

WISCONSIN
**Chronic Disease
Quality Improvement
Project**

HEDIS® 2017 Summary Data





The Wisconsin Chronic Disease Quality Improvement Project is a collaborative partnership led by the University of Wisconsin Population Health Institute and the Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion, Chronic Disease Prevention Unit.

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Grant Funding

This project receives funding through the Wisconsin Department of Health Services, which was awarded a cooperative agreement from the Centers for Disease Control and Prevention to support states' efforts to promote health and to prevent and control chronic diseases and their risk factors. The funding supports implementation of evidence- and practice-based approaches to improve nutrition and physical activity, reduce obesity, prevent and control diabetes, and prevent and control heart disease and stroke with a focus on high blood pressure. Strategies are implemented within and across three domains: environmental approaches that promote health, health systems interventions, and community-clinical linkages. Strategies are designed to reach large segments of the population in partnership with a variety of organizations and inclusive of high-risk populations. Ultimately, targeted long-term grant outcomes include improved prevention and control of hypertension, diabetes, and overweight and obesity.

A Collaborative Partnership

The Wisconsin Chronic Disease Quality Improvement Project is a collaborative partnership that aims to improve care for and prevention of prevalent chronic diseases and their common risk factors, including hypertension, diabetes, and overweight and obesity. The group has diverse membership, including health plans, health care providers, Wisconsin's chronic disease prevention and Medicaid programs, the University of Wisconsin Population Health Institute, and others working to prevent chronic diseases in Wisconsin and improve the quality of care for those living with them. Forming and maintaining strong, active partnerships is a key component of the project.

The project is now in its nineteenth year. It began in 1998 as the Wisconsin Collaborative Diabetes Quality Improvement Project, with an initial focus on diabetes. Over the years, the focus expanded to include additional chronic diseases and their risk factors, and in 2013 the group was renamed the Wisconsin Chronic Disease Quality Improvement Project. This reflects an understanding of the benefit of a coordinated approach to chronic disease, since many chronic diseases and risk factors are interrelated.

Project Components

Evaluate and report on the quality of chronic disease prevention and care provided. Quality of care data is voluntarily submitted by participating health plans, and it is analyzed and reported by the University of Wisconsin Population Health Institute. Each year, members review the data and use it to inform the group's work.

Share information, population-based strategies, evidence-based approaches, and best practices. Members meet regularly to share information, discuss population-based strategies, and learn from one another about evidence-based approaches and best practices. The project provides a forum for sharing among health plans and other partners.

Collaborate to prevent chronic diseases and improve care through quality improvement initiatives. Members work together to improve the quality of chronic disease care and prevention in Wisconsin. Data, evidence, and practices shared within the group are used to inform quality improvement efforts.



A GLIMPSE OF OUR PAST

1997-1998

The **Diabetes Advisory Group is established** and develops the Wisconsin Diabetes Mellitus Essential Care Guidelines. A HMO quality improvement workgroup is convened and begins using HEDIS® diabetes measures to evaluate implementation of the Guidelines.

2000

As the **Wisconsin Collaborative Diabetes Quality Improvement Project**, the group publishes its first annual report summarizing the HEDIS® results.

2001

Partners begin a dilated **eye exam initiative** and expand data collection to include selected cardiovascular-related HEDIS® measures.

2004

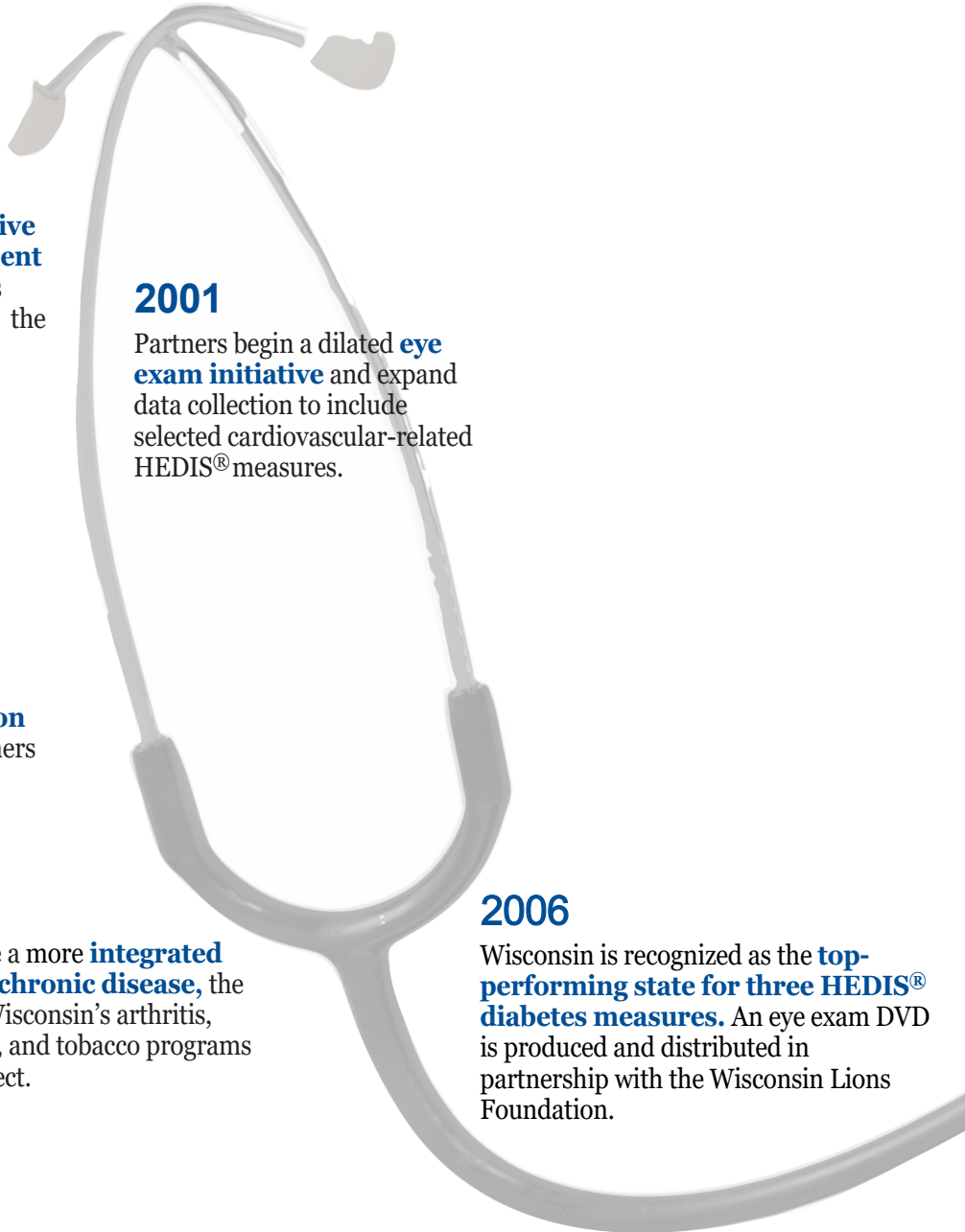
A **cardiovascular risk reduction initiative** is introduced and partners continue the eye exam initiative. HEDIS® results show ongoing improvement.

2005

In order to take a more **integrated approach to chronic disease**, the group invites Wisconsin's arthritis, asthma, cancer, and tobacco programs to join the project.

2006

Wisconsin is recognized as the **top-performing state for three HEDIS® diabetes measures**. An eye exam DVD is produced and distributed in partnership with the Wisconsin Lions Foundation.



2009

Partners distribute vision simulator cards and letters to providers as part of the eye exam initiative. They also discuss kidney disease and chronic disease self-management. Wisconsin is chosen as one of four states to participate in a **CDC chronic disease program integration pilot**.

2012

Chronic Disease Addenda are published with HEDIS® data related to arthritis, asthma, cancer, heart disease and stroke, and tobacco.

2013

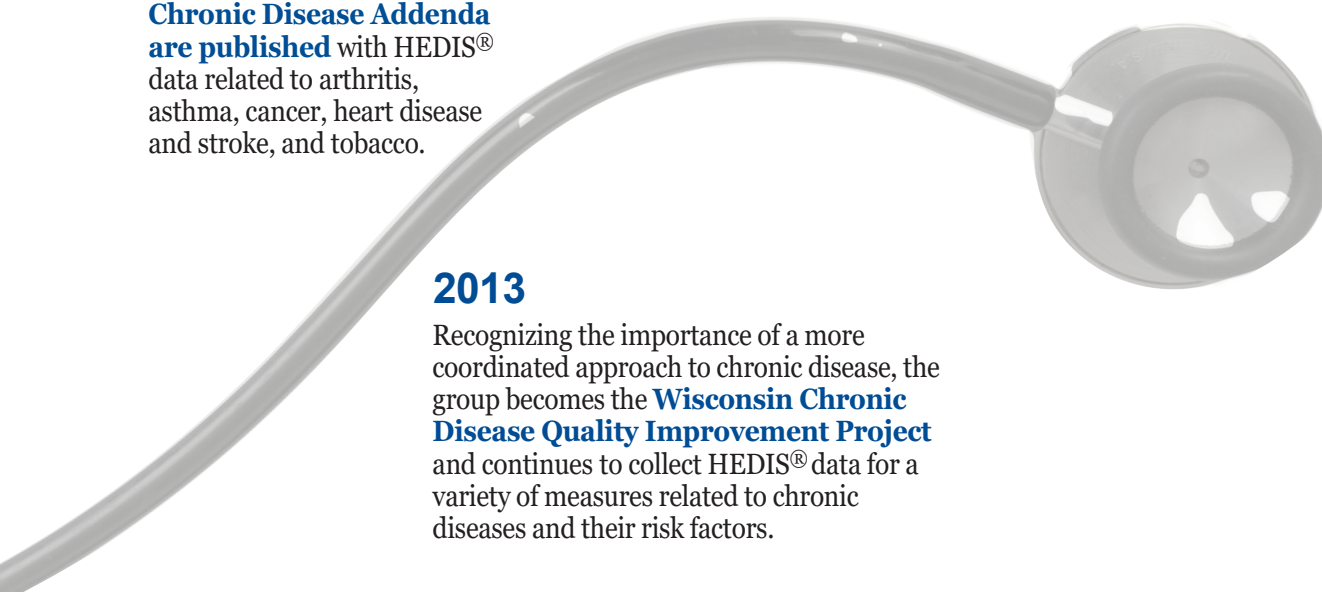
Recognizing the importance of a more coordinated approach to chronic disease, the group becomes the **Wisconsin Chronic Disease Quality Improvement Project** and continues to collect HEDIS® data for a variety of measures related to chronic diseases and their risk factors.

