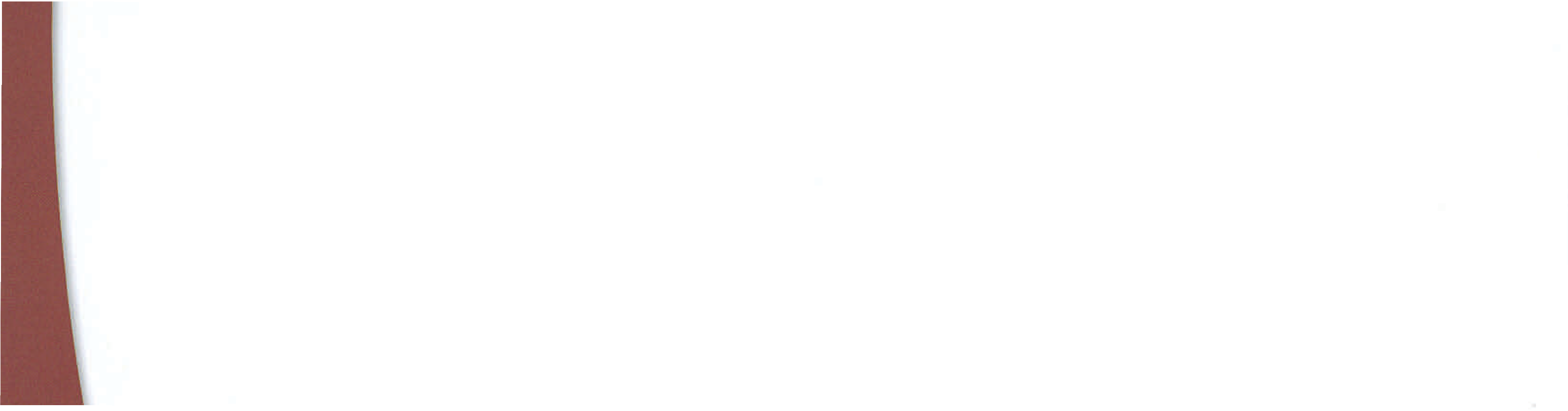
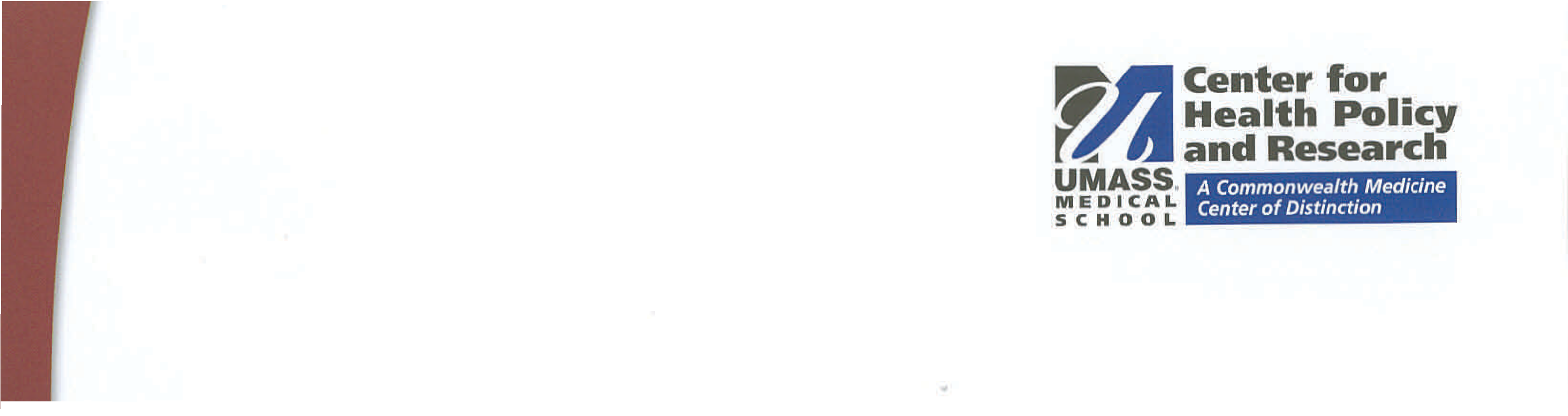
November 2007

MassHealth Managed Care HEDIS® 2007 Final Report

# Prepared by: Project Team:

Center for Health Policy and Research (CHPR) in collaboration with the Mass- Health Office of Acute and Ambulatory Care (OAAC) and the MassHealth Be- havioral Health Program (MHBH)



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The MassHealth Managed Care HEDIS 2007 Re- port presents information on the quality of care pro- vided by the five health plans serving the Mass- Health managed care population (Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health, and the Primary Care Clinician Plan). This assess- ment was conducted by the Center for Health Pol- icy and Research (CHPR), the MassHealth Office of Acute and Ambulatory Care (OAAC) and the MassHealth Behavioral Health Program (MHBH) by using a subset of HEDIS (Healthcare Effectiveness Data and Information Set) measures. HEDIS was developed by the National Committee for Quality Assurance (NCQA) and is the most widely used

set of standardized performance measures to evaluate and report on the quality of care delivered by health care organizations. Through this collabo- rative project, CHPR, OAAC and MHBH have evaluated a broad range of clinical and service ar- eas that are of importance to MassHealth mem- bers, policy makers and program staff.

## Measures Selected for HEDIS 2007

The MassHealth measurement set for 2007 fo- cused on three domains: “staying healthy” (i.e., breast and cervical cancer screening and prenatal and postpartum care), “living with illness” (i.e., treatment for depression, diabetes care, hyperten- sion control, follow-up after psychiatric hospitaliza- tions, follow-up care for children prescribed atten- tion-deficit/hyperactivity disorder medication, and substance abuse treatment) and “getting bet-

ter” (i.e., appropriate use of antibiotics for upper respiratory infection).

## Summary of Overall Results

Results from the MassHealth Managed Care HE- DIS 2007 project demonstrate that MassHealth plans performed well overall when compared to the 2007 rates for other Medicaid plans around the country. For the purpose of this report, we con- ducted tests of statistical significance and com- pared the performance of individual MassHealth plans with that of the top 25% of all Medicaid plans reporting HEDIS data for 2007 (represented by the 2007 national Medicaid 75th percentile, obtained from NCQA’s Quality Compass database.)

MassHealth plans generally reported rates that were significantly better than the 2007 national Medicaid 75th percentile for the measures assess- ing breast cancer screening (52-64 age group only), cervical cancer screening, antidepressant medication management (optimal practitioner con- tacts only), follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (initiation phase only), and the engage- ment of alcohol and other drug dependency treat- ment.

MassHealth plan results were mixed for the Prena- tal and Postpartum Care and Frequency of Ongo- ing Prenatal Care measures, with some plans per- forming below the benchmark and some plans with rates that were statistically no different from the benchmark.

MassHealth plan performance on the Comprehen- sive Diabetes Care measure was static, with all plans reporting rates that were statistically no dif- ferent from the benchmark and no different from past performance. Significant changes to the crite- ria for several measures meant that no bench- marks were available and/or comparisons to past performance were not possible, including the 42-51 age stratification for the breast cancer screening

measure and the cervical cancer screening, con- trolling high blood pressure and follow-up care for children prescribed ADHD medication measures.

**Executive Summary**

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

*Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

**Executive Summary (*continued*)**

## Breast Cancer Screening

* MassHealth managed care members aged 42- 51 had a breast cancer screening rate of 58.9%. Because this is a first-year measure, there is no benchmark and comparison to past performance is not possible.
* MassHealth managed care members aged 52- 64 had a breast cancer screening rate of 68.2%. All five MassHealth plans performed significantly better than the 2007 national Medicaid 75th percentile (59.2%).
* One plan (PCCP) reported a rate for the 52-64 age group that was significantly better than its HEDIS 2005 rate.

## Cervical Cancer Screening

* The MassHealth managed care cervical can- cer screening rate was 78.6%. Three Mass- Health managed care plans performed signifi- cantly better than the 2007 national Medicaid 75th percentile (72.0%).
* NCQA raised the lower age limit for this meas- ure from 18 to 21 since last reported by Mass- Health. Therefore, comparison to past per- formance is not possible.

## Prenatal and Postpartum Care

* The MassHealth managed care timeliness of prenatal care rate was 86.1%. None of the MassHealth managed care plans performed significantly better than the 2007 national Medicaid 75th percentile (88.7%), although four plans had rates that were not statistically different from this benchmark.
* One plan (PCCP) reported a timeliness of pre- natal care rate that was significantly better than its HEDIS 2005 rate.
* The MassHealth managed care postpartum care rate was 59.0%. None of the MassHealth managed care plans performed significantly better than the 2007 national Medicaid 75th percentile (65.5%), although three plans had

rates that were not statistically different from this benchmark.

* One plan (PCCP) reported a postpartum care rate that was significantly better than its HE- DIS 2005 rate.

## Frequency of Ongoing Prenatal Care

* Nearly sixty-two percent (61.7%) of Mass- Health managed care live births had more than 81% of the expected number of prenatal visits. None of the MassHealth managed care plans performed significantly better than the 2007 national Medicaid 75th percentile (71.7%), although two plans had rates that were not statistically different from this bench- mark.
* None of the MassHealth managed care plans reported a 2007 postpartum care rate that was significantly better than its 2005 rate.

## Comprehensive Diabetes Care

* This measure assesses nine areas of diabetes care: HbA1c testing, HbA1c good and poor control, LDL testing, LDL control, blood pres- sure control (2 rates), eye exams, and screen- ing for kidney disease.
* MassHealth managed care plans had rates that were significantly better or statistically no different from the national Medicaid 75th per- centile, for the six rates for which benchmarks are available.
* For the six measures collected by MassHealth for 2006, MassHealth plans had 2007 rates that were statistically no different from their 2006 rates, with one exception. Four Mass- Health managed care plans had rates for the monitoring kidney disease measure that were significantly better than their 2006 rates.

## Controlling High Blood Pressure

* MassHealth’s blood pressure control rate for MassHealth managed care members aged 18- 45 with hypertension was 54.1%. Because this is a new age stratification for this measure,

there is no benchmark and comparison to past performance is not possible.

* MassHealth’s blood pressure control rate for MassHealth managed care members aged 46- 85 with hypertension was 54.7%. Because of changes NCQA made to the definition of blood pressure control, there is no benchmark and comparison to past performance is not possi- ble.

## Antidepressant Medication Management

* The MassHealth managed care rate for opti- mal practitioner contacts during the 84-day acute treatment phase was 31.4%. Three MassHealth managed care plans had rates that were significantly better than the 2007 national Medicaid 75th percentile (27.0%). Two plans (PCCP and NH) had 2007 rates that were significantly better than their 2005 rates.
* The MassHealth managed care rate for effec- tive acute phase treatment was 47.9%. Two MassHealth plans had rates that were signifi- cantly better than the 2007 national Medicaid 75th percentile (47.9%). One plan (PCCP) had a 2007 rate that was significantly better than the plan’s 2005 rate.
* The MassHealth managed care rate for effec- tive continuation phase treatment was 32.9%. Two MassHealth plans had rates that were significantly better than the 2007 national Medicaid 75th percentile (32.4%). One plan (PCCP) had a 2007 rate that was significantly better than the plan’s 2005 rate.

## Follow-up After Hospitalization for Mental Ill- ness

* The MassHealth managed care 7-day follow- up rate was 56.9%. One plan had a rate that was significantly better than the 2007 national Medicaid percentile. One plan (PCCP) had a 2007 rate that was significantly better than the plan’s 2005 rate.

**Executive Summary (*continued*)**

* + The MassHealth managed care 30-day follow- up rate was 76.2%. Two plans had rates that were significantly better than the 2007 national Medicaid percentile (75.9%). Two plans (PCCP and NHP) had 2007 rates that were significantly better than their 2005 rate.

## Follow-up Care for Children Prescribed Atten- tion-Deficit/Hyperactivity Disorder (ADHD) Medi- cation

* + The MassHealth managed care initiation phase treatment rate (i.e., the percentage of children with one follow-up visit within 30 days of ADHD prescription) was 54.1%. Four MassHealth managed care plans had rates that were signifi- cantly better than the 2007 national Medicaid 75th percentile (38.7%). Since this a new meas- ure for MassHealth reporting, comparison to past MassHealth performance is not possible.
  + The MassHealth managed care continuation and maintenance phase treatment rate (% of children who remained on ADHD medication for 210 days and had two additional follow-up vis- its) was 61.3%. Due to an error by NCQA, benchmarks for this rate are not available. Since this is a new measure for MassHealth reporting, comparison to past MassHealth per- formance is not possible.

## Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

* + The MassHealth managed care rate for the ini- tiation of alcohol and other drug dependency treatment was 49.4%. One plan had a rate that was significantly better than the 2007 national Medicaid 75th percentile. Three plans (PCCP, NH and BMCHP) had 2005 rates that were sig- nificantly better than their 2007 rates.
  + The MassHealth managed care rate for the en- gagement of alcohol and other drug depend- ency treatment was 20.6%. Four MassHealth

plans had rates that were significantly better than the 2007 national Medicaid 75th percentile (15.1%). One plan (PCCP) had a 2007 rate that was significantly better than its 2005 rate.

## Appropriate Treatment for Children with Upper Respiratory Infection

* The MassHealth managed care rate for appro- priate use of antibiotics in children with upper respiratory infection was 87.9%. Two Mass- Health plans had rates that were significantly better than the 2007 national Medicaid 75th per- centile (89.3%). One plan (PCCP) had a 2007 rate that was significantly better than its 2005 rate.

**Summary of MassHealth Managed Care HEDIS 2007 Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2007 Measure** | **2007 National Medicaid 75th Percentile** | **PCCP rate** | **NHP rate** | **NH rate** | **FCHP rate** | **BMCHP**  **rate** |
| **Breast Cancer Screening** |  |  |  |  |  |  |
| Age 42-51 \* | —- | 57.2% | 63.8% | 58.9% | 62.9% | 61.3% |
| Age 52-69 | 59.2% | 66.9% ↑ | 70.5% ↑ | 67.3% ↑ | 73.9% ↑ | 76.3% ↑ |
| **Cervical Cancer Screening** | 72.0% | 74.1% | 85.2% ↑ | 75.6% | 85.2% ↑ | 81.0% ↑ |
| **Prenatal and Postpartum Care** |  |  |  |  |  |  |
| Timeliness of Prenatal Care | 88.7% | 88.1% | 87.1% | 71.0% ↓ | 89.2% | 90.3% |
| Postpartum Care | 65.5% | 55.2% ↓ | 56.1% ↓ | 60.8% | 67.2% | 64.2% |
| **Frequency of Ongoing Prenatal Care**  > 81+ percent | 71.7% | 62.3% ↓ | 67.2% | 49.4% ↓ | 72.8% | 62.0% ↓ |
| **Comprehensive Diabetes Care \*\*\*** |  |  |  |  |  |  |
| HbA1C Screening | 84.3% | - | 91.2% ↑ | 83.7% | 90.4% ↑ | 88.8% ↑ |
| Poor HbA1c Control \*\* | 39.7% | - | 31.9% ↑ | 41.8% | 31.1% ↑ | 41.4% |
| Good HbA1c Control \* | —- | - | 35.8% | 29.2% | 29.9% | 34.8% |
| LDL-C Screening | 77.9% | - | 80.0% | 81.3% | 77.8% | 77.9% |
| LDL-C level <100 mg/dL | 37.2% | - | 35.0% | 37.0% | 35.3% | 35.3% |
| Eye Exam | 62.7% | - | 70.3% ↑ | 62.8% | 67.7% | 74.7% ↑ |
| Monitoring Nephropathy | 81.8% | - | 83.2% | 78.3% | 76.6% | 83.7% |
| Blood Pressure <130/80 \* | —- | - | 34.5% | 38.2% | 45.5% | 34.3% |
| Blood Pressure <140/90 \* | —- | - | 68.4% | 66.9% | 77.8% | 67.9% |
| **Controlling High Blood Pressure** |  |  |  |  |  |  |
| Age 18-45 \* | —- | 52.6% | 59.5% | 56.6% | 64.1% | 52.0% |
| Age 46-85 \* | —- | 53.2% | 63.6% | 56.2% | 70.9% | 55.6% |

\* Benchmarks are not available for this measure.

\*\* This measure is the percentage of members whose HbA1c was in poor control. Therefore, a lower rate indicates better performance.

\*\*\* PCCP did not collect the Comprehensive Diabetes Care measure for HEDIS 2007.

**Key:** PCCP—Primary Care Clinician Plan FCHP—Fallon Community Health Plan NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan

NH—Network Health

↑ Indicates a rate that is significantly better than the 2007 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse than the 2007 national Medicaid 75th percentile.

**Summary of MassHealth Managed Care HEDIS 2007 Results (continued)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2007 Measure** | **2007 National Medicaid 75th Percentile** | **PCCP rate** | **NHP rate** | **NH rate** | **FCHP rate** | **BMCHP**  **rate** |
| **Antidepressant Medication Management** |  |  |  |  |  |  |
| Optimal Practitioner Contacts | 27.0% | 29.3% ↑ | 35.3% ↑ | 30.5% | 27.2% | 34.4% ↑ |
| Effective Acute Phase Tx | 47.9% | 52.7% ↑ | 45.9% | 55.1% ↑ | 49.4% | 35.4% ↓ |
| Effective Continuation Phase Tx | 32.4% | 38.1% ↑ | 26.8% ↓ | 43.6% ↑ | 37.0% | 20.0% ↓ |
| **Follow-up After Hospitalization for Mental Illness** |  |  |  |  |  |  |
| 7 Days | 58.0% | 55.7% ↓ | 71.8% ↑ | 58.2% | 58.3% | 55.6% |
| 30 Days | 75.9% | 74.1% ↓ | 91.9% ↑ | 77.0% | 79.8% | 78.4% ↑ |
| **Follow-Up Care for Children Prescribed Attention- Deficit/Hyperactivity Medication**  Initiation  Continuation and Maintenance \* | 38.7% | 63.6% ↑ | 60.7% ↑ | 63.4% ↑ | 67.9% ↑ | 31.8% ↓ |
| —- | 75.1% | 63.2% | 70.7% | - | 35.9% |
| **Initiation and Engagement of Alcohol and Other** |  |  |  |  |  |  |
| **Drug Dependence Treatment** |  |  |  |  |  |  |
| Initiation Total | 50.0% | 47.2% ↓ | 48.2% | 48.1% | 53.2% | 56.7% ↑ |
| Engagement Total | 15.1% | 19.2% ↑ | 39.5% ↑ | 14.9% | 23.4% ↑ | 22.0% ↑ |
| **Appropriate Treatment for Children with Upper Respiratory Infection** | 89.3% | 84.0% ↓ | 91.8% ↑ | 88.0% ↓ | 90.1% | 91.1% ↑ |

* Benchmarks are not available for this measure.

