Focus on Obesity and on Medicare Plan Improvement

Overview

- More attention to obesity
- Medicare plans improving
- Update on immunization findings
- Accreditation matters
- Recommendations for the next four years
A record 125 million Americans (2 in 5) are in health plans that report quality results

More attention to obesity
Measure What You Want to Improve: Obesity
Adult Body Weight Mass Index (BMI) Assessment
Measure What You Want to Improve: Obesity
Childhood Obesity Measures

Measure What You Want to Improve: Obesity
Measuring BMI (3-17 Years)
Measure What You Want to Improve: Obesity Counseling for Physical Activity (3–17 Years)

![Bar Chart]

- Commercial HMO
- Commercial PPO
- Medicaid HMO

Comparison between 2010 and 2011.
Measure What You Want to Improve: Obesity Counseling for Nutrition (3–17 Years)

[Graph showing data for commercial HMO, commercial PPO, and Medicaid HMO for 2010 and 2011]
Medicare plans improving

Medicare Plans Improving
Smoking Cessation: Advising Smokers to Quit
Medicare Plans Improving
Smoking Cessation: Advising Smokers to Quit

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>Change</th>
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<tbody>
<tr>
<td>HMO</td>
<td>77.9</td>
<td>81.5</td>
<td>3.6</td>
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<td>PPO</td>
<td>78.3</td>
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Medicare Plans Improving
Adult Body Weight Mass Index (BMI) Assessment
**Medicare Plans Improving**

**Adult Body Weight Mass Index (BMI) Assessment**

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<td>50.4</td>
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<td>PPO</td>
<td>36.6</td>
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**Medicare Plans Improving**

**Colorectal Cancer Screening**
Medicare Plans Improving
Colorectal Cancer Screening

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<tr>
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<th>2010</th>
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<tbody>
<tr>
<td>HMO</td>
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<td>PPO</td>
<td>41</td>
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Medicare Plans Improving
Controlling High Blood Pressure
**Medicare Plans Improving**

**Controlling High Blood Pressure**

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<td>PPO</td>
<td>55.7</td>
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**Improving After Stagnating**

**Use of High-Risk Medications in the Elderly**
Improving After Stagnating
Use of High-Risk Medications in the Elderly (lower is better)

Medicare Plans Lead the Pack
Persistence of Beta-Blockers After a Heart Attack
Medicare Plans Lead the Pack
Persistence of Beta-Blockers After a Heart Attack

Update on immunization findings
Update to Earlier Report
Childhood Immunization Declined in Commercial HMOs in 2009...no rebound
Accreditation matters

Accreditation Matters
Apples-to-apples study of accreditation’s value is possible among Medicare plans
Accreditation Matters
Apples-to-apples study of accreditation’s value is possible among Medicare plans

- All Medicare plans report HEDIS results
- 34 measures: accredited plans are better (statistically significant on 17)
- 8 measures: no meaningful difference
- 1 measure: nonaccredited plans are better at a statistically significant level

Accreditation Matters
Accredited plans even win in regression analysis, controlling for plan characteristics
Accreditation Matters

Accredited plans even win in regression analysis, controlling for plan characteristics

- **Q:** Do variables such as plan size, members’ age, race or gender explain the performance gap?

- **A:** No. Accredited plans still show higher performance, especially on outcomes measures (e.g., Cholesterol Management, HbA1C Control).

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Accreditation Matters

Accredited Medicare HMOs’ performance advantage is substantial

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<tr>
<th>Measure</th>
<th>Accredited</th>
<th>Nonaccredited</th>
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<td>Colorectal Cancer Screening</td>
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<td>Cardiovascular - LDL Screening</td>
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<td>Cardiovascular - Cholesterol Control (LDL &lt;100)</td>
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<td>Diabetes - HbA1c Testing</td>
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<td>Diabetes - LDL Screening</td>
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<td>Diabetes - Eye Exams</td>
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<td>Diabetes - Cholesterol Control (LDL &lt;100)</td>
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<td>Diabetes - Poor HbA1c Control (&gt;9.0) *</td>
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<td>Follow-up After MH Hospitalization (7 days)</td>
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<td>Harmful Drug Disease Interactions in the Elderly *</td>
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<td>High-Risk Medications in the Elderly *</td>
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* Lower is better

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Recommendations for the Next Four Years
Delivery System Reform and Medicare

• Patient-centered medical homes
• Accountable Care Organizations
• Extend innovations from primary care into specialty care
• Medicare payment reform (needed change for a key payer)

Recommendations for the Next Four Years
Exchanges

• Incorporate delivery system reforms
• Develop measures related to costs: overuse, misuse and waste
• Use value-based insurance design, not overly high deductibles
Recommendations for the Next Four Years
Measurement Agenda

- Special populations
- Disparities in care
- Price transparency

Recommendations for the Next Four Years
Patient Engagement

- Ensure patients know their wellness priorities and a way to implement them
- Improve health literacy
- Research health behavior modification
- Make informed decision-making a standard of care
- Act now!
Focus on Obesity and on Medicare Plan Improvement

The State of Health Care Quality 2012