2015

The group focuses on **evidence-based strategies to address chronic disease**, including hypertension control, self-management, and medication adherence. In order to align efforts and maximize impact, members also discuss related chronic disease initiatives in Wisconsin.

2017

The group hosts a workshop with the National Association of Chronic Disease Directors (NACDD) to discuss **coverage for the National Diabetes Prevention Program**, an evidence-based behavior change program from CDC for people who have prediabetes or are at risk for type 2 diabetes.



What are Chronic Diseases?

According to the Wisconsin Department of Health Services, chronic diseases are “illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life.”¹ The chronic diseases discussed in this report include diabetes, cardiovascular disease, cancer, obesity, and depression.

Why are Chronic Diseases Important to Wisconsin?

High Impact

Chronic diseases affect many people. In Wisconsin, about 10% of adults have diabetes and about 12% have diagnosed prediabetes.^{2,3,4,5} Cardiovascular disease is also widespread. The 2016 Behavioral Risk Factor Survey (BRFS) showed that 5% of adults in Wisconsin have coronary heart disease or angina, 4% have had a myocardial infarction, and 3% have had a stroke.³ About 30% of adults in Wisconsin have hypertension and 36% have high cholesterol.^{3,6} Cancer is also widespread, with 32,101 new cases of cancer diagnosed in Wisconsin in 2015.⁷

Chronic diseases cause the majority of deaths in Wisconsin, as well as significant pain, suffering, and disability. Seven of Wisconsin’s ten leading causes of death are chronic diseases, as shown in Figure 1.⁸ Heart disease and cancer are the leading causes of death, and together they cause almost half of the deaths each year.⁸ Chronic diseases also cause significant morbidity. For example, stroke is a leading cause of serious long-term disability.^{9,10}

Chronic diseases are costly. An estimated 80% of annual healthcare spending in the United States goes toward treatment of chronic diseases.¹ For example, the American Diabetes Association estimated that, nationally, one in every four healthcare dollars is spent on care for people with diabetes.¹¹ In addition to direct medical costs, there are significant indirect costs to individuals, employers, and the government, such as lost wages and productivity.¹

Shared, Modifiable Risk Factors

Chronic diseases can be prevented by focusing on a set of shared, modifiable risk factors. Nutrition, physical activity, and tobacco exposure are risk factors for many chronic diseases. Some risk factors, like genetics or age, cannot be changed – but nutrition, activity level, and tobacco use can be changed.¹

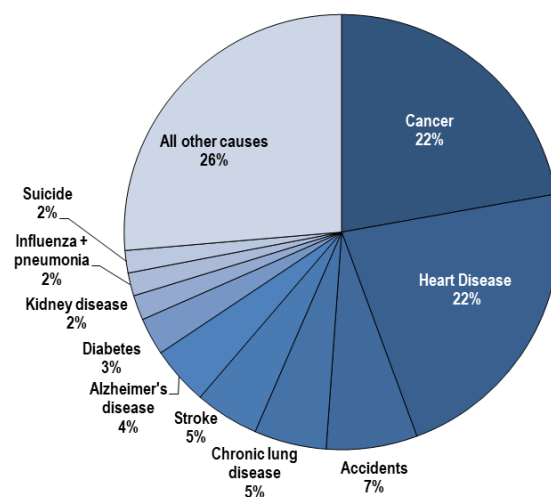
Many people are exposed to risk factors for chronic disease. BRFS data from 2016 showed that 60% of adults in Wisconsin were overweight or obese.² About 20% reported no leisure-time physical activity in the past month,² and adults’ fruit and vegetable consumption was low.³ Tobacco use has declined over the years, but in 2016, 17% of Wisconsin adults were current smokers and 28% were former smokers.³

Opportunity to Make a Difference

These shared, modifiable risk factors have a huge effect on chronic disease. The American Cancer Society estimated that diet, physical activity, and overweight/obesity contribute to one third of cancer deaths in the United States, and that tobacco use is responsible for 87% of lung cancers.¹² The World Health Organization estimated that eliminating these risk factors would prevent at least 80% of all heart disease, stroke, and diabetes, plus over 40% of all cancers.¹³

Prevention strategies can affect multiple chronic diseases. Because chronic diseases are interrelated and share risk factors, prevention strategies can potentially have a big impact on multiple health outcomes. There is an opportunity to make a major difference by implementing targeted, evidence-based approaches to prevent chronic disease and improve the quality of care.

Figure 1: Top Ten Causes of Death in Wisconsin, 2016



Data Collection and Analysis

The Chronic Disease Quality Improvement Project uses data provided voluntarily by participating health plans to examine performance on quality measures related to chronic disease. Health plans submit data for selected measures from the Healthcare Effectiveness Data and Information Set (HEDIS®), developed by the National Committee for Quality Assurance (NCQA). NCQA uses HEDIS® data to accredit health plans and evaluate the quality of care. NCQA's programs are voluntary but widely used, so this data was readily available for our project to use. Use of HEDIS® measure specifications allows for standardized data collection, direct comparison of performance, and examination of trends over time.

Eleven Wisconsin health plans submitted commercial HEDIS® 2017 data for care provided in 2016. Data was collected and analyzed for the measures listed at right, using NCQA's HEDIS® measure specifications.^{14, 15} To facilitate comparison between plans and with state and national data, figures in this report include:

HEDIS® 2017 Commercial Rate: This is each health plan's reported rate for care provided in 2016. These rates are submitted directly by the health plans.

Wisconsin Health Plans' Average: This is the average percentage for all of the participating plans that submitted HEDIS® 2017 data for care provided in 2016. This state-level average is calculated from the data that health plans submit.

National Commercial HMO Average: This is the nationwide average percentage for care provided in 2016 by commercial health maintenance organizations (HMOs). It comes from NCQA's *2017 State of Health Care Quality* report, which is publicly available online.¹⁶

HEDIS® 2017 Measures Collected by the Chronic Disease Quality Improvement Project

Comprehensive Diabetes Care

HbA1c Testing Performed
 HbA1c Poor Control (>9.0%)
 HbA1c Control (<8.0%)
 HbA1c Control (<7.0%) for a Selected Population
 Eye Exam (Retinal) Performed
 Medical Attention for Nephropathy
 Blood Pressure Control (<140/90 mmHg)

Blood Pressure Control

Controlling High Blood Pressure

Statin Therapy Measures

Statin Therapy for Patients with Diabetes

- Received Statin Therapy
- Statin Adherence 80%

 Statin Therapy for Patients with Cardiovascular Disease

- Received Statin Therapy
- Statin Adherence 80%

Cancer Screening

Breast Cancer Screening
 Colorectal Cancer Screening
 Cervical Cancer Screening

Weight Assessment and Counseling

Adult BMI Assessment
 Child/Adolescent BMI Percentile Documentation
 Child/Adolescent Counseling for Nutrition
 Child/Adolescent Counseling for Physical Activity

Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit
 Discussing Smoking Cessation Medications
 Discussing Smoking Cessation Strategies

Depression Care

Antidepressant Medication Management

- Effective Acute Phase Treatment
- Effective Continuation Phase Treatment

Table 1: Health Plans that Submitted Data for this Report

Eleven Wisconsin health plans voluntarily submitted commercial HEDIS® 2017 data for this report. They are:

Name of Health Plan	Abbreviation on Graphs
Anthem Blue Cross and Blue Shield of Wisconsin	Anthem
Arise Health Plan	Arise
Dean Health Plan	Dean
Group Health Cooperative of South Central Wisconsin	GHC S Central
Group Health Cooperative of Eau Claire	GHC Eau Claire
Gundersen Health Plan	Gundersen
Health Tradition Health Plan	Health Tradition
Humana WI Health Organization Insurance Corporation	Humana
UnitedHealthcare Insurance Company (WI)	UHIC WI
UnitedHealthcare of Wisconsin, Inc.	UHC WI
Unity Health Plans Insurance Corporation	Unity

Acknowledgements

The Chronic Disease Quality Improvement Project is a collaborative partnership with diverse membership. We would like to thank the following partners for their participation in the group:

- | | | |
|--|--|--|
| Anthem Blue Cross and Blue Shield of WI | Managed Health Services | Unity Health Plans Insurance Corporation |
| Arise Health Plan | MercyCare Health Plans | UW Population Health Institute |
| Children’s Community Health Plan | MetaStar | WEA Trust |
| Dean Health Plan | Molina Healthcare of Wisconsin | WI Collaborative for Healthcare Quality |
| Delta Dental | National Assoc. of Chronic Disease Directors | WI Community Health Fund |
| Group Health Cooperative of Eau Claire | Network Health Plan | WI Department of Employee Trust Funds |
| Group Health Cooperative of South Central WI | Pfizer | WI Department of Health Services |
| Gundersen Health Plan | Pharmacy Society of Wisconsin | WI Institute for Healthy Aging |
| Health Tradition Health Plan | Physicians Plus Insurance Corporation | WI Nurses Association |
| Humana WI Health Organization Insurance Co. | Security Health Plan | WI Primary Healthcare Association |
| Independent Health Care Plan (iCare) | UnitedHealthcare | WPS Health Insurance |

COMPREHENSIVE DIABETES CARE

HEDIS® 2017 data was collected for seven Comprehensive Diabetes Care measures for members with diabetes between the ages of 18-75 years. Results are summarized in Table 2 and Figures 2a-2f.

Outcome Measures

Four outcome measures were used to examine control of hemoglobin A1c (HbA1c) levels and blood pressure among adults with diabetes. Controlling blood glucose is the cornerstone of diabetes care, and the HbA1c level is an indirect representation of the average blood glucose level over approximately three months.¹⁷ The American Diabetes Association reports that reducing HbA1c levels can lower the risk of many diabetes complications, with specific HbA1c target values based on patient characteristics.¹⁷ Cardiovascular disease contributes to morbidity and mortality for people with diabetes, and hypertension is a common co-morbidity. The American Diabetes Association recommends good control of blood pressure and cholesterol to lower cardiovascular risk.¹⁷



Process Measures

Three process measures were used to assess whether members with diabetes received recommended care: HbA1c testing, retinal eye examinations, and medical attention for nephropathy. As a measure of overall glycemic control, regular HbA1c testing is recommended.¹⁷ Retinopathy is a potential complication that can lead to blindness if untreated, so regular retinal eye examinations are recommended.¹⁷ Another potential complication is nephropathy, which occurs in 20-40% of people with diabetes and is the leading cause of end-stage renal disease.¹⁷ Risk can be reduced through glycemic and blood pressure control, and screening and appropriate intervention are essential.¹⁷

Table 2: Comprehensive Diabetes Care Measures

Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Outcome Measures			
HbA1c Control (<7.0%) for a Selected Population	28.4 – 42.5%	37.5%	37.7%
HbA1c Control (<8.0%)	54.1 – 68.0%	62.8%	56.0%
HbA1c Poor Control (>9.0%) – Lower % desired	18.2 – 36.7%	24.8%	33.0%
Blood Pressure Control (<140/90 mmHg)	66.1 – 83.8%	77.8%	61.6%
Process Measures			
HbA1c Testing Performed	91.9 – 96.8%	94.3%	90.6%
Eye Exam (Retinal) Performed	50.9 – 79.7%	60.8%	53.6%
Medical Attention for Nephropathy	87.4% - 93.9%	91.8%	90.2%

Figure 2a: HbA1c Control (<8.0%). Percentage of members 18-75 years of age with diabetes whose most recent HbA1c level is less than 8.0%.

