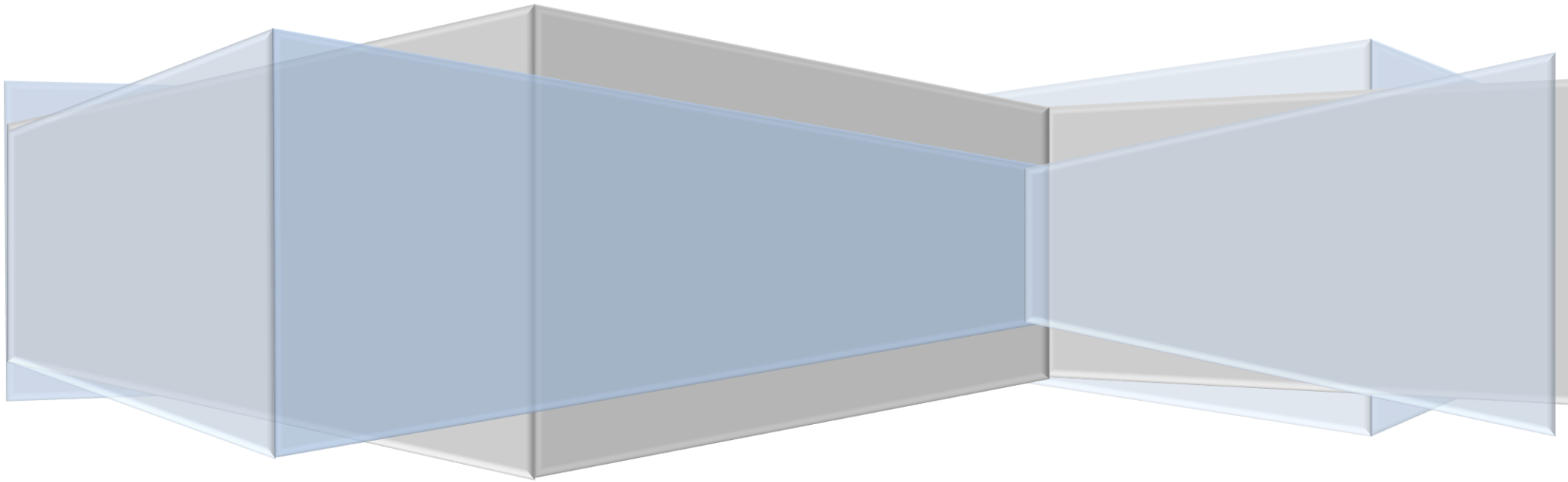
Wisconsin Chronic Disease Quality Improvement Project

HEDIS® 2013 Summary Data



The Wisconsin Chronic Disease Quality Improvement Project is a collaborative partnership led by the University of Wisconsin Population Health Institute and the Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion.

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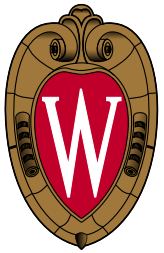
or

http://www.dhs.wisconsin.gov/aboutdhs/dph/DPHSERVS.HTM



UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research for Policy and Practice

University of Wisconsin
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Wisconsin Department of Health Services

Project Components:

Evaluate and implement the Wisconsin Diabetes Mellitus Essential Care Guidelines

- The Department of Health Services contracts with the University of Wisconsin Population Health Institute for analysis and reporting of HMO HEDIS® data.

Share resources, population-based strategies, and best practices

- Collaborators meet throughout the year to discuss issues and strategies, such as quality improvement activities, data collection and analysis, and plans for future initiatives.

Improve chronic disease care through collaborative quality improvement initiatives

- A growing initiative focuses on expanding the scope of Living Well with Chronic Disease, among other evidence-based self-management programs.

Grant Funding: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.

The Wisconsin Department of Health Services was awarded a 5-year cooperative agreement from the Centers for Disease Control and Prevention (CDC) in 2013. This grant supports state health department efforts to promote health and prevent and control chronic diseases and their risk factors. The funding supports the implementation of evidence and practice-based interventions to improve nutrition and physical activity, to reduce obesity, prevent and control diabetes, and heart disease and stroke with a focus on high blood pressure. Specific strategies will be implemented across and within three areas (or domains): environmental approaches that promote health; health system interventions; and, community-clinical linkages. Funded states must implement interventions to reach large segments of the population in the state (e.g., through school districts, early care and education (ECEs), worksites, and state and local governmental agencies), in partnership with a variety of organizations and inclusive of high-risk populations, such as minorities, LGBT and people with disabilities.

Short-term outcomes:

Outcome 1: Increased state, community, worksite, school, and early childhood education environments that promote and reinforce healthful behaviors and practices across the life span related to diabetes, cardiovascular health, physical activity and healthful foods and beverages, obesity and breastfeeding.

Outcome 2: Improved quality, effective delivery and use of clinical and other preventive services to address prevention and management of hypertension and diabetes.

Outcome 3: Increased community clinical linkages to support prevention, self-management and control of diabetes, hypertension and obesity.

Long-term outcomes:

Outcome 1: Improved prevention and control of hypertension.

Outcome 2: Improved prevention and control of diabetes.

Outcome 3: Improved prevention and control of overweight and obesity.

Data:

- Data comes from the Health Care Effectiveness Data and Information Set (HEDIS®), developed by the National Committee for Quality Assurance (NCQA).
- NCQA uses HEDIS® to accredit HMOs. The use of HEDIS® criteria provides standardized data collection at the population level to assess quality of care.

HEDIS® Commercial Rate: This is the percentage of for each health plan for care provided in year 2012.

Wisconsin Average: This is the average percentage of all participating plans for care provided in the year 2012. It is calculated by totaling the numerators and denominators from all plans and creating a statewide average percentage.

National Average: This is the nationwide average percentage for care provided in 2012.[1]

National 90th Percentile: This is the nationwide 90th percentile for care provided in 2012.[1]

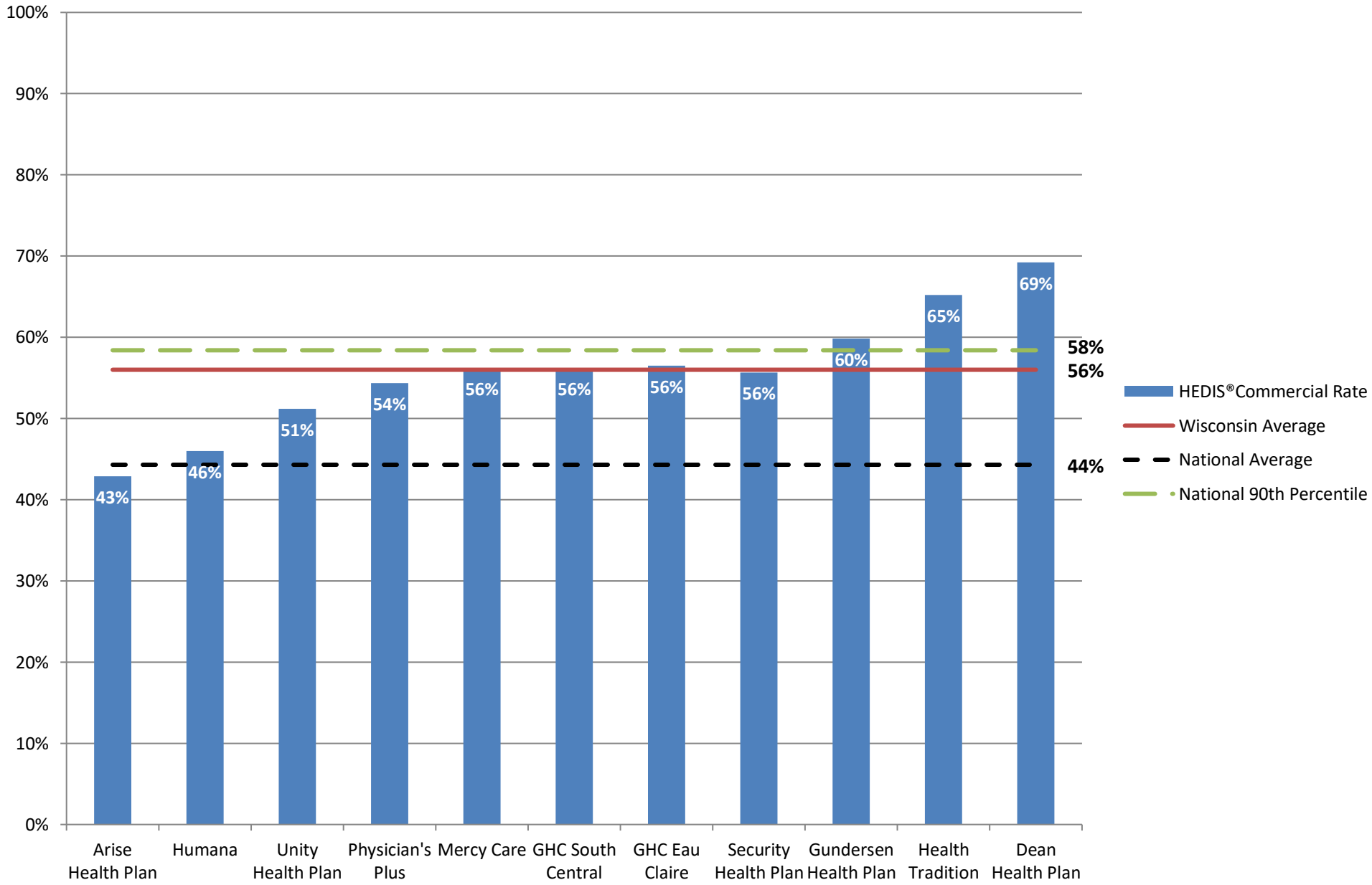
The measures in this report are placed in order, first by outcome measures, then by process measures. Within each group, measures are ordered by most variation among plans to least variation among plans. This order helps to prioritize the measures that have the most potential for improvement.

[1] Source: *The State of Health Care Quality Report 2013*

Comprehensive Diabetes Care Measures

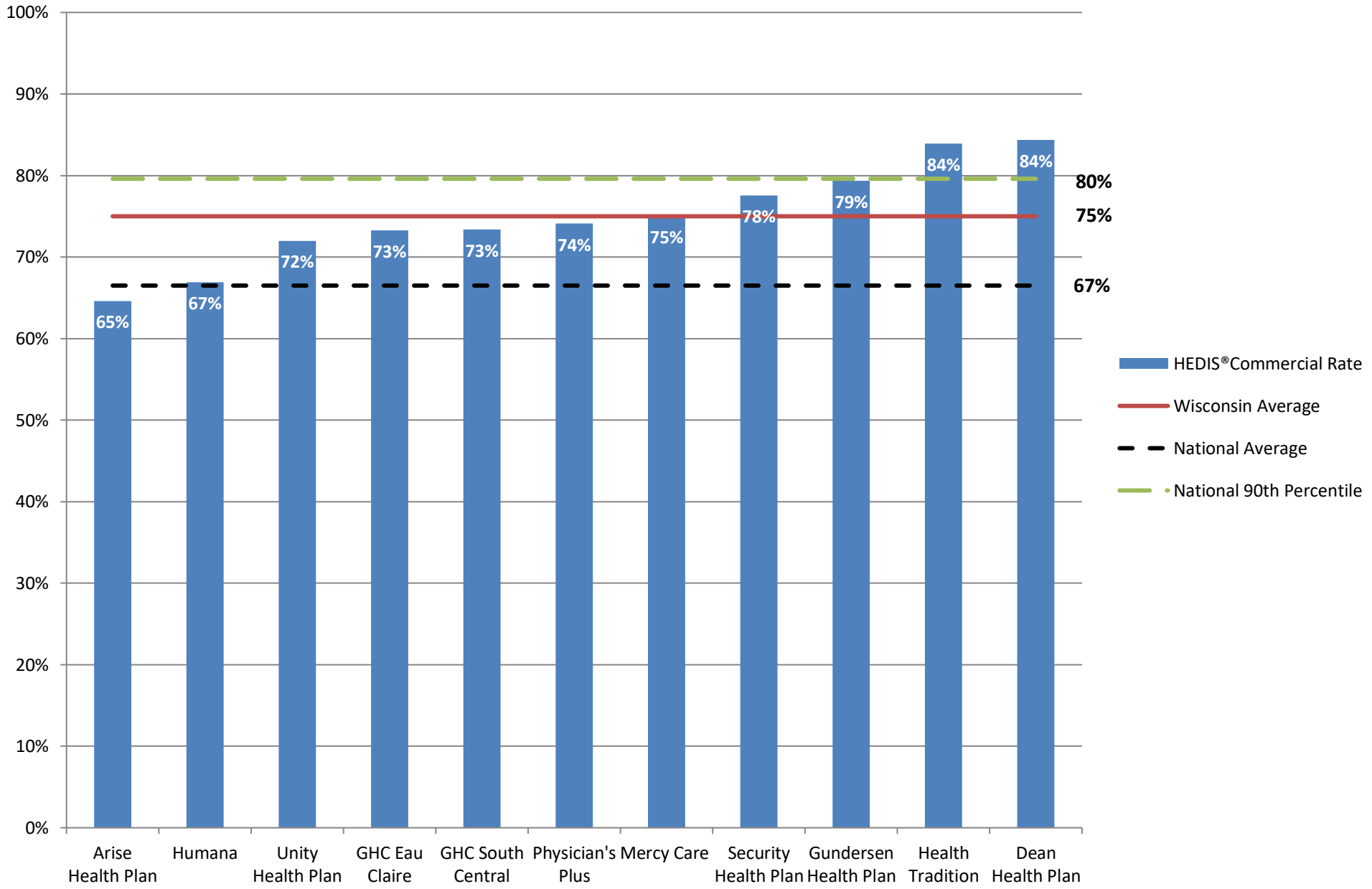
Blood Pressure Control (<140/80 mm Hg)

For members 18–75 years of age with diabetes (type 1 and type 2).



