

HFDIS 2007



measuring more of what matters



Arkansas Foundation
for Medical Care
www.afmc.org



Executive Summary

Home. It's a word that evokes thoughts of warmth, security and care. It also represents a health care philosophy that is gaining momentum across the nation—the idea that every patient deserves a “medical home.”

The term “medical home” is commonly used throughout the managed care industry to designate a patient's primary care physician, or the doctor he or she regularly visits. When a patient visits the same doctor, health problems can be detected and treated early. Regular visits also build relationships and establish trust.

Arkansas Medicaid and AFMC are committed to the medical home philosophy as we work to improve care and effectively use resources. For more than 25 years, we have collaborated with clinicians to find opportunities for improvement, to share and apply successful strategies, and to educate consumers about improving their own health.

An important part of our mission is assessing the quality of care for more than 400,000 beneficiaries of Arkansas Medicaid. To do this, we use HEDIS®, the Healthcare Effectiveness Data and Information Set. HEDIS is the most widely used set of performance measures in the managed care industry. Following careful data collection and analysis, HEDIS results help determine how many Medicaid beneficiaries in Arkansas receive care that meets national standards.

This year's HEDIS report, *Measuring More of What Matters*, reflects the importance of consistent patient care. The results show progress in many areas. For example:

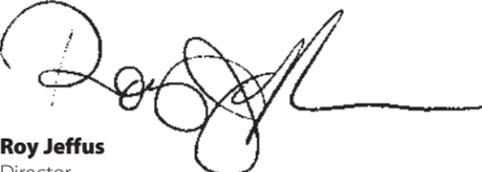
- **36.7% of children on ARKids First A who were prescribed antibiotics after receiving a diagnosis of pharyngitis received a strep test for the episode, compared to only 23% last year.**
- **Arkansas tops the national Medicaid average of 85.2% for 2-year-olds receiving a Hepatitis**

B immunization. For ARKids First A, 92.7% received immunization, and for ARKids First B, 94.6% received immunization.

However, there is still much work ahead:

- Only 37.87% of women age 52 to 69 on Medicaid received a mammogram in SFY 2006, compared to 38.8% in SFY 2005. The rates have slowly declined since SFY 2003.
- Only 46.68% of women age 21 to 64 on Medicaid received a Pap smear in SFY 2006, compared to 47.29% in SFY 2005.

All of these results are useful for Medicaid, AFMC and everyone who is committed to improving care. As we look toward the future, Arkansas Medicaid and AFMC are dedicated to helping every patient establish a medical home. As health care professionals, we all play a role in ensuring that patients experience the comfort and security that comes from high-quality, effective care. Arkansans know that our state is more than just a place to live—it's a home. Together, we can make sure it's a healthy one.



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



Nick J. Paslidis, MD, PhD, MHCM
Chief Executive Officer,
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Introduction

What is HEDIS®?

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

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

How to read the measures

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

• Example: Breast cancer screening

The denominator is the eligible population—the number of women ages 52 to 69 who were enrolled during the measurement year and the preceding year. The numerator is the number of women in the eligible population who had a mammogram during the measurement year or the preceding year.

If the eligible population (denominator) was 1,000, of which 650 had a mammogram (numerator), the rate would be 650/1000, or 65%.

How to use this report

This report provides summaries of data collected for Arkansas Medicaid HEDIS measures, as well as each measure's description and relevance, and ways to improve our state's performance. Results for ConnectCare and ARKids

First programs are compared to the national Medicaid average when applicable. The national Medicaid health plan average comes from Medicaid health plans that have reported data to the National Committee for Quality Assurance.

If a large percentage of patients is not receiving a treatment or preventive service that national guidelines call for, this tells us—medical professionals, payors and the general public—that something needs to change. This may mean:

- changing the way care is delivered.
- establishing or refining processes so that critical steps are not missed.
- helping health care providers stay current on the latest guidelines.
- educating Arkansans about the importance of preventive health care.
- improving access to health care providers in medically underserved areas.
- helping doctors and patients communicate effectively.

Icon key

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

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

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

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

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

HEDIS® is a registered trademark of the National Committee for Quality Assurance.



Health Measures for Children



“For years, Medicaid has helped Arkansas children stay healthy and strong. Even before the term ‘medical home’ was popular, Arkansas Medicaid worked to create an infrastructure that encourages this philosophy. That’s why ARKids First has been so successful. Through their efforts, Medicaid has supported our organization in one of its most important guiding principles: that every child has the right to grow up healthy and strong.”

RHONDA SANDERS
Director of Health Policy
Arkansas Advocates for Children and Families

1,408 primary care providers offer
a medical home for children.

Health Measures for Children: Beneficiary and provider education

No one needs a secure, safe home more than a child. That's why parents and caregivers dedicate themselves to ensuring their children are cared for and loved. The same principle guides Arkansas physicians as they care for their youngest patients.

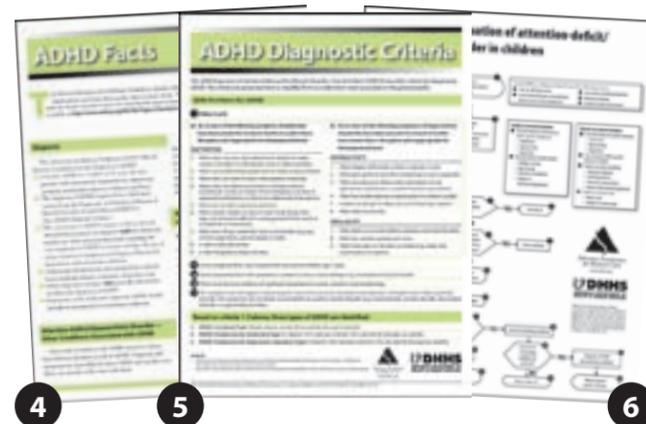
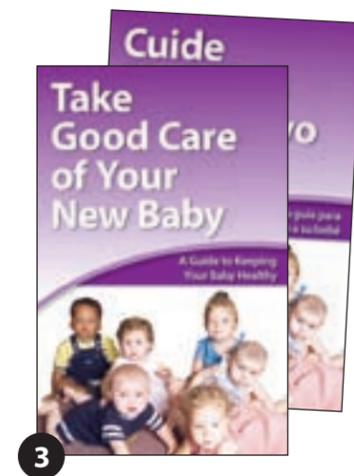
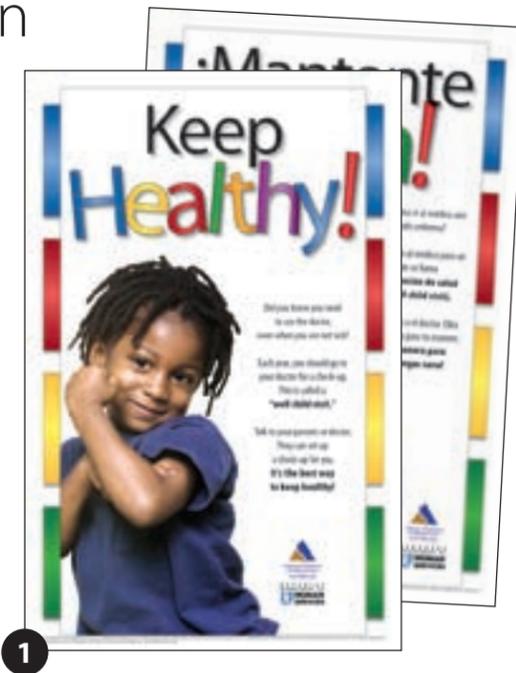
Arkansas Medicaid and AFMC have made it a top priority to help physicians provide a secure medical home for young beneficiaries. We promote childhood vaccination and well child care. We work to improve asthma management. And we encourage the appropriate use of antibiotics.

AFMC has created and launched several multimedia campaigns to improve health care quality for children, in addition to developing research-driven tools such as posters for physician offices, educational booklets for parents and guardians, chart folders and reminder stickers to help clinicians take the appropriate steps.

The state has seen significant improvement, but more work is still needed. We will continue to help providers educate families about how to keep their children healthy and strong.

Examples

- 1: Poster encouraging children to ask their parents or doctors about getting a well-child check-up (English and Spanish).
- 2: EPSDT brochure for families (English and Spanish).
- 3: Booklet for new parents that covers immunizations and other aspects of infant care (English and Spanish).
- 4: ADHD provider fact sheet, including treatment guidelines and common symptoms.
- 5: ADHD diagnostic criteria reference sheet for providers.
- 6: ADHD clinical algorithm for providers, outlining steps for accurate diagnosis and evaluation.



Asthma medication use

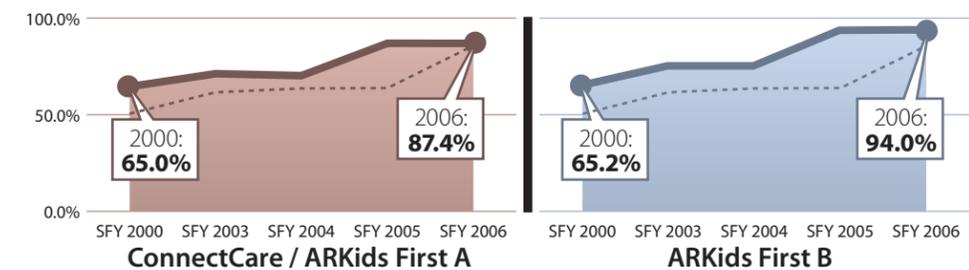
Asthma is one of the most common chronic health conditions for children and young adults. It can cause substantial limitation of daily function, increased health care costs and lost productivity from missed school and work days. Its impact, however, can be greatly reduced by better use of medications that control the underlying pathophysiology of the condition.

