MINDING OUR P’S AND Q’S

Oklahoma Health Care Authority

The OHCA Performance and Quality Report

July 2009 – June 2010
July 2011,

It is time once again to present the Oklahoma Health Care Authority’s annual Performance and Quality Report, Minding Our P’s and Q’s. A supplement to our annual report, this version focuses in on State Fiscal Year 2010 and the ongoing efforts that occurred during that time frame. One such example is an update to the Sooner-Care Health Management Program, which aids SoonerCare members that have multiple chronic conditions. Yet another example is the summary of a new project, SoonerQuit, which aims to reduce tobacco use of pregnant SoonerCare members. For the second year, we have eliminated printing costs by publishing Minding Our P’s and Q’s only in electronic format.

Accomplishments are contained within, but the report does not mention some of the unexpected challenges that had to be overcome. One such challenge experienced by the agency was the 2009-2010 flu season which brought with it the emergence of the H1N1 virus. Yet another challenge occurred during the spring of 2010 when our facility experienced severe flood damage due to inclement weather. The agency relocated to a temporary home in Shepherd Mall where we currently continue the task of administering the state Medicaid program. We are excited about strides made during the past year even in the face of unforeseen obstacles and look forward to seeing improved quality health care delivered to Oklahomans in the years to come.

Do you have an idea for improving health care for our members? Please feel free to contact us and share your suggestions.

Respectfully,

Garth L. Splinter, MD, MBA
State Medicaid Director
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Performance and Quality Report
The Oklahoma Health Care Authority is the single agency administering the state’s Medicaid program, known as SoonerCare. Our work is guided by the following mission and vision.

**MISSION**
To purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care.

**VISION**
Our vision is for Oklahomans to enjoy optimal health status through having access to quality health care, regardless of their ability to pay.

To mark our progress in supporting this mission and vision, we present the Performance and Quality Report, Minding Our P’s and Q’s, for State Fiscal Year 2010 (July 2009 through June 2010).

This report is a supplement to OHCA’s Annual Report and gives greater detail on all of our programs and provides information on our management of taxpayer funds. The annual report may be found on our website at: http://www.okhca.org/research/reports. We hope the Performance and Quality Report will give readers an understanding of the ways we are striving to improve health care services for Oklahomans.
SOONERCARE UPDATES

Quality improvement and assurance efforts sometimes extend from one state fiscal year to the next. This section provides an update on some programs reported in previous issues of this report that have continued into State Fiscal Year 2010 (SFY 2010).

Pregnancy Outreach Program

SoonerCare serves tens of thousands of pregnant women every year. In SFY 2010 the Oklahoma Health Care Authority (OHCA) continued efforts of the Care Management department for the Pregnancy Outreach Program ensuring these women have access to care and screening for possible high-risk pregnancies.

A pregnancy indicator in our records triggers a letter to the member, asking her to contact “Pat Brown” at the SoonerCare Help Line. The member is transferred to Member Services and is asked a series of questions in an effort to identify a high-risk pregnancy. An example would be members who have given birth prematurely in the past. Care Management nurses will contact these high-risk members.

A total of 16,463 letters generated 7,194 return calls, for a 43.70 percent contact rate for SFY 2010 – a high response rate for this kind of outreach and a significant increase in the rate from the previous year. Of the 7,194 members who responded to the letter by calling during SFY 2010, a total of 624 were referred to Care Management for further high-risk pregnancy evaluation.

A Care Management nurse then tries to contact the member by phone within three days. If the attempt is unsuccessful, the nurse mails an “unable to contact” letter. If the member is reached by phone, the nurse conducts an interview designed for the Pregnancy Outreach. The nurse also screens the member for depression using a questionnaire developed for use with pregnant and postpartum women. If a member’s responses indicate possible depression, permission is sought for referral to the OHCA Behavioral Health Services Unit.

The Care Management nurse sends the member an introductory letter and a booklet on early childhood development called “Healthy Start, Grow Smart”. The nurse also determines whether the member meets criteria for continued care management based upon a list of recommended maternal and fetal diagnoses by the Perinatal Task Force. If the member has a diagnosis that qualifies her for the High-Risk OB Program, an OB outreach letter is mailed to her primary OB provider, explaining the expanded benefits available through the program. The OB provider can request authorization for these services.

The Care Management nurse maintains contact with the member offering support and ensuring appropriate care is received.

Performance and Quality Report
SoonerCare Health Management Program

Multiple chronic health conditions can be difficult to manage. During SFY 2010 the SoonerCare Health Management Program (HMP) continued to provide intensive support for these members. This ongoing quality improvement initiative’s goal is to improve the lives of Oklahomans with chronic disease as well as to reduce future incidence of developing chronic disease.

The HMP uses the chronic care model, in which the main principle is to pair an informed and engaged patient with a prepared and proactive provider in order to create the best possible health outcome. The HMP was developed in response to the state’s Medicaid Reform Act of 2006, with the goal of improving health and reducing costs. The HMP program is composed of two primary components, Nurse Case Management and Practice Facilitation.

The Nurse Case Management portion of the HMP program emphasizes self-management principles and serves up to 5,000 of our members identified as high risk. These members are identified with predictive modeling software, which can describe current gaps in care and predict the members’ risk of health crises. Members in the HMP are stratified into two tiers based on their risk. Tier 1 includes up to 1,000 members at highest risk to receive face-to-face case management. Up to 4,000 additional high-risk members are placed in Tier 2 and receive telephonic case management. Members receive assessments on comprehensive health status, health literacy, behavioral health, and current medication use. Through regular contact, the HMP nurses work with members on goals directed at their transformation into more informed and engaged patients. This work includes a strong educational component as well as increased access to community resources. At the end of SFY 2010, 889 members were included in Tier 1 and 3,824 were in Tier 2.

