

Wisconsin Arthritis Program HEDIS® Measures Report

Introduction

This brief report highlights the Wisconsin Arthritis Program and summarizes HEDIS® anti-rheumatic therapy data for care provided from 2007 through 2010. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Arthritis Program to share the following HEDIS® data.

Burden/Prevalence of Arthritis in Wisconsin

Arthritis is a common chronic condition in Wisconsin, and the most common cause of disability. About 25% of adults aged 18 years and older (1.0 million) in Wisconsin reported that they had some form of arthritis during 2009. Arthritis is comprised of over 100 disease types and rheumatic conditions. These include osteoarthritis (the most common), rheumatoid arthritis, systemic lupus erythematosus, gout, Lyme disease, bursitis, and others. Although arthritis affects both men and women, women have a higher prevalence rate. About 28% of Wisconsin women (583,000) reported arthritis in comparison to 22% of Wisconsin men (450,000). Adults who are overweight or obese are more likely to have arthritis than those of normal weight. Forty-two percent of adults with arthritis were obese, compared with 25% of adults without arthritis. More than half of adults with diabetes and heart disease also have arthritis. The presence of arthritis can complicate management of these chronic conditions by presenting an additional barrier to healthier lifestyles, such as increased pain during physical activity.

Mission

The Wisconsin Arthritis Program provides statewide coordination aimed at prevention, management, and support for Wisconsin residents with arthritis and their families. The Program ensures and expands the availability of evidence-based interventions (self-management), physical activity, nutrition choices, injury prevention, and weight management. The Program strives to expand these types of resources in all settings statewide (communities, worksites, health care, and schools).

Program Goals

- Promote increased access and use of evidence-based interventions
- Support policy and decision-making to address arthritis issues
- Collaborate with other chronic condition programs, partners, coalitions, and strategic planning efforts
- Monitor arthritis prevalence and program impacts

Projects

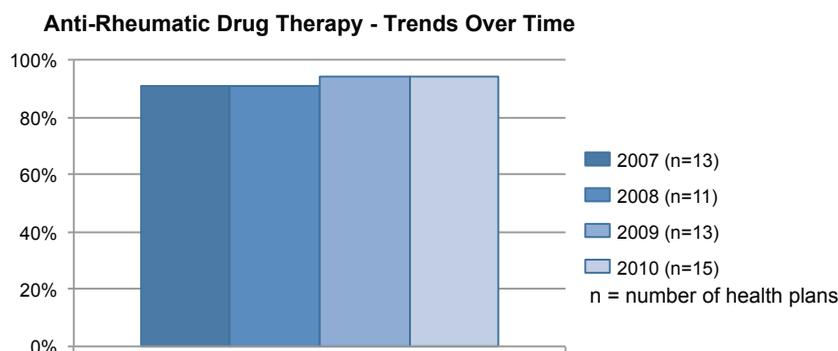
- The Arthritis Program promotes and expands the reach of Living Well with Chronic Conditions (Chronic Disease Self-management Program) and Tomando Control de Su Salud (Spanish version). Living Well with Chronic Conditions emphasizes proven strategies to assist persons with chronic conditions to manage symptoms with practical approaches to pain, stress, fatigue, and weight gain. The sessions also cover physical activity and diet choices; medication and treatment management; and communication improvement skills with family and health providers.
- The Arthritis Program conducts health communication campaigns entitled, *Physical Activity*, *The Arthritis Pain Reliever*, and *Buenos Días Arthritis* (Spanish campaign). These campaigns are conducted in partnership with Wisconsin communities and promote physical activity for people with arthritis using tailored messages and events.

Program Highlights

- The Arthritis Program is a statewide program with a special relationship through Milwaukee Area Health Education Center. The Program works with urban Milwaukee and southeastern Wisconsin populations, as well as rural populations with its varied programs, specifically Living Well with Chronic Conditions, Arthritis Foundation Exercise Program, and health communication campaigns.

