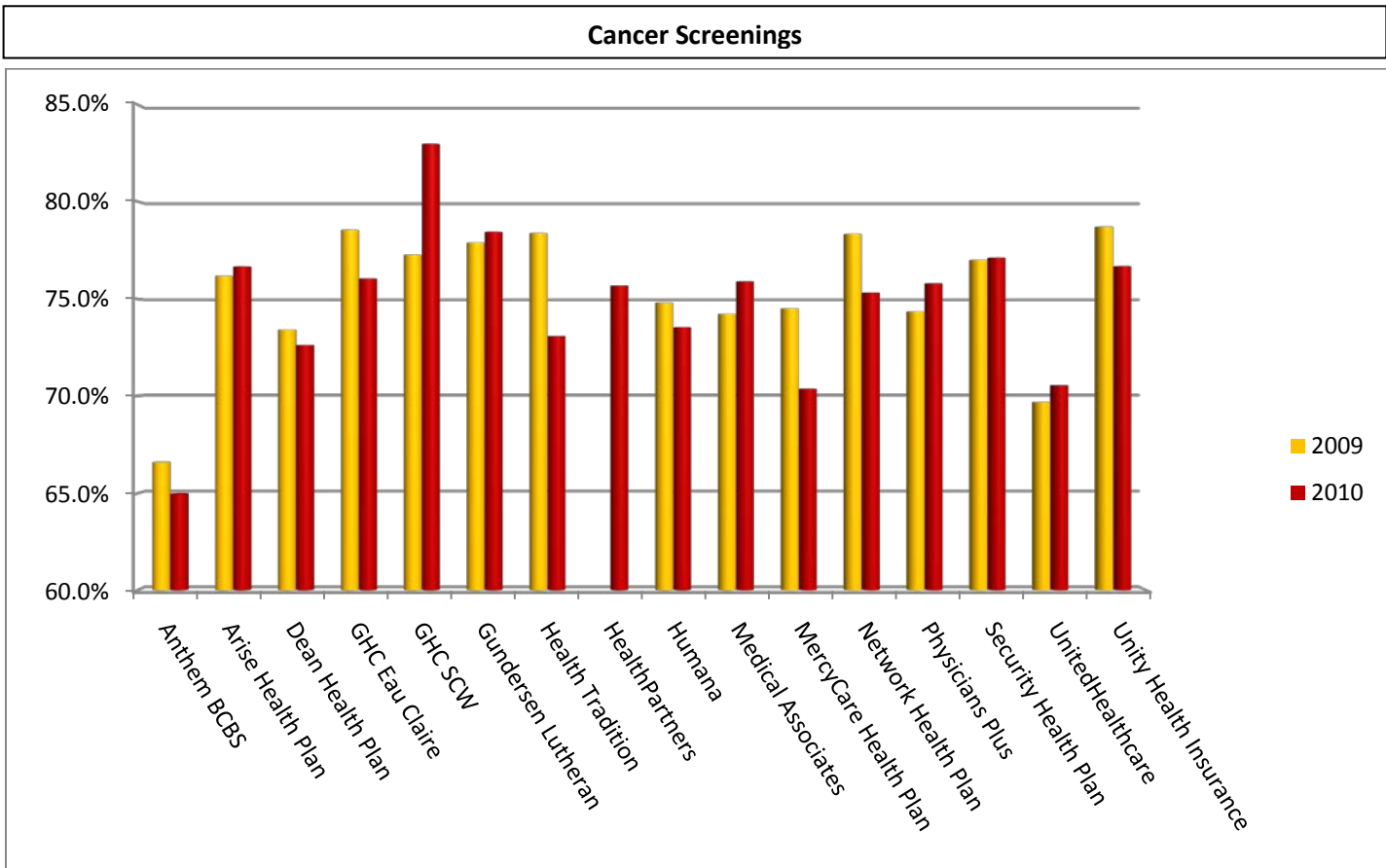
