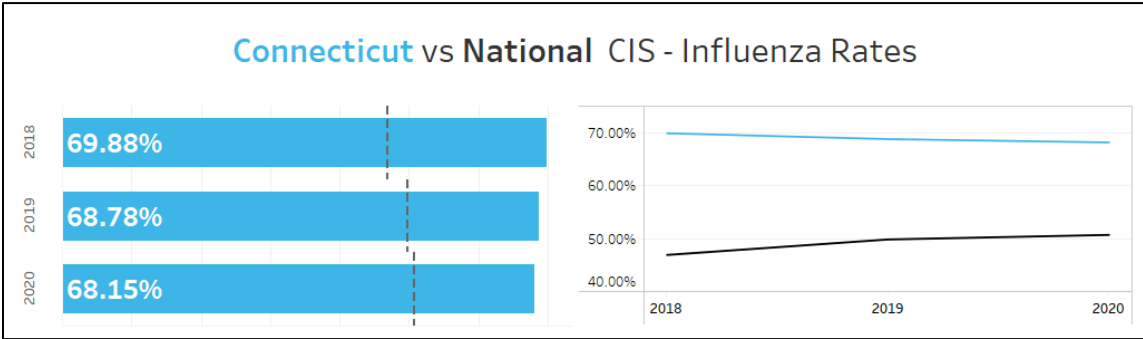# Medical HEDIS Data

2020 Update
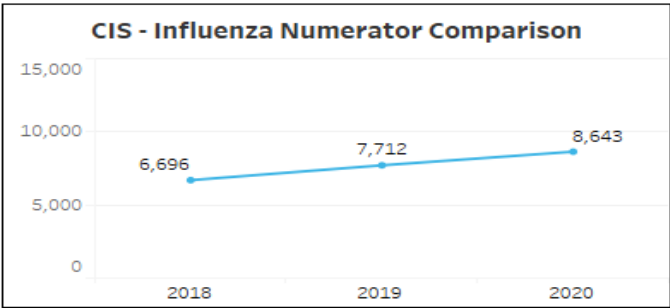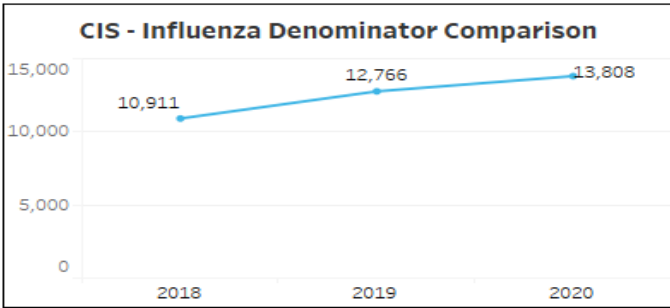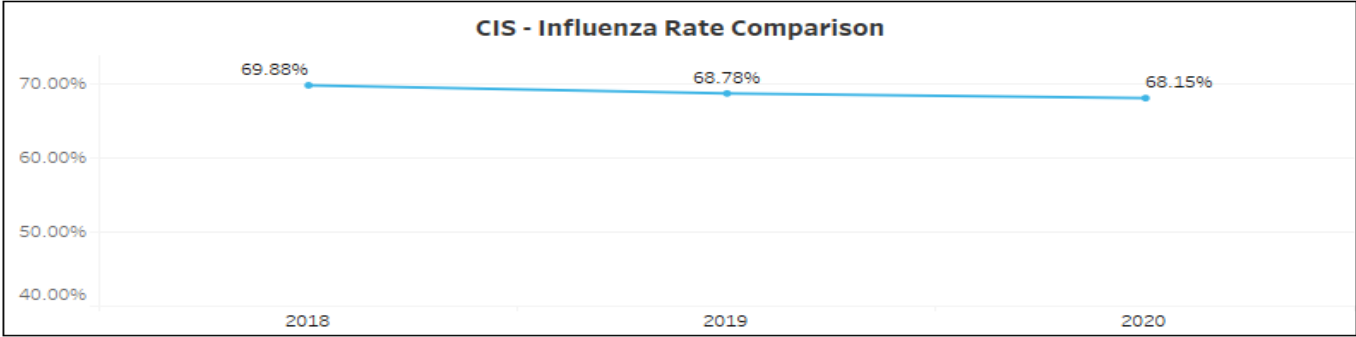
Medical Administrative Services Organization HEDIS Measures

Table of Contents

Medical Administrative Services Organization HEDIS Measures

Measure 1: Childhood Immunization Status – Influenza (CIS)

Rate Comparison

Why is this Measure Important?

According to the CDC, millions of children contract the influenza virus annually resulting in thousands of hospitalizations. The CDC estimates that "since 2010, between 7,000 and 28,000 children younger than five years old have been hospitalized for flu each year in the United States". Children with chronic conditions such as asthma, diabetes, and disorders of the brain or nervous system, as well as those children younger than five years old (especially children younger than two years), are more likely to be hospitalized from complications of the flu.[1]

What Does it Measure?

The CIS measure calculates the percentage of children two years of age who had a series of childhood vaccinations; including two influenza (flu) vaccines by their second birthday. The age definition is children who turn two years of age at any time during 2020.

What Does the Data Tell Us?

- The number of members who received a flu shot increased significantly in 2020 but there were more eligible members which resulted in a slightly lower rate.
- Opportunity exists for targeted efforts to improve the CIS Influenza rates.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance for CIS Influenza rates were consistently better than the national benchmark in 2018, 2019, and 2020.

[1]Centers for Disease Control and Prevention. Vaccines for Your Children. Vaccine for Flu (Influenza). https://www.cdc.gov/vaccines/parents/diseases/flu.html
Accessed June 27, 2022

Medical Administrative Services Organization HEDIS Measures

Childhood Immunization Status (CIS) – Influenza: Demographic Data

Rates by Sex

CIS - Influenza Measurement Year 2020 Demographics
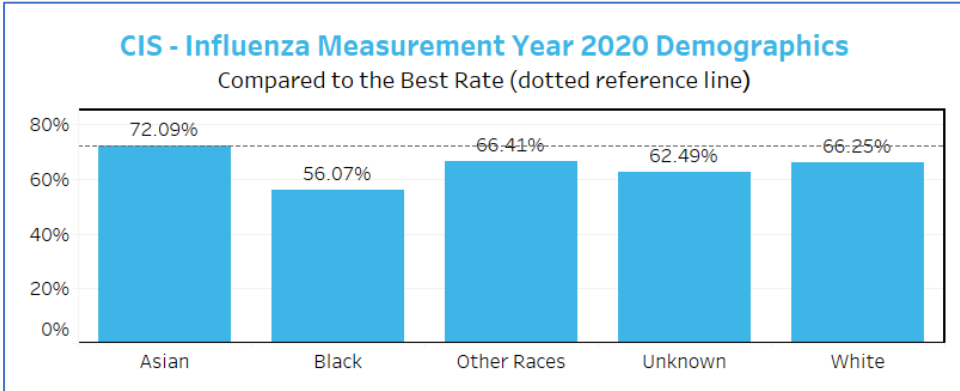Compared to the Best Rate (dotted reference line)

	Female	Male
Rate	61.91%	63.25%

Rates by Race

CIS - Influenza Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Asian	Black	Other Races	Unknown	White
72.09%	56.07%	66.41%	62.49%	66.25%

Rates by Ethnicity

CIS - Influenza Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Hispanic	Non-Hispanic
66.11%	61.90%

What Does This Data Tell Us?

- Influenza rates were slightly better among males compared to females.
- Rates were nearly the same among males compared to females for the past three years
- When comparing the CIS Influenza rates by race, the rates were highest for the Asian population and lowest for the Black population.
- Hispanics/Latino/as had a better rate when compared to the non-Hispanic population.

Medical Administrative Services Organization HEDIS Measures
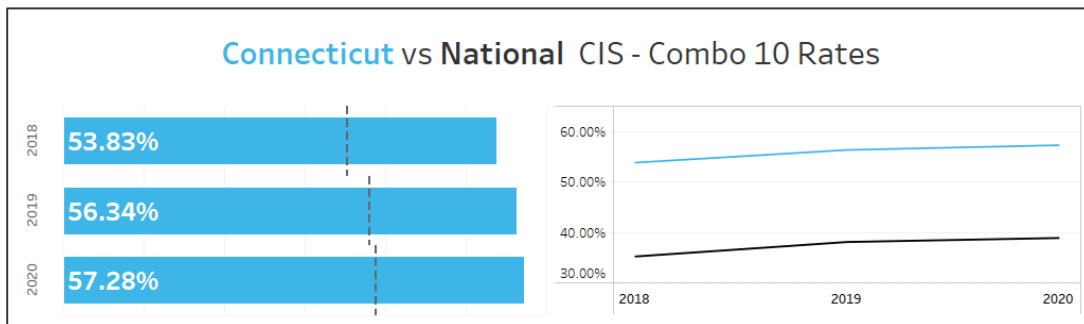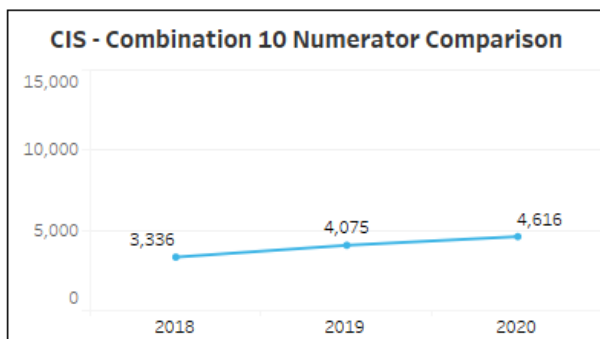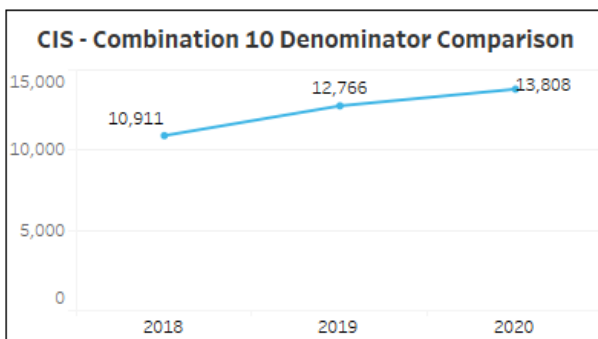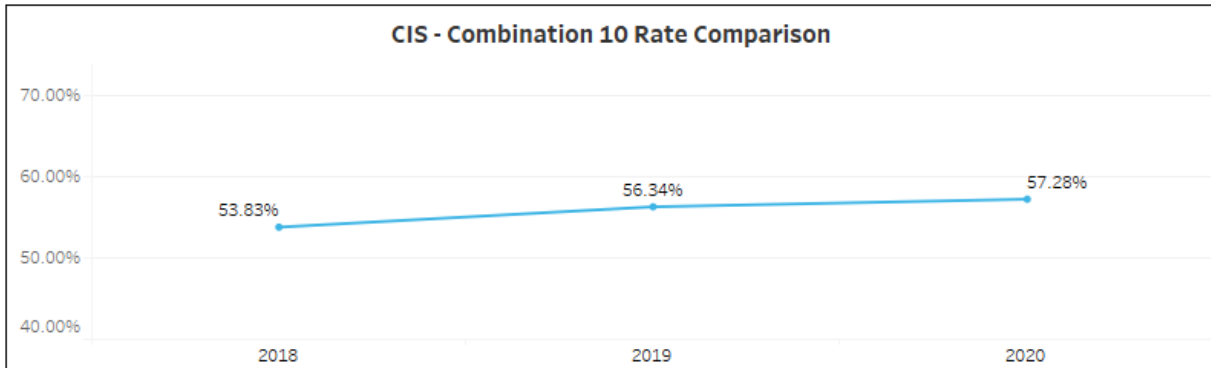
Measure 2: Childhood Immunization Status – Combo 10 (CIS)
Rate Comparison