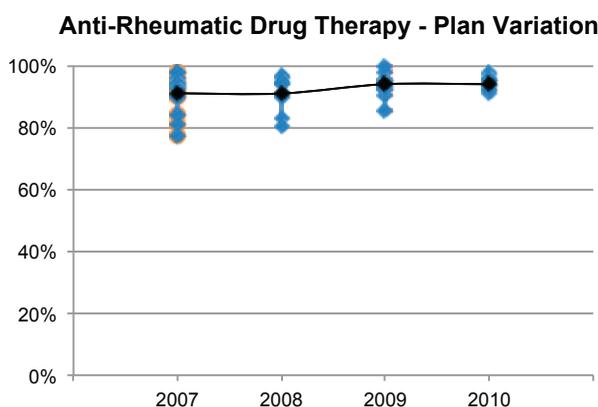
HEDIS® Measures

The following graphs show data from the HEDIS® disease modifying anti-rheumatic drug (DMARD) therapy measure reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2007 through 2010. The number of plans submitting data each year ranged from 11 to 15. The annual average number of individuals in the sample was 1,960 for anti-rheumatic drug therapy. Over time, this measure has shown a slight increase in the group mean and the variation among plans has decreased.



	Group Mean (2009)	Group Mean (2010)	Direction of Trend (2009-10)	Variation among Plans*	National Mean (2010)	Group vs. National Mean
Anti-Rheumatic Drug Therapy	94%	94%	No Change	Medium Range=7	88%	Better than National

* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.



Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally. The national mean data are reported from the *State of Health Care Quality 2011*.

The HEDIS® disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis care measure assesses the percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription. For this HEDIS® measure, health plans submit administrative data from electronic records of services, such as insurance claims or registration systems.

This historical report is a Chronic Disease Program Integration Project.

For questions regarding this chronic disease report, contact the Arthritis Program at (608) 266-2593 or (414) 344-0675.

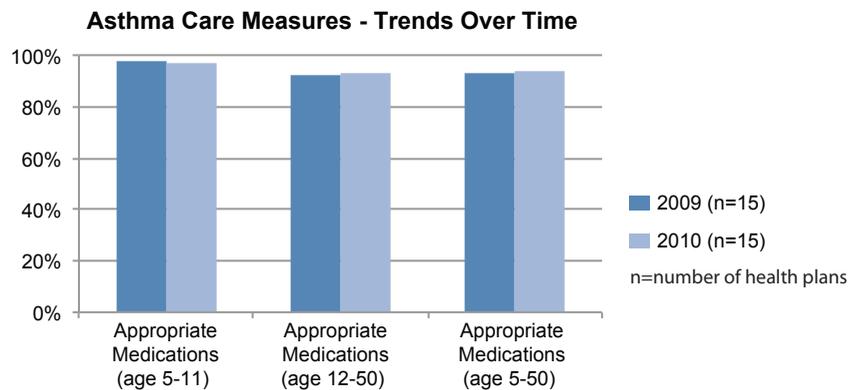
For more information, visit <http://dhs.wisconsin.gov/health/arthritis> or <http://www.wisconsinarthritisprogram.org>

This publication was supported in part by Cooperative Agreement Number 5U58DP001997-03 from the Centers for Disease Control and Prevention and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.

Wisconsin Asthma Program HEDIS® Measures Report

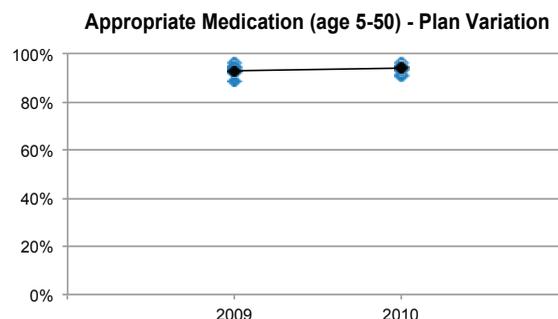
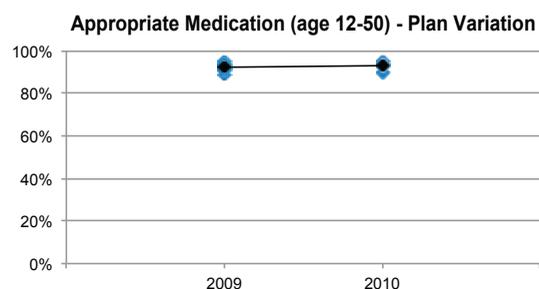
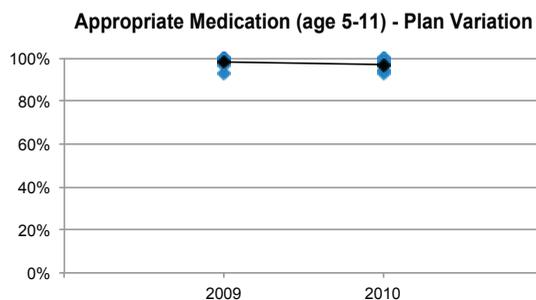
HEDIS® Measures

The following graphs show data from the HEDIS® asthma care measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2009 through 2010. There were 15 plans submitting data each year. The annual average number of individuals in the sample for appropriate medications was 2,229 for age 5-11, 9,587 for age 12-50, and 11,799 for age 5-50. The measures show improvement in appropriate medication for asthma care for the 12-50 age group.



