

WISCONSIN

# Chronic Disease Quality Improvement Project

2021 Annual HEDIS® Report



University of Wisconsin  
Population Health Institute  
SCHOOL OF MEDICINE AND PUBLIC HEALTH



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

## Participating Health Plans

The following health plan partners voluntarily submitted their Healthcare Effectiveness Data and Information Set (HEDIS®) data for inclusion in this report:

### Name of Health Plan (Abbreviation in this Report)

Anthem Blue Cross and Blue Shield of Wisconsin (Anthem BCBS)

Group Health Cooperative of South Central Wisconsin (GHC-SW)

Network Health

UnitedHealthcare of Wisconsin, Inc. (UHC WI HMO/POS/PPO and HMO/POS)\*

Wisconsin Physicians Service Health Plan, Inc. (WPS)

Quartz Health Solutions, Inc. (Quartz)

\*UHC WI submitted two separate lines of service for this report:

Health Maintenance Organization/Point of Service/Preferred Provider Organization (HMO/POS/PPO)

Health Maintenance Organization/Point of Service (HMO/POS)

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## Project Overview

The Wisconsin Chronic Disease Quality Improvement Project (CDQIP) is a collaborative that aims to prevent chronic diseases and improve the quality of care. We have a diverse membership, including Wisconsin health plans, the Wisconsin Department of Health Services' Chronic Disease Prevention Program, and the University of Wisconsin Population Health Institute. Forming and maintaining strong, active partnerships is a key component of the project. The collaborative began in 1998 as the Wisconsin Collaborative Diabetes Quality Improvement Project, with an initial focus on diabetes. In 2013, the group was renamed the Wisconsin Chronic Disease Quality Improvement Project to reflect the expanded focus on additional chronic diseases and their risk factors.

## Project Components

### **We evaluate and report on the quality of chronic disease prevention and care.**

Quality of care data is voluntarily submitted by participating health plans, then analyzed and reported by CDQIP support staff. Members review the data and use it to inform our work.

### **We share information, population-based strategies, evidence-based approaches, and best practices.**

Members 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.

### **We 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.

## Health Plan Convenings

CDQIP also convenes Wisconsin health plans quarterly to:

- Foster an honest dialogue about the unique power health plans have to accelerate the quality of care patients receive in the health care system.
- Encourage shared learning across health plans on internal processes for data disaggregation by subpopulation, and discuss shared standards across health plans to ensure data is comparable.
- Explore how health plans can pilot interventions that 'flip the script' on quality interventions, and select pilot projects that multiple plans can collaboratively adopt and track.
- Promote peer-to-peer learning across health plans focused on best practices for quality improvement.

# Quality of Care Data

The Chronic Disease Quality Improvement Project examines quality of care data voluntarily provided by participating health insurers. Health insurers submit chronic disease-related 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. Use of HEDIS® measure specifications allows for standardized data collection, direct comparison of performance, and examination of trends over time.

In late 2020, six health insurers submitted HEDIS® 2019 and 2020 data for care provided in 2018 and 2019, respectively, to CDQIP project staff. Results outline the performance of seven commercial health plans. The body of this report details the HEDIS® 2020 results, and HEDIS® 2019 results can be found in the appendix. To facilitate comparison between health plans and with state and national data, the tables and figures in the body of this report include:

## HEDIS® Commercial Rate

The HEDIS® Commercial Rate is each health plan's reported HEDIS® 2020 rate, and represents care provided in 2019. These rates are submitted directly by health insurers participating in CDQIP.

## Wisconsin CDQIP Range

The Wisconsin CDQIP Range highlights the highest and lowest HEDIS® Commercial Rate across plans.

## Wisconsin CDQIP Rate

The Wisconsin CDQIP Rate is a combined rate for all of the health plans' HEDIS 2020 data. For this year's report, the rate was calculated across seven commercial lines of service.

## National Commercial HMO Rate

The National Commercial Health Maintenance Organization (HMO) Rate is reported annually by NCQA as part of their *State of Health Care Quality* public report.<sup>1</sup>

## HEDIS® Measures in This Report

### Comprehensive Diabetes Care

- HbA1c Testing Performed
- HbA1c Poor Control (> 9.0%)
- HbA1c Control (< 8.0%)
- Eye Exam (Retinal) Performed
- Medical Attention for Nephropathy
- Blood Pressure Control with Diabetes

### Blood Pressure Control

- Controlling High Blood Pressure

### Statin Therapy

- Statin Therapy for Patients with Diabetes:
  - Received Statin Therapy
  - Statin Adherence 80%
- Statin Therapy for Patients with CV Disease:
  - Received Statin Therapy
  - Statin Adherence 80%

### Cancer Screening

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening

### Weight, Nutrition, and Physical Activity

- Adult Body Mass Index (BMI) Assessment
- Weight Assessment and Counseling for Children and Adolescents (3 to 17 years old)
  - BMI Percentile Documentation
  - Counseling for Nutrition
  - Counseling for Physical Activity

### Antidepressant Medication Management

- Effective Acute Phase Treatment
- Effective Continuation Phase Treatment

# Comprehensive Diabetes Care

HEDIS® 2020 data are presented for seven Comprehensive Diabetes Care measures. Results are summarized in Table 1 and Figures 1a–1f.

## Outcome Measures

Three outcome measures were used to examine control of hemoglobin A1c (HbA1c) levels, as well as 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.<sup>2</sup> The American Diabetes Association reports that reducing HbA1c levels can lower the risk of many diabetes complications, and specific HbA1c target values are based on patient characteristics.<sup>2</sup> Cardiovascular disease contributes to morbidity and mortality for people with diabetes, and hypertension is a common comorbidity. The American Diabetes Association recommends that people with diabetes control their blood pressure and cholesterol levels to lower cardiovascular risk.<sup>2</sup>

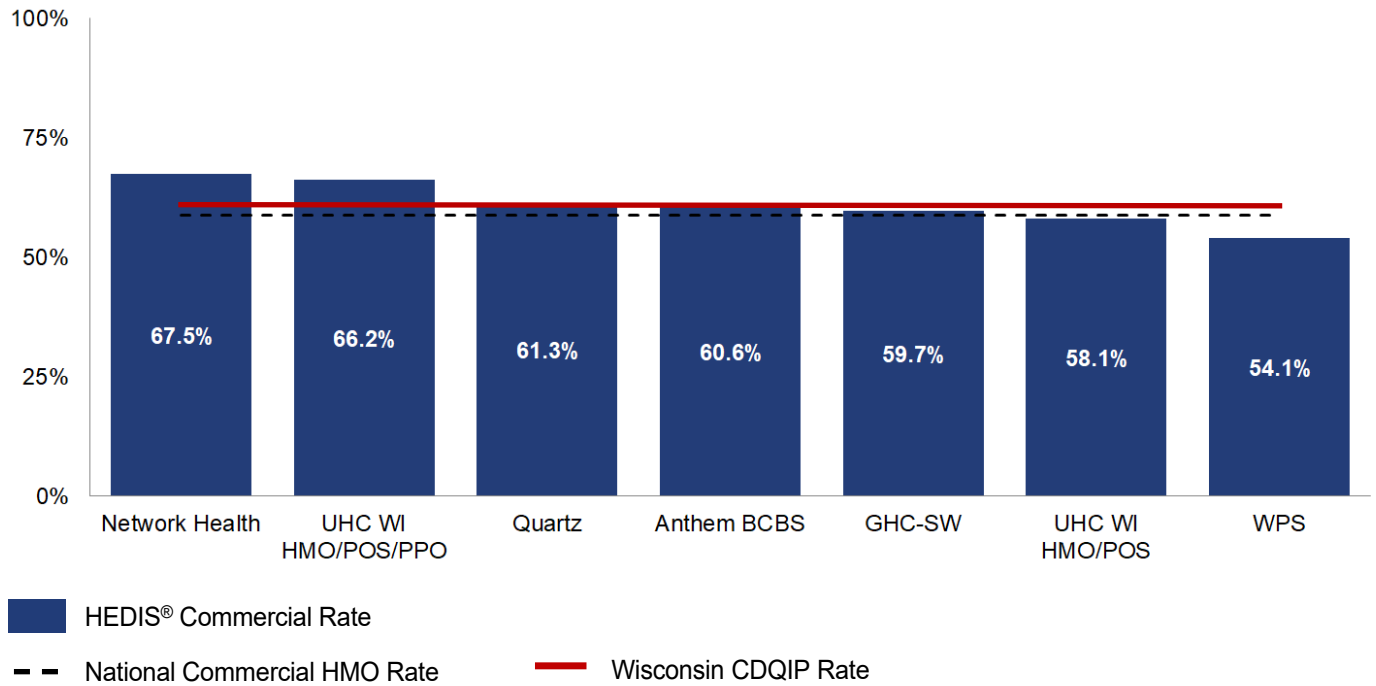
## Process Measures

Three process measures were used to assess whether members with diabetes received recommended care: HbA1c testing, retinal eye examinations, and medical attention for nephropathy. Regular HbA1c testing is recommended to measure overall glycemic control. Regular retinal eye examinations are recommended because diabetic retinopathy can lead to blindness if untreated.<sup>2</sup> Another serious potential complication of diabetes is nephropathy, which is a leading cause of end-stage renal disease. Risk can be reduced through glycemic and blood pressure control. Screening and appropriate intervention are essential.<sup>2</sup>