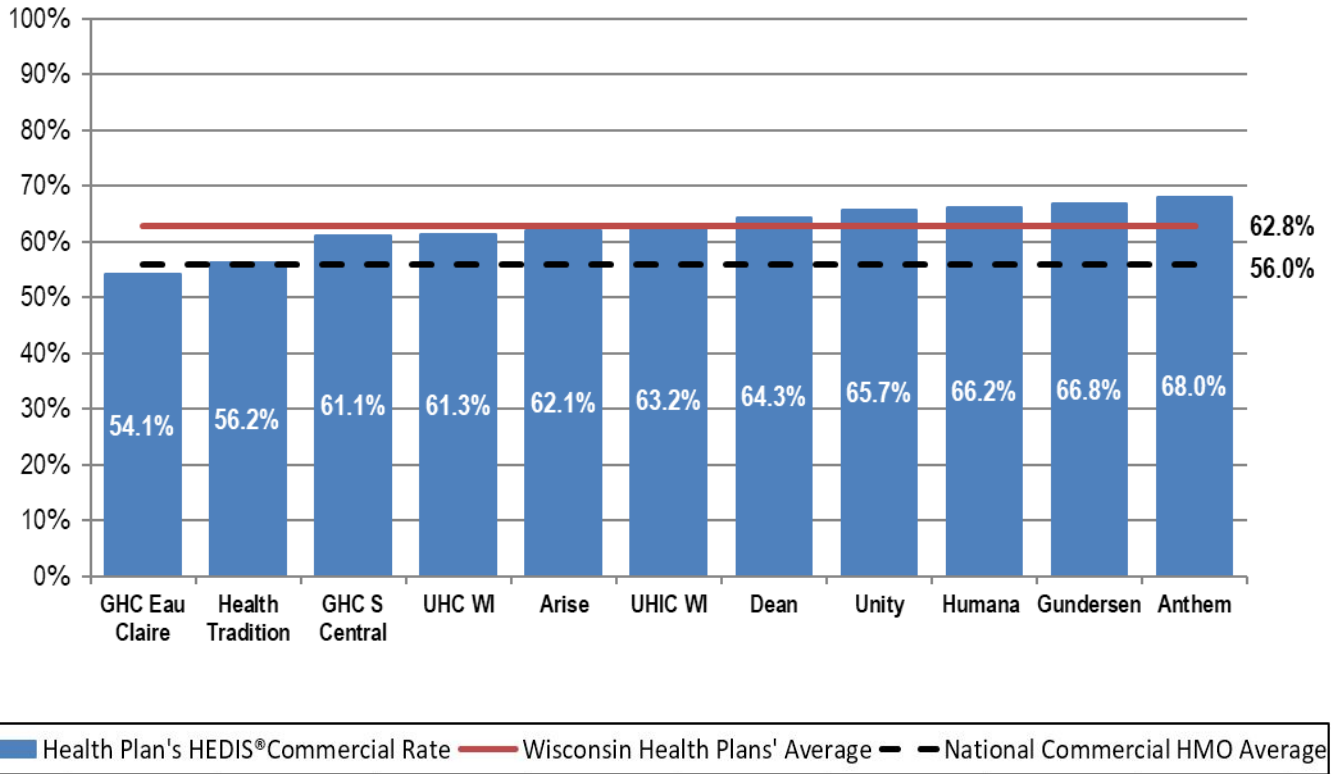


Figure 2b: HbA1c Poor Control (>9.0%). Percentage of members 18-75 years of age with diabetes whose most recent HbA1c level is greater than 9.0%. *Lower rate desired.*

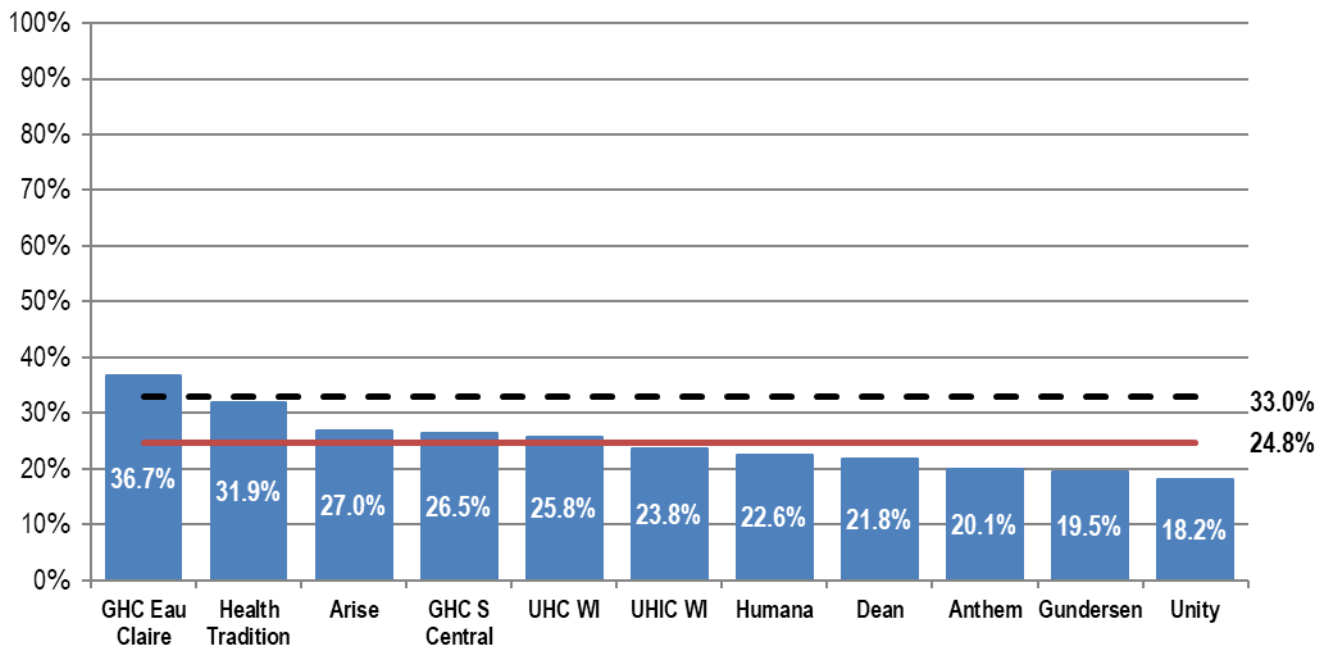
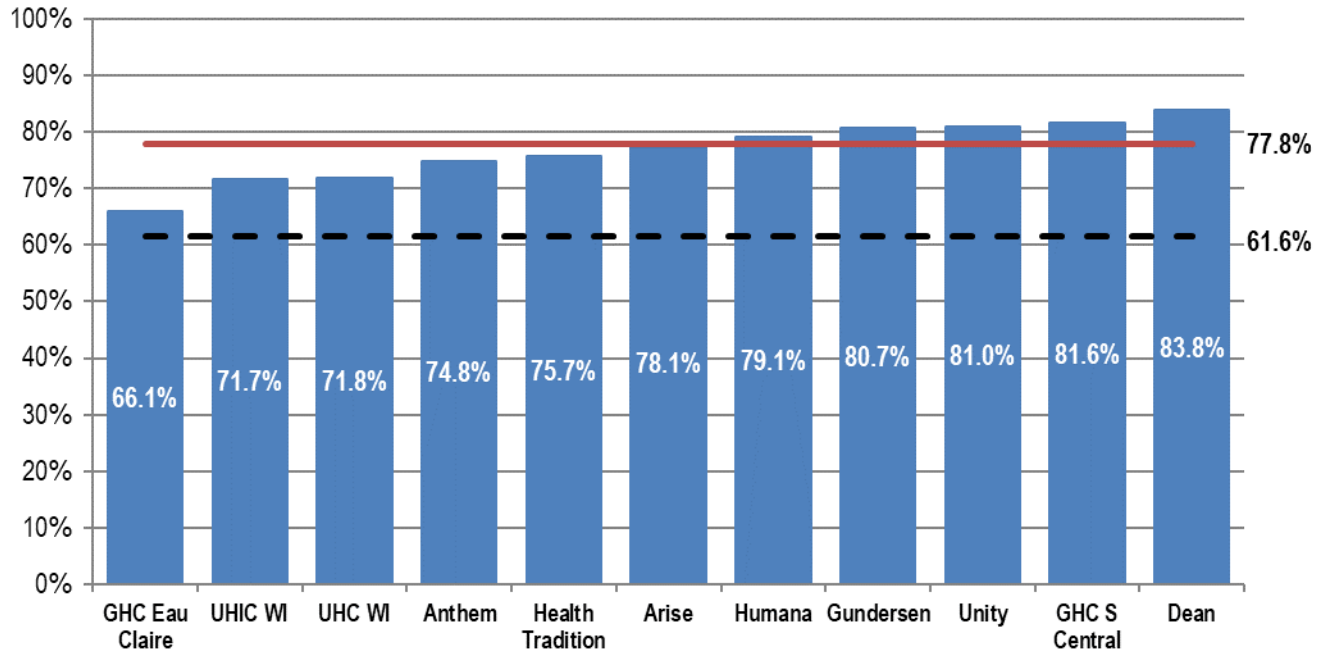


Figure 2c: Blood Pressure Control (<140/90 mmHg). Percentage of members 18-75 years of age with diabetes whose most recent blood pressure is below 140/90 mmHg.



■ Health Plan's HEDIS® Commercial Rate
 — Wisconsin Health Plans' Average
 - - - National Commercial HMO Average

Figure 2d: HbA1c Testing. Percentage of members 18-75 years of age with diabetes who had a HbA1c test performed during the measurement year.

