

WISCONSIN

Chronic Disease Quality Improvement Project

HEDIS® 2015 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, Chronic Disease Prevention Unit.

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Grant Funding

This project receives funding through the Wisconsin Department of Health Services, which was awarded a cooperative agreement from the Centers for Disease Control and Prevention to support states' efforts to promote health and to prevent and control chronic diseases and their risk factors. The funding supports implementation of evidence- and practice-based approaches to improve nutrition and physical activity, reduce obesity, prevent and control diabetes, and prevent and control heart disease and stroke with a focus on high blood pressure. Strategies are implemented within and across three domains: environmental approaches that promote health, health systems interventions, and community-clinical linkages. Strategies are designed to reach large segments of the population in partnership with a variety of organizations and inclusive of high-risk populations. Ultimately, targeted long-term grant outcomes include improved prevention and control of hypertension, diabetes, and overweight and obesity.

A Collaborative Partnership

The Wisconsin Chronic Disease Quality Improvement Project is a collaborative partnership that aims to improve care for and prevention of prevalent chronic diseases and their common risk factors, including hypertension, diabetes, and overweight and obesity. The group has diverse membership, including health plans, health care providers, Wisconsin's chronic disease prevention and Medicaid programs, the University of Wisconsin Population Health Institute, and others working to prevent chronic diseases in Wisconsin and improve the quality of care for those living with them. Forming and maintaining strong, active partnerships is a key component of the project.

The project is now in its seventeenth year. It began in 1998 as the Wisconsin Collaborative Diabetes Quality Improvement Project, with an initial focus on diabetes. Over the years, the focus expanded to include additional chronic diseases and their risk factors, and in 2013 the group was renamed the Wisconsin Chronic Disease Quality Improvement Project. This reflects an understanding of the benefit of a coordinated approach to chronic disease, since many chronic diseases and risk factors are interrelated.

Project Components

Evaluate and report on the quality of chronic disease prevention and care provided.

Quality of care data is voluntarily submitted by participating health plans, and it is analyzed and reported by the University of Wisconsin Population Health Institute. Each year, members review the data and use it to inform the group's work.

Share information, population-based strategies, evidence-based approaches, and best practices. Members meet regularly to share information, discuss population-based strategies, and learn from one another about evidence-based approaches and best practices. The project provides a forum for sharing among health plans and other partners.

Collaborate to prevent chronic diseases and improve care through quality improvement initiatives. Members work together to improve the quality of chronic disease care and prevention in Wisconsin. Data, evidence, and practices shared within the group are used to inform quality improvement efforts.



A GLIMPSE OF OUR PAST

1997-1998

The **Diabetes Advisory Group** is established and develops the Wisconsin Diabetes Mellitus Essential Care Guidelines. A HMO quality improvement workgroup is convened and begins using HEDIS® diabetes measures to evaluate implementation of the Guidelines.

2000

As the **Wisconsin Collaborative Diabetes Quality Improvement Project**, the group publishes its first annual report summarizing the HEDIS® results.

2001

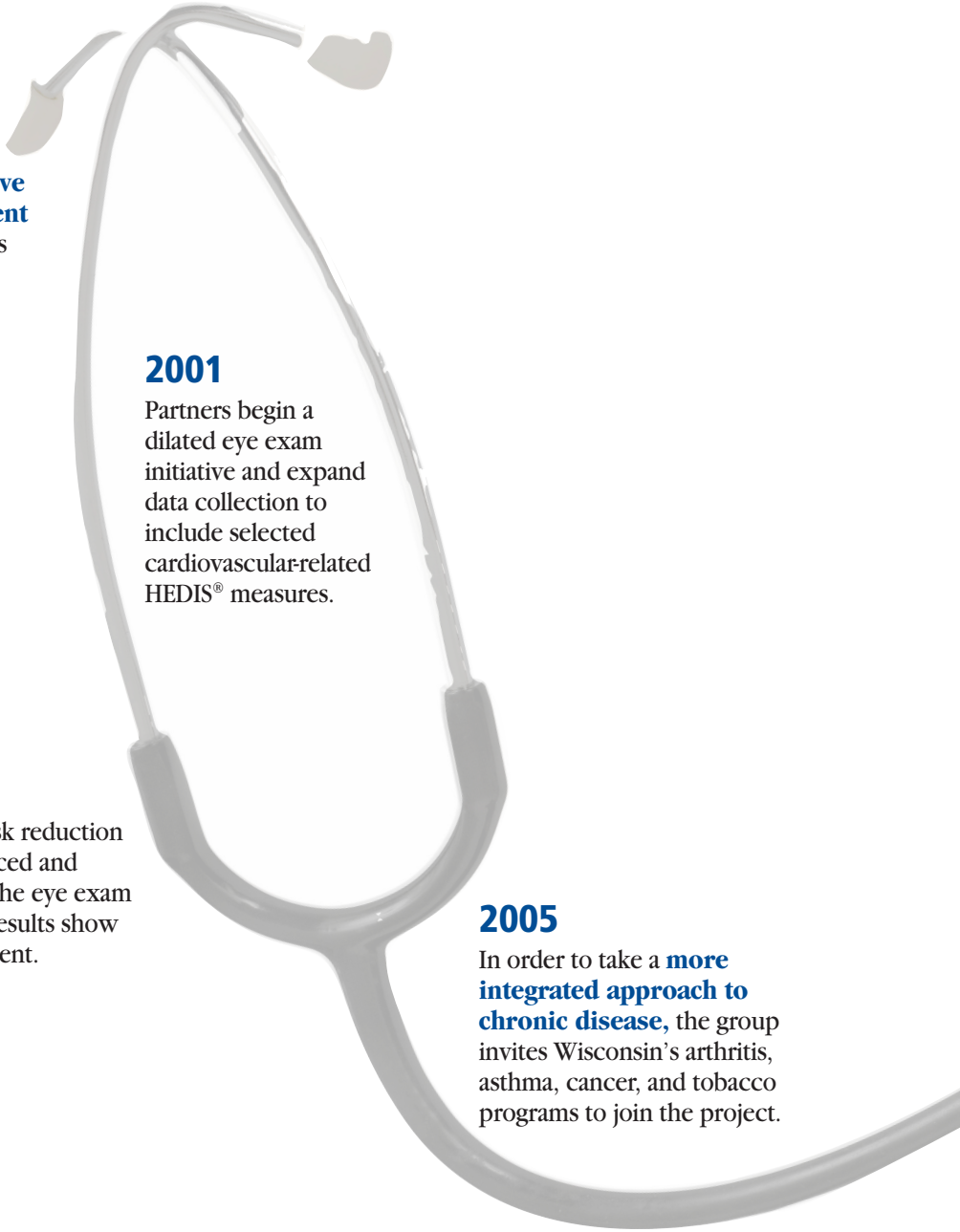
Partners begin a dilated eye exam initiative and expand data collection to include selected cardiovascular-related HEDIS® measures.

2004

A cardiovascular risk reduction initiative is introduced and partners continue the eye exam initiative. HEDIS® results show ongoing improvement.

2005

In order to take a **more integrated approach to chronic disease**, the group invites Wisconsin's arthritis, asthma, cancer, and tobacco programs to join the project.



2006

Wisconsin is recognized as the **top-performing state for three HEDIS® diabetes measures**. An eye exam DVD is produced and distributed in partnership with the Wisconsin Lions Foundation.

2009

Partners distribute vision simulator cards and letters to providers as part of the eye exam initiative, and they also discuss kidney disease and chronic disease self-management. Wisconsin is chosen as one of four states to participate in a **CDC chronic disease program integration pilot** and programs create a joint chronic disease work plan.

2013

Recognizing the importance of a more coordinated approach to chronic disease, the group becomes the **Wisconsin Chronic Disease Quality Improvement Project** and continues to collect HEDIS® data for a variety of measures related to chronic diseases and their risk factors.

2014

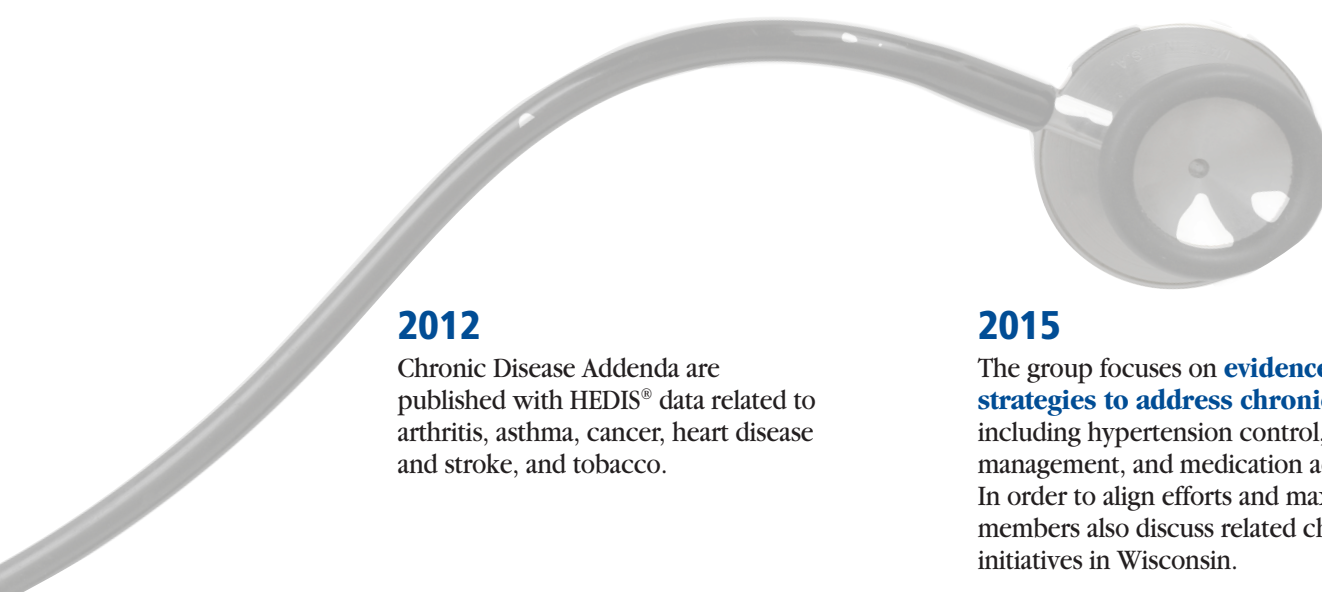
Wisconsin's participating health plans continue to perform above the national average on many HEDIS® measures. The group explores how to coordinate efforts across health plans, providers, health systems, and other key partners.

