

The Heartbeat

Fall 2005



Dr. Brad Gilbert
Chief Medical Officer

This marks our seventh year of collecting HEDIS® data for NCQA submissions. Overall, the 2004 results demonstrate we are continuing to improve the quality of care we're giving to the community.

Data was collected for 20 HEDIS® measures in areas of Effectiveness of Care, Access/Availability of Care, and Use of Services. We're happy to announce that with your help there was significant improvement in the areas of Prenatal and Post-Partum Care, and LDL-C Screenings. We also surpassed our performance goals for Monitoring for Diabetic Nephropathy, Controlling High Blood Pressure, Well-Child Visits and Childhood Immunizations. Thank you for your diligent work and care of your patients!

However, there were decreases in Breast Cancer Screening, and Eye Exams for Diabetics; two critical areas that need immediate attention. Other areas that generally need improvement are Cervical Cancer Screening, Chlamydia Screening in Women, and Asthma treatment. We will address these challenges in the

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2004 IEHP HEDIS® Results Are In HEDIS® What is it?

The Health Plan Employer Data and Information Set (HEDIS®) is the most widely used set of performance measures in the managed care industry. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS® is part of an integrated system to establish accountability in managed care.

IEHP follows strict HEDIS® guidelines in creating a sample population for each study conducted. Eligibility and/or encounter data is used to create a population of Members who meet the eligibility and age requirements. A statistically solid sample is then selected from this population.

Data collection begins with queries of the encounter data submitted by your IPA or obtained through P4P ("Pay For Performance") claims. If your encounter data does not contain evidence of the required visit, test, or prescription during the specified time frame, IEHP staff then reviews the Member's medical record to determine if care was provided.

According to DHS recommendations for improving performance on HEDIS® measures, IEHP will work towards a 10% decrease in non-compliance for each measure during the next reporting year. IEHP's Quality Management Committee has developed Corrective Action Plans (CAPs) to improve the quality of care Members receive as reflected by these HEDIS® rates.

HEDIS® Results Soar!

**#3 In The State... You and Your Colleagues
Should Be Very Proud!**

This year we collected data for 20 HEDIS® measures in the areas of Effectiveness of Care, Access/Availability of Care, and Use of Services. IEHP scored in the 75th percentile or above in 17 measures with 14 of those measures reaching the 90th percentile based on NCQA standard scoring adjustments. **The results reflect the high quality of care you are**

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2004 IEHP HEDIS® Results Are In

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providing to our Members and the success of our Health Management and physician incentive programs. Remember, the IEHP "Pay For Performance" (P4P) physician incentive program focuses on the various HEDIS® requirements in an effort to move all of our scores into the 90th percentile.

remind your female patients age 40-69 to get their annual screening mammogram. IEHP is also exploring other interventions for increasing mammogram compliance. Other areas for improvement are PAP Exams, Chlamydia Screening, and Asthma diagnosis.

Why is HEDIS® Important? *Achieving A Higher Quality Of Healthcare*

HEDIS® results are becoming an increasingly important measure of health plan performance. DHS, MRMIB, and NCQA all require IEHP to submit HEDIS® results annually. HEDIS® results account for 33% of NCQA accreditation scores and DHS has developed a plan to use HEDIS® results in the default membership assignment program. DHS is also working on a report card that would be sent to all Medi-Cal Members comparing health plan performances.

HEDIS® and Pay For Performance (P4P) *Aiming For The Stars!*

IEHP implemented its "IPA Pay For Performance" program in July 2005, in order to increase the focus on improving HEDIS® results in five key areas. Each IPA will receive a one time payment based upon their achievement of assigned individual HEDIS® thresholds and/or HEDIS® targets.

HEDIS® Measures for Year 1 Include:

- Asthma
- Adolescent Well Care Visits
- Prenatal Care
- Immunizations (Combo 2)
- Diabetes (HbA1c Testing)

Opportunities for Improvement

Breast Cancer Screening & Eye Exams For Diabetics

The critical news is that there is a need for significant improvement in the areas of Breast Cancer Screening and Eye Exams for Diabetics - there was a decrease in compliance in both of these studies this year. It's important to note that IEHP's network of optometrists perform diabetic retinal exams; remember a referral is not required. We will continue to send postcards to Members reminding them of the importance of an annual mammogram. However, we need your help to

*Stay tuned, your IPA will be working with you in these areas!



