

San Mateo County Access and Care for Everyone (ACE) Program Evaluation of HEDIS[®] 2008 Data Collection and Report

Background

Each year, HPSM measures performance for important aspects of care for our members using an industry-standard methodology called HEDIS[®] (Healthcare Effectiveness Data and Information Set). HEDIS[®] is a tool developed and maintained by the National Committee for Quality Assurance (NCQA) that is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS[®] data, and because the measures are so specifically defined, HEDIS[®] makes it possible to compare the performance of health plans for the selected domains.¹

HEDIS[®] studies are performed annually for HPSM's Medi-Cal, CareAdvantage, Healthy Families, and Healthy Kids lines of business. Under its contract with San Mateo County to provide third-party administration services for the San Mateo ACE Program, HPSM also committed to conducting HEDIS[®] studies for the ACE population. The first HEDIS[®] study for the ACE population reviewed data for services rendered in the 2008 calendar year.²

Selected HEDIS[®] Measures

The TPA contract requires HPSM to collect information on HEDIS[®] quality indicators related to pertinent adult preventive care and chronic disease care required by the Medi-Cal Program. Medi-Cal Program indicators were selected based on assumptions regarding the comparability of the Medi-Cal adult population and the indigent population served by the ACE Program.

Specific indicators chosen include:

- Appropriate treatment of adults with acute bronchitis;
- Appropriate medication use for adults with asthma; and
- Selected indicators regarding comprehensive diabetes care.

Diabetes indicators, in particular, focus on activities that are designed to monitor and prevent further diabetes morbidity, as well as on indicators that reflect good diabetes control. These include:

- Rates of testing for hemoglobin A1c (HbA1c) levels;
- Rates of HbA1c control (good and poor);
- Rates of eye exams for diabetic complications;
- Rates of low density lipoprotein cholesterol (LDL-C) screening;
- Rates of LDL-C control;
- Rates of monitoring for diabetic nephropathy; and
- Rates of blood pressure control.

¹ There are limits to the extent to which plans can be reliably compared. While the measures are comparable, the patient populations and their health and risk profiles can be quite different. HEDIS[®] measures do not account for such differences.

² First year HEDIS[®] results are limited to the ACE/Coverage Initiative population only.

HPSM also measured utilization of common outpatient services in accordance with HEDIS[®] guidelines, including outpatient visits, emergency department visits, ambulatory surgical procedures, and observation room stays.

Methods

Since 2006 HPSM has contracted with an NCQA-certified vendor to collect HEDIS[®] data. HEDIS[®] measures are classified as either administrative (based solely on claims or other collected data) or hybrid (a combination of administrative and chart review findings) measures. HPSM health care statisticians provide the plan's enrollment, provider and claims data files to the vendor, and the vendor extracts HEDIS[®] data using their certified software to report administrative measure results. The vendor also performs medical record reviews to report hybrid measure results. Upon completion of data extraction, medical record reviews, and data analysis, the vendor provides final HEDIS[®] statistics to HPSM for submission to NCQA and subsequent reporting to our oversight agencies.³

To evaluate HEDIS[®] performance for the ACE population, HPSM compared the ACE HEDIS[®] rates to the minimum performance levels (MPLs) and high performance levels (HPLs) identified by the California Department of Health Care Services (CDHCS) for Medi-Cal managed care plans. These rates are based on the average of all Medicaid managed care rates nationally reported by NCQA; the MPL for a measure is the 25th percentile of all Medicaid managed care plans nationally for that specific measure, and the HPL is the 90th percentile of all Medicaid managed care plans nationally for that specific measure. We believe the minimum and high performance levels for the Medi-Cal population are likely to be the most suitable performance standards currently available for the ACE population.

No MPL or HPL standards exist for utilization of outpatient services. As such, HPSM compared the ACE utilization data with the findings for HPSM's Medi-Cal line of business for members age 20-64.

Findings

HEDIS[®] studies require that there be an adequately-sized sample upon which performance can be assessed in order for the measure to be meaningful. In HPSM's review of the population parameters for each indicator, it was determined that the sample sizes were insufficient for the measures addressing appropriate treatment of adults with acute bronchitis and appropriate medication use for adults with asthma. As such, only findings regarding comprehensive diabetes care and outpatient utilization are reported here.

Overall, the HEDIS[®] results show the following:

- HEDIS[®] results for the ACE population exceed the CDHCS minimum performance level in every measured aspect of diabetes care.
- HEDIS[®] results for the ACE population exceed the CDHCS high performance level on the following measures:
 - HbA1c testing
 - LDL-C screening
 - LDL-C control (<100)

³ Oversight agencies include: CDHCS (Medi-Cal), MRMIB (Healthy Families), CMS (CareAdvantage), CHI (Healthy Kids), and San Mateo County (ACE).