Blood Pressure Control (<140/90 mm Hg)

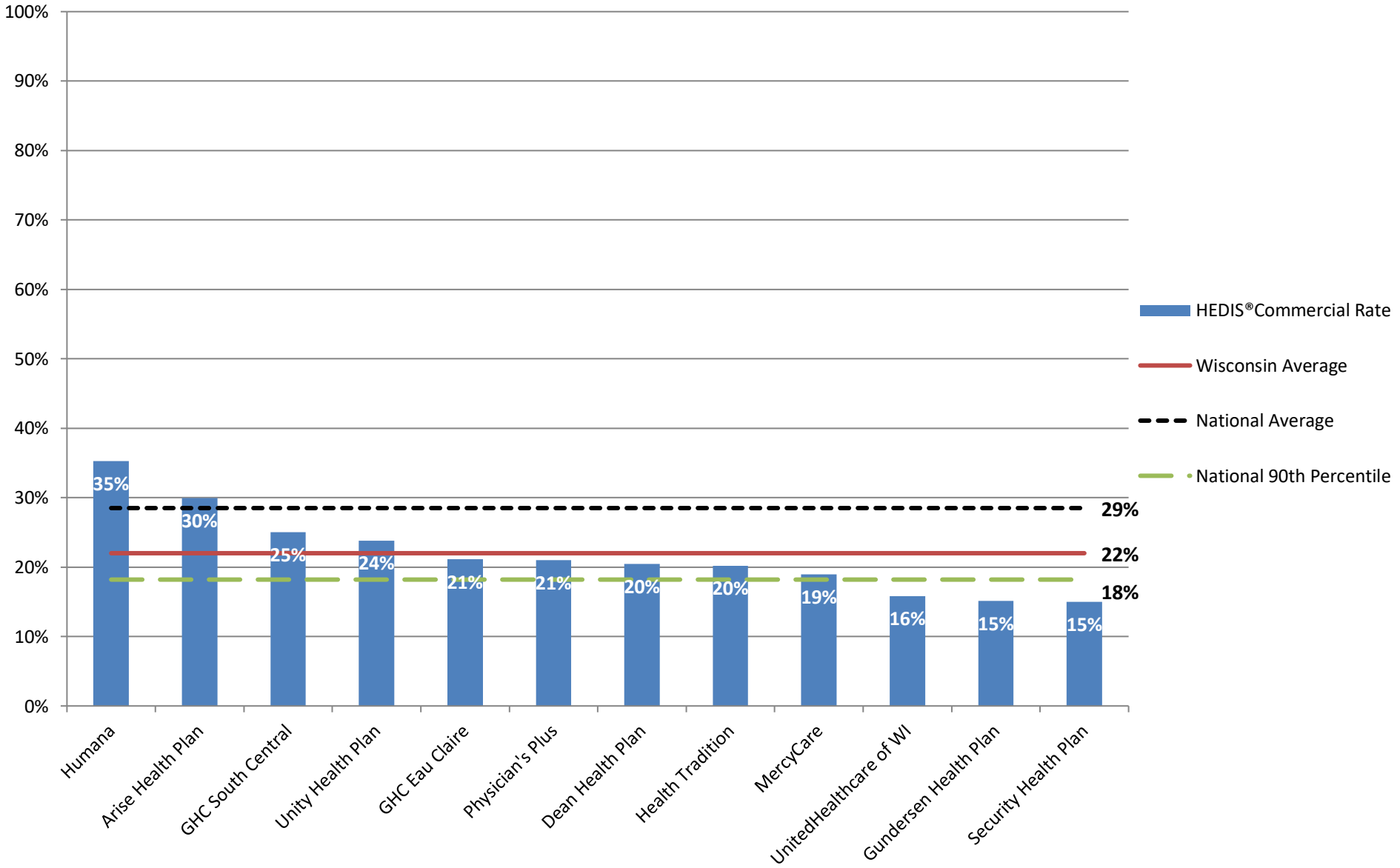
For members 18–75 years of age with diabetes (type 1 and type 2).



Poor Glycemic Control (HbA1c >9.0%)

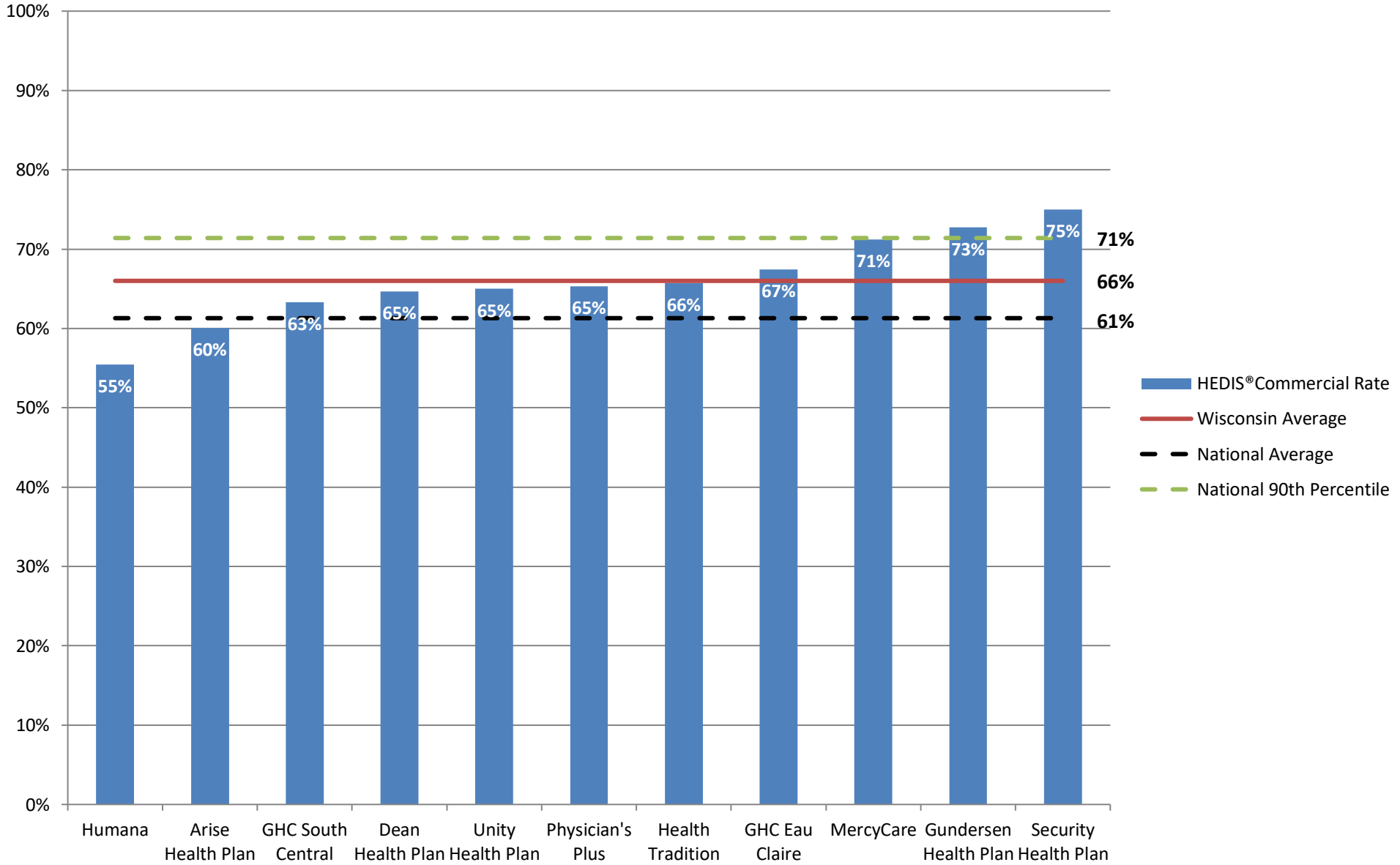
For members 18–75 years of age with diabetes (type 1 and type 2).

**** Lower rates signify better performance***



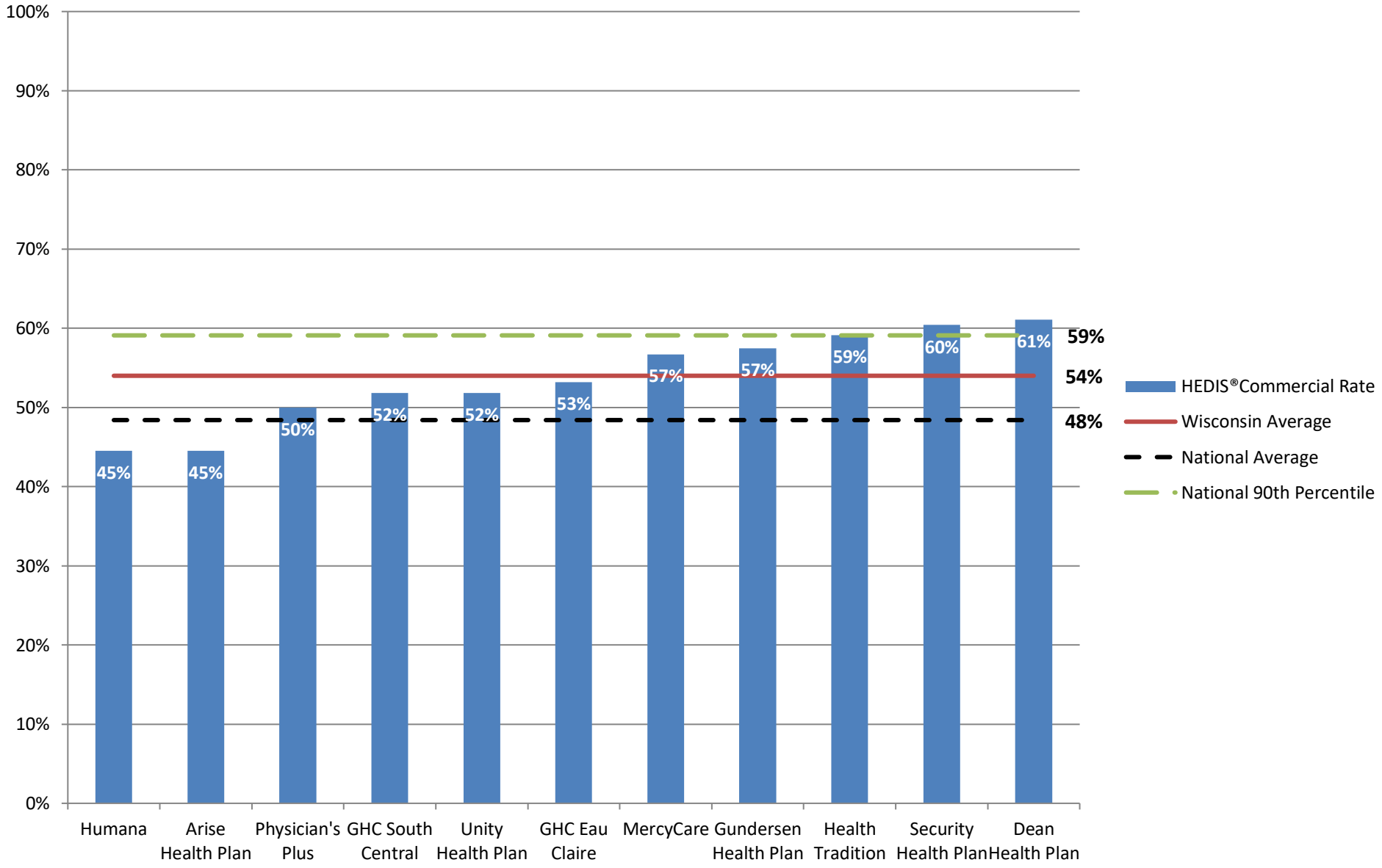
Good Glycemic Control (HbA1c <8.0%)

For members 18–75 years of age with diabetes (type 1 and type 2).



