

# **Medical HEDIS Data**

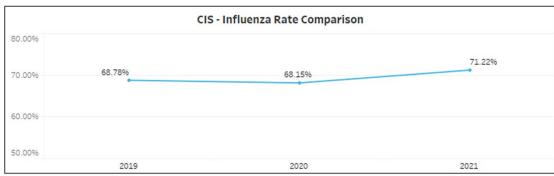
**June 2023** 

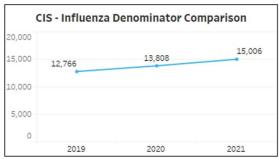
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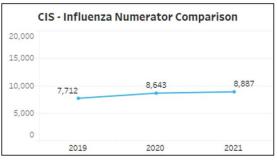
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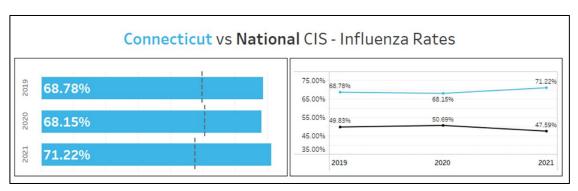
### Measure 1: Childhood Immunization Status – Influenza (CIS)

#### **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.  $^{\rm 1}$ 

#### What Does it Measure?

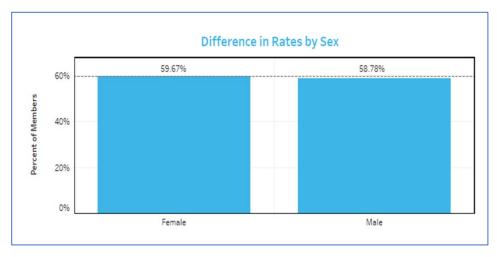
The CIS measure calculates the percentage of children two years of age who had a series of childhood vaccinations; including two influenza (flu) vaccines by their second birthday. The age definition is children who turn two years of age at any time during 2020.

- The number of members who received a flu shot increased in 2020 and 2021 as did the number of eligible members.
- 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 2019, 2020, and 2021.

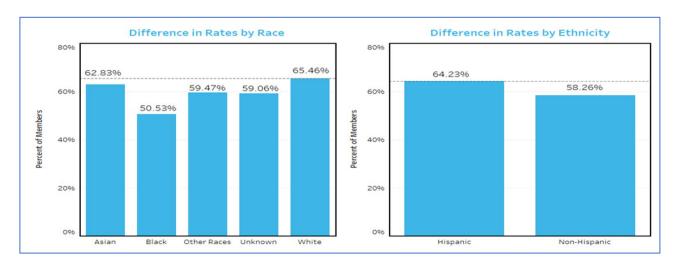
<sup>&</sup>lt;sup>1</sup>Centers for Disease Control and Prevention. Vaccines for Your Children. Vaccine for Flu (Influenza). <a href="https://www.cdc.gov/vaccines/parents/diseases/flu.html">https://www.cdc.gov/vaccines/parents/diseases/flu.html</a>
Accessed June 27, 2022

### Childhood Immunization Status (CIS) - Influenza: Demographic Data

Rates by Sex



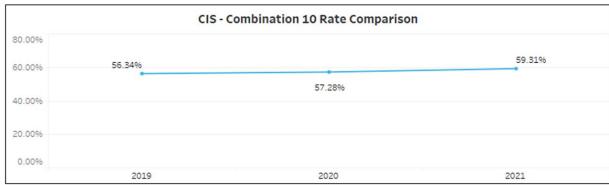
Rates by Race and Ethnicity

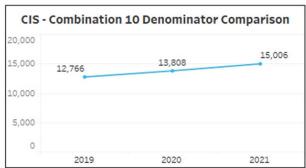


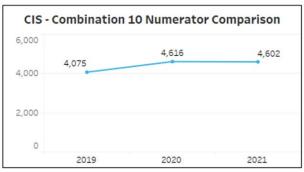
- Influenza rates were slightly better among females compared to males.
- When comparing the CIS Influenza rates by race, the rates were highest for the White population and lowest for the Black population.
- The CT Medicaid population of Hispanic origin had a better rate when compared to the Non-Hispanic population.