With greater prescribing of inhaled anti-inflammatory medications, we must now emphasize long-term compliance with preventive and maintenance therapies. To reduce the need for acute interventions or reliance on short-acting beta agonist inhalers, physicians should ask their patients to visit two to four times a year, even when doing well, to reinforce the value of chronic, ongoing preventive therapy with inhaled corticosteroids.

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

Appropriate use of medications for people with asthma

NATIONAL MEDICAID RATE, 2006: 85.7% (Dotted line indicates national Medicaid rate SFY 2000-06.)



Strategies for Improvement

- Emphasize use of anti-inflammatory medications as mainstay of therapy for symptoms of mild persistent to severe asthma.
- Schedule regular office visits for asthmatic patients with moderate to severe symptoms, to monitor compliance with medications and the need for daily anti-inflammatory therapy.
- Develop an Asthma Action Plan with patients and families, providing written instructions on:
 - Asthma triggers.
 - Individual signs and symptoms.
 - Medication dosage and frequency for daily management (green zone), mild symptoms (yellow zone), and acute exacerbation (red zone).
 - Danger signs and emergency contact information.

Tools Available from AFMC

- A colorful booklet, available in English and Spanish, titled "Don't Let Asthma Slow You Down!"
- A poster featuring a track runner, available in English and Spanish.
- A poster featuring a young swimmer.
- Coloring book in both English and Spanish.

Childhood immunization status

Preventive visits and immunizations for children are an important investment in the future of Arkansas. Our state's childhood immunization rates are high, but we need to continue to work toward protecting this vulnerable group.

Incomplete immunization could leave children vulnerable to diseases that most Americans no longer worry about—diseases that are still common in countries where vaccines are not as easily available. Health care providers and parents must work together to ensure that children are protected against chicken pox, tetanus, hepatitis, measles, whooping cough and other vaccine-preventable diseases.

Definition of Measure

This measure included all children enrolled at least 10 months before their 2nd birthday who turned 2 years old during the measurement year. The percentage shows how many of these children received the appropriate immunizations.

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

New Immunization Measures

Pneumococcal

NATIONAL MEDICAID RATE, 2006: 46.6%

	2005	2006
ARKids First A	35.2%	47.9%
ARKids First B	40.1%	58.1%

Combo 2 (4 DTP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV)

NATIONAL MEDICAID RATE, 2006: 70.4%

	2005	2006
ARKids First A	74.3%	69.6%
ARKids First B	79.1%	76.8%

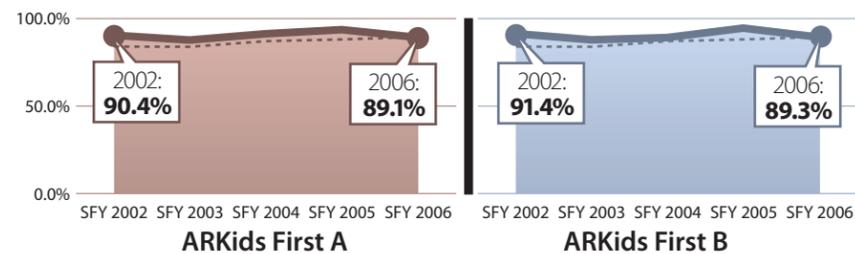
Combo 3 (4 DTP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV)

NATIONAL MEDICAID RATE, 2005: 42.6%

	2005	2006
ARKids First A	30.2%	43.0%
ARKids First B	35.4%	51.9%

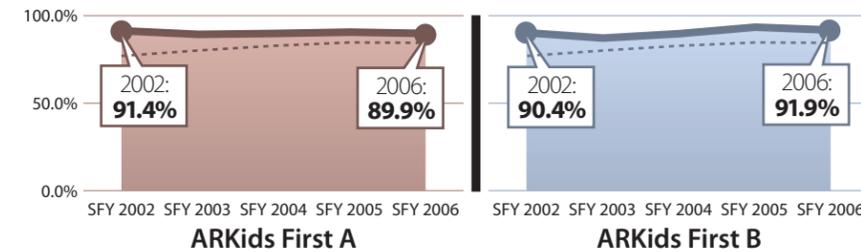
MMR (Measles, Mumps and Rubella)

NATIONAL MEDICAID RATE, 2006: 89.5% (Dotted line indicates national Medicaid rate SFY 2002-06.)



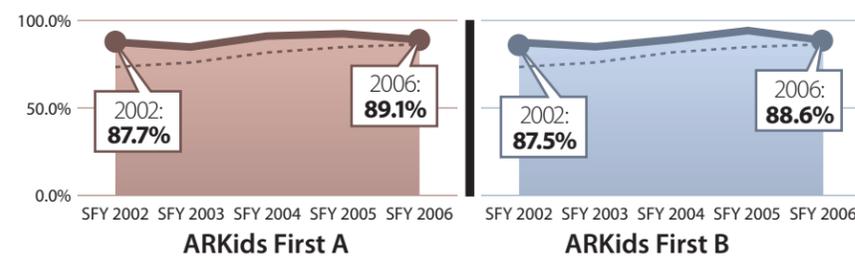
Polio

NATIONAL MEDICAID RATE, 2006: 84.5% (Dotted line indicates national Medicaid rate SFY 2002-06.)



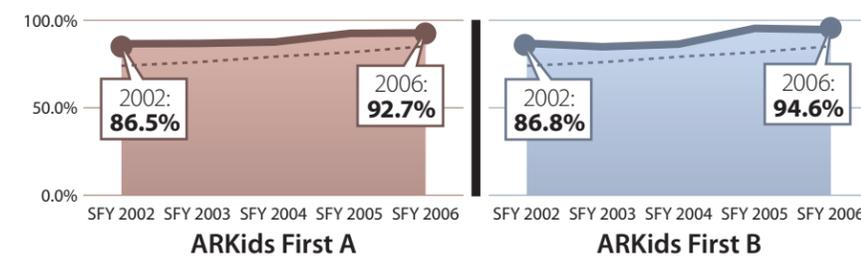
Chicken Pox

NATIONAL MEDICAID RATE, 2006: 86.4% (Dotted line indicates national Medicaid rate SFY 2002-06.)



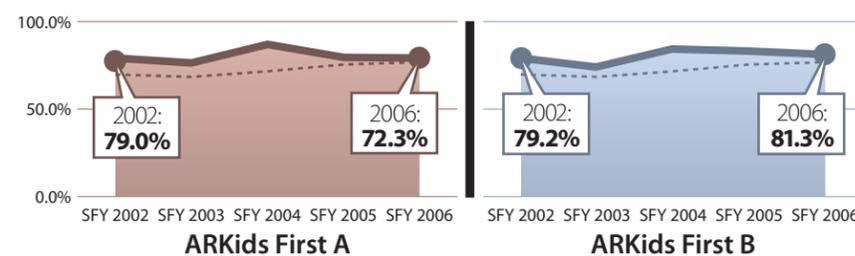
Hepatitis B

NATIONAL MEDICAID RATE, 2006: 85.2% (Dotted line indicates national Medicaid rate SFY 2002-06.)



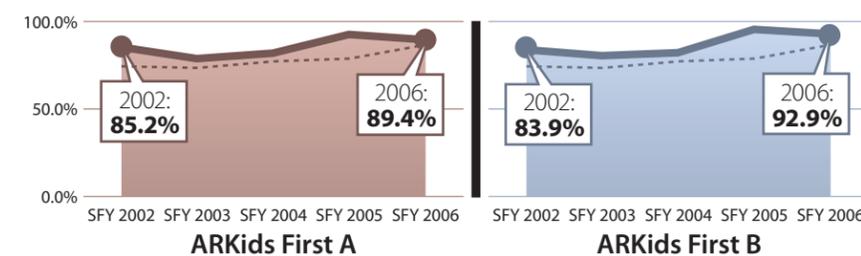
DTP (Diphtheria, Tetanus and Whooping Cough)

NATIONAL MEDICAID RATE, 2006: 76.8% (Dotted line indicates national Medicaid rate SFY 2002-06.)



H Influenza B

NATIONAL MEDICAID RATE, 2006: 86.7% (Dotted line indicates national Medicaid rate SFY 2002-06.)



Strategies for Improvement

- Check immunization status and give needed vaccinations during every office visit.
- Give multiple vaccinations whenever possible.
- Use a reminder system to contact parents or guardians whose children have not been fully immunized.
- Use structured records to document all vaccinations.
- Document all vaccinations delivered in schools and health departments.

Tools Available from AFMC for All Well Child/Immunization Measures

- Working with Arkansas Medicaid, AFMC has developed tools to foster communication with parents about keeping their children healthy:
 - A colorful booklet titled "Take Good Care of Your New Baby," available in English and Spanish.
 - A colorful poster, available in English and Spanish, with the recommended schedule for well child visits and shots.
 - Chart folders and reminder stickers.
 - Growth and developmental milestones flyer, available in English and Spanish.