The other key component to the HMP is Practice Facilitation, which is support offered to assist the provider in becoming more prepared and proactive. Practice Facilitation involves specially trained nurses who work as free consultants and help providers improve office efficiency and identify methods to improve quality of care. Facilitators also assist practices with implementing an electronic health management information system (HMIS). This web-based tool allows the practice to track members over time so they receive all tests and treatments recommended for their specific chronic conditions. The HMIS contains disease modules on coronary artery disease, hypertension, diabetes, heart failure, asthma, tobacco cessation, preventive care and asthma. During SFY 2010 Practice Facilitation services were provided to 63 practices serving about 85,000 SoonerCare members.

The SFY 2010 Annual Evaluation report, prepared by an independent evaluator, reflects the Health Management Program surpassed the break even point during SFY 2010 and is credited with $5.1 million in savings through SFY 2010. The evaluation indicates that nurse case management is reducing admission, readmission and emergency department visit rates for patients served. Improvement is also noted in patient risk scores and prevalence of care gaps. Practice Facilitation services are well-received by providers and are accomplishing the goals of reducing costs and improving quality. The prevalence rate of care gaps in many chronic diseases are improved in practices receiving the service. Expenditures of patients assigned to those providers are reduced from costs that were forecasted prior to initiation of practice facilitation services.
Insure Oklahoma, which helps small businesses and their qualified employees afford health insurance, continued to grow steadily. During SFY 2010, the program experienced just under a 25 percent increase in enrollment. Previously known as the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC), Insure Oklahoma has two programs.

The first program, known as Employer Sponsored Insurance (ESI), helps small businesses and their qualified employees afford health insurance by paying 60 percent or more of selected insurance premiums. Qualified employer guidelines stayed the same for SFY 2010, allowing businesses with up to 99 employees to participate. By June 2010, 4,552 employers were approved for Insure Oklahoma, compared with 3,944 in June 2009. By the end of SFY 2010, approximately 15,600 employees and about 3,050 of their spouses were receiving an average of $257.86 per month in premium assistance through ESI, compared with a total of 15,273 people covered in July 2009.

The second program is the Individual Plan (IP), which provides assistance to individuals who are not qualified for the ESI program. During SFY 2010, these were individuals who worked for a small business with no more than 99 employees, or were temporarily unemployed adults eligible for unemployment benefits. Adults with a disability who worked for any...

Reducing Disparities at the Practice Site

National partners have provided important support for many initiatives carried out by the OHCA, and the Health Management Program continued to benefit in SFY 2010 from such partnerships. The Center for Health Care Strategies (CHCS) and the Robert Wood Johnson Foundation continued support for the SoonerCare Health Management Program in an initiative called Reducing Disparities at the Practice Site.

CHCS is a nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, racially and ethnically diverse populations experiencing disparities in care, and other vulnerable groups. The Robert Wood Johnson Foundation is the country's largest health care nonprofit organization, with a mission to improve health and health care delivery. The goal of the three-year project is to help small practices serving large numbers of SoonerCare members to reduce racial and ethnic disparities and improve overall outcomes. Participating in SFY 2010 were 10 small primary care practices with a high volume of racially and ethnically diverse SoonerCare members with diabetes. These practices received specialized assistance from a practice facilitator to foster team-based care, implement process improvement principles, and began using a patient registry for tracking quality measures related to patient care.

The grant project provides the practices with financial incentives to assist with some of the financial burden of caring for this diverse population. While results are preliminary, we have seen early signs of success related to this project. For several specific diabetic measures, these 10 practices have achieved aggregate improvements in performance rates of up to 13%. This project will continue through September 2011, and we look forward to reporting on its progress.
SoonerPlan, Oklahoma’s family planning waiver program, has been operational for more than five years. Over that time period, SoonerPlan has served in excess of 85,000 members. At the end of the SFY 2010, SoonerPlan had 24,817 women and 835 men actively enrolled.

SoonerPlan offers birth control information, contraceptive products, family planning-related office visits and physical exams, laboratory tests, pap smears and screening for some sexually transmitted infections. Sterilization procedures are available for members ages 21 and older.

Outreach efforts for the program include population groups who may qualify for SoonerPlan. SoonerCare members with pregnancy-related enrollments, for example, may qualify for SoonerPlan after delivery. One outreach effort attempts to contact members in households with newborns. New parents are screened to determine interest in family planning services when they contact Member Services regarding coverage for their new babies. The interested member’s information is forwarded to the Oklahoma Department of Human Services (OKHS) for additional qualification screening and enrollment, with the member’s permission. For SFY 2010, about 900 individuals were identified as being interested and qualified for enrollment through this process.

Other marketing efforts target populations with higher rates of unintended pregnancies and infant mortality. For one such population, the SoonerPlan staff worked with the OHCA Indian Health Unit to design outreach materials to reach Native Americans. OHCA collaborates on outreach strategies for other identified groups as well.