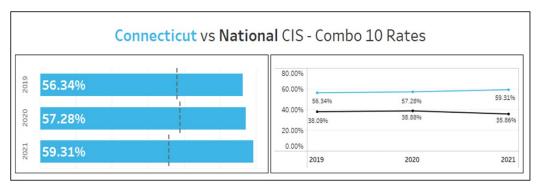
### Measure 2: Childhood Immunization Status – Combo 10 (CIS)

#### **Rate Comparison**









#### 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. <sup>1,2</sup> Approximately 300 children in the United States die each year from vaccine-preventable diseases. <sup>3</sup>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.<sup>4</sup>

#### 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

- There has been an increase in the overall CT Medicaid rate for the CIS Combo 10 measure from 2016 to 2021.
- It is noteworthy that the number of two-year-olds eligible for inclusion in the CIS denominator has increased each year since 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 the CIS Combo 10 rates were consistently better than the national benchmark in 2019, 2020, and 2021.

<sup>&</sup>lt;sup>1</sup>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." <a href="http://www.mayoclinic.com/health/vaccines/CC00014">http://www.mayoclinic.com/health/vaccines/CC00014</a>

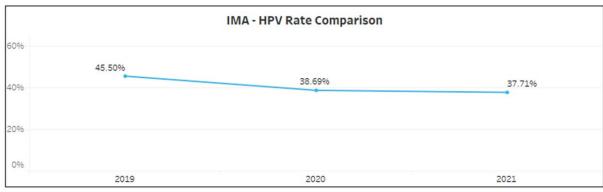
<sup>2</sup>Institute of Medicine. January 2013. "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies." Report Brief.

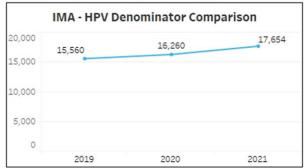
<sup>&</sup>lt;sup>3</sup>gov. 2013. "Immunizations and Infectious Diseases." <u>http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23</u>

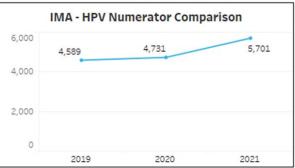
Diekema, D.S. 2012. "Improving Childhood Vaccination Rates." N Engl J Med 366:39;1-3 http://www.nejm.org/doi/full/10.1056/NEJMp1113008

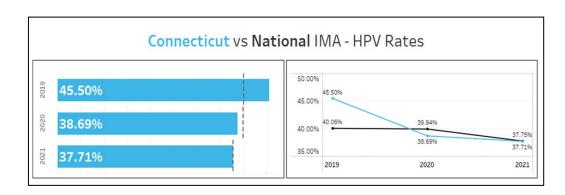
### Measure 3: Immunizations for Adolescents – HPV (IMA)

#### **Rate Comparison**









#### 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.

#### 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

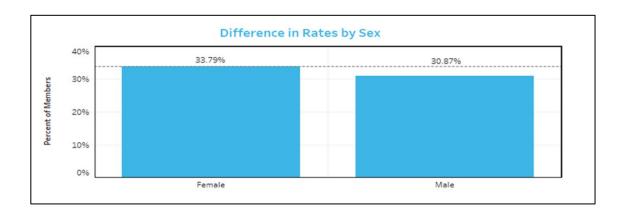
- The overall CT Medicaid rate has consistently decreased since 2019. .
- It is noteworthy that the eligible population has increased each year since 2019
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- In 2019, the CT Medicaid performance was higher than the national benchmark, but was slightly lower than the national benchmark in 2020 and 2021..

