Focus on Obesity and on Medicare Plan Improvement

The State of Health Care Quality 2012
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
Adult Body Weight Mass Index (BMI) Assessment

Commercial HMO
Commercial PPO
Medicaid HMO
Medicare HMO
Medicare PPO

0 10 20 30 40 50 60 70 80

2009 2010 2011

Commercial HMO  Commercial PPO  Medicaid HMO  Medicare HMO  Medicare PPO

2009  2010  2011
Measure What You Want to Improve: Obesity
Childhood Obesity Measures
Measure What You Want to Improve: Obesity
Measuring BMI (3-17 Years)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>Commercial HMO</td>
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<tr>
<td>Commercial PPO</td>
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<td>Medicaid HMO</td>
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Measure What You Want to Improve: Obesity Counseling for Physical Activity (3–17 Years)
Measure What You Want to Improve: Obesity Counseling for Physical Activity (3–17 Years)
Measure What You Want to Improve: Obesity Counseling for Nutrition (3–17 Years)
Medicare plans improving
Medicare Plans Improving
Smoking Cessation: Advising Smokers to Quit
Medicare Plans Improving

Smoking Cessation: Advising Smokers to Quit

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<tr>
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<th>2010</th>
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<tr>
<td>HMO</td>
<td>77.9</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
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<tbody>
<tr>
<td>HMO</td>
<td>50.4</td>
<td>68.2</td>
<td>17.8</td>
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<td>PPO</td>
<td>36.6</td>
<td>62.2</td>
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Medicare Plans Improving Colorectal Cancer Screening
Medicare Plans Improving Colorectal Cancer Screening

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<td>HMO</td>
<td>57.6</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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<th>Change</th>
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<tbody>
<tr>
<td>HMO</td>
<td>61.9</td>
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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
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
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).
Accreditation Matters

Accredited Medicare HMOs’ performance advantage is substantial

- Colorectal Cancer Screening
- Cardiovascular – LDL Screening
- Cardiovascular – Cholesterol Control (LDL <100)
- Controlling High Blood Pressure
- Diabetes – Hba1c Testing
- Diabetes – LDL Screening
- Diabetes – Eye Exams
- Diabetes – Cholesterol Control (LDL <100)
- Diabetes – Poor Hba1c Control (>9.0) *
- Follow-up After MH Hospitalization (7 days)
- Harmful Drug Disease Interactions in the Elderly *
- High-Risk Medications in the Elderly *

* Lower is better

[Graph showing performance metrics for various health conditions, comparing accredited vs. nonaccredited HMOs]

0% 20% 40% 60% 80% 100%

Accredited  Nonaccredited
Guest speakers: high-performing plans
Guest Speakers: High-Performing Plans

Marylou Buyse, MD, MS
Chief Medical Officer
Scott & White Health Plan
Temple, TX
Guest Speakers: High-Performing Plans

Pat Courneya, MD
Chief Medical Officer
HealthPartners
Minneapolis, MN
Recommendations for the next four years
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)
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!
Guest speakers: public policy recommendations
Guest Speakers: Public Policy

Tom Miller
Resident Fellow
American Enterprise Institute
Washington, DC
Guest Speakers: Public Policy

Neera Tanden
President & CEO
Center for American Progress
Washington, DC
Focus on Obesity and on Medicare Plan Improvement

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