2012

Chronic Disease Addenda are published with HEDIS® data related to arthritis, asthma, cancer, heart disease and stroke, and tobacco.

2015

The group focuses on **evidence-based strategies to address chronic disease**, including hypertension control, self-management, and medication adherence. In order to align efforts and maximize impact, members also discuss related chronic disease initiatives in Wisconsin.



What are Chronic Diseases?

According to the Wisconsin Department of Health Services, chronic diseases are “illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life.”¹ The chronic diseases discussed in this report include diabetes, cardiovascular disease, cancer, obesity, and depression.

Why are Chronic Diseases Important to Wisconsin?

High Impact

Chronic diseases affect many people. About 10% of adults in Wisconsin have diagnosed or undiagnosed diabetes.² Cardiovascular disease is common; results from the 2013 Behavioral Risk Factor Survey (BRFS) showed that 4% of adults in Wisconsin have coronary heart disease or angina, 4% have had a myocardial infarction, and 2% have had a stroke.³ Cancer is also widespread, with 29,906 new cases of cancer diagnosed in Wisconsin in 2012.⁴

Chronic diseases cause the majority of deaths in Wisconsin, as well as significant pain, suffering, and disability. Seven of Wisconsin’s ten leading causes of death are chronic diseases, as shown in Figure 1.⁵ Heart disease and cancer are the leading causes of death, and together they cause almost half of the deaths each year.⁵ Chronic diseases also cause significant morbidity. For example, stroke is a leading cause of serious long-term disability.⁶

Chronic diseases are costly. An estimated 80% of annual healthcare spending in the United States goes toward treatment of chronic diseases.¹ The American Diabetes Association estimated that, nationally, one in every five healthcare dollars is spent on healthcare for diabetes and its complications.⁷ In addition to direct medical costs, there are significant indirect costs to individuals, private sector employers, and the government, such as lost wages and productivity.¹

Shared, Modifiable Risk Factors

Chronic diseases can be prevented by focusing on a set of shared, modifiable risk factors. Nutrition, physical activity, and tobacco exposure are risk factors for many chronic diseases. Some risk factors, like genetics or age, cannot be changed – but nutrition, activity level, and tobacco use can be changed.¹

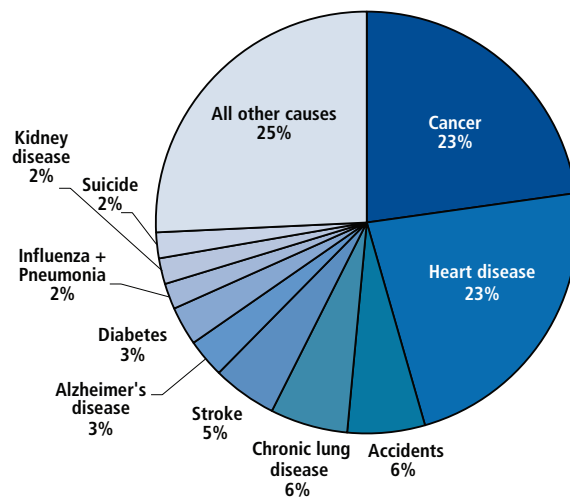
Many people are exposed to risk factors for chronic disease. BRFs data from 2013 showed that 67% of adults in Wisconsin were overweight or obese. About a quarter reported no leisure-time physical activity in the past month, and adults’ fruit and vegetable consumption was low.³ Tobacco use is declining, but in 2013, 19% of Wisconsin adults were current smokers and 27% were former smokers.³

Opportunity to Make a Difference

These shared, modifiable risk factors have a huge effect on chronic disease. The American Cancer Society estimated that diet, physical activity, and overweight/obesity contribute to one third of cancer deaths in the United States, and that tobacco use is responsible for 87% of lung cancers.⁸ The World Health Organization estimated that eliminating these risk factors would prevent at least 80% of all heart disease, stroke, and diabetes, plus over 40% of all cancers.⁹

Prevention strategies can affect multiple chronic diseases. Because chronic diseases are interrelated and share risk factors, prevention strategies can potentially have a big impact on multiple health outcomes. There is an opportunity to make a major difference by implementing targeted, evidence-based approaches to prevent chronic disease and improve the quality of care.

Figure 1: Top Ten Causes of Death in Wisconsin, 2013



Data Collection and Analysis

The Chronic Disease Quality Improvement Project uses data provided voluntarily by participating health plans to examine performance on quality measures related to chronic disease. Health plans submit data for selected measures from the Healthcare Effectiveness Data and Information Set (HEDIS®), developed by the National Committee for Quality Assurance (NCQA). NCQA uses HEDIS® data to accredit health plans and evaluate the quality of care. NCQA's programs are voluntary but widely used, so this data was readily available for the Project to use. Use of HEDIS® measure specifications allows for standardized data collection, direct comparison of performance, and examination of trends over time.

Twelve Wisconsin health plans submitted commercial HEDIS® 2015 data for care provided in 2014. Data was collected and analyzed for the measures listed at right, using NCQA's HEDIS® measure specifications.^{10,11} To facilitate comparison between plans and with state and national data, figures in this report include:

HEDIS® 2015 Commercial Rate: This is each plan's percentage for care provided in 2014. These rates are submitted directly by plans.

Wisconsin Health Plans' Average: This is the average percentage for all of the participating plans that submitted HEDIS® 2015 data for care provided in 2014. This state-level average is calculated from the data that health plans submit.

National Commercial HMO Average: This is the nationwide average percentage for care provided in 2014 by commercial health maintenance organizations (HMOs). It comes from NCQA's *The State of Health Care Quality 2015* report.¹²

National Commercial HMO 90th Percentile: This is the national 90th percentile for care provided in 2014 by commercial HMOs. It comes from NCQA's *The State of Health Care Quality 2015* report.¹²

HEDIS® 2015 Measures Collected by the Chronic Disease Quality Improvement Project

Comprehensive Diabetes Care

Blood Pressure Control (<140/90 mmHg)
HbA1c Control (<7.0%) for a Selected Population
HbA1c Control (<8.0%)
Poor HbA1c Control (>9.0%)
Eye Exam (Retinal) Performed
Medical Attention for Nephropathy
HbA1c Testing

Blood Pressure Control

Controlling High Blood Pressure

Cancer Screening

Colorectal Cancer Screening
Breast Cancer Screening
Cervical Cancer Screening
Non-Recommended Cervical Cancer Screening

Weight Assessment and Counseling

Child/Adolescent BMI Percentile Documentation
Child/Adolescent Counseling for Physical Activity
Child/Adolescent Counseling for Nutrition
Adult BMI Assessment

Smoking and Tobacco Use Cessation

Discussing Smoking Cessation Medications
Discussing Smoking Cessation Strategies
Advising Smokers and Tobacco Users to Quit

Antidepressant Medication Management

Effective Acute Phase Treatment
Effective Continuation Phase Treatment

Health Plans that Submitted Data for this Report

Twelve health plans from around the state voluntarily submitted HEDIS® 2015 data for this report. Figure 2 shows the cities where the health plans' Wisconsin offices are located. Each of the health plans provides coverage in multiple counties around the state.

The plans that submitted data are:

- Anthem Blue Cross and Blue Shield of Wisconsin - Waukesha
- Dean Health Plan - Madison
- Group Health Cooperative of Eau Claire - Eau Claire
- Group Health Cooperative of South Central Wisconsin - Madison
- Gundersen Health Plan - La Crosse
- Health Tradition Health Plan - La Crosse
- Humana Wisconsin Health Organization Insurance Corporation - Waukesha
- MercyCare Health Plans - Janesville
- Physicians Plus Insurance Corporation - Madison
- Security Health Plan of Wisconsin - Marshfield
- UnitedHealthcare of Wisconsin - Green Bay
- Unity Health Plans Insurance Corporation - Sauk City

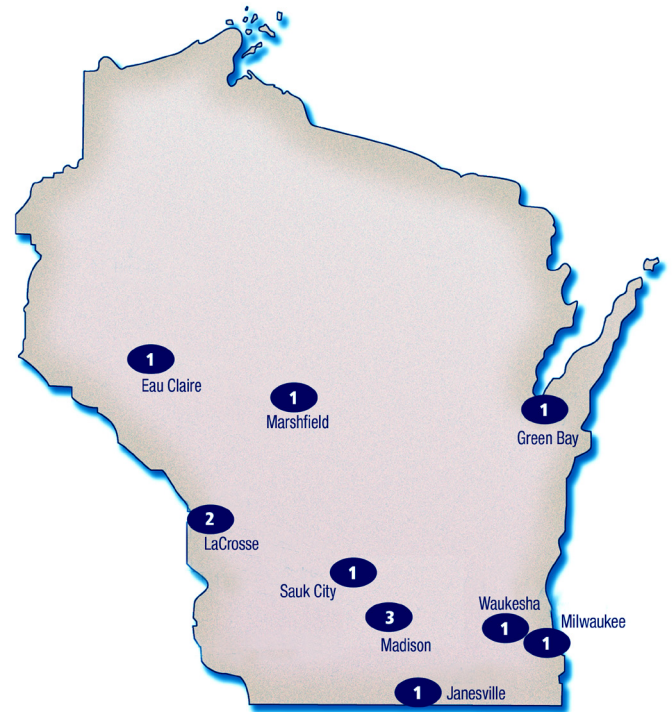


Figure 2: Health Plans that Submitted HEDIS® 2015 Data.