Well child visits

Well child visits are an essential part of Medicaid's philosophy of a medical home for every patient. They offer health care providers the opportunity to check a child's growth, assess nutrition, offer educational guidance, ensure that vaccinations are up-to-date and screen for various health problems. They also help providers and patients build relationships and establish trust. A 2006 Medicaid policy change allows providers to bill for a sick and well child visit on the same day.



Strategies for Improvement

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

Components of Well Child Screenings Should Include:

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

Focus on the first 15 months of life

Definition of Measure This measure included children who turned 15 months old during the measurement year, and were enrolled at least 13 of the first 15 months of life. The table shows how many visits these children received during their first 15 months (ranging from 0 to 6 or more).

Well child visits, first 15 months of life

ARKIDS FIRST A						NATIONAL MEDICAID RATE (2006)
	2002	2003	2004	2005	2006	
0 visits	4.72%	5.68%	5.73%	7.90%	7.58%	5.00%
1 visit	9.78%	10.71%	10.08%	10.29%	9.91%	3.50%
2 visits	11.56%	9.83%	10.00%	10.12%	9.82%	4.40%
3 visits	11.29%	10.40%	10.53%	10.70%	11.75%	7.10%
4 visits	13.26%	11.91%	11.54%	13.81%	14.74%	12.30%
5 visits	13.85%	13.07%	14.74%	14.64%	20.76%	18.80%
6+ visits	35.55%	38.40%	37.39%	32.54%	25.43%	48.60%

ARKIDS FIRST B						NATIONAL MEDICAID RATE (2006)
	2002	2003	2004	2005	2006	
0 visits	5.71%	6.38%	5.10%	7.16%	6.66%	5.00%
1 visit	7.35%	6.94%	5.74%	7.88%	7.11%	3.50%
2 visits	8.37%	10.69%	7.02%	8.95%	6.30%	4.40%
3 visits	7.55%	8.63%	11.00%	8.35%	9.27%	7.10%
4 visits	11.63%	9.76%	9.73%	10.62%	13.14%	12.60%
5 visits	14.08%	11.26%	15.79%	17.42%	23.04%	18.80%
6+ visits	45.31%	46.34%	45.61%	39.62%	34.47%	48.60%

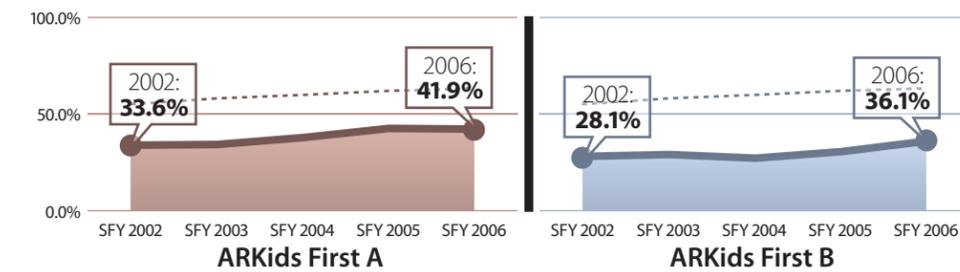


Focus on ages 3 through 6 years

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

Well child visits, ages 3-6

NATIONAL MEDICAID RATE, 2006: 63.3% (Dotted line indicates national Medicaid rate SFY 2002-06.)



Components of this Well Child Screening Should Include:

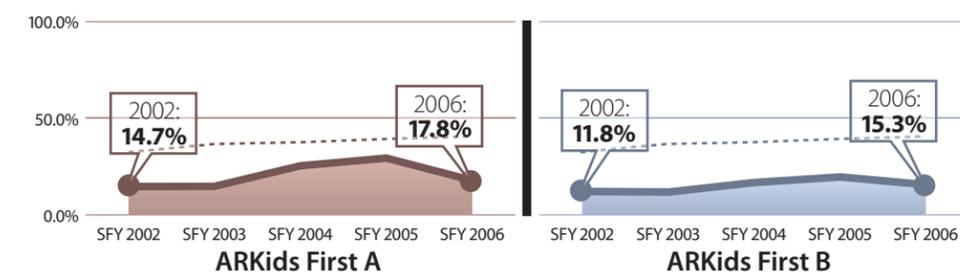
- Assessing school readiness.
- Completing preschool immunization.
- Reinforcing accident and injury prevention.
- Educating about Body Mass Index (BMI) and calculating annually.

Focus on adolescents

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

Well care visits, adolescents

NATIONAL MEDICAID RATE, 2006: 40.6% (Dotted line indicates national Medicaid rate SFY 2002-06.)



Components of this Well Care Screening Should Include:

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

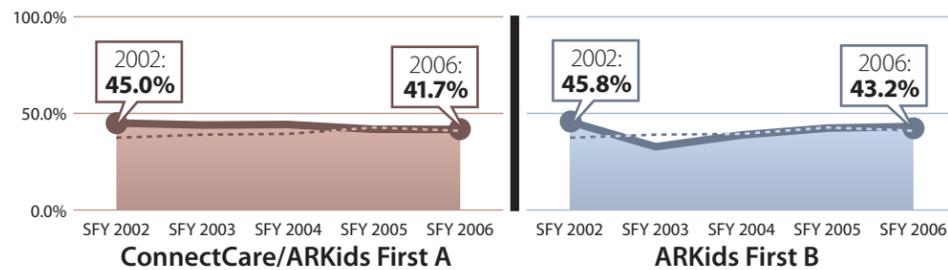
Annual dental visits

A medical home should encompass all aspects of a patient's care. That's why Arkansas Medicaid pays for regular dental care for young beneficiaries. Regular dental care can help prevent problems from permanently damaging a child's dental or physical health. It can also help establish healthy habits that carry into adulthood.

Definition of Measure This measure included young people ages 4 through 21 who were enrolled at least 11 months of the measurement year. The percentage shows how many had at least one dental visit during the measurement year.

Annual dental visits

NATIONAL MEDICAID RATE, 2006: 41.0% (Dotted line indicates national Medicaid rate SFY 2002-06.)



Strategies for Improvement

- Educate patients and their family members about the importance of annual dental exams.
- Use tools available from the American Dental Association to inform patients and families about proper dental care and follow-up.
- Track overdue visits and follow-up with patients when necessary.
- Send reminders, such as postcards, when a visit is due.

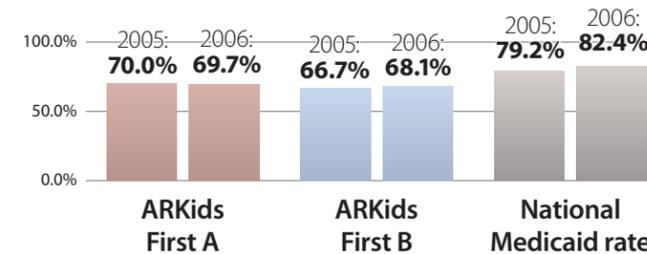
Appropriate use of antibiotics

Consumers are more aware of antibiotic resistance than ever before, and many mainstream media outlets have reported the dangers of antibiotic overuse. Yet, in many parts of Arkansas, patients presenting with viral infections are still likely to receive antibiotics without further testing.

We must focus on reducing the use of antibiotics for simple infections that are frequently viral. Convincing patients that their illness does not require an antibiotic can be difficult and time-consuming. AFMC and Arkansas Medicaid are working to educate the general public and to garner physician support to make a positive impact on this critical public health issue.

Treatment for children with upper respiratory infection

Definition of Measure The percentage of children 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic on or within the three days after the episode date. The numerator for this measure consists of episodes that were inappropriately treated with antibiotics. The inverted rate is $1 - (\text{num}/\text{den})$, so a higher inverted rate indicates better care.