**Key:** PCCP—Primary Care Clinician Plan FCHP—Fallon Community Health Plan NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan NH—Network Health

↑ Indicates a rate that is significantly better than the 2007 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse than the 2007 national Medicaid 75th percentile.

Introduction

**Introduction**

## Purpose of the Report

This report presents the results of the Mass- Health Managed Care HEDIS 2007 project. This report was designed to be used by MassHealth program managers and by managed care organi- zation (MCO) managers to identify plan perform- ance on select Healthcare Effectiveness Data and Information Set (HEDIS) measures, compare performance with that of other MassHealth man- aged care plans and with national benchmarks, identify opportunities for improvement, and set quality improvement goals.

## Project Background

The Center for Health Policy and Research (CHPR) collaborated with the MassHealth Office of Acute and Ambulatory Care (OAAC) and the MassHealth Behavioral Health Program (MHBH) to conduct an annual assessment of the perform- ance of all MassHealth managed care organiza- tions (MCOs) and the Primary Care Clinician Plan (PCCP), the primary care case manage- ment program administered by the Executive Office of Health and Human Services (EOHHS). CHPR, OAAC and MHBH conduct this annual assessment by using a subset of HEDIS meas- ures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of standardized performance measures to measure and report on the quality of ambulatory care delivered by health care organi- zations. HEDIS includes clinical measures, as well as measures of access to care and utiliza- tion of services.

The measures selected for the MassHealth Man- aged Care HEDIS 2007 project assess the per- formance of the five MassHealth plans that pro-

vided health care services to MassHealth man- aged care members during the 2006 calendar year. The five MassHealth plans included in this report are the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Net- work Health (NH), Fallon Community Health Plan (FCHP), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the Health Plan Profiles section on page 11.

## MassHealth HEDIS 2007 Measures

MassHealth selected eleven measures for the HEDIS 2007 project. The eleven measures in- cluded in this report assess health care quality in three key areas: clinical quality, access and availability of care, and use of services.

The clinical quality measures included in this re- port provide information about preventive ser- vices, the management of chronic illness, and the treatment of acute illness. The specific topics evaluated in this report are breast and cervical cancer screening, comprehensive diabetes care, controlling hypertension, antidepressant medica- tion management, appropriate follow-up for peo- ple hospitalized with mental illness, and appropri- ate use of antibiotics in children with upper respi- ratory infections.

The access and availability of care measures included in this report provide information about the ability of members to get the basic and im- portant services they need. The specific topics evaluated in this report are prenatal and postpar- tum care visits and the initiation and engagement of alcohol and other drug dependency treatment.

Use of service measures provide information

about what services health plan members utilize. The specific services evaluated in this report are the frequency of prenatal visits, measured as the percentage of expected visits adjusted for gesta- tional age at birth and the month that the mem- ber enrolled in the health plan.

**Note:** MassHealth assessed member satisfac- tion through the administration of the Consumer Assessment of Healthcare Providers and Sys- tems (CAHPS®) survey. Results of the Mass- Health CAHPS measurement effort can be found in the MassHealth CAHPS 2006 report produced by CHPR in collaboration with the UMASS Cen- ter for Survey Research (CSR).

**Organization of the MassHealth Managed Care HEDIS 2007 Report**

This report presents the results of the MassHealth Managed Care HEDIS 2007 project in three sections. These sections are based on the consumer re- porting domains used in NCQA’s health plan report cards (i.e., Staying Healthy, Living with Illness and Getting Better). These domains group clinical and access to care HEDIS measures with similar characteristics.

|  |  |  |
| --- | --- | --- |
| **REPORT SECTION** | **DEFINITION** | **MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2007 REPORTING** |
| Staying Healthy | These measures provide informa- tion about how well a plan provides services that maintain good health and prevent illness. | * Breast Cancer Screening * Cervical Cancer Screening * Frequency of Ongoing Prenatal Care * Prenatal and Postpartum Care |
| Living with Illness | These measures provide informa- tion about how well a plan helps people manage chronic illness. | * Antidepressant Medication Management * Comprehensive Diabetes Care * Controlling High Blood Pressure * Follow-up After Hospitalization for Mental Illness * Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication * Initiation and Engagement of Alcohol and Other Drug Dependency Treatment |
| Getting Better | This measure provides information about how well a plan helps people recover from illness. | * Appropriate Treatment for Children with Upper Respiratory Infection |

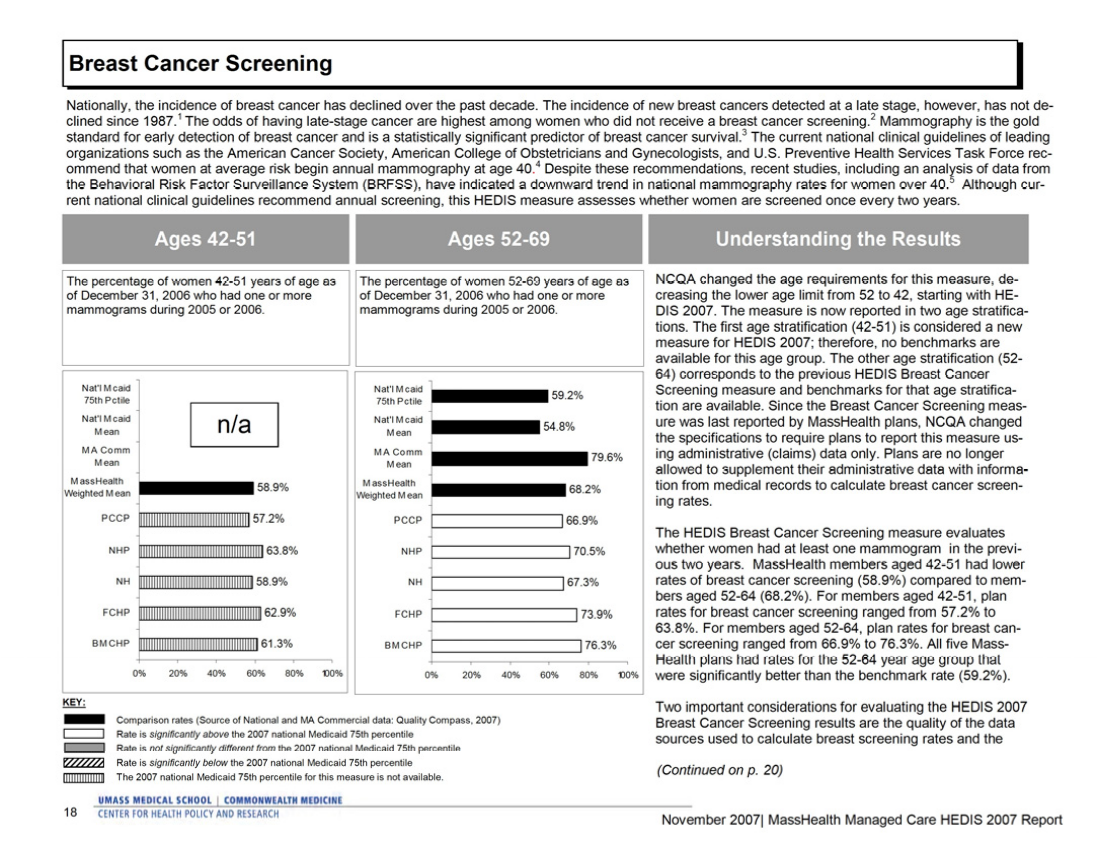
This report also includes seven appendices that provide more detailed results:

* + **Appendix A** includes a list of the MassHealth regions and the service areas the regions cover.
  + **Appendix B** includes the <21%, 21-40%, 41-60% and 61-80% of expected visit rates for the Frequency of Ongoing Prenatal Care measure.
  + **Appendix C** presents data for the Antidepressant Medication Management measure for PCCP members with Basic, Essential and Non-Basic/Non- Essential coverage.
  + **Appendix D** presents data for the Follow-up After Hospitalization for Mental Illness measure for PCCP members with Basic, Essential and Non-Basic/ Non-Essential coverage.
  + **Appendix E** presents data for the Follow-up Care for Children Prescribed ADHD Medication measure for PCCP members with Basic, Essential and Non-Basic/Non-Essential coverage.
  + **Appendix F** includes the age-stratified results for the Initiation and Engagement of Alcohol and Other Drug Dependency Treatment measure.
  + **Appendix G** includes the age-stratified results for the Initiation and Engagement of Alcohol and Other Drug Dependency Treatment measure for PCCP members with Basic, Essential and Non-Basic/Non-Essential coverage.

**Organization of the MassHealth Managed Care HEDIS 2007 Report**

Name of measure

Information on the intent of each measure, including any clinical guidelines on which it is based



Statistical summary comparing plan rates to comparison rates named at the top of each column

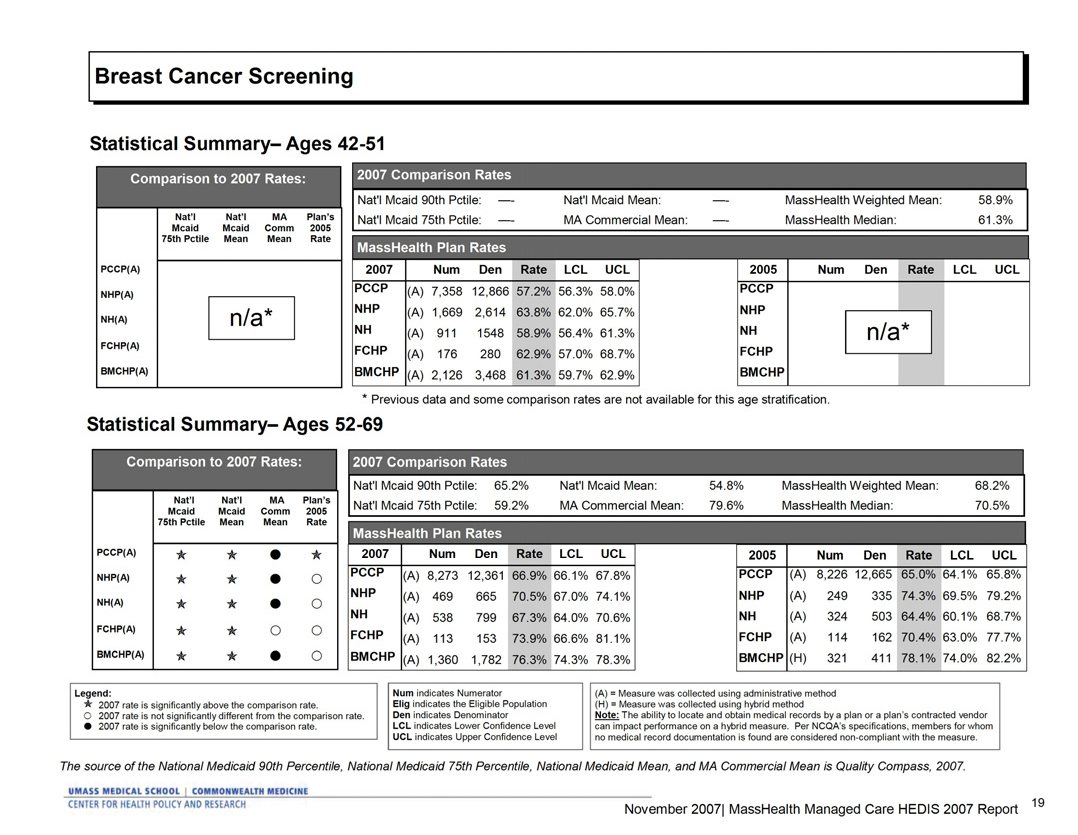
**\*** 2007 rate is significantly above the comparison rate

O 2007 rate is not significantly different from the comparison rate

* 2007 rate is significantly below the comparison rate

Individual HEDIS 2007 plan data including numerator, eligible population (where applica- ble) denominator, reported rate, and upper and lower confidence intervals

The 2007 national Medicaid 75th percentile is listed as an benchmark. The 2007 national Medi- caid 90th percentile, 2007 national Medicaid mean, 2007 Massachusetts Commercial mean, and 2007 MassHealth weighted mean and me- dian are listed as comparison rates



Comparison of plan rates with the comparison and benchmark data

Analysis of results, including opportunities for improvement

Historical data from HEDIS 2005/2006, if available and if there were no significant changes to the measure’s specifications that pro- hibited comparisons to HEDIS 2005

**Health Plan Profiles**

MassHealth managed care plans provided care to over 690,000 Massachusetts residents as of De- cember 31, 2006. The MassHealth Managed Care HEDIS 2007 report includes data from the five MassHealth plans serving members enrolled in managed care. This report does not reflect care provided to MassHealth members receiving their health care services outside of the five managed care plans. The following profiles provide some basic information about each plan and its mem- bers. The data chart on the next page provides a statistical summary of the demographic character- istics of each plan’s population. Appendix A lists the service areas that are located within each MassHealth geographic region listed below. (Note: The term “MCO” is used throughout the report to indicate the four capitated managed care plans serving MassHealth members—Neighborhood Health Plan, Network Health, Fallon Community Health Plan, and Boston Medical Center HealthNet Plan.)

## Primary Care Clinician Plan (PCCP)

* + Primary care case management program ad-

(17%) of the PCCP’s membership has Mass- Health Essential coverage.

## Neighborhood Health Plan (NHP)

* Non-profit managed care organization that serves primarily Medicaid members.
* 116,253 MassHealth members as of Decem- ber 31, 2006.
* Service areas throughout the State (Western, Central, Northern and Southern Massachusetts as well as Greater Boston).
* Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hos- pital-based clinics.
* Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

## Network Health (NH)

* Managed care organization serving Massachu- setts Medicaid (MassHealth) and Common- wealth Care populations owned and operated
* Behavioral health services are managed through a carve-out contract with Beacon Health Services.
* Provider network for MassHealth members is exclusively through Fallon Clinic sites.

## Boston Medical Center HealthNet Plan (BMCHP)

* Medicaid-only provider-sponsored health plan, owned and operated by Boston Medical Cen- ter, the largest public safety-net hospital in Boston.
* 167,277 MassHealth members as of Decem- ber 31, 2006.
* Primary service areas in Western and South- ern Massachusetts and Greater Boston.
* Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
* Behavioral health services are provided by Boston Medical Center HealthNet Plan provid- ers.

ministered by the Executive Office of Health

by Cambridge Health Alliance.

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## Differences in Populations Served by Mass-

and Human Services (EOHHS).

* + Statewide managed care option for Mass- Health members eligible for managed care.
  + 304,411 MassHealth members as of Decem- ber 31, 2006.
  + Provider network includes group practices, community health centers, hospital outpatient departments, hospital-licensed health centers, nurse practitioners, and individual practitioners.
  + Behavioral health services are managed through a carve-out contract with the Massa- chusetts Behavioral Health Partnership

Network Health works with a netwo

than 13,000 primary care providers and spe- cialists who serve members located in more than 300 cities and towns across Massachu- setts.

* 91,437 MassHealth members as of December 31, 2006.
* Primary service areas in Central, Northern and Western Massachusetts, Greater Boston, and South Shore.
* Provider network includes community health

centers, group practices, hospital outpatient departments, and individual practitioners.

## Health Plans

HEDIS measures are not designed for case-mix adjustment. Rates presented here do not take into account the physical and mental health status (including disability status) of the members in- cluded in the measures.

The data on the next page describe each plan’s population in terms of age, gender, and disability status. It is important for readers to consider the differences in the characteristics of each plan’s population when reviewing and comparing the HE-

(MBHP).

* + HEDIS data

for select measures were col-

* + Behavioral health services are provided by Network Health providers.

DIS 2007 performance of the five plans.

lected separately for PCCP members with Es-

sential coverage. MassHealth Essential cov- ers individuals ages 19-64 who are long-term unemployed and ineligible for MassHealth Ba- sic (certain individuals with non-citizen status are also eligible). PCCP is the only Mass- Health plan serving members with Essential coverage. Approximately seventeen percent

## Fallon Community Health Plan (FCHP)

* + Non-profit managed care organization that serves the commercial, Medicare, and Medi- caid populations.
  + 11,141 MassHealth members as of December 31, 2006.
  + Service area is in Central Massachusetts.

**Health Plan Profiles: Demographic Characteristics of the Plan Populations**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan** | **Total MassHealth Managed Care Members as of 12/31/06** | **Female** | **Disabled** | **Mean Age** | **0-11 yrs** | **12-17 yrs** | **18-39 yrs** | **40-64 yrs** | **65+ yrs\*\*** |
| Primary Care Clinician Plan |  | | | | | | | | |
| Without Essential population\* | 255,887 | 56.4% | 29.9% | 25.43 | 28.1% | 17.9% | 26.8% | 26.8% | 0.4% |
| Essential population only | 48,524 | 33.3% | 0.0% | 38.78 | 0.0% | 0.0% | 52.4% | 47.0% | 0.6% |
| Neighborhood Health Plan | 116,253 | 60.4% | 3.4% | 18.35 | 41.6% | 18.1% | 27.8% | 12.4% | 0.1% |
| Network Health | 91,437 | 57.1% | 6.9% | 18.95 | 41.7% | 15.2% | 29.2% | 13.9% | 0.1% |
| Fallon Community Health Plan | 11,141 | 59.8% | 9.4% | 20.84 | 36.5% | 15.2% | 32.3% | 16.0% | 0.1% |
| Boston Medical Center HealthNet Plan | 167,277 | 58.4% | 9.5% | 18.4 | 42.7% | 16.9% | 27.3% | 13.0% | 0.1% |
| **Total for MassHealth**  **Managed Care Program** | **690,519** | **56.1%** | **15.0%** | **22.5** | **33.9%** | **16.1%** | **29.3%** | **20.6%** | **0.2%** |

**Source: MMIS**

\* HEDIS results based on this PCCP population are compared to MCO results throughout the main body of the report.

\*\* MassHealth managed care plans generally serve members under the age of 65. A small number of MassHealth managed care members were 65 years of age or older as of 12/31/2006 and had not yet had their coverage terminated. MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2007 measures whenever the specifica- tions for the measure included the 65 and older population, the members’ coverage was not yet terminated, and the members met all eligible population criteria such as the continuous en- rollment and enrollment anchor date requirements.

