

The Health Plan Employer Data and Information Set (HEDIS) is a set of HMO performance measures developed by health plans and large employers. HEDIS was designed to provide purchasers and consumers with the information needed to make informed choices among health plans. HEDIS includes measures of effectiveness, access/availability and cost of care, use of services, and health plan stability. Utah HMOs have reported on HEDIS measures since 1996. This Health Status Update highlights trends from the 1996-1998 HEDIS results.

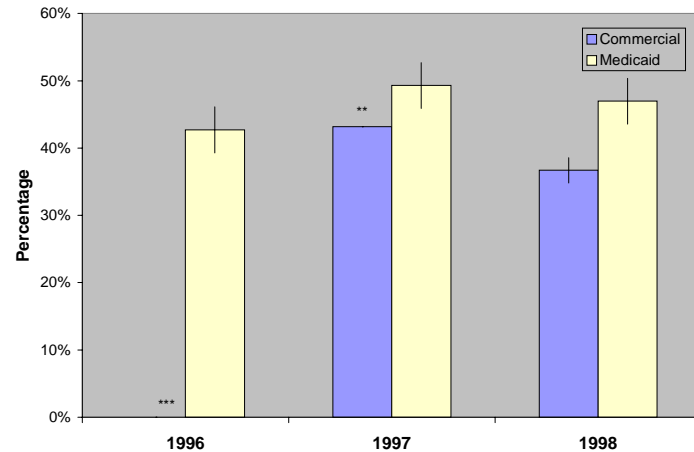
Use of Services

HMOs seek to manage care so that appropriate services are provided and unnecessary services avoided.

- For children age 3-6 years of age in Medicaid HMOs, the percentage with at least one well-child visit in the preceding year increased from 43% in 1996 to 47% in 1998. That percentage was lower for children in commercial HMOs in 1998 (Figure 1).

Well Child Visits (Age 3-6)

Figure 1. Percentage of children aged 3-6 years with one or more well child visits with a primary care provider in the past year, Utah HMOs, 1996-1998.



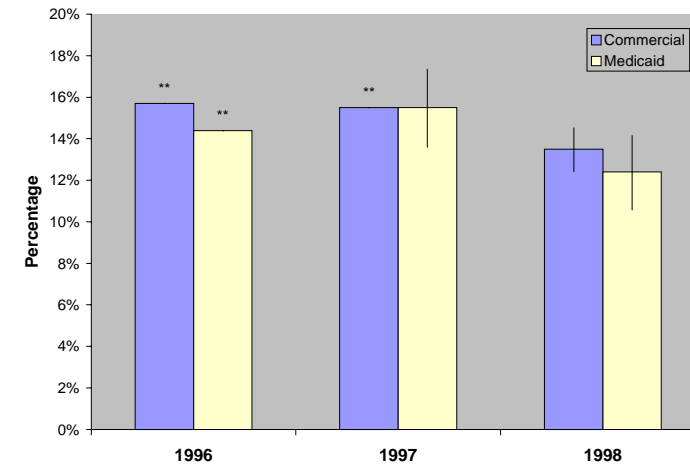
** data not available to compute 1997 commercial confidence interval
***In 1996, data for commercial health plans were not reported.

Delivery of babies by Cesarean section is an example of how hard it is to determine which care is appropriate and which is unnecessary. When appropriate, C-sections can be life saving for both mother and infant. However, this surgical procedure, which increases costs, length of stay, and length of recovery, is also performed unnecessarily. The “appropriate” C-section rate is unknown.

- The rate of C-sections decreased over this time period for both commercial and Medicaid HMO enrollees (Figure 2). The C-section rate also decreased in Utah overall.
- In 1998, substantial variation in the C-section rate remained among Utah’s commercial and Medicaid HMOs. HEDIS data do not allow adjustment for factors known to influence the need for C-section. However, this variation can help identify areas where care can potentially be improved (Figure 3).