CIS - Combination 10 Rate Comparison

	2018	2019	2020
Rate	53.83%	56.34%	57.28%

CIS - Combination 10 Denominator Comparison

	2018	2019	2020
Denominator	10,911	12,766	13,808

CIS - Combination 10 Numerator Comparison

	2018	2019	2020
Numerator	3,336	4,075	4,616

Connecticut vs National CIS - Combo 10 Rates

	Connecticut
2018	53.83%
2019	56.34%
2020	57.28%

Why is this Measure Important?

Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus, and whooping cough at a time in their lives when they are most vulnerable to disease. [1],[2] Approximately 300 children in the United States die each year from vaccine-preventable diseases.[3]Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.[4]

What Does it Measure?

CIS–Combo 10 measures the percentage of children two years of age who, by their second birthday, received all of the following vaccinations: 4 diphtheria, tetanus and acellular pertussis (DTaP) vaccinations, 3 polio (IPV) vaccinations, 1 measles, mumps and rubella (MMR) vaccination, 3 haemophilus influenza type B (HiB) vaccinations, 3 hepatitis B (HepB) vaccinations, 1 chicken pox (VZV) vaccination, 4 pneumococcal conjugate (PCV) vaccinations, 1 hepatitis A (HepA) vaccination, 2 or 3 rotavirus (RV) vaccination, 2 influenza (flu) vaccines

What Does the Data Tell Us?

- There has been an increase in the overall CT Medicaid rate for the CIS - Combo 10 measure from 2018 to 2020.
- It is noteworthy that the number of two-year-olds eligible for inclusion in the CIS denominator has increased each year since 2018.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance for the CIS - Combo 10 rates were consistently better than the national benchmark in 2018, 2019, and 2020.

[1]Mayo Clinic. 2014. "Infant and Toddler Health.Childhood Vaccines: Tough questions, straight answers. Do vaccines cause autism? Is it OK to skip certain vaccines? Get the facts on these and other common questions." http://www.mayoclinic.com/health/vaccines/CC00014
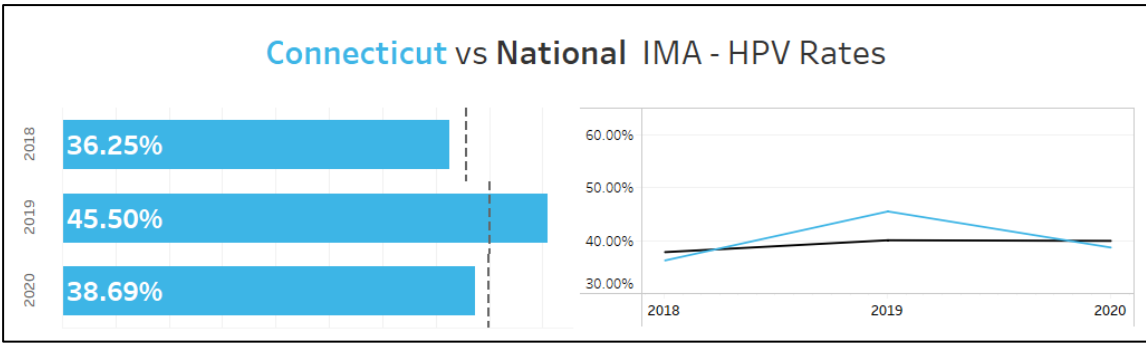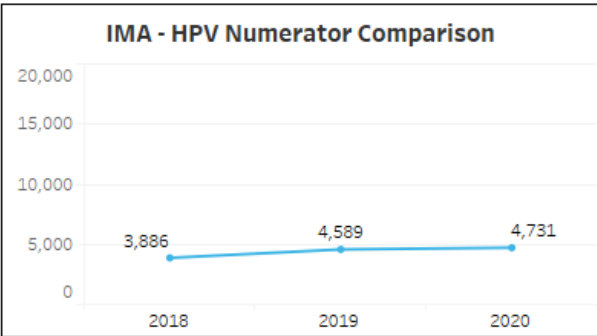
[2]Institute of Medicine. January 2013. "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies." Report Brief.

[3]gov. 2013. "Immunizations and Infectious Diseases." http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23

[4]Diekema, D.S. 2012. "Improving Childhood Vaccination Rates." *N Engl J Med 366:39;1-3* http://www.nejm.org/doi/full/10.1056/NEJMp1113008

Medical Administrative Services Organization HEDIS Measures

Measure 3: Immunizations for Adolescents – HPV (IMA)
Rate Comparison

IMA - HPV Rate Comparison

- 2018: 36.25%
- 2019: 45.50%
- 2020: 38.69%

IMA - HPV Denominator Comparison

- 2018: 14,640
- 2019: 15,560
- 2020: 16,260

IMA - HPV Numerator Comparison

- 2018: 3,886
- 2019: 4,589
- 2020: 4,731

Connecticut vs National IMA - HPV Rates

- 2018: 36.25%
- 2019: 45.50%
- 2020: 38.69%
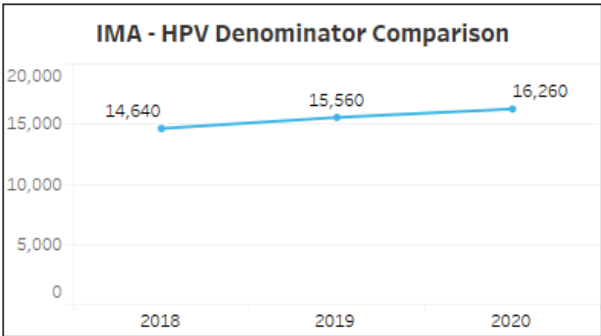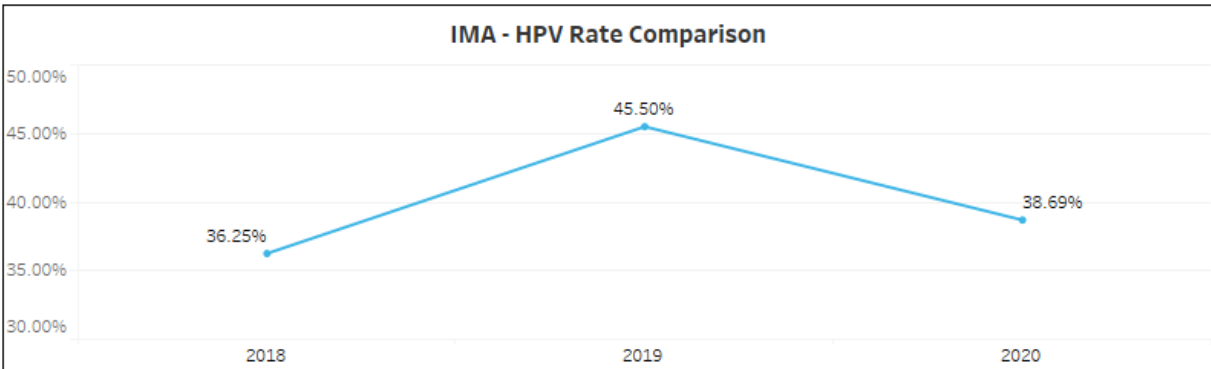
Why is this Measure Important?

The Human papillomavirus (HPV) vaccine protects children 11-12 years of age against certain types of cancers later in life caused by HPV infection. HPV is a common virus that infects teens and adults. It often presents without any signs or symptoms. The CDC notes that more than 42 million people in the U.S. are currently infected with the HPV type that results in disease. The vaccine is most effective when given before a person is exposed to the virus, which is why it is recommended in early adolescence.[1]

What Does it Measure?

The IMA measure calculates the percentage of adolescents 13 years of age who have had a series of adolescent immunizations including the completion of the HPV vaccine series by their 13th birthday.
HPV vaccine series can begin at 9 years of age.[2]

What Does the Data Tell Us?

- There was a significant increase in the overall CT Medicaid rate in 2019. The 2020 rate was slightly higher to the 2018 rate.
- It is noteworthy that the eligible population has increased each year since 2018.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- The CT Medicaid performance was slightly lower than the national benchmark in both 2018 and 2020; however, in 2019, the CT Medicaid performance was significantly higher than the national benchmark.
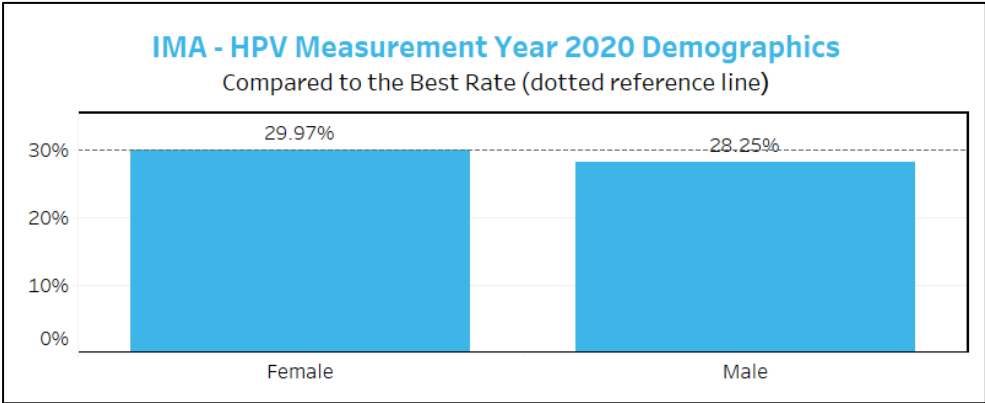
[1]Centers for Disease Control and Prevention. HPV Infection. https://www.cdc.gov/hpv/parents/about-hpv.html Accessed June 27, 2022