Provider Profiles

Child Health Checkups, women’s cancer screenings and Emergency Room (ER) utilization provider profiles continued to be sent out on a bi-annual basis during SFY 2010 to our SoonerCare Choice providers. These profiles offer feedback to providers which can help them evaluate how they have performed to what is expected as well as how they have performed compared to their peers.
Because of ongoing chronic health issues, some older members may qualify for the level of care provided by nursing homes, even though they may still be able to live in their communities. Programs of All-inclusive Care for the Elderly (PACE) serves people ages 55 and older who live in an established geographic service area, qualify for state nursing home level of care, and can be safely cared for in a community setting at the time of enrollment. Rather than place people in nursing homes, PACE provides comprehensive services that enable SoonerCare members to continue living in the community. These programs receive a capitated monthly payment from Medicare and Medicaid in exchange for all health and aging services required to meet the needs of these members. This integrated approach to primary, acute and long-term health care, coupled with social services support, empowers individuals to have choices about the services they receive and the ability to continue to live in their communities. This approach also tends to be less costly than full-time nursing home care. The OHCA is responsible for monitoring PACE and ensuring that these members receive quality health care whenever they need it.

Oklahoma currently has one PACE program, Cherokee Elder Care. Cherokee Elder Care began serving members in August 2008, and by the end of SFY 2010, 57 members were enrolled. Cherokee Elder Care was named the recipient of the 2010 Outstanding Program for the Achievements in Aging Award by the Oklahoma Department of Human Services. The PACE program was also given the Governor’s Commendation award for excellence.
SoonerQuit: Prenatal Tobacco Cessation Initiative

In September 2009, the OHCA was awarded a $698,178 grant from the Tobacco Settlement Endowment Trust to fund an educational effort to combat tobacco use during pregnancy. The funding for the project began January 1, 2010 and will last through December 31, 2012.

In January 2010, the OHCA hired a Tobacco Cessation Outreach Specialist to work with providers statewide. The effort began with the initial planning phase for provider recruitment and the development of a strategic plan. In addition, the OHCA contracted with Iowa Foundation for Medical Care to hire two practice facilitators, one to cover the Tulsa metro and the other for the Oklahoma City metro. The practice facilitators work closely with providers that serve the largest numbers of pregnant women in the Oklahoma City and Tulsa areas to promote the use of best practices related to tobacco cessation, increase referrals to the Oklahoma Tobacco Helpline, and to increase utilization of the SoonerCare tobacco counseling reimbursement benefits.

Provider recruitment began during March of 2010 and practice facilitation (provider training) kicked off in the Oklahoma City and Tulsa areas during April. From April 2010 to June 2010, the OHCA initiated practice facilitation in six obstetrician provider offices.
ABCD III Grant

The ABCD III project aims to improve outcomes for children in the first three years of life who have or are at risk for developmental delays. The long-term objective is two-fold: to increase referral rates for SoonerCare Choice children with positive screens or identified risk factors and to improve care coordination among these children’s providers.

Within the framework of this goal, the primary focus during year one was to conduct the planning, relationship building, and strategic thinking necessary to roll out the project in four pilot counties during year two. Statewide expansion would begin in year three. Throughout year one, efforts were focused on translating plans into active implementation, developing evaluation techniques, and identifying/addressing potential chances where children might “fall through the cracks”. Utilizing collaboration and teamwork across many state agencies allowed year one goals to be accomplished and development of the plan to be set up for years two and three.

Health Information Technology

Health information technology (HIT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. HIT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people’s health information.

With the help of HIT, health care providers will have: accurate and complete information about a patient’s health, the ability to better coordinate the care they give, a way to securely share information with patients and their family caregivers over the internet, information to help diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs. Widespread use of HIT can also make our health care system more efficient and reduce paperwork for patients and doctors, expand access to affordable care, and build a healthier future for Oklahoma and the nation.

During the past year, the OHCA participated in several efforts at the state level to increase the use of health information technology in Oklahoma: the Oklahoma Health Information Exchange Trust, submission of the Oklahoma State Medicaid Health Information Technology Plan to CMS, and formation of the Health Information Infrastructure Advisory Board.

These efforts are separate from the $54.6 million dollar health insurance exchange grant that the state of Oklahoma rejected in 2011.
HIT - Oklahoma Health Information Exchange Trust

In 2009, the OHCA was awarded more than $8.8 million through the American Recovery and Reinvestment Act of 2009 (ARRA) to develop a statewide health information exchange. Gov. Brad Henry’s office designated OHCA to be the lead agency to apply for this grant. In May 2010, Gov. Henry signed legislation creating the Oklahoma Health Information Exchange Trust (OHIET). This public trust consists of seven trustee members and an advisory council. OHCA has a seat on the advisory council. As a result of countless hours of effort working with multiple stakeholders, associations, and agencies, the OHIET Strategic and Operational Plan was submitted for review and approval in August 2010 to the Office of the National Coordinator and was approved in Spring 2011.

For more information about HIT, and OHIET, please visit www.HealthIT.hhs.gov and www.ohiet.org.

HIT - Oklahoma State Medicaid Health Information Technology Plan (OK SMHP)

Also in 2009, the OHCA received approval and funding through the Recovery Act HITECH program to create a State Medicaid Health Information Technology Plan (SMHP). Oklahoma’s SMHP was the first in the nation to be approved by the Center for Medicare & Medicaid Services (CMS). The first step of the plan was the implementation of the Oklahoma EHR Incentive Program, which began in January 2011. This program pays certain types of providers and hospitals incentive payments between 2011 and 2021 for adopting and meaningfully using certified electronic health information technology. The ARRA specifies three main components of Meaningful Use: 1) The use of a certified EHR in a meaningful manner, such as e-prescribing; 2) the use of certified EHR technology for electronic exchange of health information to improve quality of health care; 3) the use of certified EHR technology to submit clinical quality and other measures. Oklahoma was the first state in the nation to pay EHR Incentive payments to eligible professionals. As of July 5, 2011, 636 Oklahoma providers and hospitals have received EHR Incentive Payments.