<sup>&</sup>lt;sup>1</sup>Centers for Disease Control and Prevention. HPV Infection. https://www.cdc.gov/hpv/parents/about-hpv.html Accessed June 27, 2022

<sup>&</sup>lt;sup>2</sup>Centers for Disease Control and Prevention.. HPV Vaccine. https://www.cdc.gov/hpv/parents/vaccine-for-hpv.html Accessed June 27. 2022

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

Rates by Sex



Rates by Race and Ethnicity

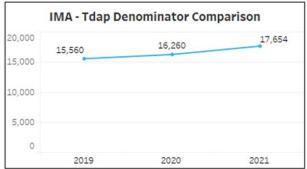


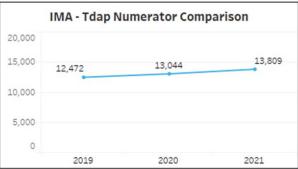
- CT Medicaid's performance was slightly better among females compared to males. This has been a consistent trend for the past three years.
- In 2021, the Asian population had the highest rate HPV vaccination while the Black population had the lowest of all the other racial subgroups.
- The CT Medicaid population of Hispanic origin had a higher rate of HPV vaccination compared to the Non-Hispanic population.

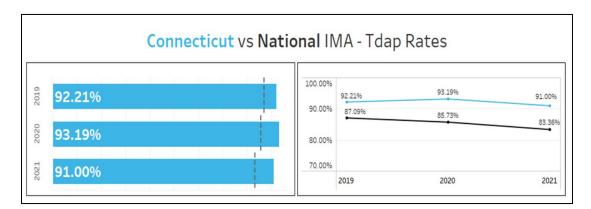
### Measure 4: Immunizations for Adolescents – Tdap (IMA)

### **Rate Comparison**









#### 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<sup>1</sup>

#### What Does it Measure?

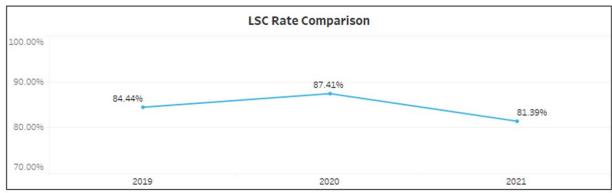
The IMA measure calculates the percentage of adolescents 13 years of age who have had a series of adolescent immunizations; including at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10<sup>th</sup> and 13<sup>th</sup> birthdays.

- The overall CT Medicaid rate had decreased slightly in 2021.
- It is noteworthy that the eligible population has increased each year since 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 rates for IMA Tdap were consistently better than the national benchmark for the past three years.

<sup>&</sup>lt;sup>1</sup>Centers for Disease Control and Prevention. Tdap (Tetanus, Diphtheria and Pertussis) VIS. <a href="https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html#why-vaccinate">https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html#why-vaccinate</a> Accessed June 27, 2022

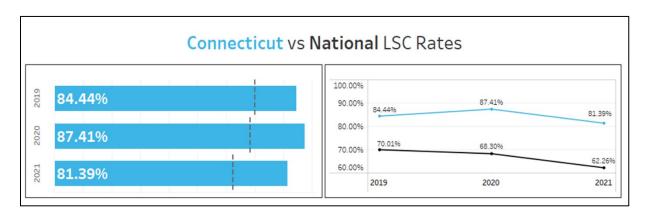
### Measure 5: Lead Screening in Children (LSC)

#### **Rate Comparison**









#### 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.<sup>1</sup>

Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level.<sup>2</sup> 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?

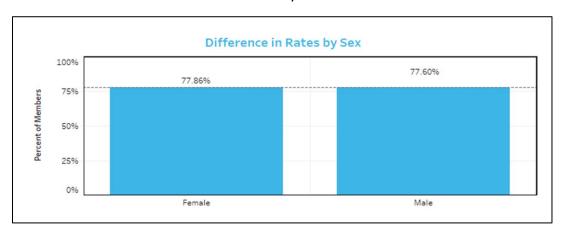
- The overall CT Medicaid Lead Screening rate decreased from 2020 to 2021
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance for LSC rates were consistently better than the national benchmark for the past three years.