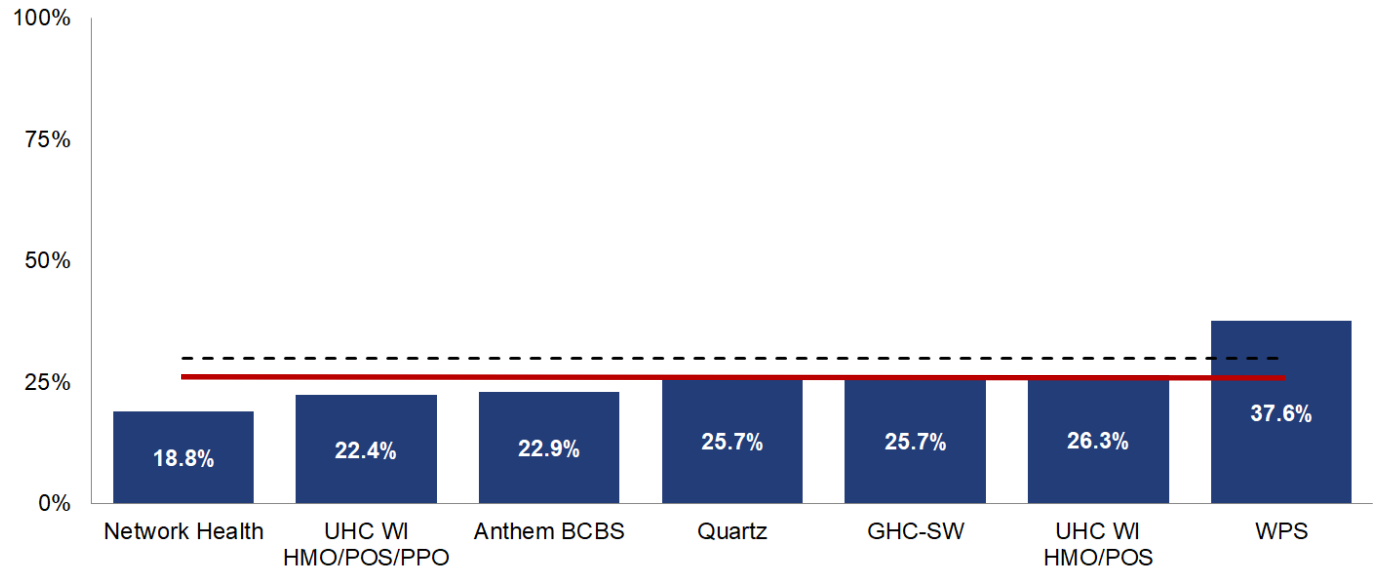
**Table 1: Comprehensive Diabetes Care Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Outcome Measures</b>			
HbA1c Control (<8.0%)	54.1% to 67.5%	60.8%	58.9%
HbA1c Poor Control (>9.0%)	18.8% to 37.6%	25.8%	29.8%
Blood Pressure Control (<140/90 mmHg)	70.7% to 81.8%	77.9%	65.0%
<b>Process Measures</b>			
HbA1c Testing Performed	92.1% to 96.1%	93.0%	91.7%
Eye Exam (Retinal) Performed	50.6% to 69.2%	56.6%	55.1%
Medical Attention for Nephropathy	88.0% to 93.1%	91.0%	90.1%

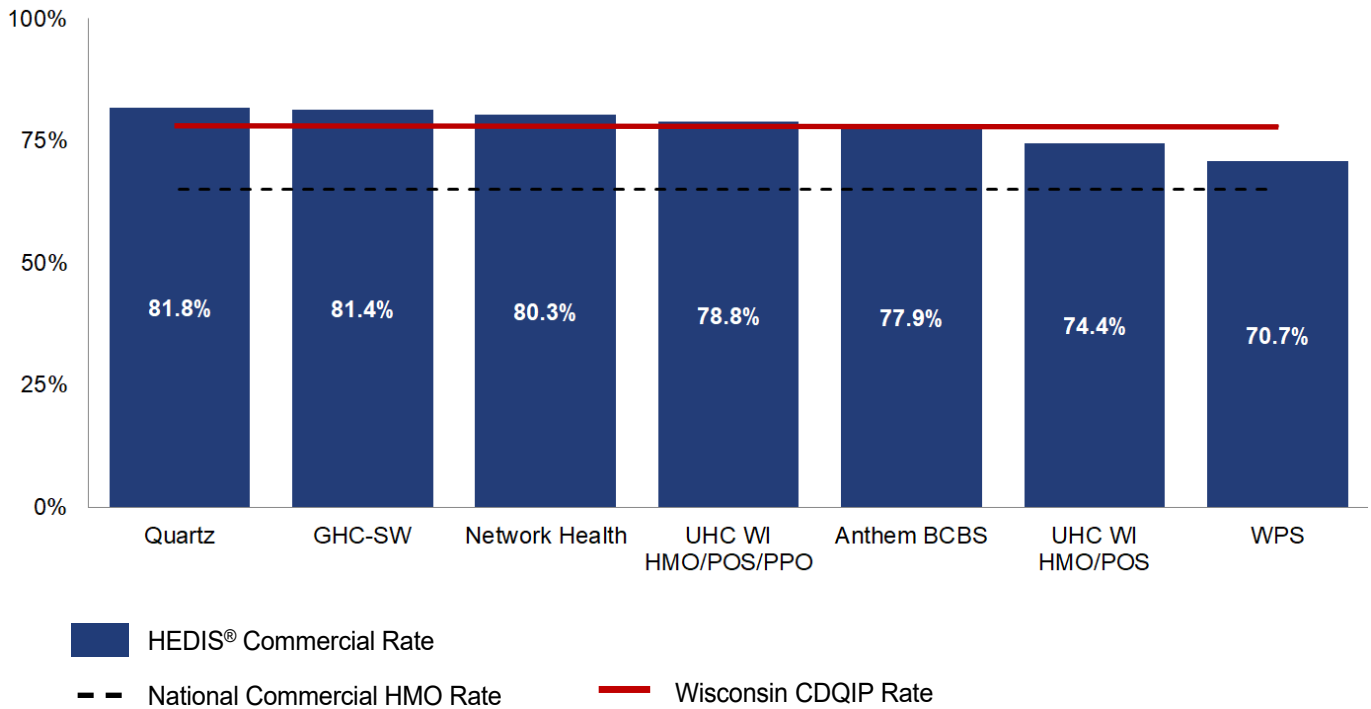
**Figure 1a: HbA1c Control (<8.0%).** Percentage of members 18 to 75 years of age with diabetes whose most recent HbA1c level is less than 8.0%.



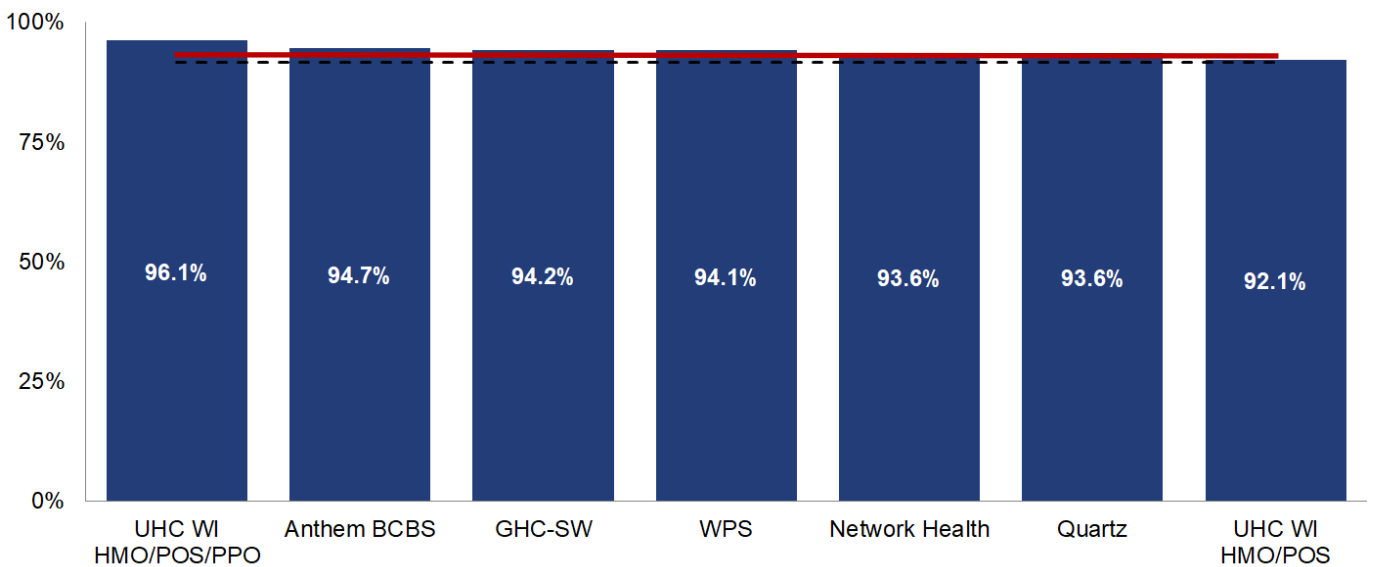
**Figure 1b: HbA1c Poor Control (>9.0%).** Percentage of members 18 to 75 years of age with diabetes whose most recent HbA1c level is greater than 9.0%. **Lower rate indicates higher performance.**



**Figure 1c: Blood Pressure Control (<140/90 mmHg) with Diabetes.** Percentage of members 18 to 75 years of age with diabetes whose most recent blood pressure is below 140/90 mmHg.