For more information about the EHR Incentive Program, please visit www.cms.gov/EHRIncentivePrograms and www.okhca.org/EHR-Incentive.

For a copy of Oklahoma’s SMHP, please visit www.ohiet.org.
Health Information Infrastructure Advisory Board (HIIAB)

This Board was created during the Oklahoma 2009 legislature as SB 757. The Health Information Infrastructure Advisory Board (HIIAB) operates as a hub for health information exchange between health related state agencies and other health information organizations. Information exchange shall be implemented through interagency agreements among all health related agencies. The agreement shall ensure, but shall not be limited to:

- confidentiality of information,
- funding and implementation of the plan, which may include phased-in implementation, and
- procedures for coordinating, monitoring, and improving data exchange that is compatible with current adopters of electronic medical record systems and health information technologies.

The Board should help state agencies fit into the State Health Information Exchange Cooperative Agreement Program (SHIECAP) grant and other grants that are approved for Oklahoma. This Board can also act as the conduit from the SHIECAP grant back to state agencies to help improve the flow of information needed for SHIECAP. The meeting of the Board is an open meeting and any interested party can attend.

The first HIIAB meeting was held in April 2010. OHCA Chief Information Officer, John Calabro, chaired the monthly meetings. The Board agreed in summer 2010 to plan for a collaborative state agency network to connect to the OHIET health information exchange.

To learn more about the Health information Infrastructure Advisory Board, please visit www.ohiet.org.

SoonerEnroll

The OHCA was awarded a $988,177 outreach and enrollment grant under the Children’s Health Insurance Program Re-authorization Act (CHIPRA). This initiative, titled SoonerEnroll, has two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare. OHCA is committed to providing quality health care for all of Oklahoma’s children, and SoonerEnroll is instrumental in reaching that vision.

SoonerEnroll employs a number of state and community-level strategies to increase enrollment and retention of children in SoonerCare. Four regional coordinators and a number of temporary community outreach workers provide training and technical assistance to more than 500 community partners and work closely with them in the development, implementation and evaluation of action plans designed to meet the needs of local communities. An important outcome of SoonerEnroll has been the creation of a sustainable statewide infrastructure for implementation of outreach and enrollment efforts beyond the scope of the CHIPRA grant. In addition, OHCA has contracted with the University of Oklahoma School of Social Work (OUSSW) to conduct focus groups and administer surveys related to the challenges and barriers associated with enrollment in SoonerCare. The results of such activities will be used to inform development and implementation of future outreach strategies. A re-enrollment pilot was also launched allowing members in pilot counties the option of renewing their SoonerCare membership by phone. The grant continues through September 2011.
Every year the OHCA conducts studies to support continuous quality assurance and improvement efforts. The studies described in this section illuminate new areas to be targeted for improvement and demonstrate the effect of completed quality improvement activities.

When a provider submits a claim or encounter for services provided to a SoonerCare member, the information becomes part of a growing database of information. We use the information on these claims to answer many questions that drive quality assurance and improvement efforts. Data from thousands of members and providers can be compared across time, diagnoses, age groups, or medical services, depending on our research question. The studies described below involved careful examination of patterns in the claims and encounter data. The studies are retrospective in nature, allowing a lag period for claims to be filed and paid.

Non-experimental research does not allow us to say what caused certain changes, especially because we are always pursuing several initiatives at once in conjunction with other agencies and organizations. These studies do help us understand how well we are fulfilling the OHCA’s mission.

SoonerPlan Study

For SFY 2010 the OCHA conducted a Quality Assessment and Performance Improvement study on SoonerPlan, the family planning program offered to age and income appropriate members who are not enrolled in regular SoonerCare services. This study compared enrollment, services and costs for the years covering SFY 2008 and SFY 2009.

Enrollment in Sooner Plan for SFY 2009 tallied 31,592 members. This was a slight decrease in enrollment compared to SFY 2008; however, the number of members who had at least one paid service in the program increased in SFY 2009. Members tend to be Caucasian (65.2%) and female (96.7%). Pharmacy claims and costs for SoonerPlan increased in SFY 2009, with claims falling primarily into the contraceptive supplies category.

As with many studies, additional areas for research were identified. For possible consideration are effective outreach strategies to increase male enrollment in the program and an evaluation of factors contributing to the number of SoonerPlan members who transitioned to SoonerCare due to pregnancy.
**Emergency Room Utilization Study**

Understanding the use of emergency room (ER) services is a continuing quality initiative for the OHCA. For SFY 2010, the OHCA once again conducted a study of ER utilization. This particular study focused on OHCA primary care providers with panels that yielded the highest and lowest risk-adjusted ER utilization during SFY 2009. Demographics for these providers, such as provider type, specialty and panel size, were examined to determine if there were any distinguishable characteristics among the groups. Provider panels were also examined based on criteria such as age, gender and race.

Some notable findings were that Pediatricians were less likely to have high risk-adjusted ER utilization than family physicians and that rural health centers were more likely to have high risk-adjusted ER utilization compared to family physicians.

While adjusting the composition of panels for these providers is not practical, the results of this study present an opportunity to develop educational outreach efforts to targeted locations.

**Behavioral Health Study**

Follow up care after an inpatient stay for a behavioral health services is important to help the patient transition back into the community and to possibly prevent another hospitalization. For SFY 2010 the OHCA conducted a study adapted from the HEDIS® measure “Follow-Up After Hospitalization for Mental Illness” to examine behaviorial health diagnoses and recidivism for OHCA’s member population that received behavioral health services during 2009.

