

m e a s u r i n g m o r e o f w h a t m a t t e r s



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Arkansas Foundation
for Medical Care
www.afmc.org



DHHS
ARKANSAS DEPARTMENT OF
HEALTH & HUMAN SERVICES

Executive Summary

This year marks the silver anniversary for one of Arkansas' most robust partnerships. For 25 years, AFMC and Arkansas Medicaid have worked together to improve healthcare for the people of our state and to make the most effective use of Medicaid resources. In our efforts, we collaborate with clinicians and practitioners to find opportunities for improvement, to share and apply successful strategies, and to educate consumers about maintaining and improving their own health.

An important part of our mission is assessing the quality of care for more than 700,000 recipients of Medicaid services in our state. To do this, we use HEDIS®, the quality indicators of the Health Plan Employer Data and Information Set. HEDIS is the most widely used set of performance measures in the managed care industry. Following careful data collection and analysis, HEDIS results help determine how many Medicaid recipients in Arkansas are receiving care that meets nationally accepted standards.

The report you are reading, *Measuring More of What Matters*, illustrates progress in many areas. Of Arkansans on Medicaid who smoke, 58.63% received advice to quit smoking from their healthcare provider in 2005, according to survey results. This number is up from 49.82% in 2003. Survey results also show that 30.32% of respondents discussed smoking cessation medications with their healthcare provider in 2005, compared to 17.22% in 2003.

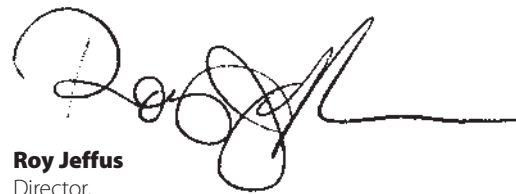
More Arkansas children on Medicaid age 3 to 6 are receiving well child screenings than ever before. The numbers are up from 36.4% in 2004 to 40.7% in 2005. However, these rates are still below the 2005 national average of 62.0%. One development that could help is a recent Medicaid billing change, which allows

physicians to bill for both a well child check-up and a sick visit on the same day.

There is still much work ahead as we strive to improve care in Arkansas. One example is in cervical and breast cancer screening rates, where only 47.3% of women age 21 to 64 received the appropriate screenings for cervical cancer, compared to 64.4% nationwide. And, only 38.8% of women age 52 to 69 received a mammogram, compared to the national rate of 53.6%.

All of these results are useful for Medicaid, AFMC, healthcare professionals and everyone who is committed to improving care. The information helps us as we work to focus our efforts, improve access to services, and encourage effective communication between providers and patients.

As we enter a new year of partnership and opportunity, we continue to work hard for the people of our state. Together, we can help ensure that all patients get the right care at the right time. And that means a better Arkansas for each one of us, for years to come.



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



Nick J. Paslidis, MD, PhD, MHCM
Chief Executive Officer,
Arkansas Foundation for Medical Care



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Introduction

What is HEDIS®?

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

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

How to read the measures

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

• Example: Breast cancer screening

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

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

How to use this report

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

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

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

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

Icon key

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



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



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



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



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



Health Measures for Children

“Early and periodic screening is a critical part of pediatrics and care for children. At our clinic, we are insistent that parents are educated about preventive care for their children and we do all we can to make sure patients get that care.”

KRISTI WENGER, M.D.
*Child and Adolescent Clinic,
Paragould, Arkansas*

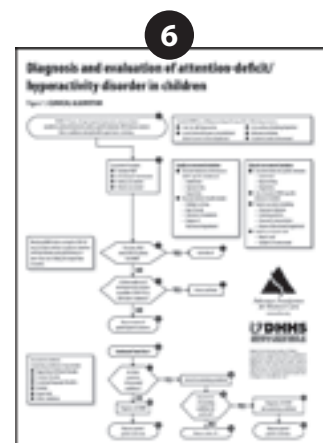
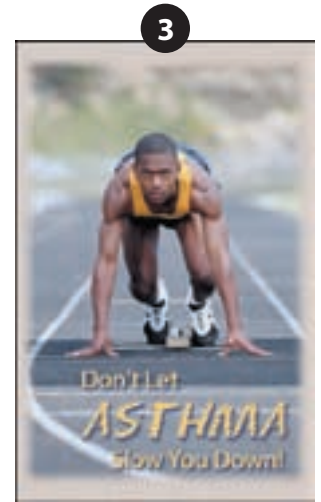
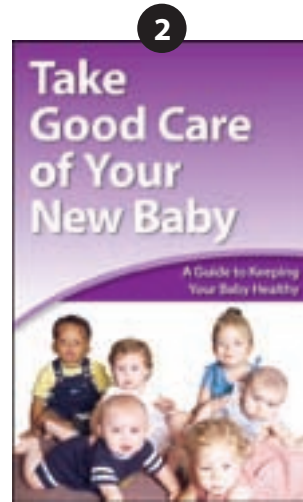
Health Measures for Children:

Recipient and provider education

Children are the future of our state. What better reason to ensure that they receive high-quality healthcare? Arkansas Medicaid and AFMC have made it a top priority to help improve care for our youngest citizens. We work with healthcare providers across the state to increase childhood vaccination and well child care, improve asthma management and encourage appropriate use of antibiotics.

AFMC has created and launched several multimedia campaigns to improve health and healthcare for children. Clinical, communications and other staff collaborate to develop research-driven tools, such as posters for physician offices, educational booklets for parents and guardians, chart folders and reminder stickers to help clinicians take the appropriate steps.

Statewide efforts have paid off, but more improvement is needed. We will continue working with providers to help educate families about how to keep children healthy and strong.



Examples

- 1: EPSDT brochure for parents and guardians
- 2: Easy-to-read booklet for new parents (Covers immunizations and other aspects of infant care)
- 3: Patient education booklet about asthma management
- 4: ADHD diagnostic criteria reference sheet for providers
- 5: ADHD provider fact sheet, including treatment guidelines and common symptoms
- 6: ADHD clinical algorithm for providers, outlining steps for accurate diagnosis and evaluation

Asthma medication use

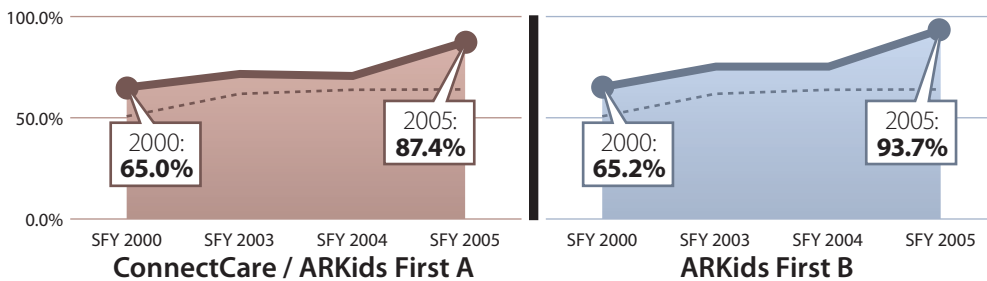
For children and young adults, asthma is one of the most common chronic health conditions. It is responsible for substantial limitation of daily function, increased healthcare costs and lost productivity from missed school and work days. Its impact, however, can be greatly reduced by better use of medications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

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

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

Appropriate use of medications for people with asthma

NATIONAL MEDICAID RATE, 2005: 63.8% (Dotted line indicates national Medicaid rate SFY 2000-05.)