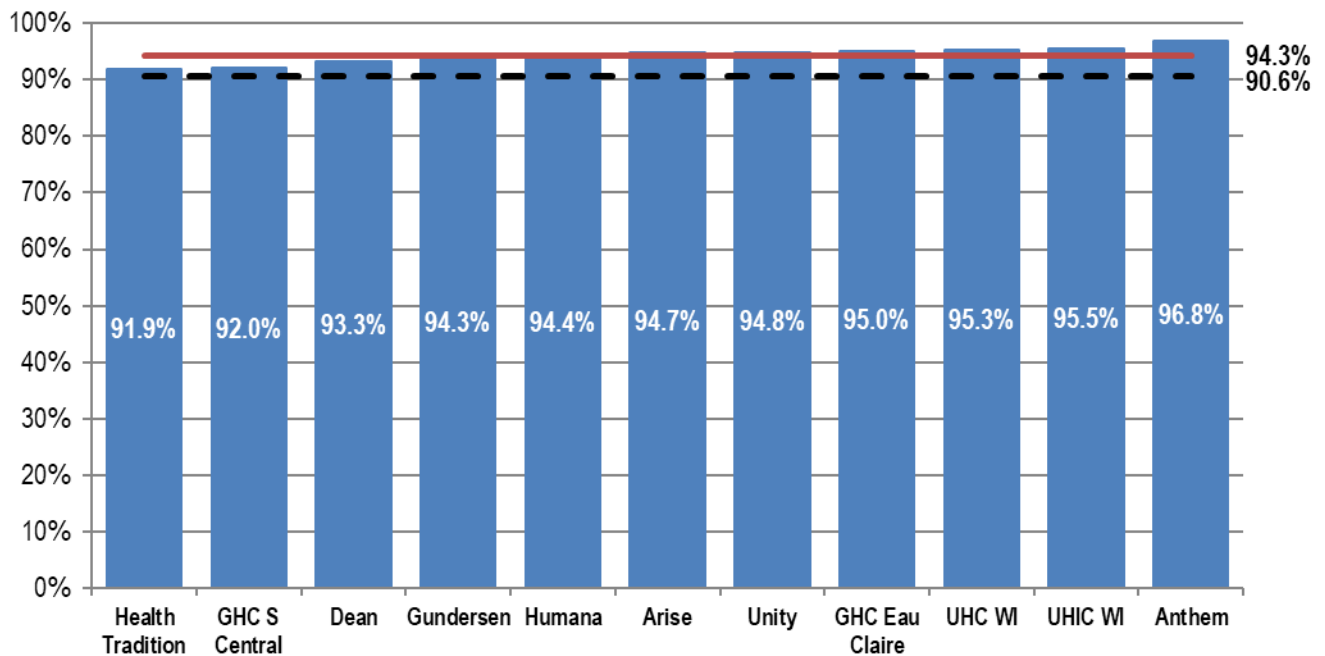


Figure 2e: Eye Exam (Retinal) Performed. Percentage of members 18-75 years of age with diabetes who had a screening for diabetic retinal disease by an eye care professional.

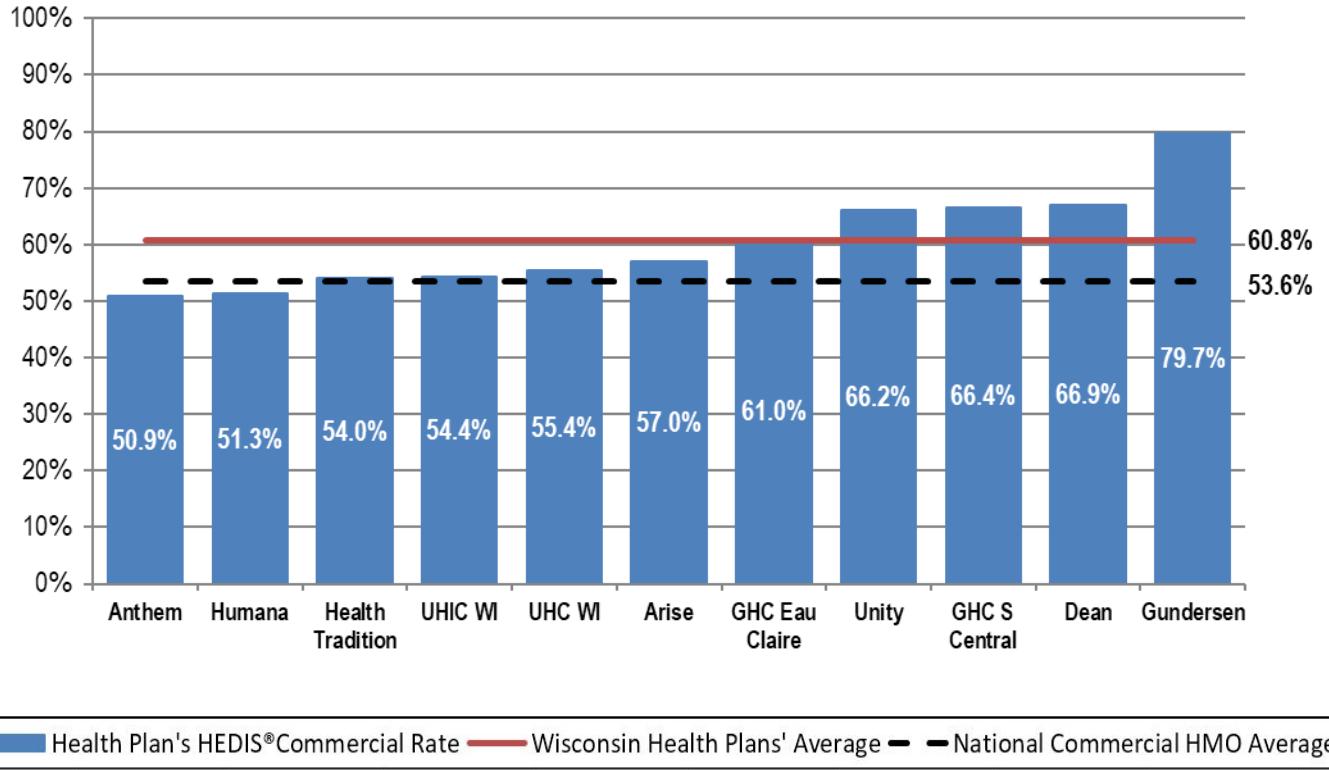
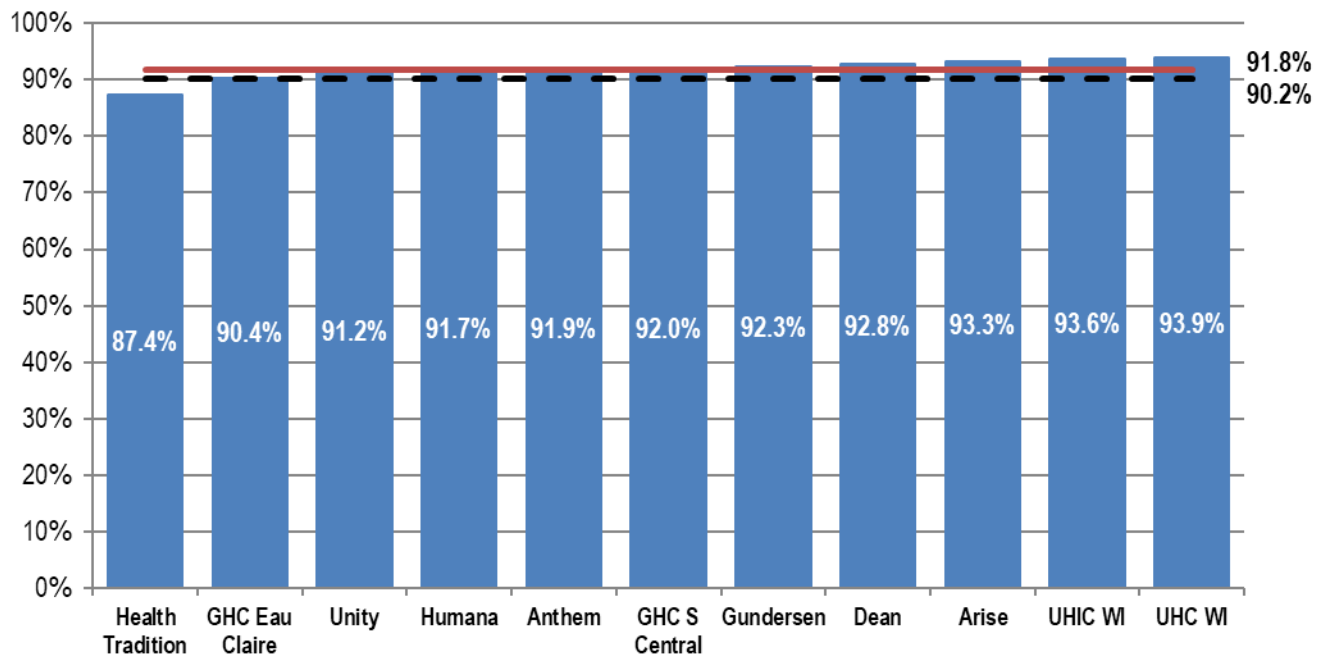


Figure 2f: Medical Attention for Nephropathy. Percentage of members 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy.