[2]Centers for Disease Control and Prevention.. HPV Vaccine. https://www.cdc.gov/hpv/parents/vaccine-for-hpv.html Accessed June 27. 2022
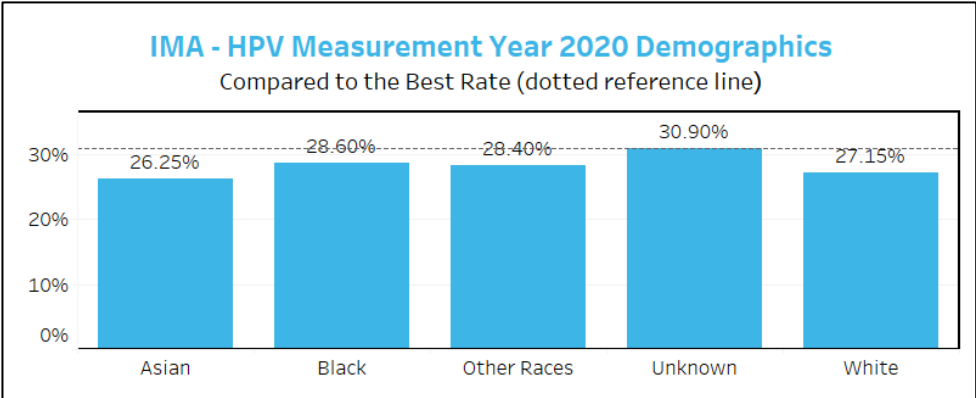
Medical Administrative Services Organization HEDIS Measures

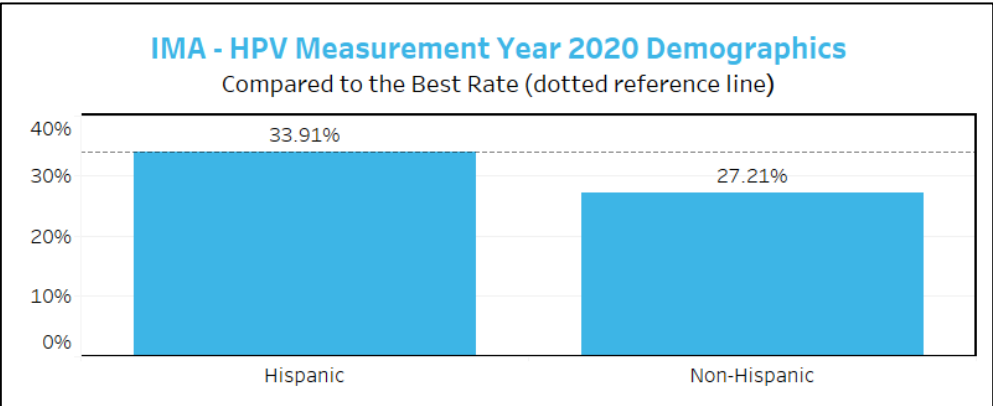## Immunizations for Adolescents-HPV(IMA): Demographic Data

Rates by Sex

IMA - HPV Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

	Female	Male
Rate	29.97%	28.25%

Rates by Race

IMA - HPV Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

	Asian	Black	Other Races	Unknown	White
Rate	26.25%	28.60%	28.40%	30.90%	27.15%

Rates By Ethnicity

IMA - HPV Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

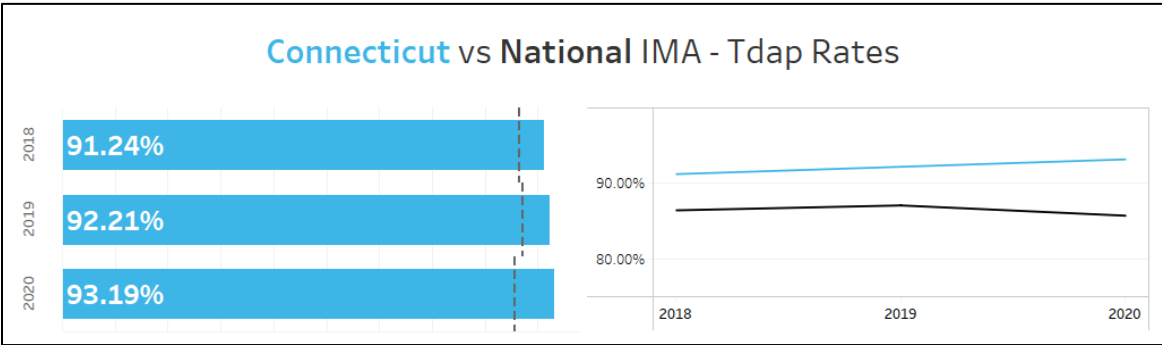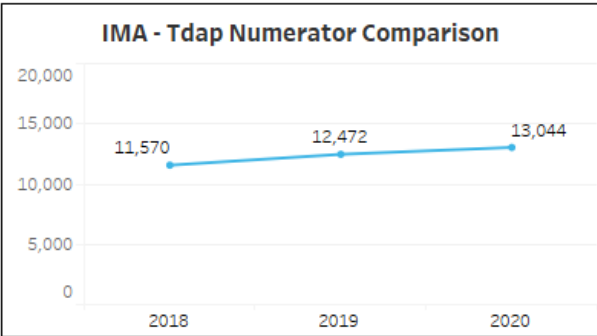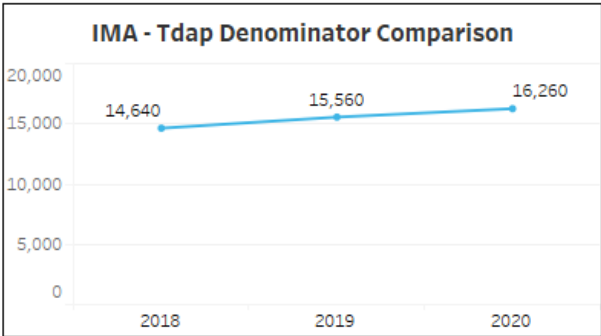|	Hispanic	Non-Hispanic
Rate	33.91%	27.21%

What Does This Data Tell Us?
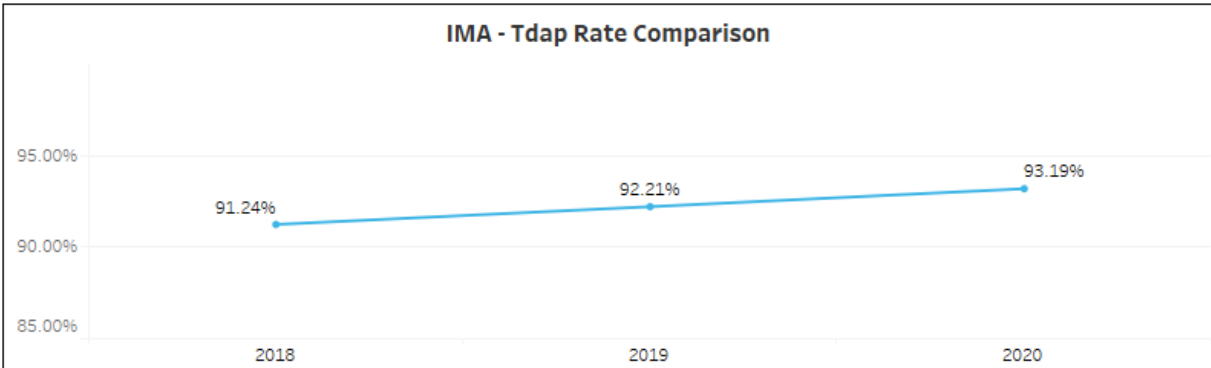
- CT Medicaid's performance was slightly better among females compared to males. This has been a consistent trend for the past three years.
- The rate for the Black population has increased over the past three years and performed better than the White and Asian populations in 2020.
- The CT Medicaid Hispanic population had a better rate when compared to the Non-Hispanic population in 2020.

Medical Administrative Services Organization HEDIS Measures

Measure 4: Immunizations for Adolescents – Tdap (IMA)
Rate Comparison

IMA - Tdap Rate Comparison — 2018: 91.24%, 2019: 92.21%, 2020: 93.19%

IMA - Tdap Denominator Comparison — 2018: 14,640, 2019: 15,560, 2020: 16,260

IMA - Tdap Numerator Comparison — 2018: 11,570, 2019: 12,472, 2020: 13,044

Connecticut vs National IMA - Tdap Rates — 2018: 91.24%, 2019: 92.21%, 2020: 93.19%

Why is this Measure Important?

The Tdap vaccine can prevent tetanus, diphtheria, and pertussis (whooping cough) It is given to adolescents in a single dose. Tetanus is a bacterial infection that enters the body through cuts or wounds and causes painful muscle stiffness that can lead to tightening of the jaw muscles, difficulty swallowing and breathing, or death. Diphtheria and pertussis are spread from person-to-person. Diphtheria is a bacterial infection that can lead to difficulty breathing, heart failure, paralysis, or death. Pertussis can cause uncontrollable, violent coughing fits that can be extremely serious in babies and young children[1]

What Does it Measure?