Strategies for Improvement

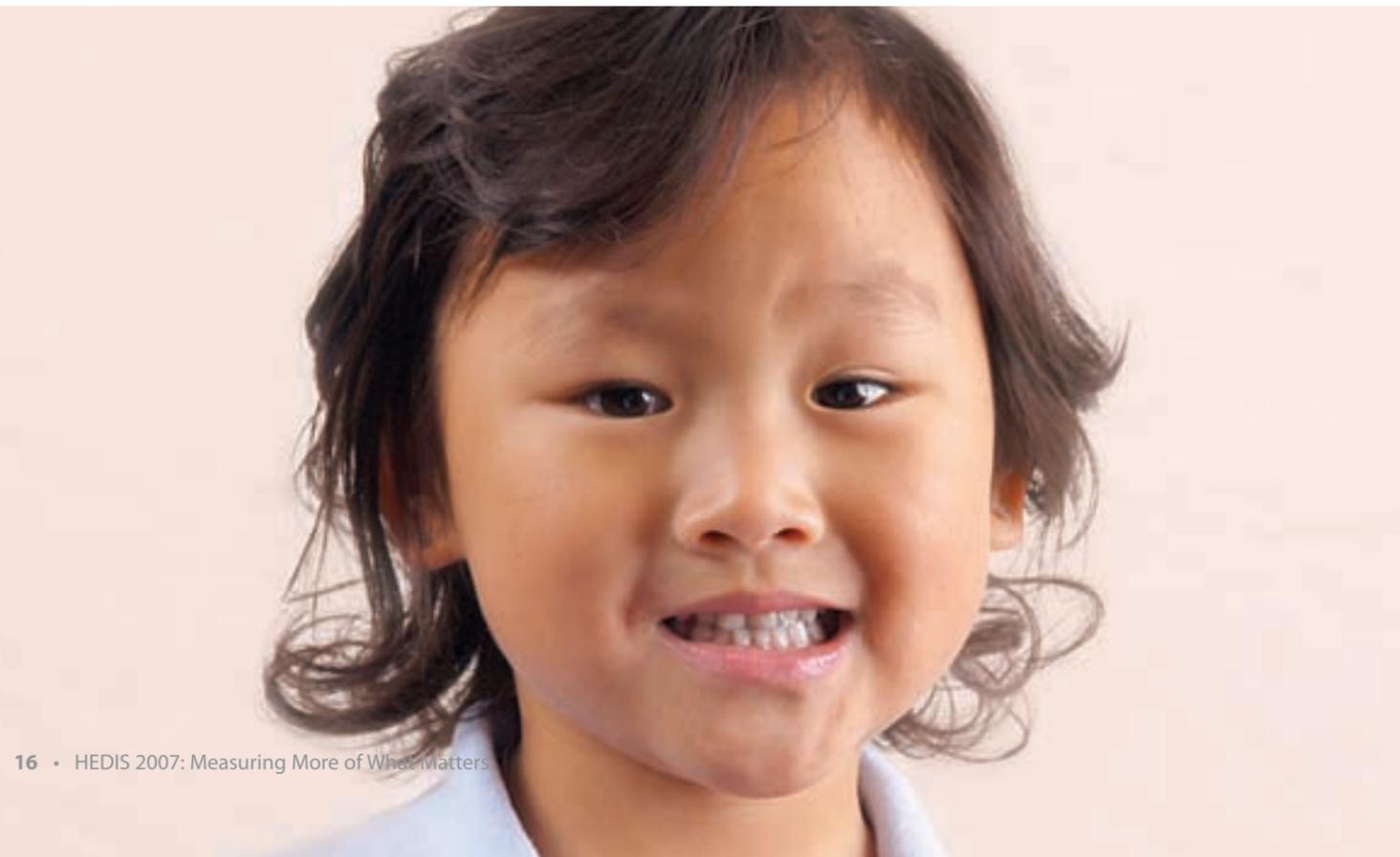
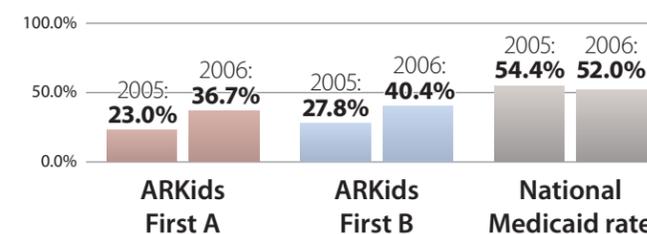
- Review prescribing habits.
- Educate staff about antibiotic use and resistance.
- Encourage clinical staff to wash hands between patients.
- Explain to patients why antibiotics are not always needed.
- Offer symptom support for patients with viruses.
- Stress the importance of taking all antibiotics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

Tools Available from AFMC

- Academic detailing sheets.
- Prescription pads listing symptom support measures.
- Information card.
- Educational booklet for patients, available in English and Spanish.
- Stickers for patients.
- Coloring book in English and Spanish.
- Posters in English and Spanish.
- Middle School Teacher's Guide and Activity Book.

Testing for children with pharyngitis

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



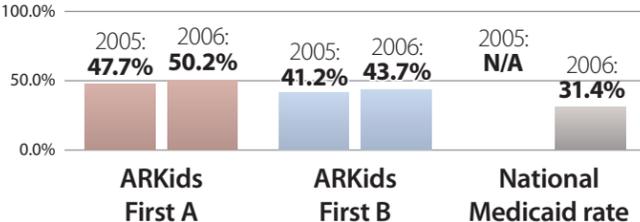
Attention-deficit hyperactivity disorder (ADHD)

Attention-deficit hyperactivity disorder (ADHD) is one of the most common chronic conditions of childhood. Treatment requires long-term planning and the type of consistent care characterized by the medical home philosophy.

While ADHD is one of the most studied conditions of childhood, its cause is still unknown. The essential feature of ADHD is a persistent pattern of inattention or hyperactivity/impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development. The outlook for most children who receive treatment is very encouraging. The primary goal should be to improve day-to-day functioning. In order to reach and maintain this goal, the treatment plan should involve coordinated efforts between parents, physicians and the patient's entire support team.



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



Strategies for Improvement

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

Tools Available from AFMC

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

Health Measures for Women



“It’s no secret that patients benefit from coordinated, consistent care. But providers also benefit when they’re able to maintain strong relationships with their patients. Medicaid has helped make these types of relationships a reality through its managed care program. And we can see the positive results each time the state data improves even one percentage point. These small increases transfer to healthier citizens, and that’s something that every physician is aiming for.”

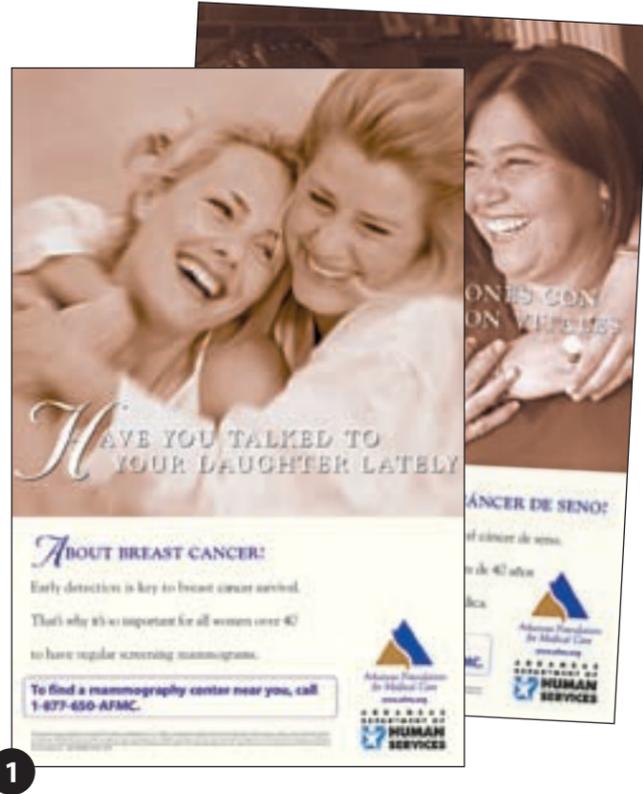
DAVID WROTEN
*Executive Vice President
Arkansas Medical Society*

For
10 years, Arkansas Medicaid has provided the infrastructure
to create a medical home for beneficiaries.

Health Measures for Women: Beneficiary and provider education

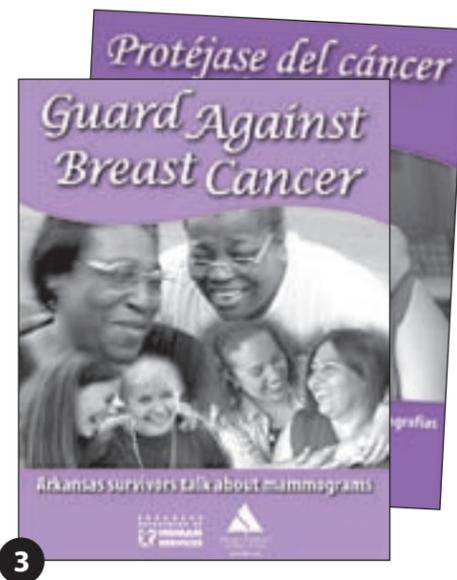
Women are often considered the heart of a home, providing support and love for their children and families. Yet, they often forget to take time for themselves. Thousands of Arkansas women go without basic preventive health care, such as mammograms to detect breast cancer and Pap smears to catch precancerous changes in cervical cells. Health care providers play an important role in encouraging all women to establish a medical home and schedule regular preventive care.

Arkansas Medicaid and AFMC work to help educate women and their families and physicians about the importance of preventive care. A multimedia public awareness campaign, posters, brochures and articles in statewide publications encourage communication and urge women and their physicians to work together to increase screening.



Examples

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



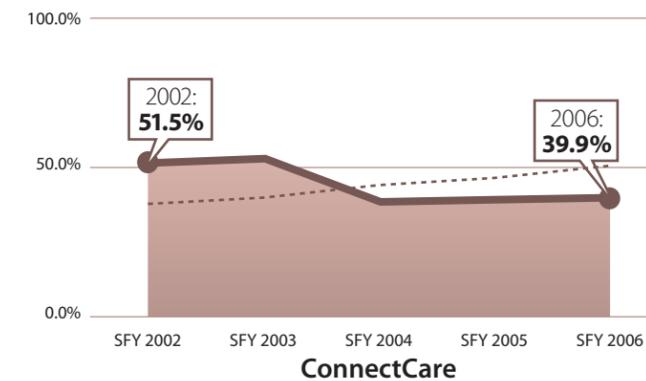
Chlamydia screening

Chlamydia is one of the most common and most easily cured sexually transmitted diseases. Testing methods have improved greatly in recent years, and the Centers for Disease Control and Prevention now recommends screening for all sexually active women age 25 and under, and for women age 25 and older with certain risk factors.

Definition of Measure This measure included women ages 16 through 25 who were identified as sexually active, and who were enrolled at least 11 months during the measurement year. The percentage shows how many of these women had at least one test for chlamydia during the measurement year.