Strategies for Improvement

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



Tools Available from AFMC

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

Childhood immunization status

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

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



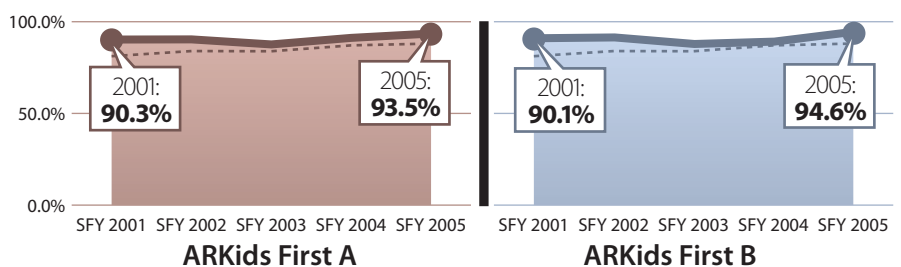
Definition of Measure

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

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

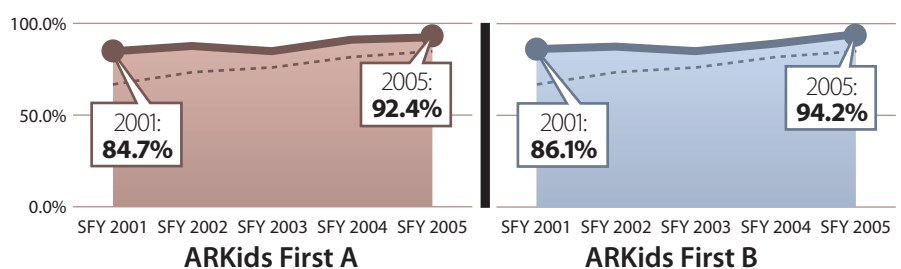
MMR (Measles, Mumps and Rubella)

NATIONAL MEDICAID RATE, 2005: 88.1% (Dotted line indicates national Medicaid rate SFY 2001-05.)



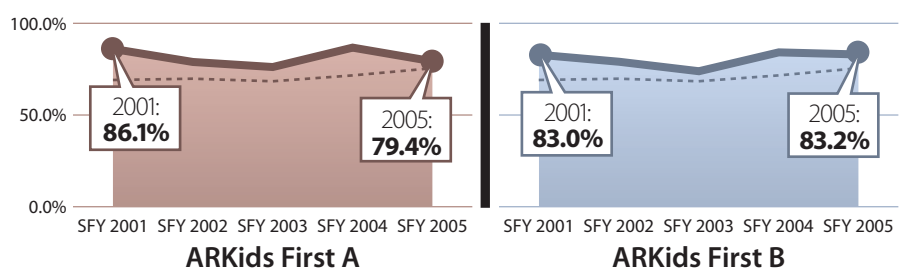
Chicken Pox

NATIONAL MEDICAID RATE, 2005: 84.8% (Dotted line indicates national Medicaid rate SFY 2001-05.)



DTP (Diphtheria, Tetanus and Whooping Cough)

NATIONAL MEDICAID RATE, 2005: 75.5% (Dotted line indicates national Medicaid rate SFY 2001-05.)



New immunization measures for SFY 2005

Pneumococcal

NATIONAL MEDICAID RATE, 2005: N/A*

ARKids First A	35.2%
ARKids First B	40.1%

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

NATIONAL MEDICAID RATE, 2005: 62.9%

ARKids First A	74.3%
ARKids First B	79.1%

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

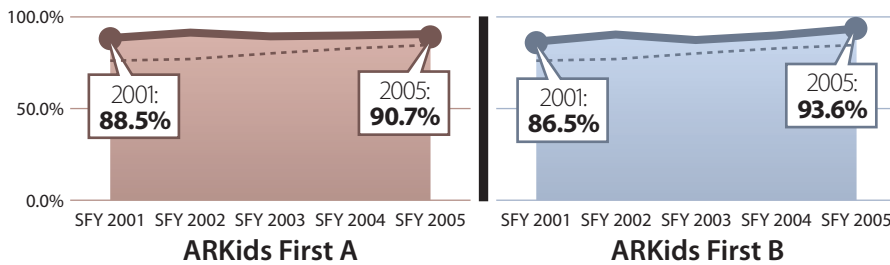
NATIONAL MEDICAID RATE, 2005: N/A*

ARKids First A	30.2%
ARKids First B	35.4%

* Data not available at time of printing.

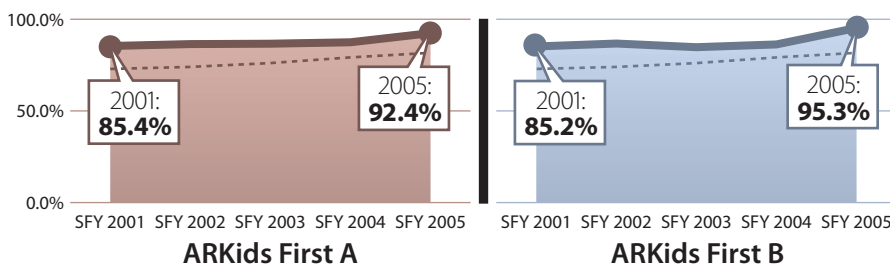
Polio

NATIONAL MEDICAID RATE, 2005: 84.7% (Dotted line indicates national Medicaid rate SFY 2001-05.)



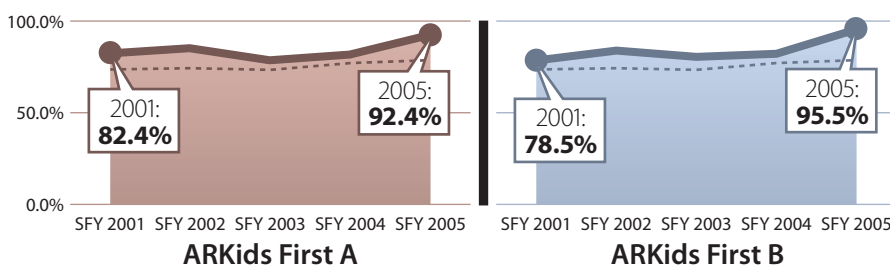
Hepatitis B

NATIONAL MEDICAID RATE, 2005: 81.7% (Dotted line indicates national Medicaid rate SFY 2001-05.)



H Influenza B

NATIONAL MEDICAID RATE, 2005: 78.8% (Dotted line indicates national Medicaid rate SFY 2001-05.)