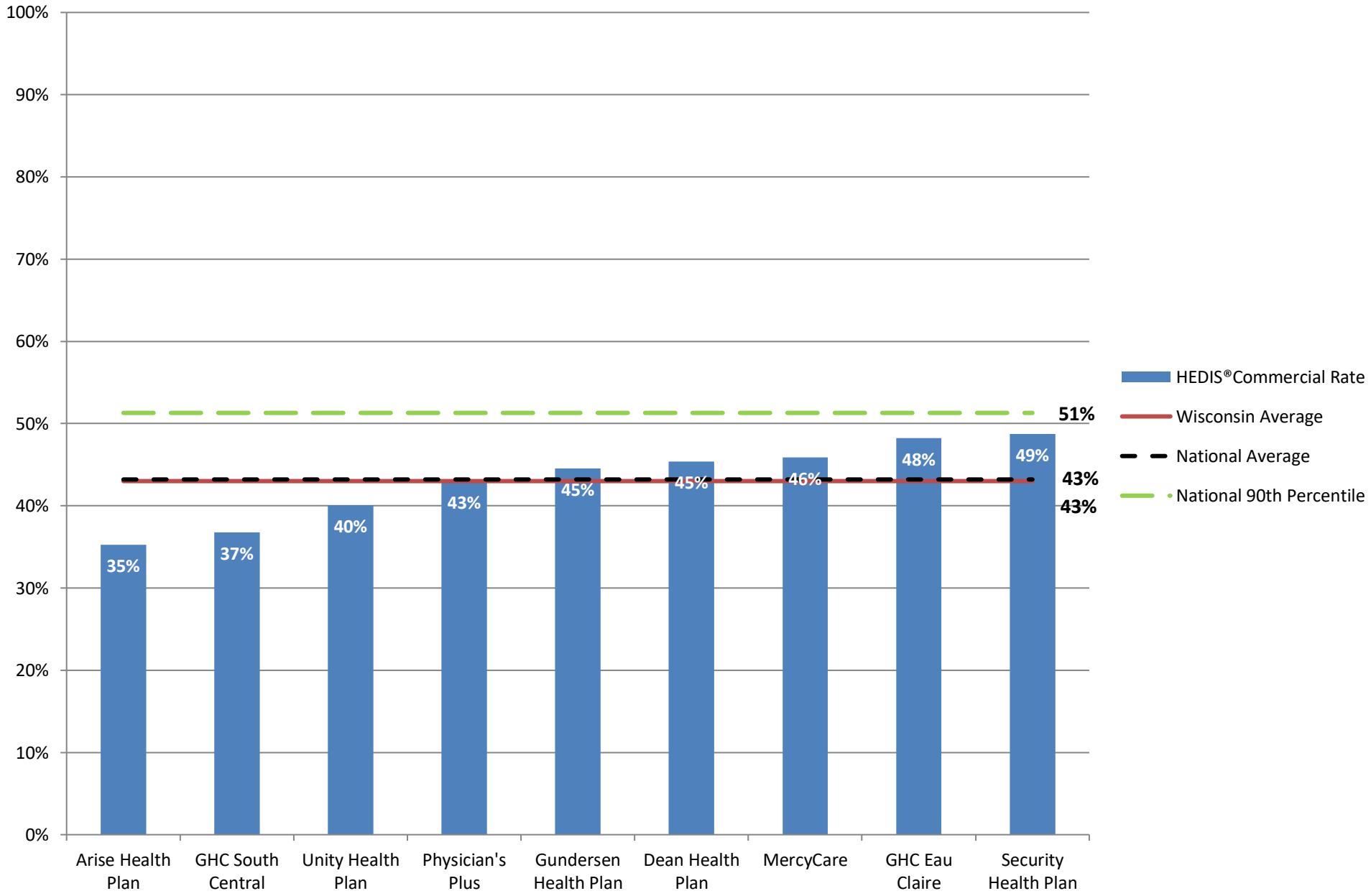
LDL Cholesterol Control (<100 mg/dL)

For members 18–75 years of age with diabetes (type 1 and type 2).



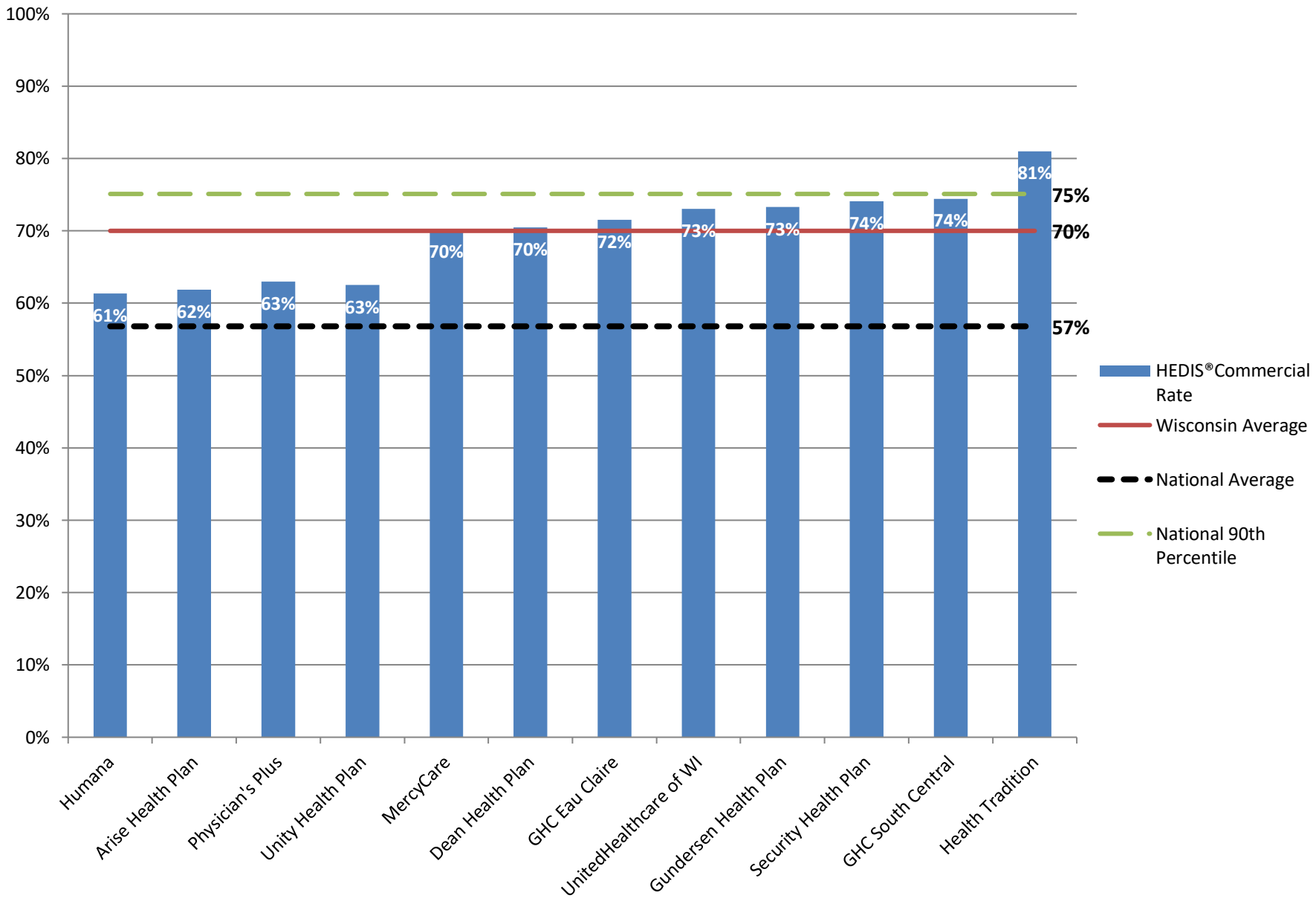
HbA1c <7.0% for a Selected Population

For members 64 years and younger
who do not meet any of the excluded criteria.



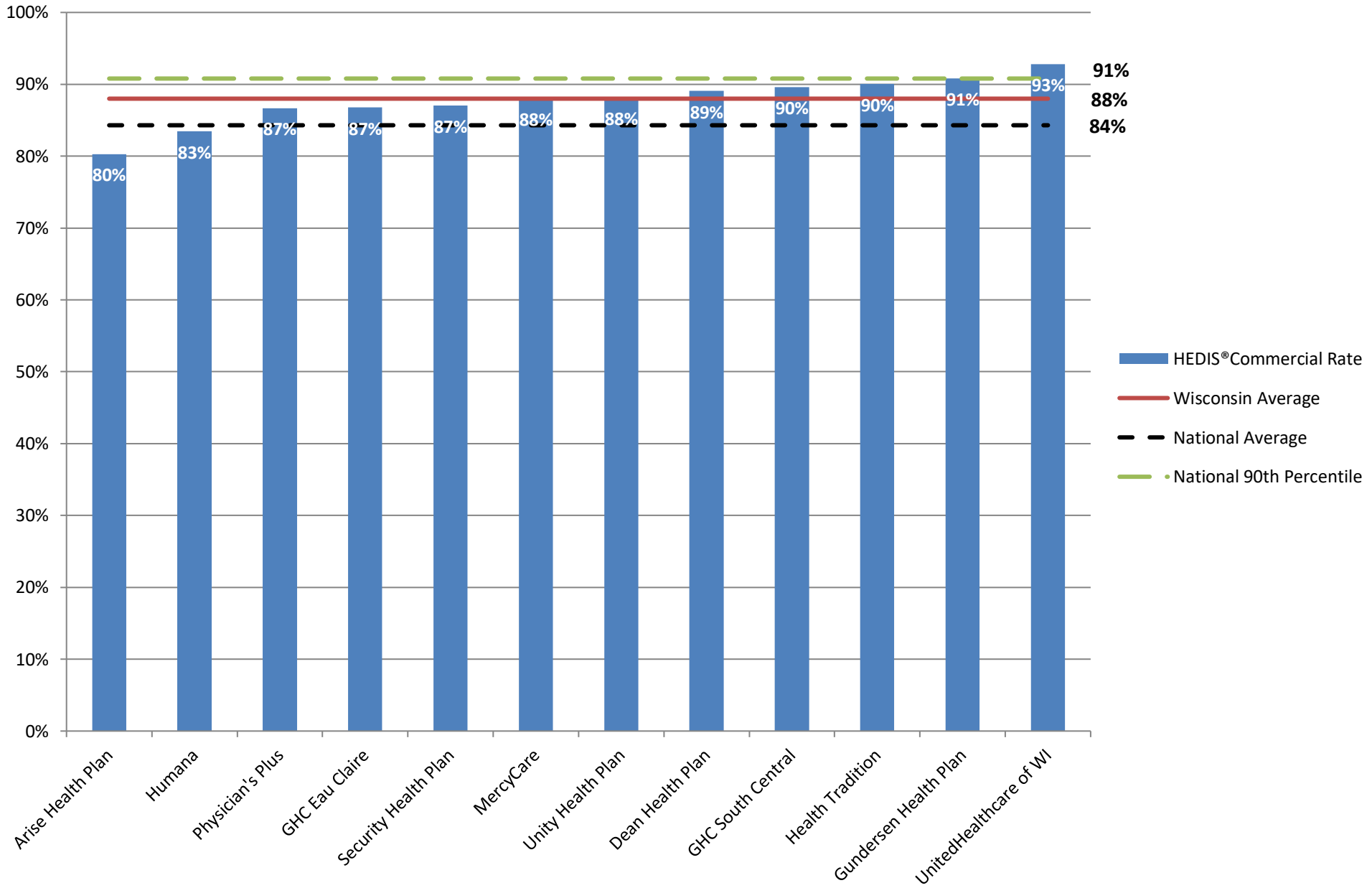
Eye Exam (retinal) Performed

For members 18–75 years of age with diabetes (type 1 and type 2).