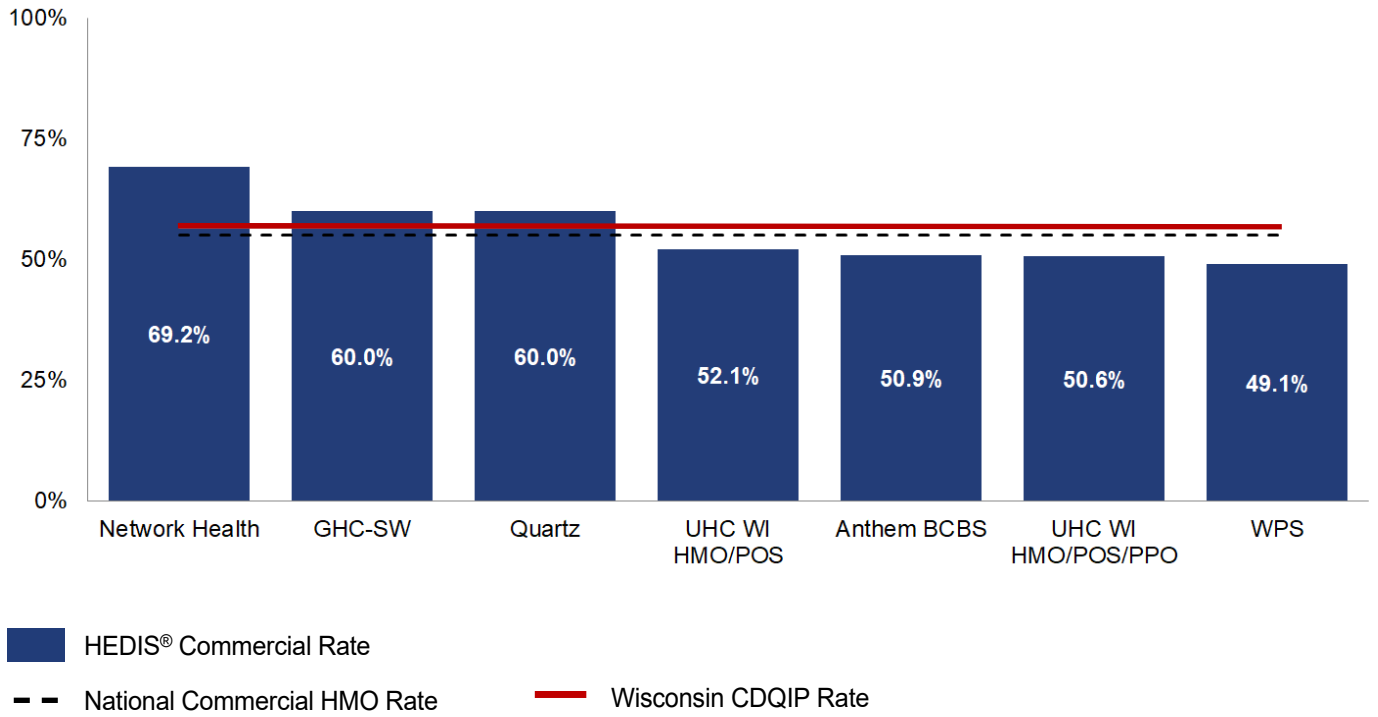


**Figure 1d: HbA1c Testing.** Percentage of members 18 to 75 years of age with diabetes who had a HbA1c test performed during the measurement year.

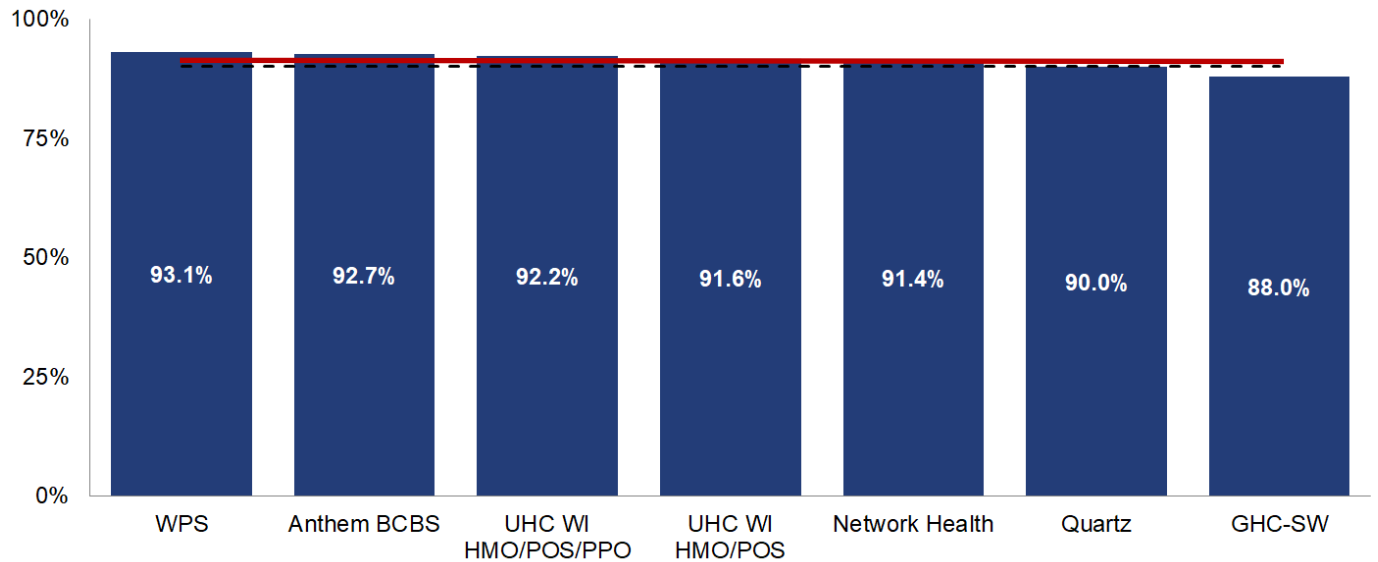




**Figure 1e: Eye Exam (Retinal) Performed.** Percentage of members 18 to 75 years of age with diabetes who had a screening for diabetic retinal disease by an eye care professional.



**Figure 1f: Medical Attention for Nephropathy.** Percentage of members 18 to 75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy.



# Blood Pressure Control

Thirty-one percent of Wisconsin adults are aware that they have hypertension.<sup>3</sup> From national studies, we know that most adults with hypertension in the United States do not have their condition under control.<sup>4</sup> Hypertension is a major risk factor for cardiovascular disease, and increases the risk of events like heart attack and stroke.<sup>5</sup> To reduce risk, blood pressure can be managed with medications, lifestyle changes, and self-monitoring.<sup>6</sup>

The HEDIS® 2020 Controlling High Blood Pressure measure aligns with guidelines issued by the Eighth Joint National Committee (JNC-8).<sup>7</sup> The guidelines recommend a blood pressure below 140/90 mmHg for adults 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.

## 2017 Change in Blood Pressure Guidelines

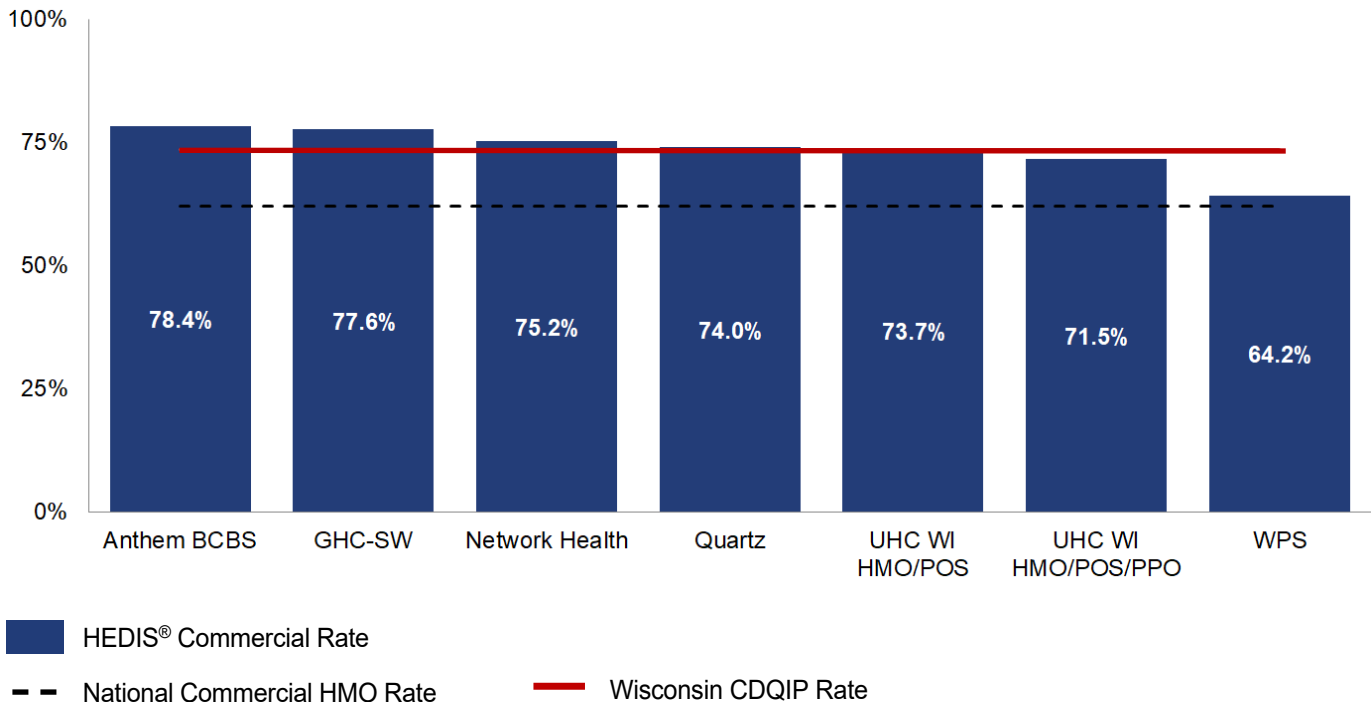
In 2017, the American College of Cardiologists and American Heart Association (ACC/AHA) Task Force on Clinical Practice Guidelines defined two new stages of hypertension: stage 1 as 130 to 139 mmHg systolic or 80 to 89 mmHg diastolic, and stage 2 as greater than or equal to 140 mmHg systolic or 90 mmHg diastolic.<sup>8</sup> These guidelines have not been reflected in the HEDIS® Controlling High Blood Pressure measure yet, and are not expected to be for care provided in 2020 or 2021.