Strategies for Improvement

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

Tools Available from AFMC for All Well Child/Immunization Measures

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

Well child visits

Well child visits are a critical part of pediatrics and preventive care for children. They can help identify and prevent potential problems early, and they are an essential part of Medicaid's philosophy of a medical home for every patient. Well child visits offer healthcare providers the opportunity to check a child's growth, assess nutrition, offer educational guidance, ensure that vaccinations are up-to-date and screen for various health problems. An important 2006 Medicaid policy change allows providers to bill for a sick and well child visit on the same day.


Strategies for Improvement

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

Components of Well Child Screenings Should Include:

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

Focus on the first 15 months of life

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

Well child visits, first 15 months of life

ARKIDS FIRST A

	2001	2002	2003	2004	2005	NATIONAL MEDICAID RATE (2005)
0 visits	5.02%	4.72%	5.68%	5.73%	7.90%	6.20%
1 visit	9.33%	9.78%	10.71%	10.08%	10.29%	4.20%
2 visits	11.85%	11.56%	9.83%	10.00%	10.12%	5.10%
3 visits	12.76%	11.29%	10.40%	10.53%	10.70%	7.90%
4 visits	13.57%	13.26%	11.91%	11.54%	13.81%	12.90%
5 visits	14.22%	13.85%	13.07%	14.74%	14.64%	18.70%
6+ visits	33.24%	35.55%	38.40%	37.39%	32.54%	45.00%

ARKIDS FIRST B

	2001	2002	2003	2004	2005	NATIONAL MEDICAID RATE (2005)
0 visits	4.92%	5.71%	6.38%	5.10%	7.16%	6.20%
1 visit	7.10%	7.35%	6.94%	5.74%	7.88%	4.20%
2 visits	8.74%	8.37%	10.69%	7.02%	8.95%	5.10%
3 visits	9.65%	7.55%	8.63%	11.00%	8.35%	7.90%
4 visits	11.66%	11.63%	9.76%	9.73%	10.62%	12.90%
5 visits	19.13%	14.08%	11.26%	15.79%	17.42%	18.70%
6+ visits	38.80%	45.31%	46.34%	45.61%	39.62%	45.00%

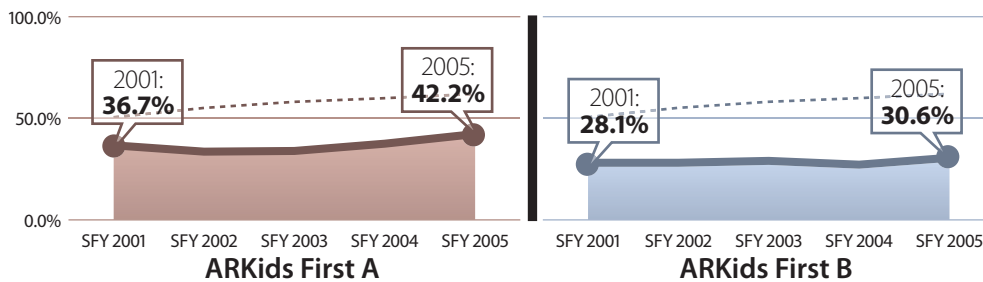
Focus on ages 3 through 6 years



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

Well child visits, ages 3-6

NATIONAL MEDICAID RATE, 2005: 62.0% (Dotted line indicates national Medicaid rate SFY 2001-05.)



Components of this Well Child Screening Should Include:

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

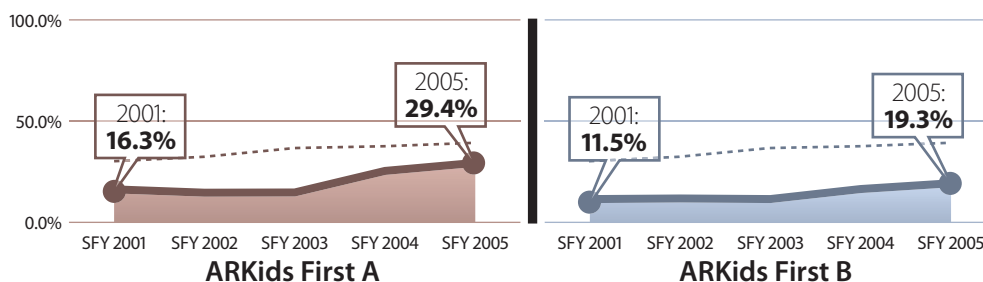
Focus on adolescents



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

Well child visits, adolescents

NATIONAL MEDICAID RATE, 2005: 39.3% (Dotted line indicates national Medicaid rate SFY 2001-05.)



Components of this Well Care Screening Should Include:

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

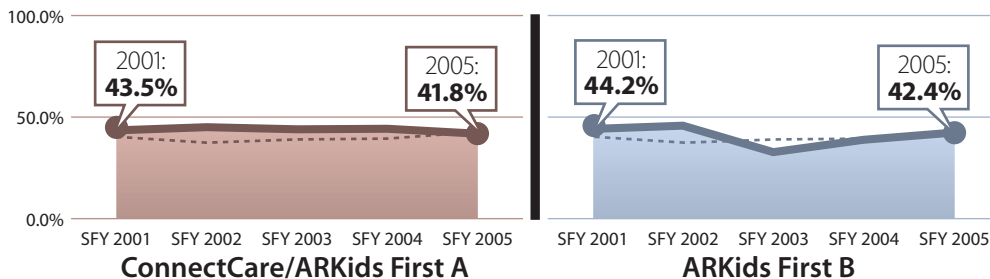
Annual dental visits

Regular dental care can help prevent problems from permanently damaging a child's dental or physical health. It can also help establish healthy habits that carry into adulthood.

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

Annual dental visits

NATIONAL MEDICAID RATE, 2005: 42.7% (Dotted line indicates national Medicaid rate SFY 2001-05.)



Strategies for Improvement

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



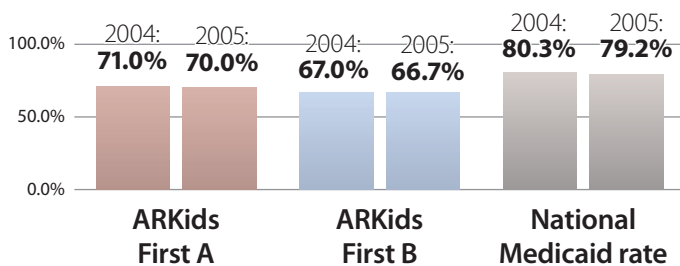
Appropriate use of antibiotics

Antibiotic resistance continues to grow as a global health threat. Consumers are more aware of this issue than ever before, and many mainstream media outlets have reported the dangers of antibiotic overuse. Yet, in many parts of Arkansas, patients presenting with viral infections are still likely to receive antibiotics without further testing. We must focus on reducing the use of antibiotics for simple viral infections. Convincing patients that their illness does not require an antibiotic can be difficult. AFMC and Arkansas Medicaid are working to educate the general public and to garner physician support to make a positive impact on this critical public health issue.