2004 IEHP HEDIS® Results

	2003	2004	Percentile ¹	2004 Target
Effectiveness of Care				
Childhood Immunization Status				
Combination 1	70.8%	76.3%	90th	73.7%
Combination 2	68.1%	74.9%	90th	71.3%
Adolescent Immunization Status				
Combination 1	52.1%	57.5%	90th	56.9%
Combination 2	32.6%	40.6%	75th	39.3%
Breast Cancer Screening	52.0%	51.4%	50th	56.8%
Cervical Cancer Screening	71.1%	69.7%	75th	74.0%
Chlamydia Screening in Women				
Ages 16 - 20	30.1%	40.7%	50th	37.1%
Ages 21 - 26	30.2%	44.0%	50th	37.2%
Cholesterol Management After Acute Cardiovascular Events				
LDL-C Screening	62.5%	67.2%	90th	66.3%
LDL-C Level <130 mg/dL	37.5%	50.0%	75th	43.8%
LDL-C Level <100 mg/dL	28.1%	29.7%	NA	35.3%
Controlling High Blood Pressure	64.5%	78.4%	90th	68.1%
Comprehensive Diabetes Care				
HbA1c Testing	73.5%	76.9%	75th	76.2%
Poor HbA1c Control	54.0%	47.6%	50th	48.6%
Eye Exams	57.4%	50.7%	75th	61.7%
LDL-C Screening	84.2%	86.7%	90th	85.8%
LDL-C Level <130 mg/dL	45.7%	52.4%	90th	51.1%
LDL-C Level <100 mg/dL	23.8%	24.0%	NA	31.4%
Monitoring for Diabetic Nephropathy	53.3%	70.9%	90th	58.0%
Use of Appropriate Medications for People with Asthma				
Ages 5 - 9	61.4%	63.7%	75th	65.3%
Ages 10 - 17	62.9%	62.5%	75th	66.6%
Ages 18 - 56	65.9%	65.5%	90th	69.3%
Combined	63.7%	64.0%	90th	67.3%
Access/Availability of Care				
Timeliness of Prenatal Care	81.0%	85.9%	90th	82.9%
Post-Partum Care	58.4%	65.7%	90th	62.6%
Use of Services				
Well-Child Visits in the First 15 Months of Life	63.2%	74.3%	90th	66.9%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	70.6%	77.8%	90th	73.5%
Adolescent Well-Care Visits	44.0%	52.2%	90th	49.6%

¹ Based on NCQA Standard Scoring Adjustments

State of California Expands Newborn Screening Tests

One in 3,000 babies will be born in California with a treatable metabolic disorder, if detected in time. Currently, California screens all babies for endocrine, hemoglobin, and metabolic disorders (i.e., fatty acid disorders, organic disorders, amino acid disorders). An expanded screening program, adding 40 detectable metabolic disorders, has been signed into law and became effective July 11, 2005.

State law also requires that Prenatal Care Providers distribute a booklet to all pregnant women under their care, prior to delivery. Copies of this booklet, called "**Important Information for Parents about the Newborn Screening Test**" can be ordered at no charge from the State by calling (510) 412-1542.

**For more information, go to
www.dhs.ca.gov/gdb and click
Newborn Screening.**



FREE!

Adolescent Provider Toolkit: A Guide for Treating Teen Patients

The California Department of Health Services, in collaboration with the Adolescent Health Working Group, has developed a Provider toolkit on pediatric obesity called "**Body Basics**".

Designed for busy Providers, the toolkit includes materials that you can copy and distribute to your adolescent patients and their families or hang in waiting and exam rooms. This resource takes a closer look at the specifics of nutrition, physical activity, body image, obesity, and eating disorders among teenagers.

For your free copy or further information, go to www.ahwg.net, or call the **Adolescent Health Working Group** at (415) 576-1170.

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upcoming year through ongoing Member education, and targeted outreach. In addition, we implemented the "IPA Pay For Performance" program to focus on improving HEDIS® targets. Together we can work hard to increase our performance goals!

This issue also contains two helpful pieces for you; Shaken Baby Syndrome - A Problem of Growing Concern, and news about a free Adolescent Provider Toolkit: A Guide for Treating Teen Patients.

Thanks, again, you for your commitment to providing excellent care to our Members, and we look forward to another year of continued improvement.

Shaken Baby Syndrome (SBS)

A Problem Of Growing Concern

The dangers of shaking a baby are well known. Fortunately, more health care providers are recognizing the symptoms of SBS and reporting these incidents to the proper authorities.

Signs that should alert you to a possible shaken baby:

- Head turned to one side
- Unable to lift or turn head

- Pinpointed or dilated pupils
- Blood pooling in eyes
- Pupils unresponsive to light
- Semi-consciousness or lethargy
- Difficulty in breathing
- Seizures or spasms
- Swollen head-which may appear later

What To Do:

Once a diagnosis of SBS has been confirmed, notify Child Protective Services (CPS) immediately.

- Riverside County CPS: 1-800-442-4918
- San Bernardino County CPS: 1-800-827-8724 (San Bernardino Area)
- San Bernardino County CPS: (909) 384-9233 (Outside San Bernardino Area)

As A Reminder...

Also, remember IEHP's "Physician Pay For Performance" program offers incentives for the following services.

Immunizations
Well Child Visits
Pap Tests
Chlamydia Screening Tests
Perinatal Services
Postpartum Services
Diabetes
Asthma (NEW!)

IEHP Enrollment

As of August 22, 2005

Medi-Cal	251,400
Healthy Families	35,586
Healthy Kids	10,085
Commercial Group Plan	1,479
TOTAL	298,550

It's So Easy to Submit Your PERs Online

A few simple clicks of your mouse are all it takes for Pharmaceutical Exception Requests (PERs).

It's convenient; just send your electronic submissions directly from your computer. The

"error-proofing" fields make it easy, plus it can save time from unnecessary telephone calls with mistakes or unreadable handwriting. No more faxing or filing.

You can check PER status easily from your PC, and print determinations as you need them. Most PERs are still processed in just one business day.

Just log on to www.iehp.org, and Click <Providers>, or call the IEHP Pharmaceutical Services Department at (909) 890-2049 for further information.

Just a Reminder About Submitting PM160s Online...

It's much faster and more accurate to submit PM160s online for Immunizations and Well Child visits. Log on to www.iehp.org, and Click <Providers> for easy step-by-step instruction.



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