BLOOD PRESSURE CONTROL

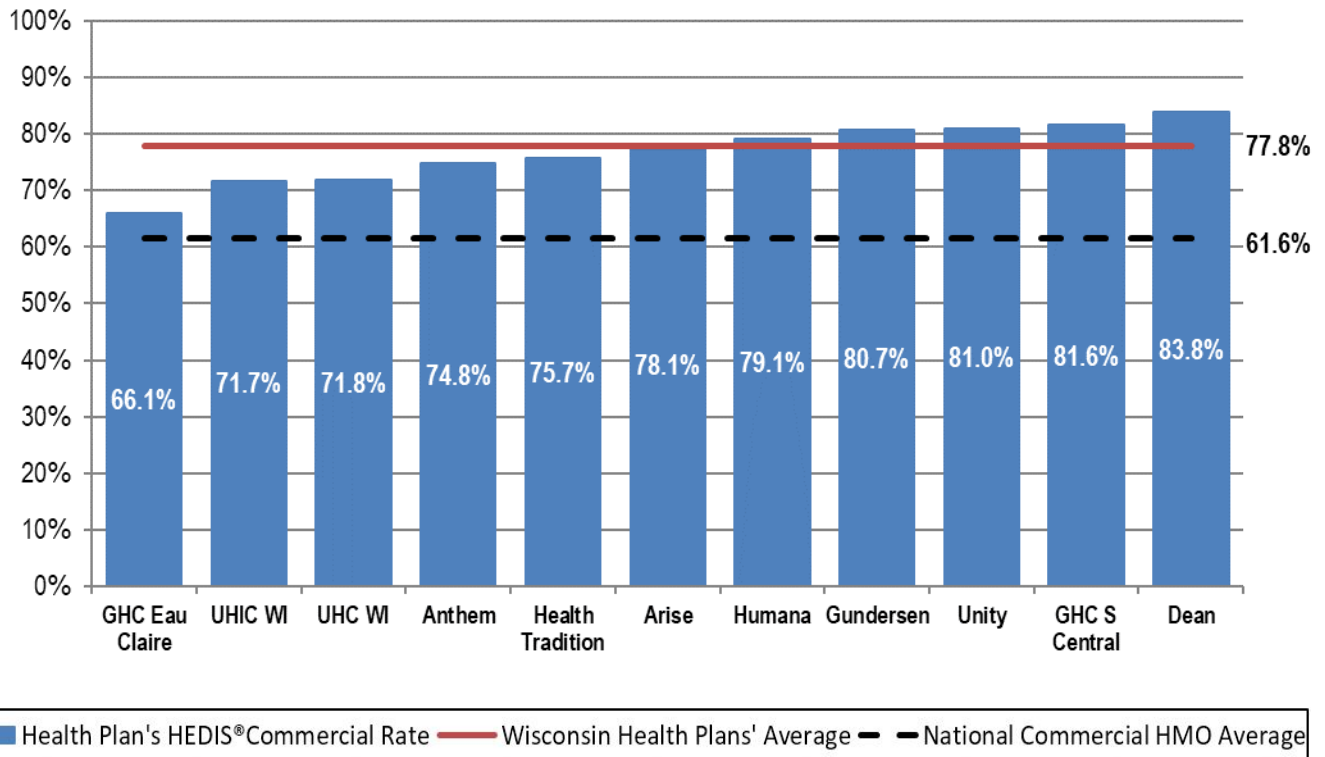
Hypertension, or high blood pressure, is a significant health issue that affects many people. In Wisconsin and nationwide, about 1 in 3 adults have hypertension.^{3,6,10} It is estimated that about half have uncontrolled hypertension.^{6,10,18} Hypertension is a major cardiovascular risk factor, leading to increased incidence of and mortality from heart attack and stroke.^{10,19} To reduce risk, blood pressure can be managed with medication, lifestyle changes, and other interventions.²⁰

The HEDIS® Controlling High Blood Pressure Measure aligns with guidelines from the Eighth National Committee (JNC-8).²⁰ The guidelines recommend a target blood pressure below 140/90 mmHg for ages 18-59, below 140/90 mmHg for adults age 60+ who have diabetes, and below 150/90 mmHg for adults age 60+ who do not have diabetes.²⁰ Results are summarized in Table 3 and Figure 3.

Table 3: HEDIS® 2017 Controlling High Blood Pressure Measure

Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Controlling High Blood Pressure	49.1 – 87.0%	72.3%	62.4%

Figure 3: Controlling High Blood Pressure. Percentage of members 18-85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled.



STATIN THERAPY

Dyslipidemia, reflected in abnormal cholesterol and/or lipid levels, is important for both primary and secondary prevention of cardiovascular disease.²¹

A joint task force of the American College of Cardiology (ACC) and the American Heart Association (AHA) released practice guidelines on treatment of blood cholesterol to reduce the risk of atherosclerotic cardiovascular disease.²¹ The guidelines recommend use of statin therapy for primary and secondary prevention of cardiovascular disease in certain high-risk patients. For example, the guidelines recommend the use of moderate- or high-intensity statin regimens by patients with clinical cardiovascular disease, diabetes, and/or hyperlipidemia.²¹

The HEDIS[®] Statin Therapy measures correspond with the ACC/AHA guidelines. Data collection began with HEDIS[®] 2016, and public reporting begins with HEDIS[®] 2017. The HEDIS[®] Statin Therapy measures assess use of statin therapy by patients with diabetes and/or cardiovascular disease.

Statin Therapy for Patients with Diabetes: Members 40-75 years of age with diabetes who do not have atherosclerotic cardiovascular disease. The indicators are:

- **Received Statin Therapy:** Dispensed at least one statin medication of any intensity during the measurement year.
- **Statin Adherence (80%):** Remained on a statin medication of any intensity for at least 80% of the treatment period.

Statin Therapy for Patients with Cardiovascular Disease: Males 21-75 years of age and females 40-75 years of age with atherosclerotic cardiovascular disease. The indicators are:

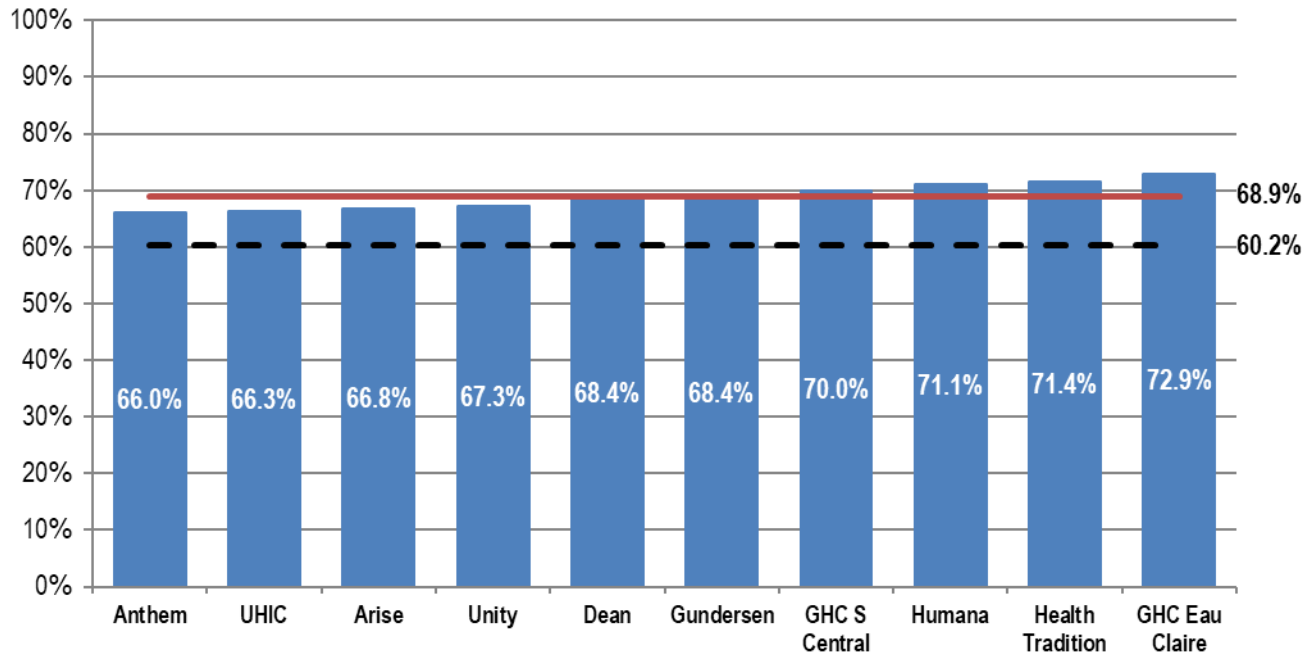
- **Received Statin Therapy:** Dispensed at least one moderate or high intensity statin medication during the measurement year.
- **Statin Adherence (80%):** Remained on a moderate or high intensity statin medication for at least 80% of the treatment period.

Table 4: HEDIS[®] 2017 Statin Therapy Measures

Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Statin Therapy for Patients with Diabetes			
Received Statin Therapy	66.0 – 72.9%	68.9%	60.2%
Statin Adherence 80% (Diabetes)	67.4 – 92.8%	76.2%	66.5%
Statin Therapy for Patients with Cardiovascular Disease			
Received Statin Therapy	77.1 – 88.6%	85.5%	79.2%
Statin Adherence 80% (CV Disease)	64.8 – 99.0%	75.0%	69.8%

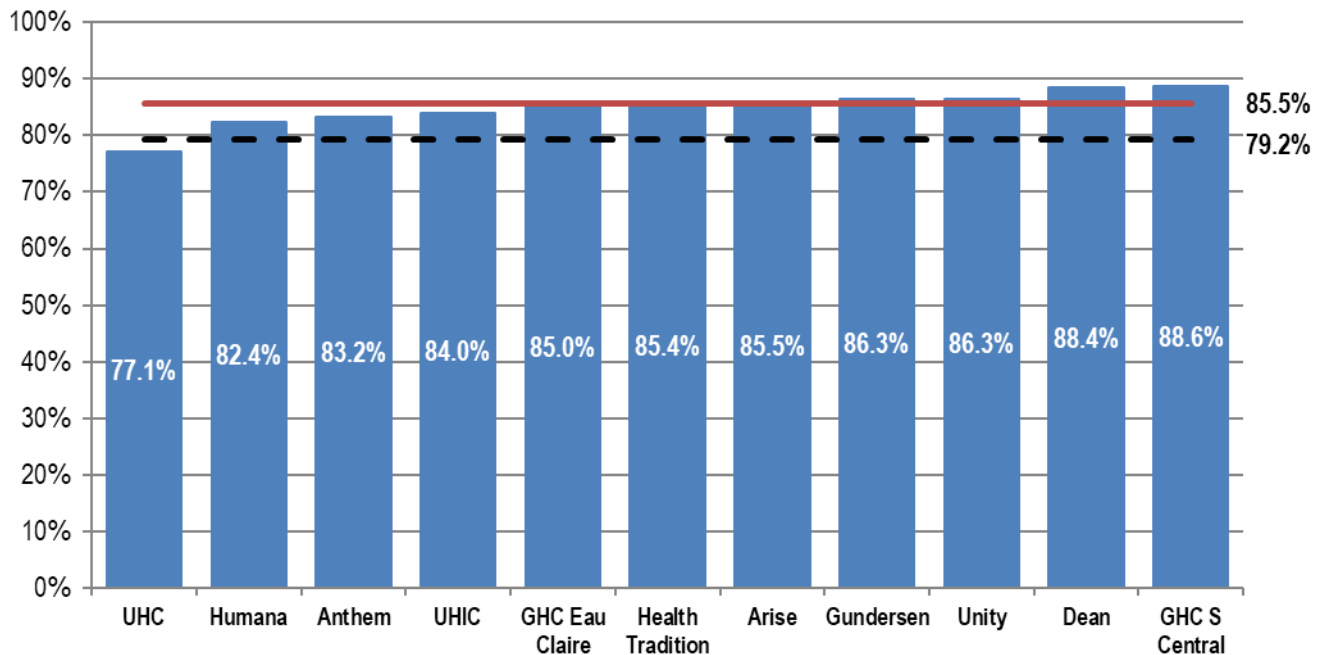


Figure 4a: Received Statin Therapy (Patients with Diabetes). Percentage of members 40-75 years of age with diabetes who do not have cardiovascular disease who were dispensed at least one statin medication of any intensity.