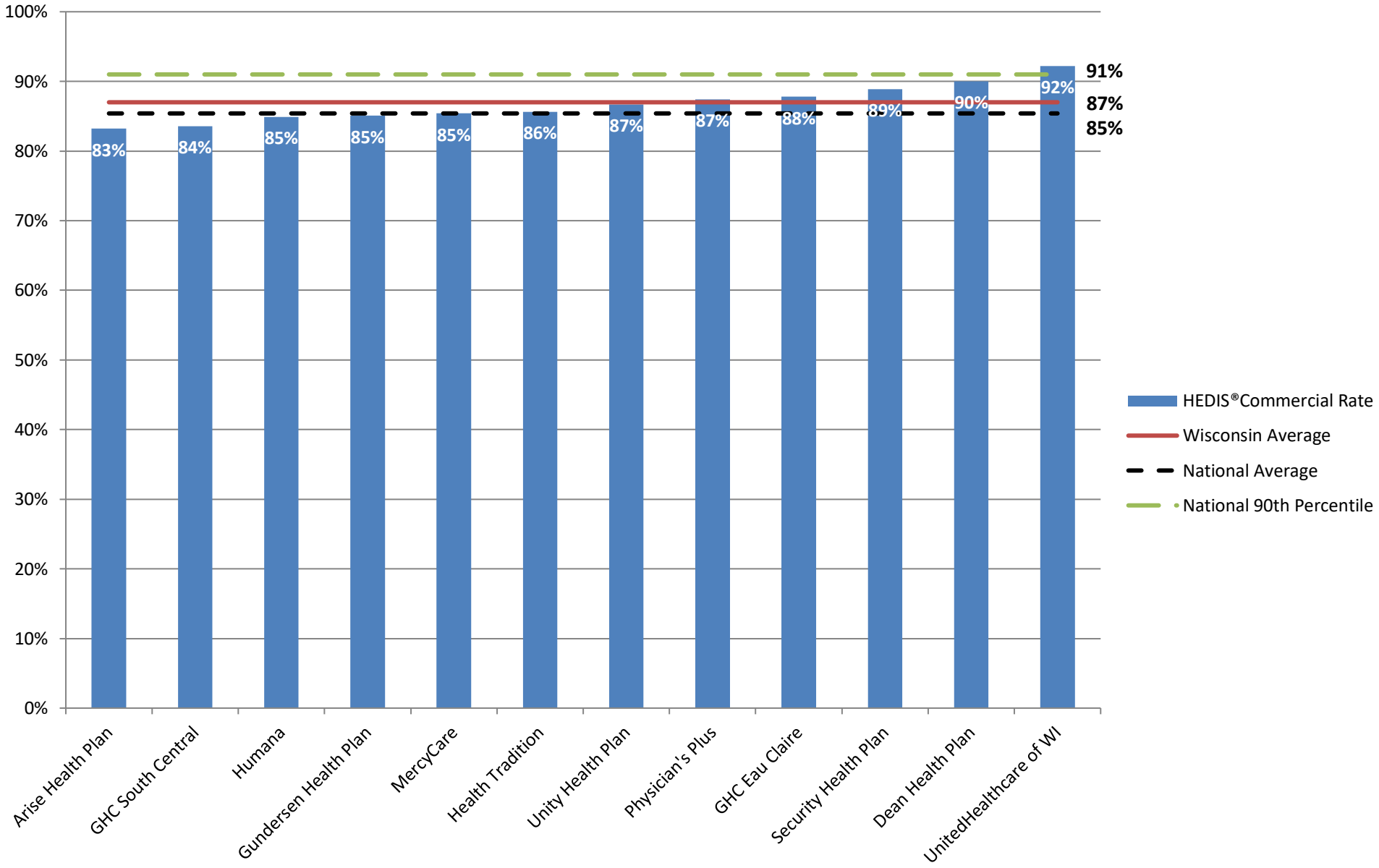
Medical Attention for Nephropathy

For members 18–75 years of age with diabetes (type 1 and type 2).



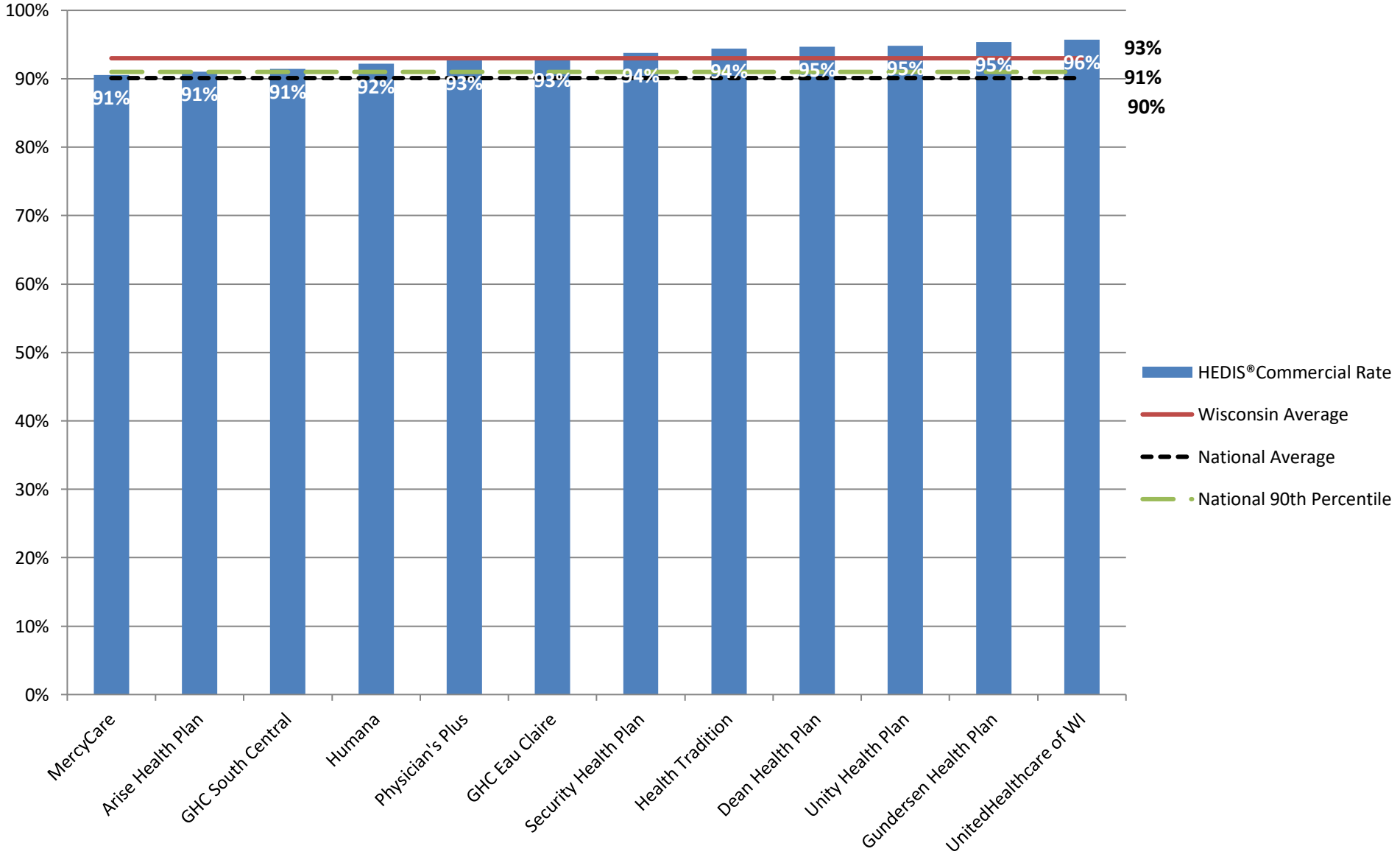
LDL Cholesterol Screening

For members 18–75 years of age with diabetes (type 1 and type 2).



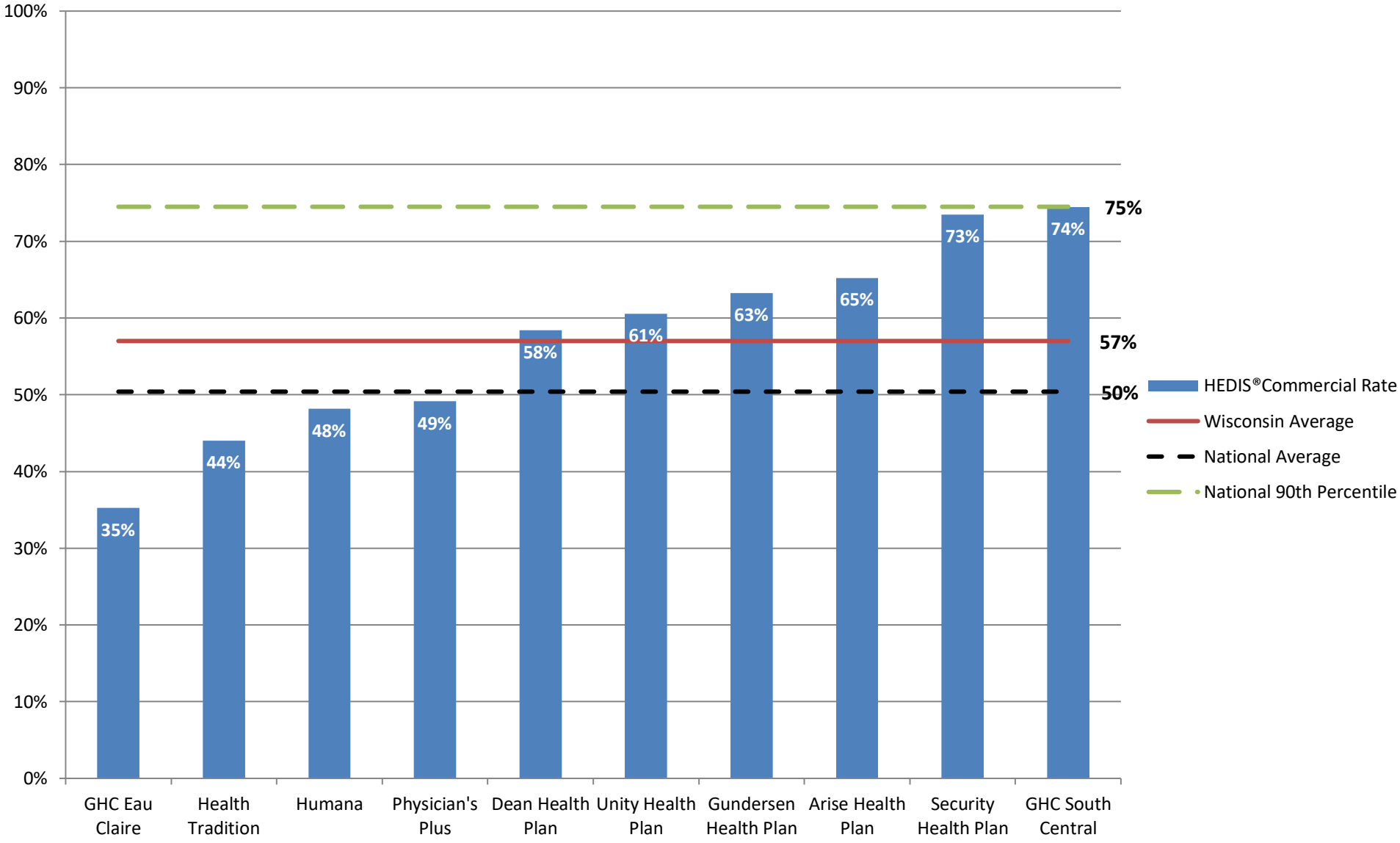
HbA1c Screening

For members 18–75 years of age with diabetes (type 1 and type 2).



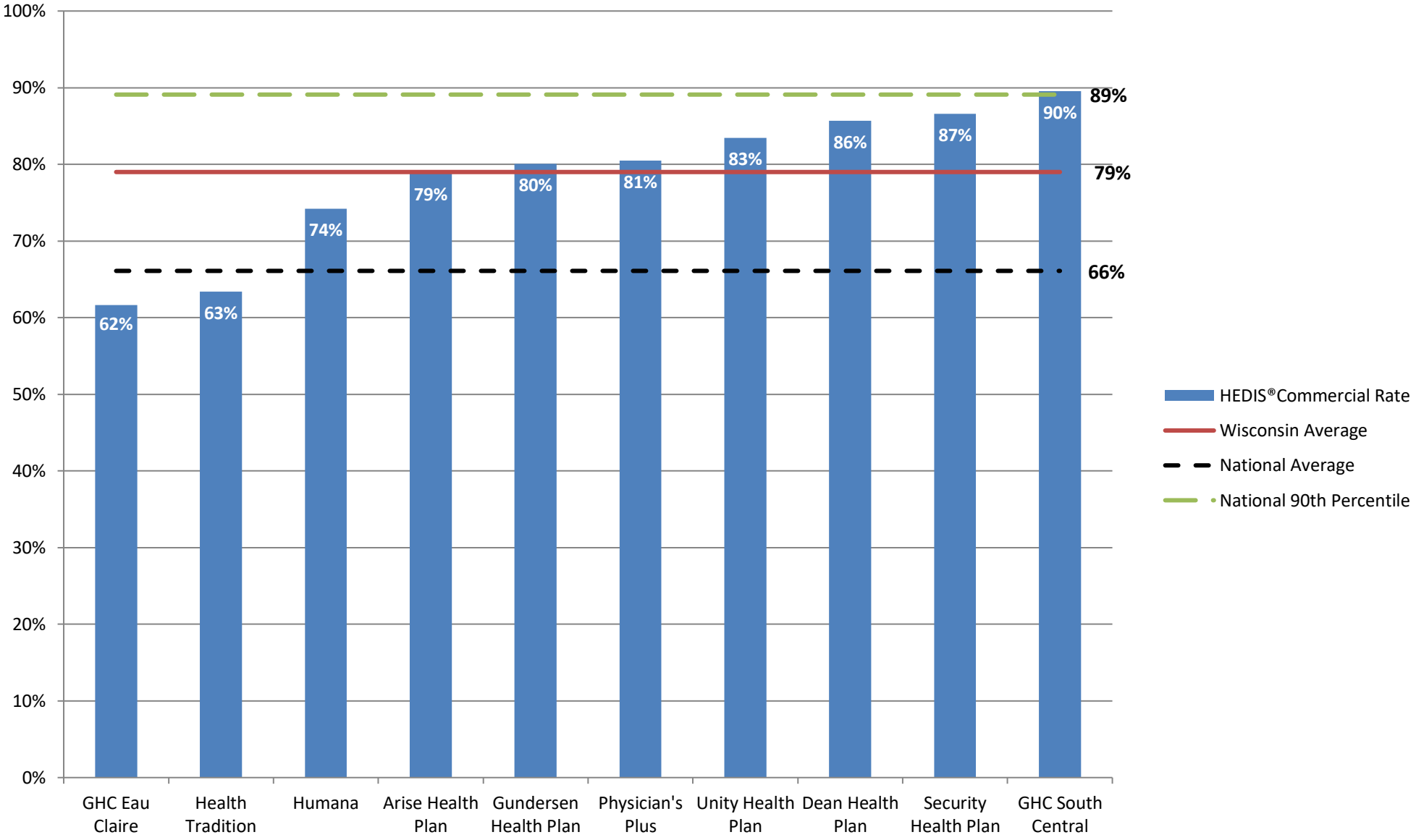
Weight Assessment and Counseling Measures