## Statistically Significant Differences Among the Plans

Female Members: All four MCOs had a significantly higher proportion of female members than PCCP (p<.005). Both NHP and FCHP had a significantly higher proportion of females than NH and BMCHP.

Disabled Members: PCCP had a significantly higher proportion of disabled members than any of the four MCOs (p<.005). FCHP and BMCHP both had a higher proportion of disabled members than NHP and NH.

Mean Age of Members: All four MCOs had a population whose mean age was significantly lower than that of PCCP (p<.005). FCHP’s population had a mean age that was significantly higher than that of BMCHP, NHP, and NH (p<.005).

**Data Collection and Analysis Methods**

## Data Collection and Submission

In November 2006, the MassHealth Office of Acute and Ambulatory Care (OAAC) provided the MassHealth plans with a list of the measures to be collected for HEDIS 2007. The list of meas- ures was developed by key stakeholders within MassHealth, including stakeholders within OAAC, the Office of Clinical Affairs (OCA), and the MassHealth Behavioral Health Program (MHBH). In general, each plan was responsible for collecting the measures according to the HE- DIS 2007 Technical Specifications and for report- ing the data using NCQA’s Interactive Data Sub- mission System (IDSS). Each plan submitted its results to both NCQA and CHPR.

MassHealth does not require plans to undergo an NCQA HEDIS Compliance Audit™. NCQA HE- DIS Compliance Audits are independent reviews conducted by organizations or individuals li- censed or certified by NCQA. The purpose of the audit is to validate a plan’s HEDIS results by veri- fying the integrity of the plan’s data collection and calculation processes. All plans undergoing NCQA Accreditation must have their HEDIS data audited (one MassHealth plan (FCHP) is cur- rently NCQA-Accredited and several other plans are preparing for future accreditation reviews).

NCQA reports only audited data in Quality Com- pass, a database of regional and national Medi- caid, Medicare and Commercial performance benchmarks. Three plans, BMCHP, NHP and FCHP, voluntarily submitted audited HEDIS 2007 data to NCQA and CHPR.

## Eligible Population

For each HEDIS measure, NCQA specifies the

eligible population by defining the age, continu- ous enrollment, enrollment gap, and diagnosis or event criteria that a member must meet to be eligible for a measure.

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care program serves members under the age of 65. Occasionally, members 65 and older appear in the denominator of a MassHealth plan’s HEDIS rates. This may occur for several valid reasons, including instances where a mem- ber turns 65 during the measurement year and did not yet have their coverage terminated as of the measure’s anchor date. MassHealth plans are responsible for a member’s care until his or her coverage is terminated. Therefore, Mass- Health members 65 years and older were in- cluded in the eligible populations for the HEDIS 2007 measures whenever the specifications for the measure included the 65 and older popula- tion, the members’ coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enroll- ment and enrollment anchor date requirements.

Continuous enrollment: The continuous enroll- ment criteria varies for each measure and speci- fies the minimum amount of time that a member must be enrolled in a MassHealth plan before becoming eligible for that plan’s HEDIS measure. Continuous enrollment ensures that a plan has had adequate time to deliver services to the member before being held accountable for pro- viding those services.

Enrollment gap: The specifications for most measures allow members to have a gap in enroll- ment during the continuous enrollment period

and still be eligible for the measure. The allow- able gap is specified for each measure but is generally defined for the Medicaid population as one gap of up to 45 days.

Diagnosis/event criteria: Some measures require a member to have a specific diagnosis or health care event to be included in the denominator.

Diagnoses are defined by specific administrative codes (e.g., ICD-9, CPT). Other health care events may include prescriptions, hospitaliza- tions, or outpatient visits.

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For com- plete specifications for each measure included in this report, please see *HEDIS 2007 Volume 2: Technical Specifications*.

## MassHealth Coverage Types Included in HEDIS 2007

MassHealth has several Medicaid coverage types whose members are eligible to enroll in any of the five MassHealth plans including Basic, Standard, CommonHealth, and Family Assis- tance. Members with one coverage type, Mass- Health Essential, may only enroll in the PCC Plan. MassHealth Essential covers individuals ages 19-64 who are long-term unemployed and ineligible for MassHealth Basic (certain individu- als with non-citizen status are also eligible). Ap- proximately sixteen percent (15.9%) of the PCC Plan’s managed care membership has Mass- Health Essential coverage.

During the planning for the MassHealth Managed Care HEDIS 2007 project, it was decided that the

*Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA HEDIS Compliance Audit*™ *is a trademark of the National Committee for Quality Assurance (NCQA).*

**Data Collection and Analysis Methods (*continued*)**

PCC Plan would submit HEDIS 2007 data for all of its coverage types for the measures where the population covered by the measure (e.g., age range) includes the population included in the coverage type. This coverage types include Ba- sic, Essential and non-Basic/non-Essential cov- erage. The measures that include these cover- age type breakouts include the Antidepressant Medication Management, Follow-up after Hospi- talization for Mental Illness, Follow-up Care for Children Prescribed ADHD Medication, and the Initiation and Engagement of Alcohol and Other Drug Dependency Treatment measures. The data for the PCC Plan population without mem- bers with Essential coverage is used in all tables and charts in the main body of the report.

## Administrative vs. Hybrid Data Collection

HEDIS measures are collected through one of two data collection methods—the administrative method or the hybrid method.

The ***administrative method*** requires plans to identify the denominator and numerator using claims or encounter data, or data from other ad- ministrative databases. Plans calculate the ad- ministrative measures using programs developed by plan staff or Certified HEDIS SoftwareSM pur- chased from a vendor. For measures collected through the administrative method, the denomi- nator includes all members who satisfy all criteria specified in the measure including any age and continuous enrollment requirements (these mem- bers are known as the “eligible population”). The plan’s HEDIS rate is based on all members in the

denominator who are found through administra- tive data to have received the service reported in the numerator (e.g., visit, treatment, etc.).

The ***hybrid method*** requires plans to identify the numerator through both administrative and medi- cal record data. Plans may collect medical re- cord data using plan staff and a plan-developed data collection tool. Plans may also contract with a vendor for the tool, staffing, or both. For meas- ures collected using the hybrid method, the de- nominator consists of a systematic sample of members drawn from the measure’s eligible population. This systematic sample generally consists of a minimum required sample size of 411 members plus an over sample determined by the plan to account for valid exclusions and contraindications. The measure’s rate is based on members in the sample (411) who are found through either administrative or medical record data to have received the service reported in the numerator. Plans may report data with denomi- nators smaller than 411 for two reasons: 1) the plan had a small eligible population or 2) the plan reduced its sample size based on its current year’s administrative rate or the previous year’s audited rate, according to NCQA’s specifications.

It is important to note that performance on a hy- brid measure can be impacted by the ability of a plan or its contracted vendor to locate and obtain member medical records. Per NCQA’s specifica- tions, members for whom no medical record documentation is found are considered non- compliant with the measure.

## Data Analysis

Throughout this report, HEDIS 2007 results from each plan are compared to several benchmarks and comparison rates, including the 2007 na- tional Medicaid 75th percentile, 2007 national

Medicaid mean, and 2007 Massachusetts Com- mercial mean. In addition, CHPR calculated MassHealth medians and weighted means from the 2007 data.

2007 National Medicaid 75th Percentile

For this report, the 2007 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2007 national Medicaid data from NCQA’s Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans.

NCQA provides the national Medicaid data in a supplement that is released in late Fall.

Other Comparison Rates Included in this Report The other comparison rates included in the data tables of this report are the 2007 national Medi- caid mean, national Medicaid 90th percentile, Massachusetts Commercial mean, MassHealth weighted mean, and MassHealth median.

The 2007 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2007 data. The 2007 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2007 data. The 2007 Massachusetts Commercial mean is the average performance of all Massachusetts Commercial plans that submitted audited HEDIS 2007 data to NCQA. Although the populations served by Massachusetts Commercial plans dif- fer from the population served by MassHealth, the Massachusetts Commercial mean may be an appropriate goal for MassHealth plans in some

*Certified HEDIS SoftwareSM is a service mark of the National Committee for Quality Assurance (NCQA).*

**Data Collection and Analysis Methods (*continued*)**

instances.

The 2007 MassHealth weighted mean is a weighted average of the rates of the five Mass- Health plans. The weighted average was calcu- lated by multiplying the performance rate for each plan by the number of individuals who met the eli- gibility criteria for the measure. The values were then summed across plans and divided by the to- tal eligible population for all the plans. Because the MassHealth mean is a weighted average, the effect of a plan’s performance on the mean de- pends on the size of that plan. The largest Mass- Health plan (PCCP) serves 44.1% of all Mass- Health members and the smallest (FCHP) serves only 1.6%. Because of the differences in the size of the populations served by the plans, the Mass- Health weighted mean was not used for tests of statistical significance. The weighted mean is still an appropriate statistic to indicate overall Mass- Health performance on a measure, however.

The 2007 MassHealth median is also provided and is the middle value of the set of values repre- sented by the individual plan rates.

## Caveats for the Interpretation of Results

All data analyses have limitations and those pre- sented here are no exception.

Late Submission of Data by Plans

Three MassHealth plans requested and were granted extensions to submit data after the origi- nal due date. These plans (BMCHP, FCHP and NH) submitted data late to CHPR and to NCQA for varying reasons, including problems with subcon- tracted software vendors, medical record review vendors, NCQA auditors, and difficulties using the new NCQA data submission system. The impact

of these problems and of the extra time given to these plans to complete their submission on HE- DIS 2007 rates is unknown.

Medical Record Procurement

A plan’s ability (or that of its contracted vendor) to locate and obtain medical records as well as the quality of medical record documentation can affect performance on hybrid measures. Per NCQA’s specifications, members for whom no medical re- cord documentation was found were considered non-compliant with the measure. This applied for records that could not be located and obtained as well as for medical records that contained incom- plete documentation (e.g., indication of a test but no date or result).

Lack of Case-Mix Adjustment

The specifications for collecting HEDIS measures do not allow case-mix adjustment or risk- adjustment for existing co-morbidities, disability (physical or mental), or severity of disease.

Therefore, it is difficult to determine whether differ- ences among unadjusted plan rates were due to differences in the quality of care or use of ser- vices, or differences in the health of the popula- tions served by the plans. CHPR and MassHealth are working on new methodologies to analyze MassHealth HEDIS results to address this issue for future reports.

Demographic Differences in Plan Membership In addition to disability status, the populations served by each plan may have differed in other

demographic characteristics such as age, gender, and geographic residence. As shown through the plan profile chart on page 12, PCCP has a higher proportion of members who are male or disabled as well as an older mean member age. Other dif- ferences among the plans are noted on page 12.

The impact of these differences on MassHealth HEDIS 2007 rates is unknown.

Overlapping Provider Networks

Many providers caring for MassHealth members have contracts with multiple plans. Overlapping provider networks may affect the ability of any one plan to influence provider behavior.

Variation in Data Collection Procedures

Each plan collects and reports its own HEDIS data. Although there are standard specifications for collecting HEDIS measures, MassHealth does not audit the plans’ data collection methods. Fac- tors that may influence the collection of HEDIS data by plans include:

* Use of software to calculate the administrative measures,
* Use of a tool and/or abstractors from an external medical record review vendor,
* Completeness of administrative data due to claims lags,
* Amount of time in the field collecting medical re- cord data,
* The overall sample size for medical record re- view (plans with small eligible populations could have samples smaller than 411 members),
* Staffing changes among the plan’s HEDIS team,
* Voluntary review by an NCQA-Certified HEDIS auditor,
* Choice of administrative or hybrid data collection method for measures that allow either method.

Staying Healthy

**Breast Cancer Screening**

Nationally, the incidence of breast cancer has declined over the past decade. The incidence of new breast cancers detected at a late stage, however, has not de- clined since 1987.1 The odds of having late-stage cancer are highest among women who did not receive a breast cancer screening.2 Mammography is the gold standard for early detection of breast cancer and is a statistically significant predictor of breast cancer survival.3 The current national clinical guidelines of leading organizations such as the American Cancer Society, American College of Obstetricians and Gynecologists, and U.S. Preventive Health Services Task Force rec- ommend that women at average risk begin annual mammography at age 40.4 Despite these recommendations, recent studies, including an analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS), have indicated a downward trend in national mammography rates for women over 40.5 Although cur- rent national clinical guidelines recommend annual screening, this HEDIS measure assesses whether women are screened once every two years.

**Ages 42-51**

**Understanding the Results**

The percentage of women 42-51 years of age as of December 31, 2006 who had one or more mammograms during 2005 or 2006.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ages 52-69** | | | | |
| The percentage of women 52-69 years of age as of December 31, 2006 who had one or more mammograms during 2005 or 2006. | | | | |
|  | | | | |
| Nat'l M caid |  |  |  | 59.2% |
| 75th P ctile |  |  |  |  |
| Nat'l M caid |  |  |  | 54.8% |
| M ean |  |  |  |  |
| MA Co mm |  |  |  | 79.6% |
| M ean |  |  |  |  |
| M assHealth |  |  |  | 68.2% |
| Weighted M ean |  |  |  |  |
| PCCP |  |  |  | 66.9% |
| NHP |  |  |  | 70.5% |
| NH |  |  |  | 67.3% |
| FCHP |  |  |  | 73.9% |
| BM CHP |  |  |  | 76.3% |
|  | 0% | 20% | 40% | 60% 80% 100% |

NCQA changed the age requirements for this measure, de- creasing the lower age limit from 52 to 42, starting with HE- DIS 2007. The measure is now reported in two age stratifica- tions. The first age stratification (42-51) is considered a new measure for HEDIS 2007; therefore, no benchmarks are available for this age group. The other age stratification (52-

69) corresponds to the previous HEDIS Breast Cancer Screening measure and benchmarks for that age stratifica- tion are available. Since the Breast Cancer Screening meas- ure was last reported by MassHealth plans, NCQA changed the specifications to require plans to report this measure us- ing administrative (claims) data only. Plans are no longer allowed to supplement their administrative data with informa- tion from medical records to calculate breast cancer screen- ing rates.



n/a

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

58.9%

P CCP

57.2%

NHP

63.8%

NH

58.9%

FCHP

62.9%

B M CHP

61.3%

0% 20% 40% 60% 80% 100%

**KEY:**



Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile

Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.

The HEDIS Breast Cancer Screening measure evaluates whether women had at least one mammogram in the previ- ous two years. MassHealth members aged 42-51 had lower rates of breast cancer screening (58.9%) compared to mem- bers aged 52-69 (68.2%). For members aged 42-51, plan rates for breast cancer screening ranged from 57.2% to 63.8%. For members aged 52-69, plan rates for breast can- cer screening ranged from 66.9% to 76.3%. All five Mass- Health plans had rates for the 52-69 year age group that were significantly better than the benchmark rate (59.2%).

Two important considerations for evaluating the HEDIS 2007 Breast Cancer Screening results are the quality of the data sources used to calculate breast screening rates and the

*(Continued on p. 20)*

**Breast Cancer Screening**

# Statistical Summary– Ages 42-51

**MassHealth Plan Rates**

**2007 Num Den Rate LCL UCL**

**2005**

**Num Den Rate LCL UCL**

n/a\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | —- | Nat'l Mcaid Mean: | —- | MassHealth Weighted Mean: | 58.9% |
| Nat'l Mcaid 75th Pctile: | —- | MA Commercial Mean: | —- | MassHealth Median: | 61.3% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | n/a\* | | | |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

\* Previous data and some comparison rates are not available for this age stratification.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | (A) | 7,358 | 12,866 | 57.2% | 56.3% | 58.0% |  | **PCCP** |
| **NHP** | (A) | 1,669 | 2,614 | 63.8% | 62.0% | 65.7% |  | **NHP** |
| **NH** | (A) | 911 | 1548 | 58.9% | 56.4% | 61.3% |  | **NH** |
| **FCHP** | (A) | 176 | 280 | 62.9% | 57.0% | 68.7% |  | **FCHP** |
| **BMCHP** | (A) | 2,126 | 3,468 | 61.3% | 59.7% | 62.9% |  | **BMCHP** |

# Statistical Summary– Ages 52-69

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **•** | **\*** |
| **NHP(A)** | **\*** | **\*** | **•** | O |
| **NH(A)** | **\*** | **\*** | **•** | O |
| **FCHP(A)** | **\*** | **\*** | O | O |
| **BMCHP(A)** | **\*** | **\*** | **•** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 65.2% | Nat'l Mcaid Mean: | 54.8% | MassHealth Weighted Mean: | 68.2% |
| Nat'l Mcaid 75th Pctile: | 59.2% | MA Commercial Mean: | 79.6% | MassHealth Median: | 70.5% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 8,273 | 12,361 | 66.9% | 66.1% | 67.8% | **PCCP** | (A) | 8,226 | 12,665 | 65.0% | 64.1% | 65.8% |
| **NHP** | (A) | 469 | 665 | 70.5% | 67.0% | 74.1% | **NHP** | (A) | 249 | 335 | 74.3% | 69.5% | 79.2% |
| **NH** | (A) | 538 | 799 | 67.3% | 64.0% | 70.6% | **NH** | (A) | 324 | 503 | 64.4% | 60.1% | 68.7% |
| **FCHP** | (A) | 113 | 153 | 73.9% | 66.6% | 81.1% | **FCHP** | (A) | 114 | 162 | 70.4% | 63.0% | 77.7% |
| **BMCHP** | (A) | 1,360 | 1,782 | 76.3% | 74.3% | 78.3% | **BMCHP** | (H) | 321 | 411 | 78.1% | 74.0% | 82.2% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Breast Cancer Screening**

**Understanding the Results (continued)**

ongoing controversy over universal screening for women ages 40-49 years.6 The HEDIS Breast Cancer Screening measure is now calculated using administrative data only. There is some evidence that reliance on administrative data may yield rates that underestimate breast cancer screening in the measured population.7

Although medical record review may offer more accurate data on screening, medical record re- view is costly and the quality of medical record data is subject to problems such as incomplete charts, patients with multiple charts, and other data collection problems.

HEDIS 2007 is the first HEDIS measurement set to require plans to report breast screening rates for the 40-49 year old population. Despite some current clinical guidelines that recommend univer- sal annual screening beginning with age 40 and the cost-effectiveness of screening this popula- tion there is ongoing controversy over the bene- fits of subjecting women ages 40-49 to popula- tion-based breast cancer screening.8 Some re- searchers suggest that clinicians tailor breast cancer screening practices for women 40-49 years based on individual risk for breast cancer as well as the benefits and risks for screening.9 The ongoing controversy around screening women ages 40-49 years of age may lead to slower adoption of current clinical guidelines by some providers and lower HEDIS rates for this group.