■ Health Plan's HEDIS® Commercial Rate — Wisconsin Health Plans' Average - - National Commercial HMO Average

Figure 4b: Received Statin Therapy (Patients with CV Disease). Percentage of males 21-75 years of age and females 40-75 years of age with atherosclerotic disease who were dispensed at least one moderate or high intensity statin.



CANCER SCREENING

Early detection and treatment of breast, colorectal, and cervical cancers can lead to better outcomes and decreased mortality.^{22,23,24} The U.S. Preventive Services Task Force recommends screening mammography for breast cancer detection for women ages 50-74,²² and they recommend routine screening for colorectal cancer beginning at age 50.²³ They also recommend screening for cervical cancer in women age 21-65 with cytology every 3 years or, for women ages 30-65, screening with a combination of cytology

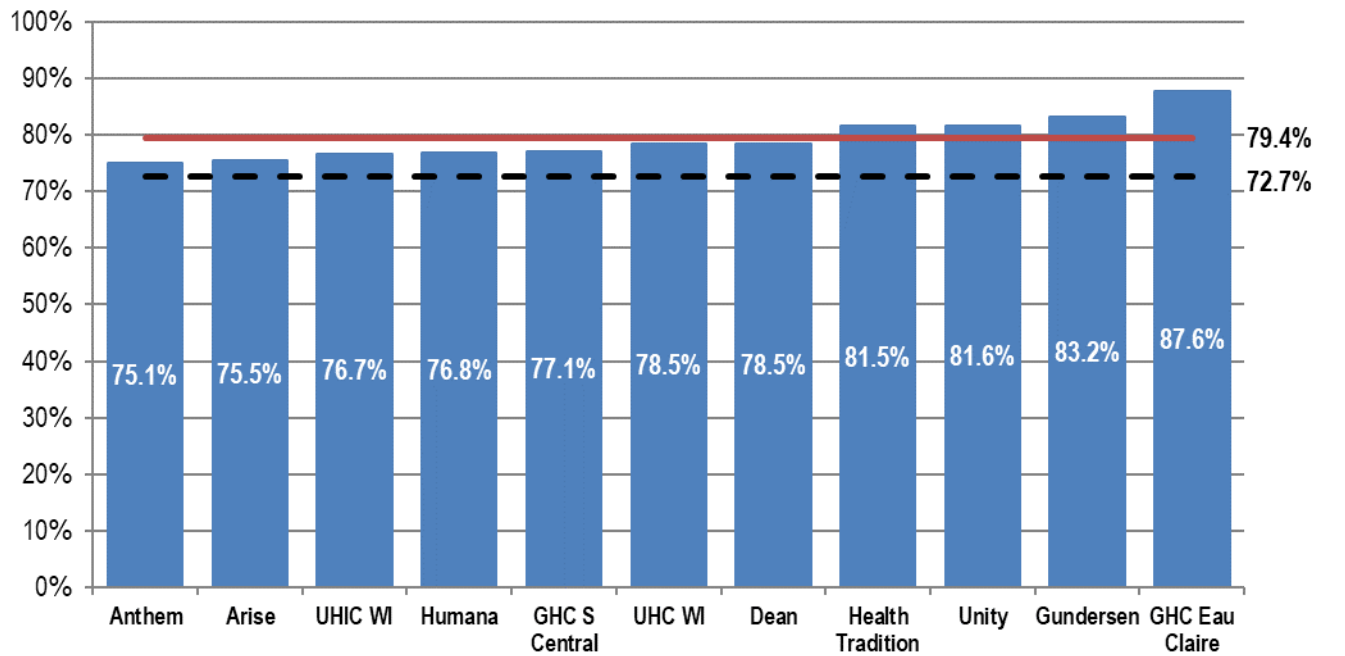
and human papillomavirus (HPV) testing every 5 years.²⁴

Health plans submitted data for three HEDIS® 2017 measures to evaluate the percentage of members that were appropriately screened for colorectal, breast, and cervical cancer. See Table 5 and Figures 5a-5c for results.

Table 5: HEDIS® 2017 Cancer Screening Measures

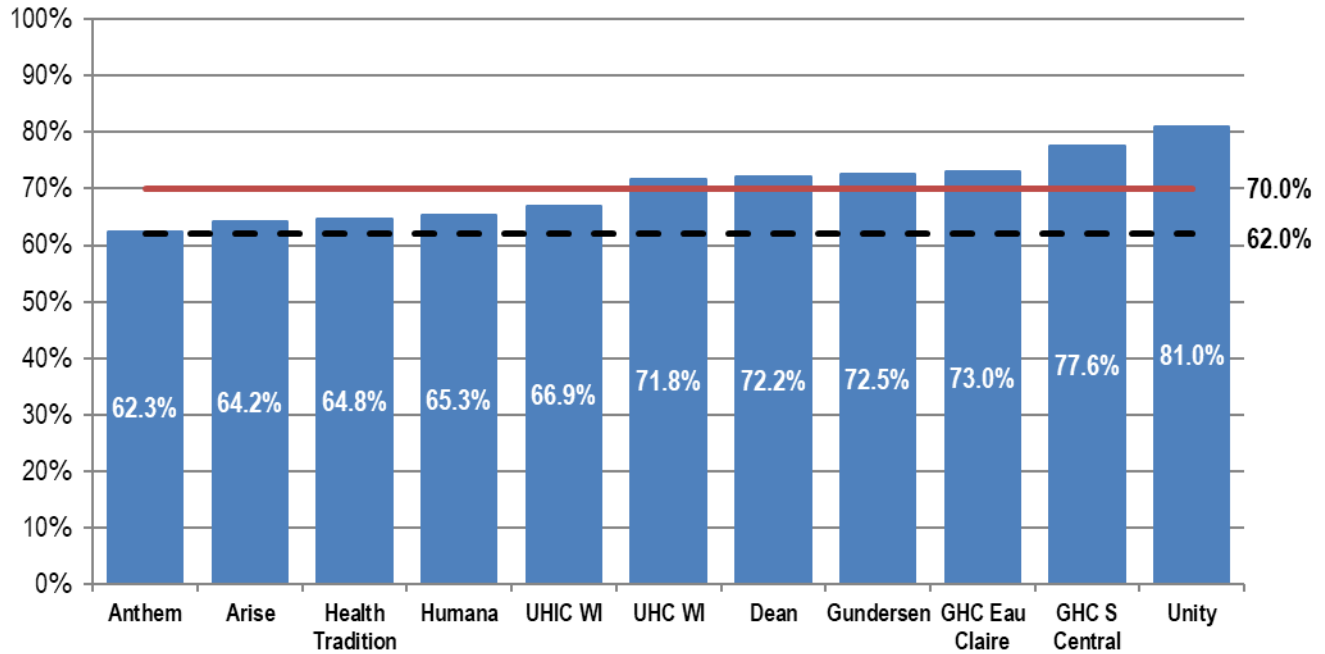
Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Breast Cancer Screening	75.1 – 87.6%	79.4%	72.7%
Colorectal Cancer Screening	62.3 – 81.0%	70.0%	62.0%
Cervical Cancer Screening	71.2 – 83.5%	76.6%	74.7%

Figure 5a: Breast Cancer Screening. The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.



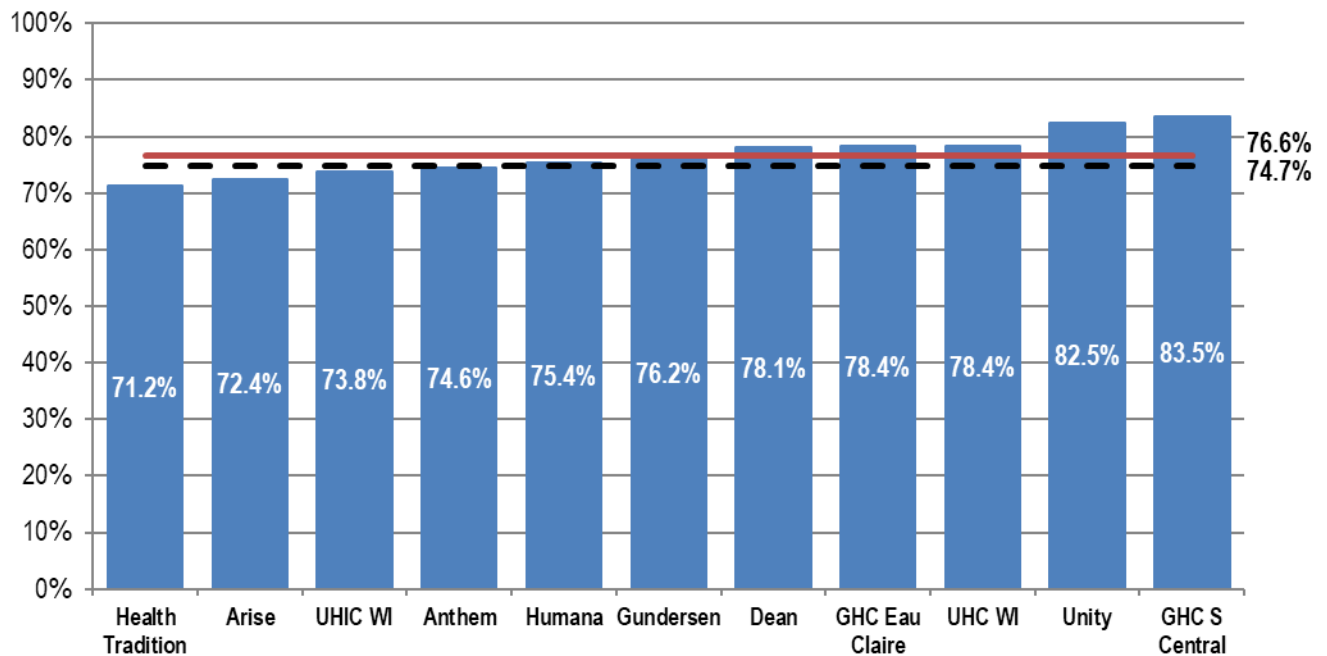
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Figure 5b: Colorectal Cancer Screening. The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.



■ Health Plan's HEDIS® Commercial Rate — Wisconsin Health Plans' Average - - National Commercial HMO Average

Figure 5c: Cervical Cancer Screening. The percentage of women 21-64 years of age who received appropriate screening for cervical cancer.