Treatment for children with upper respiratory infection



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



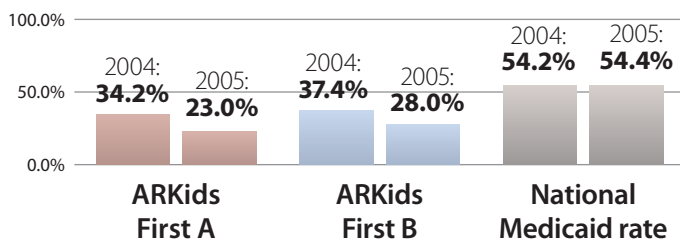
Strategies for Improvement

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

Testing for children with pharyngitis



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



Tools Available from AFMC

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



Attention-deficit hyperactivity disorder (ADHD)

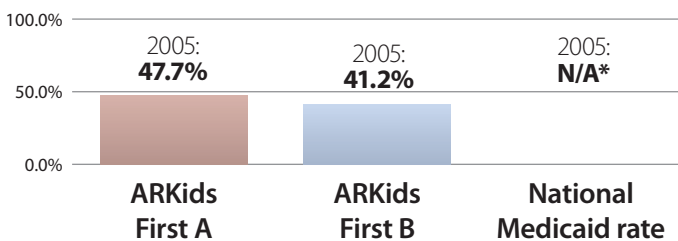
Attention-deficit/hyperactivity disorder (ADHD) is a condition of the brain that makes it difficult for children to control their behavior. It is one of the most common chronic conditions of childhood. The essential feature of ADHD is a persistent pattern of inattention or hyperactivity/impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development.

Part of treating ADHD is understanding the possible causes and origins of this disorder. While it is one of the most studied conditions of childhood, the cause of ADHD is still unknown.

As a chronic condition, ADHD treatment requires long-term planning. The outlook for most children who receive treatment is very encouraging. The primary goal should be to improve day-to-day functioning. In order to reach and maintain this goal, the treatment plan should involve coordinated efforts between parents, physicians and the patient's entire support team. Arkansas Medicaid spent more than \$2 million on ADHD medications for recipients who met the criteria for the measure.



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



* Data not available at time of printing.



Strategies for Improvement

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



Health Measures for Women

“The Arkansas healthcare community should view current cervical cancer screening rates with concern and work to improve our detection of this preventable invasive cancer.”

WILLIAM E. GOLDEN, M.D.

*Vice President for Clinical Quality Improvement,
Arkansas Foundation for Medical Care;
Professor of Medicine and Public Health,
University of Arkansas for Medical Sciences
Little Rock, Arkansas*

Health Measures for Women: Recipient and provider education

Women’s health is a popular topic for talk shows, magazines and other mainstream media. Yet, thousands of Arkansas women go without basic preventive healthcare, such as mammograms to detect breast cancer and Pap smears to catch precancerous changes in cervical cells. Arkansas Medicaid and AFMC work to help educate women and their families and physicians about the importance of preventive care. A multimedia public awareness campaign, posters, brochures and articles in statewide publications encourage communication and urge women and their physicians to work together to increase screening.

Examples

- 1: Mammography referral labels and reminder stickers for patient charts
- 2: Ad for statewide consumer publications (Also produced as a poster for primary care providers to hang in patient areas)
- 3: Easy-reading brochure for women, designed for primary care providers to distribute
- 4: Spanish version of mammography ad/poster

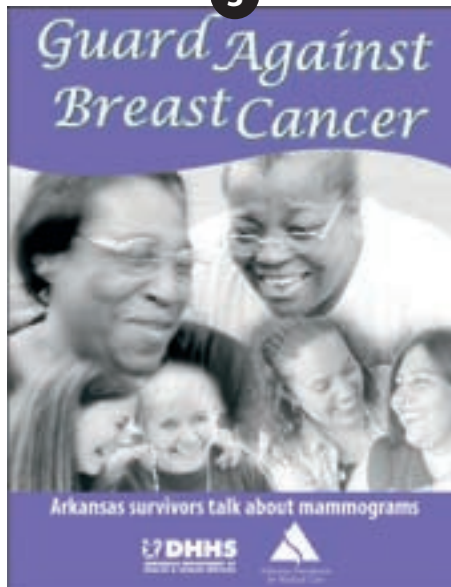
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4



Breast cancer screening

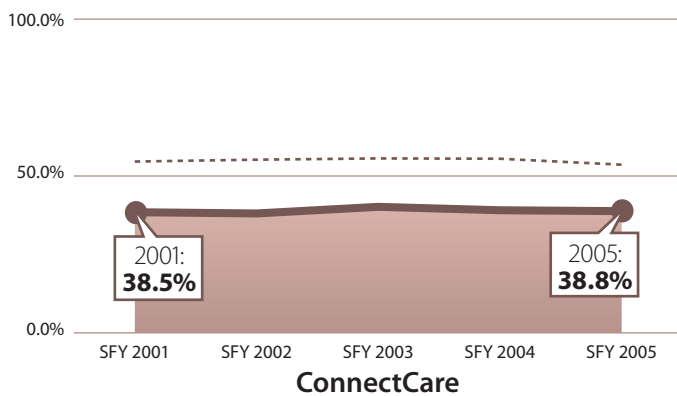
In 2006, approximately 2,030 Arkansas women were diagnosed with breast cancer, according to the American Cancer Society, and as many as 390 Arkansas women died from the disease. Mammography is the best available method to detect breast cancer in the earliest, most treatable phase. Although mammogram guidelines vary widely for women in their 40s, most research-based recommendations call for yearly mammograms for women age 50 and older. More than 75 percent of breast cancers are found in women in this age group.



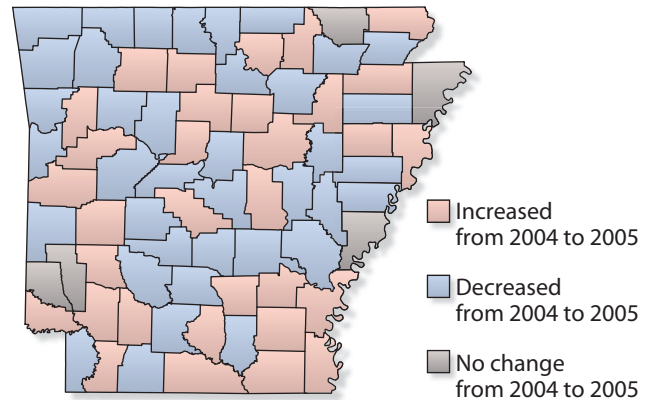
Definition of Measure This measure included women ages 52 to 69 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received at least one mammogram during the measurement year or the previous year.