	Group Mean (2009)	Group Mean (2010)	Direction of Trend (2009-2010)	Variation among Plans*	National Mean (2010)	Group vs. National Mean
Appropriate Medications (Age 5-11)	98%	97%	Decrease	Low Range=7	97%	Same as National
Appropriate Medications (Age 12-50)	92%	93%	Increase	Low Range=6	92%	Better than National
Appropriate Medications (Age 5-50)	93%	94%	Increase	Low Range=5	93%	Better than National

* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.



Technical Specifications

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The HEDIS® use of appropriate medications for people with asthma measure assesses the percentage of enrolled members 5 to 50 years of age with persistent asthma, who were prescribed medications acceptable as primary therapy for long-term control of asthma. This measure is collected separately for children (5 to 11), and adults (12 to 50). A total rate is also reported. For these HEDIS® measures, health plans submit administrative data from electronic records of services, such as insurance claims or registration systems.

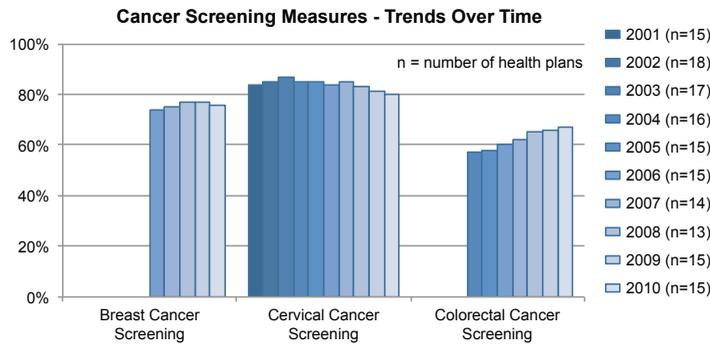
This historical report is a Chronic Disease Program Integration Project. For questions regarding this chronic disease report, contact the Wisconsin Asthma Program at (608) 267-6845. For more information, visit <http://dhs.wisconsin.gov/eh/asthma>.

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Wisconsin Comprehensive Cancer Control Program HEDIS® Measures Report

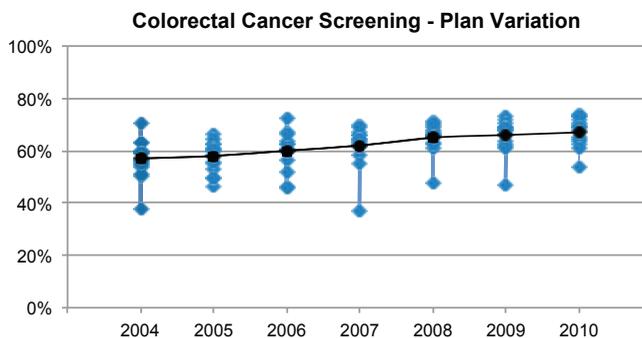
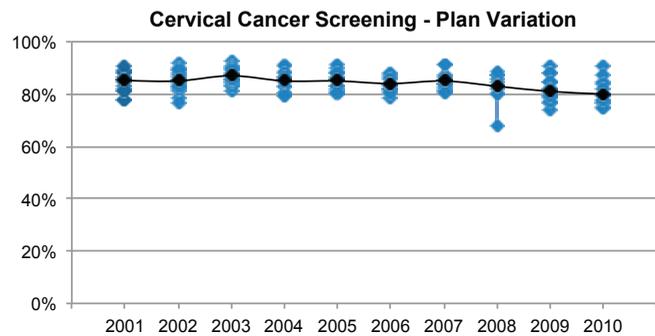
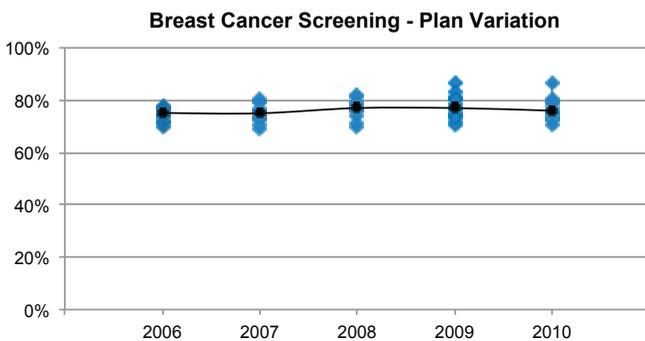
HEDIS® Measures