Weight Assessment and Counseling:
Children/Adolescent Counseling for Physical Activity (3-17 years)

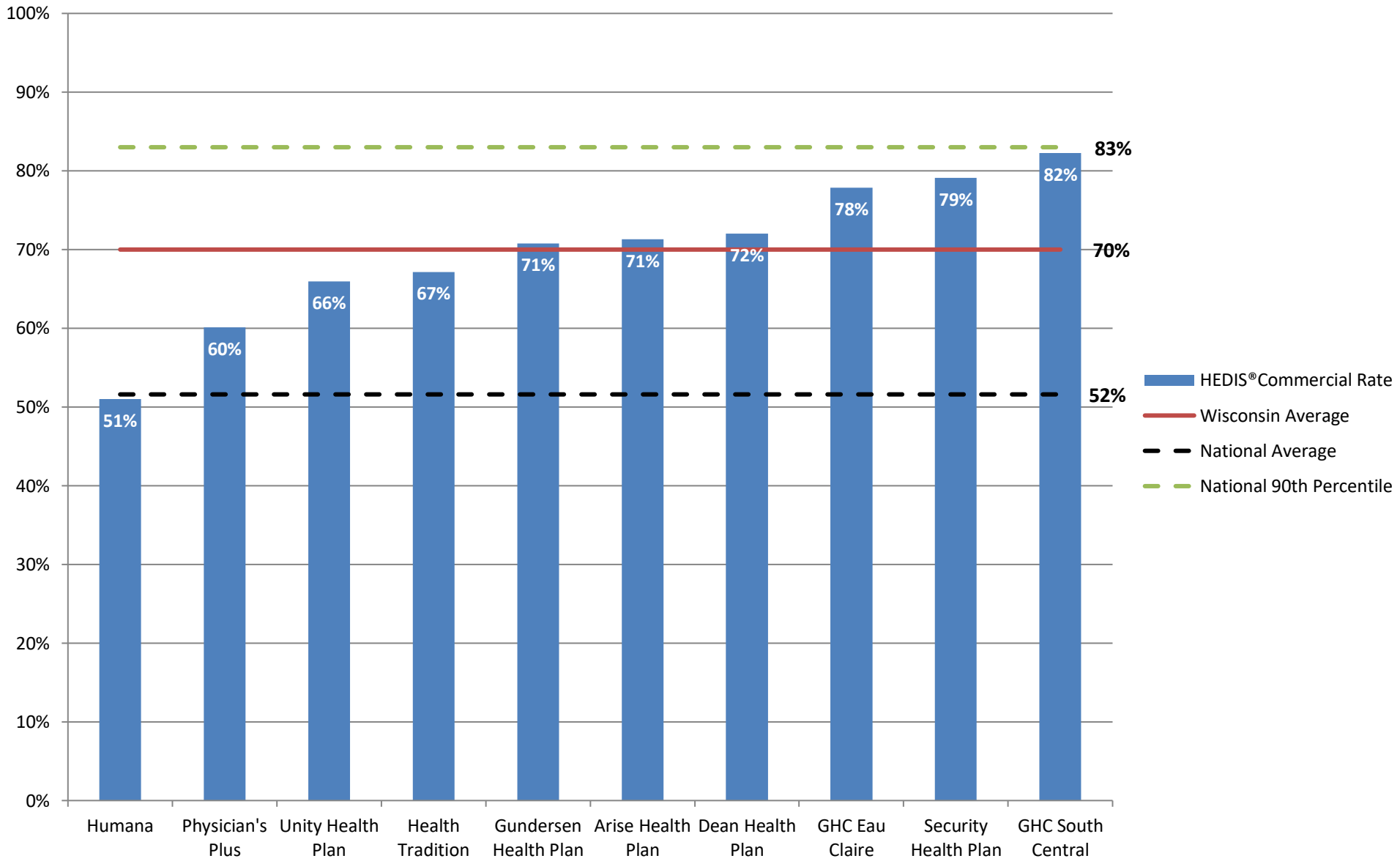


Weight Assessment Measure:
Adult Body Mass Index Assessment

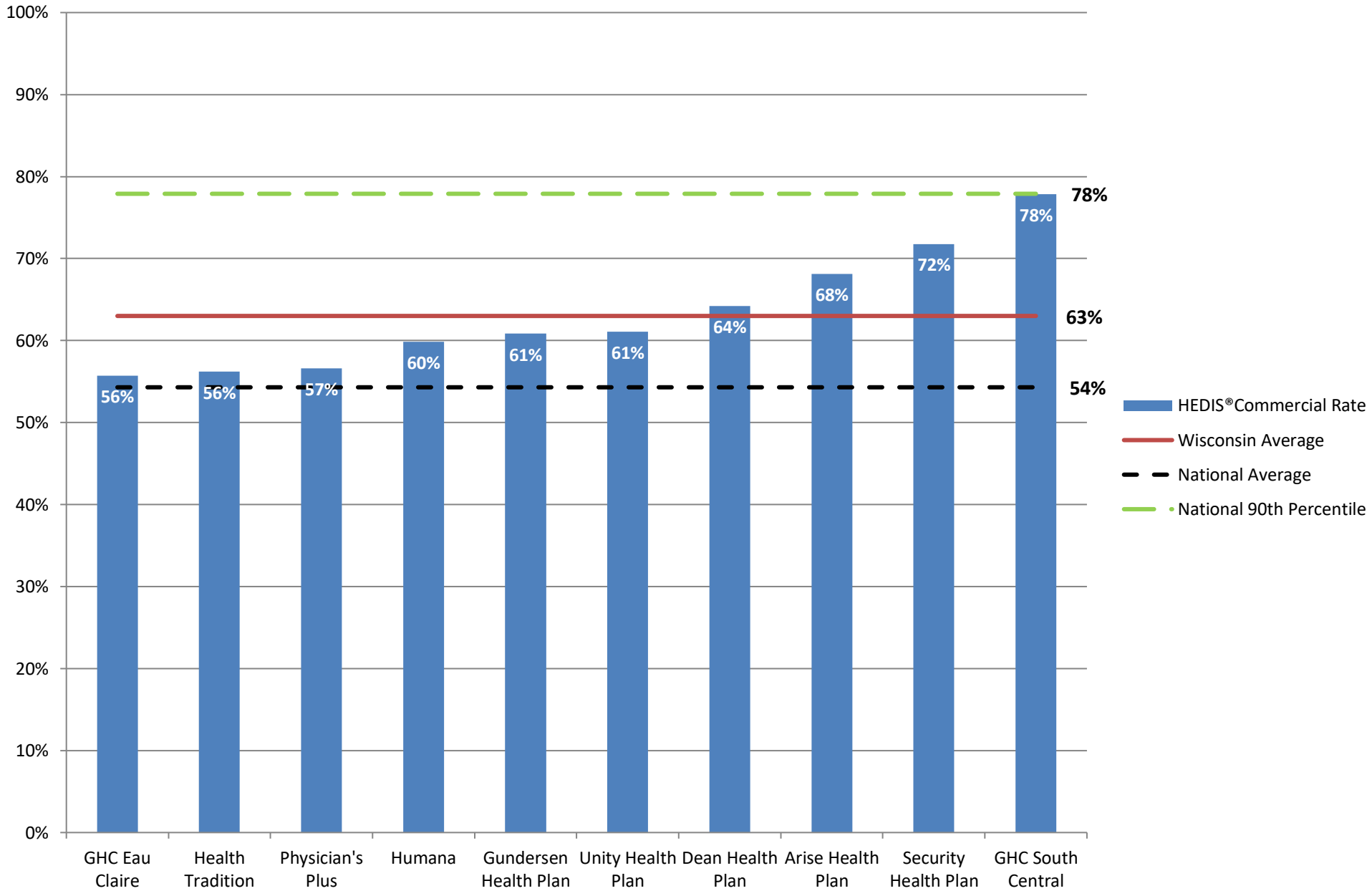
For members 18–74 years of age.



Weight Assessment and Counseling: Children/Adolescent BMI (3-17 years)



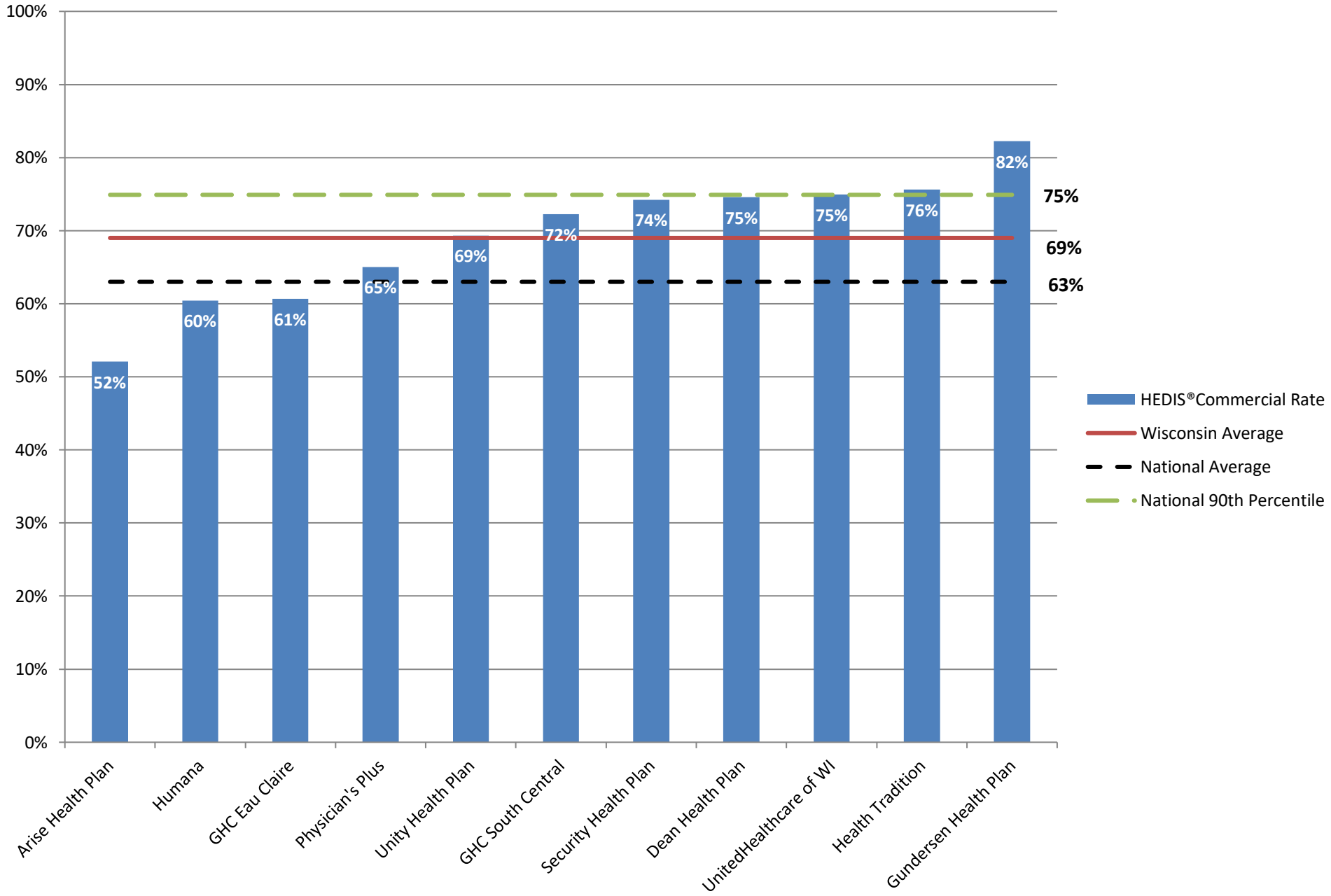
Weight Assessment and Counseling: Children/Adolescent Counseling for Nutrition (3-17 years)