- Diabetic nephropathy monitoring
- Across all outpatient service utilization measures except for outpatient visits, utilization was lower for the ACE population than for HPSM's Medi-Cal population.

It should be noted that the ACE emergency room visits are limited to visits at San Mateo Medical Center, so this value may be understated for the ACE population. The ACE program does not cover (and therefore cannot track) emergency room visits at other hospitals.

Detailed findings and rates are provided in the following table.

Health Plan of San Mateo ACE HEDIS® 2008 Report Card			
Measure	HPSM ACE Score	Benchmark [□]	Minimum Performance Level
Diabetes Management <i>Measures the percentage of members ages 18–75 with diabetes (type 1 and type 2) who met each of the following criteria:</i>			
Hemoglobin A1c (HbA1c) tested	90.88	88.80	74.20
HbA1c uncontrolled (>9.0%) (a lower score indicates better performance)	34.35	≤32.4	≤52.50
HbA1c controlled (<8.0%)	53.50	NE	NE
Eye exam (retinal) performed	62.61	67.60	39.70
LDL-C screened	86.02	81.80	66.70
LDL-C controlled (<100 mg/dL)	49.24	42.60	25.10
Nephropathy monitored	85.41	85.40	67.90
Blood pressure controlled (<130/80 mm Hg)	46.50	NE	NE
Blood pressure controlled (<140/90 mm Hg)	66.26	NE	NE
Ambulatory Care <i>Summarizes utilization of ambulatory care in the following categories:</i>			
Outpatient visits/1,000 member months	678.36	569.48	NE
ED visits/1,000 member months	70.38	78.42	NE
Ambulatory surgery/procedures/1,000 member months	24.84	27.97	NE
Observation room stays/1,000 member months	1.65	3.81	NE
[□] The benchmarks for the diabetes management measures are the Medi-Cal High Performance Levels (HPLs) established by CDHCS. The benchmarks for ambulatory care statistics are the rates identified for HPSM's Medi-Cal population. (NE indicates measures where HPL or MPL are not established.)			

Discussion

The high performance shown for comprehensive diabetes care reflects both the quality of care being provided to ACE participants and the quality and availability of data to track performance.

1. **The quality of care being provided.** In implementing the ACE Program and the Innovative Care Clinic, San Mateo Medical Center has prioritized the care of patients with chronic illness, particularly diabetes. Algorithms and clinical guidelines have been reviewed and discussed frequently at physician and clinic staff meetings in order to ensure that the latest steps in care management are implemented. These outstanding HEDIS® findings clearly demonstrate that this diligence yielded positive results.
2. **The quality and completeness of data collection.** The San Mateo Medical Center is an integrated, closed system of care that maintains comprehensive data on patient care. It also provides monthly lab data results electronically to HPSM. As such, HPSM is able to collect a large volume of data, both administratively and through chart review, that fairly accurately represents the care being rendered.

With respect to the utilization rates, more investigation is needed to determine whether this level of utilization is appropriate or not. The fact that outpatient utilization rates are higher than Medi-Cal suggests that ACE participants are able to access outpatient medical services at a significant rate. It is hypothesized that ACE participants, who did not previously have health care coverage, had a pent-up need for health care services, in which case higher utilization would be expected. Once participants were provided with a system for accessing care, they would have utilized services to address their previously unmet need. If this were true, we would expect to see the same pattern of utilization for ambulatory surgical procedures as well. This is not supported by the data, which show lower utilization for procedures compared to Medi-Cal. The underlying reason for this discrepancy requires further study, including study of ACE patients' health status, consideration of access barriers, and more. It should also be noted that there are systematic differences between the ACE population and the Medi-Cal age 20-64 population, which also raises questions about the appropriateness of a comparison with the Medi-Cal population.

Conclusion and Follow-Up

HPSM continually strives to improve the quality of care that our members and participants receive. We are pleased with the results of our first year of ACE HEDIS® measurement and will continue to analyze and identify barriers preventing us from reaching the HPL for the few measures that fell short of the benchmark. As barriers are identified, we will work with our partners at SMMC to alert them about ways to further improve the quality of care being delivered. We will also encourage the medically-appropriate use of available benefits by ACE participants and help our ACE provider-partners with any tools that might help them continue to ensure that ACE participants receive appropriate and timely care.

Acronyms

ACE	Access and Care for Everyone
CDHCS	California Department of Health Care Services
CHI	Children's Health Initiative
CMS	Centers for Medicare and Medicaid Services
HEDIS	Healthcare Effectiveness Data and Information Set
HPL	High Performance Level
MPL	Minimum Performance Level
MRMIB	Managed Risk Medical Insurance Board
NCQA	National Committee for Quality Assurance