Breast cancer screening

NATIONAL MEDICAID RATE, 2005: 53.6%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



Breast cancer screening mammogram rates



Strategies for Improvement

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



Tools Available (Breast and Cervical Cancer Screening) from AFMC

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

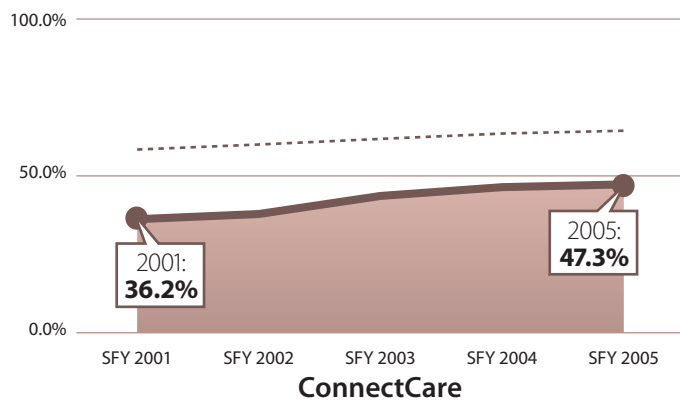
Cervical cancer screening

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

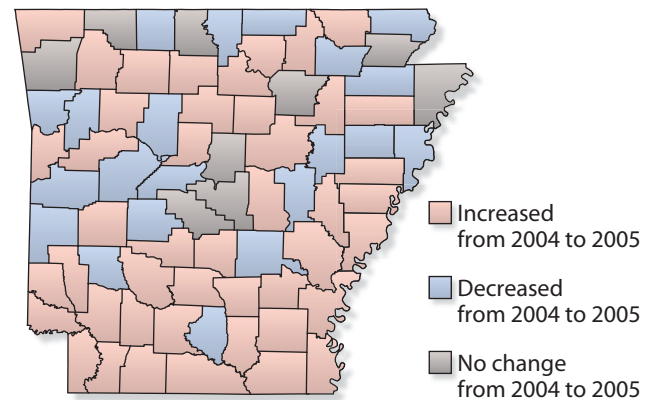
? **Definition of Measure** This measure included women ages 21 to 64 who were enrolled at least 11 months of the measurement year. The percentage shows how many of these women received a Pap smear during the measurement year or the two years prior to the measurement year.

Cervical cancer screening

NATIONAL MEDICAID RATE, 2005: 64.4%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



Cervical cancer screening Pap smear rates



Chlamydia screening

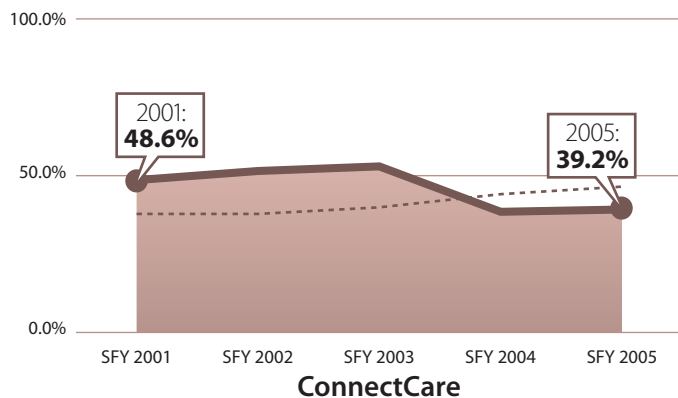
Chlamydia is one of the most common and most easily cured sexually transmitted diseases. Testing methods have improved greatly in recent years, and the Centers for Disease Control and Prevention now recommends screening for all sexually active women age 25 and under, and for women age 25 and older with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



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

Chlamydia screening

NATIONAL MEDICAID RATE, 2005: 46.5%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



Strategies for Improvement

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



Tools Available from AFMC

- Family Planning/Screening Guide



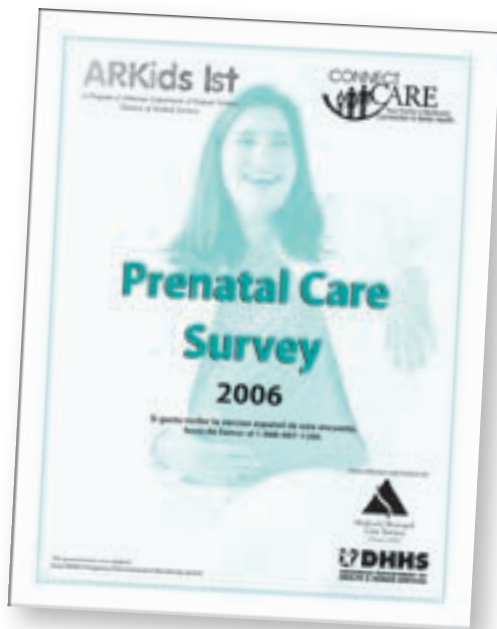


Prenatal care

Prenatal care gives expectant mothers a better chance for a healthy pregnancy. The care can help prevent low birth-weight, premature birth and other problems. Arkansas faces many challenges in prenatal care, including a high teen birth rate, patients presenting late in their pregnancy for care and premature deliveries.

An important part of improving prenatal care is measuring recipient satisfaction. Results of the Arkansas Medicaid Prenatal Care Survey can be used to enhance services throughout the state. In fact, Arkansas Medicaid pays for approximately 60% of all deliveries in Arkansas.

The survey was adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS) used by the Centers for Disease Control and Prevention (CDC) since 1987.



The 2006 AFMC Prenatal Care Survey measures Medicaid recipients' satisfaction with the prenatal care they receive.

2006 Prenatal Survey Highlights

81.5% of those surveyed had the recommended number of prenatal visits.

89.2% felt finding a prenatal care provider was not a problem.

82.6% rated their prenatal care provider 8 or above on a scale of 0 to 10, with 0 being the worst possible and 10 being the best possible.

97.7% felt they were usually or always treated with courtesy and respect by their prenatal care provider.

92.0% believed their prenatal care provider usually or always listened to them.

91.5% felt their prenatal care provider usually or always offered understandable information.



Strategies for Improvement

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



Tools Available from AFMC

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



Health Measures for Diabetics

“With pay-for-performance on the horizon, it is important to educate our resident physicians on how to appropriately care for diabetic patients according to evidence-based guidelines. Furthermore, it has also assured that our patients are receiving the best quality healthcare utilizing the well-documented guidelines.”

CANDACE CRAWFORD, PHARM.D.

*Director of Pharmacy Education,
Arkansas Health Education Center—South Arkansas
El Dorado, Arkansas*

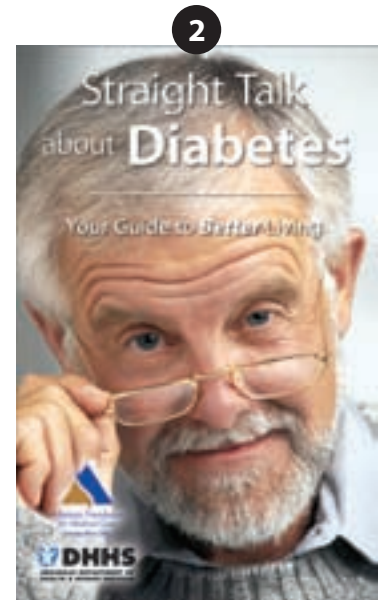
Health Measures for Diabetics:

Recipient and provider education

Preventive care keeps thousands of Arkansans with diabetes healthy and active. Arkansas Medicaid and AFMC work with providers to find ways to increase preventive care rates and patient awareness. A multimedia public awareness campaign encourages timely dilated eye exams to catch problems for a better chance of successful treatment.