Chlamydia screening

NATIONAL MEDICAID RATE, 2006: 50.6%
(Dotted line indicates national Medicaid rate SFY 2002-06.)



Strategies for Improvement

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

Tools Available from AFMC

- Family Planning/Screening Guide



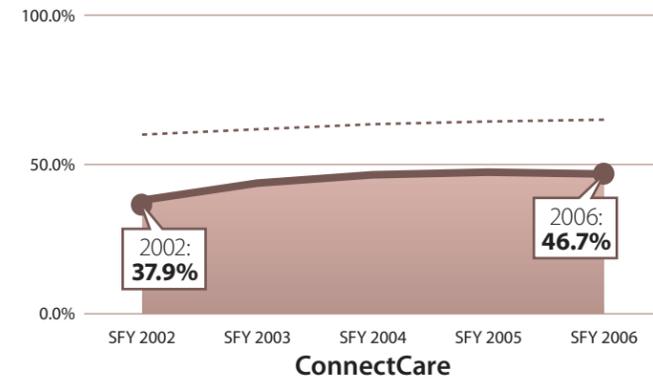
Cervical cancer screening

Cervical cancer is the easiest solid tumor cancer to diagnose and treat; however, it still causes nearly 4,000 deaths in the U.S. each year. Pap smears are the best way to detect cervical cancer and treat it early. Most guidelines call for women to begin having regular Pap smears and pelvic exams at age 21, or within three years of the first time they have sexual intercourse.

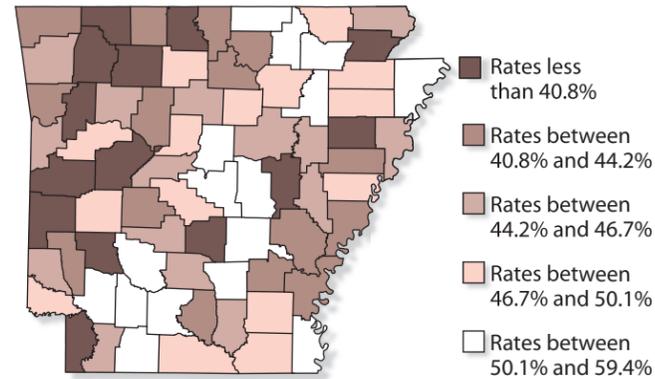
Definition of Measure This measure included women ages 21 to 64 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received a Pap smear during the measurement year or the two years prior to the measurement year.

Cervical cancer screening

NATIONAL MEDICAID RATE, 2006: 65.0%
(Dotted line indicates national Medicaid rate SFY 2002-06.)



Cervical cancer screening Pap smear rates



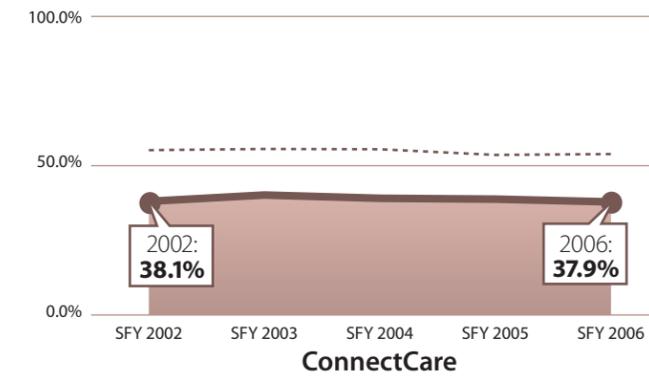
Breast cancer screening

Mammography is the best available method to detect breast cancer in the earliest, most treatable phase. Although mammogram guidelines vary widely for women in their 40s, most research-based recommendations call for yearly mammograms for women age 50 and older. More than 75 percent of breast cancers are found in women in this age group.

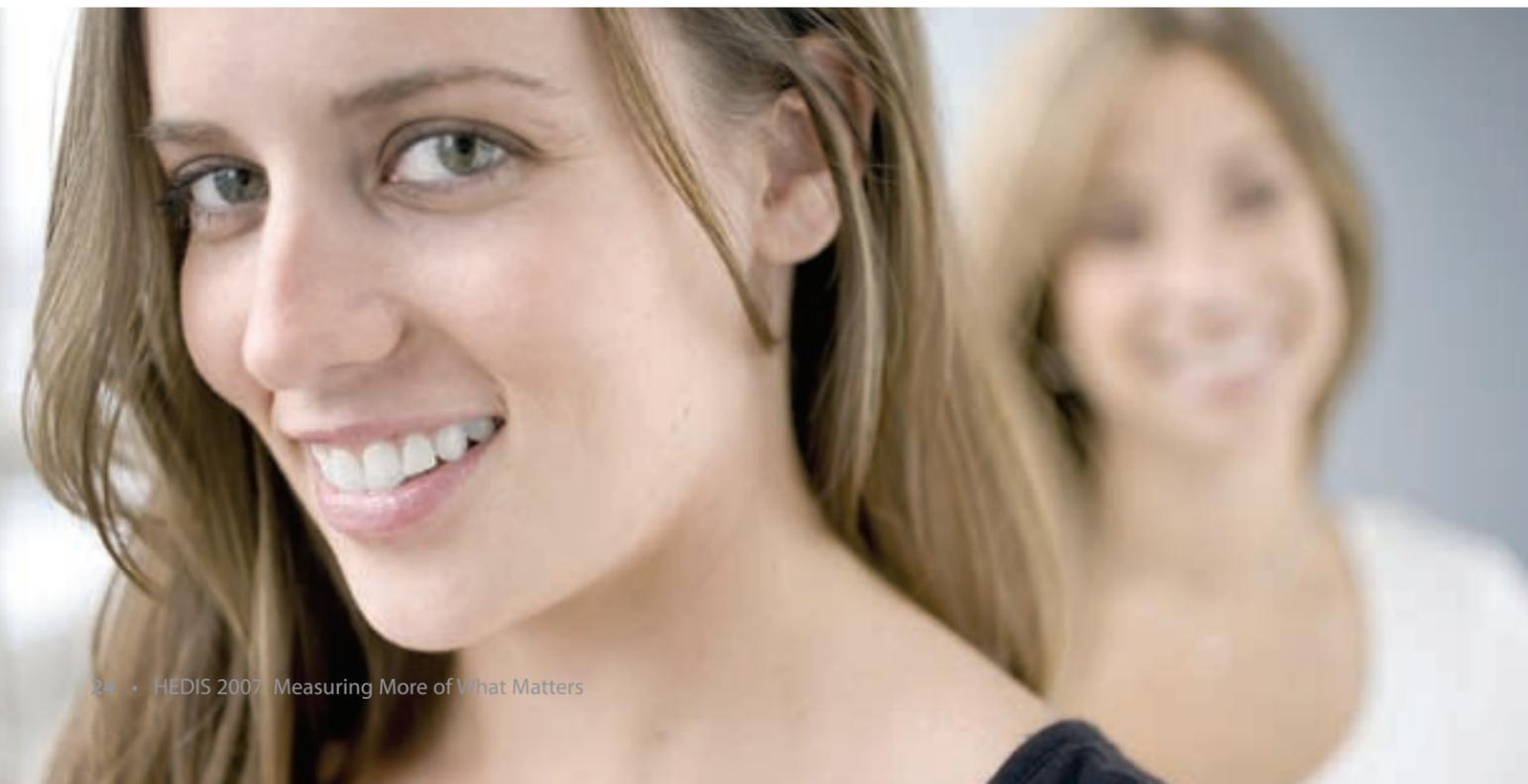
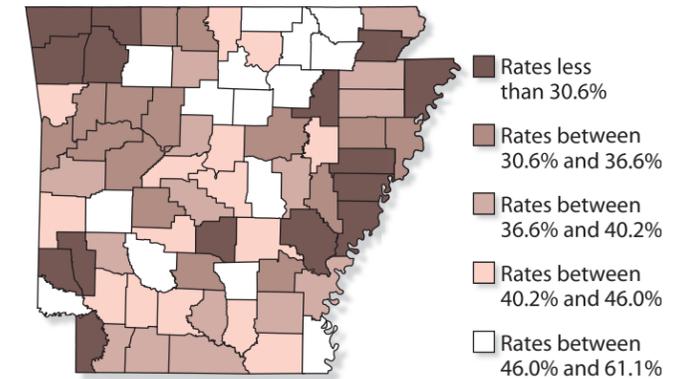
Definition of Measure This measure included women ages 52 to 69 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received at least one mammogram during the measurement year or the previous year.

Breast cancer screening

NATIONAL MEDICAID RATE, 2006: 53.9%
(Dotted line indicates national Medicaid rate SFY 2002-06.)



Breast cancer screening mammogram rates



Strategies for Improvement

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

Tools Available (Breast and Cervical Cancer Screening) from AFMC

- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers discuss breast health with their patients:
 - "Have you talked to your mother lately" poster (Caucasian, African-American and Hispanic versions).
 - Cervical cancer educational resources.
 - Mammography brochure, available in English and Spanish.
 - Chart labels.
 - Mammogram referral labels, available in English and Spanish.
 - FDA-certified mammography center listings.