Results from care provided in 2019 are summarized in Table 2 and Figure 2.

**Table 2: Controlling High Blood Pressure Measure.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Controlling High Blood Pressure	64.2% to 78.4%	73.5%	62.1%

**Figure 2: Controlling High Blood Pressure.** Percentage of members 18 to 85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled (< 140/90 mm Hg).



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Maintenance of healthy cholesterol levels is important for both primary and secondary prevention of cardiovascular disease. In 2013, a joint task force of the American College of Cardiology and the American Heart Association (ACC/AHA) released practice guidelines on treatment of blood cholesterol to reduce the risk of atherosclerotic cardiovascular disease (ASCVD).<sup>9</sup> The guidelines were updated in 2018 to specifically target Low-Density Lipoprotein Cholesterol (LDL-C) levels and include additional classes of medication.<sup>10</sup> The HEDIS® 2020 Statin Therapy measure specifications correspond with the 2013 ACC/AHA guidelines.

Both the 2013 and 2018 guidelines recommend use of statin therapy for primary and secondary prevention of cardiovascular disease in certain high-risk patients, such as those with clinical cardiovascular disease or diabetes. The following measures assess the use of statin therapy for people with diabetes and/or atherosclerotic cardiovascular disease.

**Statin Therapy with Diabetes:** These indicators measure the percentage of members ages 40 to 75 with diabetes who do not have atherosclerotic cardiovascular disease and:

- Were dispensed at least one statin of any intensity.
- Remained on the statin for at least 80% of the measurement year.

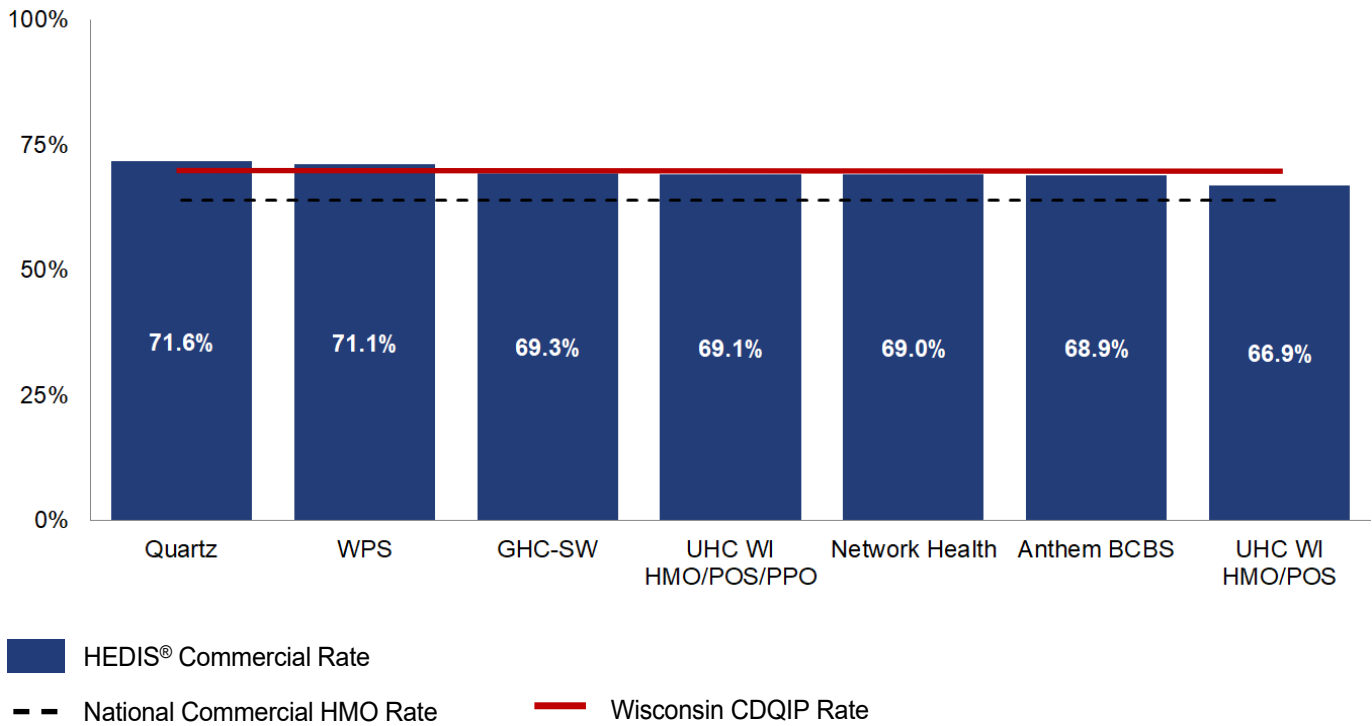
**Statin Therapy with Atherosclerotic Cardiovascular Disease (ASCVD):** These indicators measure the percentage of males ages 21 to 75 and females ages 40 to 75 with ASCVD who:

- Were dispensed at least one moderate or high intensity statin.
- Remained on the statin for at least 80% of the the measurement year.

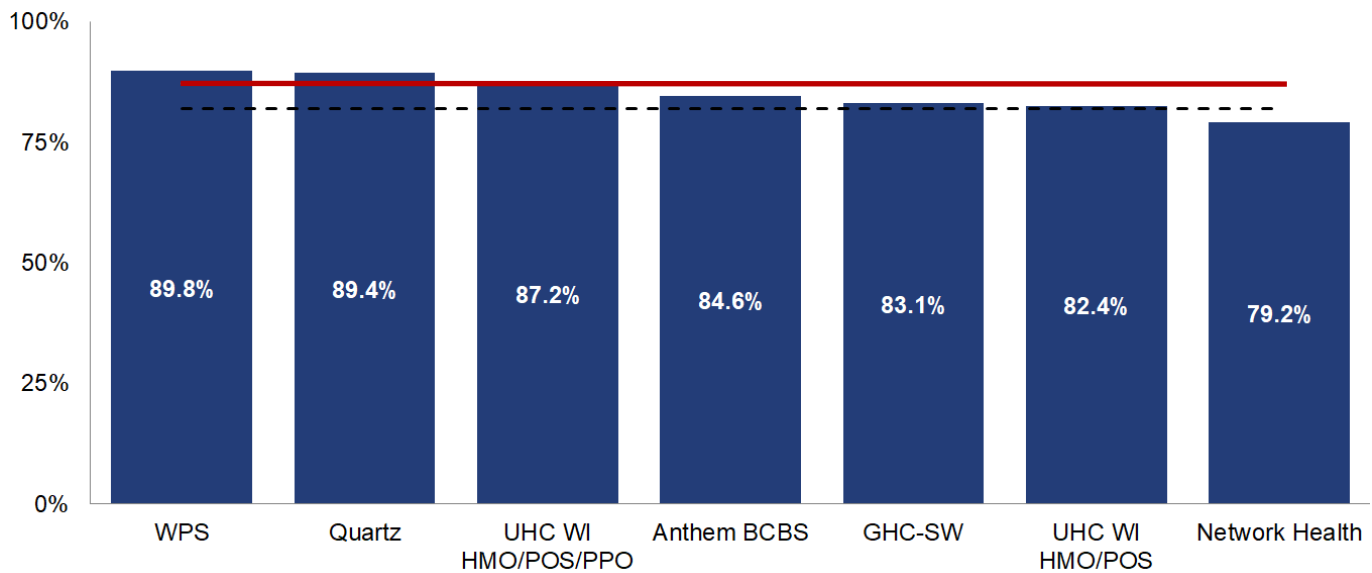
**Table 3: Statin Therapy Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Statin Therapy for Patients with Diabetes</b>			
Received Statin Therapy	66.9% to 71.6%	69.9%	64.0%
Statin Adherence (80%)	70.8% to 81.5%	76.4%	70.4%
<b>Statin Therapy for Patients with Atherosclerotic Cardiovascular Disease (ASCVD)</b>			
Received Statin Therapy	79.2% to 89.8%	87.2%	81.9%
Statin Adherence (80%)	70.5% to 89.3%	78.3%	76.6%

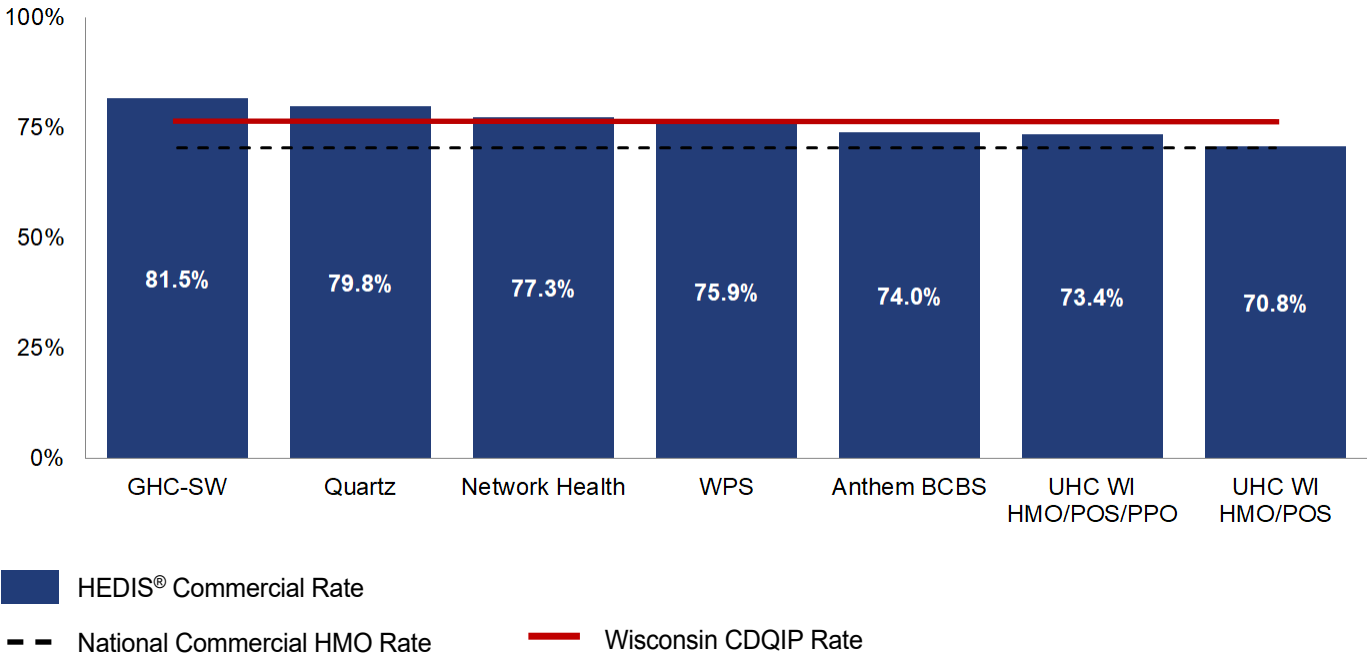
**Figure 3a: Statin Therapy with Diabetes.** Percentage of members 40 to 75 years of age with diabetes who do not have ASCVD who were dispensed at least one statin medication of any intensity.