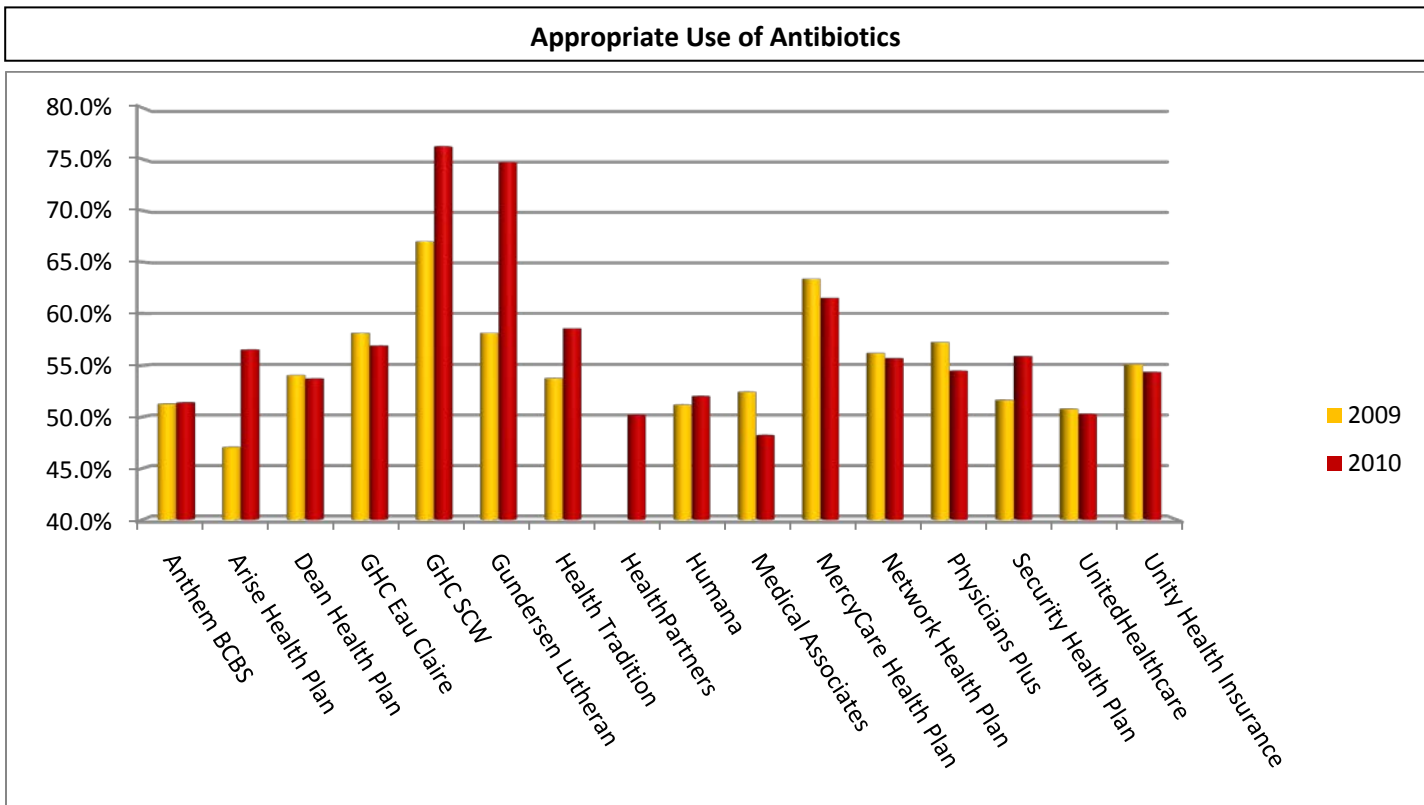
Adolescent Well-Care Visits