Results showed that of the 996 total behavioral health discharges, 437 (43.9%) resulted in a follow-up visit within 30 days. For those members with evidence of a follow-up, the service actually occurred within the week after the discharge in over half of the instances. National Medicaid means indicated that there is room for growth in this area. The discharges fell most often into the Clinical Classification Software category of Mood disorders (44.1%), were male (53.1%) and tended to be in the 12 to 17 years age group (49.3%). Ethnic demographics were comparable to the general SoonerCare population.

**Soon to Be Sooners Study**

The Soon to Be Sooner (STBS) program was implemented in 2008 by the OHCA to address the prenatal care needs of unborn children who will be American citizens, but their parents are not. The program seeks to improve the health and birth outcomes of future citizens by providing care and services that are deemed medically necessary and only when the services benefit the unborn child throughout the pregnancy and birth. This study evaluated member demographics, services performed and facilities used within the program for SFY 2009.

The study found that of the 6,894 STBS members identified in the program for SFY 2009, 90.0% were of Hispanic ethnic-
In addition to the Health Plan Effectiveness Data and Information Set (HEDIS®) Comprehensive Diabetes Care measure, which is displayed later in this report, the OHCA also conducts an annual study on comprehensive diabetes care. While the study is also based off of HEDIS® criteria, the advantage of the method used in the study is that instead of just examining claims data to check for the services performed, medical record review allows for examination of actual laboratory test results. Evaluation of details such as laboratory data can provide a picture that claims data alone cannot.

This study sampled charts and claims for adults diagnosed with diabetes during calendar year 2008 and HEDIS® methodologies to monitor ten measures of diabetes care.

The Comprehensive Diabetes Care Measures from the study are:

- Hemoglobin A1c (HbA1c) testing, which provides an indication of the stability of a person’s blood sugar;
- Poorly controlled HbA1c, meaning a reading greater than 9%;
- *Control of HbA1c, meaning a reading less than 8%;
- Good control of HbA1c, meaning a reading less than 7%;
- Low-density Lipoprotein Cholesterol (LDL-C) screening, or “bad cholesterol” testing;
- Controlled LDL-C, meaning a reading less than 100 mg/dL;
- Retinal eye exam, an important screening because of the risk of diabetic retinopathy, which can cause blindness;
- Medical attention for diabetic nephropathy, or testing for kidney disease, which is a complication of diabetes that can lead to kidney failure;
- Blood pressure controlled at readings under 140/90. High blood pressure, which can make the treatment of diabetes more complicated, carries a risk of heart attack, stroke and other problems;
- Blood pressure controlled at readings under 130/80

* new measure

Some of the findings include: The greatest adherence among members was found in HbA1c, with 70.6% of members receiving this attention. All rates that were computed in previous years showed improvement, with three improvements yielding significant increases. However, there is still much work to do as all rates, save one, continued to be significantly below the national Medicaid averages.

This study will inform the activities of OHCA staff who work with the Health Management Program that serves members with conditions such as diabetes. We will continue to track these diabetes outcomes using the national recognized measures.
ONGOING QUALITY REVIEWS

Overseeing the process of health care delivery is a major responsibility for the OHCA. We employ medical professionals and an outside contractor who routinely review medical records and investigate reports of potential quality issues. The following section describes how we monitor and investigate the quality of services.

Provider Reviews

Patient Centered Medical Home Provider Reviews

Registered nurses and compliance analysts employed by the Quality Assurance and Improvement Department conduct on-site reviews of contracted SoonerCare Choice providers. Using standardized audit tools the analysts review for contract and patient centered medical home (PCMH) compliance. The registered nurses review a random sample of medical records for PCMH compliance as well as quality. The review process also offers an opportunity to identify claims issues with resolution recommendations. During the review process best practices are identified and shared with other providers. Our goal is to assure quality health care services are provided to all members.

In SFY 2010 the OHCA resumed reviews for providers enrolled in PCMH. Provider education comprised a large portion of the efforts of the OHCA Quality Assurance and Improvement Department regarding medical home during 2009. For the first six months of fiscal year 2010 (July 2009 until December 2009) 455 visits were made to educate on the PCMH requirements. The PCMH education continues for each newly contracted PCMH provider. As a result, there were 102 additional educational visits performed by the end of the fiscal year. The on-site reviews for fiscal year 2010 totalled 137. During the review, assistance in the form of education is offered to each provider to facilitate successful compliance.

24-Hour Access Compliance

All SoonerCare Choice primary care providers are contractually required to maintain 24-hour access so that members have access to timely and appropriate services. One way of ensuring that members have 24-hour access involves an ongoing survey after standard business hours. As part of the survey, SoonerCare primary care providers are contacted by phone after 5 p.m. to determine whether a member needing help would have access to care. There were 1,914 provider contacts made during SFY 2010 and it was determined that for 81 percent of these calls, 24-hour access was available. The other providers received follow-up calls and information to help them bring their practices into compliance.
Dental Audits

To oversee the quality of dental care provided to SoonerCare members, the OHCA Dental Unit conducts regular reviews of services rendered by dental providers. During SFY 2010 the OHCA performed 124 audits from 93 practices. A dentist employed by the OHCA visited the practices to look at members’ records and provide outreach to the providers. Similar to the goal of the audits of SoonerCare Choice medical provider practices, these audits seek to ensure that quality services are being provided to our members, to improve communication with providers and to help solve any problems they might be having with filing claims.