② Number of providers in city

Acknowledgements

The Chronic Disease Quality Improvement Project is a collaborative partnership with diverse membership. We would like to thank the following partners for their participation:

- | | | |
|---|--|--|
| Anthem Blue Cross and Blue Shield of WI | Independent Health Care Plan (iCare) | UnitedHealthcare of WI |
| Arise Health Plan | Managed Health Services | Unity Health Plans Insurance Corporation |
| Children's Community Health Plan | MercyCare Health Plans/Insurance Company | University of WI Population Health Institute |
| Dean Health Plan | MetaStar | WEA Trust |
| Delta Dental | Molina Healthcare of WI | WI Collaborative for Healthcare Quality |
| Group Health Cooperative of Eau Claire | Network Health Plan | WI Department of Employee Trust Funds |
| Group Health Cooperative of South Central WI | Pharmacy Society of WI | WI Department of Health Services |
| Health Tradition Health Plan | Physicians Plus Insurance Corporation | WI Institute for Healthy Aging |
| Humana WI Health Organization Insurance Company | Security Health Plan | WPS Health Insurance |

COMPREHENSIVE DIABETES CARE

HEDIS® 2015 data was collected for seven Comprehensive Diabetes Care measures for members with diabetes between the ages of 18-75 years. Results are summarized in Table 1 and Figures 3a-3f.

Outcome Measures

Four outcome measures were used to examine control of hemoglobin A1c (HbA1c) levels and blood pressure among adult members with diabetes. Controlling blood glucose is a cornerstone of diabetes care, and the HbA1c level represents the average blood glucose level over months.¹³ The American Diabetes Association reports that reducing HbA1c levels can lower the risk of many diabetes complications, with specific target values based on patient characteristics.¹³ Cardiovascular disease is a major contributor to morbidity and mortality for people with diabetes, and hypertension is a frequent co-morbidity. The American Diabetes Association recommends blood pressure and cholesterol control to lower the risk of cardiovascular disease.¹³

Process Measures

Three process measures were used to assess whether members with diabetes received recommended care - HbA1c testing, medical attention for nephropathy, and retinal eye examinations. Diabetic retinopathy is a potential complication that can lead to blindness if untreated, and regular retinal eye examinations are recommended.¹³ Another potential complication is nephropathy, which occurs in 20-40% of people with diabetes and is the leading cause of end-stage renal disease.¹³ Risk can be reduced through glycemic and blood pressure control, and screening and medical intervention is essential.¹³



Table 1: HEDIS® 2015 Comprehensive Diabetes Care Measures

Measure	Wisconsin Plans' Range	Wisconsin Plans' Average	National Commercial HMO Average	National Commercial HMO 90 th Percentile
Outcome Measures				
HbA1c Control (<7.0%) for a Selected Population	35.6 - 48.6%	41.0%	39.0%	46.4%
HbA1c Control (<8.0%)	48.2 - 72.3%	63.2%	57.5%	69.0%
Poor HbA1c Control (>9.0%) – Lower % desired	29.9 - 17.0%	22.7%	31.1%	19.0%
Blood Pressure Control (<140/90 mmHg)	66.2 - 87.6%	77.2%	64.6%	79.0%
Process Measures				
HbA1c Testing	91.8 - 95.6%	94.1%	90.5%	95.4%
Eye Exam (Retinal) Performed	55.5 - 75.2%	66.3%	56.2%	73.5%
Medical Attention for Nephropathy	88.3 - 94.4%	90.3%	85.4%	91.2%

Figure 3a: HbA1c Control (<8.0%). The percentage of members 18-75 years of age with diabetes whose most recent HbA1c level is less than 8.0%.

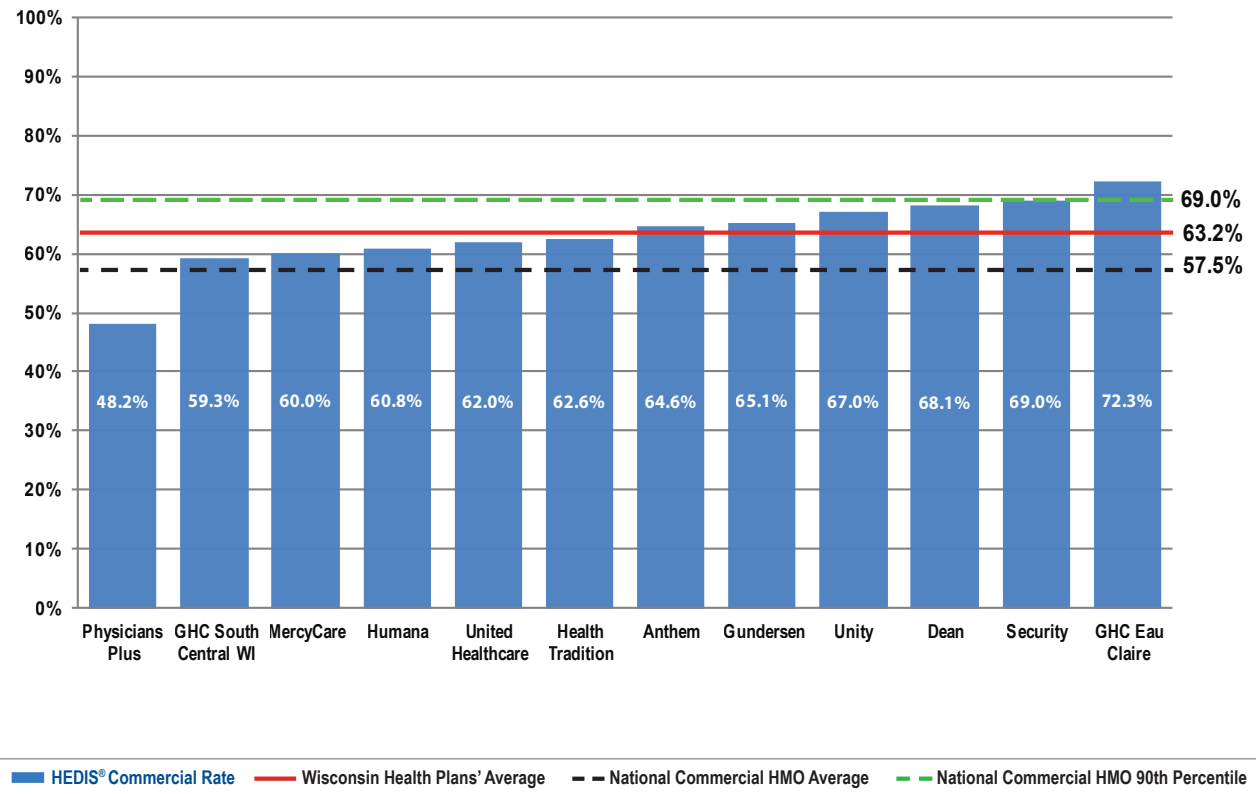


Figure 3b: Poor HbA1c Control (>9.0%). The percentage of members 18-75 years of age with diabetes whose most recent HbA1c level is greater than 9.0%. Lower rate desired.

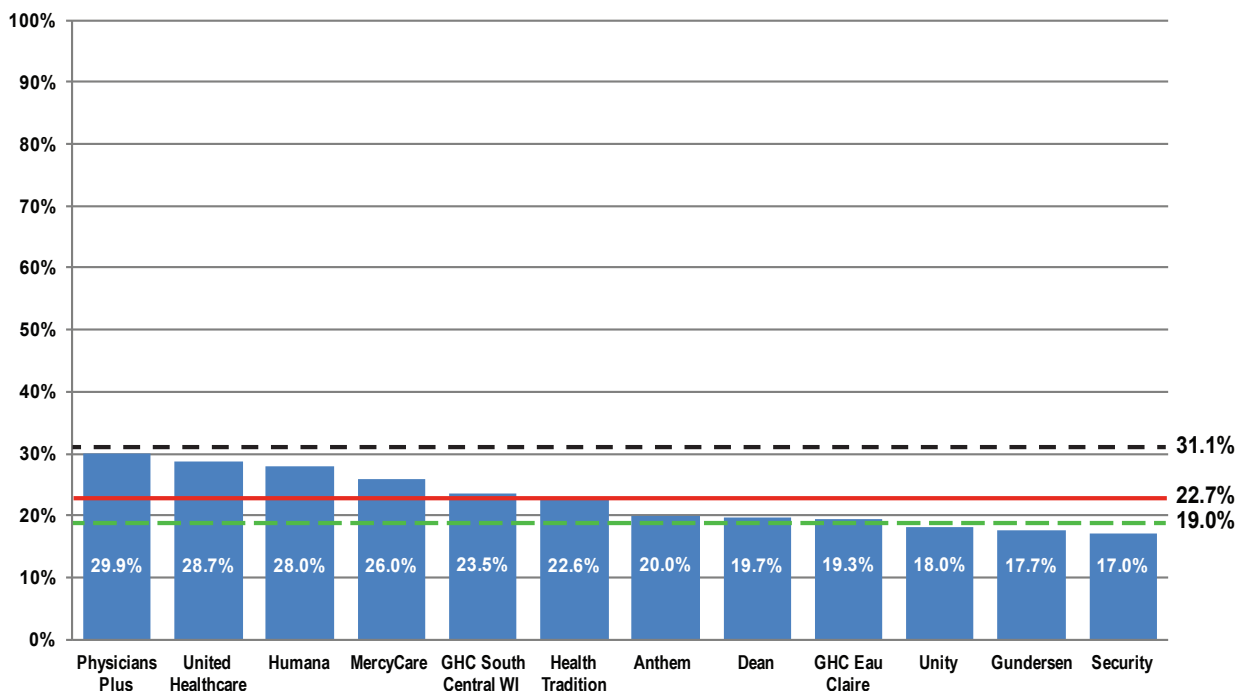


Figure 3c: Blood Pressure Control (<140/90 mmHg). The percentage of members 18-75 years of age with diabetes whose most recent blood pressure is less than 140/90 mmHg.