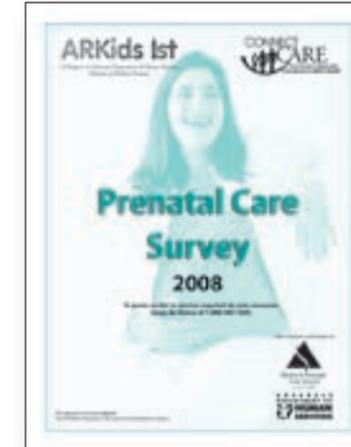
Prenatal care

Prenatal care gives expectant mothers a better chance for a healthy pregnancy. Establishing a medical home early in a pregnancy can help prevent low birth-weight, premature birth and other problems—what better way to protect a new life?

During regular doctor visits, health care providers can assess a woman's health and run important tests. Prenatal visits also offer providers the opportunity to talk to women about eating right and making healthy lifestyle changes.

An important part of improving prenatal care is measuring beneficiary satisfaction. Results of the Arkansas Medicaid Prenatal Survey can be used to improve prenatal services for all expectant mothers across the state—not just Medicaid beneficiaries. In fact, Arkansas Medicaid pays for 60 percent of all deliveries in Arkansas.

The quality measures were collected via a survey that was adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS) used by the Centers for Disease Control and Prevention (CDC) since 1987.



The 2008 AFMC Prenatal Care Survey will measure Medicaid beneficiaries' satisfaction with the prenatal care they receive.

2006 Prenatal Survey Highlights

- 81.5%** of those surveyed had the recommended number of prenatal visits.
- 89.2%** felt finding a prenatal care provider was not a problem.
- 82.6%** rated their prenatal care provider 8 or above on a scale of 0 to 10, with 0 being the worst possible and 10 being the best possible.
- 97.7%** felt they were usually or always treated with courtesy and respect by their prenatal care provider.
- 92.0%** believed their prenatal care provider usually or always listened to them.
- 91.5%** felt their prenatal care provider usually or always offered understandable information.

Strategies for Improvement

- Follow national recommendations for prenatal care, such as those from the American College of Obstetricians and Gynecologists and National Physician Consortium for Performance Measures.
- Utilize prenatal performance measures, such as screening for gestational diabetes and D antibody testing.
- Maintain a prenatal flow sheet that incorporates national performance measures into each patient's chart.

Tools Available from AFMC

- AFMC offers online prenatal resources and information at www.afmc.org/prenatal.



Health Measures for Diabetics



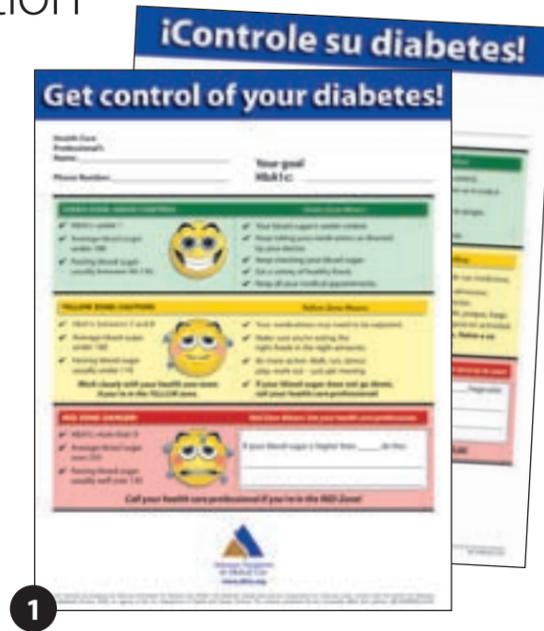
“Controlling blood pressure below 130/85 is one of the best and most cost effective treatments to prevent long-term complications in diabetic patients.”

WILLIAM E. GOLDEN, MD, MACP
*Vice President for Clinical Quality Improvement
Arkansas Foundation for Medical Care*

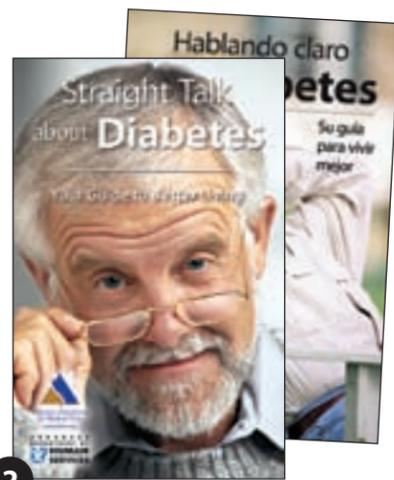
997 primary care providers offer a medical home for diabetics.

Health Measures for Diabetics: Beneficiary and provider education

Patients with chronic health conditions like diabetes can benefit greatly from an established medical home. Regular preventive care keeps thousands of Arkansans with diabetes healthy and active. Arkansas Medicaid and AFMC work with providers to find ways to increase preventive care rates and patient awareness. For example, the award-winning, easy-to-read booklet, "Straight Talk about Diabetes," outlines important information for patients and families. AFMC also offers labels for patient charts to remind physicians to perform critical blood work, eye exams or other chronic care. The ongoing efforts have paid off; rates for diabetes-related measures improved substantially in recent years.



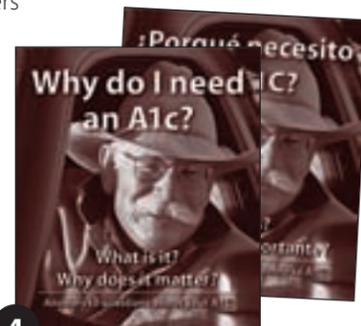
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4



5

Examples

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

Comprehensive diabetes care

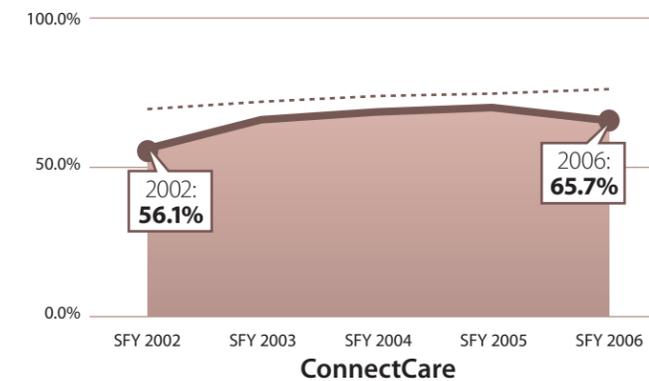
More than 250,000 Arkansans have diabetes. To prevent complications such as kidney disease, blindness and amputations, preventive care is critical. Regular hemoglobin A1c testing can indicate to patients and physicians when more effective blood sugar control is needed. Annual fasting lipid profiles track control of cholesterol and triglyceride levels. Annual dilated eye exams can identify early signs of diabetic retinopathy. And excellent control of blood pressure is essential to prevent kidney disease and stroke.

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

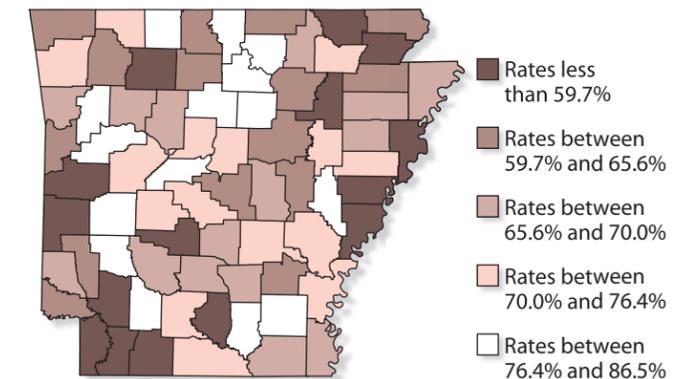
- A hemoglobin A1c (HbA1c) test during the measurement year.
- A lipid profile performed during the measurement year or the year prior to the measurement year.
- A dilated eye exam during the measurement year.

Hemoglobin A1c (HbA1c) test

NATIONAL MEDICAID RATE, 2006: 76.2%
(Dotted line indicates national Medicaid rate SFY 2002-06.)



HbA1c test rates



Strategies for Improvement

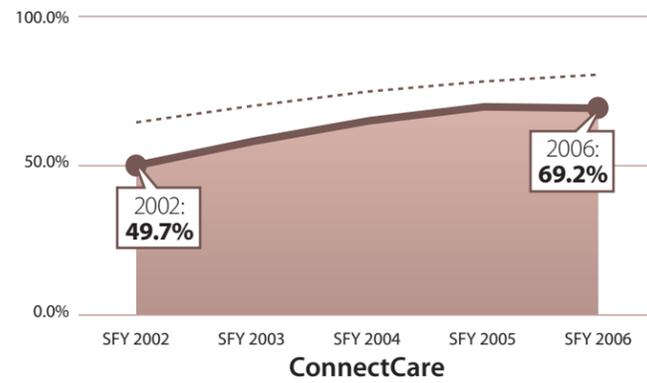
- Follow national treatment guidelines for diabetes, such as those from the American Diabetes Association.
- Schedule regular clinic visits for diabetes management.
- Use checklists or flow sheets to help improve compliance with guidelines.
- Record all results of preventive screenings.
- Provide other preventive care, such as a pneumococcal vaccination and annual influenza vaccination.