<sup>1</sup>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

<sup>2</sup>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,

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

#### Rates by Sex



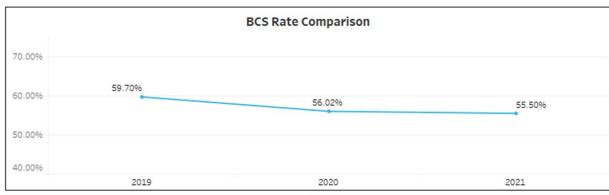
#### Rates by Race and Ethnicity

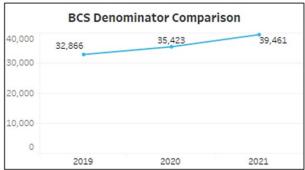


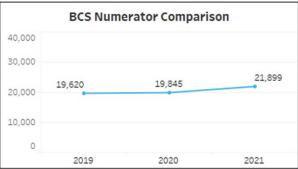
- CT Medicaid's performance on LSC rates are similar between males and females in 2021. This has been a consistent trend for the past three years.
- In 2021, the Asian population had the highest rate of Lead Screening while the Black population had the lowest of all the other racial subgroups.
- The CT Medicaid population of Hispanic origin had a higher rate of Lead Screening compared to the Non-Hispanic population.

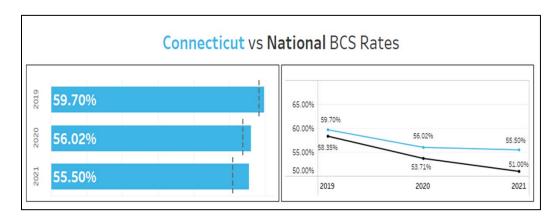
### Measure 6: Breast Cancer Screening (BCS)

### **Rate Comparison**









#### 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?

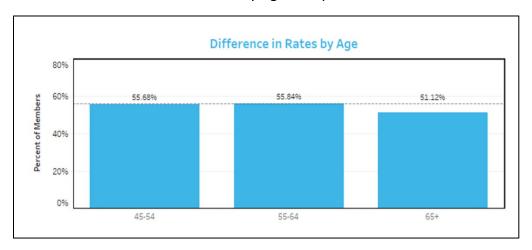
- There has been an overall decrease in the CT Medicaid Breast Cancer Screening rate over the last 3 years
- The eligible population has increased each year since 2018.
- While the eligible population experienced an increase from 2020 to 2021, the increase in the 2021 numerator was not large enough to result in an overall increase in rate from 2020 to 2021.
- The CT Medicaid performance was consistently better than the national benchmark for the past three years.

<sup>1</sup>Centers for Disease Control and Prevention (CDC). 2018. "Breast Cancer Statistics." <a href="http://www.cdc.gov/cancer/breast/statistics/index.htm">http://www.cdc.gov/cancer/breast/statistics/index.htm</a>
<sup>2</sup>American Cancer Society, 2017. "American Cancer Society Recommendations for the Early Detection of Breast Cancer" https://www.cancer.

<sup>2</sup>American Cancer Society. 2017. "American Cancer Society Recommendations for the Early Detection of Breast Cancer." <a href="https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html">https://www.cancer.org/cancer/breast-cancer.org/cancer.org/cancer/breast-cancer.org/cancer.org/cancer/breast-cancer.org/

### **Breast Cancer Screening (BCS): Demographic Data**

Rates by Age Group



Rates by Race and Ethnicity

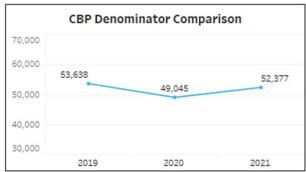


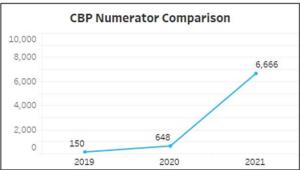
- The 45-54 and 55-64 age groups were similar in their Breast Cancer Screening rates which were better compared to the 65+ age group.
- The In 2021, the Asian population had the highest rate of Breast Cancer Screening compared to the Black and White populations. The White population had the lowest of all other racial subgroups.
- The CT Medicaid population of Hispanic origin had a higher rate of Breast Cancer Screening compared to the Non-Hispanic population.