**Cervical Cancer Screening**

The National Cancer Institute estimates that there will be 11,150 new cases of cervical cancer in the United States in 2007 with 3,670 deaths. Cervical can- cer is the second leading cause of death from cancer in women ages 20-39.12 With a 73% survival rate, cervical cancer is highly curable, particularly if it is detected and treated early. Because early stage cervical cancers usually have no symptoms, regular Pap tests are crucial to identifying cancers before they becomes invasive. According to the American Cancer Society, between 60% and 80% of women with newly diagnosed invasive cervical cancer have not had a Pap test in the past 5 years, and many of these women have never had a Pap test.

**Cervical Cancer Screening**

**Understanding the Results**

NCQA changed the age requirements for this measure, raising the lower age limit from 18 to 21, start- ing with HEDIS 2007. The measure’s age range of 21-64 corresponds with current guidelines that rec- ommend initiation of cervical cancer screening approximately three years after the onset of sexual ac- tivity but no later than age 21. Because NCQA changed the age range for this measure, no bench- marks are available and comparison to past performance is not possible.

Seventy-nine percent (78.6%) of MassHealth members aged 21-64 received one or more Pap tests to screen for cervical cancer in the preceding three years. Plan rates for cervical cancer screening ranged from 74.1% to 85.2%.



n/a\*

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M assHealth Weighted M ean

78.6%

PCCP

74.1%

NHP

85.2%

NH

75.6%

FCHP

85.2%

BM CHP

81.0%

0% 20% 40% 60% 80% 100%

The percentage of women 21-64 who received one or more Pap tests to screen for cervical cancer in the preceding three years (2004-2006).

The HEDIS Cervical Cancer Screening measure evaluates whether women had at least one Pap test in the previous three years. Many providers continue to provide their patients with annual Pap tests. In fact, many doctors are reluctant to reduce the frequency of screening to every 3 years because annual Pap tests bring women into their office and many women prefer annual screening.13

One of the greatest factors for screening is physician recommendation; lack of physician recommen- dation contributes to underuse of the Pap test.15 Other factors contributing to cervical cancer screen- ing rates include access to preventive services and using personalized communications.

**KEY:**

\* Benchmarks are unavailable for this measure.

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.



**Cervical Cancer Screening**

# Statistical Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate\*** |
| **PCCP(H)** | n/a \* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 77.4% | Nat'l Mcaid Mean: | 65.7% | MassHealth Weighted Mean: | 78.6% |
| Nat'l Mcaid 75th Pctile: | 72.0% | MA Commercial Mean: | 86.1% | MassHealth Median: | 81.0% |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2007** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2005** | **Num Elig Den** | | **Rate** | **LCL UCL** | |
| **PCCP NHP NH FCHP**  **BMCHP** | (H) 243 35,592 328  (H) 350 18,145 411  (H) 248 10,920 328  (H) 350 1,936 411  (H) 333 24,992 411 | 74.1%  85.2%  75.6%  85.2%  81.0% | 69.2% 79.0%  81.6% 88.7%  70.8% 80.4%  81.6% 88.7%  77.1% 84.9% | **PCCP NHP NH FCHP**  **BMCHP** |  | |  |  | |
|  | n/a\*\* | | |  |
|  | |  |  | |

\* Due to changes in the specifications of this measure, benchmark comparisons are not appropriate for this cycle.

\*\* Due to changes in the specifications of this measure, results from previous cycles are not comparable.

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Prenatal and Postpartum Care**

The U.S. infant mortality rate, the rate at which babies less than one year of age die, has declined steadily over the past four decades. Despite this, the U.S. infant mortality rate ranked 28th among all industrialized nations in 2005.15 The leading causes of infant mortality in the U.S. are congenital malformations, disorders related to pre-term birth and low-birth weight, and Sudden Infant Death Syndrome (SIDS).16 Prenatal visits in the first trimester provide an opportu- nity for early risk assessment (including screening for tobacco, alcohol, drug use and domestic violence), health promotion (including discussion of exercise habits and environmental hazards) and medical, nutritional and psychosocial interventions that can help ensure good clinical outcomes for both mother and child. Similarly, routine postpartum care between three and eight weeks after delivery help to ensure good outcomes. These visits provide the opportunity for not only a physical exam, but also counseling on continued breastfeeding, family planning and post-partum depression.17

**Timeliness of Prenatal Care**

**Postpartum Care**

**Understanding the Results**

Eighty-six percent (86.1%) of MassHealth members had a prenatal visit in the first trimester or within 42 days of enroll- ment. None of the MassHealth plans performed significantly better than the national Medicaid 75th percentile (88.7%), however, four plan’s rates were statistically no different from the benchmark rate.

Fifty-nine percent (59.0%) of MassHealth members had a postpartum visit on or between 21 and 56 days after deliv- ery. None of the MassHealth plans performed significantly better than the national Medicaid 75th percentile (65.5%), however, three plan’s rates were statistically no different from the benchmark rate.



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M assHealth Weighted M ean

65.5%

59.1%

85.6%

59.0%

PCCP

55.2%

NHP

56.1%

NH

60.8%

FCHP

67.2%

BM CHP

64.2%

0 % 20 % 40 % 60 % 80% 100%



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

88.7%

81.2%

95.2%

86.1%

PCCP

88.1%

NHP

87.1%

NH

71.0%

FCHP

89.2%

BM CHP

90.3%

0 % 20 % 40 % 60 % 80% 100 %

The percentage of live births where the mother received a prenatal care visit in the first trimester or within 42 days of enrollment in the health plan.

The percentage of live births where the mother had a postpartum visit on or between 21 and 56 days after delivery.

Some external analyses of national HEDIS timeliness of pre- natal care rates questioned whether rates were driven by data collection issues and were not an accurate reflection of the quality of prenatal care. One study found significantly higher rates of prenatal visits in the first trimester through patient survey and medical record review compared to HE- DIS rates based on administrative data or administrative data combined with medical record data, that HEDIS rates are heavily influenced by missing medical records, and that using the baby’s birth date (from administrative data) yields underestimated rates when delivery occurs before the esti- mated delivery date (EDD).18

**KEY:**



Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile

Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

**Prenatal and Postpartum Care**

# Statistical Summary— Timeliness of Prenatal Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(H)** | O | **\*** | **•** | **\*** |
| **NHP(H)** | O | **\*** | **•** | O |
| **NH(H)** | **•** | **•** | **•** | O |
| **FCHP(A)** | O | **\*** | **•** | O |
| **BMCHP(H)** | O | **\*** | **•** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 91.5% | Nat'l Mcaid Mean: | 81.2% | MassHealth Weighted Mean: | 86.1% |
| Nat'l Mcaid 75th Pctile: | 88.7% | MA Commercial Mean: | 95.2% | MassHealth Median: | 88.1% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 362 | 5,150 | 411 | 88.1% | 84.8% | 91.3% | **PCCP** | (H) | 284 | 5,560 | 411 | 69.1% | 64.5% | 73.7% |
| **NHP** | (H) | 351 | 3,303 | 403 | 87.1% | 83.7% | 90.5% | **NHP** | (H) | 359 | 2,758 | 392 | 91.6% | 88.7% | 94.5% |
| **NH** | (H) | 292 | 2,164 | 411 | 71.0% | 66.5% | 75.6% | **NH** | (H) | 326 | 1,628 | 411 | 79.3% | 75.3% | 83.4% |
| **FCHP** | (H) | 256 | 287 | 287 | 89.2% | 85.4% | 93.0% | **FCHP** | (H) | 220 | 236 | 234 | 94.0% | 90.8% | 97.3% |
| **BMCHP** | (H) | 371 | 4,408 | 411 | 90.3% | 87.3% | 93.3% | **BMCHP** | (H) | 374 | 3,430 | 411 | 91.0% | 88.1% | 93.9% |

**Statistical Summary— Postpartum Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | |
|  | **Nat’l Nat’l**  **Mcaid Mcaid 75th Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(H)** | * O | **•** | **\*** |
| **NHP(H)** | * O | **•** | O |
| **NH(H)** | O O | **•** | O |
| **FCHP(H)** | O **\*** | **•** | O |
| **BMCHP(H)** | O **\*** | **•** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 71.1% | Nat'l Mcaid Mean: | 59.1% | MassHealth Weighted Mean: | 59.0% |
| Nat'l Mcaid 75th Pctile: | 65.5% | MA Commercial Mean: | 85.6% | MassHealth Median: | 60.8% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 227 | 5150 | 411 | 55.2% | 50.3% | 60.2% | **PCCP** | (H) | 179 | 5,560 | 411 | 43.6% | 38.6% | 48.5% |
| **NHP** | (H) | 226 | 3303 | 403 | 56.1% | 51.1% | 61.0% | **NHP** | (H) | 227 | 2,758 | 392 | 57.9% | 52.9% | 62.9% |
| **NH** | (H) | 250 | 2164 | 411 | 60.8% | 56.0% | 65.7% | **NH** | (H) | 249 | 1,628 | 411 | 60.6% | 55.7% | 65.4% |
| **FCHP** | (H) | 193 | 287 | 287 | 67.2% | 61.6% | 72.9% | **FCHP** | (H) | 156 | 236 | 234 | 66.7% | 60.4% | 72.9% |
| **BMCHP** | (H) | 264 | 4408 | 411 | 64.2% | 59.5% | 69.0% | **BMCHP** | (H) | 247 | 3,430 | 411 | 60.1% | 55.2% | 65.0% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Frequency of Ongoing Prenatal Care**

Ongoing monitoring throughout pregnancy is necessary to prevent complications that can threaten the health of both mother and child, to monitor fetal devel- opment, and to help prepare the woman for delivery. The American College of Obstetrics and Gynecology (ACOG) recommends that women have prenatal visits every four weeks for the first 28 weeks of pregnancy, every two to three weeks for the seven weeks thereafter, and then weekly until delivery. (Although the HEDIS measure is based on the ACOG guidelines, many MassHealth managed care plans follow guidelines from the Massachusetts Health Quality Part- nership which recommends monthly visits up to 28 weeks, visits every two weeks until 36 weeks, and then visits once a week until delivery.) The percentage of expected visits a women has throughout her pregnancy, based on gestational age and the time of enrollment, provides important information on the ade- quacy of prenatal care. This measure only provides information on the number of visits, however, and does not indicate whether the timing, content or distri- bution of those visits throughout the pregnancy was appropriate.

**≥ 81% of Expected Visits**

**Understanding the Results**

Sixty-two percent (61.7%) of MassHealth members 81% or more of the expected number of prenatal visits, adjusted for gestational age and the month that the member enrolled in the health plan. None of the MassHealth plans performed significantly better than the benchmark rate (71.7%). Performance on this measure varied widely. Individual plan rates ranged from 49.4% to 72.8% of members receiv- ing more than 81% of the expected number of prenatal visits, adjusted for gestational age and the month that the member enrolled in the health plan.

There are a number of factors that may contribute to whether women receive the recommended num- ber of prenatal visits including logistical barriers such as transportation and child care for other chil- dren and psychosocial barriers such as fear and negative attitudes.19-22



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M assHealth Weighted M ean

71.7%

58.6%

Medicaid only measure

61.7%

PCCP

62.3%

NHP

67.2%

NH

49.4%

FCHP

72.8%

BM CHP

62.0%

0% 20% 40% 60% 80% 100%

The percentage of live births where the mother received 81 percent or more of the expected number of prenatal care visits, adjusted for gestational age and the month that the member enrolled in the health plan. This meas- ure uses the same denominator as the Prenatal and Postpartum Care measure.

**KEY:**



Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile

Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

**Frequency of Ongoing Prenatal Care**

# Statistical Summary— ≥81% of Expected Visits

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | |
|  | **Nat’l Nat’l**  **Mcaid Mcaid 75th Pctile Mean** | **MA**  **Comm Mean \*** | **Plan’s 2004**  **Rate** |
| **PCCP(H)** | * O | n/a | O |
| **NHP(H)** | O **\*** | n/a | **•** |
| **NH(H)** | **• •** | n/a | O |
| **FCHP(H)** | O **\*** | n/a | O |
| **BMCHP(H)** | * O | n/a | **•** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 78.6% | Nat'l Mcaid Mean: | 58.6% | MassHealth Weighted Mean: | 61.7% |
| Nat'l Mcaid 75th Pctile: | 71.7% | MA Commercial Mean: | n/a \* | MassHealth Median: | 62.3% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 256 | 5,150 | 411 | 62.3% | 57.5% | 67.1% | **PCCP** | (H) | 224 | 5,560 | 411 | 54.5% | 49.6% | 59.4% |
| **NHP** | (H) | 271 | 3,303 | 403 | 67.2% | 62.5% | 72.0% | **NHP** | (H) | 322 | 2,758 | 392 | 82.1% | 78.2% | 86.1% |
| **NH** | (H) | 203 | 2164 | 411 | 49.4% | 44.4% | 54.3% | **NH** | (H) | 231 | 1,628 | 411 | 56.2% | 51.3% | 61.1% |
| **FCHP** | (H) | 209 | 287 | 287 | 72.8% | 67.5% | 78.1% | **FCHP** | (H) | 165 | 236 | 234 | 70.5% | 64.5% | 76.6% |
| **BMCHP** | (H) | 255 | 4,408 | 411 | 62.0% | 57.2% | 66.9% | **BMCHP** | (H) | 296 | 3,430 | 411 | 72.0% | 67.6% | 76.5% |

\* This is a Medicaid-only measure

**Legend:**

**\*** 2006 rate is significantly above the comparison rate.

O 2006 rate is not significantly different from the comparison rate.

* 2006 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

Living With Illness

**Comprehensive Diabetes Care**

Nearly 21 million Americans had type 1 or type 2 diabetes in 2005 and the prevalence of diabetes has increased nearly 5% annually between 1990 and 2005.23 Diabetes is the sixth leading case of death in the U.S. For those living with diabetes, it can lead to significant health complications such as heart dis- ease, kidney disease, blindness and amputations.24 Controlling levels of blood glucose, blood pressure, and cholesterol are key to preventing diabetes- related complications. This composite HEDIS measure assesses the effectiveness of diabetes care provided to MassHealth members using a single sample of members ages 18-75\* who have type 1 or type 2 diabetes.

**Understanding the Results**

MassHealth required MassHealth plans to report the Comprehensive Diabetes Care measure two years in a row (HEDIS 2006 and HEDIS 2007) in order to align MassHealth’s measurement requirements with NCQA’s measure rotation schedule. PCCP did not report the Comprehensive Diabetes Care measure for HEDIS 2007.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HbA1c Testing** | | | | | |
| The percentage of members 18-75\* years of age with type 1 or type 2 diabetes who had at least one hemoglo- bin A1c (HbA1c) test during 2006. | | | | | |
| Nat'l M caid |  |  |  |  | 84.3% |
| 75th P ctile |  |  |  |  |  |
| Nat'l M caid |  |  |  |  |  |
| M ean |  |  |  |  | 78.0% |
| MA Co mm |  |  |  |  |  |
| M ean |  |  |  |  | 91.5% |
| M ass Health |  |  |  |  | 88.3% |
| Weighted M ean |  |  |  |  |  |
| PCCP \*\* |  |  |  |  |  |
| NHP |  |  |  |  | 91.2% |
| NH |  |  |  |  | 83.7% |
| FCHP |  |  |  |  | 90.4% |
| BM CHP |  |  |  |  | 88.8% |
|  | 0% | 20% | 40% | 60% | 80% 100% |

Some important changes were made to this measure. The LDL-C control <130 mg/dL was retired for HEDIS 2007, but the LDL-C control <100 mg/dL was retained. Three new indicators were added: two measures of blood pressure control (<130/80 and <140/90) and a measure of good HbA1c control (<7.0%). The addition of these three indicators aligns the overall measure with the clinical guidelines promoted by the American Diabetes Association.

Eighty-eight percent (88.3%) of MassHealth members 18-75 years of age with diabetes had a HbA1c test performed during 2006. Individual plan rates ranged from 83.7% to 91.2%. Three MassHealth plans had rates that were significantly better than the benchmark rate (84.3%). All four plans had 2007 rates that were statistically no different than their 2006 rates.

\*\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

**KEY:** \* This measure’s age range is 18-75. The MassHealth managed care program

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

|  |
| --- |
| **Understanding the Results** |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor HbA1c Control (>9.0%)** | | | | | |
| The percentage of members 18-75\* years of age with type 1 or type 2 diabetes whose most recent HbA1c test during 2006 was > 9.0% (poor control). **A lower rate indicates better performance for this measure.** | | | | | |
| Nat'l M caid 75th P ctile  Nat'l M caid M ean  MA Co mm M ean  M ass Health Weighted M ean  PCCP \*  NHP  NH  FCHP  BM CHP |  |  | 39.7% |  |  |
|  |  | 48.7% |  |  |
|  |  | 23.4% |  |  |
|  |  | 39.0% |  |  |
|  |  | 31.9% |  |  |
|  |  | 41.8% |  |  |
|  |  | 31.1% |  |  |
|  |  | 41.4% |  |  |
| 0% | 20% | 40% 60% | 80% | 100% |

\*\* No benchmarks are available.

Thirty-nine percent (39.0%) of MassHealth members 18-75 years of age with diabetes had poor HbA1c control (>9.0%). Individual plan rates ranged from 31.1% to 41.8%. (For this measure, a lower rate means better performance.) Two plans had rates that were significantly lower than the benchmark rate (39.7%), indicating performance that is better than the benchmark. All four plans had 2007 rates that were statistically no different than their 2006 rates.

Thirty-four percent (33.7%) of MassHealth members 18-75 years of age with diabetes had good HbA1c control (<7.0%) as indicated by their most recent HbA1c test result during the measurement year. (For this measure, a higher rate means better performance.) Individual plan rates ranged from 29.2% to 35.8%. Because this is a first-year measure, no benchmarks are available for comparison.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Good HbA1c Control (<7.0%)** | | | | | |
| The percentage of members 18-75\* years of age with type 1 or type 2 diabetes whose most recent HbA1c test during 2006 was < 7.0% (good control). | | | | | |
| Nat'l M caid 75th P ctile \*\*  Nat'l M caid M ean \*\*  MA Co mm M ean \*\*  M ass Health Weighted M ean  PCCP \*  NHP  NH  FCHP  BM CHP |  | n/a \*\* |  |  |  |
|  | 33.7% |  |  |  |
|  | 35.8% |  |  |  |
|  | 29.2% |  |  |  |
|  | 29.9% |  |  |  |
|  | 34.8% |  |  |  |
| 0% | 20% 40% | 60% | 80% | 100% |

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.