Cesarean Section Trends

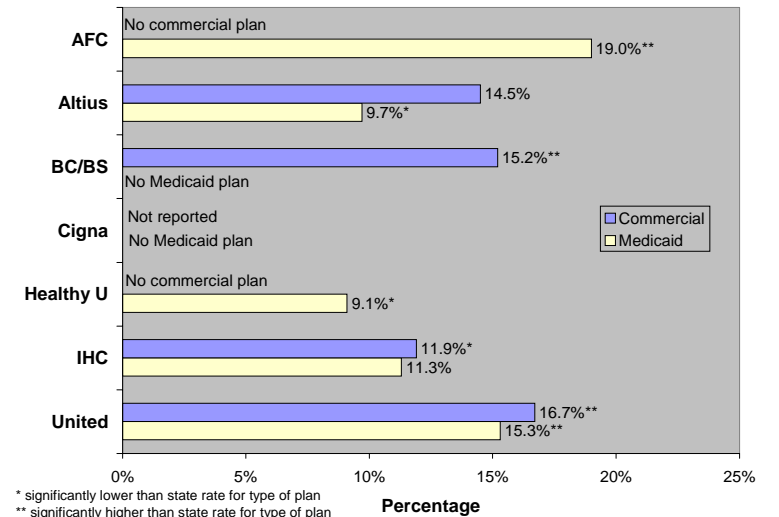
Figure 2. Percentage of live born deliveries by Cesarean section in Medicaid and commercial HMOs, Utah, 1996-1998.



** data not available to compute confidence intervals

Cesarean Section by Health Plan

Figure 3. Percentage of live born deliveries by Cesarean section by health plan, Utah HMOs, 1998.



* significantly lower than state rate for type of plan
** significantly higher than state rate for type of plan
AFC - American Family Care, BC/BS - Blue Cross/Blue Shield, IHC - Intermountain Health Care, United - United Health Care

Access/Availability of Care

Access to health care is important for early detection and treatment of problems and preventive care, such as immunizations.

- Most children in Medicaid and commercial HMOs have had at least one visit to a primary care provider in the past 12 months (age 12-24 months, 90%; and age 2-6, 80%), or in the past two years (age 7-11, 80%).
- Most adults had at least one visit in the last year (adults in Medicaid HMOs, 80%) or in the past three years (adults in commercial HMOs, 90%).

Effectiveness of Care

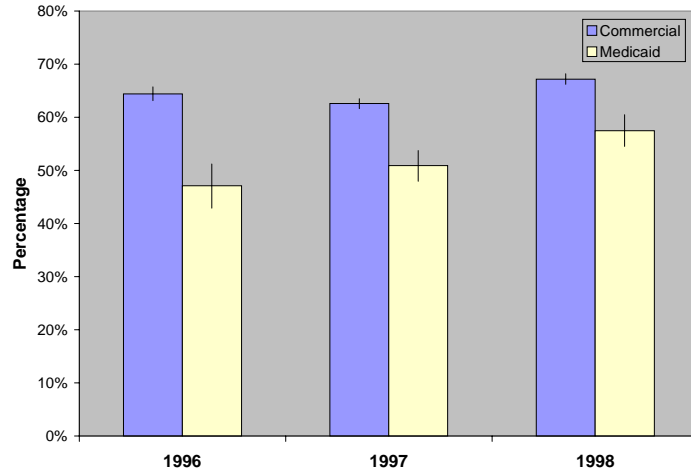
Measuring performance based on outcomes is difficult because outcomes are determined by many factors in addition to the quality of care. HEDIS measures have focused instead on measuring

processes of care, that is, whether care known to be effective was provided when appropriate. Cancer screening is one example.

- Cervical cancer can be cured when detected early by use of the Pap test. HEDIS data indicated that 67% of women 21-64 years of age in commercial HMOs and 58% of those in Medicaid HMOs had received a Pap test in the past 3 years (Figure 4). The rate of the Pap tests increased significantly among women in Medicaid HMOs from 1996-1998.

Cervical Cancer Screening

Figure 4. Percentage of women aged 21-64 years who had a Pap test during the past three years, Utah HMOs, 1996-1998.



Conclusions:

HEDIS measures can inform purchasers and consumers about the health care provided by HMOs. They can guide purchasing decisions and efforts by HMOs to improve care. However, this is a new effort and these results require careful interpretation. Interpretation of trends must consider changes in plan ownership and management, numbers of and characteristics of enrollees, and the data systems used to collect the data. Comparisons among plans and between Medicaid and commercial plans must consider differences in demographic characteristics of patients, prevalence and severity of health problems, and in the data systems used to collect the HEDIS measure data.

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Additional information about this topic can be obtained from the Office of Health Care Statistics, Utah Department of Health, P. O. Box 144004, Salt Lake City, Utah 84114-4004, (801) 538-7048, FAX (801) 538-9916, or the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us.

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