Medical Record Review

Inpatient health care is another important quality assurance issue. Each month an independent medical review organization obtains a sample of medical records from SoonerCare members’ hospital stays. The goal is to ensure that the quality of care meets recognized professional standards of care and that services are medically necessary and appropriate.

During SFY 2010, APS Healthcare Inc. served as the external quality review organization for this work. APS randomly selected 10,429 inpatient hospital admission cases and 353 outpatient observation service cases for retrospective review. Acute medical/surgical cases and psychiatric cases both were included in the review. When this review process identifies cases in which the quality of care appeared to be below recognized standards of practice, further monitoring and investigation is completed to identify patterns or trends. Cases also may be referred to the Medical Education and Intervention Committee (MEIC) for review and evaluation. The MEIC includes actively practicing physicians representing various specialties in both urban and rural areas of Oklahoma. The committee composition is customized to the nature of the issue. Committee members who practice in the same area of specialty and/or setting as the provider under review are included to provide a peer perspective.
PERFORMANCE TRENDS

Tracking performance and quality requires various types of measurement. These measures may determine whether a standard has been met or whether changes across time indicate trends. This section and the following one will describe results from a SoonerPlan evaluation, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) consumer satisfaction survey, the Experience of Care and Health Outcomes (ECHO®) consumer satisfaction survey and the OHCA’s performance in certain measures from the nationally recognized Healthcare Effectiveness Data and Information Set (HEDIS®).

SoonerPlan Evaluation

An internal evaluation of the initial five years of SoonerPlan provided an overview of the inception of SoonerPlan as well as a year-by-year account detailing efforts by the OHCA for the promotion and implementation of SoonerPlan. These efforts include detailing various outreach and education strategies, monitoring quality, identifying primary care referrals via call tracking, evaluating needs of specific demographics, and reporting program studies and member satisfaction surveys. Program policy changes were identified, showing expansion of available services. These accounts demonstrate refinement of SoonerPlan to better serve Medicaid members.

The final section of the evaluation includes an analysis of measurable goals conceived at the onset of the program. These goals include improving access to family planning services and increasing enrollment in SoonerPlan for both men and women. SoonerPlan aspires to reduce the proportion of unintended live births, reduce undesirable time frames between pregnancies, and reduce the proportion of Medicaid expenditures for deliveries and first-year costs of newborns and infants.
**Member Satisfaction Surveys**

**SoonerPlan Survey**

A SoonerPlan survey was conducted during SFY 2010 to gauge member satisfaction with SoonerPlan. SoonerPlan is the family planning program that provides a limited benefit package to uninsured adults who are not enrolled in regular SoonerCare services. SoonerPlan includes services such as office visits and physical exams related to family planning, birth control information and supplies, pregnancy tests and age-appropriate tubal ligations and vasectomies.

The survey was administered to a sample of 502 SoonerPlan members (with a 40.5 percent response rate). As with previous implementations of this survey, almost all respondents were women and more than three-fourths of respondents were under 35 years of age.

Member satisfaction with SoonerPlan continues to be strong. Almost 80 percent of respondents reported the most favorable rating of SoonerPlan. Another highlight includes respondents that received services indicated that they were able to understand what the health provider was trying to convey 93 percent of the time.

While members appear to be happy with the services SoonerPlan provides, the open ended question, “Is there anything you would change about SoonerPlan?” reveals there are desires about adding benefits to the plan. Submitted answers typically indicate an interest in the expansion of family planning benefits and an expansion of benefits closer to what SoonerCare offers.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and Experience of Care and Health Outcomes (ECHO®) Surveys**

The OHCA uses two particular questionnaires on an annual basis to gauge member satisfaction. For this fiscal year, CAHPS®, which focuses on medical care, was administered to our adult population. The ECHO® survey focuses on behavioral health services and was administered to the parents/guardians of children who received behavioral health services under SoonerCare.

A random sample of adult members was contacted by mail and telephone for the CAHPS® survey, resulting in 628 completed surveys. This represented a 39.7 percent response rate. Respondent demographics reflected the makeup of the SoonerCare population. For example, respondents were mostly Caucasian (65.6%) and female (67.9%). The responses to the questions were compared to the responses given during 2008, the last time the survey was administered to the adult population. Member satisfaction has continued rise. One particular set of measures, grouped into a category that reflects how often members received treatment in a timely manner, indicated a significant improvement.

For the ECHO® survey, children that received behavioral health services were selected and a random sample was chosen to be contacted by mail and telephone. The number of completed surveys was 633, with a response rate of 39.1%. As with the previous administration of this survey, parents/guardians indicated a high degree of satisfaction with the behavioral health services while under SoonerCare.

CAHPS® and ECHO® reports can be found in the Quality Reports section of the OHCA website at: http://www.okhea.org/.
**HEDIS® MEASURES**

The OHCA uses a set of nationally recognized standardized measures to track annual performance on important dimensions of care and service. This set of measures is called the Healthcare Effectiveness Data and Information Set, (HEDIS®) and is maintained by the National Committee for Quality Assurance. Using claims data, we compute HEDIS® measures to identify areas for improvement and monitor the effectiveness of performance and quality initiatives. We track results across time and make comparisons to national Medicaid averages.

Our results for this issue of the Performance and Quality report, depicted in the following line graphs, reflect services during calendar year 2009. Dotted lines on the graphs indicate a statistically significant change from the previous year. Readers will note missing segments in some of the line graphs. The technical definitions of HEDIS® measures sometimes change, which interrupts the trend. Whenever possible, the results are shown on a scale of 0 to 100 percent; the graphs are rescaled if necessary to display the trend. Following the graphs is a table of results for all measures for the most recent three years. National averages can be found at http://www.ncqa.org/.