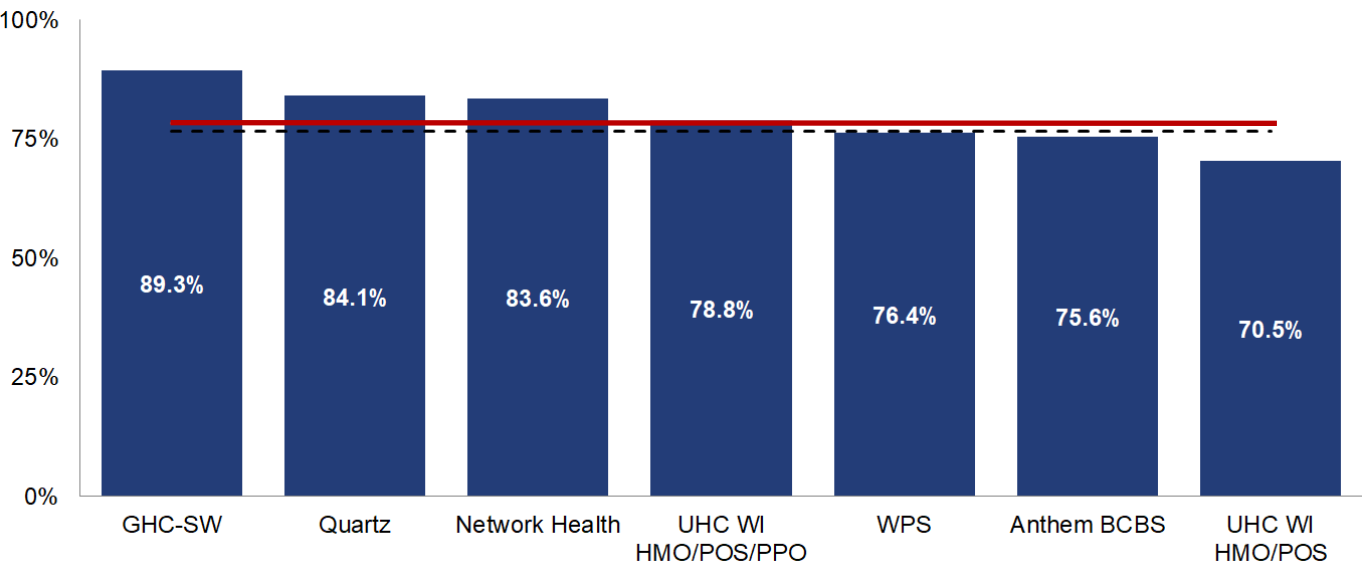
**Figure 3b: Statin Therapy with Cardiovascular Disease.** Percentage of males 21 to 75 years of age and females 40 to 75 years of age with ASCVD who were dispensed at least one moderate or high intensity statin.



**Figure 3c: Statin Adherence with Diabetes.** Percentage of members 40 to 75 years of age during the measurement year with diabetes who do not have ASCVD who remained on a statin in any intensity for at least 80% of the treatment period.



**Figure 3d: Received Statin Therapy (Patients with ASCVD).** Percentage of males 21 to 75 years of age and females 40 to 75 years of age with ASCVD who were dispensed at least one moderate or high intensity statin.



## Cancer Screening

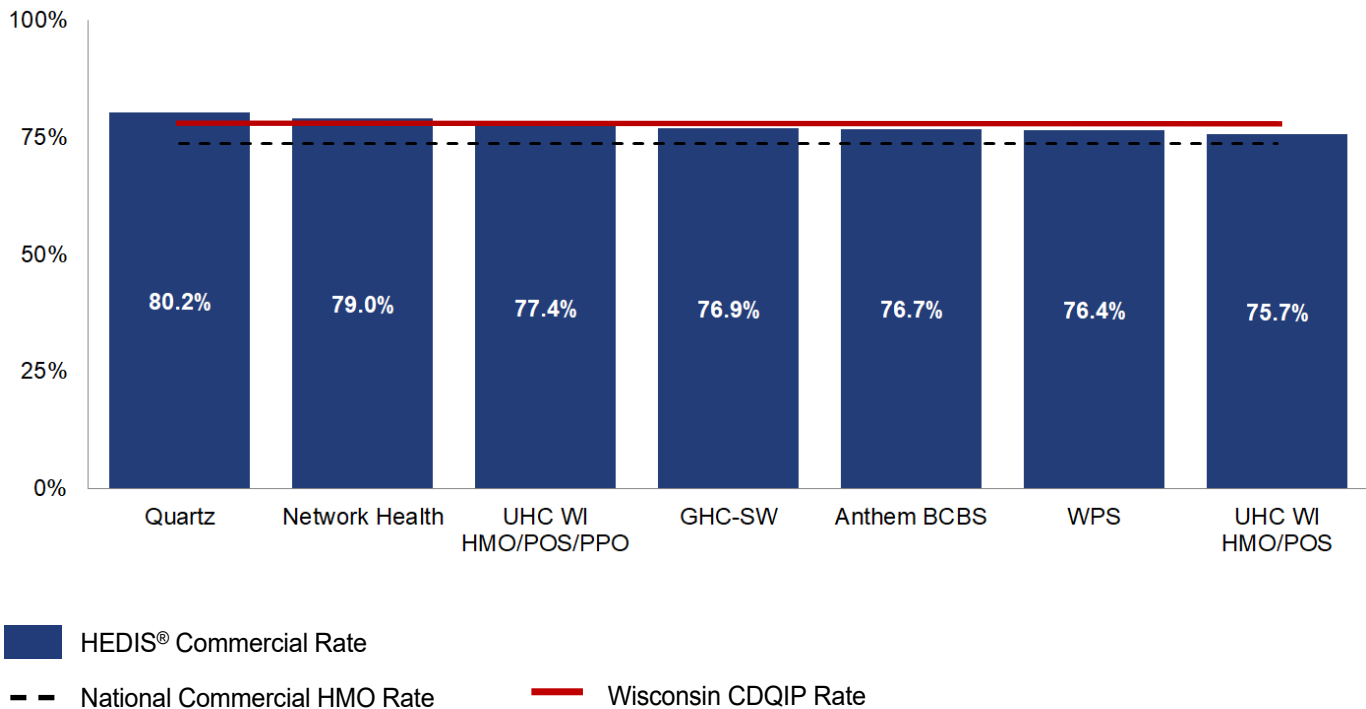
Early detection and treatment of breast, colorectal, and cervical cancers can lead to better outcomes and decreased mortality. The U.S. Preventive Services Task Force recommends routine screening mammography for breast cancer detection for women ages 50 to 74, and routine screening for colorectal cancer beginning at age 50.<sup>11,12</sup> They also recommend screening for cervical cancer in women ages 21 to 65 with cytology and/or human papillomavirus (HPV) testing. The type of cervical cancer screening and recommended screening intervals are determined based on age.<sup>13</sup>

Health plans submitted data for three HEDIS® 2020 measures to evaluate the percentage of members that were appropriately screened for breast, colorectal, and cervical cancer. See Table 4 and Figures 4a–4c for results.