\* This measure’s age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

# Statistical Summary—HbA1c Testing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | **\*** | **\*** | O | O |
| **NH(H)** | O | **\*** | **•** | O |
| **FCHP(H)** | **\*** | **\*** | O | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 89.1% | Nat'l Mcaid Mean: | 78.0% | MassHealth Weighted Mean: | 88.3% |
| Nat'l Mcaid 75th Pctile: | 84.3% | MA Commercial Mean: | 91.5% | MassHealth Median: | 89.6% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP \*** | . | . | . | . | . | . | . | **PCCP** | (H) | 355 | 11,659 | 411 | 86.4% | 82.9% | 89.8% |
| **NHP** | (H) | 375 | 1,392 | 411 | 91.2% | 88.4% | 94.1% | **NHP** | (H) | 375 | 1,054 | 411 | 91.2% | 88.4% | 94.1% |
| **NH** | (H) | 344 | 1,290 | 411 | 83.7% | 80.0% | 87.4% | **NH** | (H) | 350 | 1,105 | 411 | 85.2% | 81.6% | 88.7% |
| **FCHP** | (H) | 151 | 170 | 167 | 90.4% | 85.7% | 95.2% | **FCHP** | (H) | 142 | 155 | 151 | 94.0% | 89.9% | 98.1% |
| **BMCHP** | (H) | 365 | 3,210 | 411 | 88.8% | 85.6% | 92.0% | **BMCHP** | (H) | 373 | 2,793 | 411 | 90.8% | 87.8% | 93.7% |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

# Statistical Summary—Poor HbA1c Control (>9.0)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 32.1% | Nat'l Mcaid Mean: | 48.7% | MassHealth Weighted Mean: | 39.0% |
| Nat'l Mcaid 75th Pctile: | 39.7% | MA Commercial Mean: | 23.4% | MassHealth Median: | 36.7% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | **\*** | **\*** | **\*** | O |
| **NH(H)** | O | **\*** | **\*** | O |
| **FCHP(H)** | **\*** | **\*** | **\*** | O |
| **BMCHP(H)** | O | **\*** | **\*** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP \*** | . | . | . | . | . | . | . | **PCCP** | (H) | 200 | 11,659 | 411 | 48.7% | 43.7% | 53.6% |
| **NHP** | (H) | 131 | 1,392 | 411 | 31.9% | 27.2% | 36.5% | **NHP** | (H) | 134 | 1,054 | 411 | 32.6% | 27.9% | 37.3% |
| **NH** | (H) | 172 | 1,290 | 411 | 41.8% | 37.0% | 46.7% | **NH** | (H) | 211 | 1,105 | 411 | 51.3% | 46.4% | 56.3% |
| **FCHP** | (H) | 52 | 170 | 167 | 31.1% | 23.8% | 38.5% | **FCHP** | (H) | 41 | 155 | 151 | 27.2% | 19.7% | 34.6% |
| **BMCHP** |  | 170 | 3,210 | 411 | 41.4% | 36.5% | 46.2% | **BMCHP** | (H) | 139 | 2,793 | 411 | 33.8% | 29.1% | 38.5% |

**Legend:**

**\*** 2007 rate is significantly below the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly above the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.*

**Comprehensive Diabetes Care**

# Statistical Summary—Good HbA1c Control (<7.0)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate\*\*** |
| **PCCP(H) \*** | n/a\*\* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | —- | Nat'l Mcaid Mean: | —- | MassHealth Weighted Mean: | 33.7% |
| Nat'l Mcaid 75th Pctile: | —- | MA Commercial Mean: | —- | MassHealth Median: | 32.4% |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2007** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2006** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP \***  **NHP NH FCHP BMCHP** | . . . .  (H) 147 1392 411  (H) 120 1290 411  (H) 50 170 167  (H) 143 3210 411 | .  35.8%  29.2%  29.9%  34.8% | . .  31.0% 40.5%  24.7% 33.7%  22.7% 37.2%  30.1% 39.5% | **PCCP NHP NH FCHP**  **BMCHP** |  | |  |  |
|  | n/a\*\* | |
|  | |  |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

\*\* This measure is new for 2007 - previous data and some comparisons rates are unavailable.

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.*

**Comprehensive Diabetes Care**

**LDL-C Testing**

**Good LDL Control**

**Understanding the Results**

NCQA made changes to both LDL cholesterol test- ing and control measures for HEDIS 2007 by re- stricting the criteria to require testing during the measurement year. For previous measurement cy- cles, tests from the measurement year and the year before were allowed. As such, 2007 rates for both of these measures cannot be compared to those from 2006.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes who had an LDL-C test in 2006. | | | | | |
| Nat'l M caid |  |  |  |  | 77.9% |
| 75th P ctile |  |  |  |  |  |
| Nat'l M caid |  |  |  |  | 71.1% |
| M ean |  |  |  |  |  |
| MA Co mm |  |  |  |  | 86.5% |
| M ean |  |  |  |  |  |
| M ass Health |  |  |  |  | 79.1% |
| Weighted M ean |  |  |  |  |  |
| PCCP \* |  |  |  |  |  |
| NHP |  |  |  |  | 80.0% |
| NH |  |  |  |  | 81.3% |
| FCHP |  |  |  |  | 77.8% |
| BM CHP |  |  |  |  | 77.9% |
|  | 0% | 20% | 40% | 60% | 80% 100% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes whose most recent LDL-C test during 2006 was <100 mg/dL. | | | | | |
| Nat'l M caid 75th P ctile  Nat'l M caid M ean  MA Co mm M ean  M ass Health Weighted M ean  PCCP \*  NHP  NH  FCHP  BM CHP |  |  | 37.2% |  |  |
|  |  | 30.6% |  |  |
|  |  | 44.9% |  |  |
|  |  | 35.6% |  |  |
|  |  | 35.0% |  |  |
|  |  | 37.0% |  |  |
|  |  | 35.3% |  |  |
|  |  | 35.3% |  |  |
| 0% | 20% | 40% 60% | 80% | 100% |

Seventy-nine percent (79.1%) of MassHealth mem- bers 18-75 years of age with diabetes had an LDL cholesterol test during 2006. Individual plan rates ranged from 77.8% to 81.3%. None of the Mass- Health plans had a rate that was significantly differ- ent from the benchmark rate (77.9%).

The target goal of cholesterol management in peo- ple with diabetes is an LDL less than 100 mg/dL. Thirty-six percent (35.6%) of MassHealth members 18-75 years of age with diabetes had their most re- cent cholesterol level in 2006 controlled to <100mg/ dL. Individual plan ranged from 35.0% to 37.0%.

None of the MassHealth plans had a rate that was significantly above or no different from the bench- mark rate (37.2%).

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

\* This measure’s age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

# Statistical Summary—LDL-C Screening

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | O | **\*** | **•** | O |
| **NH(H)** | O | **\*** | **•** | O |
| **FCHP(H)** | O | **\*** | **•** | O |
| **BMCHP(H)** | O | **\*** | **•** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 81.0% | Nat'l Mcaid Mean: | 71.1% | MassHealth Weighted Mean: | 79.1% |
| Nat'l Mcaid 75th Pctile: | 77.9% | MA Commercial Mean: | 86.5% | MassHealth Median: | 79.0% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** | **Num** | **Elig** | **Den Rate LCL** | **UCL** |
| **PCCP \*** | . | . | . | . | . | . | . | **PCCP** |  | | | |
| **NHP** | (H) | 329 | 1,392 | 411 | 80.0% | 76.1% | 84.0% | **NHP** |  | | | |
| **NH**  **FCHP** | (H)  (H) | 334  130 | 1,290  170 | 411  167 | 81.3%  77.8% | 77.4%  71.2% | 85.2%  84.4% | **NH**  **FCHP** | n/a\*\* | | | |
| **BMCHP** | (H) | 320 | 3,210 | 411 | 77.9% | 73.7% | 82.0% | **BMCHP** |  | | | |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

\*\* This measure is new for 2007 - previous data and some comparisons rates are unavailable.

# Statistical Summary—Good LDL-C Control - <100 mg/dL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | O | O | **•** | **\*** |
| **NH(H)** | O | **\*** | **•** | O |
| **FCHP(H)** | O | O | **•** | O |
| **BMCHP(H)** | O | O | **•** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 44.1% | Nat'l Mcaid Mean: | 30.6% | MassHealth Weighted Mean: | 35.6% |
| Nat'l Mcaid 75th Pctile: | 37.2% | MA Commercial Mean: | 44.9% | MassHealth Median: | 35.3% |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2007** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2006** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP \***  **NHP NH FCHP**  **BMCHP** | . . . .  (H) 144 1,392 411  (H) 152 1,290 411  (H) 59 170 167  (H) 145 3,210 411 | .  35.0%  37.0%  35.3%  35.3% | . .  30.3% 39.8%  32.2% 41.8%  27.8% 42.9%  30.5% 40.0% | **PCCP NHP NH FCHP**  **BMCHP** |  | |  |  |
|  | n/a\*\* | |
|  | |  |

**Comprehensive Diabetes Care**

**Eye Exams**

**Monitoring Kidney Disease**

**Understanding the Results**

Seventy-one percent (71.0%) of MassHealth members 18-75 years of age with diabetes had an eye exam in 2006 or a negative eye exam in 2005. Individual plan rates ranged from 62.8% to 74.7%. Two plans had rates that were significantly above the benchmark rate (62.7%). None of the plans had rates that were statis- tically significant compared to their 2006 rates.

Beginning with HEDIS 2007, NCQA allowed the use of ACE/ARBs to count toward numerator compliance for the monitoring kidney disease measure. Therefore, 2007 rates cannot be compared to those from 2006.

Nat'l M caid 75th P ctile

81.8%

Nat'l M caid M ean

74.6%

MA Co mm M ean

M ass Health Weighted M ean

84.9%

82.2%

PCCP \*

NHP

83.2%

NH

78.3%

FCHP

76.6%

BM CHP

83.7%

0%

20% 40% 60% 80% 100%

Nat'l M caid 75th P ctile

62.7%

Nat'l M caid M ean

51.4%

MA Co mm M ean

M ass Health Weighted M ean

71.0%

71.0%

PCCP \*

NHP

70.3%

NH

62.8%

FCHP

67.7%

BM CHP

74.7%

0% 20% 40% 60% 80% 100%

The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes who had a retinal or dilated eye exam by an eye care professional in 2006 or a negative retinal exam by an eye care professional in 2005.

The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes who were screened for kid- ney disease (nephropathy) during 2006 (adults with a history of the disease were also considered compli- ant).

Eighty-two percent (82.2%) of MassHealth members 18-75 years of age with diabetes were either screened for kidney disease in 2006 or had evidence of disease. Individual plan rates ranged from 76.6% to 83.7%.

None of the MassHealth plans had a rate that was sta- tistically different from the benchmark rate (81.8%).

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006) Rate is *significantly above* the 2006 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2006 national Medicaid 75th percentile

\* This measure’s age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

# Statistical Summary—Eye Exams

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | **\*** | **\*** | O | O |
| **NH(H)** | O | **\*** | **•** | O |
| **FCHP(H)** | O | **\*** | O | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 68.3% | Nat'l Mcaid Mean: | 51.4% | MassHealth Weighted Mean: | 71.0% |
| Nat'l Mcaid 75th Pctile: | 62.7% | MA Commercial Mean: | 71.0% | MassHealth Median: | 69.0% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP \*** | . | . | . | . | . | . | . | **PCCP** | (H) | 223 | 11,659 | 411 | 54.3% | 49.3% | 59.2% |
| **NHP** | (H) | 289 | 1392 | 411 | 70.3% | 65.8% | 74.9% | **NHP** | (H) | 269 | 1,054 | 411 | 65.5% | 60.7% | 70.2% |
| **NH** | (H) | 258 | 1290 | 411 | 62.8% | 58.0% | 67.6% | **NH** | (H) | 246 | 1,105 | 411 | 59.9% | 55.0% | 64.7% |
| **FCHP** | (H) | 113 | 170 | 167 | 67.7% | 60.3% | 75.1% | **FCHP** | (H) | 85 | 155 | 151 | 56.3% | 48.0% | 64.5% |
| **BMCHP** | (H) | 307 | 3210 | 411 | 74.7% | 70.4% | 79.0% | **BMCHP** | (H) | 287 | 2,793 | 411 | 69.8% | 65.3% | 74.4% |

\* The PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

\*\* This measure is new for 2007 - previous data and some comparisons rates are unavailable.

# Statistical Summary—Monitoring Kidney Disease

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H) \*** | n/a | n/a | n/a | n/a |
| **NHP(H)** | O | **\*** | O | n/a |
| **NH(H)** | O | O | **•** | n/a |
| **FCHP(H)** | O | O | **•** | n/a |
| **BMCHP(H)** | O | **\*** | O | n/a |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 85.5% | Nat'l Mcaid Mean: | 74.6% | MassHealth Weighted Mean: | 82.2% |
| Nat'l Mcaid 75th Pctile: | 81.8% | MA Commercial Mean: | 84.9% | MassHealth Median: | 80.8% |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2007** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2006** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP \* NHP NH FCHP**  **BMCHP** | . . . . (H) 342 1392 411  (H) 322 1290 411  (H) 128 170 167  (H) 344 3210 411 | .  83.2%  78.3%  76.6%  83.7% | . .  79.5% 86.9%  74.2% 82.4%  69.9% 83.4%  80.0% 87.4% | **PCCP NHP NH FCHP**  **BMCHP** |  | |  |  |
|  | n/a\*\* | |
|  | |  |

**Comprehensive Diabetes Care**

**Blood Pressure Control (<130/80)**

**Blood Pressure Control (<140/90)**

**Understanding the Results**

Both blood pressure control measures (<130/80 and

<140/90) were added for HEDIS 2007. Because these are first-year measures, no benchmarks are available and comparison to past performance is not possible. The addition of these indicators aligns the measure more closely with the clinical guidelines promoted by the American Diabetes Association.



n/a

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

68.1%

PCCP \*

NHP

68.4%

NH

66.9%

FCHP

77.8%

BM CHP

67.9%

0%

20% 40% 60% 80% 100%



n/a

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

35.5%

PCCP \*

NHP

34.5%

NH

38.2%

FCHP

45.5%

BM CHP

34.3%

0% 20% 40% 60% 80% 100%

The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes whose most recent blood pressure reading in 2006 was <130/80 mm Hg.

The percentage of adults 18 to 75\* years of age with type 1 or type 2 diabetes whose most recent blood pressure reading in 2006 was <140/90 mm Hg.

Thirty-six percent (35.5%) of MassHealth members 18- 75 years old had their blood pressure controlled to less than 130/80 during the measurement year. Individual plan rates ranged from 34.3% to 45.5%.

Sixty-eight percent (68.1%) of MassHealth members 18-75 years old had their blood pressure controlled to less than 140/90 during the measurement year. Indi- vidual plan rates ranged from 66.9% to 77.8%.

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006) Rate is *significantly above* the 2007 national Medicaid 75th percentile

Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.

\* This measure’s age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and

older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

# Statistical Summary—Blood Pressure Control (<130/80)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate\*\*** |
| **PCCP(H) \*** | n/a\*\* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | —- | Nat'l Mcaid Mean: | —- | MassHealth Weighted Mean: | 35.5% |
| Nat'l Mcaid 75th Pctile: | —- | MA Commercial Mean: | —- | MassHealth Median: | 36.4% |

**e**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassH**  **2006** | **alth Plan Rates**  **Num Elig Den Rate LCL UCL** | | | | | | |  | **2006** | **Num Elig** | **Den** | **Rate** | **LCL UCL** |
| **PCCP \*** | . | . | . | . | . | . | . |  | **PCCP** |  |  |  |  |
| **NHP** | (H) | 142 | 1392 | 411 | 34.5% | 29.8% | 39.3% |  | **NHP** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NH** | (H) | 157 | 1290 | 411 | 38.2% | 33.4% | 43.0% |  | **NH** |  | n/a\*\* | |  |
| **FCHP** | (H) | 76 | 170 | 167 | 45.5% | 37.7% | 53.4% |  | **FCHP** |  |  |  |  |
| **BMCHP** | (H) | 141 | 3210 | 411 | 34.3% | 29.6% | 39.0% |  | **BMCHP** |  |  |  |  |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

\*\* This measure is new for 2007, so previous data and some comparison rates are not available.

# Statistical Summary—Blood Pressure Control (<140/90)

**2007 Comparison Rates**

Nat'l Mcaid 90th Pctile: —- Nat'l Mcaid 75th Pctile: —-

Nat'l Mcaid Mean: —-

MA Commercial Mean: —-

MassHealth Weighted Mean:

MassHealth Median:

68.1%

68.2%

**MassHealth Plan Rates**

**2006 Num Elig Den Rate LCL UCL 2006 Num Elig Den Rate LCL UCL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate\*\*** |
| **PCCP(H) \*** | n/a\*\* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP \*** | . | . | . | . | . | . | . | **PCCP** |  |  |
| **NHP** | (H) | 281 | 1392 | 411 | 68.4% | 63.8% | 73.0% | **NHP** |  |  |
| **NH** | (H) | 275 | 1290 | 411 | 66.9% | 62.2% | 71.6% | **NH** | n/a\*\* | |
| **FCHP** | (H) | 130 | 170 | 167 | 77.8% | 71.2% | 84.4% | **FCHP** |  |  |
| **BMCHP** | (H) | 279 | 3210 | 411 | 67.9% | 63.2% | 72.5% | **BMCHP** |  |  |

**Comprehensive Diabetes Care**

**Understanding the Results (continued)**

Successful diabetes care requires effective com- munication between physicians and other health care professionals and their patients so that infor- mation on the importance of screenings and self management tools and skills for this chronic dis- ease can be relayed. Patients must learn to prac- tice effective self management strategies such as monitoring blood glucose levels, eating healthfully, getting adequate exercise, and taking medications for blood pressure and cholesterol control, if nec- essary, to prevent or manage diabetes complica- tions.25

Several individual and organizational factors im- pact the communication between physicians and patients regarding self management strategies and are associated with the quality of diabetes care. Some of these factors include:

* limited health literacy.26
* limited English proficiency.26
* low self-efficacy or confidence in the ability to perform healthy behaviors, and26,27
* presence and intensity of diabetes disease management programs.28

Individuals with diabetes typically need support from resources in addition to providers to success- fully self manage their diabetes. A recent evalua- tion of self-management support programs found that a weekly automated telephone disease man- agement program helped individuals with diabetes set and achieve goals for diabetes self manage- ment behaviors.25 This program was especially helpful for individuals with communication barriers such as limited English proficiency or low health literacy.