The following graph shows data from the HEDIS® cancer screening measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2001 through 2010. The number of plans submitting data each year ranged from 13 to 18. The annual average number of individuals in the sample was 132,448 for breast cancer screening, 80,453 for cervical cancer screening, and 39,970 for colorectal cancer screening. The colorectal cancer screening measure shows the most improvement.



	Group Mean (2009)	Group Mean (2010)	Direction of Trend (2009-2010)	Variation among Plans*	National Mean (2010)	Group vs. National Mean
Breast Cancer Screening	77%	76%	Decrease	Medium Range=16	71%	Better than National
Cervical Cancer Screening	81%	80%	Decrease	Medium Range=17	77%	Better than National
Colorectal Cancer Screening	66%	67%	Increase	Medium Range=21	63%	Better than National

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Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS[®]) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS[®] data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS[®] measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally. The national mean data are reported from the *State of Health Care Quality 2011*.

The HEDIS[®] breast cancer screening measure estimates the percentage of women ages 40 to 69 who had at least one mammogram in the past two years. This measure changed in 2009 from using stratified age groups to one age group (40-69). The cervical cancer screening measure estimates the percentage of women 18 to 64 years of age who were enrolled in a health plan and who had at least one Pap test in the past three years. The colorectal cancer screening measure estimates the percentage of adults 50 to 80 years of age who have had appropriate screening for colorectal cancer with any of the four following tests: fecal occult blood test during the measurement year, flexible sigmoidoscopy during the measurement year or the four years prior, double contrast barium enema during the measurement year or the four years prior, and colonoscopy during the measurement year or the nine years prior. For these HEDIS[®] measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data.

This historical report is a Chronic Disease Program Integration Project.

For questions regarding this chronic disease report, contact the Wisconsin Comprehensive Cancer Control Program at (608) 265-9322.

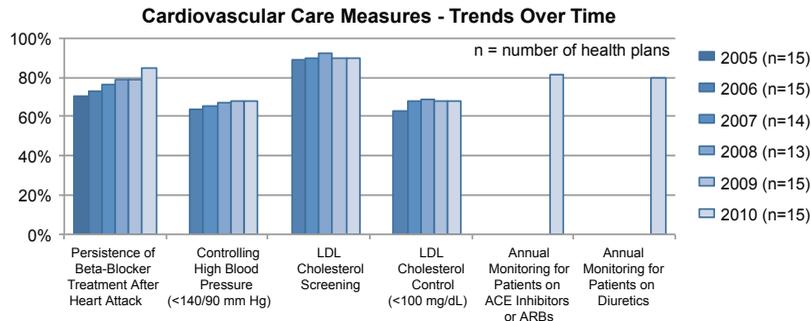
For more information, visit <http://www.wicancer.org>.

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Wisconsin Heart Disease and Stroke Prevention Program HEDIS® Measures Report