Cardiovascular Measures

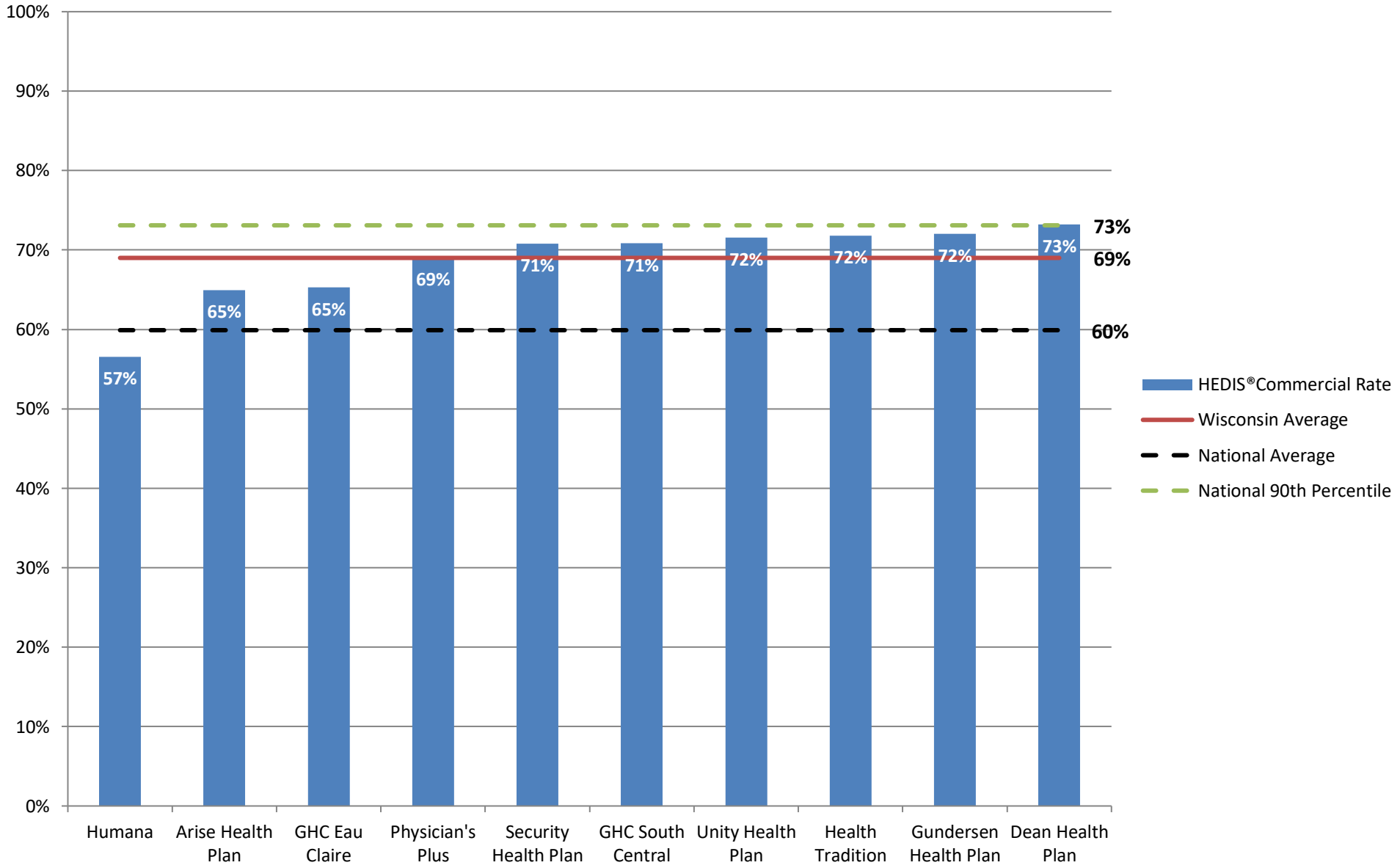
Controlling High Blood Pressure

For members 18–75 years of age.



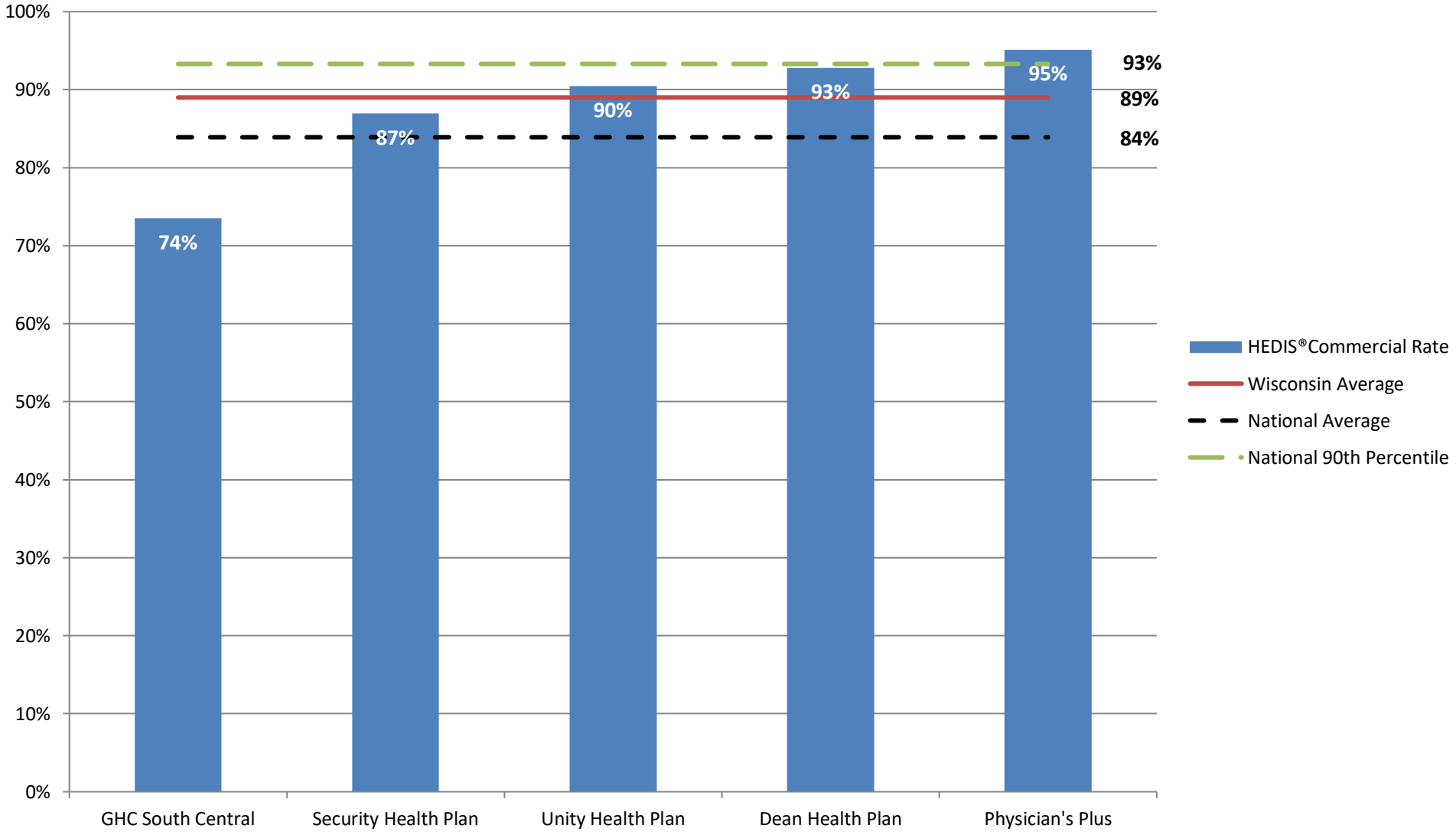
LDL Cholesterol Controlled (<100 dL)

For members 18–75 years of age with cardiovascular conditions.



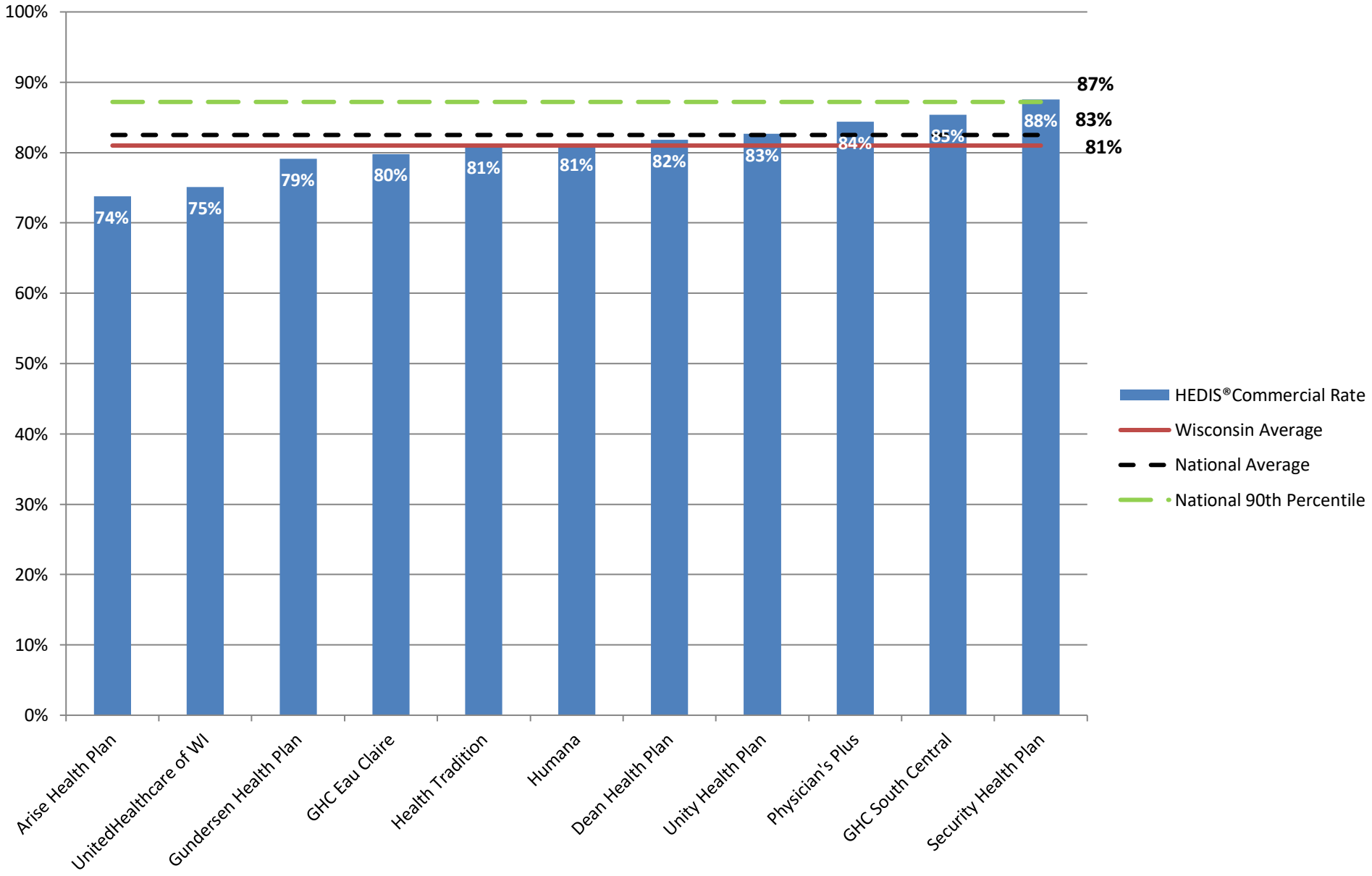
Persistence of Beta-blocker Treatment After Heart Attack

For members 18 years of age and older during the measurement year who were hospitalized with a diagnosis of AMI and discharged alive.