LINKS

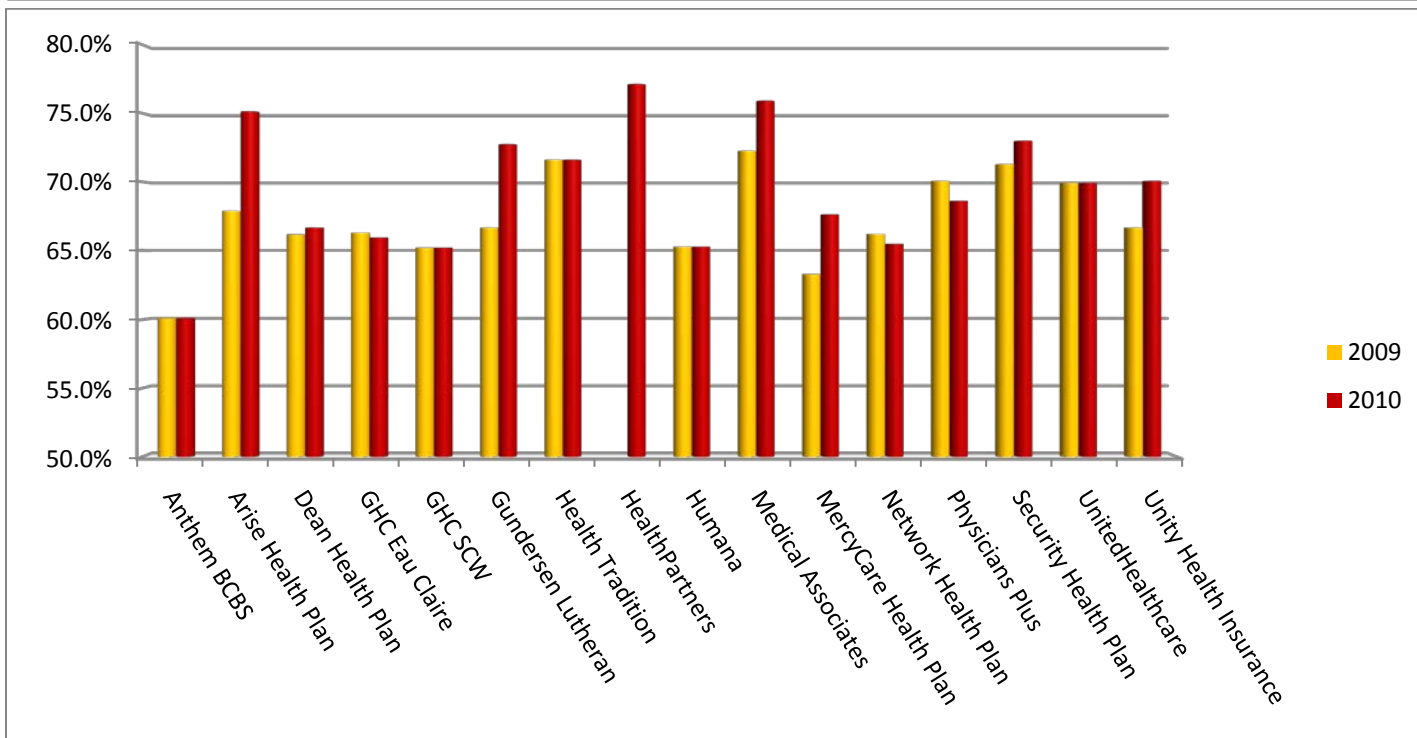
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2010 HEDIS® Composite Charts for Six Quality Measures