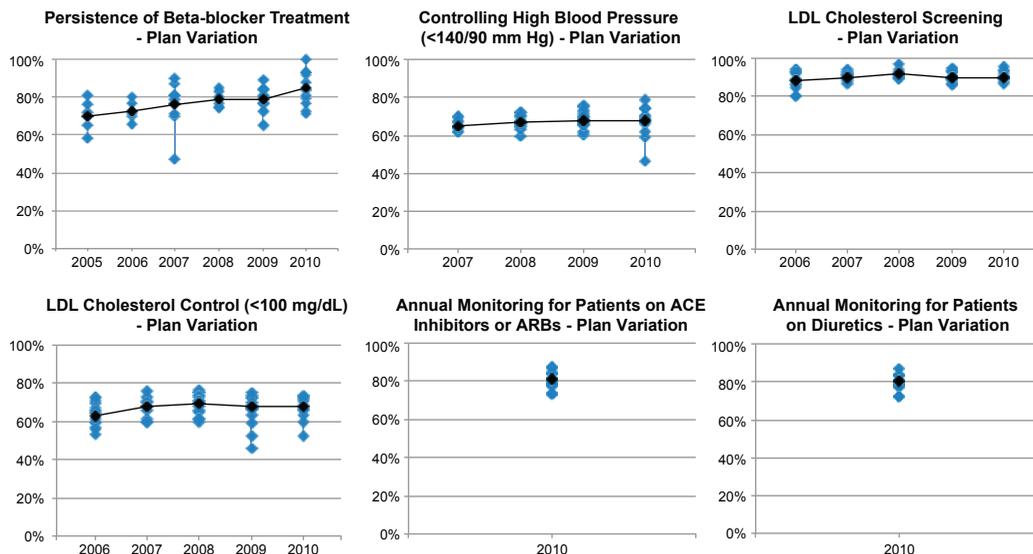
HEDIS® Measures

The following graphs show HEDIS® cardiovascular care measures reported by HMOs and health plans in the Wisconsin Collaborative Diabetes Quality Improvement Project. Data are for care provided for patients with cardiovascular conditions from 2005 through 2010. The number of plans submitting data each year ranged from 13 to 15. The annual average number of individuals in the sample was 497 for persistence of beta blocker treatment after heart attack, 4,716 for controlling high blood pressure, 3,230 for LDL cholesterol screening, 3,458 for LDL cholesterol control (<100 mg/dL), 48,396 for annual monitoring for patients on ACE inhibitors or ARBs, and 40,233 for annual monitoring for patients on diuretics. The cardiovascular measures continue to show a trend of improvement.



	Group Mean (2009)	Group Mean (2010)	Direction of Trend (2009-2010)	Variation among Plans*	National Mean (2010)	Group vs. National Mean
Persistence of Beta-Blocker Treatment After Heart Attack	79%	85%	Increase	High Range=29	76%	Better than National
Controlling High Blood Pressure (<140/90 mm Hg)	68%	68%	No Change	High Range=32	63%	Better than National
LDL Cholesterol Screening	90%	90%	No Change	Low Range=8	89%	Better than National
LDL Cholesterol Control (<100 mg/dL)	68%	68%	No Change	Medium Range=21	60%	Better than National
Annual Monitoring for Patients on ACE Inhibitors or ARBs	**	81%	NA	Medium Range=15	82%	Worse than National
Annual Monitoring for Patients on Diuretics	**	80%	NA	Medium Range=15	81%	Worse than National

* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points. ** Not reported.



Technical Specifications

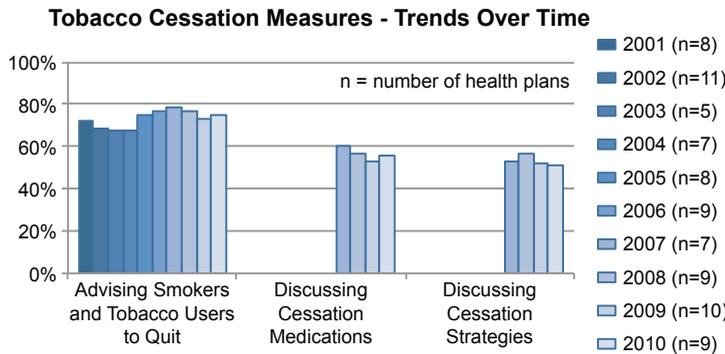
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The HEDIS[®] cholesterol management for patients with cardiovascular conditions measure assesses the percentage of patients 18 to 75 years of age who were discharged for acute myocardial infarction or coronary angioplasty, or who had a diagnosis of ischemic vascular disease, who received an LDL-C screening and whose LDL-C level was controlled to less than 100 mg/dL. The measure of controlling high blood pressure estimates the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled to less than 140/90 mmHg during the measurement year. Both systolic and diastolic pressure must be at or under control for blood pressure to be considered controlled. The measure of persistence of beta blocker treatment after a heart attack assesses the percentage of members 18 years of age and older hospitalized and discharged after surviving a heart attack, who received persistent beta-blocker treatment for six months after discharge. The two measures of annual monitoring for patients assesses the percentage of adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE inhibitors or ARBs, or diuretics during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For these HEDIS[®] measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data. Additional data, including measures that have been retired and measures with specific changes, can be found in the 2007 Wisconsin Collaborative Diabetes Quality Improvement Project Report.

