

Oklahoma Health Care Authority

Comprehensive Diabetes Care Study

**SoonerCare Choice
Quality Assessment and Performance Improvement
(QAPI) Study**

Executive Summary



Report for Fiscal Year 2010

Data Review Period: Calendar Year 2008

Report Submitted April 2010

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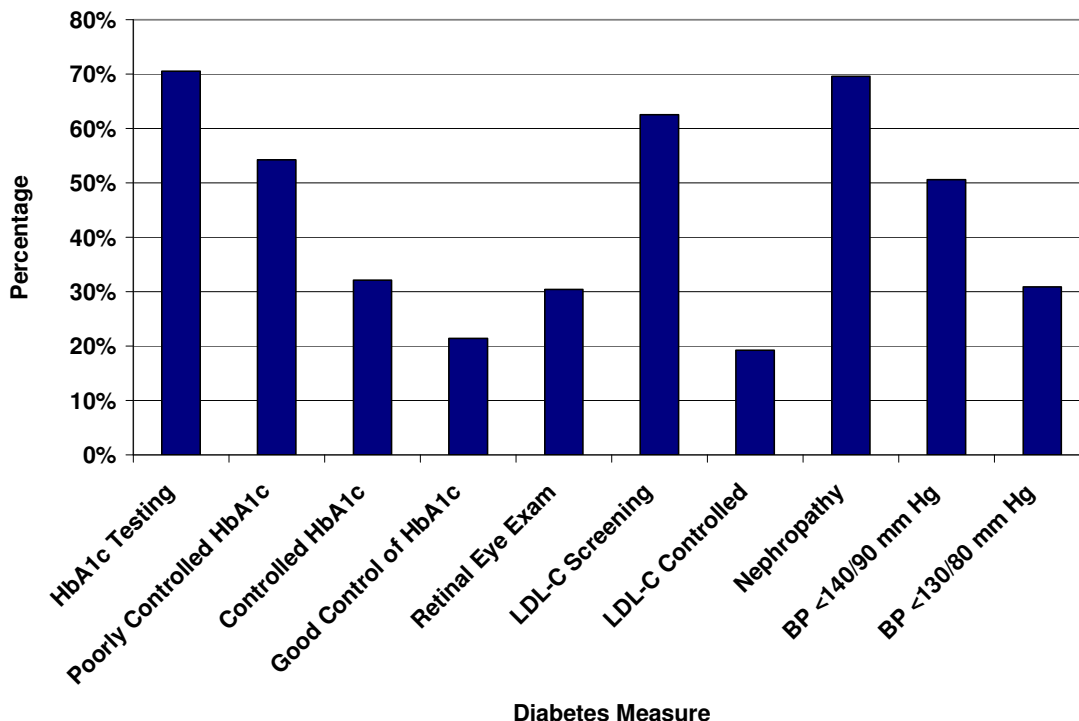
Working in conjunction with the Oklahoma Health Care Authority (OHCA), APS Healthcare (APS) adapted Healthcare Effectiveness Data and Information Set (HEDIS[®]) 2009 methodologies to monitor 10 measures of diabetes care for services rendered in calendar year (CY) 2008 and to assess possible trends. HEDIS[®] 2009 Comprehensive Diabetes Care Measures are as follows:

- Hemoglobin A1c (HbA1c) testing in 2008
- Poorly controlled hemoglobin A1c (HbA1c >9.0%) in 2008
- Control of hemoglobin A1c (HbA1c <8.0%) in 2008
- Good control of hemoglobin A1c (HbA1c <7.0%) in 2008
- Retinal eye exam performed in 2007 or 2008
- Low-density Lipoprotein Cholesterol (LDL-C) screening in 2008
- Low-density Lipoprotein Cholesterol controlled (LDL-C <100 mg/dL) in 2008
- Medical attention for nephropathy in 2007 or 2008
- Blood pressure controlled at <140/90 mm Hg in 2008
- Blood pressure controlled at <130/80 mm Hg in 2008

Of the 10 diabetes indicators studied, the greatest adherence among members was for HbA1c testing (70.6%). Medical attention for nephropathy followed closely, with 69.6% compliance.

Figure 1 depicts the percentage of compliance for each measure.

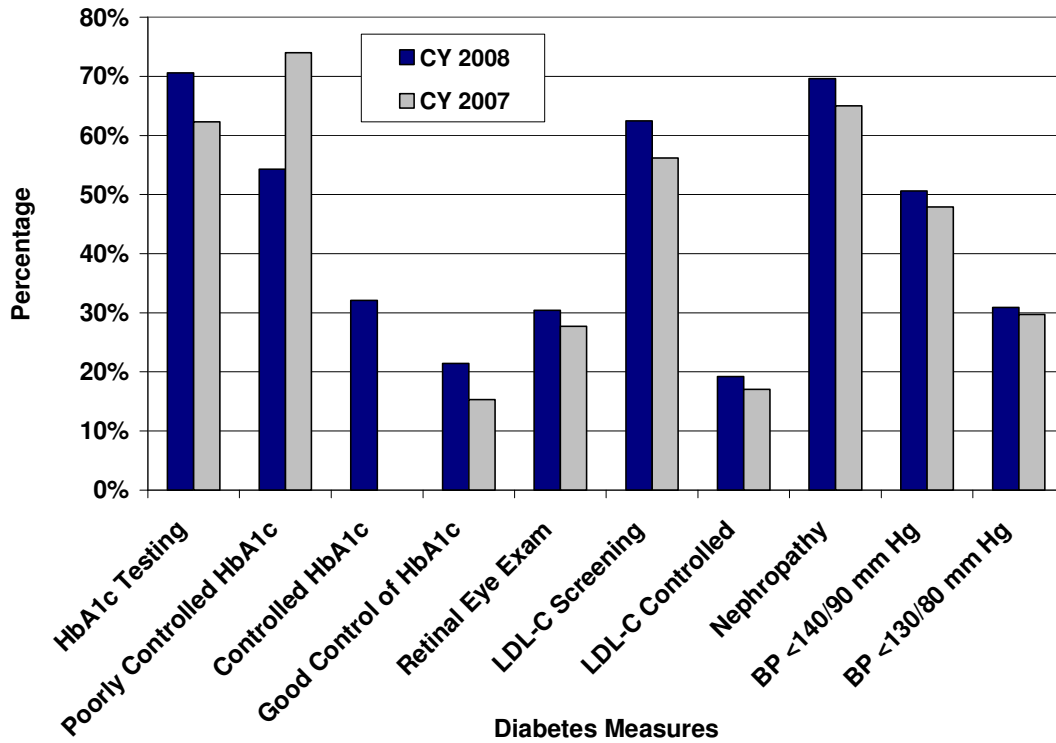
Figure 1. Percentage of Members Demonstrating Compliance with HEDIS® 2009 Diabetes Indicators - CY 2008