The IMA measure calculates the percentage of adolescents 13 years of age who have had a series of adolescent immunizations; including at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays.
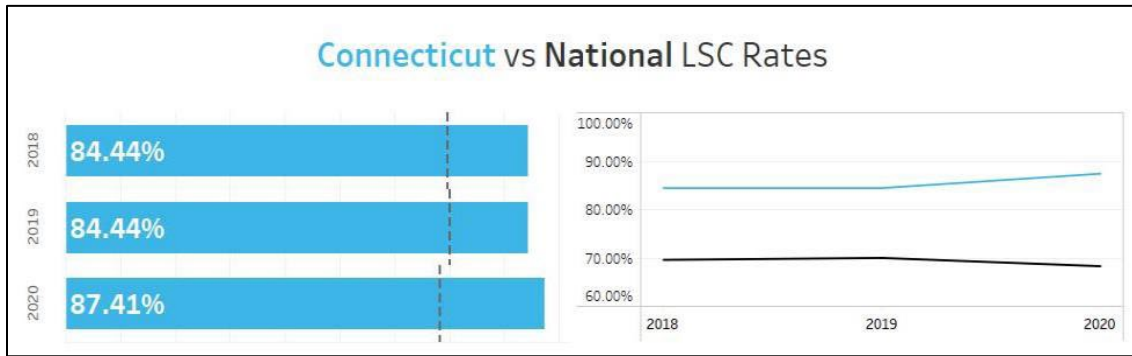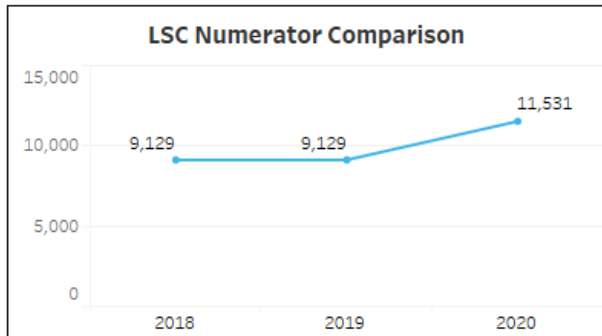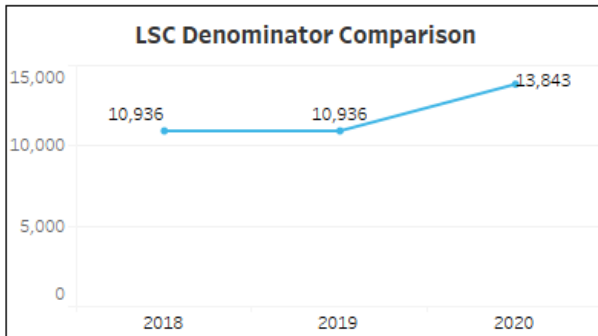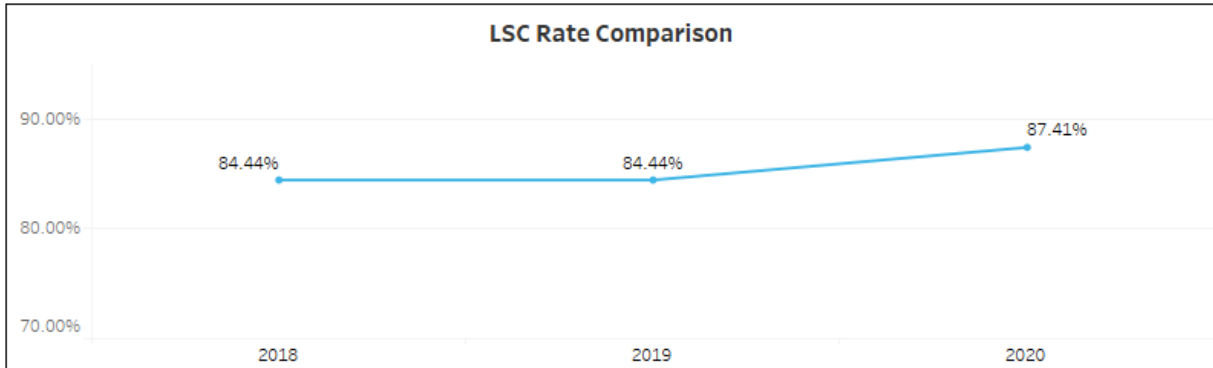
What Does the Data Tell Us?

- There has been an increase in the overall CT Medicaid rate from 2018 to 2020.
- It is noteworthy that the eligible population has increased each year since 2018.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's rates for IMA - Tdap were consistently better than the national benchmark for the past three years.

[1]Centers for Disease Control and Prevention. Tdap (Tetanus, Diphtheria and Pertussis) VIS. https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html#why-vaccinate Accessed June 27, 2022

Measure 5: Lead Screening in Children (LSC)
Rate Comparison

LSC Rate Comparison

84.44% (2018)   84.44% (2019)   87.41% (2020)

LSC Denominator Comparison

10,936 (2018)   10,936 (2019)   13,843 (2020)

LSC Numerator Comparison

9,129 (2018)   9,129 (2019)   11,531 (2020)

Connecticut vs National LSC Rates

2018: 84.44%
2019: 84.44%
2020: 87.41%

Why is this Measure Important?

Exposure to lead can cause damage to the brain and other vital organs, as well as intellectual and behavioral deficits. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized.[1]

Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level.[2] If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health.

What Does it Measure?

The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

This measure is reported using the hybrid methodology.

What Does the Data Tell Us?

- We saw a significant increase in the overall CT Medicaid rate in 2020.
- Due to difficulties obtaining data for 2019 caused by the pandemic, NCQA allowed health plans to report the 2018 data for both 2018 and 2019.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance for LSC rates were consistently better than the national benchmark for the past three years.
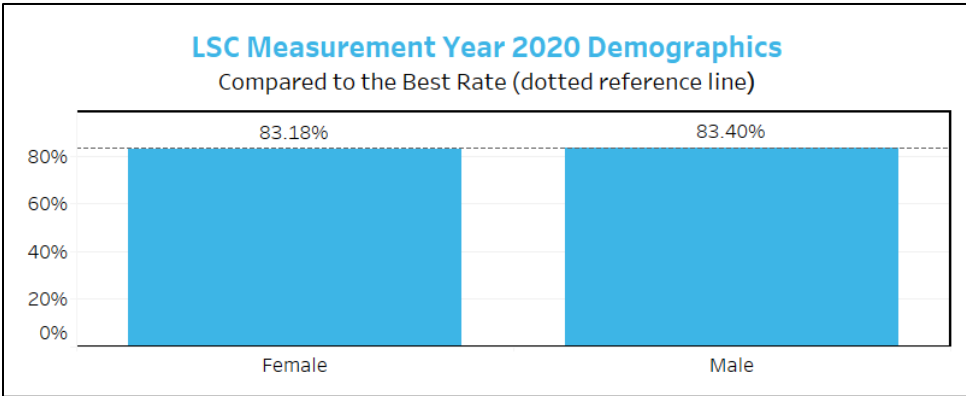
[1] U.S. Department of Housing and Urban Development. "About Lead-Based Paint." http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/healthyhomes/lead

[2] CDC. 2009. Last updated July 12, 2013. "National Biomonitoring Program Factsheet—Lead." CDC. 2013. "Blood Lead Levels in Children Aged 1–5 Years—United States,
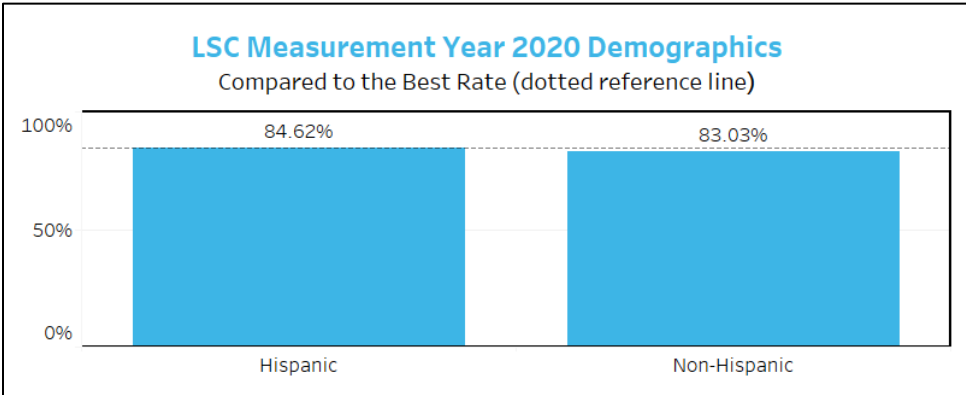
Medical Administrative Services Organization HEDIS Measures

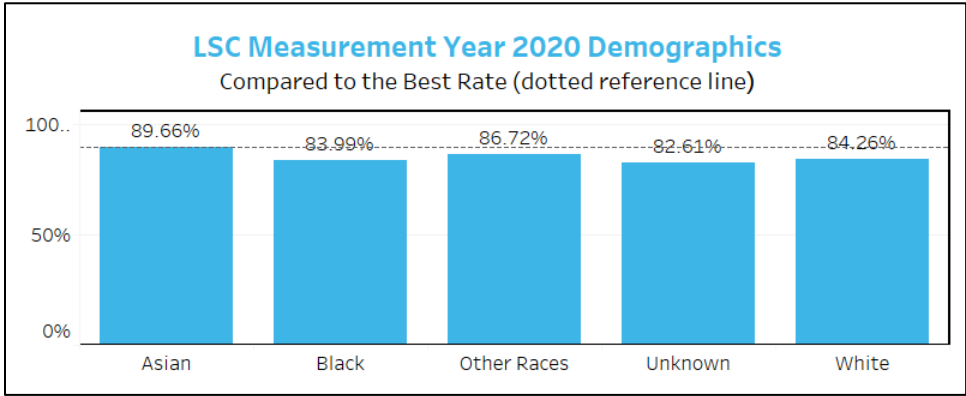## Lead Screening in Children (LSC): Demographic Data

Rates by Sex

LSC Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Female	Male
83.18%	83.40%

Rates by Race

LSC Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Hispanic	Non-Hispanic
84.62%	83.03%