The award-winning, easy-to-read booklet, “Straight Talk about Diabetes,” outlines important information for patients and families. Labels for patient charts remind physicians to perform critical blood work, eye exams or other chronic care. The ongoing efforts are paying off; rates for diabetes-related measures have improved substantially in recent years.

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



Examples

- 1: Brochure promoting HbA1c screening, distributed to patients by primary care providers
- 2: Brochure for patients and families, distributed by primary care providers
- 3: Spanish version of HbA1c reminder card
- 4: Chart reminder labels listing important aspects of diabetes care
- 5: Spanish version of diabetes educational brochure for patients and families

Comprehensive diabetes care

More than 250,000 Arkansans have diabetes. To prevent complications such as kidney disease, blindness and amputation, preventive care is critical. Regular HbA1c testing can tell patients and physicians when more effective blood sugar control is needed. Annual fasting lipid profiles can track cholesterol and triglyceride levels, important information for preventing diabetes-related vascular disease. Annual dilated eye exams can identify signs of diabetic retinopathy, and early detection followed by laser treatment can dramatically reduce the risk of blindness. Good control of blood pressure is essential to prevent kidney disease and stroke.

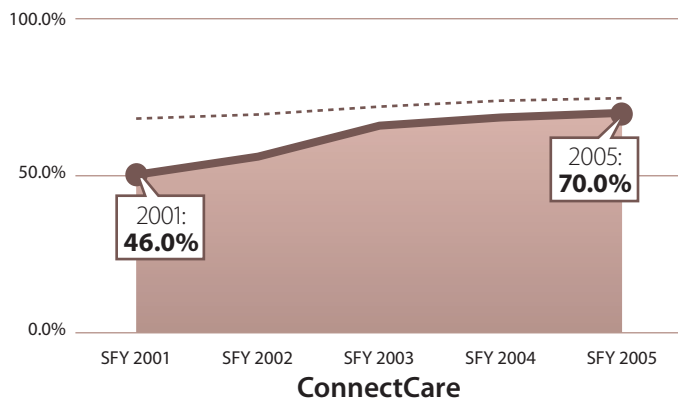


Definition of Measure These measures included recipients from age 18 through age 75 who have diabetes and who were enrolled at least 11 months during the measurement year. The percentages show how many of these people had:

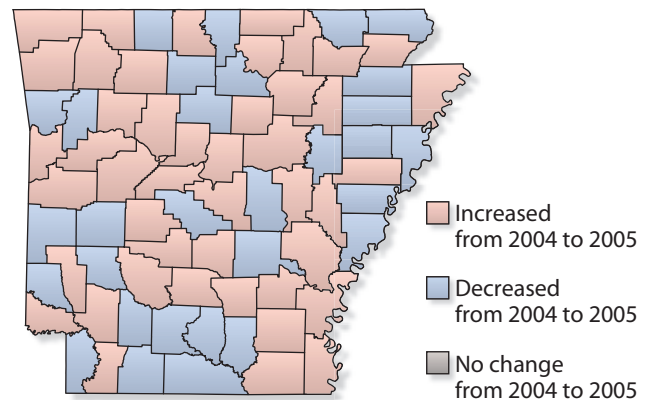
- A hemoglobin A1c (HbA1c) test during the measurement year
- A lipid profile performed during the measurement year or the year prior to the measurement year
- A dilated eye exam during the measurement year

Hemoglobin A1c (HbA1c) test

NATIONAL MEDICAID RATE, 2005: 74.7%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



HbA1c test rates



Strategies for Improvement

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

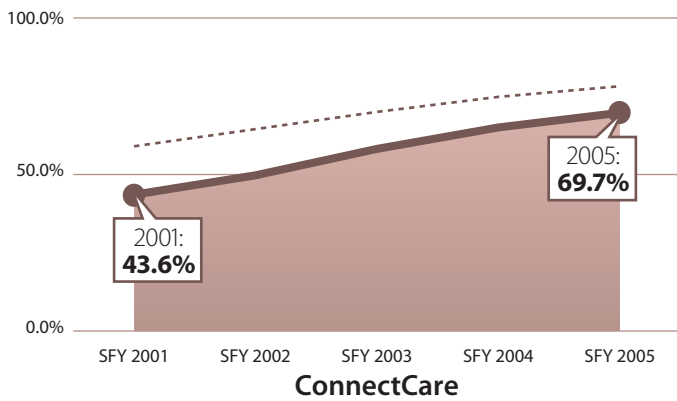


Tools Available from AFMC

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

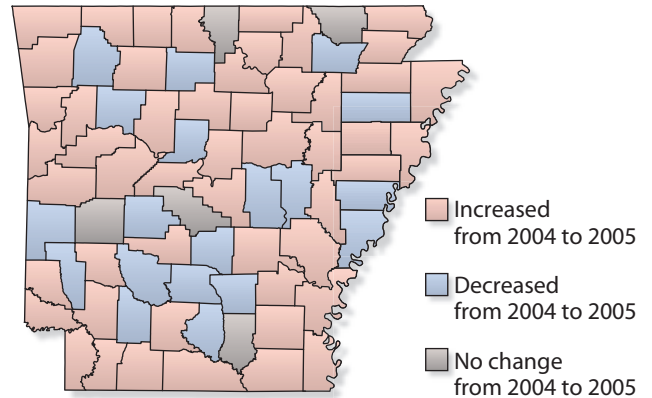
Lipid profile*

NATIONAL MEDICAID RATE, 2005: 78.2%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



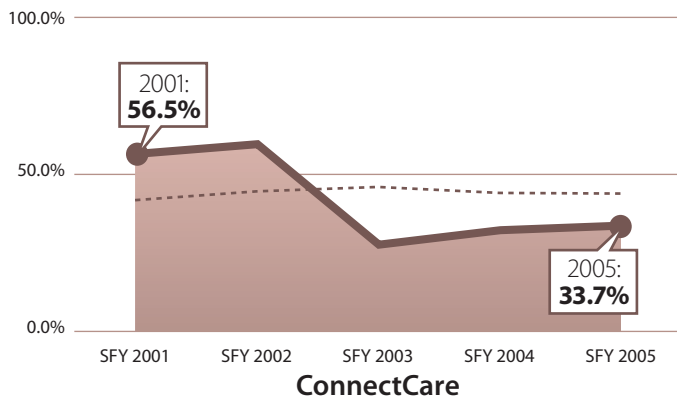
* Note: The lipid measure is a National Diabetes Quality of Care Measure, as defined by the Centers for Medicare & Medicaid Services. It is not a true HEDIS® measure.