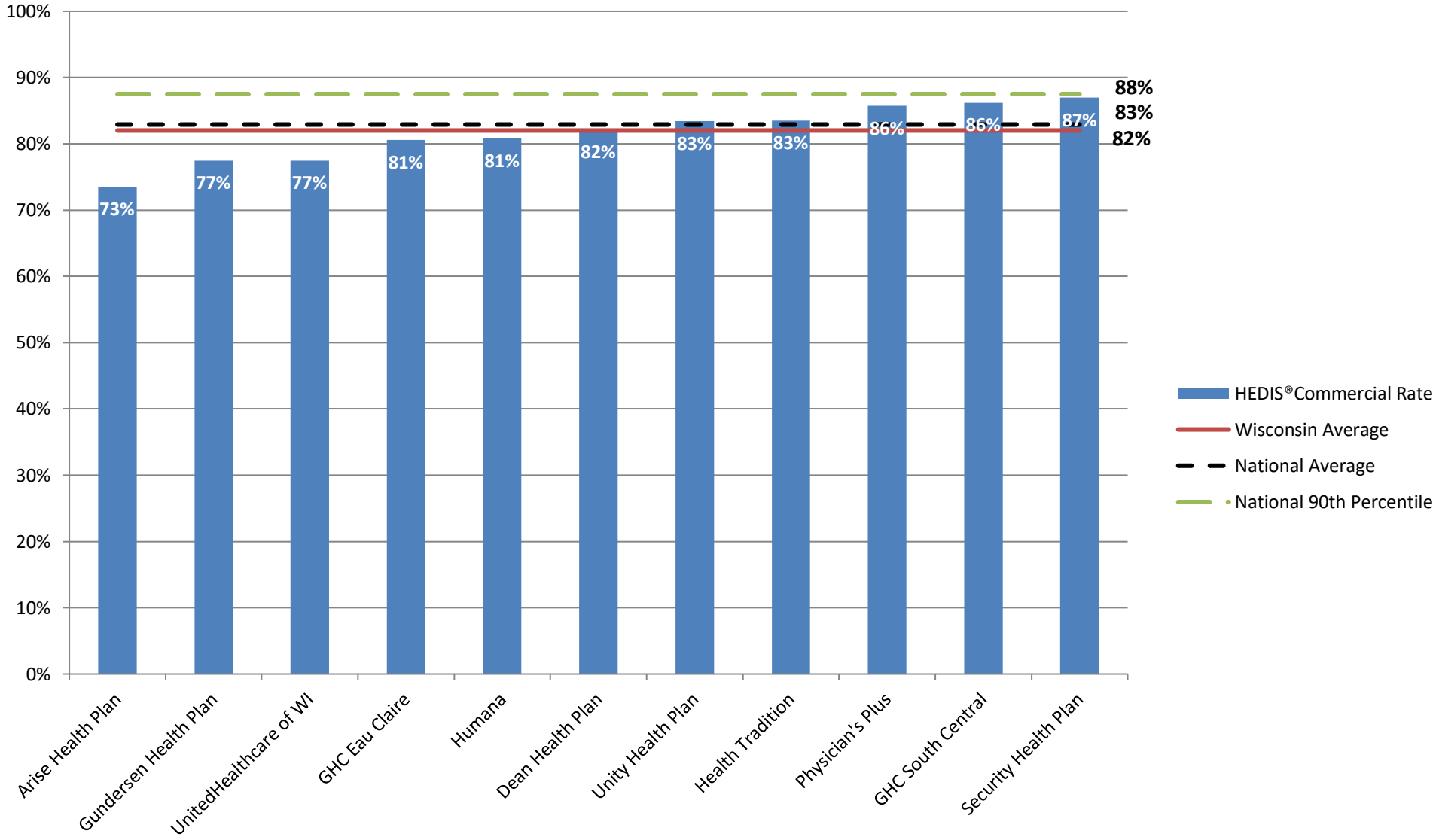
Annual Monitoring for Patients on Persistent Medications (Diuretics)

For members 18–75 years of age.



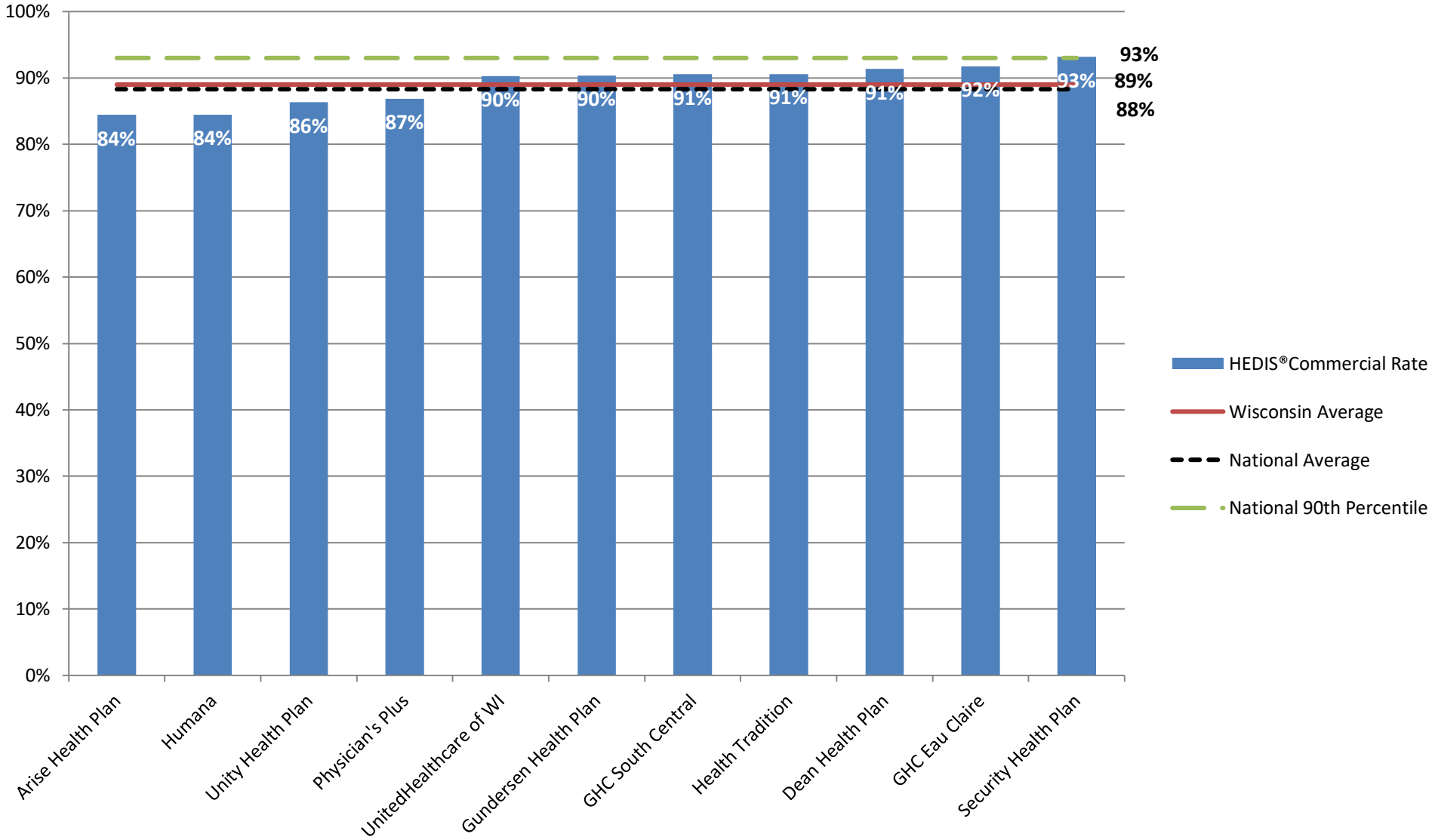
Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors or ARBs)

For members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy.



LDL Cholesterol Screening

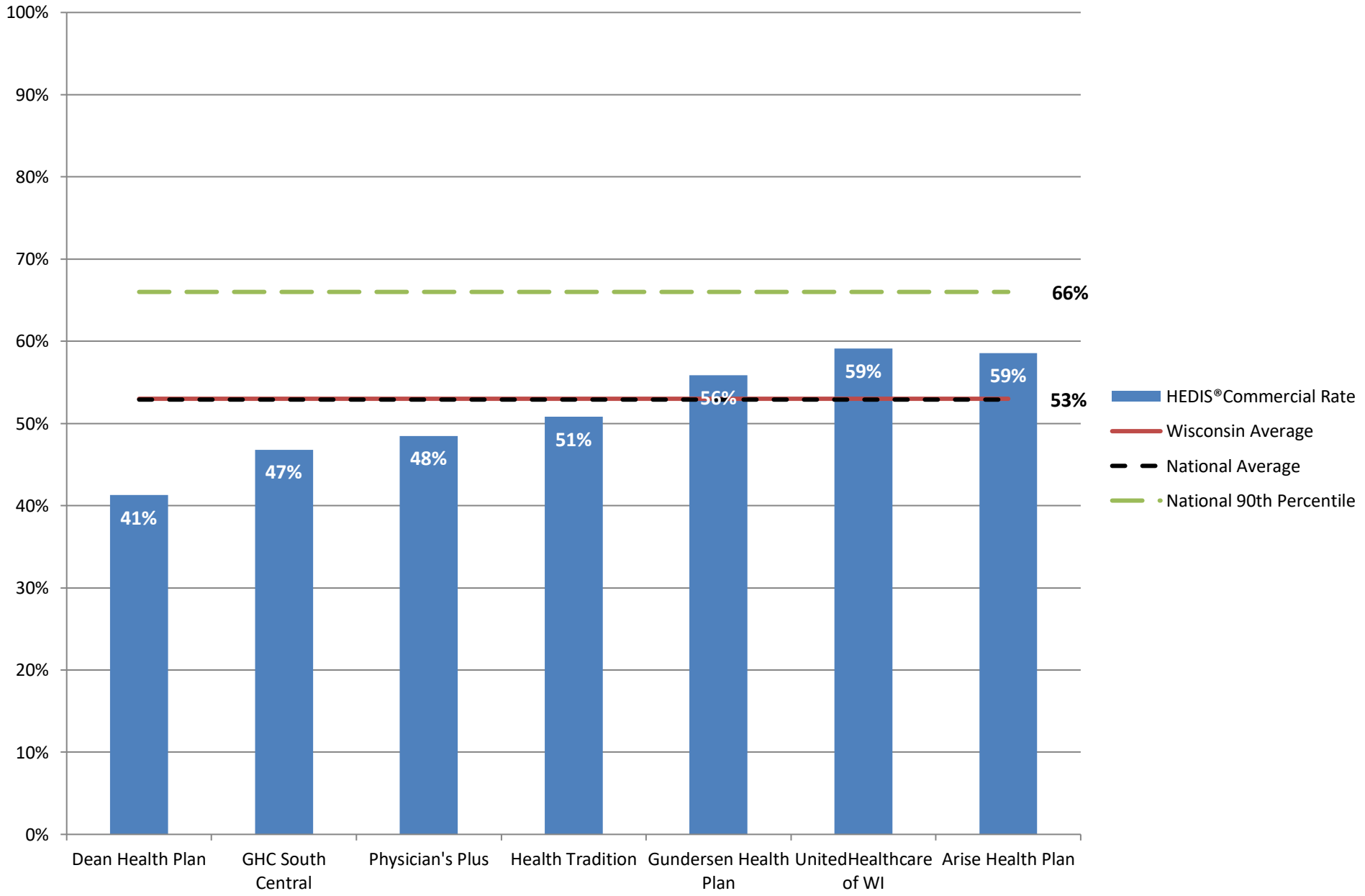
For members 18–75 years of age with cardiovascular conditions.



Medical Assistance with Smoking and Tobacco Use Cessation Measures

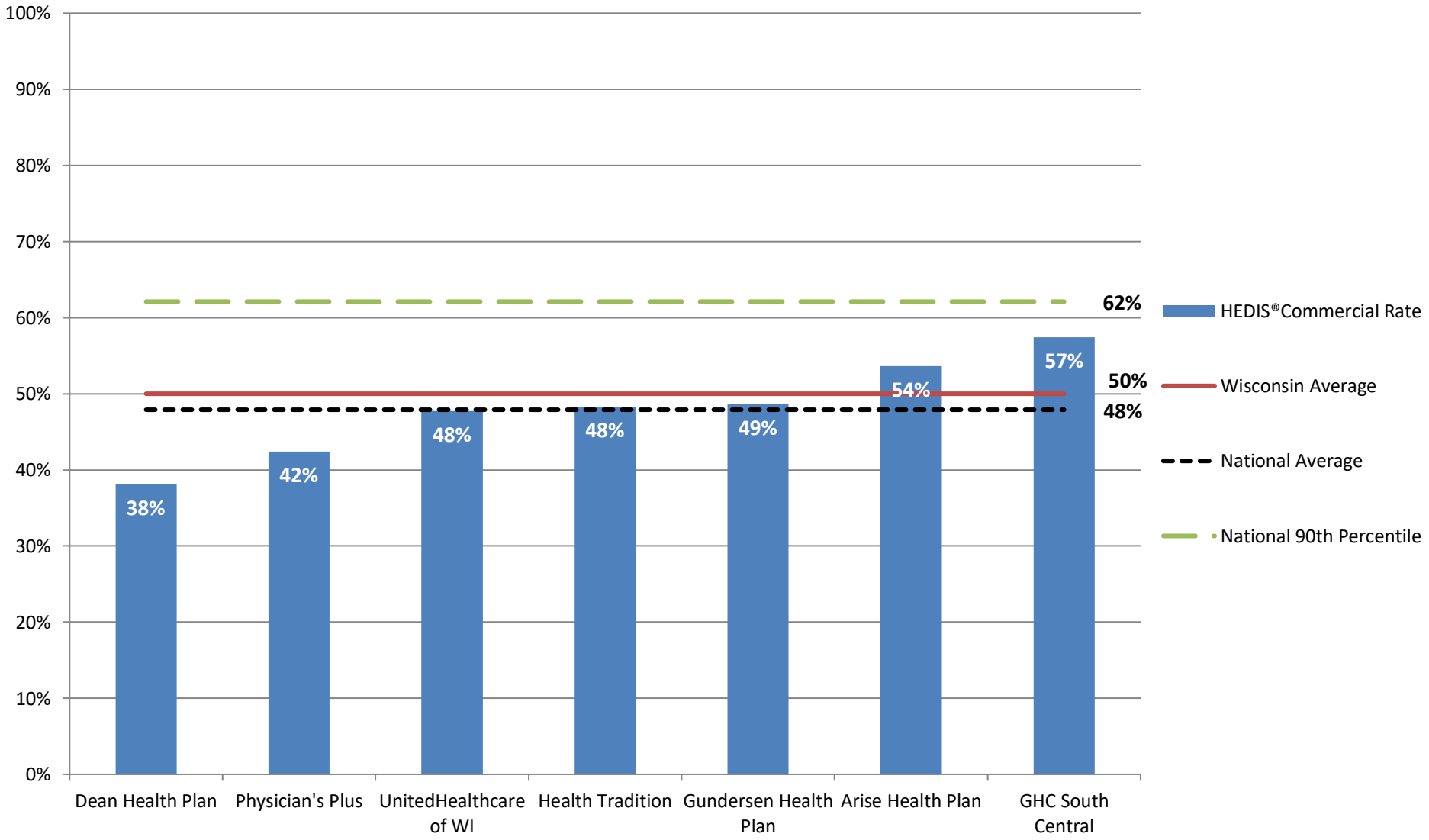
Discussing Smoking Cessation Medications

For members 18 years of age and older who are current smokers or tobacco users.