The American Diabetes Association’s 2006 ver- sion of Standards of Medical Care in Diabetes rec- ommends strategies for improving diabetes care, several of which target changes at the nexus of care between physicians and patients and include the following:

* incorporating diabetes care guidelines into the point of service
* providing diabetes self management education to patients
* access to care management services, and
* use of electronic medical record technology to identify patients requiring assessments or treat- ment modifications.

Additionally, an area that is critical for diabetes care is preventing or managing heart disease. Unfortunately, a recent survey conducted by ADA found that only 18 percent of people with diabetes believed that they were at increased risk of devel- oping heart disease.29 Increasing awareness re- garding the risk of heart disease for patients with diabetes may help improve blood pressure and cholesterol control rates in the future.

**Controlling Blood Pressure**

Nearly one-third of the U.S. population has hypertension and only 30% of those people have their blood pressure in good control.30 The HEDIS Controlling High Blood Pressure measure defines blood pressure control as <140/90, a less stringent requirement than some current clinical guidelines such as the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure or JNCVIII, which defines good control as <130/80. Lifestyle modifications such as increased exercise and reduced salt intake can help individuals control their blood pressure. In addition, antihypertensive pharmacotherapy is effective in controlling blood pressure and has been associated with reduced incidence of stroke, heart at- tack, and heart failure.31

|  |
| --- |
| **Ages 18-45** |

|  |
| --- |
| **Ages 46-85** |

**Understanding the Results**

For HEDIS 2007, NCQA decreased the lower age limit of this measure from 46 to 18. This measure is now reported in two age stratifications. The first age stratification (18-45) is considered a new measure for HEDIS 2007; therefore, no bench- marks are available for this age group. Although the other age stratification (46-85) corresponds to the previous HEDIS Controlling High Blood Pres- sure measure, NCQA also changed the definition of control from ≤140/90 to <140/90. This change in the definition of control means no benchmarks are available and comparison to past perform- ance is not possible.



n/a

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

54.1%

PCCP

52.6%

NHP

59.5%

NH

56.6%

FCHP

64.1%

BM CHP

52.0%

0% 20% 40% 60% 80% 100%



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

PCCP NHP NH

FCHP

BM CHP

0% 20% 40% 60% 80% 100%

The percentage of members 18-45 years of age who had a diagnosis of hypertension and whose most recent blood pressure in 2006 was adequately controlled (<140/90).

The percentage of members 46-85\* years of age who had a diagnosis of hypertension and whose most recent blood pressure in 2006 was adequately controlled (<140/90).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| n/a | 54.7%  53.2% | | | |
|  |
|  |
|  |
|  |
|  | | | 63.6% | |
|  | | 56.2% | | |
|  | |
|  | |
|  | | | | 70.9% |
|  | | | | |
|  | | 55.6% | | |
|  | |

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.



Fifty-four percent (54.1%) of MassHealth mem- bers aged 18-45 had their most recent blood pressure in 2006 controlled to <140/90. Individual plan rates ranged from 52.0% to 64.1%.

Fifty-five percent (54.7%) of MassHealth mem- bers aged 46-85 had their most recent blood pressure in 2006 controlled to <140/90. Individual plan rates ranged from 53.2% to 70.9%.

*(Continued on page 44)*

\* This measure’s age range is 18-85. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occa- sionally appear in the denominator of a plan’s HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Controlling Blood Pressure**

# Statistical Summary— Ages 18-45

**MassHealth Plan Rates**

**2007 Num Elig Den Rate LCL UCL**

**2005**

**Num Elig Den Rate LCL UCL**

n/a\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate\*** |
| **PCCP(H)** | n/a\* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | —- | Nat'l Mcaid Mean: | —- | MassHealth Weighted Mean: | 54.1% |
| Nat'l Mcaid 75th Pctile: | —- | MA Commercial Mean: | —- | MassHealth Median: | 56.6% |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | (H) | 50 | 2,730 | 95 | 52.6% | 42.1% | 63.2% |  | **PCCP** |
| **NHP** | (H) | 122 | 944 | 205 | 59.5% | 52.5% | 66.5% |  | **NHP** |
| **NH** | (H) | 86 | 563 | 152 | 56.6% | 48.4% | 64.8% |  | **NH** |
| **FCHP** | (H) | 41 | 74 | 64 | 64.1% | 51.5% | 76.6% |  | **FCHP** |
| **BMCHP** | (H) | 79 | 1,568 | 152 | 52.0% | 43.7% | 60.2% |  | **BMCHP** |

**Statistical Summary— Ages 46-85**

* Due to changes in the specifications of this measure, previous data and some comparison rates are unavailable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate\*** |
| **PCCP(H)** | n/a\* | | | |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2006 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | —- | Nat'l Mcaid Mean: | —- | MassHealth Weighted Mean: | 54.7% |
| Nat'l Mcaid 75th Pctile: | —- | MA Commercial Mean: | —- | MassHealth Median: | 56.2% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** | **Num** | **Elig** | **Den Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 168 | 9,003 | 316 | 53.2% | 47.5% | 58.8% | **PCCP** |  | | | | |
| **NHP**  **NH** | (H)  (H) | 131  127 | 901  804 | 206  226 | 63.6%  56.2% | 56.8%  49.5% | 70.4%  62.9% | **NHP**  **NH** | n/a\* | | | | |
| **FCHP** | (H) | 95 | 137 | 134 | 70.9% | 62.8% | 79.0% | **FCHP** |  | | | | |
| **BMCHP** | (H) | 144 | 2,326 | 259 | 55.6% | 49.4% | 61.8% | **BMCHP** |  | | | | |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Controlling High Blood Pressure**

**Understanding the Results (continued)**

The definition of blood pressure control currently used for the HEDIS Controlling High Blood Pres- sure measure is <140/90, a criteria that is less stringent than other clinical guidelines. The HE- DIS measure’s definition of the eligible population includes all members who meet the diagnosis criteria for hypertension and does not exclude higher risk populations such as members with diabetes (the one exception is that the measure does exclude members with a diagnosis of end stage renal disease.). Although a control thresh- old of <140/90 may be appropriate for certain populations, it may not be an appropriate thresh- old for more complicated members, such as those with co-morbid diabetes or heart disease, who should have their blood pressure controlled to at least <130/80.33

Uncontrolled hypertension is associated with lack of adherence to drug treatment and a lack of ac- cess to health care.34,35 An external review of this HEDIS measure demonstrated that patients who meet the HEDIS blood pressure measure may take fewer blood pressure drugs and have lower antihypertensive drug costs than patients who do not meet the measure.36

A number of patient factors may be related to adherence to hypertension treatment plans (and therefore blood pressure control) such as the se- verity of the hypertension, number of comor- bitidies, and side effects to treatment.

Strategies to improve patient adherence to hyper- tension treatment include designing treatment plans to reflect patient preferences and lifestyles, identifying specific blood pressure targets, in-

structing patients to perform self-management, and discussing strategies for managing side ef- fects.37

**Antidepressant Medication Management**

Antidepressants are effective in treating depression, however poor adherence is often an issue especially among lower socioeconomic populations.38 Dis- continuing antidepressants prematurely can lead to increased risk of depression relapse and development of new episodes of depression.39 The HEDIS Antidepressant Medication Management measure assesses three aspects of the successful pharmacological management of depression for newly diag- nosed MassHealth members 18 years of age and older. A recent study using the HEDIS Antidepressant Medication Management measure on a commer- cial population found that only 19% of patients achieved overall adherence for all three of the measure’s indicators (optimal practitioner contacts, effective acute phase treatment and effective continuation phase treatment).40

**Optimal Practitioner Contacts**

|  |
| --- |
| **Effective Acute Phase** |

**Effective Continuation Phase**

The percentage of members 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner coded with a mental health diagnosis during the 84-day Acute Treat- ment Phase.

The percentage of members 18 years of age and older who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.

The percentage of members 18 years of age and older who where diagnosed with a new episode of depression and treated with antidepressant medication and who re- mained on an antidepressant drug for at least 180 days.

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M assHealth Weighted M ean

27.0%

21.3%

29.2%

31.4%

PCCP

29.3%

NHP

35.3%

NH

30.5%

FCHP

27.2%

BM CHP

34.4%

0% 20% 40% 60% 80% 100%



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

47.9%

42.9%

62.8%

47.9%

PCCP

52.7%

NHP

45.9%

NH

55.1%

FCHP

49.4%

BM CHP

35.4%

0% 20% 40% 60% 80% 100%



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

32.4%

27.5%

47.5%

32.9%

PCCP

38.1%

NHP

26.8%

NH

43.6%

FCHP

37.0%

BM CHP

20.0%

0% 20% 40% 60% 80% 100%

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

**Antidepressant Medication Management**

# Statistical Summary—Optimal Practitioner Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | O | **\*** |
| **NHP(A)** | **\*** | **\*** | **\*** | O |
| **NH(A)** | O | **\*** | O | **\*** |
| **FCHP(A)** | O | O | O | O |
| **BMCHP(A)** | **\*** | **\*** | **\*** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 31.8% | Nat'l Mcaid Mean: | 21.3% | MassHealth Weighted Mean: | 31.4% |
| Nat'l Mcaid 75th Pctile: | 27.0% | MA Commercial Mean: | 29.2% | MassHealth Median: | 30.5% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 614 | 2,092 | 29.3% | 27.4% | 31.3% | **PCCP** | (A) | 461 | 2,454 | 18.8% | 17.2% | 20.4% |
| **NHP** | (A) | 199 | 564 | 35.3% | 31.3% | 39.3% | **NHP** | (A) | 151 | 504 | 30.0% | 25.9% | 34.1% |
| **NH** | (A) | 140 | 459 | 30.5% | 26.2% | 34.8% | **NH** | (A) | 51 | 356 | 14.3% | 10.5% | 18.1% |
| **FCHP** | (A) | 22 | 81 | 27.2% | 16.9% | 37.5% | **FCHP** | (A) | 27 | 77 | 35.1% | 23.8% | 46.4% |
| **BMCHP** | (A) | 343 | 998 | 34.4% | 31.4% | 37.4% | **BMCHP** | (A) | 293 | 834 | 35.1% | 31.8% | 38.4% |

**Statistical Summary—Effective Acute Phase**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **\***  O  **\***  O  **•** | **\***  O  **\***  O  **•** | **•**  **•**  **•**  **•**  **•** | **\*** O O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 51.1% | Nat'l Mcaid Mean: | 42.9% | MassHealth Weighted Mean: | 47.9% |
| Nat'l Mcaid 75th Pctile: | 47.9% | MA Commercial Mean: | 62.8% | MassHealth Median: | 49.4% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 1,102 | 2,092 | 52.7% | 50.5% | 54.8% | **PCCP** | (A) | 1,180 | 2,454 | 48.1% | 46.1% | 50.1% |
| **NHP** | (A) | 259 | 564 | 45.9% | 41.7% | 50.1% | **NHP** | (A) | 208 | 504 | 41.3% | 36.9% | 45.7% |
| **NH** | (A) | 253 | 459 | 55.1% | 50.5% | 59.8% | **NH** | (A) | 185 | 356 | 52.0% | 46.6% | 57.3% |
| **FCHP** | (A) | 40 | 81 | 49.4% | 37.9% | 60.9% | **FCHP** | (A) | 34 | 77 | 44.2% | 32.4% | 55.9% |
| **BMCHP** | (A) | 353 | 998 | 35.4% | 32.4% | 38.4% | **BMCHP** | (A) | 288 | 834 | 34.5% | 31.2% | 37.8% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Antidepressant Medication Management**

# Statistical Summary—Effective Continuation Phase

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 34.8% | Nat'l Mcaid Mean: | 27.5% | MassHealth Weighted Mean: | 32.9% |
| Nat'l Mcaid 75th Pctile: | 32.4% | MA Commercial Mean: | 47.5% | MassHealth Median: | 37.0% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | |
|  | **Nat’l Nat’l Mcaid 75th Mcaid Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **\* \*** | **•** | **\*** |
| **NHP(A)** | * O | **•** | O |
| **NH(A)** | **\* \*** | O | O |
| **FCHP(A)** | O O | O | O |
| **BMCHP(A)** | **• •** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 798 | 2,092 | 38.1% | 36.0% | 40.3% | **PCCP** | (A) | 799 | 2,454 | 32.6% | 30.7% | 34.4% |
| **NHP** | (A) | 151 | 564 | 26.8% | 23.0% | 30.5% | **NHP** | (A) | 124 | 504 | 24.6% | 20.7% | 28.5% |
| **NH** | (A) | 200 | 459 | 43.6% | 38.9% | 48.2% | **NH** | (A) | 132 | 356 | 37.1% | 31.9% | 42.2% |
| **FCHP** | (A) | 30 | 81 | 37.0% | 25.9% | 48.2% | **FCHP** | (A) | 17 | 77 | 22.1% | 12.2% | 32.0% |
| **BMCHP** | (A) | 200 | 998 | 20.0% | 17.5% | 22.6% | **BMCHP** | (A) | 162 | 834 | 19.4% | 16.7% | 22.2% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Understanding the Results**

Thirty-one percent (31.4%) of MassHealth members who were diagnosed with a new episode of depression and treated with antidepressant medication had at least three follow-up contacts with a practitioner during the 84-day Acute Phase. Individual plan rates ranged from 27.2% to 35.3%. Three plans had rates of optimal practitioner contact that were significantly above the benchmark rate (27.0%).

Forty-eight percent (47.9%) of members with a new episode of depression and treated with antidepressant medication remained on an antidepressant drug during the entire 84-day Acute Treatment Phase. Individual plan rates ranged from 35.4% to 55.1%. Two plans had rates of effective acute phase treatment that were significantly above the benchmark rate (47.9%) and one plan had a rate significantly below the benchmark. Finally, thirty-three percent (32.9%) of members who were diagnosed with a new episode of depression and treated with antidepressant medication remained on an antidepressant drug for at least 180 days. Individual plan rates ranged from 20% to 43.6%. Two plans had a rate significantly above the benchmark rate (32.4%) and two plans had a rate significantly below the benchmark.

There are a number of factors that are associated with antidepressant non-adherence:

* + Antidepressant discontinuation during the first 30 days is more likely among Hispanics, patients with fewer than 12 years of education, and patients

**Antidepressant Medication Management**

**Understanding the Results**

with low family income as compared with those with middle and high income.38

* Comorbid substance use, use of older gen- eration antidepressants, and living in lower in- come neighborhoods is associated with lower rates of adherence.41
* Being treated by a non-psychiatric specialist as opposed to a primary care physician or psy- chiatrist is associated with higher odds of nonad- herence.42
* Younger patient age is associated with greater rates of nonadherence.41

Conversely, receiving mental health specialty care in addition to being prescribed antidepres- sants is associated with higher rates of adher- ence:

* Patients are significantly more likely to con- tinue antidepressant treatment past 30 days if they receive psychotherapy.41
* Receipt of mental health specialty care in addition to antidepressants is strongly associ- ated with adherence to an antidepressant regi- men.40,41

The following quality improvement strategies may improve rates of adherence to antidepres- sants:

* Improving provider-patient communication can have a positive impact on rates of adher- ence to antidepressants. Specifically, three key messages increase the odds of being adherent to antidepressant treatment. These consist of talking with patients about expectations with re- spect to change in mood and potential side ef- fects, and letting patients know what to do if they have questions about the medication.43
* Implementing a telephone care management program for outpatients prescribed antidepres- sants by primary care physicians can help im- prove adherence rates.44
* However, a more recent study revealed that this same type of model did not improve adher- ence rates over usual care for patients pre- scribed antidepressants by psychiatrists.45
* Implementing a telemedicine model for pri- mary care clinics that lack on-site psychiatrists can improve adherence rates, especially in rural communities with limited access to psychia- trists.46

**Follow-up After Hospitalization for Mental Illness**

Research has shown the importance of timely follow-up for individuals discharged from a psychiatric hospitalization. Patients who follow-up with outpatient appointments have a lower readmission rate than those that don’t.47 Studies have shown that longer intervals between discharge and outpatient visits are associated with increased odds of missing appointments underscoring the importance of expedient aftercare upon discharge.48,49

**7 Day**

**30 Day**

**Understanding the Results**

Fifty-seven percent (56.9%) of MassHealth members 6 years of age and older who were hospitalized for treat- ment of mental illness had a follow-up visit within seven days of discharge. Individual plan rates ranged from 55.6% to 71.8%. One plan had a 7-day follow-up rate that was significantly above the benchmark rate (58%). Although PCCP’s rate (55.7%) was signifi- cantly below the benchmark rate, it was a significant improvement compared with the 2005 rate (46.0%).