Lipid profile rates



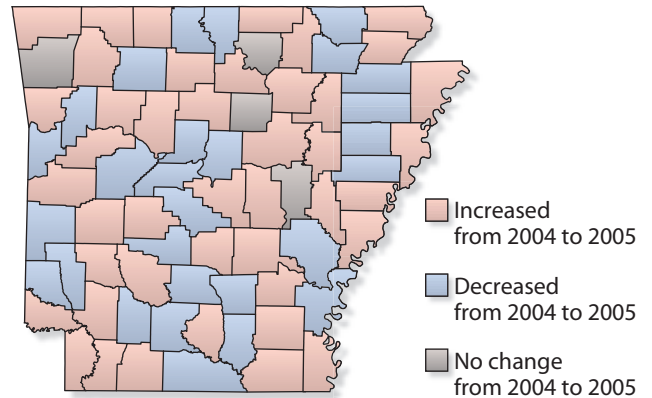
Dilated eye exam*

NATIONAL MEDICAID RATE, 2005: 43.9%
(Dotted line indicates national Medicaid rate SFY 2001-05.)



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

Dilated eye exam rates



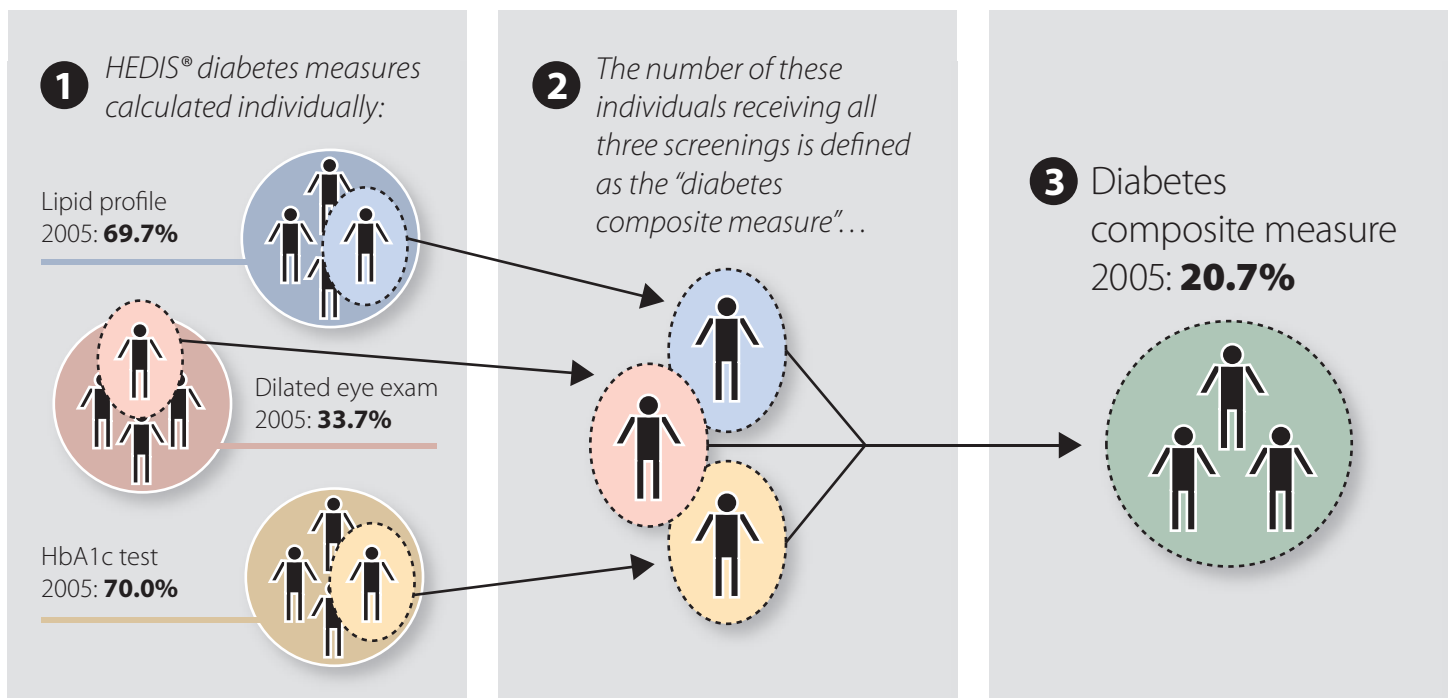
Diabetes composite measures

Arkansas and the United States are at the beginning of a diabetes “epidemic.” The rapid increase in obesity has resulted in more adults and children developing type 2 diabetes at younger ages. Since morbidity and mortality from diabetes directly relate to control and length of time with the condition, effective ongoing management of risk factors related to complications is critical for the future well-being of individual patients, as well as our communities.

In the past, the annual HEDIS report tracked the progress in Arkansas in providing patients with isolated elements of good diabetes care: hemoglobin A1c measurement, lipid measurement and regular eye examinations. Increasingly, however, healthcare will be assessed by composite measures: the percent of patients who received all the recommended measured elements of care. For the first time, this report documents the composite rate for diabetes care in Arkansas Medicaid: only 21% of ConnectCare diabetics received all three elements within the specified timeframes for these measures.

This low rate of composite measure compliance underscores the challenge diabetes poses to our healthcare system and communities. Innovative approaches to patient outreach, office information systems and patient education are essential to prevent widespread heart, kidney, eye and foot complications in the years ahead.

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





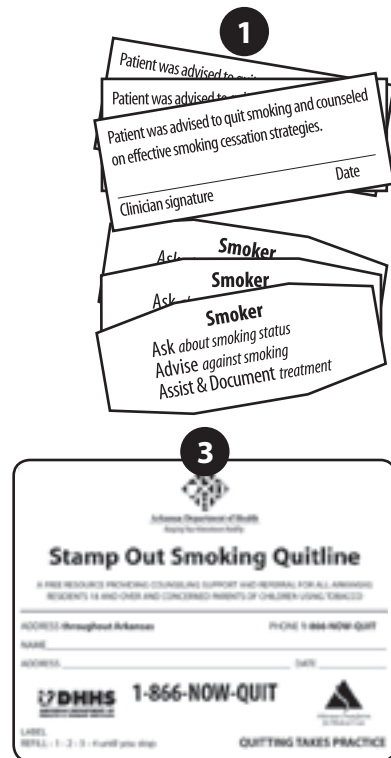
Health Measures for Smoking Cessation

“Helping people who want to quit smoking benefits all of us by creating a healthier community and reducing the costs associated with smoking-related illnesses.”

SCOTT HALL, M.D.
*Primary Care Physician
Helena, Arkansas*

Health Measures for Smoking Cessation: Recipient and provider education

Tobacco use is the single largest preventable cause of disease and premature death in the United States. Healthcare professionals know the dangers of smoking, but nonsmokers may not understand the intensity of tobacco addiction. Simply advising a smoker to quit is not effective unless they have the tools and resources to succeed. Arkansas Medicaid and AFMC offer several tools to help physicians help their patients quit smoking. We are also working with physicians across the state to encourage use of these tools and to improve communication regarding smoking, its consequences and how to quit.