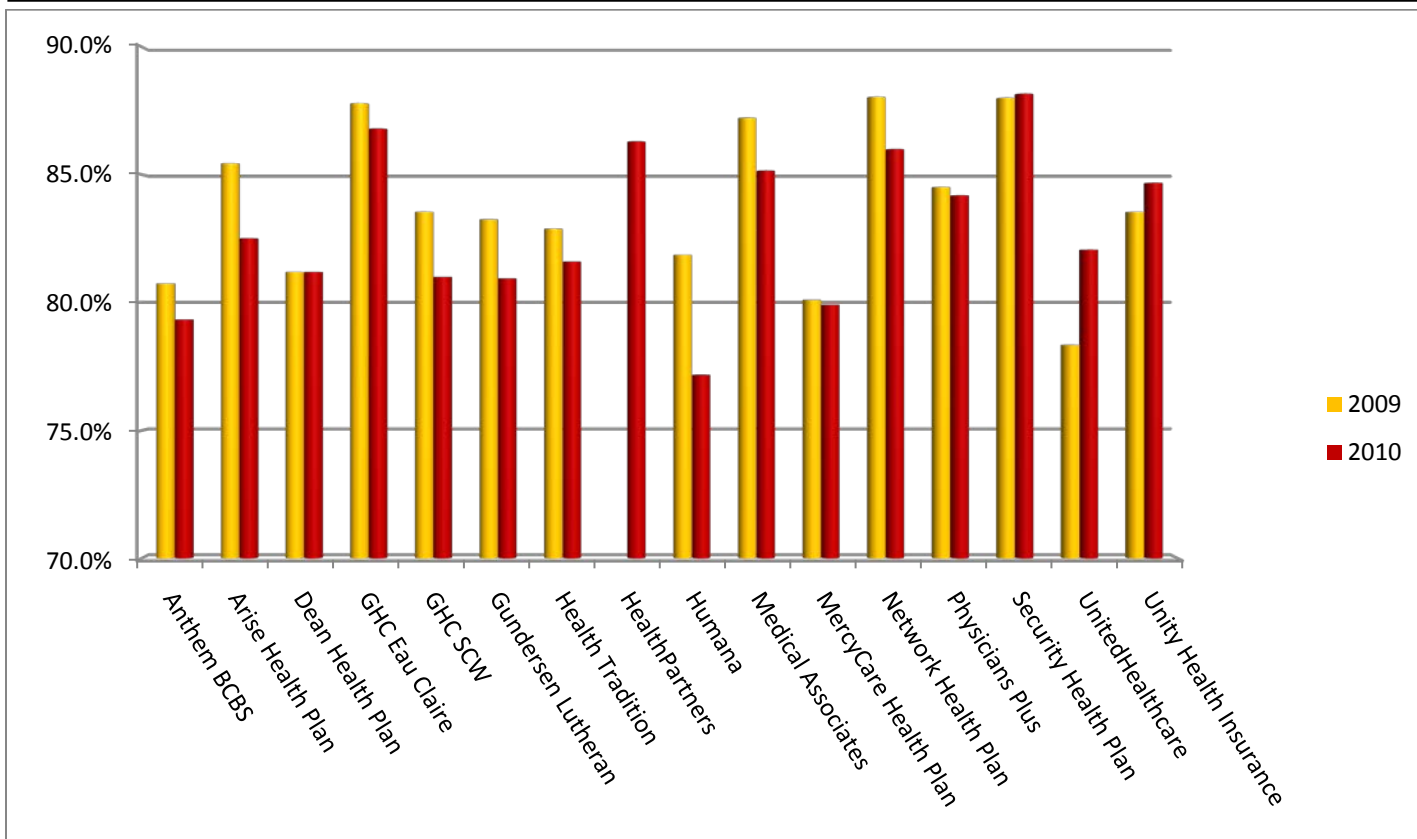


2010 HEDIS® Composite Charts