The other four plans had rates that were statistically no different than their 2005 rates.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health pro- vider within 7 days after discharge. | | | | |
| Nat'l M caid 75th P ctile  Nat'l M caid M ean  MA Co mm M ean  M ass Health Weighted M ean  PCCP  NHP  NH FCHP  BM CHP |  |  | 58.0% |  |
|  |  | 39.1% |  |
|  |  | 67.3% |  |
|  |  | 56.9% |  |
|  |  | 55.7% |  |
|  |  | 71.8% |  |
|  |  | 58.2% |  |
|  |  | 58.3% |  |
|  |  | 55.6% |  |
| 0% | 20% | 40% 60% 80% | 100% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 30 days after discharge. | | | | | |
| Nat'l M caid 75th P ctile  Nat'l M caid M ean  MA Co mm M ean  M ass Health Weighted M ean  PCCP  NHP  NH FCHP  BM CHP |  |  |  |  | 75.9% |
|  |  |  | 57.7% |  |
|  |  |  |  | 84.0% |
|  |  |  |  | 76.2% |
|  |  |  |  | 74.1% |
|  |  |  |  | 91.9% |
|  |  |  |  | 77.0% |
|  |  |  |  | 79.8% |
|  |  |  |  | 78.4% |
| 0% | 20% | 40% | 60% | 80% 100% |

Seventy-six percent (76.2%) of MassHealth members 6 years of age and older who were hospitalized for treatment of mental illness had a follow-up visit within thirty days of discharge. Individual plan rates ranged from 74.1% to 91.9%. Two plans had a 30-day follow- up rate that was significantly above the benchmark rate (75.9%), while one plan had a rate significantly below the benchmark. Two plans had 2007 rates sig- nificantly above their 2005 rates for this measure.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

Several factors are associated with missed outpatient appointments after discharge from a psychiatric hospi- talization, including:

* + Involuntary legal status at hospital discharge or leaving the hospital against medical advice

*(Continued on page 52)*

**Follow-up After Hospitalization for Mental Illness**

# Statistical Summary—7 Day

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **•**  **\*** O O  O | **\*** | **•**  **\***  **•** O  **•** | **\*** |
| **NHP(A)** | **\*** | O |
| **NH(A)** | **\*** | O |
| **FCHP(A)** | **\*** | O |
| **BMCHP(A)** | **\*** | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 66.2% | Nat'l Mcaid Mean: | 39.1% | MassHealth Weighted Mean: | 56.9% |
| Nat'l Mcaid 75th Pctile: | 58.0% | MA Commercial Mean: | 67.3% | MassHealth Median: | 58.2% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 3,139 | 5,631 | 55.7% | 54.4% | 57.1% | **PCCP** | (A) | 3,349 | 7,287 | 46.0% | 44.8% | 47.1% |
| **NHP** | (A) | 346 | 482 | 71.8% | 67.7% | 75.9% | **NHP** | (A) | 256 | 393 | 65.1% | 60.3% | 70.0% |
| **NH** | (A) | 334 | 574 | 58.2% | 54.1% | 62.3% | **NH** | (A) | 276 | 494 | 55.9% | 51.4% | 60.4% |
| **FCHP** | (A) | 49 | 84 | 58.3% | 47.2% | 69.5% | **FCHP** | (A) | 46 | 75 | 61.3% | 49.6% | 73.0% |
| **BMCHP** | (A) | 781 | 1405 | 55.6% | 53.0% | 58.2% | **BMCHP** | (A) | 497 | 821 | 60.5% | 57.1% | 63.9% |

# Statistical Summary—30 Day

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **•**  **\*** O O  **\*** | **\***  **\***  **\***  **\***  **\*** | **•**  **\***  **•** O  **•** | **\***  **\*** O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 79.8% | Nat'l Mcaid Mean: | 57.7% | MassHealth Weighted Mean: | 76.2% |
| Nat'l Mcaid 75th Pctile: | 75.9% | MA Commercial Mean: | 84.0% | MassHealth Median: | 78.4% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 4,175 | 5,631 | 74.1% | 73.0% | 75.3% | **PCCP** | (A) | 4,770 | 7,287 | 65.5% | 64.4% | 66.6% |
| **NHP** | (A) | 443 | 482 | 91.9% | 89.4% | 94.4% | **NHP** | (A) | 335 | 393 | 85.2% | 81.6% | 88.9% |
| **NH** | (A) | 442 | 574 | 77.0% | 73.5% | 80.5% | **NH** | (A) | 371 | 494 | 75.1% | 71.2% | 79.0% |
| **FCHP** | (A) | 67 | 84 | 79.8% | 70.6% | 88.9% | **FCHP** | (A) | 60 | 75 | 80.0% | 70.3% | 89.7% |
| **BMCHP** | (A) | 1,102 | 1,405 | 78.4% | 76.2% | 80.6% | **BMCHP** | (A) | 659 | 821 | 80.3% | 77.5% | 83.1% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

**Follow-up After Hospitalization for Mental Illness**

**Understanding the Results (continued)**

* Lack of an established outpatient clinician
* Emotional problems related to primary sup- ports in community (e.g., lack of family support, death of a family member, etc)
* Longer interval between discharge date and follow-up appointment date.50

Plans might improve their follow-up rates by tar- geting interventions specifically to individuals with one or more of the above risk factors for missing outpatient appointments after discharge. For ex- ample, staff could help patients without an estab- lished outpatient clinician select a clinician and set up a first appointment prior to discharge date. Set- ting up an outpatient appointment relatively soon after hospital discharge increases the chances of successful follow up.50

For patients with limited or negative social sup- ports in the community, staff could assist in identi- fying new or more positive supports in the commu- nity. One promising model built on this principle was developed by the New York Association of Psychiatric Rehabilitation Services. The Peer Bridger model connects individuals who have a history of psychiatric hospitalization with patients who are still in the hospital, helping them connect to supports in the community for when they are discharged.50

**Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication**

A recently released study found that the prevalence of AHDH in a national population-based sample of U.S. children aged 8 to 15 years old assessed with a DSM-IV-based diagnostic instrument was 8.7% or approximately 2.4 million.51 This study also revealed that ADHD is more common among poorer children with 11% of children in the poorest quintile meeting criteria for ADHD according to the DSM-IV. More troubling is that these children were the least likely to receive consistent ADHD medication treatment compared with higher income children.

Given the high prevalence of ADHD among low-income children, primary care clinicians serving Medicaid populations are likely to see these children in their practices.

**Initiation Phase**

**Continuation & Maintenance Phase**

**Understanding the Results**

This measure assesses follow-up care for children newly prescribed ADHD medication. Fifty-four percent (54.1%) of MassHealth members 6-12 years of age who were prescribed ADHD medication had at least one follow-up visit with a practitioner with prescribing authority during the 30-day period after the prescription start date. Indi- vidual plan rates ranged from 31.8% to 67.9%. Four plans had rates that were significantly above the bench- mark rate (38.7%), while one plan had a rate signifi- cantly below the benchmark.



Nat'l M caid 75th P ctile

Nat'l M caid M ean

38.7%

31.8%

MA Co mm M ean

M assHealth Weighted M ean

42.6%

54.1%

PCCP

63.6%

NHP

60.7%

NH

63.4%

FCHP

67.9%

BM CHP

31.8%

0% 20% 40% 60% 80% 100%



n/a

Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

M ass Health Weighted M ean

61.3%

PCCP

75.1%

NHP

63.2%

NH

70.7%

FCHP

BM CHP

35.9%

0%

20% 40% 60% 80% 100%

The percentage of children 6-12 years of age with an ambulatory prescription dispensed for ADHD medi- cation who had one follow-up visit with a practitioner with prescribing authority within 30 days of receiving the prescription.

The percentage of members 6-12 years of age who remained on the ADHD medication for at least 210 days and who, in addition to the Initiation Phase visit, had at least 2 follow-up visits within 9 months of the end of the Initiation Phase.

Sixty-one percent (61.3%) of MassHealth members 6-12 years of age who were prescribed ADHD medication and who remained on the medication for at least 210 days had at least two follow-up visits with a practitioner after the 30-day Initiation Phase ended. Individual plan rates ranged from 35.9% to 75.1%. Due to an error made by NCQA, no benchmark data are available for this rate.

To assist primary care clinicians with the appropriate treatment of children with ADHD, the American Acad- emy of Pediatrics developed clinical practice guidelines. Key aspects of these recommended guidelines include:

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

The 2007 national Medicaid 75th percentile for this measure is not available.



*(Continued on page 56)*

**Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication**

# Statistical Summary—Initiation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 44.5% | Nat'l Mcaid Mean: | 31.8% | MassHealth Weighted Mean: | 54.1% |
| Nat'l Mcaid 75th Pctile: | 38.7% | MA Commercial Mean: | 42.6% | MassHealth Median: | 63.4% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | |
|  | **Nat’l Nat’l Mcaid 75th Mcaid**  **Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate\*** |
| **PCCP(A)** | **\* \*** | **\*** | n/a |
| **NHP(A)** | **\* \*** | **\*** | n/a |
| **NH(A)** | **\* \*** | **\*** | n/a |
| **FCHP(A)** | **\* \*** | **\*** | n/a |
| **BMCHP(A)** | * O | **•** | n/a |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** | **Num** | **Den Rate LCL** | **UCL** |
| **PCCP** | (A) | 912 | 1433 | 63.6% | 61.1% | 66.2% | **PCCP** |  | | |
| **NHP** | (A) | 333 | 549 | 60.7% | 56.5% | 64.8% | **NHP** |  | | |
| **NH**  **FCHP** | (A)  (A) | 282  36 | 445  53 | 63.4%  67.9% | 58.8%  54.4% | 68.0%  81.4% | **NH FCHP** | n/a\* | | |
| **BMCHP** | (A) | 317 | 996 | 31.8% | 28.9% | 34.8% | **BMCHP** |  | | |

\* This measure has not been collected by MassHealth before, so no previous data exists.

\*\* No benchmarks are available due to changes in the specifications of this measure.

# Statistical Summary—Continuation and Maintenance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate\*** |
| **PCCP(A)** | n/a\*\* | | | |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: —-  Nat'l Mcaid 75th Pctile: —- | | |  | Nat'l Mcaid Mean:  MA Commercial Mean: | | —-  —- | MassHealth Weighted Mean:  MassHealth Median: | | | | 61.3%  66.9% | |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2007** | **Num Den** | **Rate** | | **LCL UCL** |  | | **2004** | **Num Den Rate** | | | **LCL UCL** | |
| **PCCP** | (A) 334 445 | 75.1% | | 70.9% 79.2% | **PCCP** |  | | | | |
| **NHP** | (A) 60 95 | 63.2% | | 52.9% 73.4% | **NHP** |
|  | n/a\*\* | |  | |
| **NH** | (A) 70 99 | 70.7% | | 61.2% 80.2% | **NH** |  |  |
| **FCHP** | (A) 2 3 | . | | . . | **FCHP** |
|  | |  | |
| **BMCHP** | (A) 99 276 | 35.9% | | 30.0% 41.7% | **BMCHP** |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication**

**Understanding the Results (continued)**

* + Treat ADHD as a chronic condition,
  + Recommend stimulant medication and/or behavior therapy,
  + Evaluate original diagnosis, adherence to treatment plan, and presence of coexist- ing conditions,
  + Follow up with child and family periodically to assess effects of treatment and ad- verse reactions to medication. (AAP ADHD guidelines).

Adherence to these guidelines among pediatri- cians and family physicians was examined in a 2004 study and revealed that only 53% reported following the guideline regarding periodic follow- up to assess effects of treatment and adverse reactions. The study also found that family physi- cians (67.5%) reported significantly more fre- quent follow up compared with pediatricians (41.6%).52

Relatively few studies have examined factors associated with suboptimal follow up care for chil- dren prescribed ADHD medications. One study examined factors associated with overall follow- up care for children identified with ADHD, whether or not they were prescribed medication, and found that:

* + Follow up visits with primary care provid- ers were more common with those physi- cians that completed a fellowship that in- cluded mental health training
  + Children receiving Medicaid were more likely to see specialists after being diag- nosed with ADHD
  + African American families were more likely to see a specialist after their child was diagnosed with ADHD, especially if their child was prescribed medication (Gardner et al, 2004)

Monastra (2005) surveyed families of 856 chil- dren with ADHD on the reasons that they post- poned or discontinued the use of ADHD treat- ment for their child.53 The most common reasons included:

* + Fear of medication side effects,
  + Lack of information about ADHD,
  + Distrust in the brief assessment process that their child received for diagnosis,
  + Development of side effects such as in- somnia or loss of appetite on medications.

Building off of these findings, some ways to im- prove rates of follow up care for children pre- scribed ADHD medication could be:

* + Provide education, both verbal and writ- ten, to parents or caregivers on ADHD, treatment options, and importance of fol- low up
  + Address concerns of parents and children on ADHD medications including their side effects, and what to do if these arise
  + Provide training on the AAP ADHD clinical guidelines to pediatricians and family phy- sicians

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

Substance abuse continues to be a serious problem in the U.S. More than nine percent of Americans age 12 and older suffer from alcohol or other drug abuse.54 Although the evidence is growing that substance abuse treatment programs can be effective, actively engaging in alcohol and other drug dependence treatment is critical for an individual’s successful recovery from substance abuse conditions. Specifically, research shows that indi- viduals that complete treatment or stay in treatment for longer have better outcomes than those who leave treatment prematurely.55 Fully engaging in therapy after initiation is key to preventing Initiation of substance abuse treatment without engagement is unfortunately a reality for many individuals with substance abuse disorders.

The percentage of adults diagnosed with alcohol and other dependence who initiated treatment in the 2006 calendar year through either 1) an inpatient AOD admission or 2) an outpatient service for AOD abuse or dependence *and* an additional AOD service within 14 days

**Initiation of Treatment**

**Engagement of Treatment**

**Understanding the Results**

**KEY:**



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

50.0%

43.3%

48.0%

M ass Health Weighted M ean

49.4%

PCCP

47.2%

NHP

48.2%

NH

48.1%

FCHP

53.2%

BM CHP

56.7%

0% 20% 40% 60% 80% 100%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile



Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

Forty-nine percent (49.4%) of MassHealth members diagnosed with AOD dependence initiated treatment in 2006. Individual plan rates ranged from 47.2% to 56.7%. One plan had a rate significantly higher than the benchmark rate (50%), while one plan had a sig- nificantly lower rate than the benchmark. Three plans had 2007 initiation rates that were significantly better than their 2005 rates, while two plans had 2007 rates that were significantly poorer than their 2005 rate.

Considerably fewer MassHealth members (20.6%) engaged in AOD treatment than initiated treatment in 2006. Individual plan rates for engagement in treat- ment ranged from 14.9% to 39.5%. All but one plan had an engagement rate that was significantly above the benchmark rate (15.1%). One plan had a 2007 engagement rate significantly above their 2005 rate, and one plan had a rate significantly below their 2005 rate.

Nat'l M caid 75th P ctile

Nat'l M caid M ean

15.1%

11.7%

MA Co mm M ean

19.4%

M ass Health Weighted M ean

20.6%

PCCP

19.2%

NHP

39.5%

NH

14.9%

FCHP

23.4%

BM CHP

22.0%

0%

20% 40% 60% 80% 100%

The percentage of adult members diagnosed with AOD dis- orders who received two additional AOD services during the 2006 calendar year within 30 days after the initiation of AOD treatment.

Several individual factors are associated with lower rates of initiation and engagement in substance abuse treatment. These include:56

* Older age
* Greater severity of alcohol or drug abuse
* Co-morbid psychiatric severity
* Prior treatment history

*(Continued on page 60)*

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

# Statistical Summary—Initiation Rate (All Ages)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **•** O O O  **\*** | **\*** | O | **\*** |
| **NHP(A)** | **\*** | O | **•** |
| **NH(A)** | **\*** | O | **\*** |
| **FCHP(A)** | **\*** | O | **•** |
| **BMCHP(A)** | **\*** | **\*** | **\*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 57.5% | Nat'l Mcaid Mean: | 43.3% | MassHealth Weighted Mean: | 49.4% |
| Nat'l Mcaid 75th Pctile: | 50.0% | MA Commercial Mean: | 48.0% | MassHealth Median: | 48.2% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 4,278 | 9,060 | 47.2% | 46.2% | 48.3% | **PCCP** | (A) | 3,187 | 8,771 | 36.3% | 35.3% | 37.3% |
| **NHP** | (A) | 395 | 820 | 48.2% | 44.7% | 51.7% | **NHP** | (A) | 481 | 653 | 73.7% | 70.3% | 77.0% |
| **NH** | (A) | 619 | 1,286 | 48.1% | 45.4% | 50.9% | **NH** | (A) | 426 | 1,054 | 40.4% | 37.5% | 43.4% |
| **FCHP** | (A) | 100 | 188 | 53.2% | 45.8% | 60.6% | **FCHP** | (A) | 88 | 93 | 94.6% | 90.0% | 99.2% |
| **BMCHP** | (A) | 1,670 | 2,946 | 56.7% | 54.9% | 58.5% | **BMCHP** | (A) | 1,026 | 2,027 | 50.6% | 48.4% | 52.8% |

# Statistical Summary—Engagement Rate (All Ages)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 23.6% | Nat'l Mcaid Mean: | 11.7% | MassHealth Weighted Mean: | 20.6% |
| Nat'l Mcaid 75th Pctile: | 15.1% | MA Commercial Mean: | 19.4% | MassHealth Median: | 22.0% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | **\***  **\***  O  **\***  **\*** | **\***  **\***  **\***  **\***  **\*** | O  **\***  **•** O  **\*** | **\*** O O  **•**  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 1,738 | 9,060 | 19.2% | 18.4% | 20.0% | **PCCP** | (A) | 1,534 | 8,771 | 17.5% | 16.7% | 18.3% |
| **NHP** | (A) | 324 | 820 | 39.5% | 36.1% | 42.9% | **NHP** | (A) | 290 | 653 | 44.4% | 40.6% | 48.2% |
| **NH** | (A) | 191 | 1,286 | 14.9% | 12.9% | 16.8% | **NH** | (A) | 150 | 1,054 | 14.2% | 12.1% | 16.3% |
| **FCHP** | (A) | 44 | 188 | 23.4% | 17.1% | 29.7% | **FCHP** | (A) | 65 | 93 | 69.9% | 60.6% | 79.2% |
| **BMCHP** | (A) | 647 | 2,946 | 22.0% | 20.5% | 23.5% | **BMCHP** | (A) | 494 | 2,027 | 24.4% | 22.5% | 26.2% |

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2007.*

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

**Understanding the Results (continued)**

In addition to these personal factors, several characteristics of substance abuse treatment programs are associated with client engage- ment in treatment.

Engagement in treatment may be higher in pro- grams with the following factors:57

* Smaller provider caseloads
* JCAHO or CARF accredited programs
* Staff have more confidence in their skills
* Staff report a more supportive work cli- mate, and
* Staff are engaged in professional commu- nity practices (e.g., peer collaboration, use of reflective dialogue, focus on quality im- provement, and collective responsibility).

Organizational climate or culture can also have an impact on client engagement in treatment. Specifically, consensus among staff in residen- tial substance abuse treatment programs is a significant predictor of client treatment engage- ment.58 Consensus is defined in this study as agreement between staff on the goals and methods of treatment. Additionally, agreement between staff and clients on goals and meth- ods of treatment is also a significant predictor of successful engagement.

Plans should consider whether program and organizational factors are facilitating or hinder- ing successful treatment engagement of their members with identified substance abuse is- sues. Factors such as a positive working rela- tionships among staff and agreement on treat-

ment approaches and philosophies appear to make a difference in how likely clients are to engage in substance abuse treatment. Educat- ing program directors on the impact of these structural factors on client engagement may lead to improvements in the future.