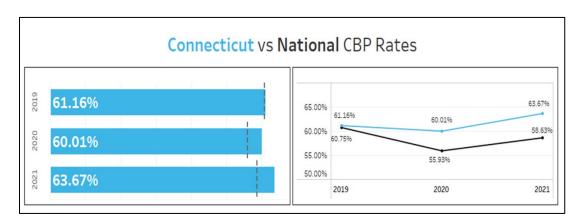
### Measure 7: Controlling High Blood Pressure (CBP)

### **Rate Comparison**









#### 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?

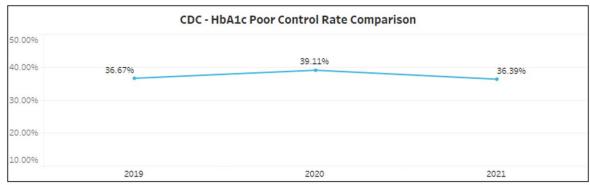
- The overall CT Medicaid CBP rates were nearly identical in 2019 and 2020 and increased in 2021.
- The spike in the administrative numerator in 2021was largely due to an increase in billing as a result of provider education.
- The reported rates are "hybrid" (using a sample size of not more than 411), 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

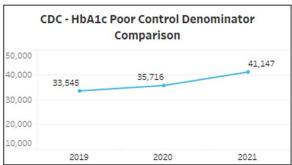
<sup>1</sup>Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension Prevalence and Control Among Adults: United States, 2015-2016. NCHS Data Brief. 2017;(289):1-8. National Center for Health Statistics.

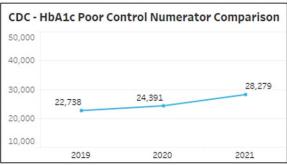
<sup>2</sup>Kochanek KD, Murphy SL, Xu J, Arias E. Deaths: Final Data for 2017. National Vital Statistics Reports, 68(9). Hyattsville, MD: National Center for Health Statistics; 2019. <sup>3</sup>James, P.A., S. Oparil, B.L. Carter, W.C. Cushman, C. Dennison-Himmelfarb, et al. 2014. "Evidence-Based Guideline 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

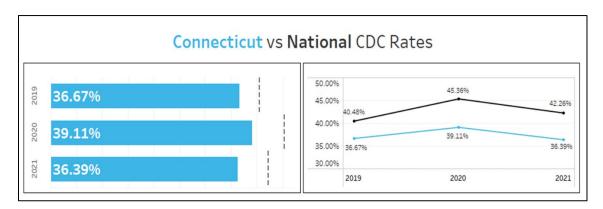
### Measure 8: Comprehensive Diabetes – HbA1c Poor Control (CDC)

### 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. Longterm 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.<sup>2</sup>

#### What Does it Measure?

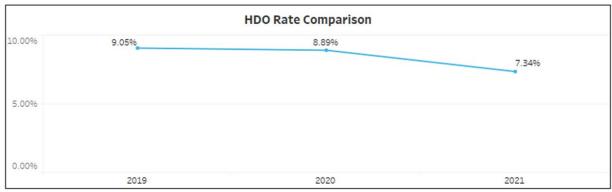
The CDC measure calculates the percentage of members 18-75 years of age with diabetes (type 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0%; indicating poor control.

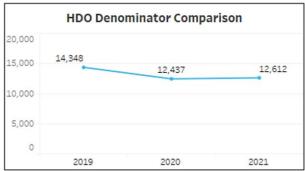
- The measure uses the most recent or last HbA1c value obtained in 2020.
- Adults ages 18-75 years of age are as-of December 31, 2020.
- A lower rate indicates better performance.
- This measure is reported using the hybrid methodology.

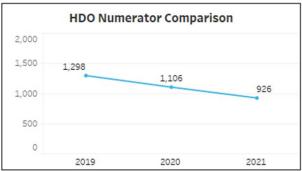
- A lower rate indicates better performance. The overall CT Medicaid rate increased in 2021
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
  - The CT Medicaid performance was better than the national benchmark for the past three years.