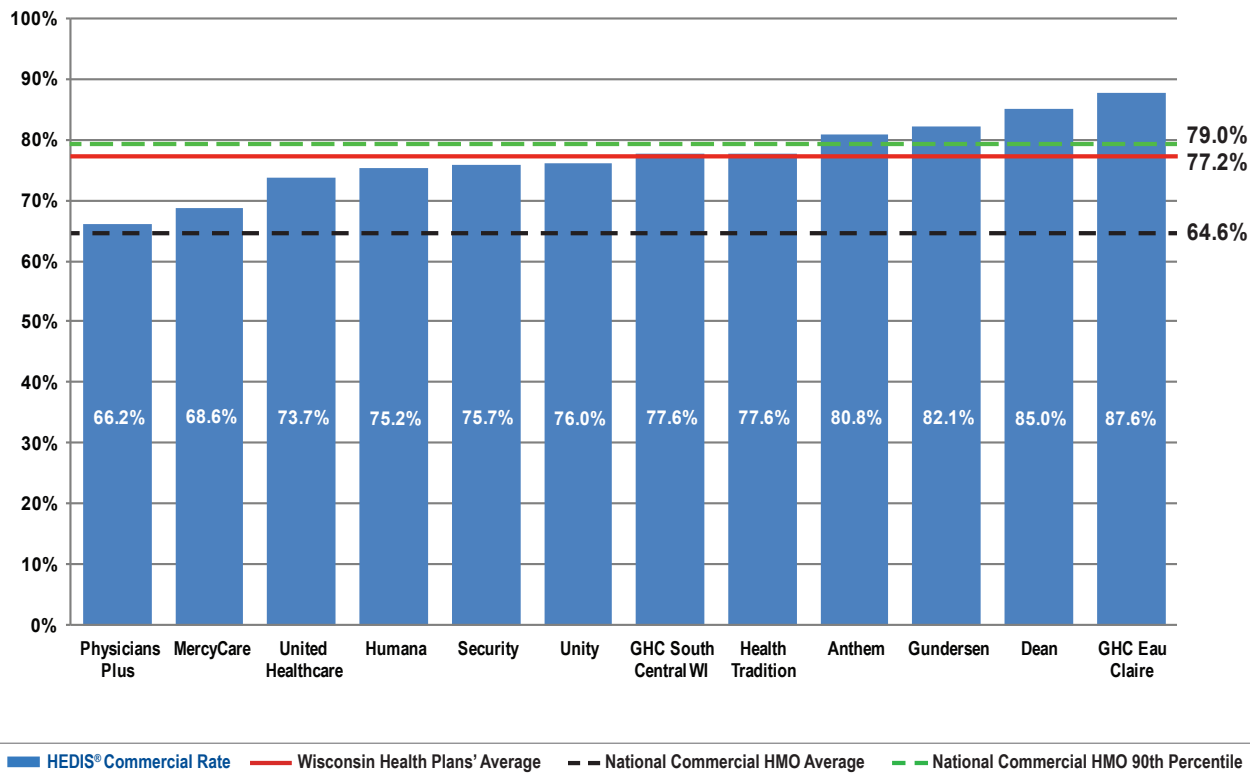


Figure 3d: HbA1c Testing. The percentage of members 18-75 years of age with diabetes who had a HbA1c test performed during the measurement year.

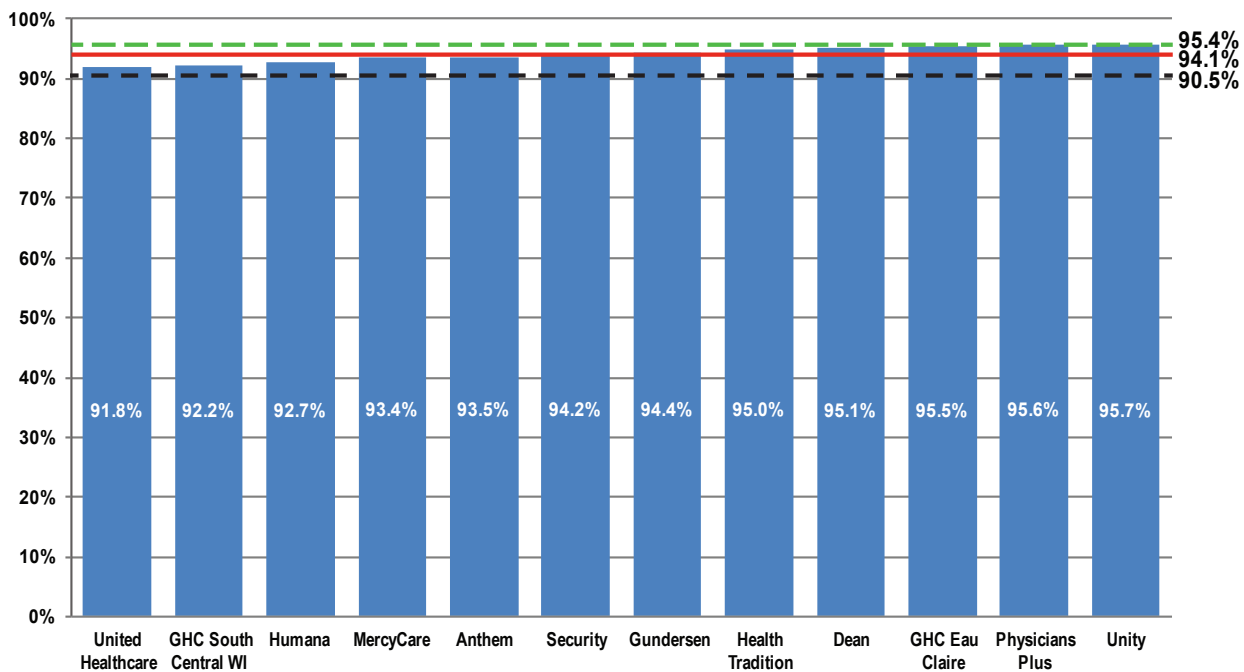


Figure 3e: Eye Exam (Retinal) Performed. The percentage of members 18-75 years of age with diabetes who had an eye screening for diabetic retinal disease performed by an eye care professional.

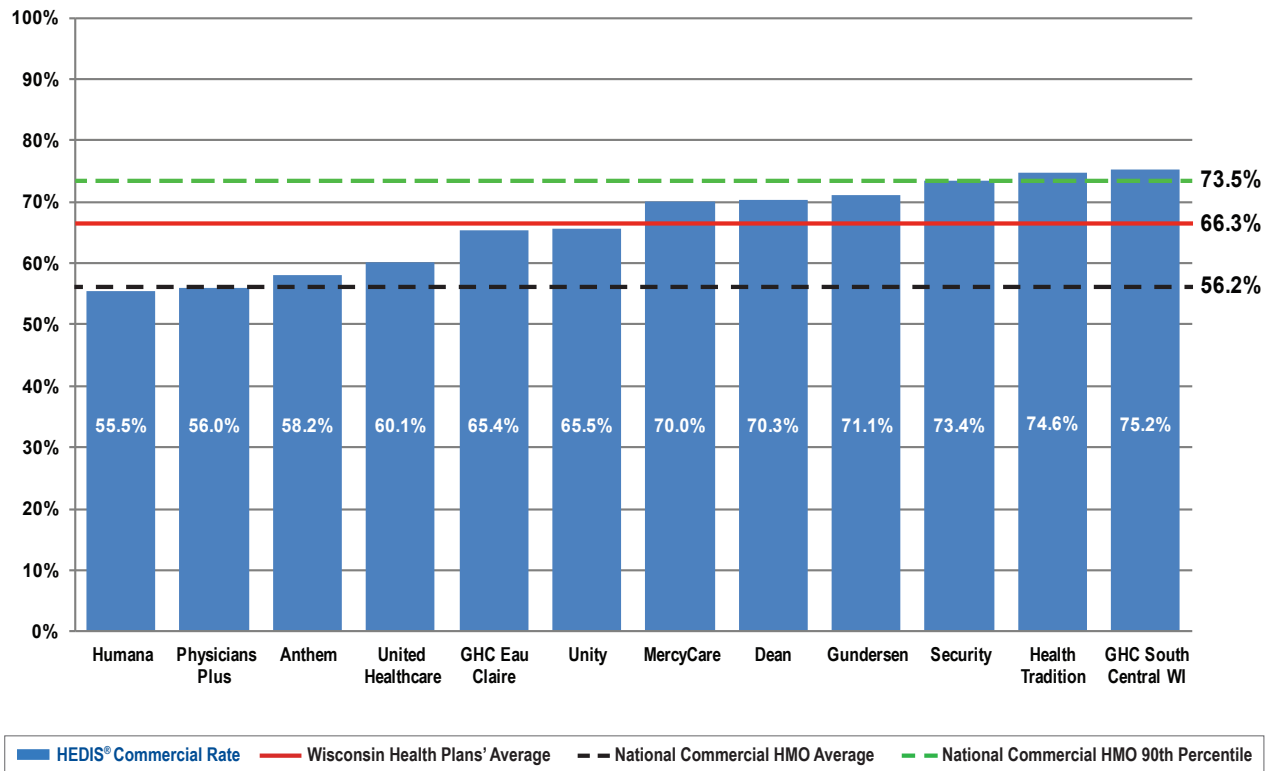
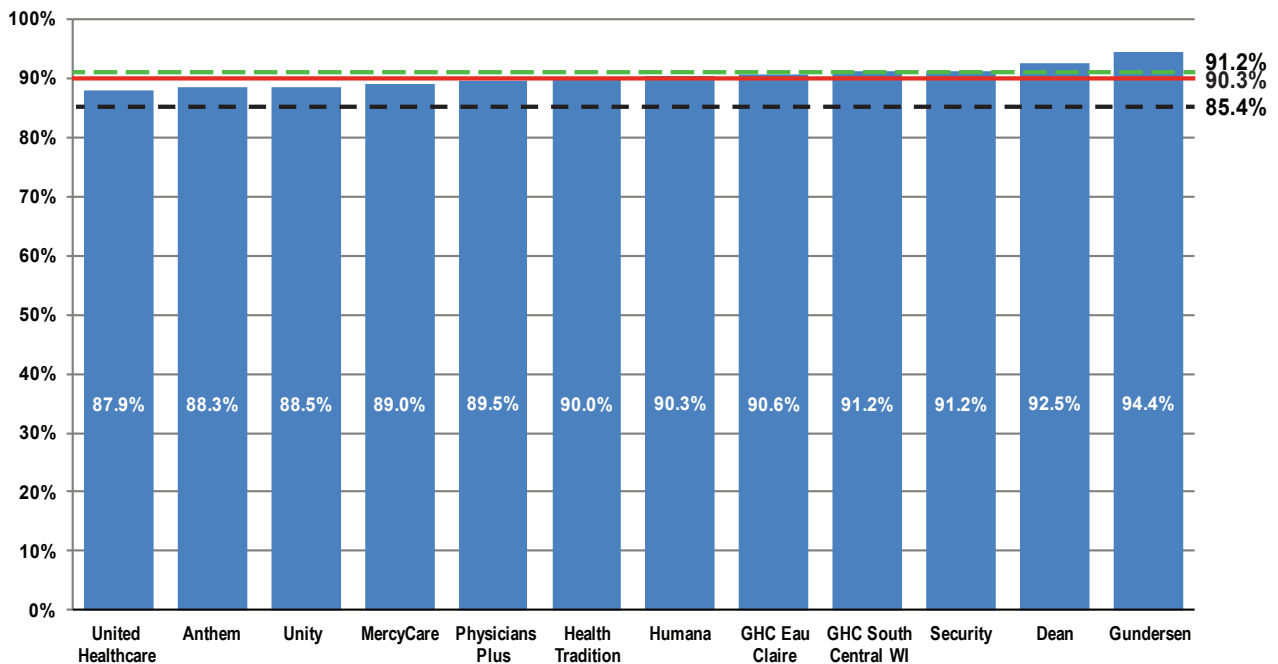