Rates by Ethnicity

LSC Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

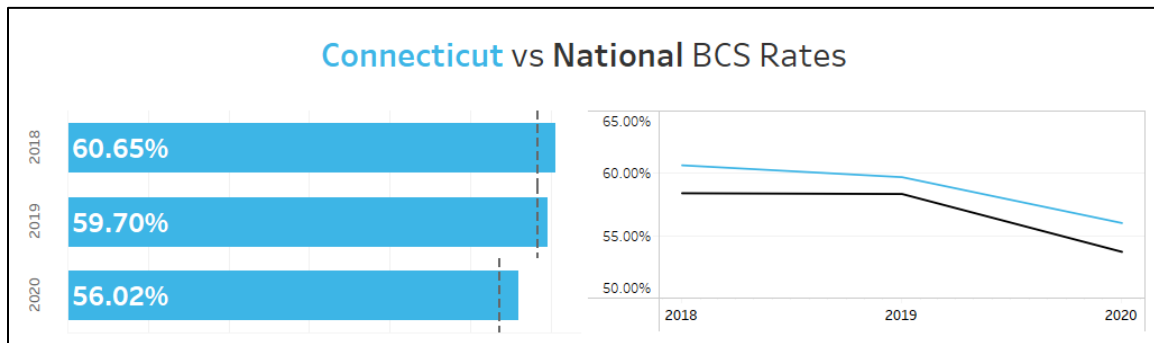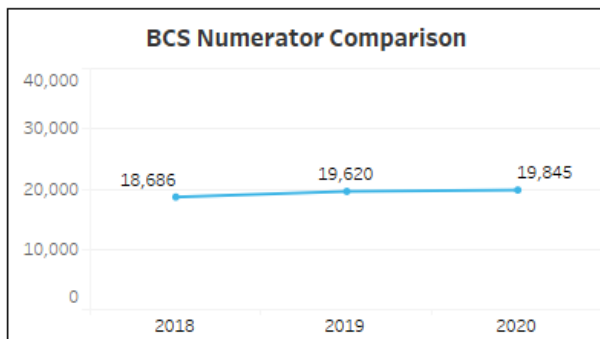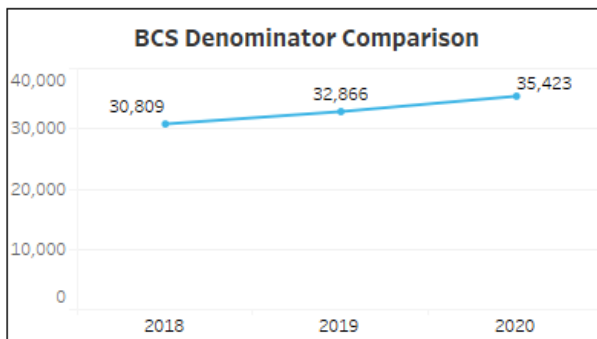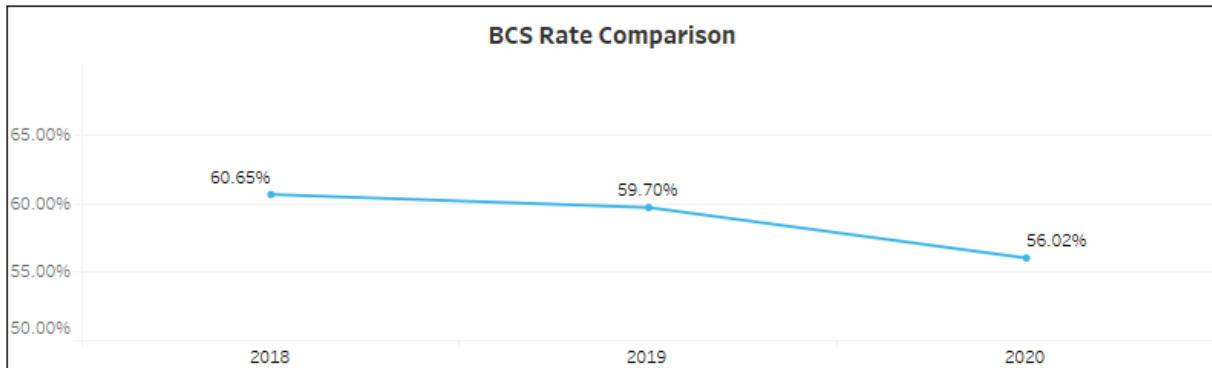| Asian	Black	Other Races	Unknown	White
89.66%	83.99%	86.72%	82.61%	84.26%

What Does This Data Tell Us?

- CT Medicaid's performance on LSC rates are similar between males and females in 2020. This has been a consistent trend for the past three years.
- The rate for the Asian population outperformed the Black and White populations, which had similar rates to one-another in 2020.
- The CT Medicaid Hispanic population had a better rate when compared to the Non-Hispanic population.

Medical Administrative Services Organization HEDIS Measures

Measure 6: Breast Cancer Screening (BCS)
Rate Comparison

BCS Rate Comparison

Year	Rate
2018	60.65%
2019	59.70%
2020	56.02%

BCS Denominator Comparison

Year	Value
2018	30,809
2019	32,866
2020	35,423

BCS Numerator Comparison

Year	Value
2018	18,686
2019	19,620
2020	19,845

Connecticut vs National BCS Rates

Year	Connecticut
2018	60.65%
2019	59.70%
2020	56.02%

Why is this Measure Important?

Aside from some forms of skin cancer, breast cancer is the most common cancer among American women regardless of race or ethnicity.[1] Screening can improve outcomes since, early detection reduces the risk of dying from breast cancer, can lead to a greater range of treatment options and can lower health care costs.[2]

What Does it Measure?

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

This measure is reported using the administrative methodology

What Does the Data Tell Us?

- There was a significant decrease in the overall CT Medicaid rate in 2020.
- The eligible population has increased each year since 2018.
- While the eligible population experienced a significant increase from 2019 to 2020, the 2020 numerator remained relatively unchanged possibly due to pandemic-related decreases in utilization, resulting in a decrease in the rate for 2020.
- The CT Medicaid performance was consistently better than the national benchmark for the past three years.
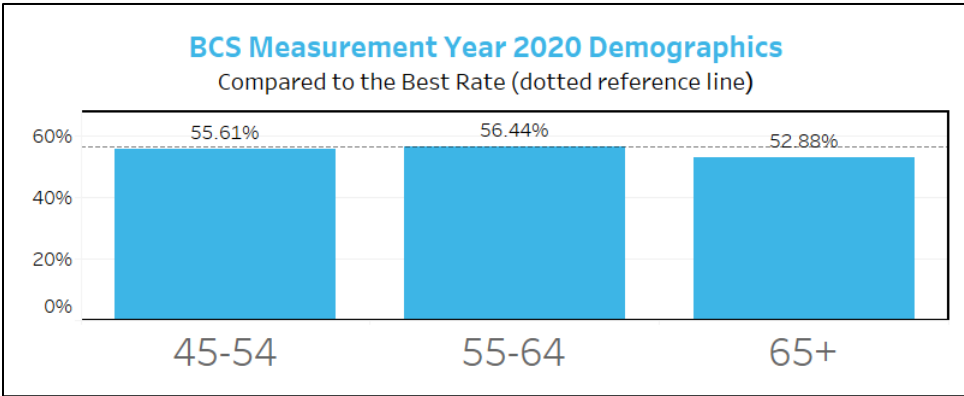
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[1]Centers for Disease Control and Prevention (CDC). 2018. "Breast Cancer Statistics." http://www.cdc.gov/cancer/breast/statistics/index.htm
[2]American Cancer Society. 2017. "American Cancer Society Recommendations for the Early Detection of Breast Cancer." https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html
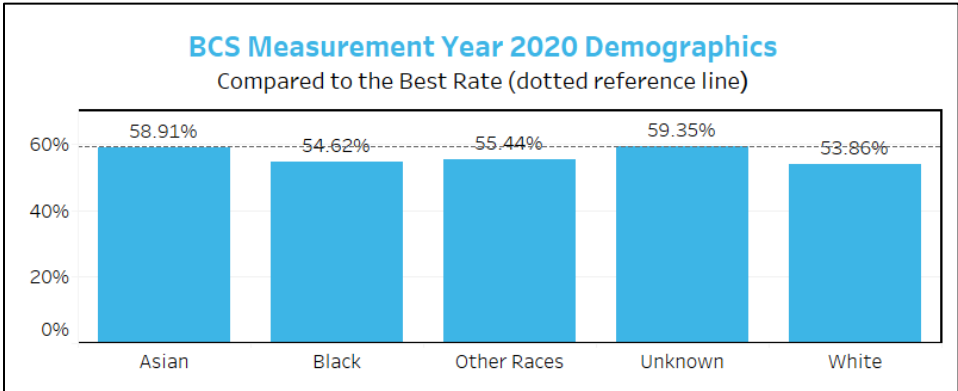
Medical Administrative Services Organization HEDIS Measures

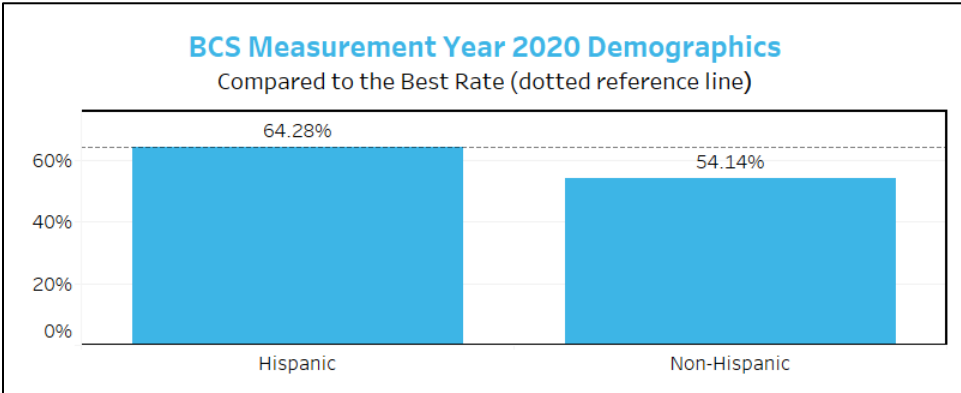## Breast Cancer Screening (BCS): Demographic Data

Rates by Age Group

BCS Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Age Group	Rate
45-54	55.61%
55-64	56.44%
65+	52.88%

Rates by Race

BCS Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Race	Rate
Asian	58.91%
Black	54.62%
Other Races	55.44%
Unknown	59.35%
White	53.86%

Rates by Ethnicity

BCS Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

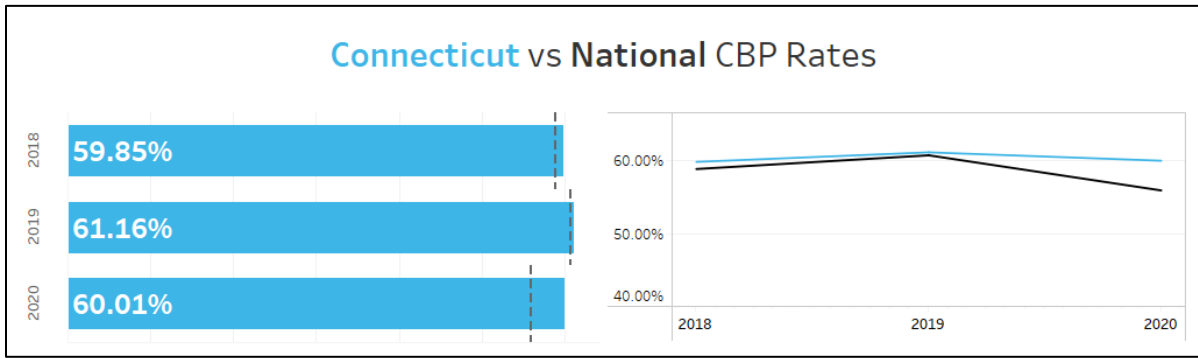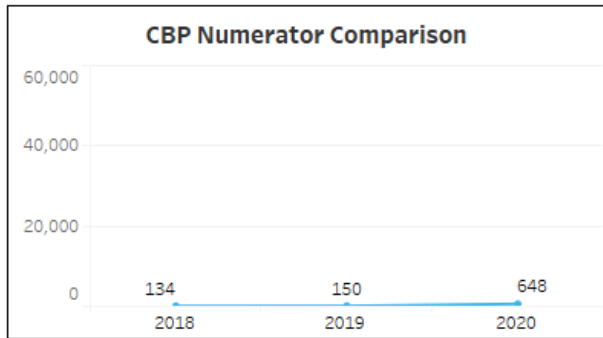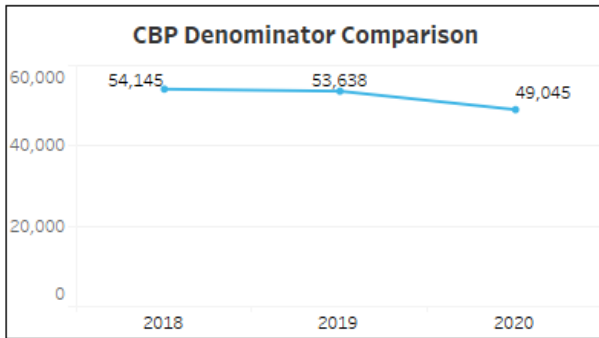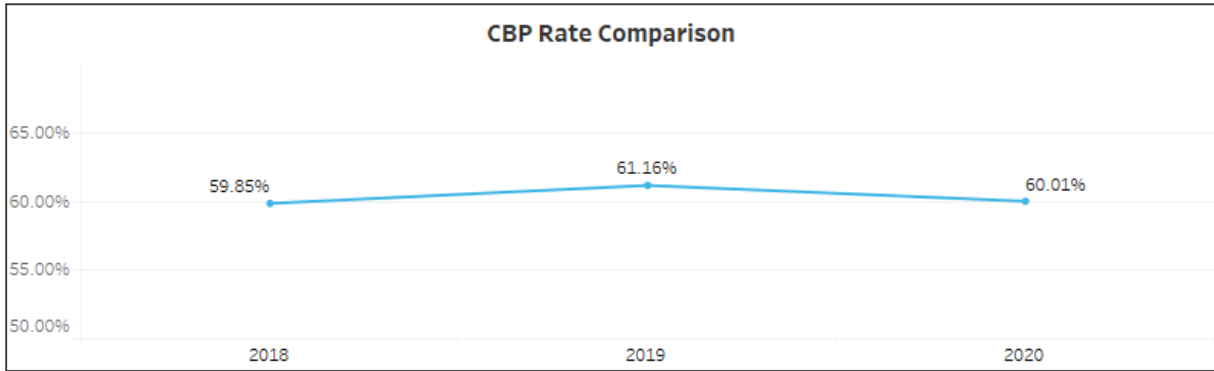| Ethnicity	Rate
Hispanic	64.28%
Non-Hispanic	54.14%