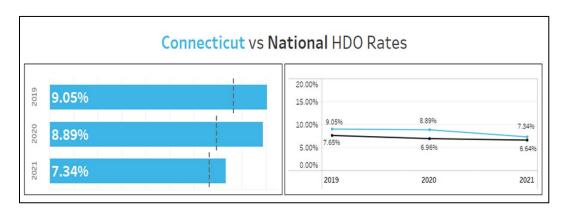
### Measure 9: Use of Opioids at High Dosage (HDO)

### **Rate Comparison**









#### 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.<sup>1</sup>

#### What Does it Measure?

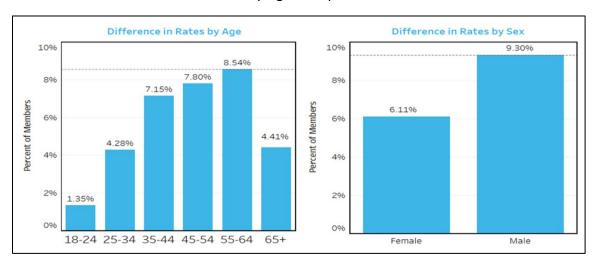
The HDO measure assesses the proportion of members 18 years and older who received prescription opioids at a high dosage (average milligram morphine dose [MME] >90 mg) for > 15 days during the measurement year.

- A lower rate indicates better performance.
- The overall CT Medicaid rate has improved over the last three years.
- It is noteworthy that although the eligible population increased slightly in 2021, the numerator continued to decrease thus, resulting in a continued decrease in rate compared to previous years.

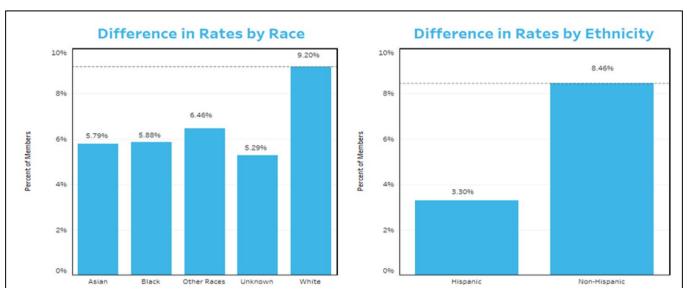
<sup>&</sup>lt;sup>1</sup>Center for Disease Control and Prevention. Drug Overdose. Prescribing Practices. <a href="https://www.cdc.gov/drugoverdose/deaths/prescription/practices.htm1/4">https://www.cdc.gov/drugoverdose/deaths/prescription/practices.htm1/4</a> Accessed, June 29,2022

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

Rates by Age Group and Sex



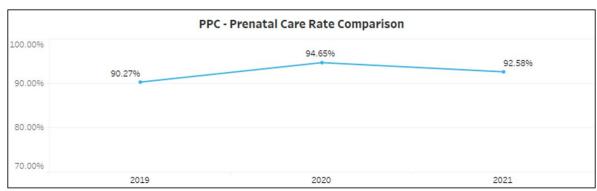
### Rates by Race and Ethnicity

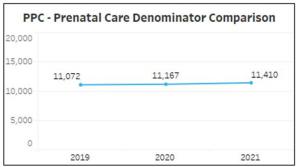


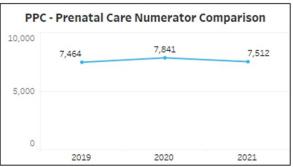
- A lower rate indicates better performance.
- The 18-24, 25-34, and 65+ age groups had lower rates of High-Dose Opioid use than all other age groups.
- Females had a lower rate of High-Dose Opioid use than males.
- In 2021, the White population had the highest rate of High-Dose Opioid use compared to all other racial subgroups. The Asian population had the lowest rate when compared to the White and Black racial subgroups.
- The CT Medicaid population of Hispanic origin had a much lower rate of High-Dose Opioid use compared to the Non-Hispanic population.