Figure 3f: Medical Attention for Nephropathy. The percentage of members 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy.



BLOOD PRESSURE CONTROL

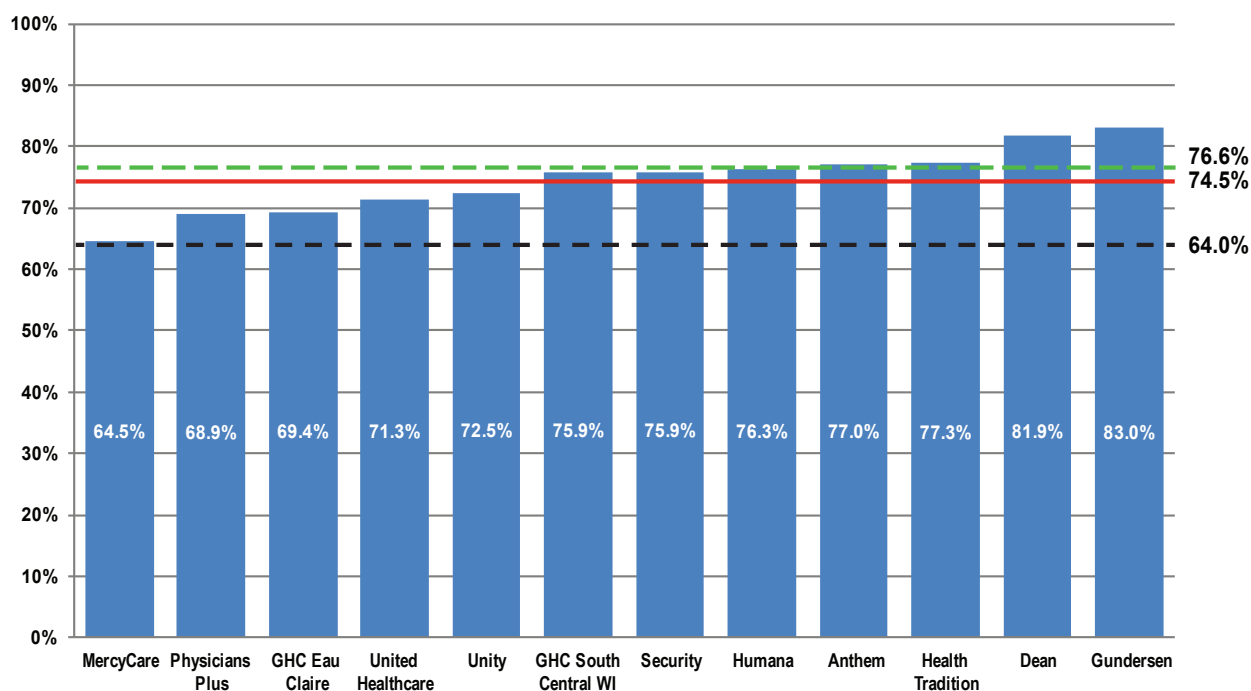
Hypertension, or high blood pressure, is a significant issue. Results from the National Health and Nutrition Examination Survey (NHANES) show that nearly 1 in 3 American adults have hypertension, and about half of them have uncontrolled hypertension.^{14, 15} Hypertension is a major cardiovascular risk factor, leading to increased incidence of and mortality from heart attack and stroke.^{15, 16} To reduce risk, blood pressure can be managed with medication, lifestyle changes, and other interventions.¹⁶

Guidelines issued by the Eighth National Committee (JNC-8) recommend a target blood pressure below 140/90 mmHg for adults ages 18-59, below 140/90 mmHg for adults age 60 and over who have diabetes, and below 150/90 mmHg adults age 60 and over who do not have diabetes.¹⁶ The HEDIS® 2015 Controlling High Blood Pressure measure assesses blood pressure for 18-85 year olds and corresponds to blood pressure targets in the JNC-8 guidelines. Results are summarized in Table 2 and Figure 4.

Table 2: HEDIS® 2015 Cardiovascular Care Measures

Measure	Wisconsin Plans' Range	Wisconsin Plans' Average	National Commercial HMO Average	National Commercial HMO 90 th Percentile
Controlling High Blood Pressure	64.5 - 83.0%	74.5%	64.0%	76.6%

Figure 4: Controlling High Blood Pressure. The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.



CANCER SCREENING

Early detection and treatment of colorectal, breast, and cervical cancers can lead to better outcomes and decreased mortality.^{17,18,19} The United States Preventive Services Task Force recommends routine screening for colorectal cancer beginning at age 50 and screening mammography for breast cancer for women ages 50-74.^{17,18} They recommend screening for cervical cancer in women age 21-65 with cytology every 3 years or, for women ages 30-65, screening with a combination

of cytology and human papillomavirus (HPV) testing every 5 years.¹⁹ However, they recommend against screening for cervical cancer in women younger than age 21.¹⁹ Health plans submitted data for four HEDIS® 2015 measures to evaluate the percentage of members that were appropriately screened for colorectal, breast, and cervical cancer. See Table 3 and Figures 5a-5c for results.

Table 3: HEDIS® 2015 Cancer Screening Measures

Measure	Wisconsin Plans' Range	Wisconsin Plans' Average	National Commercial HMO Average	National Commercial HMO 90 th Percentile
Colorectal Cancer Screening	59.5 - 81.7%	70.1%	64.3%	75.7%
Breast Cancer Screening	71.9 - 84.7%	79.2%	73.7%	82.4%
Cervical Cancer Screening	71.2 - 85.0%	78.1%	76.3%	83.6%
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.6 – 2.3%	1.3%	3.4%	1.1%

■ HEDIS® Commercial Rate — Wisconsin Health Plans' Average - - National Commercial HMO Average - - National Commercial HMO 90th Percentile

Figure 5a: Colorectal Cancer Screening. The percentage of members 50-75 years of age who had appropriate screenings for colorectal cancer.