What Does This Data Tell Us?

- The 55-64 age group had a slightly better rate compared to the 45-54 and 65+ age groups.
- The rate for the Asian population outperformed the Black and White populations in 2020.
- The rate for the White population was the lowest it had been in past three years.
- The CT Medicaid Hispanic population had a better rate when compared to the Non-Hispanic population.
- This has been a consistent trend for the past three years.

Measure 7: Controlling High Blood Pressure (CBP)
Rate Comparison

CBP Rate Comparison

59.85% (2018), 61.16% (2019), 60.01% (2020)

CBP Denominator Comparison

54,145 (2018), 53,638 (2019), 49,045 (2020)

CBP Numerator Comparison

134 (2018), 150 (2019), 648 (2020)

Connecticut vs National CBP Rates

59.85% (2018), 61.16% (2019), 60.01% (2020)

Why is this Measure Important?

Known as the "silent killer," high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States.[1,2] Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease. In addition, it reduces the risk of developing other serious conditions.[3]

What Does it Measure?

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

- This measure is reported using the hybrid methodology.

What Does the Data Tell Us?

- The overall CT Medicaid rates in 2018, 2019 and, 2020 were nearly identical.
- The reported rates are "hybrid" (using a sample size of not more than 411), based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- In all three years, the CT Medicaid performance was consistently better than the national benchmark

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[1]Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension Prevalence and Control Among Adults: United States, 2015-2016. NCHS Data Brief. 2017;(289):1-8. National Center for Health Statistics.

[2]Kochanek KD, Murphy SL, Xu J, Arias E. Deaths: Final Data for 2017. National Vital Statistics Reports, 68(9). Hyattsville, MD: National Center for Health Statistics; 2019.

[3]James, P.A., S. Oparil, B.L. Carter, W.C. Cushman, C. Dennison-Himmelfarb, et al. 2014. "Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eight Joint National Committee (JNC8)." JAMA 311(5):507–20. doi:10.1001/jama.2013.284427

Measure 8: Comprehensive Diabetes – HbA1c Poor Control (CDC)
Comprehensive Diabetes Care –HbA1c Poor Control (CDC): Rate Comparison
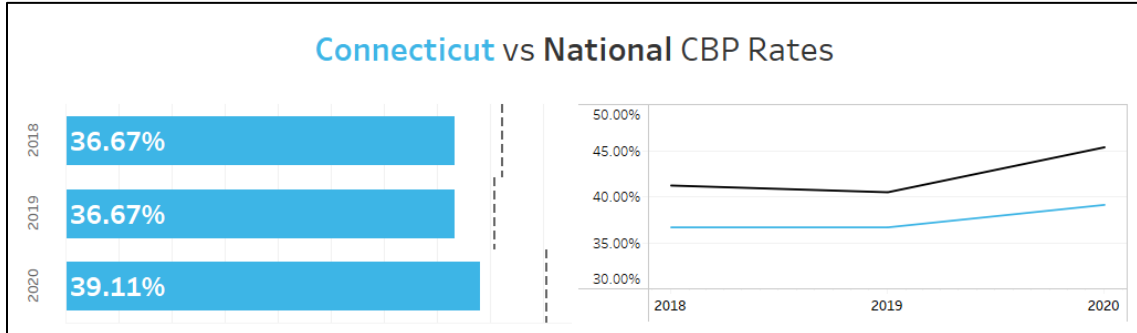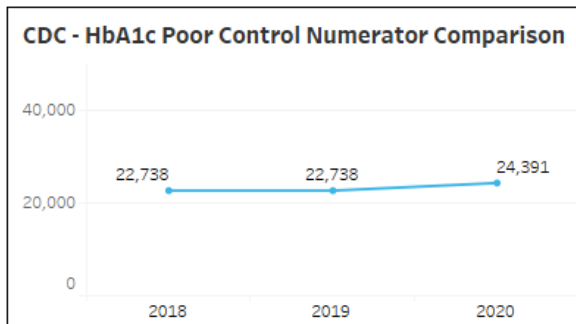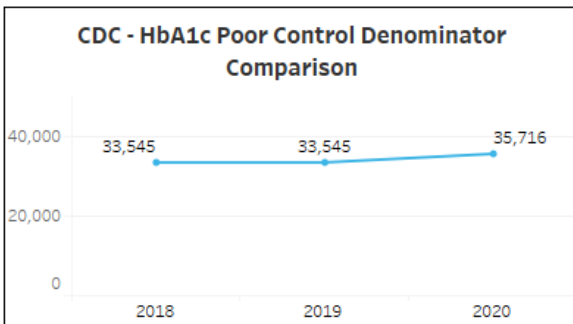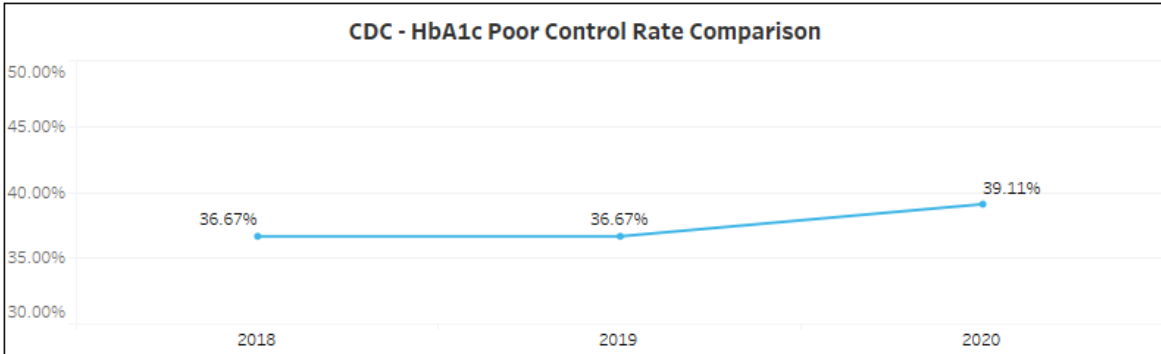
Why is this Measure Important?

Diabetes is one of the most prevalent chronic diseases affecting more than 37 million people in the U.S. thus, resulting in annual costs of nearly $327 billion for medical care and lost work/wages.[1] Long-term complications of diabetes develop gradually; however, poorly controlled diabetes and a longer duration of the disease, increase the likelihood of developing complications. Such complications include: heart disease, stroke, kidney failure, blindness, and amputation of the legs and feet. HbA1c blood tests are used to monitor how well the disease is being managed. A higher HbA1C level results in a greater risk of developing diabetes complications.[2]

What Does it Measure?

