

Preventive health care has been recognized as an important factor in avoiding many life threatening illnesses and, in turn, can lead to reduced health care costs. In fact, a 2007 study concluded that 100,000 lives could be saved annually by increasing use of certain preventive services, including cancer screening.

This Issue Brief presents key findings of a recent study that evaluated ten preventive health care measures related to New Hampshire's Medicaid adult population between the ages of 19 and 64 (those who had dual health coverage with Medicare were excluded since any Medicare-paid claims would not be available for study). The results from this population were then compared to adults enrolled in Medicaid across the nation as well as those enrolled in commercial health insurance plans in New Hampshire, using data collected through the Comprehensive Health Care Information System (NH CHIS) claims database. Of the 10 measures, 5 are preventive care access and screenings that are recommended for all people who are within certain age ranges. One is specific to adult patients with asthma (as a chronic disease). Four others are specific to patients with diabetes. NH Medicaid results for these preventive care metrics were assessed for the time periods ending in the three calendar years 2004, 2005, and 2006, and across geographic regions of the state.

**Access**

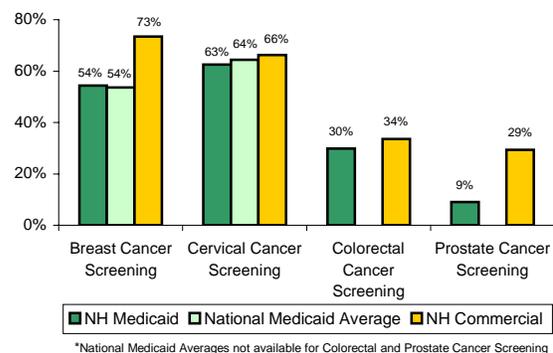
Among nearly 13,000 adult NH Medicaid members, adult access to preventive care and ambulatory visit services is relatively high, varying within a range of 84 to 86 percent over the three measured years. In 2006, the NH Medicaid adult rate of 84.6% was 4 percentage points above the national Medicaid average, but the access rate was significantly below the 88.7% rate found for the NH commercially insured population. In addition, there was a statistically significant 2% decrease in the NH Medicaid rate from 2004 to 2006.

In all three measurement years, the access to care rate for the younger 20-44 adult age group was approximately 5 percentage points below the rate for the older 45-64 adult age group. This pattern of slightly lower access to care percentages for the younger group was also seen for the NH commercially insured population. NH Medicaid adult access to preventive care services was fairly uniform across the state, with the Lancaster area having the highest rate at 92%.

**Cancer Screening**

Breast cancer screening rates increased from 51.4% in 2004 to 54.4% in 2006, or a 3 percentage point increase over the three years. The NH Medicaid rate for 2006 was about 1 percentage point higher than the national Medicaid average. The breast cancer screening rate for the commercially insured population in 2006 was 73.4%, or nearly 20 percentage points higher than the NH Medicaid population. Geographically, NH Medicaid breast cancer screening rates varied from a high of 67% in the Franklin area to a low of 36% in the North Conway area.

**Cancer Screening Rates in New Hampshire, CY2006**



Cervical cancer screening rates increased steadily from 55.9% in 2004 to 62.5% in 2006. Despite the nearly 7 percentage point increase in the NH Medicaid cervical cancer screening rate from 2004 to 2006, the rate for 2006 was about 2 percentage points lower than the national Medicaid average and nearly 4 percentage points lower than the commercial population. NH Medicaid cervical cancer screening rates varied from a high of 69% for the Berlin area to a low of 55.6% for the Keene area.

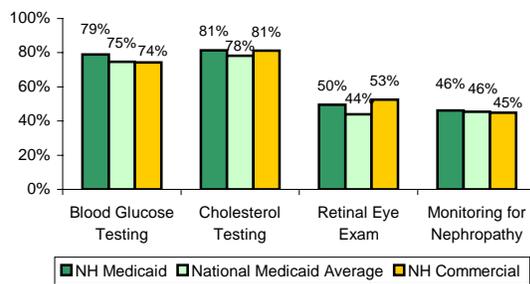
Colorectal cancer screening percentages were relatively low for both the NH Medicaid and commercial populations. In 2006, the NH Medicaid result was 3.5 percentage points lower than the commercial rate. Despite this, the NH Medicaid results have increased significantly from 25.3% to 29.9% between 2004 and 2006. NH Medicaid colorectal cancer screening percentages varied widely across the state from a high of 43% in the Lebanon area to a low of 14% for the Peterborough area.