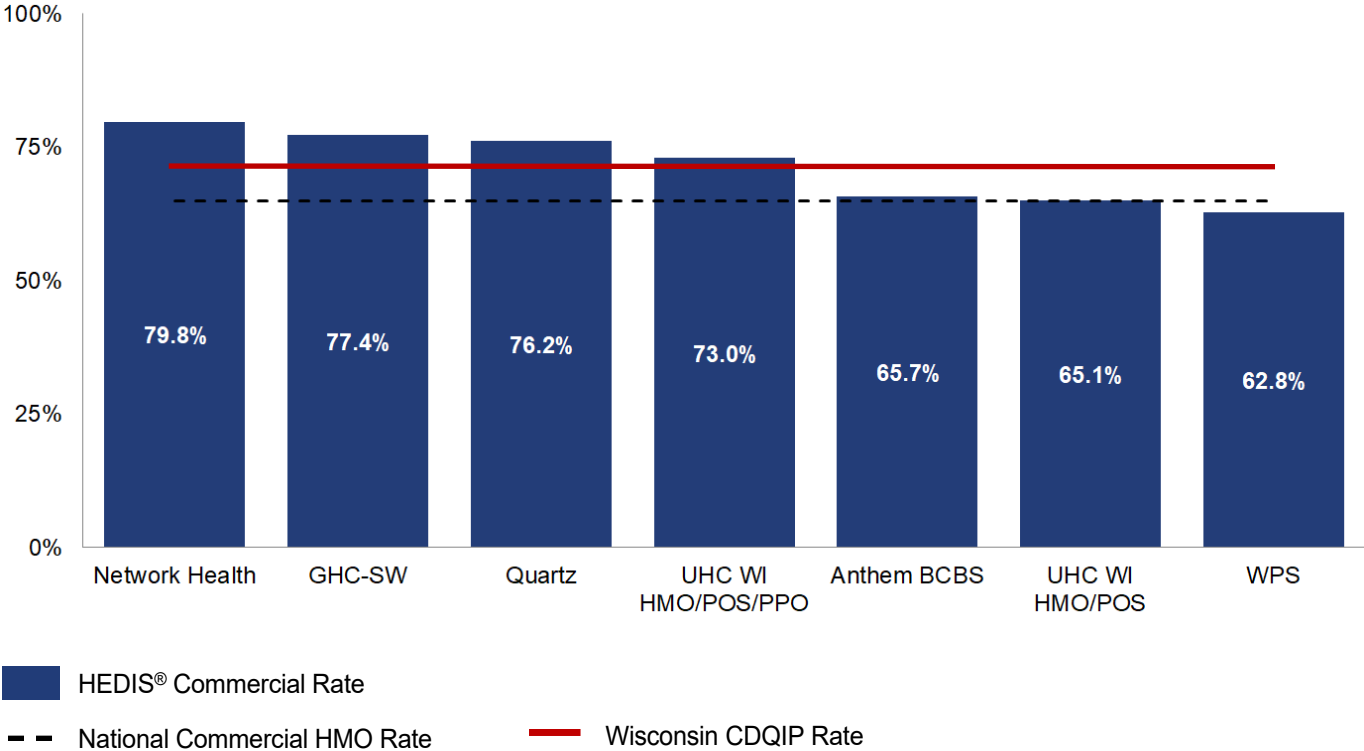
**Table 4: Cancer Screening Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Breast Cancer Screening	75.7% to 80.2%	78.0%	73.7%
Colorectal Cancer Screening	62.8% to 79.8%	71.4%	65.0%
Cervical Cancer Screening	71.0% to 87.1%	72.7%	76.2%

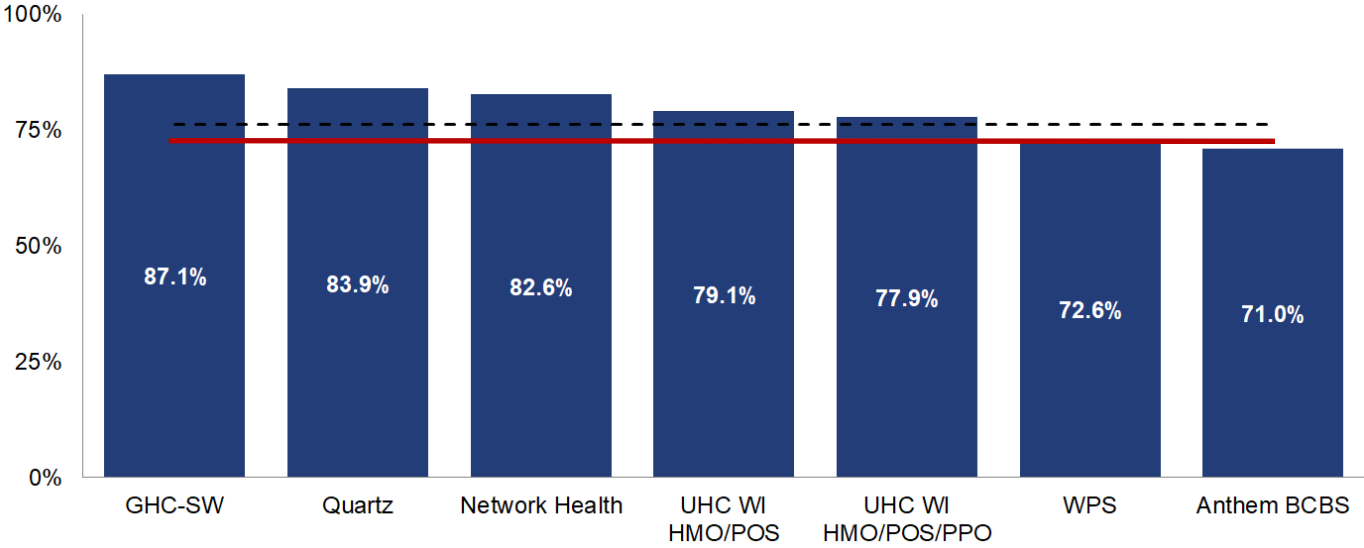
**Figure 4a: Breast Cancer Screening.** The percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.



**Figure 4b: Colorectal Cancer Screening.** The percentage of members 50 to 75 years of age who had appropriate screening for colorectal cancer.



**Figure 4c: Cervical Cancer Screening.** The percentage of women 21 to 64 years of age who received appropriate screening for cervical cancer.



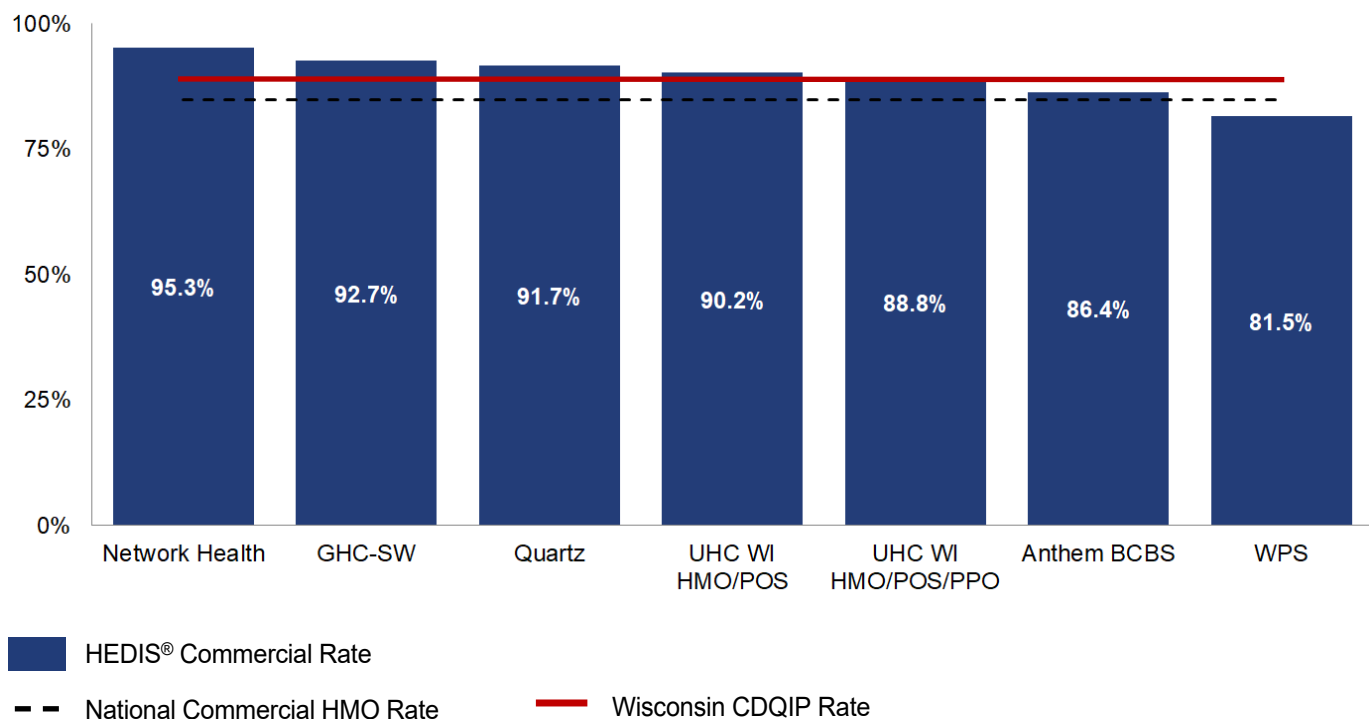
## Weight, Nutrition, and Physical Activity

Weight, nutrition, and physical activity all affect the risk of chronic disease, and overweight and obesity are themselves chronic conditions. Data was collected for four HEDIS® 2020 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 to 74. Next, three Weight Assessment and Counseling measures were used to examine documentation of BMI percentile, as well as counseling for nutrition and physical activity in 3 to 17 year olds. Results for all four measures are summarized in Table 5 and Figures 5a–d.