The CDC measure calculates the percentage of members 18-75 years of age with diabetes (type 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0%; indicating poor control.
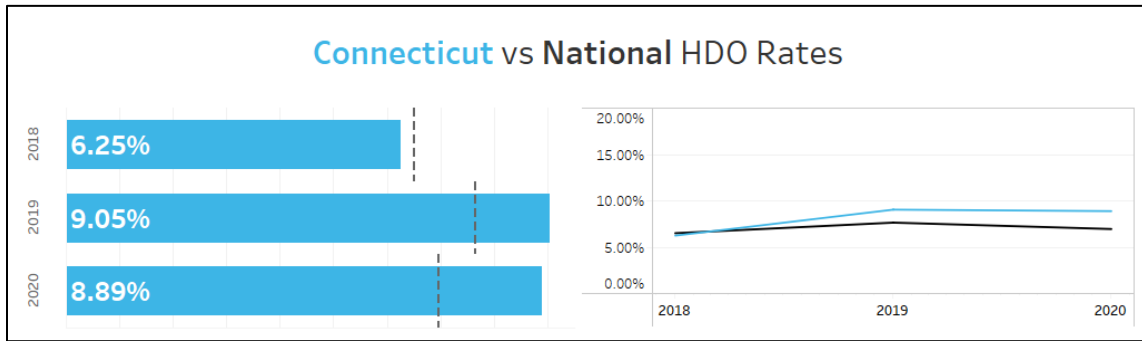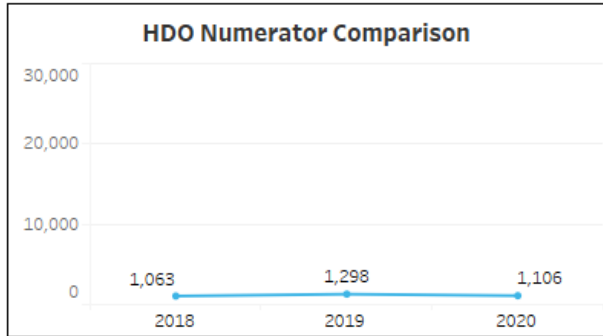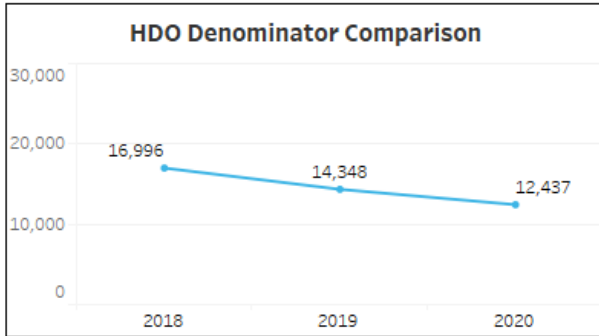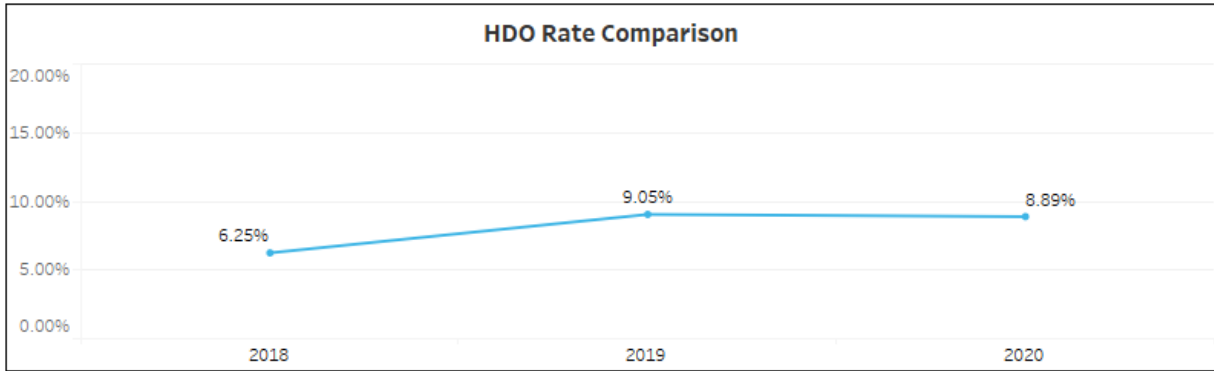- The measure uses the most recent or last HbA1c value obtained in 2020.
- Adults ages 18-75 years of age are as-of December 31, 2020.
- A lower rate indicates better performance.

- This measure is reported using the hybrid methodology.

What Does the Data Tell Us?
- A lower rate indicates better performance.
- The overall CT Medicaid rate increased in 2020.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- Due to the pandemic causing difficulties in obtaining charts in early 2020, the NCQA allowed health plans to report their 2018 data for both 2018 and 2019.
- The CT Medicaid performance was better than the national benchmark for the past three years.

Measure 9: Use of Opioids at High Dosage (HDO)
Rate Comparison

HDO Rate Comparison

- 2018: 6.25%
- 2019: 9.05%
- 2020: 8.89%

HDO Denominator Comparison

- 2018: 16,996
- 2019: 14,348
- 2020: 12,437

HDO Numerator Comparison

- 2018: 1,063
- 2019: 1,298
- 2020: 1,106

Connecticut vs National HDO Rates

- 2018: 6.25%
- 2019: 9.05%
- 2020: 8.89%

Why is this Measure Important?

There is an increased risk for opioid use disorder, overdose, and death among individuals taking prescription opioids over a long period of time or at high doses. According to the CDC, the prescription opioid rate has been declining since 2012; however, the amount of opioids in morphine milligram equivalents (MME) prescribed per person remains three times higher than what it was in 1999. Additionally, counties with higher prescribing practices demonstrate some of the following characteristics: smaller cities or larger towns, uninsured or underemployed, and contain a greater number of dentists and primary care physicians per capita.[1]

What Does it Measure?

The HDO measure assesses the proportion of members 18 years and older who received prescription opioids at a high dosage (average milligram morphine dose [MME] >90 mg) for > 15 days during the measurement year.
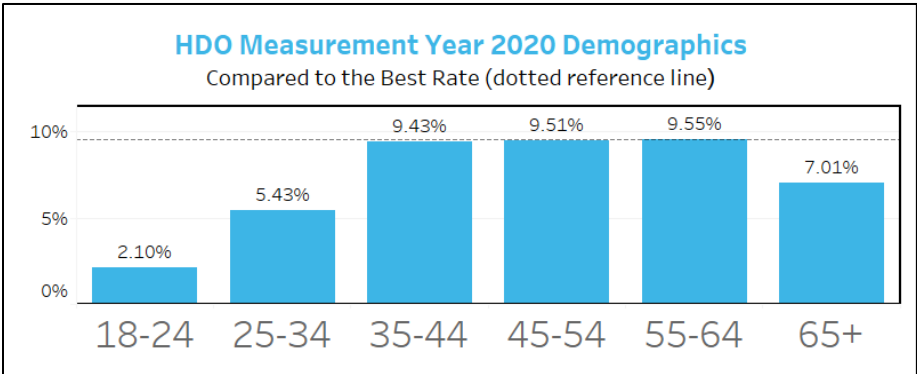
What Does the Data Tell Us?

- A lower rate indicates better performance.
- The overall CT Medicaid rate in 2020 was slightly better than 2019.
- It is noteworthy that the total eligible population has decreased each year since 2018.
- CT Medicaid's performance was slightly higher than the national benchmark in 2019 and 2020.

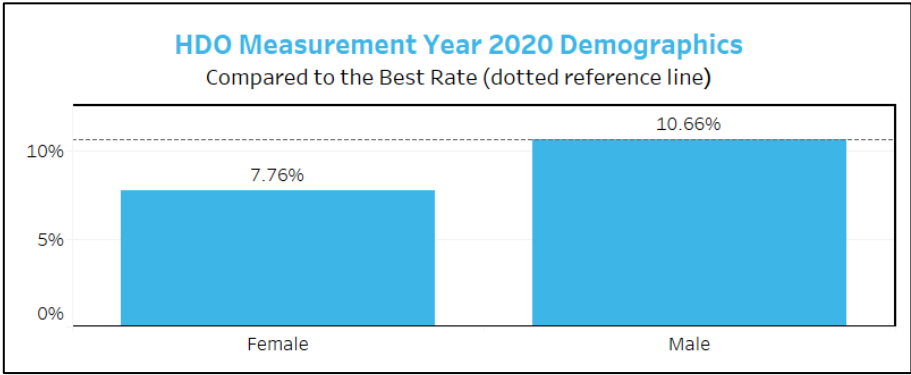[1] Center for Disease Control and Prevention. Drug Overdose. Prescribing Practices. https://www.cdc.gov/drugoverdose/deaths/prescription/practices.html Accessed, June 29,2022

Medical Administrative Services Organization HEDIS Measures

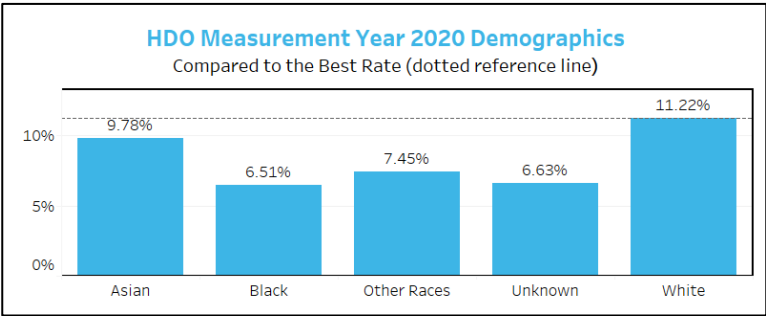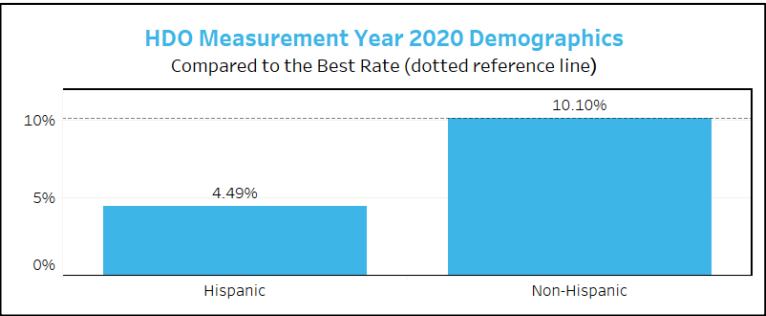## Use of Opioids at High Dosage (HDO): Demographics

Rates by Age Group

HDO Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Age Group	Rate
18-24	2.10%
25-34	5.43%
35-44	9.43%
45-54	9.51%
55-64	9.55%
65+	7.01%

Rates by Sex

HDO Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

	Rate
Female	7.76%
Male	10.66%

Rates by Race

HDO Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

Race	Rate
Asian	9.78%
Black	6.51%
Other Races	7.45%
Unknown	6.63%
White	11.22%

Rates by Ethnicity

HDO Measurement Year 2020 Demographics
Compared to the Best Rate (dotted reference line)

| Ethnicity	Rate
Hispanic	4.49%
Non-Hispanic	10.10%

What Does This Data Tell Us?

- The 18-24, 25-34, and 65+ age groups had lower rates of high-dose opioid use than the 35-64 age groups. This has been a consistent trend for the past three years
- The CT Medicaid rates for females were consistently lower than males for the past three years.
- The CT Medicaid rates for the White population were consistently higher than all other racial subgroups for the past three years.
- CT Medicaid rates for the Black population were consistently lower than all other racial subgroups for the past three years, which raises concerns of *implicit bias in opioid prescribing.*
- The CT Medicaid population of Hispanic origin had a better rate when compared to the Non-Hispanic population in 2020. This trend has remained consistent over the past three years.