Tools Available from AFMC

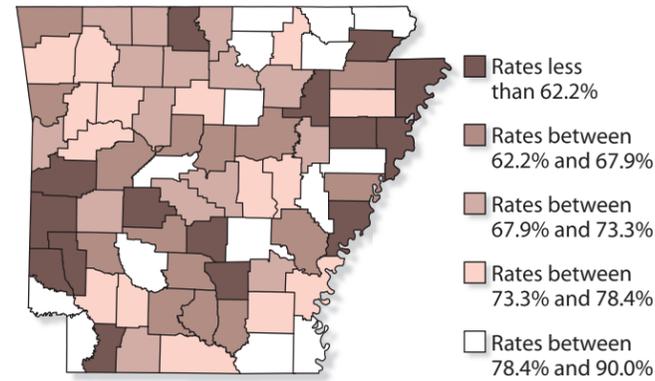
- Working with Arkansas Medicaid, AFMC has developed tools to help health care providers talk to patients about diabetes:
 - "Straight Talk about Diabetes" brochure, available in English and Spanish.
 - Diabetes chart labels.
 - "Why do I need an A1c?" brochure, available in English and Spanish.
 - "Know your A1c!" wallet card, available in English and Spanish.

LDL-C screening rate

NATIONAL MEDICAID RATE, 2006: 80.5%
(Dotted line indicates national Medicaid rate SFY 2002-06.)

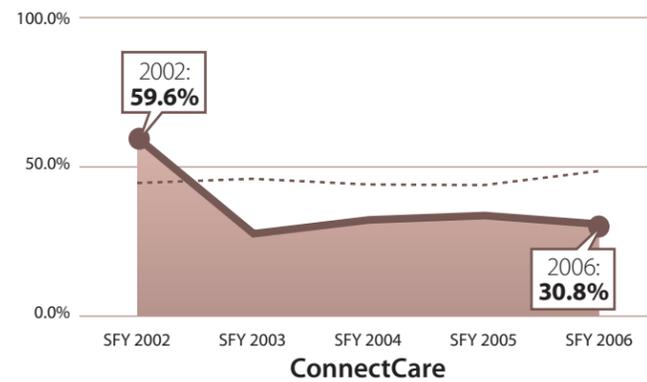


LDL-C screening rates

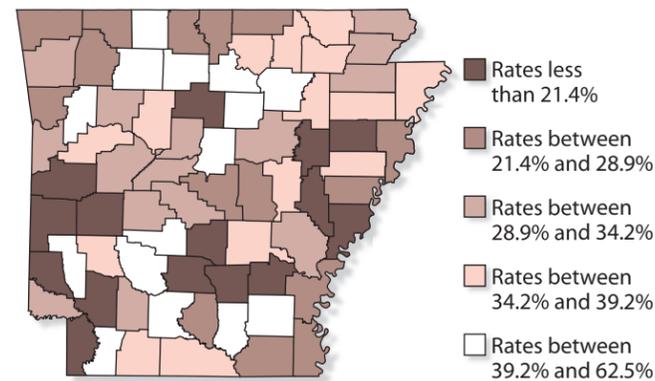


Dilated eye exam*

NATIONAL MEDICAID RATE, 2006: 48.6%
(Dotted line indicates national Medicaid rate SFY 2002-06.)



Dilated eye exam rates



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

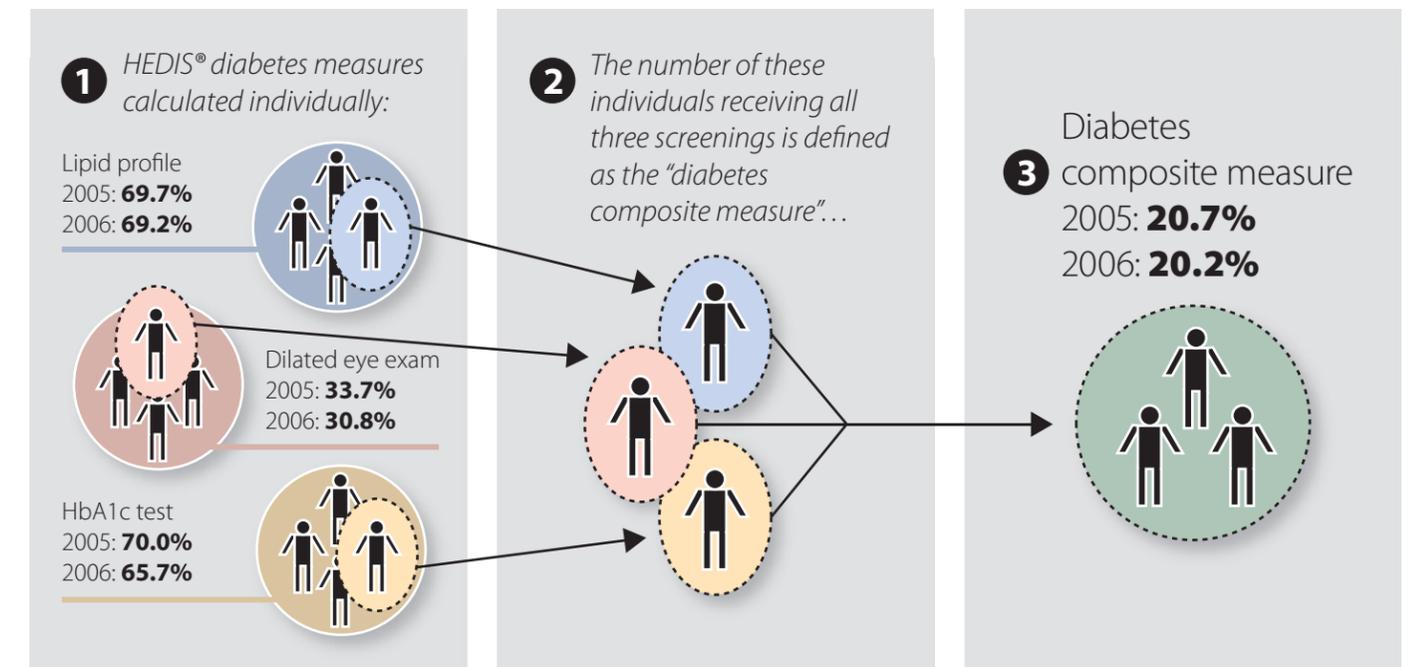
Diabetes composite measures

Arkansas and the United States are in the middle of a diabetes epidemic. More adults and children are developing type 2 diabetes at younger ages than ever before, in large part due to rapid increases in obesity.

Since morbidity and mortality from diabetes directly relate to control and length of time with the condition, effective ongoing management of risk factors related to complications is critical for the future well-being of individual patients, as well as our communities.

In 2006, Arkansas Medicaid began evaluating diabetes care by “composite measures”: the percent of patients who received all the recommended measures of diabetes care. In the past, progress was tracked by isolated elements of good diabetes care: hemoglobin A1c measurement, lipid measurement and regular eye examinations. Innovative approaches to patient outreach, office information systems and patient education are essential to prevent widespread heart, kidney, eye and foot complications in the years ahead.

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



Health Measures for Smoking Cessation



“Successful smoking cessation must remain one of the most important personal and public health goals in Arkansas. The Department of Human Services is committed to helping our state continue to improve its rates of smoking cessation counseling and treatment. By working together, we can help protect Arkansans from this avoidable health risk.”

JANIE HUDDLESTON

Deputy Director

Arkansas Department of Human Services

283,712 AFMC quality improvement tools were distributed to primary care offices during SFY 2007.

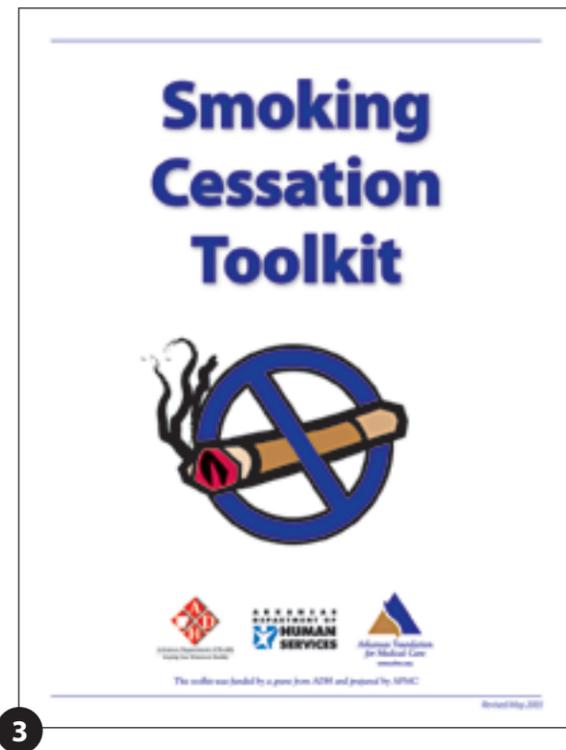
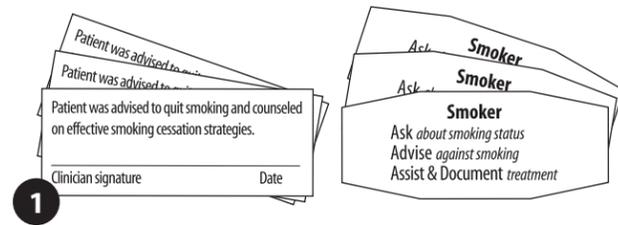
Health Measures for Smoking Cessation: Beneficiary and provider education

Quitting tobacco takes willpower, dedication and commitment. With consistent treatment under the care of a doctor, smokers can access the tools and resources to succeed.