### HEDIS® • Dental

**Annual Dental Visits**

This HEDIS® measure is based on the number of members under 21 who were eligible for dental benefits and had at least one dental visit during the year. The SoonerCare rate consistently has been higher than the national Medicaid average and has increased significantly almost every year since we began tracking it.
HEDIS® • Women’s Cancer Screenings

Breast Cancer Screening

The OHCA’s rate of breast cancer screenings for women 40 and older was one of two HEDIS® measures that came under review this year and eventually was recalculated back to 2006. Adjustments were made to capture claims that were previously omitted and this yielded improved rates from previous years. A significant increase in the most recent reported rate is also reflected in the graph at the right. There is still room to improve, but the trend is going in the right direction. Also, to be noted is that the specifications for this HEDIS® measure limited the results to women with 11 or 12 months of eligibility in both 2008 and 2009 and mammograms conducted during these years. So this figure does not reflect the overall number of mammograms provided to SoonerCare members in this age group, whose benefits do not depend upon how long they have been members.

Cervical Cancer Screening

This was the second measure where a retrospective review was performed. Updated totals reflect modifications back to 2006. The cervical cancer screening measure counts the number of women ages 21-64 years old who received at least one cervical cancer screening within a three-year period. The women must have been qualified for benefits for at least 11 months of the review period. Although Oklahoma does remain behind the national Medicaid means, the calendar year of 2009 did show a significant improvement.
Promoting preventive health visits for children has been a high priority for the OHCA, and several HEDIS® measures focus on these services. These following measures are limited to children with continuous eligibility who had at least one well-care exam during the year. The measures are organized by children’s ages: the first 15 months of life, ages 3-6 years, and ages 12-21 years. While the rate for the 0-15 month age group remained steady at its already high rate of 97.4%, significant gains were made in the 3-6 year rate and 12-21 year rate. Our rates for Child Health Checkups have been increasing steadily for all age groups, with the 0-15 month age group having a rate significantly higher than the national Medicaid average. Our results are impacted by our periodicity schedule, which calls for Child Health Checkups on alternating years after the age of 6, whereas the HEDIS® measure assumes annual visits.

Child Health Checkups Ages 0-15 Months

![Graph showing percentage of children with checkups from 2001 to 2009](image)
Child Health Checkups, Ages 3-6 Years

Child Health Checkups, Adolescents
Continuously qualified SoonerCare Choice children who had at least one visit with a primary care provider are counted in the HEDIS® measure, Children and Adolescents’ Access to Primary Care Practitioners. This measure is broken down into four different age groups. Children in the youngest age group saw a primary care physician (PCP) at a rate that was significantly higher than the national Medicaid average. The other age groups of children had PCP visits at rates that were lower than their national benchmarks, but generally increasing across time.

Access: Children 12 to 24 Months

Access: Children 25 Months to 6 Years
HEDIS® • Access to Care, Adults

SoonerCare adult members have shown to be successful in taking steps to improve the rates of their preventive health services. The HEDIS® measure calculates the percentage of members that have had at least one qualifying visit in this category.

Access: Adults Aged 20 to 44 Years with Preventive Health Services

Access: Adults Aged 45 to 64 Years with Preventive Health Services

Oklahoma Health Care Authority
Diabetes is a complicated disease that can affect many facets of people’s health, which is why we use four HEDIS® measures of Comprehensive Diabetes Care: Hemoglobin A1C (HbA1C) test, which measures average blood sugar in the previous three months; LDL-C test, which is a measure of “bad” cholesterol; dilated eye exam, which checks for vision problems related to diabetes; and nephropathy screening, which checks for kidney disease. Our rates for 2009 in all measures but nephropathy increased significantly over 2008 results.

Diabetes: LDL-C Testing

Diabetes: Eye Exam

Diabetes: HbA1C

Diabetes: Nephropathy
**HEDIS® • Asthma**

The HEDIS® Asthma measure reported by the OHCA is the Use of Appropriate medications for People with Asthma. The age groupings changed this year, which makes graphing and trending tools ineffective. The calculated rate for children 5 to 11 years old with persistent asthma that received appropriate medication was 87.8% and for the age group of 12 to 50 years old the rate was 76.2%. The graph feature for this measure should return in next year’s report.

**HEDIS® • Lead Screening**

The calendar year of 2009 showed improvement yet again in the Lead Screening in Children measure. This measure calculates the percentage of children who had one or more blood lead tests by their second birthday. It is possible for children to get lead in their blood from drinking water from corroded plumbing or by breathing or ingesting dust from lead-based paint. Even small amounts of this poison will stay inside the body can cause a myriad of problems that affect health and development.

**Lead Screening in Children**

![Graph showing lead screening over years](image)
HEDIS® • Respiratory Conditions

The following two HEDIS measures take a look to see if appropriate testing measures were taken for children of 2 years to 9 years of age diagnosed with Pharyngitis and with children from 3 months to 18 years of age that were diagnosed with an upper respiratory infection. While significant gains were made, national averages (not listed) do indicate that we may have opportunities to make strong improvements in these two particular measures.