**Table 5: Weight Assessment and Counseling Measures.**

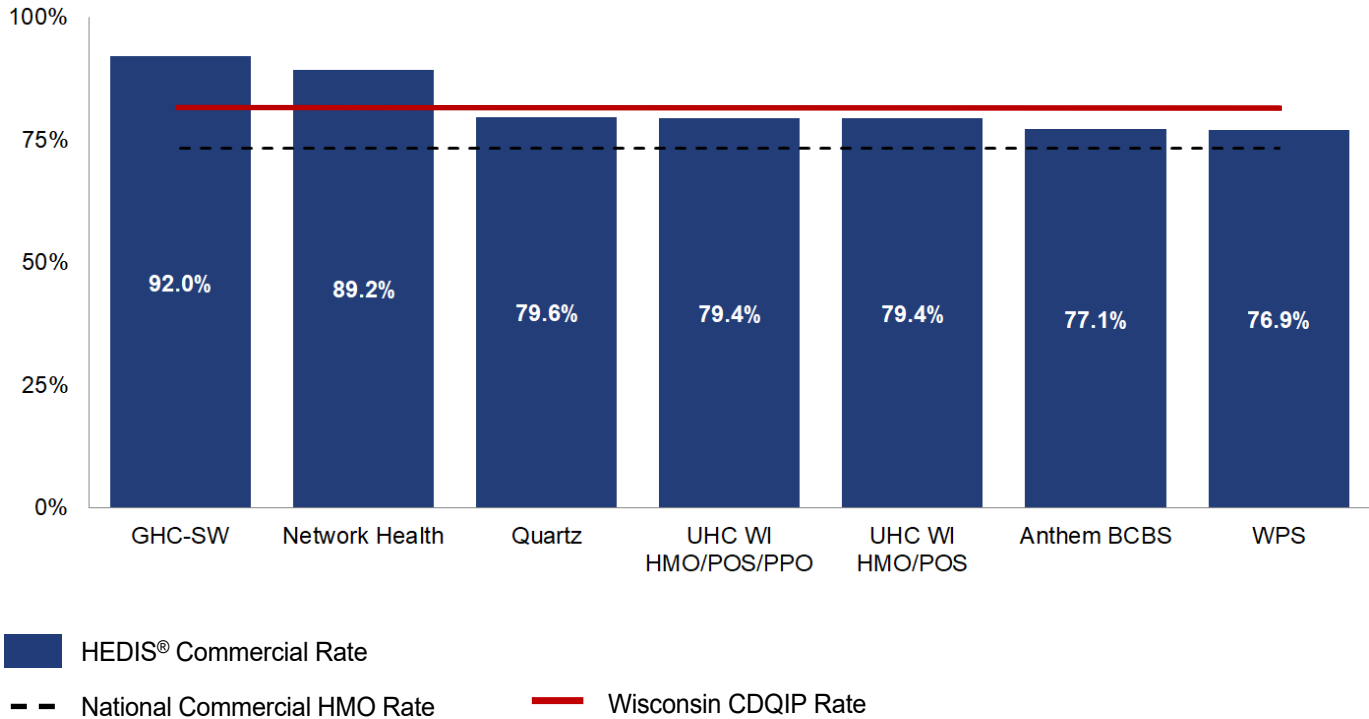
Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Adults</b>			
Adult BMI Assessment	81.5% to 95.3%	89.0%	84.9%
<b>Children and Adolescents (ages 3–17)</b>			
BMI Percentile Documentation	76.9% to 92.0%	81.7%	73.2%
Counseling for Nutrition	63.5% to 86.4%	74.7%	66.9%
Counseling for Physical Activity	46.2% to 85.4%	69.2%	62.8%

**Figure 5a: Adult BMI Assessment.** Percentage of members 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year, or year prior.

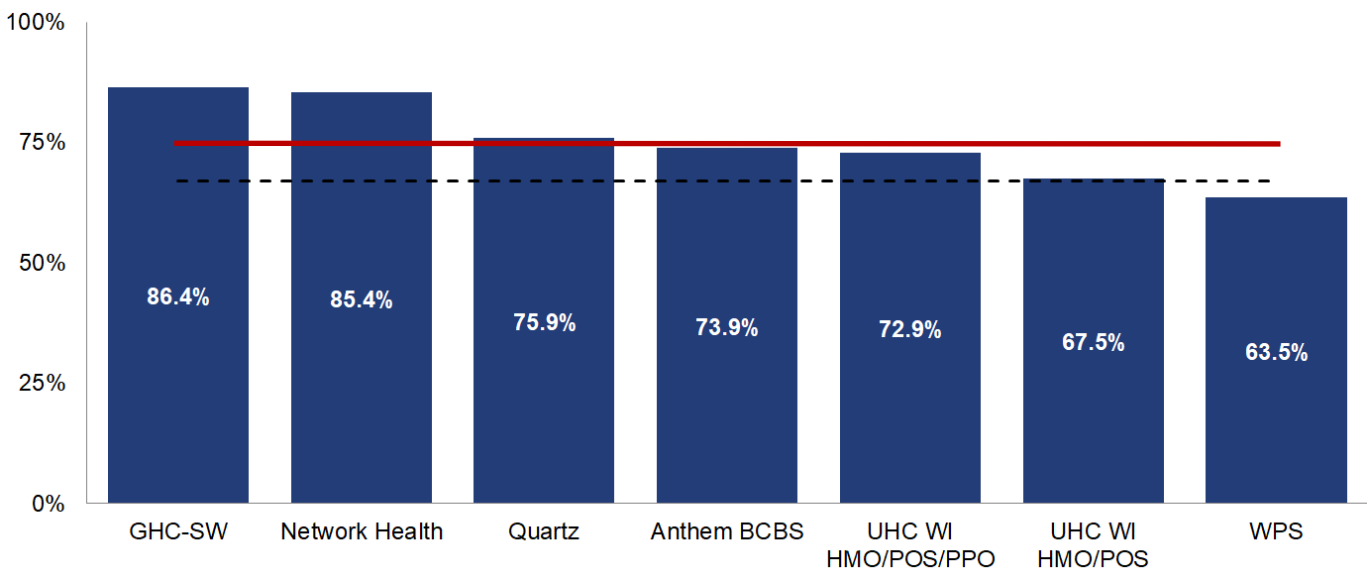




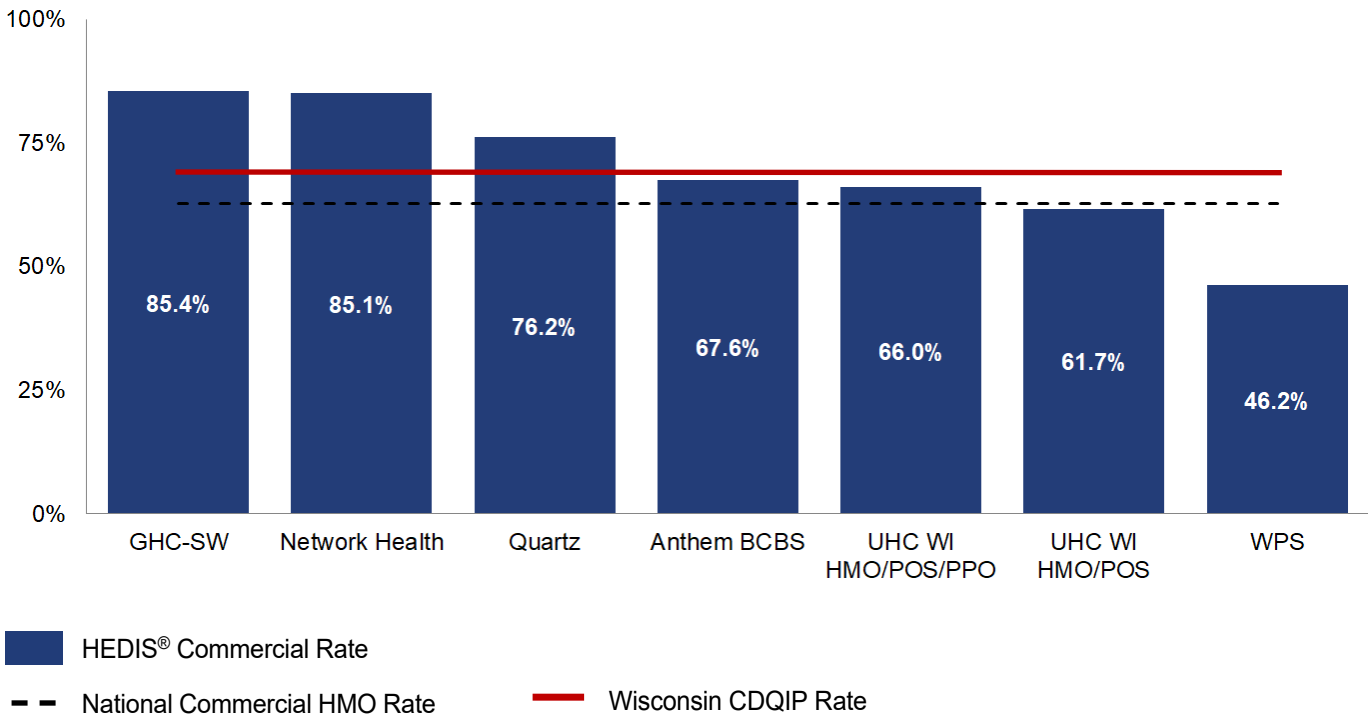
**Figure 5b: BMI Percentile Documentation (Children and Adolescents).** Percentage of members 3 to 17 years of age who had an outpatient visit and had evidence of BMI percentile documentation during the measurement year.



**Figure 5c: Counseling for Nutrition (Children/Adolescents).** Percentage of members 3 to 17 years of age who had documentation of counseling for nutrition or referral for nutrition education during the measurement year.



**Figure 5d: Counseling for Physical Activity (Children and Adolescents).** Percentage of members 3 to 17 years of age who had documentation of counseling for physical activity during the measurement year.