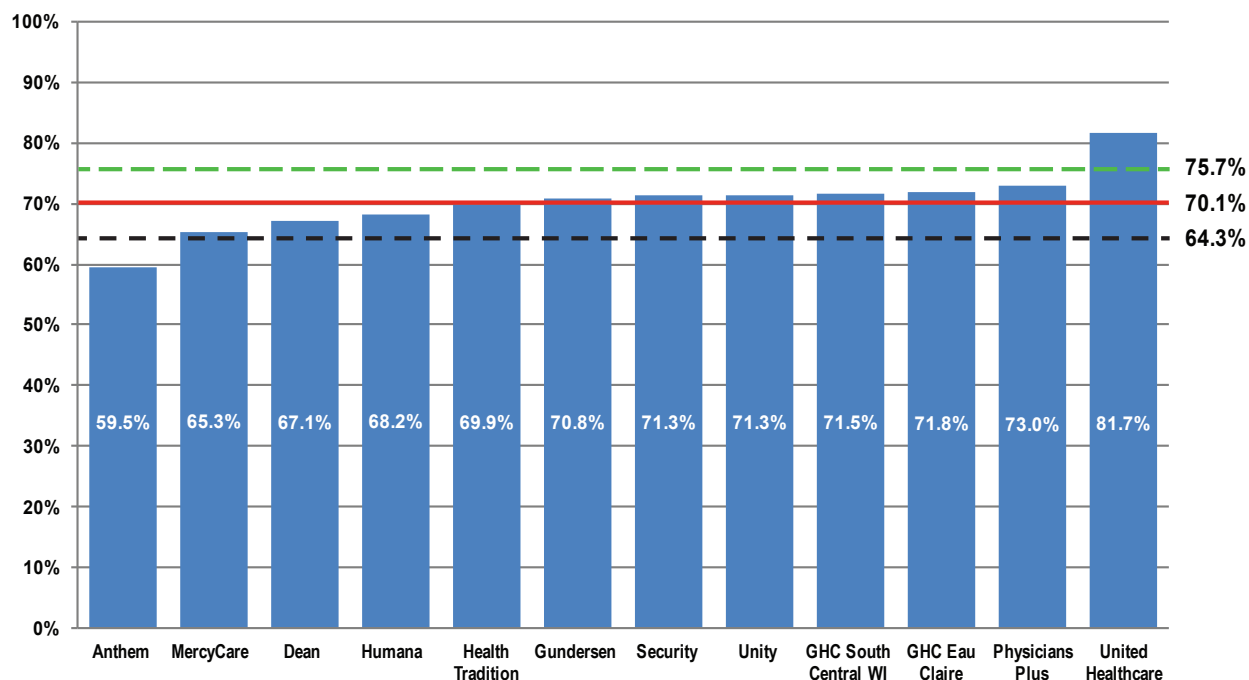
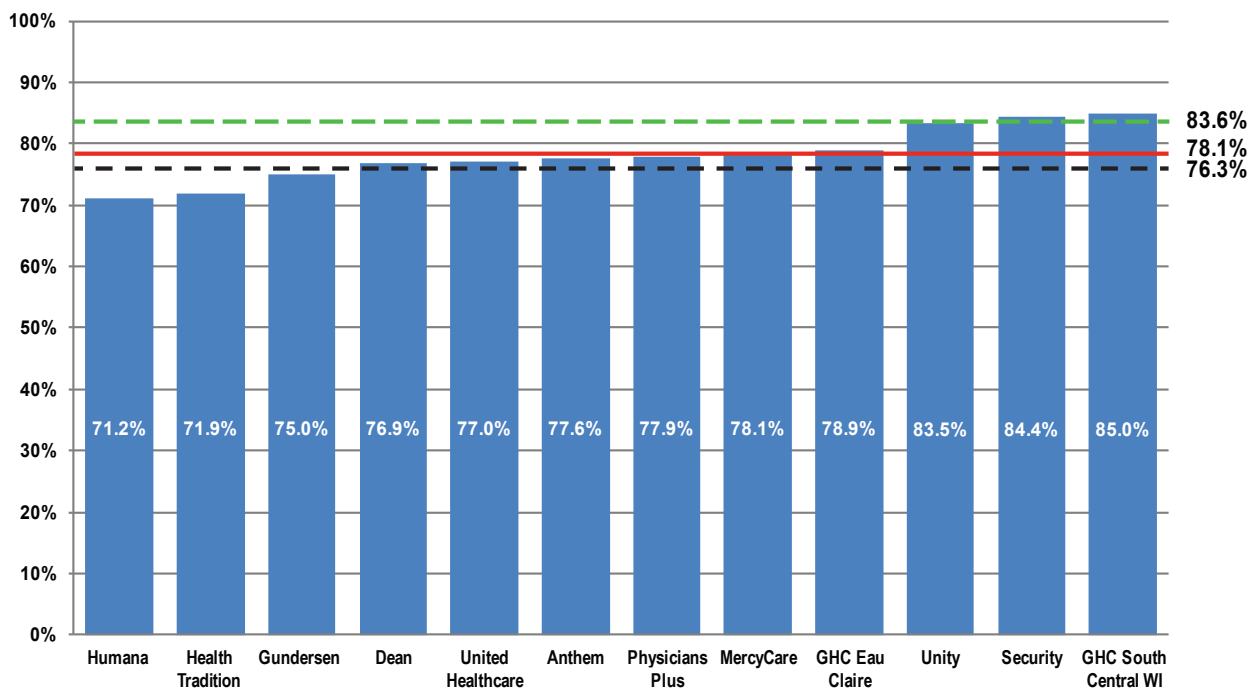


Figure 5b: Breast Cancer Screening. The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.



Figure 5c: Cervical Cancer Screening. The percentage of women 21-64 years of age who had appropriate screening for cervical cancer.



WEIGHT ASSESSMENT AND COUNSELING

Weight, nutrition, and physical activity all affect the risk of chronic disease, and overweight and obesity are themselves chronic conditions.¹ Data was collected for four HEDIS® 2015 process measures related to weight assessment and counseling. First, the Adult Body Mass Index (BMI) Assessment measure was used to evaluate BMI documentation for adults ages 18-74. Next, three Weight Assessment and Counseling measures were used to examine documentation of BMI percentile and counseling for nutrition and physical activity in 3-17 year olds. Results for all four measures are summarized in Table 4, with detailed results for selected measures shown in Figures 6a-6c.



Table 4: HEDIS® 2015 Weight Assessment and Counseling Measures

Measure	Wisconsin Plans' Range	Wisconsin Plans' Average	National Commercial HMO Average	National Commercial HMO 90 th Percentile
Adult BMI Assessment	73.7 - 93.4%	85.3%	75.9%	93.0%
Child/Adolescent BMI Percentile Documentation	34.5 - 86.1%	73.8%	61.3%	87.6%
Child/Adolescent Counseling for Nutrition	53.7 - 85.2%	67.9%	59.2%	82.5%
Child/Adolescent Counseling for Physical Activity	45.3 - 77.6%	61.4%	56.0%	79.0%

Figure 6a: Adult BMI Assessment. The percentage of members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or year prior.

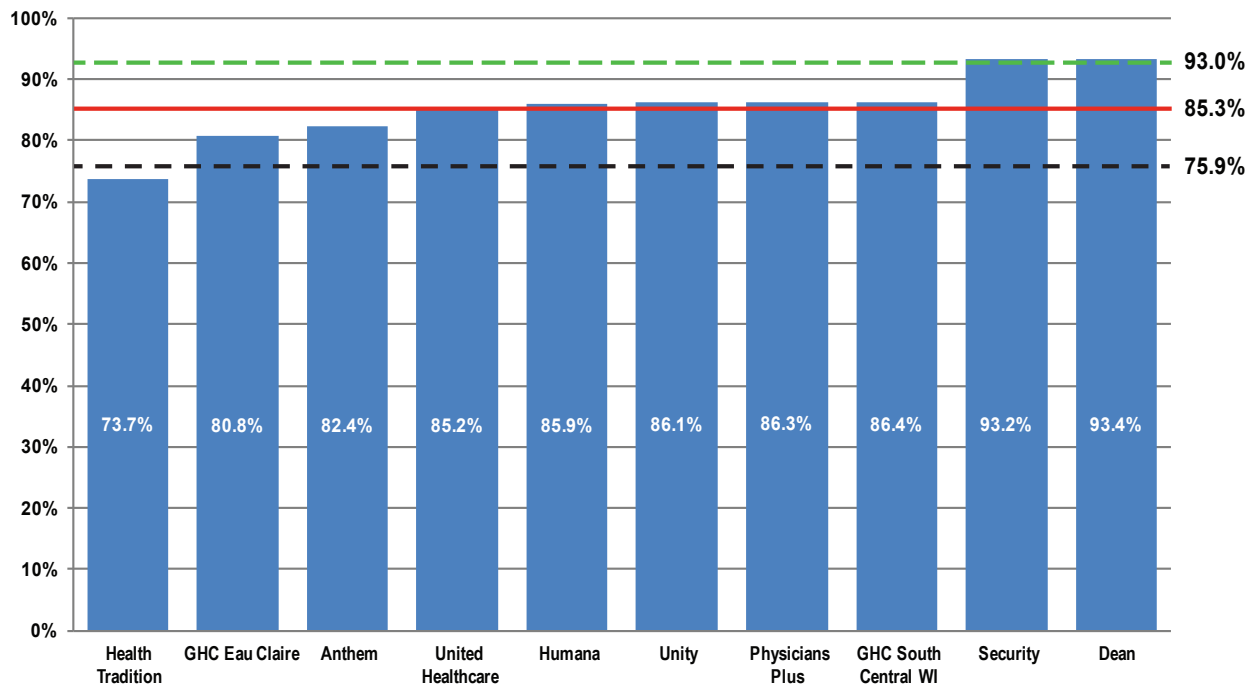


Figure 6b: Child/Adolescent Counseling for Nutrition. The percentage of members 3-17 years of age who had an outpatient visit and documentation of counseling for nutrition or referral for nutrition education during the measurement year.