The majority of the sampled members were Caucasian (67.9%), 70.8% were female, and 35.5% were between the ages of 50-59. Significant differences in the rate of members compliant with HEDIS® diabetes care measures were found according to racial/ethnic group, age, and gender. Although the number of Hispanic members was small, Hispanics had the highest compliance rates for six of the 10 measures. A comparison of CY 2007 and CY 2008 revealed that all nine comparable measures showed improvement, with three of the changes statistically significant. A smaller proportion of members demonstrated poor control of HbA1c, as evidenced by a decrease from 74% in CY 2007 to 54.3% in CY 2008. The percentage of sampled members demonstrating good control of HbA1c increased from 15.3% to 21.4%, and the percentage of members receiving medical attention for nephropathy increased from 65% in CY 2007 to 69.6% in CY 2008. (The measure for control of HbA1c < 8% was a new measure and could not be trended.)

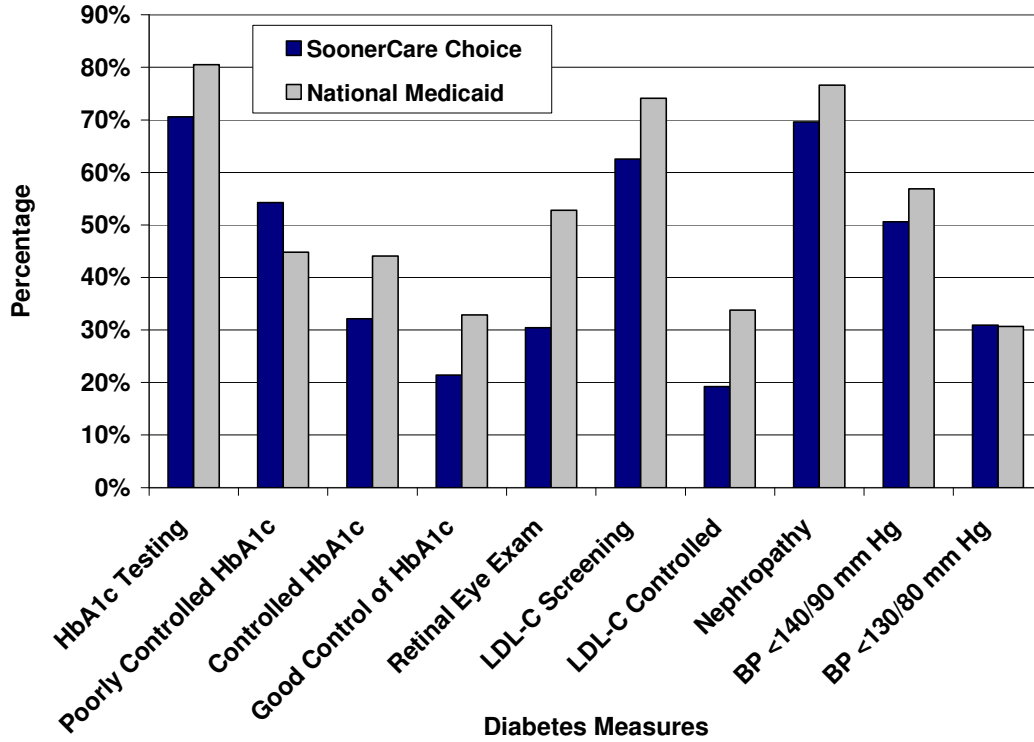
Figure 2 illustrates the differences in adherence to each measure across both calendar years.

Figure 2. Comparison Between Years - Percentage of Members Demonstrating Compliance with Diabetes Indicators for CY 2008 and CY 2007



SoonerCare Choice results differed significantly from CY 2008 national Medicaid mean percentages on all diabetes care measures. For blood pressure controlled at <130/80 mm Hg, SoonerCare members were slightly above the national rate. For all other measures of diabetes care, SoonerCare Choice rates were worse than the national Medicaid rates (i.e., lower on measures such as LDL-C screening, higher on the measure of poorly controlled HbA1c).

Figure 3. Comparison Between SoonerCare Choice and National Medicaid - Percentage of Members Demonstrating Compliance with Diabetes Indicators for CY 2008



These results point out both an overall need for improvements in diabetes care and monitoring among SoonerCare Choice members, as well as specific areas for intervention that may have a positive impact. This information may assist the OHCA in the development of initiatives and strategies to further improve health care provided to members in the SoonerCare Choice program.