Prostate cancer screening percentages were low for the NH Medicaid population, declining from 11.5% in 2004 to 9.1% in 2006. With a 2006 rate of 29.3%, the NH commercial population results were 3 times higher than results seen for the NH Medicaid population. Geographically, NH Medicaid prostate cancer screening rates varied from a high of 18% in the Wolfeboro area to a low of 0% in the Woodsville area.

### Diabetic Testing and Treatment

This study examined 4 preventive care measures for patients with diabetes: blood glucose testing; cholesterol testing; retinal eye exams; and monitoring for nephropathy. For all 4 measures, NH Medicaid results were above the national Medicaid averages. For the blood glucose testing measure (HbA1c), NH Medicaid's 2006 result was significantly higher than the 2006 commercial rate. For the other 3 measures, NH Medicaid's 2006 result was similar to the NH commercially insured population.

#### Diabetic Testing and Treatment in NH, CY2006



The percentage of NH Medicaid adult enrollees with diabetes who received one or more blood glucose tests (HbA1c) remained steady, with a slight increase from 77.9% in 2004 to 78.9% in 2006. The percentage of NH Medicaid adult enrollees with diabetes who received one or more cholesterol tests (LDL-C) dropped from 84.8% in 2004 to 79.1% in 2005, then slightly increased to 81.4% in 2006 (the 3 percentage point decrease from 2004 to 2006 was not statistically significant). The percentage of NH Medicaid adult enrollees with diabetes who received a retinal eye exam was fairly steady, increasing from 48.6% in 2004 and 2005 to 49.5% in 2006. The percentage of NH Medicaid adult enrollees with diabetes who were monitored for nephropathy (kidney function) increased from 42.6% in 2004, to 43.9% in 2005, and to 46.1% in 2006 (the 3 percentage point increase in the NH Medi-

caid diabetic monitoring for nephropathy from 2004 to 2006 was not a statistically significant change).

The northern NH areas of Lancaster, Colebrook and Berlin were commonly among the highest performing areas on the four diabetic preventive care measures.

### Asthmatic Treatment

The percentage of NH Medicaid adult enrollees with asthma who received appropriate medication treatment remained steady at about 80% over the 3 years. In 2006, the NH Medicaid rate was well above the national Medicaid average (64.2%) for this measure. Compared to the NH commercial population, the NH Medicaid results were 8 percentage points lower. NH Medicaid rates for appropriate use of asthmatic drugs varied across the state from a high of 100% in the Littleton area to 67% for the Franklin area.

### Limitations

Claims and eligibility data are constructed primarily for administrative purposes, which poses some limitations. Other information, especially diagnoses, may be under-reported. Variances in provider or insurer claims coding, data processing, or reimbursement arrangements may also contribute to the variances shown in this report. To hold measurement specifications constant over the three measurement time periods, the same reporting year specifications were used to measure all three years. Therefore, results in this study may vary from the results reported in other analyses that may rely on reporting specifications from other years.

### Conclusion and Next Steps

NH Medicaid preventive health care results for 7 out of 10 of the measures reviewed in this study improved between 2004 and 2006. For 7 of 8 measures where national Medicaid averages were available, NH Medicaid results were higher than the national average figures. However, in 2006, NH Medicaid rates were lower than the NH commercially insured population on 7 out of the 10 measures. The NH Medicaid rates for blood glucose testing, cholesterol testing, and monitoring for nephropathy exceeded the commercial population rates, but not to statistically significant levels. Further research may be warranted to understand the reasons for the lower NH Medicaid preventive care rates in certain regions of the state, the negative trends for some measures, and the low screening rates in comparison to the commercially insured population.

#### About the New Hampshire Comprehensive Health Care Information System

The New Hampshire Comprehensive Health Care Information System (NH CHIS) is a joint project between the New Hampshire Department of Health and Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). The NH CHIS was created by state statute (RSA 420-G:11-a) to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." For more information about the CHIS please visit [www.nhchis.org](http://www.nhchis.org) or [www.nh.gov/nhchis](http://www.nh.gov/nhchis).