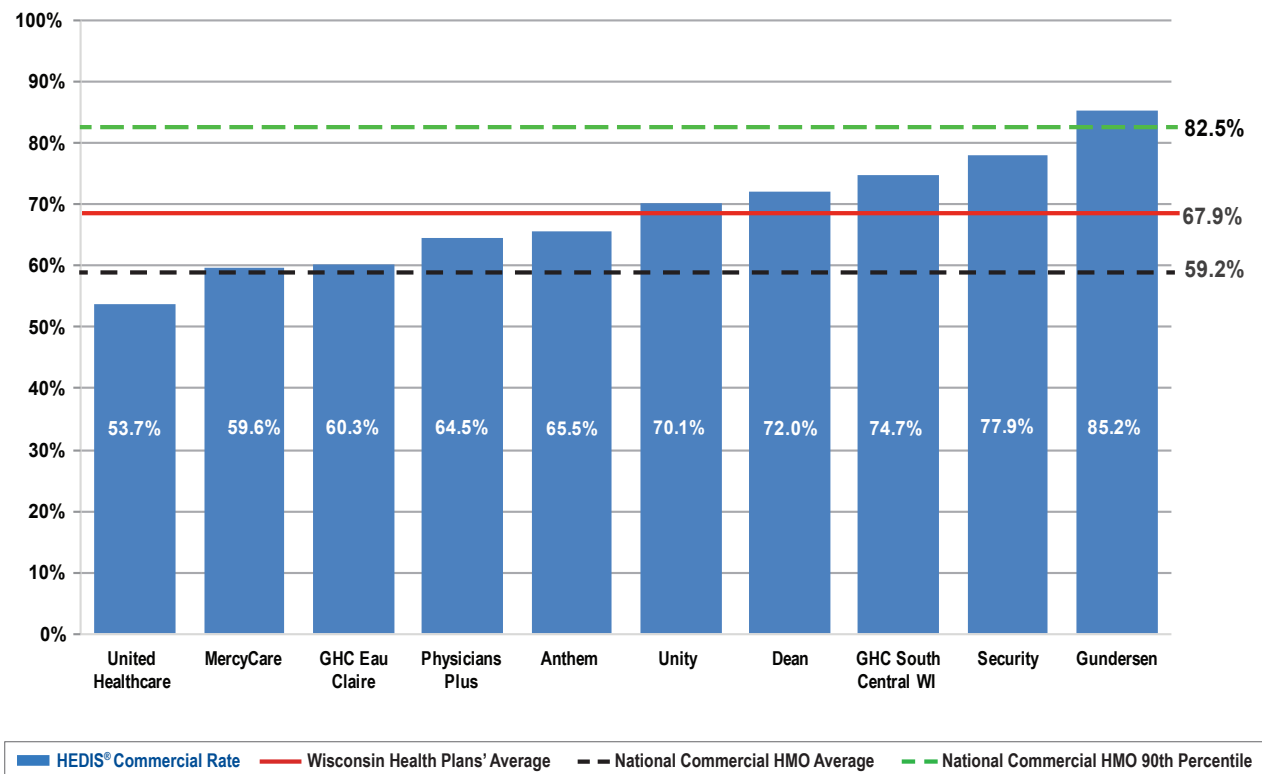
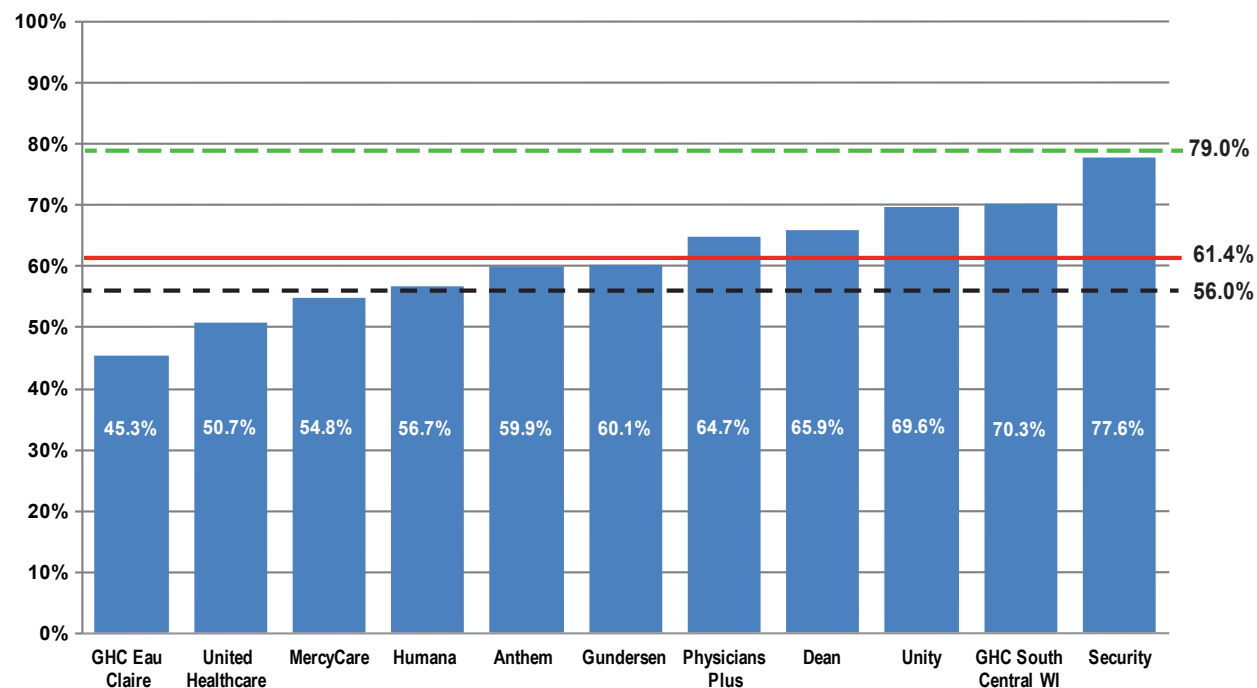


Figure 6c: Child/Adolescent Counseling for Physical Activity. The percentage of members 3-17 years of age who had an outpatient visit and documentation of counseling for physical activity or referral for physical activity during the measurement year.



ADDITIONAL MEASURES

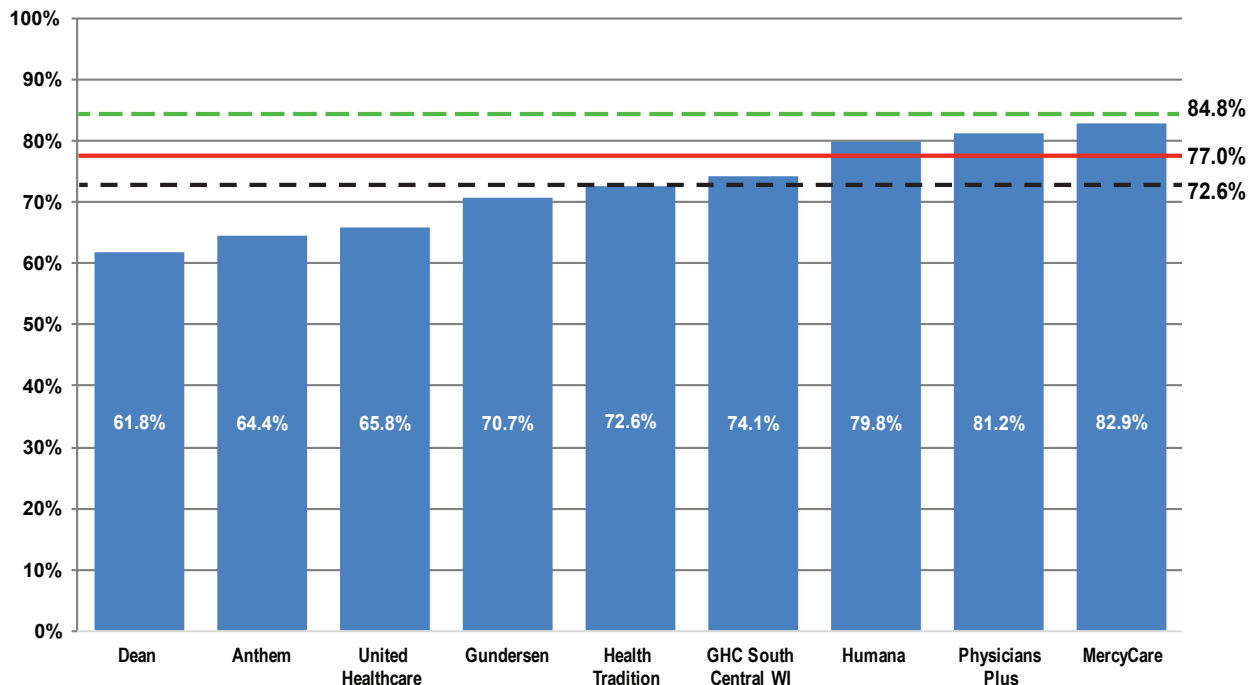
Data was collected for five additional HEDIS® 2015 measures. Tobacco use is a major chronic disease risk factor, and three measures were used to determine the percentage of members that received assistance with smoking and tobacco cessation. This data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is collected annually and reported as two-year rolling averages.

Data was also collected for two HEDIS® 2015 Antidepressant Medication Management measures. All five measures are summarized in Table 5, with detailed results for the Advising Smokers and Tobacco Users to Quit measure shown in Figure 7.

Table 5: Additional HEDIS® 2015 Measures

Measure	Wisconsin Plans' Range	Wisconsin Plans' Average	National Commercial HMO Average	National Commercial HMO 90 th Percentile
Medical Assistance with Smoking and Tobacco Use Cessation				
Discussing Smoking Cessation Medications	35.9 - 61.2%	51.1%	51.8%	60.2%
Discussing Smoking Cessation Strategies	30.1 - 55.3%	47.4%	47.0%	58.7%
Advising Smokers and Tobacco Users to Quit	61.8 - 82.3%	72.6%	77.0%	84.8%
Antidepressant Medication Management				
Effective Acute Phase Treatment	61.4 - 77.5%	70.7%	66.2%	76.1%
Effective Continuation Phase Treatment	46.9 - 63.4%	54.8%	49.9%	59.9%

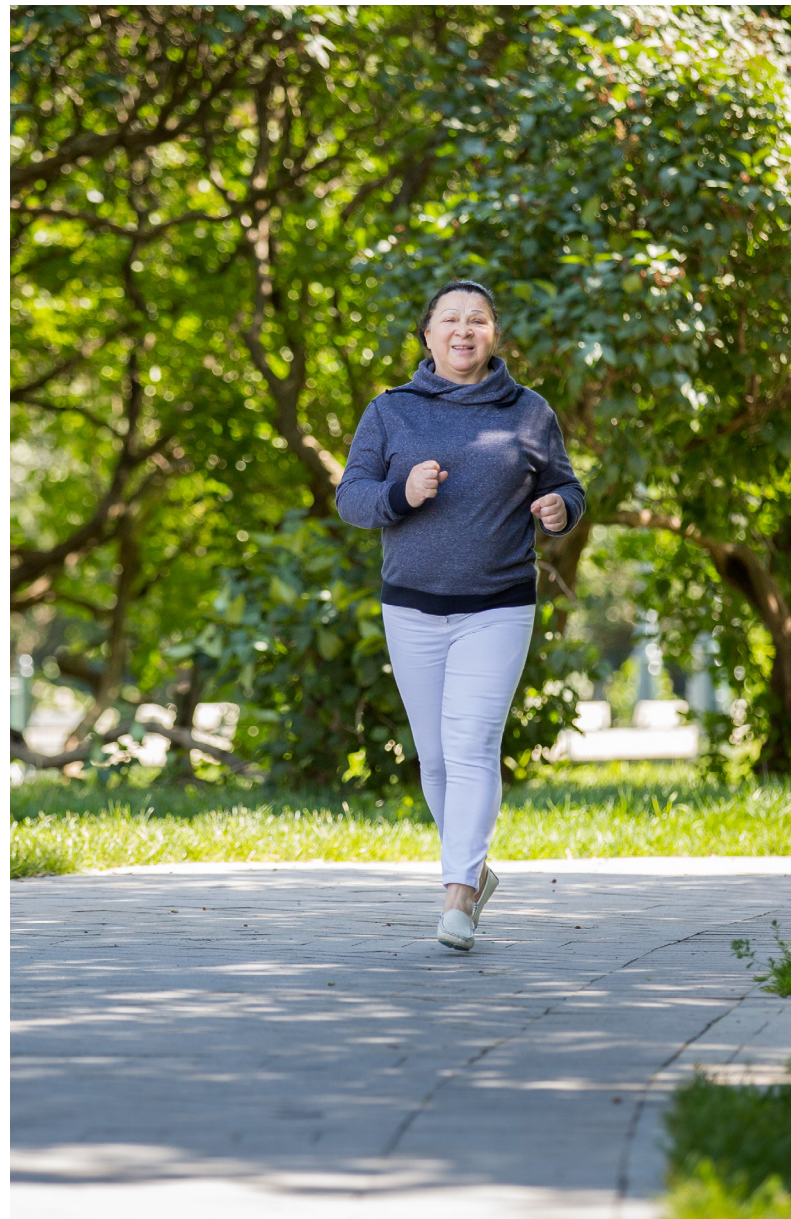
Figure 7: Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of adult members who are current smokers or tobacco users and who received cessation advice during the measurement year.