Medical Administrative Services Organization HEDIS Measures

Measure 10: Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC)

Rate Comparison
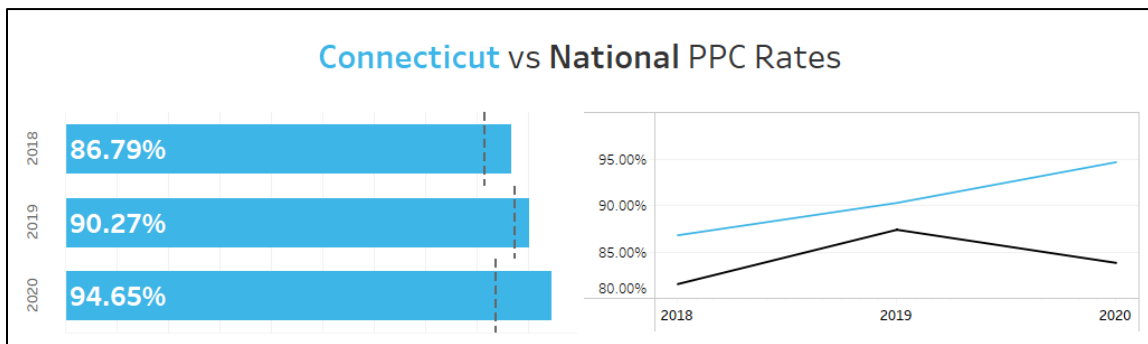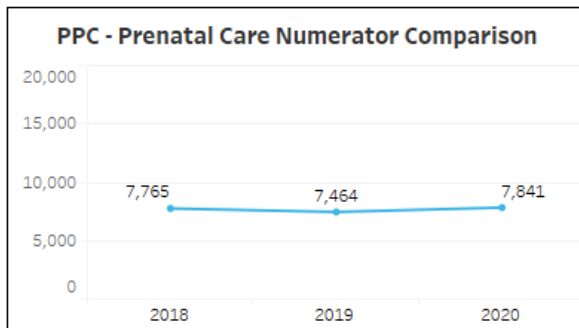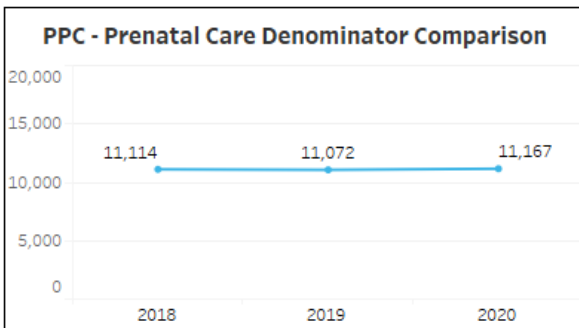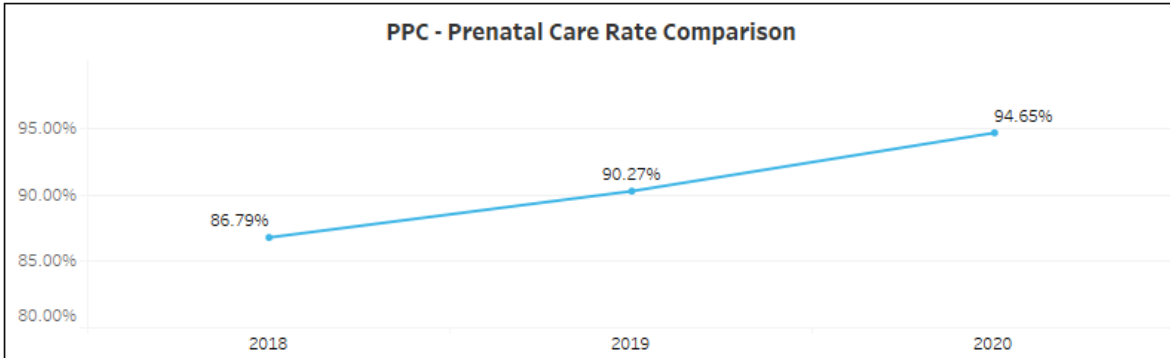
Why is this Measure Important?

Lack of prenatal care is often considered a high risk factor for neonatal complications and post-neonatal death. The goal of the prenatal visit is to exchange information and identify existing risk factors that may impact the pregnancy. According to the National Institutes of Health (NIH), "regular prenatal visits help the health care provider identify potential health problems early and take steps to manage them in order to protect the health of the mother and the developing fetus".[1]

What Does it Measure?

The PPC calculates the percentage of deliveries of live births on, or between, October 8th of the year prior to the measurement year and October 7th of the measurement year. The PPC measure assesses prenatal (Timeliness of Prenatal Care) and postpartum care.
- The Timeliness of Prenatal Care component of the PPC measure calculates the percentage of deliveries that received a prenatal care visit in the first trimester.

What Does the Data Tell Us?

- The overall CT Medicaid rate has increased year over year while the eligible population has remained stable.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance was consistently better than the national benchmark for the past three years.
-

[1]National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. What health problems can develop during pregnancy? https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems Accessed, June 28, 2022

Medical Administrative Services Organization HEDIS Measures

Measure 11: Child and Adolescent Well-Care Visits –Total (WCV)
Rate Comparison
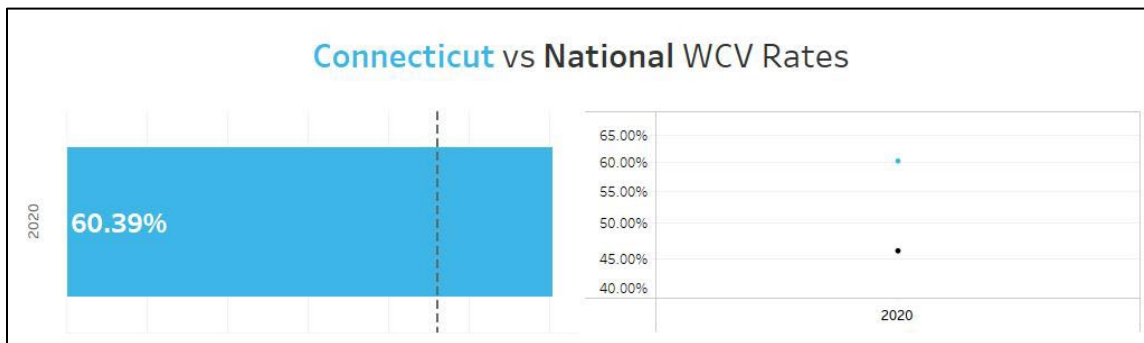
Why is this Measure Important?

Assessing physical, emotional, and social development is important at every stage of life; particularly with children and adolescents.[1] Well-care visits provide an opportunity for providers to influence health and development and, they are a critical opportunity for screening and counseling.[2]

What Does it Measure?

The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
- This measure is reported using the administrative methodology.
- This is a new HEDIS measure for 2020, therefore, there is no historical data available for previous years' comparison

What Does the Data Tell Us?

- This is a first-year measure for 2020, therefore, there is no previous years' data available for comparison.
- CT Medicaid performance was significantly better than the national benchmark in 2020.

[1]Bright Futures. 2021. https://brightfutures.aap.org/

[2]Lipkin, Paul H., Michelle M. Macias, Section on Developmental and Behavioral Pediatrics Council on Children with Disabilities, Kenneth W. Norwood Jr, Timothy J. Brei, Lynn F. Davidson, Beth Ellen Davis, et al. 2020. "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening." Pediatrics 145 (1): e20193449. https://doi.org/10.1542/peds.2019-3449
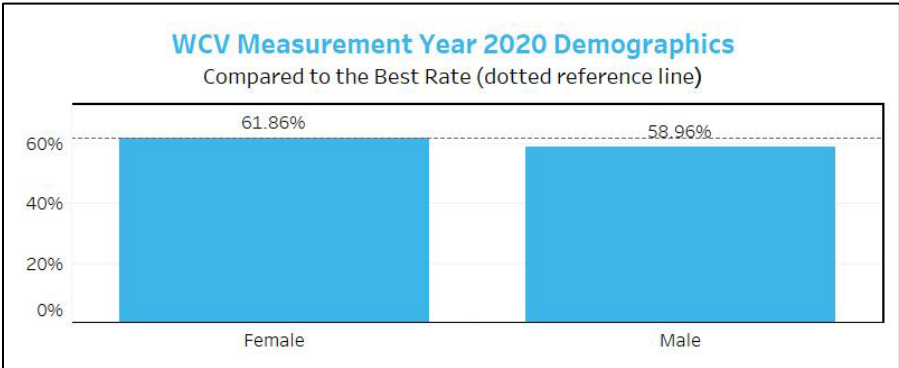
Medical Administrative Services Organization HEDIS Measures

Child and Adolescent Well-Care Visits (WCV): Demographic Data
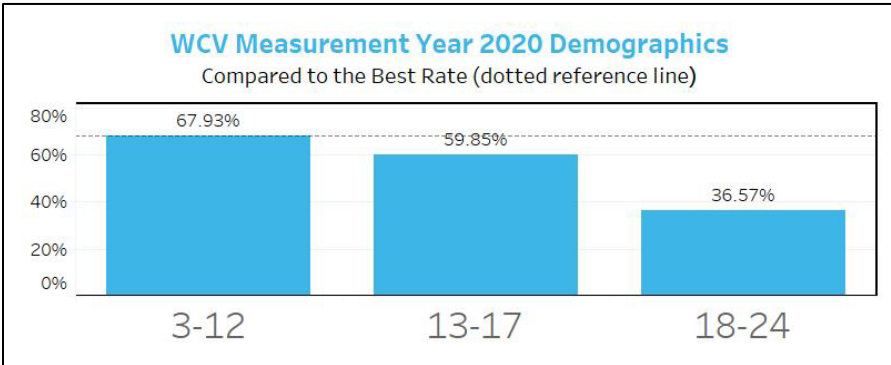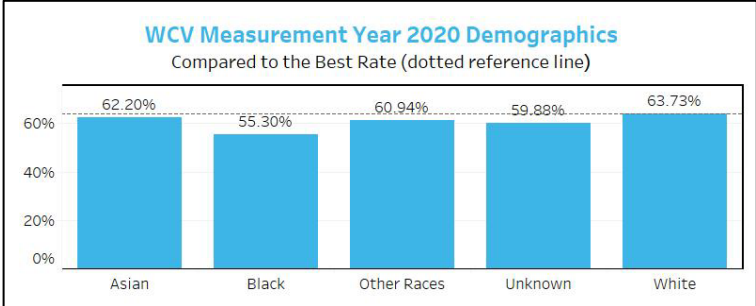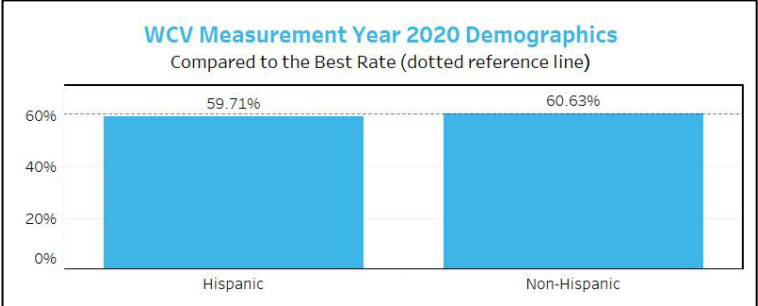
Rates by Age Group

Rates by Sex

Rates by Race

Rates by Ethnicity

What Does This Data Tell Us?

- The 3-12 age group performed significantly better than the 13-17 and 18-24 age groups.
- The 3-12 age group performed significantly better than the 13-17 and 18-24 age groups.
- CT Medicaid's rates for the White and Asian populations were better than all other racial subgroups.
- CT Medicaid's rates for the White and Asian populations were better than all other racial subgroups.