# Antidepressant Medication Management

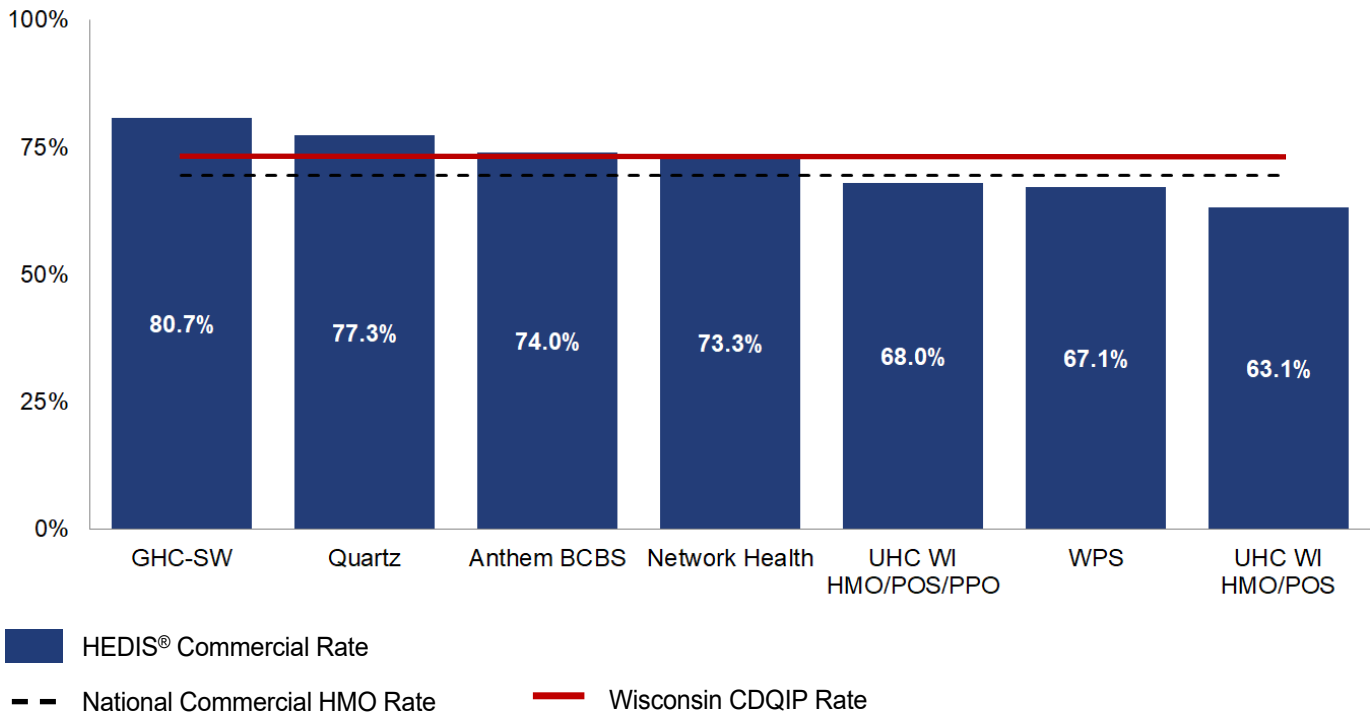
Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to suicide. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness, and identifying and managing side effects. Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide.

Below are the two HEDIS® 2020 Antidepressant Medication Management measures. Results for all four measures are summarized in Table 6 and Figures 6a–b.

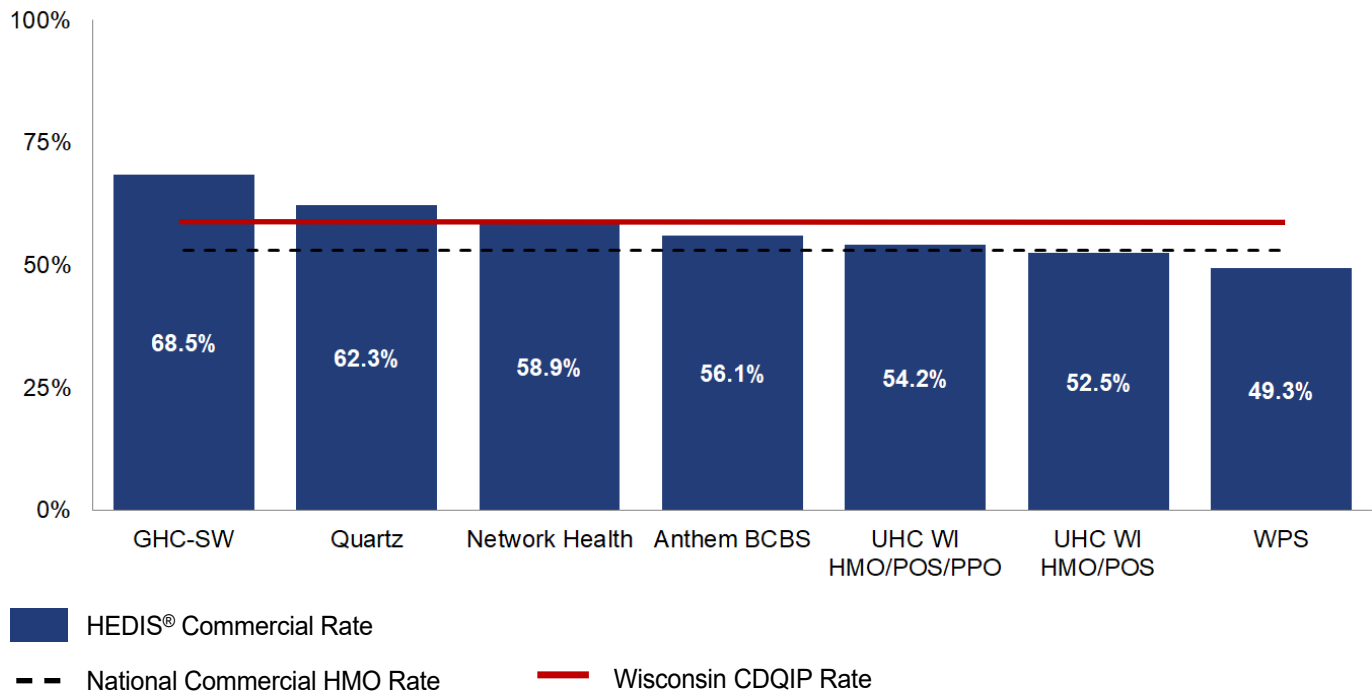
**Table 6: Antidepressant Medication Management Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Effective Acute Phase Treatment	65.5 to 76.3%	68.5%	67.8%
Effective Continuation Phase Treatment	50.7 to 63.3%	53.8%	51.8%

**Figure 6a: Effective Acute Phase Treatment.** Ages 18+ who were treated with antidepressant medication, had a major depression diagnosis, and remained on antidepressant medication treatment for at least 12 weeks.



**Figure 6b: Effective Continuation Phase Treatment.** Ages 18+ who were treated with antidepressant medication, had a major depression diagnosis, and remained on antidepressant medication treatment for at least six months.



## Key Findings

This report details HEDIS® 2020 results for care provided in 2019. Data were voluntarily submitted by six Wisconsin health insurers across seven individual commercial health plans. Individual health plan's rates were compared to one another, to the CDQIP overall rate, and to the national HMO commercial rate.

**As a collective, Wisconsin health plans outperformed national rates across almost all measures.**

The Wisconsin health plans' group CDQIP rate was better than the national commercial HMO rate for 18 of the 20 measures of chronic disease quality of care collected.

**Individually, many Wisconsin health plans exceeded the national rate.** For every single indicator, at least three Wisconsin health plans exceeded the national commercial HMO rate. For seven measures, all Wisconsin health plans met or exceeded the national rate.

**Performance varied between Wisconsin health plans, leaving room for further improvement.** The amount of variation between health plans differed from measure to measure. This year, the Weight Assessment and Counseling for Children and Adolescents indicators showed the most variation. The measures with the least variation included HbA1c Testing, Statin Therapy for Patients with Diabetes (Received Therapy), and Medical Attention for Nephropathy for patients with diabetes. Measures with more variation may represent opportunities for further improvement as health plans share strategies and implement new approaches.

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## Appendix

Six health insurers submitted HEDIS® 2019 for care provided in 2018. Results outline the performance of seven commercial health plans.

**Table 1a: Comprehensive Diabetes Care Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Outcome Measures</b>			
HbA1c Control (<8.0%)	43.6% to 66.4%	59.0%	58.2%
HbA1c Poor Control (>9.0%)	19.0% to 46.4%	26.5%	30.3%
Blood Pressure Control (<140/90 mmHg)	59.5% to 81.4%	75.8%	64.2%
<b>Process Measures</b>			
HbA1c Testing Performed	92.1% to 96.5%	95.1%	91.3%
Eye Exam (Retinal) Performed	50.6% to 69.9%	58.3%	55.9%
Medical Attention for Nephropathy	88.0% to 93.8%	91.7%	90.3%

**Table 2a: Controlling High Blood Pressure Measure.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Controlling High Blood Pressure	69.0% to 79.6%	74.4%	61.3%

**Table 3a: Statin Therapy Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Statin Therapy for Patients with Diabetes</b>			
Received Statin Therapy	68.2% to 82.0%	70.0%	63.0%
Statin Adherence (80%)	68.8% to 80.1%	74.6%	70.1%
<b>Statin Therapy for Patients with Atherosclerotic Cardiovascular Disease (ASCVD)</b>			
Received Statin Therapy	79.7% to 86.8%	86.1%	80.4%
Statin Adherence (80%)	67.0% to 88.1%	78.6%	75.9%

**Table 4a: Cancer Screening Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Breast Cancer Screening	75.5% to 80.7%	78.0%	73.5%
Colorectal Cancer Screening	62.8% to 79.8%	71.4%	65.0%
Cervical Cancer Screening	62.8% to 79.1%	70.1%	64.1%

**Table 5a: Weight Assessment and Counseling Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
<b>Adults</b>			
Adult BMI Assessment	80.5% to 94.2%	88.5%	82.5%
<b>Children and Adolescents (ages 3–17)</b>			
BMI Percentile Documentation	68.6% to 91.7%	80.8%	72.6%
Counseling for Nutrition	66.2% to 85.4%	73.8%	66.5%
Counseling for Physical Activity	52.6% to 85.1%	69.5%	62.3%

**Table 6a: Antidepressant Medication Management Measures.**

Measure	Wisconsin CDQIP Range	Wisconsin CDQIP Rate	National Commercial HMO Rate
Effective Acute Phase Treatment	68.3% to 81.3%	72.4%	69.2%
Effective Continuation Phase Treatment	51.8% to 66.2%	56.6%	52.9%



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