INTERPRETING THE DATA

Twelve health plans voluntarily submitted the commercial HMO HEDIS® 2015 data summarized in this report. Data was collected for 21 chronic disease measures, and national comparison data was obtained from NCQA's The State of Health Care Quality 2015 report.¹² Health plans' reported rates were compared with one another and with group and national averages. Key findings included:

- **As a group, the health plans performed very well compared with national averages.** The Wisconsin health plans' average was better than the national commercial HMO average for 19 of the 21 measures – often much better. In fact, for five measures, every one of the Wisconsin health plans performed better than the national commercial HMO average.
- **Individually, many health plans exceeded the national 90th percentile.** For 17 of the 21 measures, at least one of the Wisconsin health plans performed better than the national commercial HMO 90th percentile. Furthermore, 11 of the 12 health plans exceeded the national commercial HMO 90th percentile for at least one measure.
- **Performance varied between health plans, leaving room for further improvement.** The amount of variation between health plans differed from measure to measure. The most variation was seen in the weight and smoking cessation measures, while the least variation was seen in the HbA1c testing and nephropathy measures. Measures with more variation may represent opportunities for further improvement as health plans share strategies and implement new approaches.



FROM DATA TO ACTION

Data drives action, and this group uses HEDIS® 2015 results to help focus our efforts to prevent chronic disease and improve the quality of care. This year, the group has discussed evidence-based strategies and emphasized coordination with partners.

This year, focus areas have included:

- **Hypertension:** Hypertension affects 1 in 3 adults and is a major cardiovascular risk factor.^{14, 15} The national Million Hearts™ initiative, which aims to prevent 1 million heart attacks and strokes, recommends strategies that health plans can use to improve blood pressure control.^{20, 21} Examples include addressing medication adherence, self-measured blood pressure monitoring, and team-based care.^{20, 21}
- **Medication Adherence:** Chronic conditions like hypertension and diabetes can be managed with medications, and medication adherence affects health outcomes and costs, but many patients struggle to maintain long-term medication regimens.²² Our group is exploring ways that health plans can help improve medication adherence, such as analyzing claims data, reaching out to members, and partnering with pharmacists.
- **Self-Management:** Evidence-based programs can assist people living with or at risk for chronic conditions by providing support with lifestyle changes and self-management. Examples include the National Diabetes Prevention Program and the Stanford-licensed programs called Living Well with Diabetes and Living Well with Chronic Conditions. Health plans can connect members with and provide coverage for these programs.

Many partners around Wisconsin are also working to address chronic disease, and it is important to align our efforts to maximize impact. This year, the group has learned about partners' work, including:

- **State Health Improvement Plan:** Wisconsin drafted a State Health Innovation Plan under the Center for Medicare and Medicaid Innovation's State Innovation Models grant program. The plan focuses on improving health and healthcare for Wisconsin adults with diabetes and hypertension or depression. The recommended strategies require involvement of a diverse array of partners and sustainable financing. To learn more, see <https://www.dhs.wisconsin.gov/sim/index.htm>.
- **Wisconsin Collaborative for Healthcare Quality Toolkits:** Quality improvement steering teams prepared diabetes, hypertension, and colorectal cancer screening toolkits. These toolkits contain evidence-based strategies and supporting resources that healthcare provider organizations can use to improve care and health outcomes. The toolkits were shared with the group and are publicly available online at <http://www.hipxchange.org>. (Users will be prompted to register at no cost.)
- **Million Hearts® Wisconsin CHALLENGE:** This one-year challenge promotes blood pressure control and management in alignment with the national Million Hearts™ campaign to prevent one million heart attacks and strokes. It aims to recognize clinical and community efforts leading to lower blood pressure, improved blood pressure control, and heart-healthy lifestyles. Learn more at <https://www.dhs.wisconsin.gov/cardiovascular/million-hearts.htm>



References and Resources

- 1) Wisconsin Department of Health Services. *The Epidemic of Chronic Disease in Wisconsin: Why it Matters to the Economy and What You Can Do to Help*. Madison, WI: WI Dept. of Health Services, Division of Public Health, 2010. <http://www.dhs.wisconsin.gov/publications/p0/p00238.pdf>
- 2) Wisconsin Department of Health Services. *Wisconsin Diabetes Surveillance Report 2012*. Madison, WI: WI Dept. of Health Services, Division of Public Health, 2013. <https://www.dhs.wisconsin.gov/publications/p4/p43084.pdf>
- 3) Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, GA: US Dept. of Health and Human Services, Centers for Disease Control and Prevention, 2016. <http://www.cdc.gov/brfss/index.html>
- 4) Wisconsin Department of Health Services. *Wisconsin Interactive Statistics on Health, Cancer Module*. Madison, WI: WI Dept. of Health Services, Division of Public Health, 2016. <http://www.dhs.wisconsin.gov/wish/cancer/index.htm>
- 5) Wisconsin Department of Health Services. *Wisconsin Interactive Statistics on Health, Mortality Module*. Madison, WI: WI Dept. of Health Services, Division of Public Health, 2015. <http://www.dhs.wisconsin.gov/wish/mortality/index.htm>
- 6) Wisconsin Department of Health Services. *The Burden of Heart Disease and Stroke in Wisconsin 2010*. Madison, WI: WI Dept. of Health Services, Division of Public Health, 2011. <https://www.dhs.wisconsin.gov/publications/p0/p00146.pdf>
- 7) American Diabetes Association. Economic costs of diabetes in the U.S. in 2007. *Diabetes Care*. 2008; 31(3): 596-615.
- 8) American Cancer Society. *Wisconsin Cancer Facts and Figures, 2013-2014*. WI: American Cancer Society, 2014. https://wicancer.org/wp-content/uploads/2015/08/WI-FactsFigures-2013_FINAL.pdf
- 9) World Health Organization. *Preventing Chronic Disease: A Vital Investment*. Geneva: World Health Organization, 2005. http://www.who.int/chp/chronic_disease_report/full_report.pdf
- 10) National Committee for Quality Assurance. *HEDIS® 2015 Volume 2: Technical Specifications for Health Plans*. Washington, DC: National Committee for Quality Assurance, 2014.
- 11) National Committee for Quality Assurance. *HEDIS® 2015 Volume 3: Specifications for Survey Measures*. Washington, DC: National Committee for Quality Assurance, 2014.
- 12) National Committee for Quality Assurance. *The State of Health Care Quality 2015*. Washington, DC: National Committee for Quality Assurance, 2015. <http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality.aspx>
- 13) American Diabetes Association. Standards of medical care in diabetes – 2014. *Diabetes Care*. 2014; 37(1): 514-580.
- 14) Centers for Disease Control and Prevention. National Health and Nutrition Examination Survey data. Atlanta, GA: US Dept. of Health and Human Services, Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/nhanes.htm>
- 15) Valderrama AL, Gillespie C, King SC, George MG, Hong Y, Gregg E. Vital signs: awareness and treatment of uncontrolled hypertension among adults – United States, 2003-2010. *MMWR*. 2012; 61: 703-709.
- 16) James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe G, Smith SC, Svetkey LP, Taler SJ, Townsend RR, Wright JT, Narva AS, Ortiz E. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the members appointed to the Eighth Joint National Committee (JNC8). *JAMA*. 2014; 311(5): 507-520.
- 17) United States Preventive Services Task Force. Screening for breast cancer: US Preventive Services Task Force recommendation statement. *Ann Int Medicine* 2009; 151(10): 716-726.
- 18) United States Preventive Services Task Force. Final Recommendation Statement: Colorectal Cancer Screening. US Preventive Services Task Force, 2008. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening>
- 19) United States Preventive Services Task Force. Final Recommendation Statement: Cervical Cancer Screening. US Preventive Services Task Force, October 2014. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening>
- 20) United States Dept. of Health and Human Services. Be One in a Million Hearts: Preventing 1 Million Heart Attacks and Strokes by 2017. http://millionhearts.hhs.gov/Docs/MH_Fact_Sheet.pdf (accessed March 2016).
- 21) United States Dept. of Health and Human Services. Be One in a Million Hearts: As an Insurer. <http://millionhearts.hhs.gov/insurers.html> (accessed November 2015).
- 22) Seabury SA, Lakdawalla DN, Dougherty JS, Sullivan J, Goldman DP. Medication adherence and measures of health plan quality. *Am J Manag Care*. 2015; 21(6): e379-e389.



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