WEIGHT ASSESSMENT AND COUNSELING

Weight, nutrition, and physical activity all affect the risk of chronic disease, and overweight and obesity are themselves chronic conditions.¹ Data was collected for four HEDIS® 2017 process measures related to weight assessment and counseling. First, the Adult Body Mass Index (BMI) Assessment measure was used to evaluate BMI documentation for adults ages 18-74. Next, three Weight Assessment and Counseling measures were used to examine documentation of BMI percentile and counseling for nutrition and physical activity in 3-17 year olds. Results for all four measures are summarized in Table 6, with detailed results for selected measures shown in Figures 6a-6c.



Table 6: HEDIS® 2017 Weight Assessment and Counseling Measures

Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Adults			
Adult BMI Assessment	71.8 – 92.9%	85.2%	76.6%
Children and Adolescents (ages 3 – 17)			
BMI Percentile Documentation	65.0 – 85.2%	76.2%	65.2%
Counseling for Nutrition	48.7% - 81.0%	66.1%	60.8%
Counseling for Physical Activity	24.1 – 83.0%	61.2%	55.5%

Figure 6a: Adult BMI Assessment. Percentage of members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or year prior.

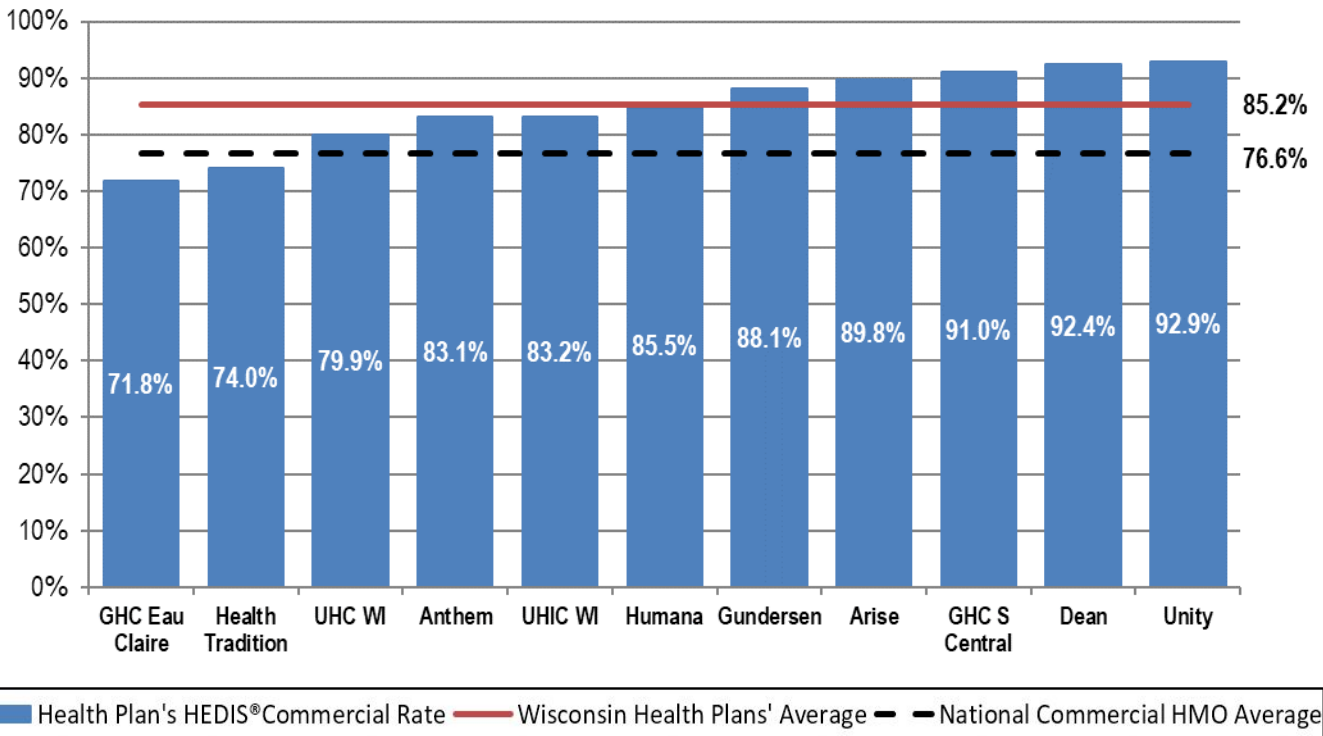
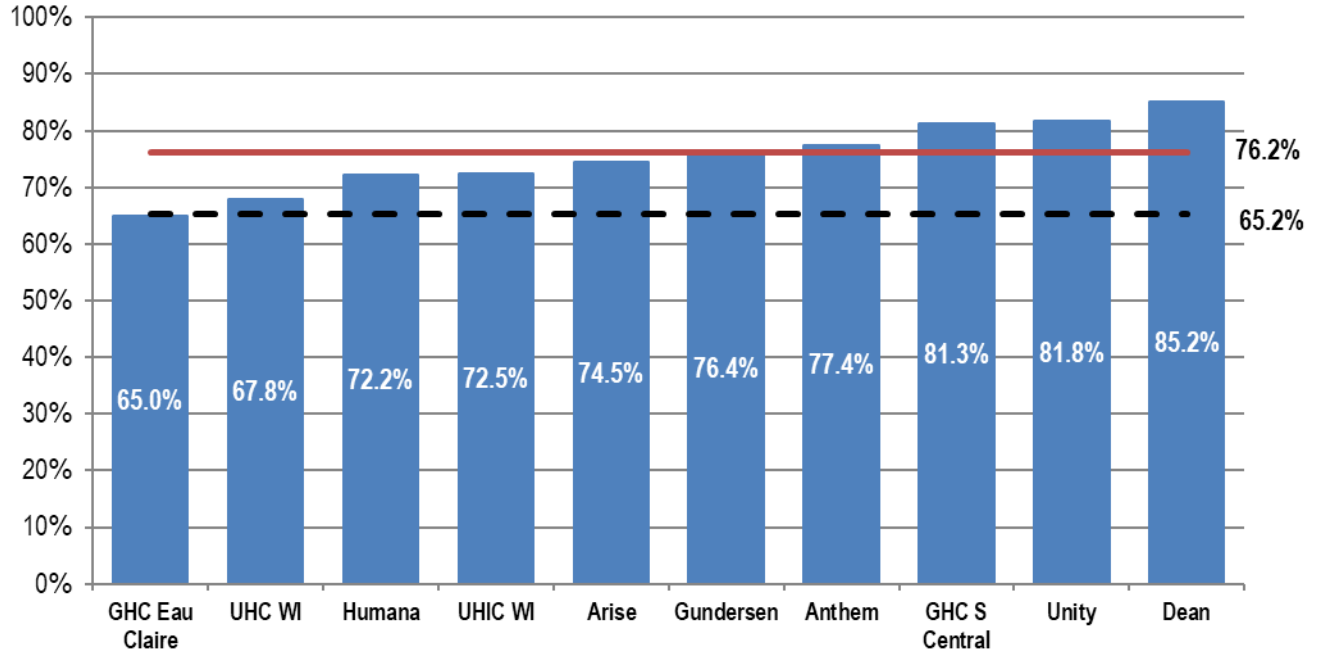
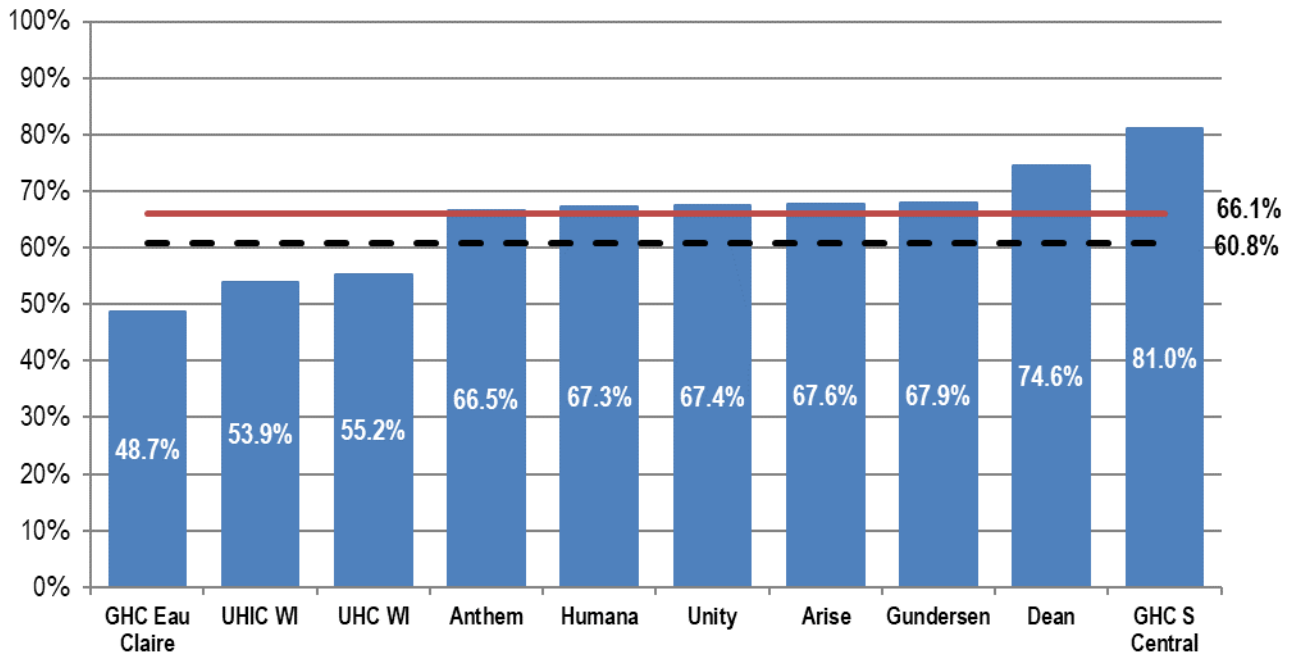


Figure 6b: BMI Percentile Documentation (Children/Adolescents). Percentage of members 3 - 17 years of age who had an outpatient visit and had evidence of BMI percentile documentation during the measurement year.



■ Health Plan's HEDIS® Commercial Rate — Wisconsin Health Plans' Average - - National Commercial HMO Average

Figure 6c: Counseling for Nutrition (Children/Adolescents). Percentage of members 3 - 17 years of age who had documentation of counseling for nutrition or referral for nutrition education during the measurement year.