for Six Quality Measures

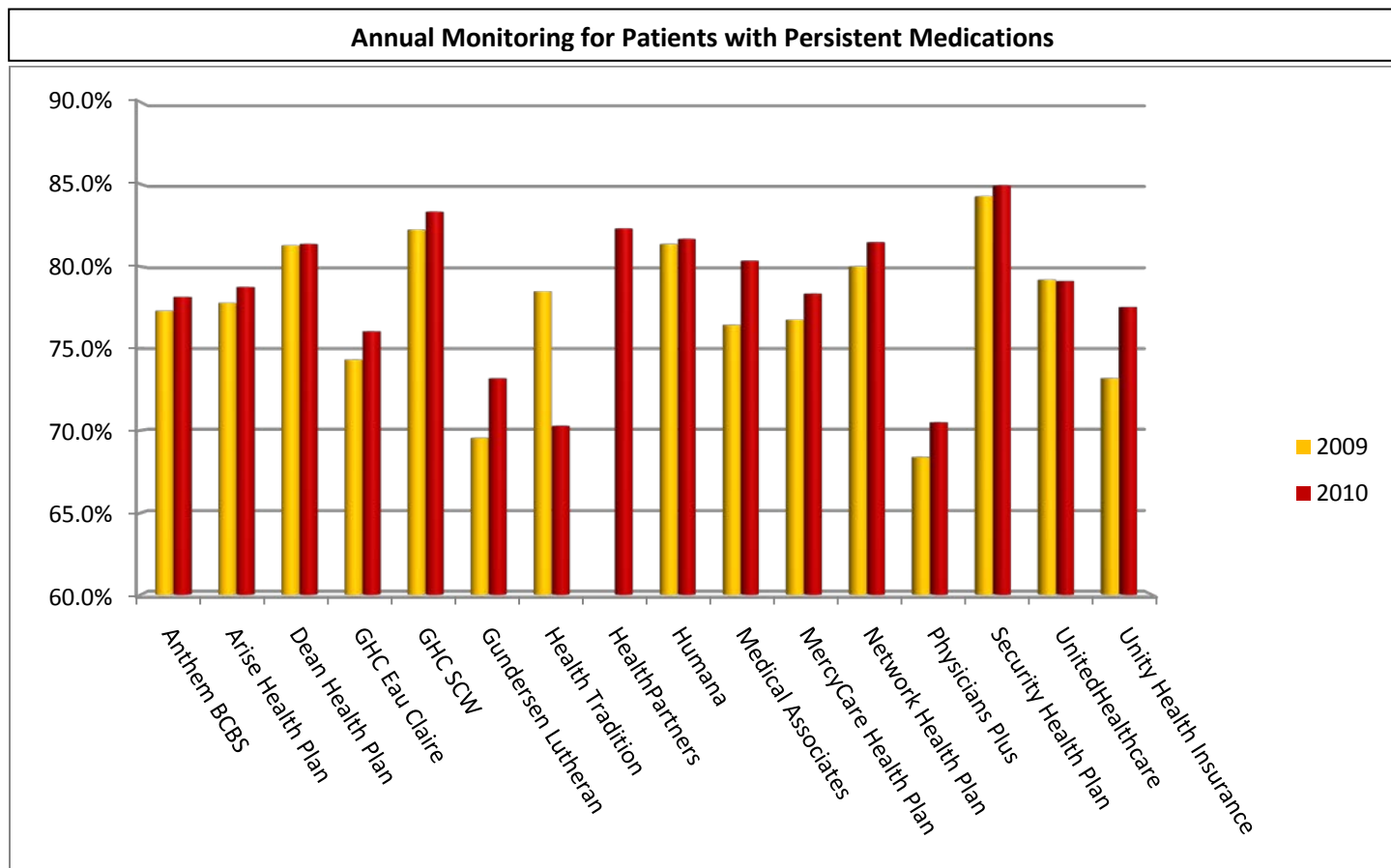