Wisconsin Tobacco Prevention and Control Program HEDIS® Measures Report

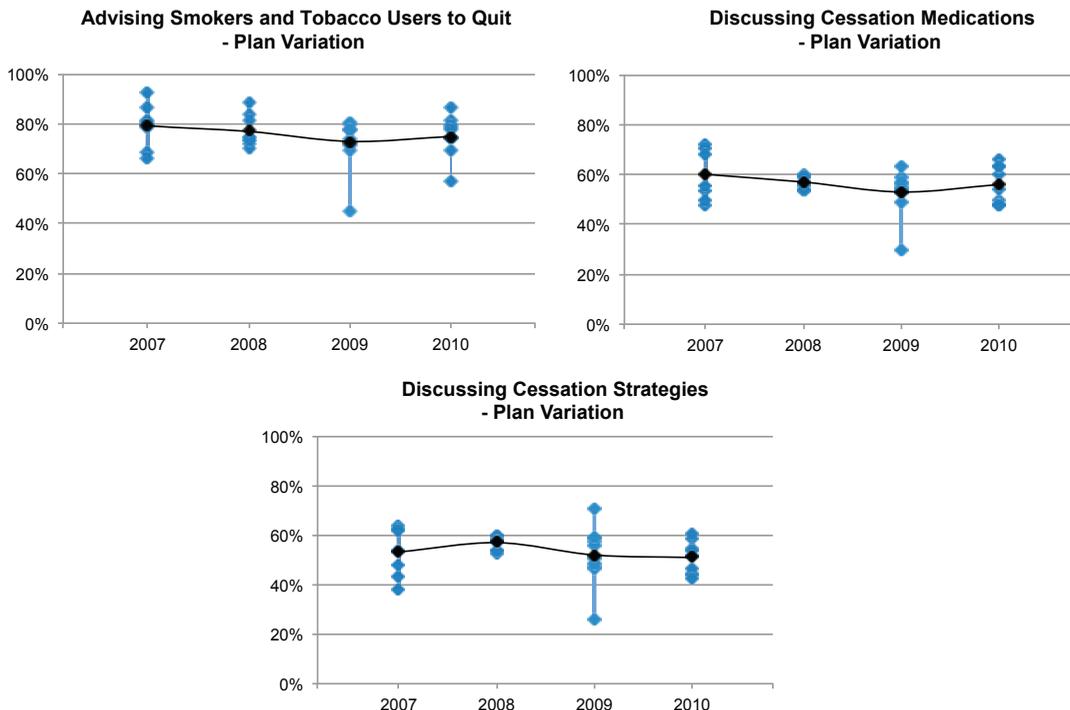
HEDIS® Measures

The following graphs show data from the HEDIS® medical assistance with smoking cessation and tobacco use measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. The number of plans submitting data each year ranged from 5 to 11. The annual average number of individuals in the sample was 4,457 for advising smokers and tobacco users to quit, 868 for discussing cessation medications, and 851 for discussing cessation strategies. These data show improvement for Advising Smokers and Tobacco Users to Quit and Discussing Cessation Medications, but not for Discussing Cessation Strategies.



	Group Mean (2009)	Group Mean (2010)	Direction of Trend (2009-2010)	Variation among Plans*	National Mean (2010)	Group vs. National Mean
Advising Smokers and Tobacco Users to Quit	73%	75%	Increase	High Range=30	77%	Worse than National
Discussing Cessation Medications	53%	56%	Increase	Medium Range=19	52%	Better than National
Discussing Cessation Strategies	52%	51%	Decrease	Medium Range=17	45%	Better than National

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Technical Specifications

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HEDIS® medical assistance with smoking cessation and tobacco use measures come from the annual CAHPS survey. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program develops and supports the use of a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. The CAHPS program is funded and administered by the U.S. Agency for Healthcare Research and Quality (AHRQ), which works closely with a consortium of public and private organizations. The HEDIS® advising smokers and tobacco users to quit measure represents the percentage of adults 18 years of age and older who are current smokers or tobacco users and who received cessation advice from a physician during the measurement year. The discussing cessation medications measure represents the percentage of adults 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications by a physician during the measurement year. The discussing cessation strategies measure represents the percentage of adults 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies by a physician during the measurement year. The CAHPS survey questions were changed in 2010 to reflect tobacco cessation advice based upon a frequency response option instead of number of visits, which was previously used. For these HEDIS® measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data.

This historical report is a Chronic Disease Program Integration Project. For questions regarding this chronic disease report, contact the Wisconsin Tobacco Prevention and Control Program at (608) 266-8526. For more information, visit: <http://dhs.wisconsin.gov/tobacco>.

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