Health care professionals know the dangers of smoking, but nonsmokers may not understand the intensity of tobacco addiction. Arkansas Medicaid and AFMC offer several tools to help physicians assist their patients in quitting smoking. We also work with physicians across the state to encourage use of these tools and to improve communication about the dangers of smoking, its consequences and how to quit.

Examples

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



Smoking cessation communication

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

Definition of Measure The measure uses data that was collected from surveys conducted by AFMC and included beneficiaries 18 years of age and older who were enrolled at least 5 out of 6 months of the measurement year, and who were either current smokers or recent quitters. Three different rates are calculated: the percentage of beneficiaries who received advice from a doctor or other health care professional to quit smoking; the percentage whose doctor or other health care professional recommended or discussed smoking cessation medications; and the percentage whose doctor or other health care professional recommended or discussed smoking cessation methods or strategies.

Advice to quit smoking

	2004*	2005**	2006*
ConnectCare	49.82%	57.53%	58.63%

Recommended or discussed smoking cessation medications

	2004*	2005**	2006*
ConnectCare	17.22%	30.59%	30.32%

Recommended or discussed smoking cessation methods or strategies

	2004*	2005**	2006*
ConnectCare	18.32%	25.57%	25.81%

* Taken from 2004 and 2006 Health Outcomes Surveys, respectively.
 ** Taken from 2005 Adult CAHPS surveys.

Strategies for Improvement

- Educate health care staff on the available therapeutic options for effective smoking cessation.
- Use the 5 A's of basic intervention:
 - Ask about tobacco use.
 - Advise to quit.
 - Assess willingness to quit.
 - Assist with attempt to quit.
 - Arrange for follow-up.
- Discuss and develop an individualized plan of cessation methods/strategies.
- Document all tobacco assessments and cessation counseling.
- Discuss smoking cessation medication option with patient.

Tools Available from AFMC

- Documentation label.
- Identification chart sticker.
- Prescription pads.
- Smoking cessation toolkit.

Beneficiary Satisfaction



“At Arkansas Medicaid, we’ve always kept the patient and provider in mind, even when exploring ways to contain costs. Every plan, every decision is considered from these views. The result is that many of our policies reflect the medical home philosophy. With the partnership of health care providers and professionals from across the state, we can do even more to ensure that every patient gets the care he or she needs. It’s all part of building a ‘medical home’ for each patient, and I think it speaks well for our state when we support this viewpoint.”

ROY JEFFUS
*Director of Medical Services
Arkansas Department of Human Services*

1,287 primary care providers have at least 10 Medicaid beneficiaries on their caseload.

Beneficiary Perceptions of Care

When patients and physicians share positive relationships, quality of care can improve dramatically. Access, availability and communication all play an important role in achieving effective care. That's why Medicaid conducts regular beneficiary satisfaction surveys to measure patient perceptions of their medical care. The surveys examine how well patients are able to communicate with their doctor, schedule an appointment or find answers to their questions. With these results, Medicaid is able to evaluate our state's progress in providing a medical home for each patient.

Adult and child access to care

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



Definition of Measures

- **Childhood and adolescent access to primary care practitioners** This measure included beneficiaries age 12 months to 19 years. Children age 6 or younger must have been enrolled at least 11 months during SFY 2006. Children age 7 to 19 must have been enrolled at least 23 months during SFY 2005 and 2006. Both groups must have had at least one visit with a primary care practitioner.
- **Adult access to preventive/ambulatory care** This measure included beneficiaries age 20 and older who were enrolled at least 11 months during SFY 2006 and who had an ambulatory or preventive care visit.

Childhood and adolescent access to primary care practitioners

NATIONAL MEDICAID RATE, 2006: 84.7%

	SFY 2006
ConnectCare/ARKids First A	85.2%
ARKids First B	82.5%

Adult access to preventive/ambulatory care

	SFY 2006
ConnectCare	81.0%

Strategies for Improvement

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

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

ConnectCare Adult and ARKids First A

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

1. Overall average quality and satisfaction ratings:

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

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

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

3. Access and availability — percent that reported:

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

4. Communication — percent that reported always or usually:

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

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

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

ARKids First B

• Based on 2002-06 ARKids First B surveys (Survey participants were asked to rate their satisfaction [0 = worst, 10 = best])

1. Overall average quality and satisfaction ratings:

	2002	2003	2004	2005	2006
a. PCP	8.5	8.6	8.5	8.6	8.7
b. Specialist	8.5	8.6	8.2	8.6	8.7
c. Quality of care	8.7	8.5	8.6	8.6	8.7
d. ARKids First B Program	9.1	9.1	8.9	8.7	8.7
e. Dentist	8.6	8.4	8.2	8.6	8.2

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

	2002	2003	2004	2005	2006
a. PCP	78%	79%	78%	78%	84%
b. Specialist	79%	75%	71%	80%	80%
c. Quality of care	81%	79%	80%	80%	84%
d. ARKids First B program	87%	87%	86%	81%	83%
e. Dentist	80%	78%	74%	81%	76%

3. Access and availability — percent that reported:

	2002	2003	2004	2005	2006
a. Seeing a doctor	75%	72%	76%	76%	73%
b. Getting care without long waits (“usually” or “always”)	83%	82%	83%	76%	78%
c. Getting the care you need (“not a problem”)	90%	90%	89%	85%	78%

4. Communication — percent that reported always or usually:

	2002	2003	2004	2005	2006
a. Doctors communicated well and spent enough time with patient**	93%	91%	93%	91%	92%
b. Office staff treated patient with courtesy and respect**	95%	94%	93%	92%	94%

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

Medicaid Membership Information

Diversity of Medicaid Membership

ConnectCare/ARKids First A, SFY 2006

SFY: State Fiscal Year

• TOTAL ENROLLEES: **391,548**

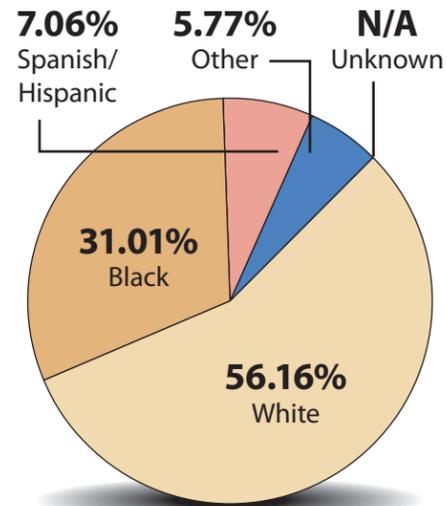
• BY RACE

White	219,902
Black	121,402
Spanish/Hispanic	27,640
Other	22,604
Unknown	N/A

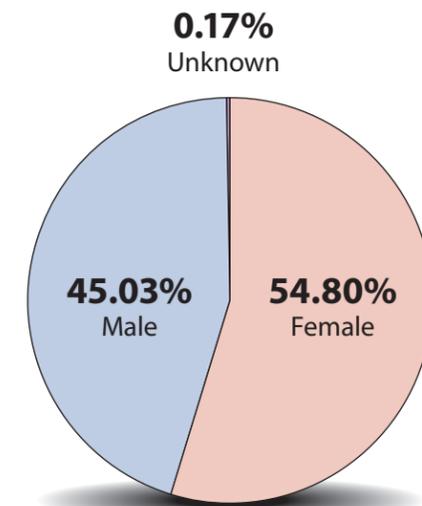
• BY SEX

Female	214,581
Male	176,312
Unknown	655

• RACE



• SEX



ARKids First B, SFY 2006

• TOTAL ENROLLEES: **78,681**

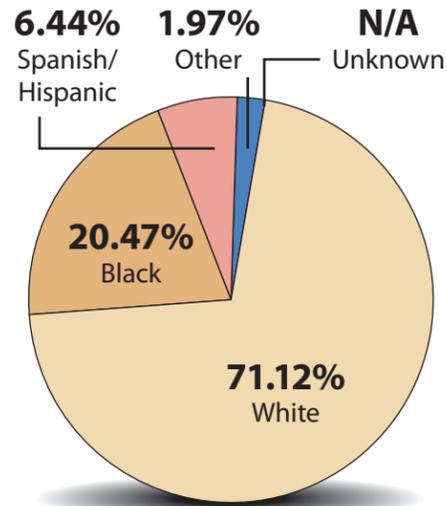
• BY RACE

White	55,959
Black	16,106
Spanish/Hispanic	5,067
Other	1,549
Unknown	N/A

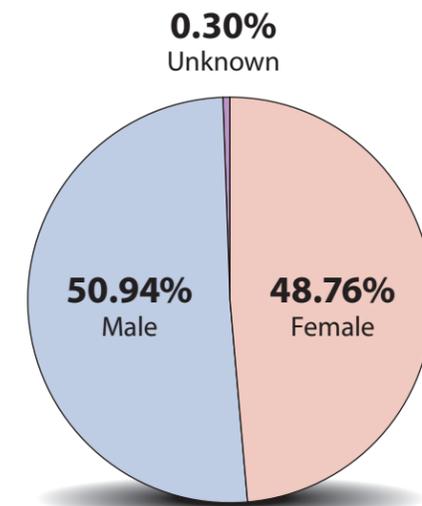
• BY SEX

Female	38,367
Male	40,078
Unknown	236

• RACE



• SEX



For more information about this report or AFMC Health Care Quality Improvement Projects, please contact:

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