Appropriate Testing for Children with Pharyngitis

Appropriate Testing for Children with Upper Respiratory Infection

Cholesterol Management, Cardiovascular Patients

HEDIS® • Cardiovascular Conditions

This measure includes members ages 18-75 years who had a heart attack, coronary artery bypass or angioplasty, or who were diagnosed with ischemic vascular disease. Such patients should have routine cholesterol screening and the measure reflects those who have had the screening.
### HEDIS Measures for Calendar Years 2006-2009

<table>
<thead>
<tr>
<th>Measure</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Dental Visit (Combined rate &lt; 21 years)</strong></td>
<td>56.3%</td>
<td>57.2%</td>
<td>59.7%</td>
<td>62.1%</td>
</tr>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
<td>33.8%</td>
<td>35.1%</td>
<td>38.3%</td>
<td>43.0%</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td>42.0%</td>
<td>43.7%</td>
<td>44.4%</td>
<td>46.6%</td>
</tr>
<tr>
<td><strong>Child Health Checkups</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 15 months of life (1 or more visits)</td>
<td>96.5%</td>
<td>96.8%</td>
<td>97.3%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Ages 3-6 years (1 or more visits)</td>
<td>56.7%</td>
<td>57.1%</td>
<td>60.0%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Adolescents (1 or more visits)</td>
<td>26.4%</td>
<td>28.6%</td>
<td>32.1%</td>
<td>40.1%</td>
</tr>
<tr>
<td><strong>Children's Access to PCP (at least one PCP visit)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 12-24 months</td>
<td>94.3%</td>
<td>94.1%</td>
<td>94.1%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Ages 25 months - 6 years</td>
<td>81.2%</td>
<td>81.4%</td>
<td>83.1%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Ages 7-11 years</td>
<td>80.4%</td>
<td>80.8%</td>
<td>82.7%</td>
<td>87.6%</td>
</tr>
<tr>
<td>Ages 12-19 years</td>
<td>79.8%</td>
<td>80.1%</td>
<td>81.4%</td>
<td>85.8%</td>
</tr>
<tr>
<td><strong>Adult Access to Preventive/Amb Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 20-44 years</td>
<td>74.9%</td>
<td>75.6%</td>
<td>78.4%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Ages 45-64 years</td>
<td>84.2%</td>
<td>85.2%</td>
<td>86.8%</td>
<td>89.7%</td>
</tr>
<tr>
<td><strong>Comprehensive Diabetes Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1C Screening</td>
<td>62.0%</td>
<td>63.3%</td>
<td>66.5%</td>
<td>71.3%</td>
</tr>
<tr>
<td>LDL-C Screening</td>
<td>55.8%</td>
<td>55.2%</td>
<td>60.4%</td>
<td>65.7%</td>
</tr>
<tr>
<td>Eye Exam Screening for diabetic retinopathy</td>
<td>25.4%</td>
<td>26.3%</td>
<td>26.9%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Nephropathy Screening (or evidence of nephropathy)</td>
<td>79.5%</td>
<td>78.1%</td>
<td>79.1%</td>
<td>80.3%</td>
</tr>
<tr>
<td><strong>Appropriate Medications for the Treatment of Asthma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 5-9 years</td>
<td>86.2%</td>
<td>89.7%</td>
<td>90.3%</td>
<td>87.8%**</td>
</tr>
<tr>
<td>Ages 10-17 years</td>
<td>83.3%</td>
<td>86.1%</td>
<td>86.7%</td>
<td>76.2%***</td>
</tr>
<tr>
<td>Ages 18-56 years</td>
<td>59.7%</td>
<td>65.4%</td>
<td>63.5%</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Appropriate Treatment for Children with URI</strong></td>
<td>64.3%</td>
<td>66.0%</td>
<td>65.3%</td>
<td>67.2%</td>
</tr>
<tr>
<td><strong>Appropriate Testing for Children with Pharyngitis</strong></td>
<td>N/A</td>
<td>20.9%</td>
<td>20.8%</td>
<td>24.7%</td>
</tr>
<tr>
<td><strong>Lead Screening in Children</strong></td>
<td>N/A</td>
<td>34.4%</td>
<td>38.7%</td>
<td>41.8%</td>
</tr>
<tr>
<td><strong>Cholesterol Management for Patients with Cardiovascular Conditions</strong></td>
<td>35.6%</td>
<td>34.1%</td>
<td>33.7%</td>
<td>40.8%</td>
</tr>
</tbody>
</table>

**Legend:**

- **Significant Increase from Previous Year**
- **Significant Decrease from Previous Year**

* Includes data from Indian Health Service
** Age grouping changed to ages 5-11
*** Age grouping changed to ages 12-50
Another challenging, but exciting year is upcoming for the Oklahoma Health Care Authority in SFY 2011. Some of the programs in development for 2011 that will likely see inclusion in an upcoming version of Performance and Quality Report, Minding Our P’s and Q’s:

Health access networks (HAN) have been in development in the past couple of years and one such network began in July of 2010. A HAN is a collection of providers organized for the purpose of restructuring and improving the access, quality and continuity of care for SoonerCare members, the uninsured and the underinsured. The HAN will offer patients access to all levels of care. An update should be forthcoming on the active HAN’s progress.

One of the most exciting efforts by the OHCA is the implementation of online enrollment. There still are internal challenges associated with this multi year project that updated the previous enrollment system, but potential SoonerCare members may now enroll online from wherever there is internet access. The OHCA looks forward to describing this streamlined process in the next issue of this report.

Three new waivers have been approved that will allow the Opportunities for Living Life department of the OHCA to begin offering new services to Oklahomans with physical disabilities and to those who are 65 years of age and older. Medically Fragile, My Life; My Choice and Sooner Seniors are the new programs being developed.

Our work in assuring quality health care and services for our members involves many collaborations, and ideas come from all sources. Do you have ideas for improving SoonerCare? We’d like to hear from you at (405) 522-7300.
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