Examples

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

Smoking cessation communication

About 25% of Arkansans smoke, and our state's tobacco use costs the Medicaid program an estimated \$540 million each year. Smokers suffer higher rates of heart disease, cancer and many other illnesses, and are likely to have reduced quality of life because of smoking-related expenses and illness. Studies have shown that most smokers want to quit and that physician intervention and support can help them maintain long-term success. Smoking cessation medication and counseling are covered by Arkansas Medicaid.



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

Advice to quit smoking

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

Recommended or discussed smoking cessation medications

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

Recommended or discussed smoking cessation methods or strategies

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



Strategies for Improvement

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



Tools Available from AFMC

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

* Taken from 2004 and 2006 Health Outcomes Survey, respectively.

** Taken from 2005 Adult CAHPS surveys.



Recipient Satisfaction

“To understand and improve the healthcare of recipients, Arkansas Medicaid continually monitors and evaluates patient perceptions of care. Overall satisfaction, access and availability, and patient/provider communication are just a few of the important topics that can help us determine how best to improve the services we provide.”

KELLIE PHILLIPS
*Administrator of Medical Assistance,
Division of Medical Services
Arkansas Department of Health and Human Services,
Little Rock, Arkansas*

ConnectCare Adult and ARKids First A

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

1. Overall average quality and satisfaction ratings:

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

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

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

3. Access and availability — percent that reported:

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

4. Communication — percent that reported always or usually:

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

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

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

ARKids First B

• Based on 2001-05 ARKids First B surveys (Survey participants were asked to rate their satisfaction [0 = worst, 10 = best])

1. Overall average quality and satisfaction ratings:

	2001	2002	2003	2004	2005
a. PCP	8.6	8.5	8.6	8.5	8.6
b. Specialist	8.5	8.5	8.6	8.2	8.6
c. Quality of care	8.6	8.7	8.5	8.6	8.6
d. ARKids First B Program	9.0	9.1	9.1	8.9	8.7
e. Dentist	8.6	8.6	8.4	8.2	8.6

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

	2001	2002	2003	2004	2005
a. PCP	78%	78%	79%	78%	78%
b. Specialist	84%	79%	75%	71%	80%
c. Quality of care	79%	81%	79%	80%	80%
d. ARKids First B program	87%	87%	87%	86%	81%
e. Dentist	79%	80%	78%	74%	81%

3. Access and availability — percent that reported:

	2001	2002	2003	2004	2005
a. Seeing a doctor	70%	75%	72%	76%	76%
b. Getting care without long waits (“usually” or “always”)	84%	83%	82%	83%	76%
c. Getting the care you need (“not a problem”)	91%	90%	90%	89%	85%

4. Communication — percent that reported always or usually:

	2001	2002	2003	2004	2005
a. Doctors communicated well and spent enough time with patient**	94%	93%	91%	93%	91%
b. Office staff treated patient with courtesy and respect**	94%	95%	94%	93%	92%

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

Medicaid Membership Information

Diversity of Medicaid Membership

ConnectCare/ARKids First A, SFY 2005

SFY: State Fiscal Year

• TOTAL ENROLLEES: **376,032**

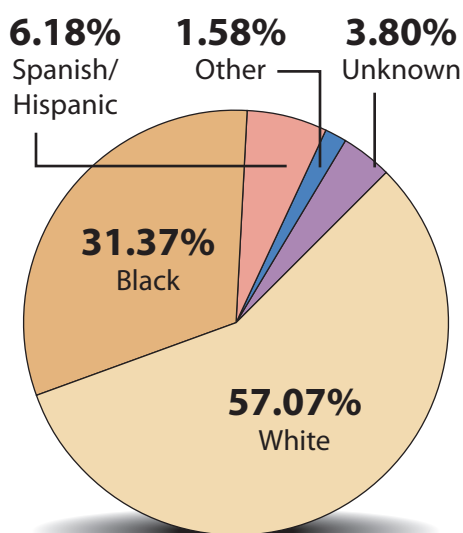
• BY RACE

White	214,607
Black	117,966
Spanish/Hispanic	23,228
Other	5,928
Unknown	14,303

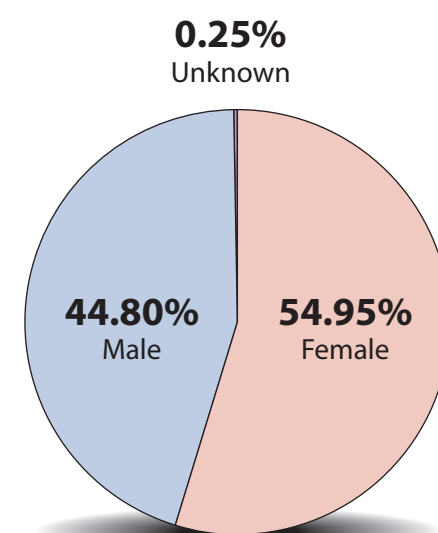
• BY SEX

Female	206,638
Male	168,454
Unknown	940

• RACE



• SEX



ARKids First B, SFY 2005

• TOTAL ENROLLEES: **69,079**

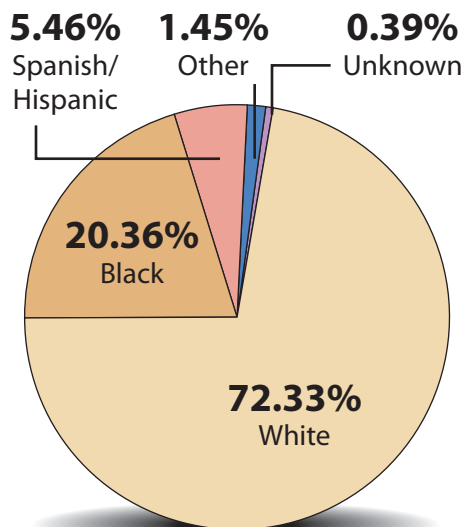
• BY RACE

White	49,964
Black	14,066
Spanish/Hispanic	3,775
Other	1,004
Unknown	270

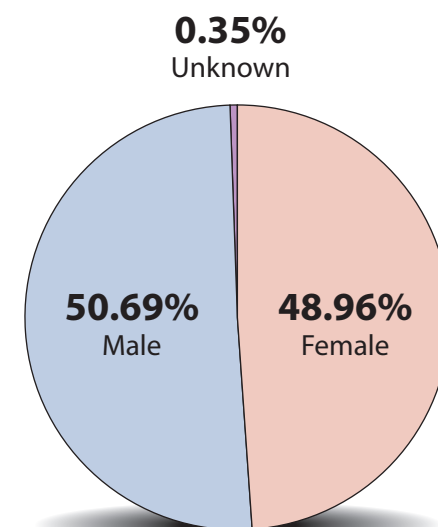
• BY SEX

Female	33,820
Male	35,018
Unknown	241

• RACE



• SEX



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

AFMC Quality Improvement Team

Phone: 877-375-5700 • Fax: 501-375-5705

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