Getting Better

**Appropriate Treatment for Children with Upper Respiratory Infection**

Current clinical guidelines recommend against prescribing antibiotics for upper respiratory infections (URIs) which are commonly caused by viruses, not bacteria. Adherence to these guidelines is important to control the emergence and spread of antibiotic-resistant bacteria, which is due in part to the inap- propriate use of antibiotics for conditions which do not warrant antibiotic treatment. Despite this, approximately three-fourths of all outpatient prescriptions are given to children with URIs.59

**Appropriate Treatment for URI**

**Understanding the Results**

Eighty-eight percent (87.9%) of children aged 3 months to 18 years who had a URI were not pre- scribed an antibiotic within the first three days after diagnosis. Individual plan rates ranged from 84.0% to 91.8%. Two plans had rates that were significantly better than the 2007 national Medicaid 75th per- centile. One plan (PCCP) had a 2007 rate that was significantly better than its 2005 rate, although the plan’s 2007 rate was significantly below the 2007 national Medicaid 75th percentile.

There are a number of other factors that influence inappropriate prescription of antibiotics for children with URI including physician’s perception of parental expectations for an antibiotic prescription in re- sponse to an illness episode, whether the child is of school age, whether the child has a chronic illness such as asthma, whether the physician is a pediatrician, and the number of years that a provider has been in practice.60,61,62 Activities that can help decrease rates of inappropriate antibiotic use for URIs include provider education about current clinical guidelines as well as availability and distribution of education materials in examination rooms.63



Nat'l M caid 75th P ctile

Nat'l M caid M ean

MA Co mm M ean

89.3%

83.3%

90.7%

M ass Health Weighted M ean

87.9%

PCCP

84.0%

NHP

91.8%

NH

88.0%

FCHP

90.1%

BM CHP

91.1%

0% 20% 40% 60% 80% 100%

The percentage of children 3 months to 18 years of age who had a URI and were not dispensed an antibiotic pre- scription on or three days after the outpatient visit where the URI diagnosis was made. Higher rates indicate more appropriate use of antibiotics.

**KEY:**



Comparison rates (Source of National and MA Commercial data: Quality Compass, 2007) Rate is *significantly above* the 2007 national Medicaid 75th percentile

Rate is *not significantly different from* the 2007 national Medicaid 75th percentile Rate is *significantly below* the 2007 national Medicaid 75th percentile

**Appropriate Treatment for Children with URI**

# Statistical Summary—

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to 2007 Rates:** | | | |
|  | **Nat’l Nat’l Mcaid 75th Mcaid Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2005**  **Rate** |
| **PCCP(A)** | * **\***   **\* \***   * **\***   O **\***  **\* \*** | **•**  **\***  **•**  O O | **\*** O O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2007 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 92.5% | Nat'l Mcaid Mean: | 83.3% | MassHealth Weighted Mean: | 87.9% |
| Nat'l Mcaid 75th Pctile: | 89.3% | MA Commercial Mean: | 90.7% | MassHealth Median: | 90.1% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2007** |  | **Num** | **Den** | **Rate \*** | **LCL** | **UCL** |  | **2005** |  | **Num** | **Den** | **Rate \*** | **LCL** | **UCL** |
| **PCCP** | (A) | 2,513 | 15,692 | 84.0% | 83.4% | 84.6% | **PCCP** | (A) | 4,673 | 15,607 | 70.1% | 69.3% | 70.8% |
| **NHP** | (A) | 535 | 6,504 | 91.8% | 91.1% | 92.4% | **NHP** | (A) | 498 | 6,113 | 91.9% | 91.2% | 92.5% |
| **NH** | (A) | 557 | 4,652 | 88.0% | 87.1% | 89.0% | **NH** | (A) | 310 | 3,059 | 89.9% | 88.8% | 91.0% |
| **FCHP** | (A) | 48 | 487 | 90.1% | 87.4% | 92.9% | **FCHP** | (A) | 43 | 440 | 90.2% | 87.3% | 93.1% |
| **BMCHP** | (A) | 948 | 10,656 | 91.1% | 90.6% | 91.6% | **BMCHP** | (A) | 731 | 8,191 | 91.1% | 90.5% | 91.7% |

\* Reported percentages are inverted rates (i.e., 1-(numerator/denominator)).

**Legend:**

**\*** 2007 rate is significantly above the comparison rate.

O 2007 rate is not significantly different from the comparison rate.

* 2007 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

Appendix A:

MassHealth Regions and Service Areas

# MassHealth Service Areas and Regions

## Region Service Areas\*

Western Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, and Westfield

Central Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, and Worcester

Northern Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, and Woburn Boston-Greater Boston Boston, Revere, Somerville, and Quincy

Southern Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham

\* each service area includes multiple cities and towns.

Appendix B:

Frequency of Ongoing Prenatal Care

% of All Expected Visit Rates

**Frequency of Ongoing Prenatal Care - % of All Expected Visit Rates**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **<21%** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 25 | 5,150 | 411 | 6.1% | 3.7% | 8.5% |
| **NHP** | (H) | 23 | 3,303 | 403 | 5.7% | 3.3% | 8.1% |
| **NH** | (H) | 98 | 2,164 | 411 | 23.8% | 19.6% | 28.1% |
| **FCHP** | (H) | 22 | 287 | 287 | 7.7% | 4.4% | 10.9% |
| **BMCHP** | (H) | 42 | 4,408 | 411 | 10.2% | 7.2% | 13.3% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **21%-40%** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 27 | 5,150 | 411 | 6.6% | 4.1% | 9.1% |
| **NHP** | (H) | 11 | 3,303 | 403 | 2.7% | 1.0% | 4.4% |
| **NH** | (H) | 26 | 2,164 | 411 | 6.3% | 3.9% | 8.8% |
| **FCHP** | (H) | 2 | 287 | 287 | 0.7% | 0.0% | 1.8% |
| **BMCHP** | (H) | 19 | 44,08 | 411 | 4.6% | 2.5% | 6.8% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **41%-60%** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 37 | 5150 | 411 | 9.0% | 6.1% | 11.9% |
| **NHP** | (H) | 29 | 3303 | 403 | 7.2% | 4.5% | 9.8% |
| **NH** | (H) | 36 | 2164 | 411 | 8.8% | 5.9% | 11.6% |
| **FCHP** | (H) | 16 | 287 | 287 | 5.6% | 2.7% | 8.4% |
| **BMCHP** | (H) | 29 | 4408 | 411 | 7.1% | 4.5% | 9.7% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **61%-80%** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 66 | 5,150 | 411 | 16.1% | 12.4% | 19.7% |
| **NHP** | (H) | 67 | 3,303 | 403 | 16.6% | 12.9% | 20.4% |
| **NH** | (H) | 48 | 2,164 | 411 | 11.7% | 8.5% | 14.9% |
| **FCHP** | (H) | 38 | 287 | 287 | 13.2% | 9.1% | 17.3% |
| **BMCHP** | (H) | 66 | 4,408 | 411 | 16.1% | 12.4% | 19.7% |

Appendix C:

PCC Plan Antidepressant Medication Management Rates for Members with Basic, Essential, and Non-Basic/Non- Essential Coverage

**Antidepressant Medication Management - Basic, Essential, NonBasic/NonEssential**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Optimal Practitioner Contacts** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 54 | 167 | 167 | 32.3% | 24.9% | 39.7% |
| **Essential** | (A) | 151 | 502 | 502 | 30.1% | 26.0% | 34.2% |
| **NonBasic/NonEssntl** | (A) | 560 | 1,925 | 1,925 | 29.1% | 27.0% | 31.1% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Effective Acute Phase Treatment** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 91 | 167 | 167 | 54.5% | 46.6% | 62.3% |
| **Essential** | (A) | 276 | 502 | 502 | 55.0% | 50.5% | 59.4% |
| **NonBasic/NonEssntl** | (A) | 1,011 | 1,925 | 1,925 | 52.5% | 50.3% | 54.8% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Effective Continuous Phase Treatment** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 68 | 167 | 167 | 40.7% | 33.0% | 48.5% |
| **Essential** | (A) | 203 | 502 | 502 | 40.4% | 36.0% | 44.8% |
| **NonBasic/NonEssntl** | (A) | 730 | 1,925 | 1,925 | 37.9% | 35.7% | 40.1% |

Appendix D:

PCC Plan Follow-up After Hospitalization for Mental Illness Rates for Members with Basic, Essential and Non-Basic/ Non-Essential Coverage

**Follow-up After Hospitalization for Mental Illness**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **7 Day** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 129 | 284 | 284 | 45.4% | 39.5% | 51.4% |
| **Essential** | (A) | 332 | 842 | 842 | 39.4% | 36.1% | 42.8% |
| **NonBasic/NonEssntl** | (A) | 3,010 | 5,347 | 5,347 | 56.3% | 55.0% | 57.6% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **30 Day** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 184 | 284 | 284 | 64.8% | 59.1% | 70.5% |
| **Essential** | (A) | 469 | 842 | 842 | 55.7% | 52.3% | 59.1% |
| **NonBasic/NonEssntl** | (A) | 3,991 | 5,347 | 5,347 | 74.6% | 73.5% | 75.8% |

Appendix E:

PCC Plan Follow-up Care for Children Prescribed ADHD Medication rates for Members with Basic, Essential, and Non- Basic/Non-Essential Coverage

**Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | . | . | . | . | . | . | . |
| **Essential** | . | . | . | . | . | . | . |
| **NonBasic/NonEssntl** | (A) | 912 | 1,433 | 1,433 | 63.6% | 61.1% | 66.2% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Continuation and Maintenance** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | . | . | . | . | . | . | . |
| **Essential** | . | . | . | . | . | . | . |
| **NonBasic/NonEssntl** | (A) | 334 | 445 | 445 | 75.1% | 70.9% | 79.2% |

Appendix F:

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment - Age stratified Rates

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **13-17 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 115 | 342 | 342 | 33.6% | 28.5% | 38.8% |
| **NHP** | (A) | 31 | 81 | 81 | 38.3% | 27.1% | 49.5% |
| **NH** | (A) | 39 | 131 | 131 | 29.8% | 21.6% | 38.0% |
| **FCHP** | (A) | 3 | 14 | 14 | . | . | . |
| **BMCHP** | (A) | 87 | 218 | 218 | 39.9% | 33.2% | 46.6% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **13-17 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 53 | 342 | 342 | 15.5% | 11.5% | 19.5% |
| **NHP** | (A) | 26 | 81 | 81 | 32.1% | 21.3% | 42.9% |
| **NH** | (A) | 23 | 131 | 131 | 17.6% | 10.7% | 24.5% |
| **FCHP** | (A) | 0 | 14 | 14 | . | . | . |
| **BMCHP** | (A) | 44 | 218 | 218 | 20.2% | 14.6% | 25.7% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **18-25 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 493 | 1088 | 1088 | 45.3% | 42.3% | 48.3% |
| **NHP** | (A) | 70 | 143 | 143 | 49.0% | 40.4% | 57.5% |
| **NH** | (A) | 128 | 257 | 257 | 49.8% | 43.5% | 56.1% |
| **FCHP** | (A) | 19 | 33 | 33 | 57.6% | 39.2% | 76.0% |
| **BMCHP** | (A) | 301 | 532 | 532 | 56.6% | 52.3% | 60.9% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **18-25 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 210 | 1088 | 1088 | 19.3% | 16.9% | 21.7% |
| **NHP** | (A) | 59 | 143 | 143 | 41.3% | 32.8% | 49.7% |
| **NH** | (A) | 37 | 257 | 257 | 14.4% | 9.9% | 18.9% |
| **FCHP** | (A) | 10 | 33 | 33 | 30.3% | 13.1% | 47.5% |
| **BMCHP** | (A) | 132 | 532 | 532 | 24.8% | 21.0% | 28.6% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **26-34 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 754 | 1444 | 1444 | 52.2% | 49.6% | 54.8% |
| **NHP** | (A) | 111 | 210 | 210 | 52.9% | 45.9% | 59.8% |
| **NH** | (A) | 144 | 245 | 245 | 58.8% | 52.4% | 65.1% |
| **FCHP** | (A) | 33 | 48 | 48 | 68.8% | 54.6% | 82.9% |
| **BMCHP** | (A) | 362 | 612 | 612 | 59.2% | 55.2% | 63.1% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **26-34 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 342 | 1444 | 1444 | 23.7% | 21.5% | 25.9% |
| **NHP** | (A) | 90 | 210 | 210 | 42.9% | 35.9% | 49.8% |
| **NH** | (A) | 45 | 245 | 245 | 18.4% | 13.3% | 23.4% |
| **FCHP** | (A) | 15 | 48 | 48 | 31.3% | 17.1% | 45.4% |
| **BMCHP** | (A) | 156 | 612 | 612 | 25.5% | 22.0% | 29.0% |

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **35-64 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 2909 | 6160 | 6160 | 47.2% | 46.0% | 48.5% |
| **NHP** | (A) | 183 | 386 | 386 | 47.4% | 42.3% | 52.5% |
| **NH** | (A) | 307 | 651 | 651 | 47.2% | 43.2% | 51.1% |
| **FCHP** | (A) | 45 | 93 | 93 | 48.4% | 37.7% | 59.1% |
| **BMCHP** | (A) | 917 | 1581 | 1581 | 58.0% | 55.5% | 60.5% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **35-64 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 1131 | 6160 | 6160 | 18.4% | 17.4% | 19.3% |
| **NHP** | (A) | 149 | 386 | 386 | 38.6% | 33.6% | 43.6% |
| **NH** | (A) | 86 | 651 | 651 | 13.2% | 10.5% | 15.9% |
| **FCHP** | (A) | 19 | 93 | 93 | 20.4% | 11.7% | 29.2% |
| **BMCHP** | (A) | 313 | 1581 | 1581 | 19.8% | 17.8% | 21.8% |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **65 Initiation** | | | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** |  | **UCL** |  |
| **PCCP** | (A) 7 | 26 | 26 | . |  | . |  | . |
| **NHP** | (A) 0 | 0 | 0 | . |  | . |  | . |
| **NH** | (A) 1 | 2 | 2 | . |  | . |  | . |
| **FCHP** | (A) 0 | 0 | 0 | . |  | . |  | . |
| **BMCHP** | (A) 3 | 3 | 3 | . |  | . |  | . |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **65 Engagement** | | | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** |  | **UCL** |  |
| **PCCP** | (A) 2 | 26 | 26 | . |  | . |  | . |
| **NHP** | (A) 0 | 0 | 0 | . |  | . |  | . |
| **NH** | (A) 0 | 2 | 2 | . |  | . |  | . |
| **FCHP** | (A) 0 | 0 | 0 | . |  | . |  | . |
| **BMCHP** | (A) 2 | 3 | 3 | . |  | . |  | . |

Appendix G:

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment - Age stratified Rates of PCC Plan Coverage Breakouts

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **13 - 17 Initiation** | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) . | . | . | . | . | . |
| **Essential** | (A) . | . | . | . | . | . |
| **NonBasic/NonEssntl** | (A) 115 | 342 | 342 | 33.6% | 28.5% | 38.8% |

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| **18 - 25 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 44 | 81 | 81 | 54.3% | 42.9% | 65.8% |
| **Essential** | (A) | 378 | 738 | 738 | 51.2% | 47.5% | 54.9% |
| **NonBasic/NonEssntl** | (A) | 449 | 1,007 | 1,007 | 44.6% | 41.5% | 47.7% |

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| **26 - 34 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 113 | 201 | 201 | 56.2% | 49.1% | 63.3% |
| **Essential** | (A) | 556 | 1,112 | 1,112 | 50.0% | 47.0% | 53.0% |
| **NonBasic/NonEssntl** | (A) | 641 | 1,243 | 1,243 | 51.6% | 48.8% | 54.4% |

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| **35 - 64 Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 343 | 698 | 698 | 49.1% | 45.4% | 52.9% |
| **Essential** | (A) | 1,178 | 2,447 | 2,447 | 48.1% | 46.1% | 50.1% |
| **NonBasic/NonEssntl** | (A) | 2,566 | 5,462 | 5,462 | 47.0% | 45.6% | 48.3% |

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| **65+ Initiation** | | | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** |  | **UCL** |  |
| **Basic** | (A) . | . | . | . |  | . |  | . |
| **Essential** | (A) 1 | 2 | 2 | . |  | . |  | . |
| **NonBasic/NonEssntl** | (A) 7 | 26 | 26 | . |  | . |  | . |

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| **Total Initiation** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 500 | 980 | 980 | 51.0% | 47.8% | 54.2% |
| **Essential** | (A) | 2,113 | 4,299 | 4,299 | 49.2% | 47.6% | 50.7% |
| **NonBasic/NonEssntl** | (A) | 3,778 | 8,080 | 8,080 | 46.8% | 45.7% | 47.9% |

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

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| **13 - 17 Engagement** | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) . | . | . | . | . | . |
| **Essential** | (A) . | . | . | . | . | . |
| **NonBasic/NonEssntl** | (A) 53 | 342 | 342 | 15.5% | 11.5% | 19.5% |

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| **18 - 25 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 24 | 81 | 81 | 29.6% | 19.1% | 40.2% |
| **Essential** | (A) | 220 | 738 | 738 | 29.8% | 26.4% | 33.2% |
| **NonBasic/NonEssntl** | (A) | 186 | 1,007 | 1,007 | 18.5% | 16.0% | 20.9% |

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| **26 - 34 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 64 | 201 | 201 | 31.8% | 25.2% | 38.5% |
| **Essential** | (A) | 310 | 1,112 | 1,112 | 27.9% | 25.2% | 30.6% |
| **NonBasic/NonEssntl** | (A) | 278 | 1,243 | 1,243 | 22.4% | 20.0% | 24.7% |

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| **35 - 64 Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 161 | 698 | 698 | 23.1% | 19.9% | 26.3% |
| **Essential** | (A) | 534 | 2,447 | 2,447 | 21.8% | 20.2% | 23.5% |
| **NonBasic/NonEssntl** | (A) | 970 | 5,462 | 5,462 | 17.8% | 16.7% | 18.8% |

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| **65+ Engagement** | | | | | | | | |
| **2007** | **Num** | **Elig** | **Den** | **Rate** | **LCL** |  | **UCL** |  |
| **Basic** | (A) . | . | . | . |  | . |  | . |
| **Essential** | (A) 0 | 2 | 2 | . |  | . |  | . |
| **NonBasic/NonEssntl** | (A) 2 | 26 | 26 | . |  | . |  | . |

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| **Total Engagement** | | | | | | | |
| **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 249 | 980 | 980 | 25.4% | 22.6% | 28.2% |
| **Essential** | (A) | 1,064 | 4,299 | 4,299 | 24.7% | 23.4% | 26.1% |
| **NonBasic/NonEssntl** | (A) | 1,489 | 8,080 | 8,080 | 18.4% | 17.6% | 19.3% |

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