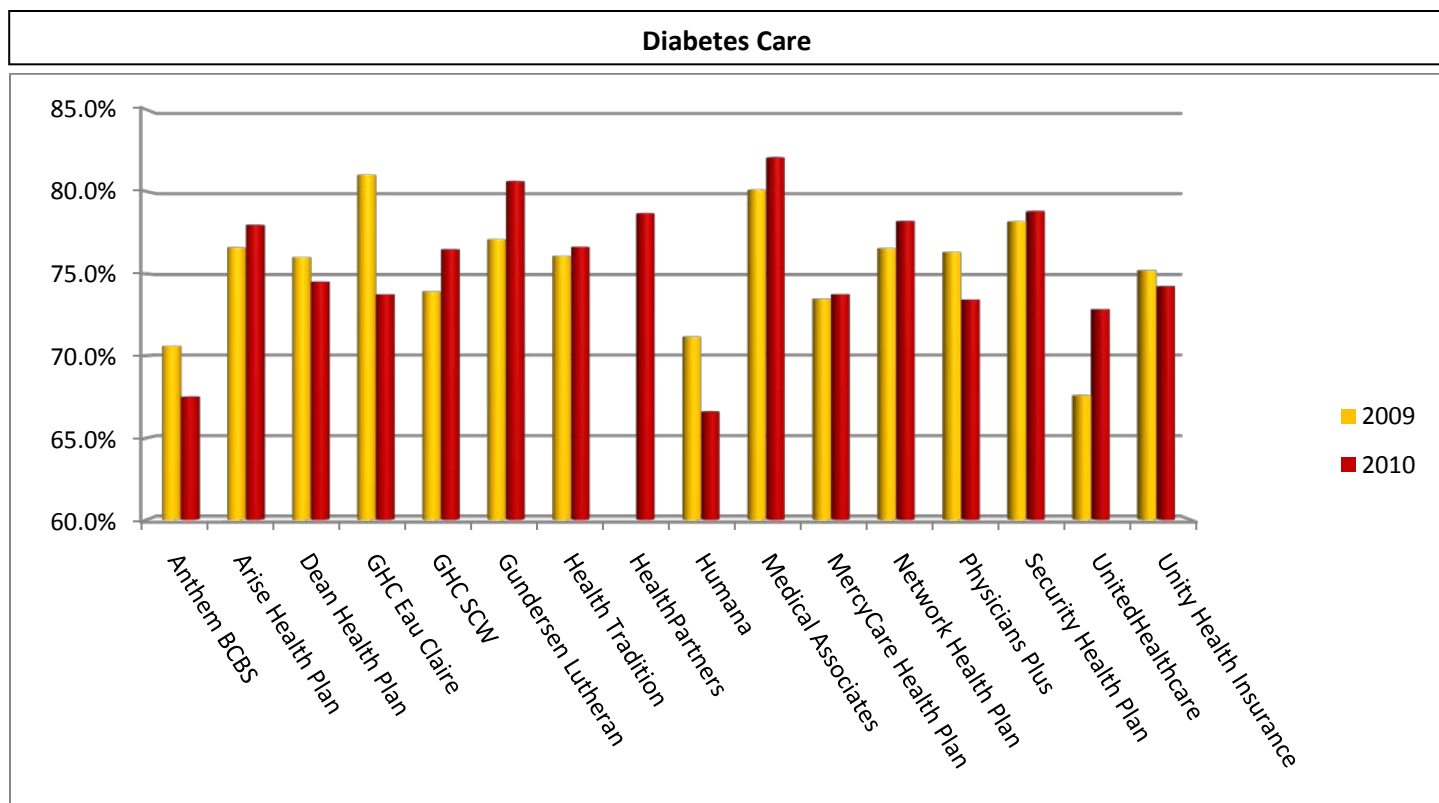
Controlling High Blood Pressure