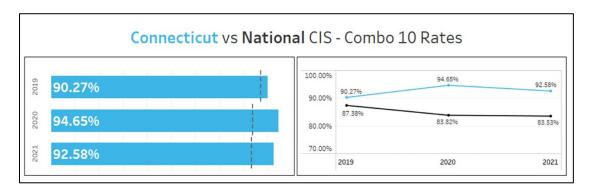
# Measure 10: Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC)

### **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".<sup>1</sup>

#### What Does it Measure?

The PPC calculates the percentage of deliveries of live births on, or between, October 8<sup>th</sup> of the year prior to the measurement year and October 7<sup>th</sup> 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.

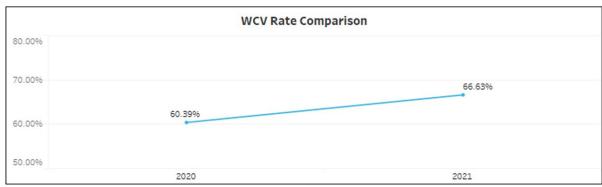
#### What Does the Data Tell Us?

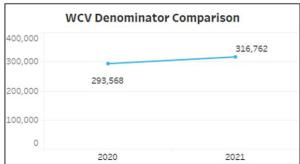
- The overall CT Medicaid rate decreased in 2021.
- The number of eligible members has increased from 2020 to 2021.
- The reported rates are "hybrid", based on clinical chart review, therefore, dividing the numerators by the denominators will result in slightly different rates.
- CT Medicaid's performance was consistently better than the national benchmark for the past three years.

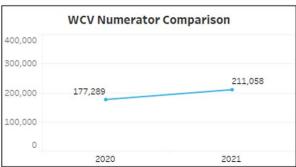
<sup>1</sup>National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. What health problems can develop during pregnancy? <a href="https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems">https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-proble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

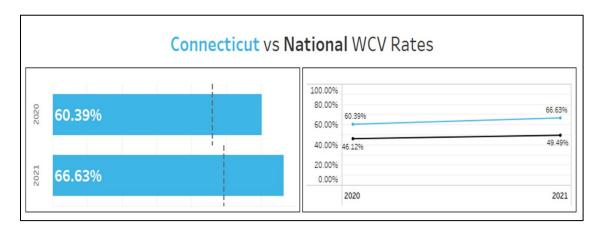
### Measure 11: Child and Adolescent Well-Care Visits –Total (WCV)

#### **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?

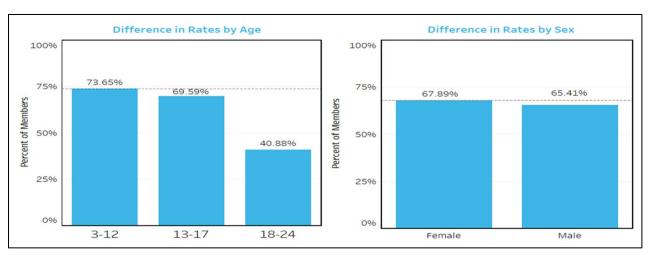
- This is a first-year measure for 2020. The overall CT Medicaid rate increased from 2020 to 2021.
- CT Medicaid performance was significantly better than the national benchmark in 2020 and 2021

<sup>2</sup>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 Thrologh Developmental Surveillance and Screening." Pediatrics 145 (1): e20193449. https://doi.org/10.1542/peds.2019-3449

<sup>&</sup>lt;sup>1</sup>Bright Futures. 2021. https://brightfutures.aap.org/

### Child and Adolescent Well-Care Visits (WCV): Demographic Data

Rates by Age Group and Sex



Rates by Race



- Members in the 3-12 age group had a higher rate of Well-Child Visits than all other age groups.
- Females had a higher rate of Well-Child Visits than males.
- In 2021, the White population had the highest rate of Well-Child Visits compared to the Asian and Black populations. The Black population had the lowest rate when compared to all other racial subgroups.
- The CT Medicaid population of Hispanic origin had a higher rate of Well-Child Visits compared to the Non-Hispanic population.