ADDITIONAL MEASURES

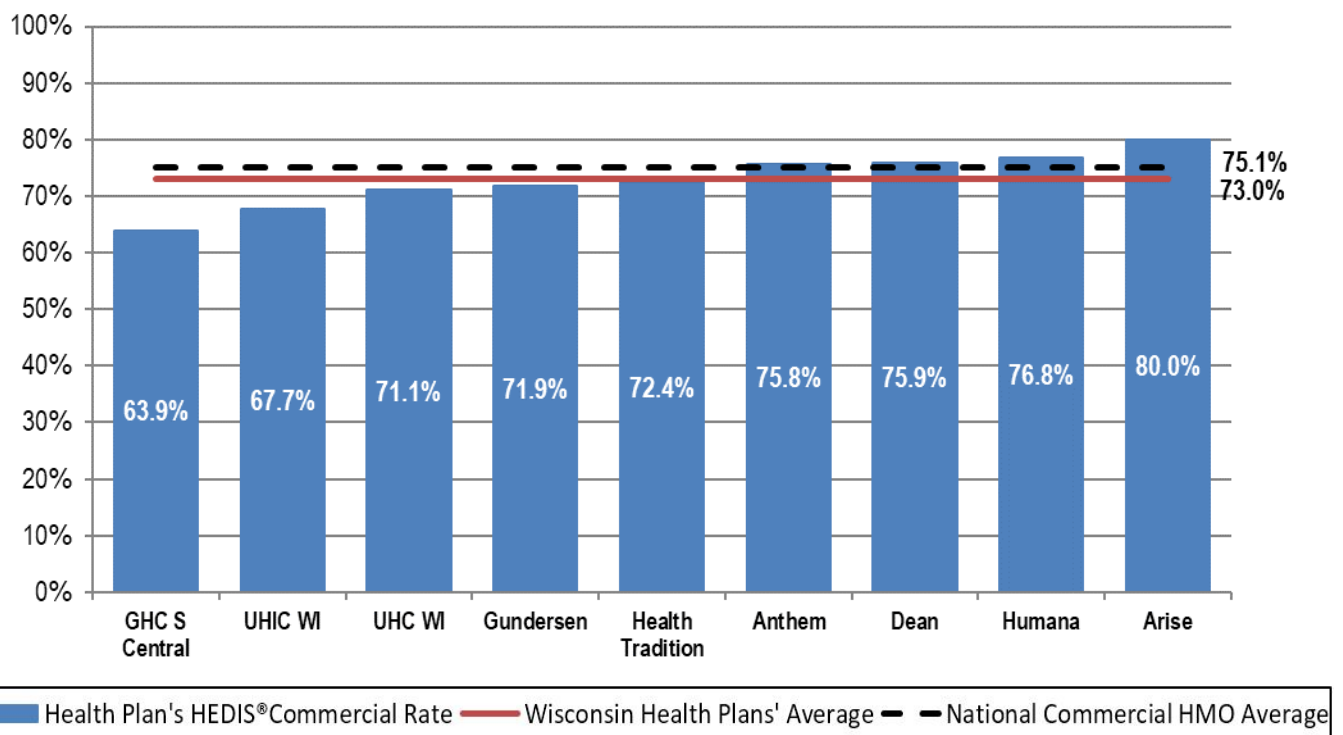
Data was collected for five additional HEDIS® 2017 measures. Tobacco use is a major chronic disease risk factor, and three measures examined the percentage of members that received assistance with smoking and tobacco cessation. This data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is collected annually and reported as two-year rolling averages.

Data was also collected for two HEDIS® 2017 Antidepressant Medication Management measures. All five measures are summarized in Table 7, with detailed results for the Advising Smokers and Tobacco Users to Quit measure shown in Figure 7.

Table 7: Additional HEDIS® 2017 Measures

Measure	Wisconsin Health Plans' Average	Wisconsin Health Plans' Average	National Commercial HMO Average
Antidepressant Medication Management			
Effective Acute Phase Treatment	65.5 – 84.1%	73.1%	67.2%
Effective Continuation Phase Treatment	51.2 – 63.6%	56.8%	50.9%
Medical Assistance with Smoking and Tobacco Use Cessation			
Advising Smokers and Tobacco Users to Quit	63.9 – 80.0%	73.0%	75.1%
Discussing Cessation Medications	39.4 – 66.5%	52.4%	50.3%
Discussing Cessation Strategies	35.7 – 54.4%	44.3%	42.9%

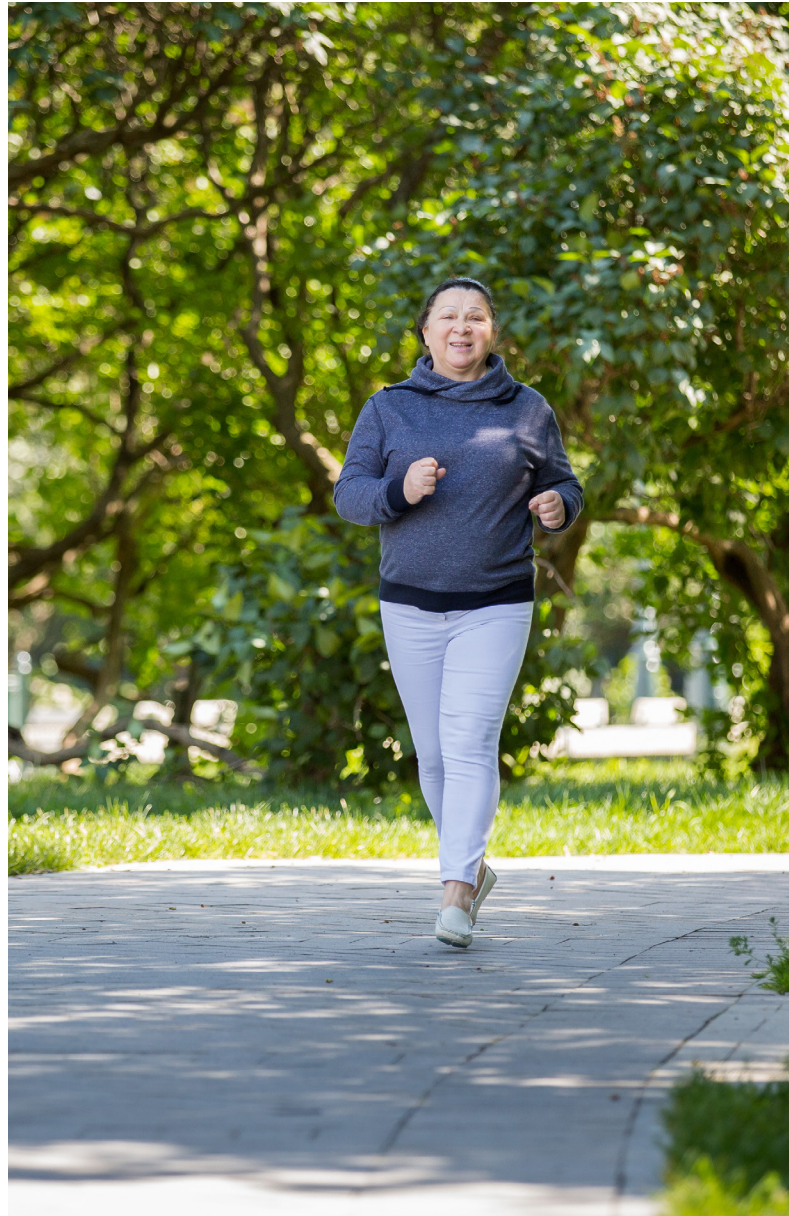
Figure 7: Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of adult members who are current smokers or tobacco users and who received cessation advice during the measurement year.



INTERPRETING THE DATA

Eleven health plans voluntarily submitted the commercial HEDIS® 2017 data summarized in this report. Data was collected for 24 chronic disease-related indicators, and national comparison data was obtained from NCQA's 2017 *State of Health Care Quality* report.¹⁶ Health plans' reported rates were compared with one another and with group and national averages. Key findings included:

- **As a group, the health plans performed very well compared with national averages.** The Wisconsin health plans' average was better than the national commercial HMO average for 22 of the 24 indicators – often much better.
- **Individually, many health plans exceeded the national average.** For every single indicator, at least one health plan's reported rate exceeded the national commercial HMO average. In fact, for 16 indicators, 80% of more of the health plans' reported rates were better than the national average. And, for seven of the indicators, all of the Wisconsin health plans met or exceeded the national average.
- **Performance varied between health plans, leaving room for further improvement.** The amount of variation between health plans differed from indicator to indicator. This year, the indicators with the most variation included Counseling for Physical Activity and Controlling High Blood Pressure. The indicators with the least variation included HbA1c Testing and Medical Attention for Nephropathy. Measures with more variation may represent opportunities for further improvement as health plans share strategies and implement new approaches.



FROM DATA TO ACTION

Data drives action, and this group examines HEDIS® results to help focus its efforts to prevent chronic disease and improve the quality of care. The group continues to review the data, discuss key chronic disease topics, and explore evidence-based strategies. Many partners around Wisconsin are also working to address chronic disease, and we continue to seek ways to best align our efforts and maximize impact.

Some of our recent focus areas have included:

- **Hypertension:**

Hypertension affects 1 in 3 adults and is a major cardiovascular risk factor.^{3,6,10} The Chronic Disease Quality Improvement Project has been interested in identifying ways to address hypertension.

Along with many other partners from around the state, health plans from our group were invited to participate in the 2018 Hypertension Symposium. This was an opportunity for health care providers, payers, community organizations, advocates, and other stakeholders to convene regarding engagement and commitment to improve hypertension and cardiovascular outcomes. Opportunities for post-symposium engagement are ongoing.

Some areas of discussion related to hypertension include: identifying ways to better find and reach patients with undiagnosed hypertension; addressing and improving medication adherence; and exploring team-based care approaches.

- **Diabetes Prevention:**

About 10% of adults in Wisconsin have a diagnosis of diabetes, and another 12% have a diagnosis of prediabetes.^{2,3} Many people with prediabetes are undiagnosed, and as many as 33% of people nationwide may have undiagnosed prediabetes.⁵ They are at an increased risk of developing type 2 diabetes and related cardiovascular complications.^{4,5}

Recognizing the importance of addressing diabetes and prediabetes, in 2016 the group began to discuss a recent U.S. Preventive Services Task Force recommendation regarding blood glucose screening and the use of intensive behavioral interventions, such as the CDC-led National Diabetes Prevention Program (National DPP).²⁵ The National DPP is an evidence-based lifestyle change program that has been shown to be cost effective, reduce the risk of developing type 2 diabetes by 58%, and improve health outcomes.²⁶

To learn more about offering their members access to the National DPP, the group met with representatives from the National Association of Chronic Disease Directors (NACDD) to review their National DPP Coverage Toolkit for health plans. Next, many group members attended the Diabetes Prevention in Wisconsin: State Engagement meeting to discuss and strategize. We continue to explore ways to increase access to evidence-based lifestyle change programs like the National DPP.



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