Cholesterol Management for Patients with Cardiovascular Conditions



2010 HEDIS® Composite Charts for Six Quality Measures



Attachment # 6: Update on the 2010 Disease Management Survey

Employee Trust Funds (ETF), in collaboration with ETF's medical consultant Dr. Tom Hirsch, provided feedback to the health plans regarding their responses to the 2009 Disease Management Survey. In addition, ETF continued to survey the Plans in 2010 with the goal of identifying the following:

- Plans that are providing programs of exceptional value to our members, and
- Opportunities for new programs or interventions the Plans could commit to pursuing to enhance the safety and cost-effectiveness of patient care.

The 2010 Survey Instrument was designed in collaboration with Dr. Hirsch in order to ensure that all questions were clear and meaningful. For each of the topics below, health plans provided their responses using an Excel Spreadsheet template:

- Tab 1: Contact Information and Medical Director/Chief Medical Officer Sign-off
- Tab 2: 2009 Disease Management Survey Update
- Tab 3: Value Based Insurance Design
- Tab 4: Average Length of Stay for Hospice
- Tab 5: Prior Authorization for in-network specialist referrals
- Tab 6: Emergency Department Usage
- Tab 7: Electronic Communication (E-Visits)
- Tab 8: Cost of Care Benchmarking

Responses from the health plans were due on January 21, 2011. Staff will continue to consult with Dr. Hirsch to provide feedback to the Plans and identify new opportunities for programs and interventions.

The Focus for the 2010 survey was narrowed to better understand the health plan's participation in important programs that are designed to improve health outcomes. Dr. Hirsch has authored four white papers (cited in this document) addressing some of the clinical programs identified below that have demonstrated to have positive impacts on member health, experience, and satisfaction.

Clinical Programs that the health plan's currently offer, or were likely to offer, in the near future are detailed below. ETF will continue to use the information gathered from the Disease Management Surveys to share lessons learned and collaborate with the Plans on these interventions through annual meetings. ETF does not intend to use this information for public reporting purposes.

- **Low Back Pain (LBP)**

In an attempt to address the need for appropriate, conservative care for patients with LBP, some healthcare providers are creating LBP Clinics. These clinics are designed to provide quick access to patients with new onset significant LBP. Patients are usually evaluated by specially trained primary care physicians, advanced practitioners, or physical therapists that place an emphasis on

conservative care. Such clinics typically experience high patient satisfaction while decreasing the utilization of imaging studies and surgical interventions.

3 out of 18 health plans provide LBP Clinics.

- **Shared Decision-Making (SDM)**

Studies from the Dartmouth group have demonstrated that providing shared decision-making with patients facing the possibility of a significant medical or surgical intervention leads to improved patient satisfaction, a decrease in litigation and reductions in medical or surgical interventions ranging from 21 to 44 percent. A White Paper: *Shared Decision-Making: Moving Beyond Informed Consent* was also shared with the health plans.

4 out of 18 health plans provide SDM programs.

- **End of Life Care**

Palliative care and Hospice programs improve patients' quality of life as well as patient and family satisfaction while decreasing medical interventions and cost. A White Paper: *Improving End-of-Life Care* was also shared with the plans.

6 out of 18 health plans have hospitals that provide Palliative Care consultation for those hospitalized with a terminal diagnosis.

13 out of 18 health plans track their members' average length of stay in Hospice (longer lengths of stay are usually preferable).

- **Coordination of Care at Hospital Discharge**

"Hand-offs" in medical care is often associated with harmful errors affecting patient care. An important "hand-off" occurs when a patient is discharged from hospital to home. Efforts to better coordinate care at this "hand-off" lead to improved patient and family satisfaction, fewer errors and a decrease in hospital re-admission rates. A White Paper: *Improving Coordination of Care: Fewer Errors and Hospital Readmissions, Greater Patient Satisfaction* was also shared with the plans.

8 out of 18 health plans have a Coordination of Care after Hospital Discharge program.

- **Prior Authorization of Elective High Technology Radiology Studies**

Utilization of elective CT, MRI, PET scans, and nuclear stress tests is continually increasing. Studies have suggested that a significant percentage of these studies are not only unnecessary, but also increase exposure to radiation, inconvenience the patient, and result in higher costs. A White Paper: *Promoting Appropriate High Technology Radiology Utilization: Elective Outpatient CT, MRI, PET and Cardiology Nuclear Medicine Scans* was also shared with the plans.

14 out of 18 health plans prior authorize some or all of these studies.