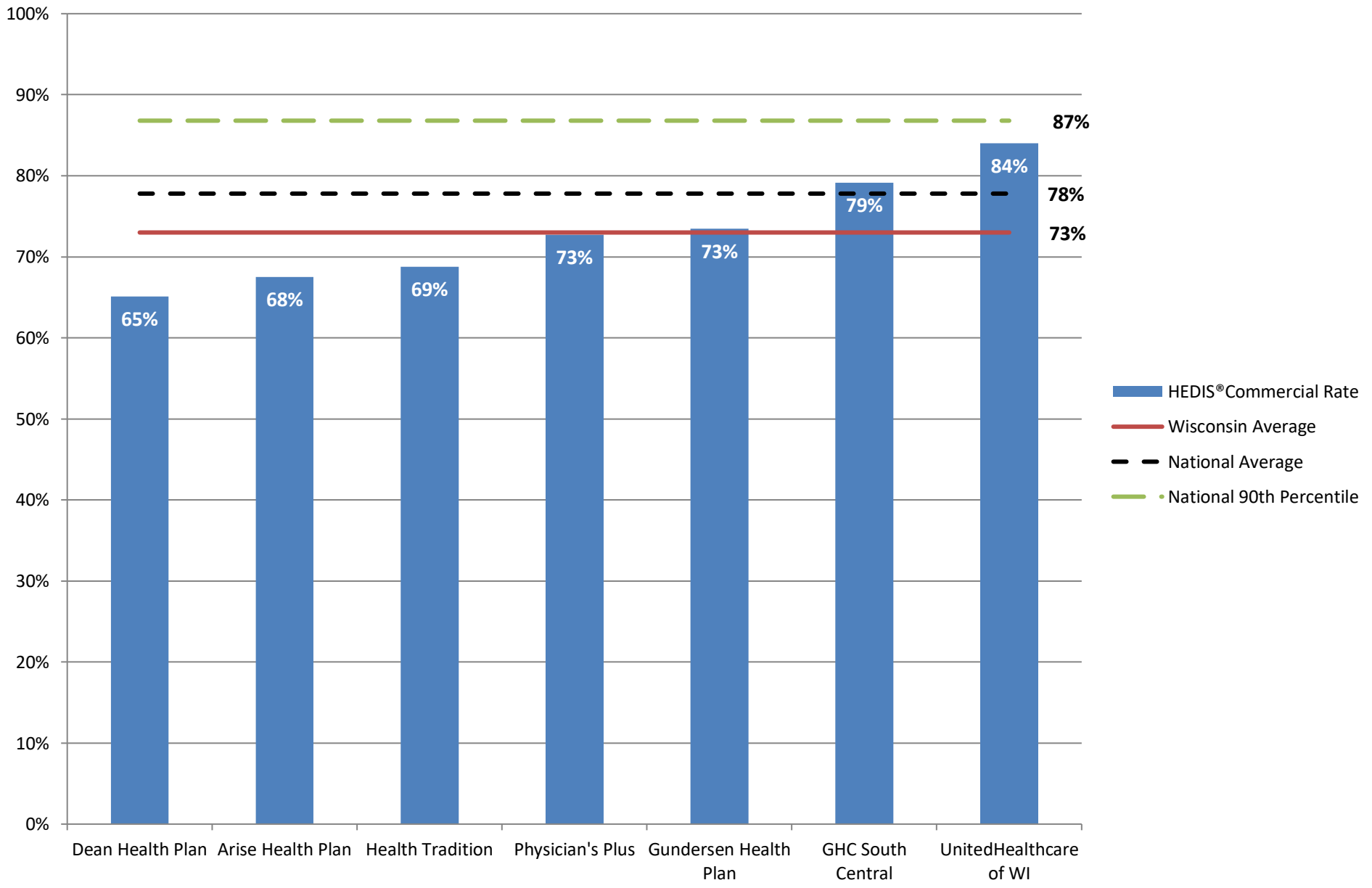
Discussing Smoking Cessation Strategies

For members 18 years of age and older who are current smokers or tobacco users.



Advising Smokers and Tobacco Users to Quit

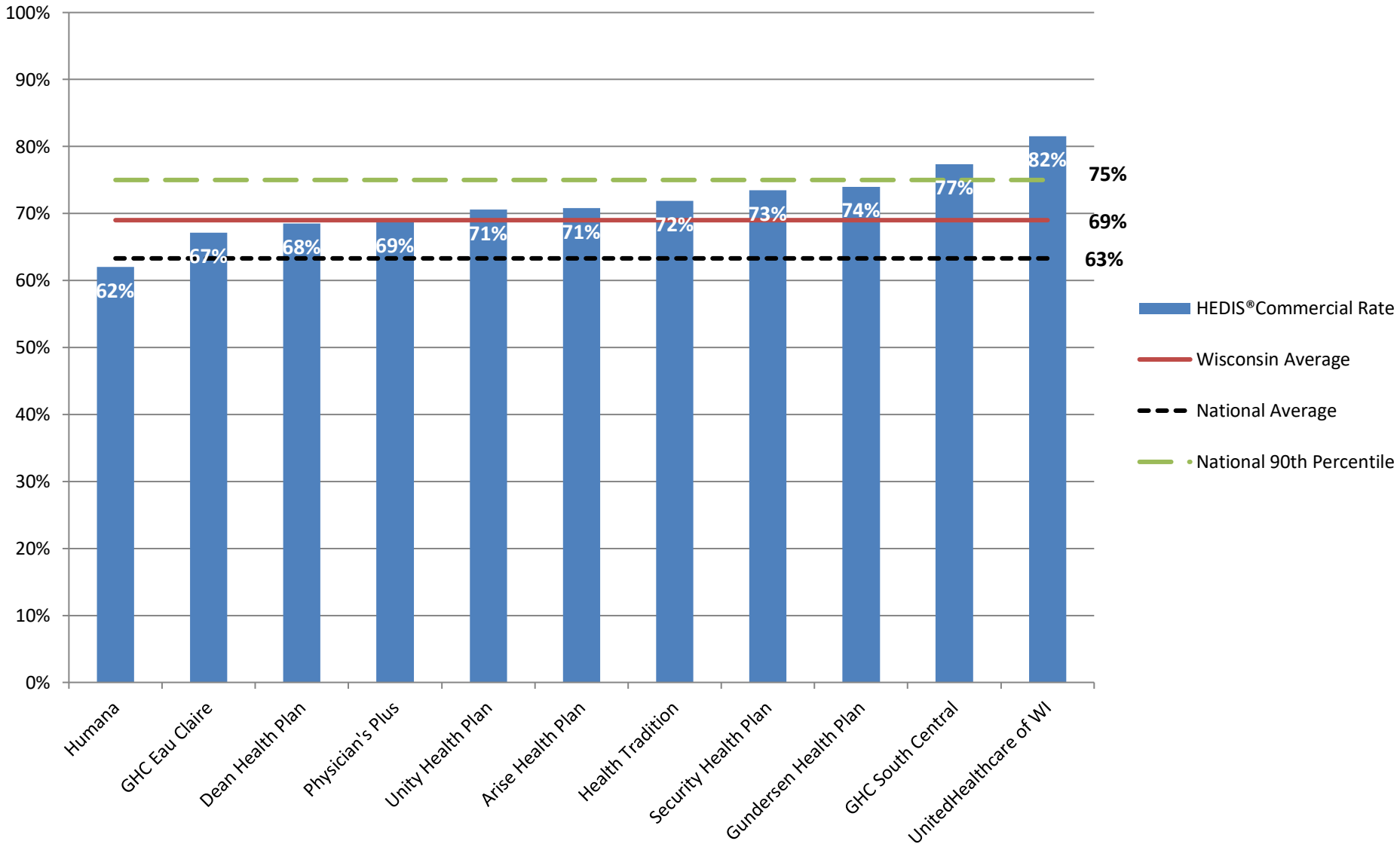
For members 18 years of age and older who are current smokers or tobacco users.



Cancer Screening Measures

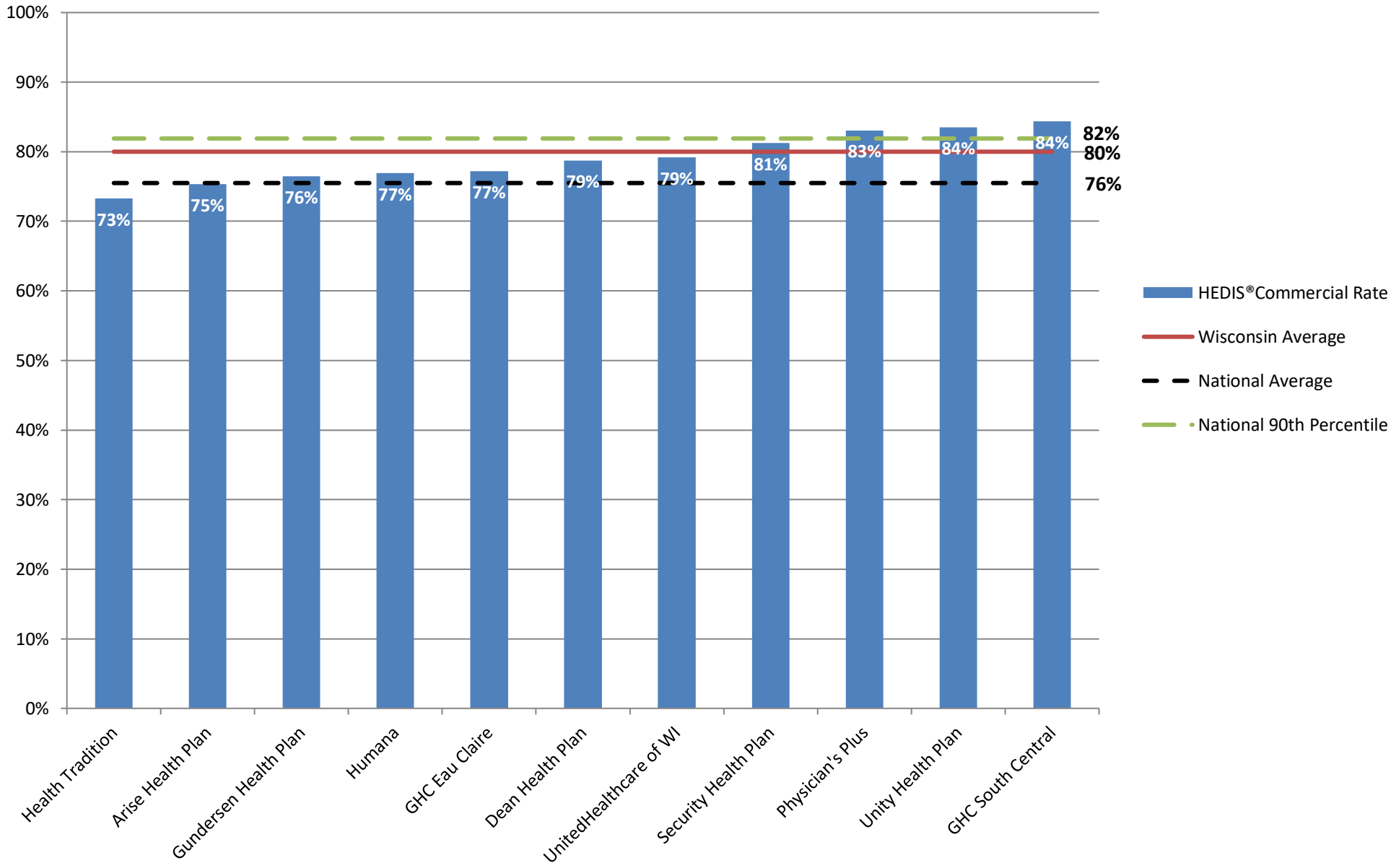
Colorectal Cancer Screening

For members 50–75 years of age who had appropriate screening for colorectal cancer during the measurement year or the four years prior to the measurement year.



Cervical Cancer Screening

The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer in the past three years.



Breast Cancer Screening

The percentage of women 40–69 years of age who had at least one mammogram to screen for breast cancer in the past two years.