



New Hampshire Health Plan Performance Summary Report, 2007

New Hampshire Performance on Selected Topics Compared to:
National, New England, and Vermont/Maine Benchmarks for
Healthcare Effectiveness Data and Information Set® 2007 Reporting Year (2006 data year)
&
CAHPS Health Plan Survey Results

A report prepared by
New Hampshire Department of Health and Human Services

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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 or www.nh.gov/nhchis.

About the Study

This study was conducted by the Office of Medicaid Business and Policy in conjunction with the Maine Health Information Center (MHIC) under a contract with the State of New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy, titled New Hampshire Comprehensive Health Care Information System. The views expressed are those of the authors and do not necessarily represent the views of the MHIC, or the New Hampshire DHHS.

This report serves as a follow-up to the 2005 Health Plan Performance Summary Report, authored by Andrew Chalsma and Christine Shannon of the New Hampshire DHHS and Bill Perry and Jennifer Gunderman-King of the Maine Health Information Center.

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Executive Summary

The New Hampshire Department of Health and Human Services, as part of the Comprehensive Health Care Information System (CHIS) project, presents a comprehensive report on information from the Healthcare Effectiveness Data and Information Set (HEDIS)* measures. HEDIS measurement results are made available to employers and consumers for use in reviewing the performance and quality of health plans and their health provider networks. Under New Hampshire statute and rules, health plans in New Hampshire that collect HEDIS data must submit it annually to the State. Data from CIGNA, Anthem, Harvard Pilgrim, and United Healthcare were submitted in 2007 based on services delivered in 2006 and prior as specified by each measure. For purposes of this report, United Healthcare's data were excluded due to their extremely low New Hampshire membership (less than 1% of the commercial population).

For HEDIS 2007 Reporting (2006 data year), this report summarizes information from 62 separate performance and utilization measures organized into six health topic areas. Results for New Hampshire privately insured enrollees/members are compared against 2005 and 2006 results as well as benchmarks for the nation, the 6-state New England region, and the combined Maine and Vermont region. Multiple comparisons were chosen to allow for the broadest understanding of New Hampshire's results.

In addition, this report includes a summary of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey results for 2007. The CAHPS program is a collection of member satisfaction surveys developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA). This survey comprises consumer ratings for a variety of topics, including patients' satisfaction with their physicians and their health plans. In order to ensure the neutrality and credibility of the results, NCQA-accredited health plans are required to hire a third-party vendor to administer the survey, including the data collection and analysis.

Overall Findings

New Hampshire continues to demonstrate favorable results, exceeding 2007 national benchmarks for 43 out of 48 quality performance measures (benchmarks did not exist for the two measures related to ADHD medication). Of the 43 measures that exceeded 2007 national benchmarks, 41 of them were significantly above the average.

One of the less favorable quality performance measures involved the use of appropriate medications for people with asthma. However, it is important to note that the New Hampshire results in this category were just slightly lower than the national rate, and the state's rates have substantially improved over the years, increasing by more than 16% in 2006 for the 5-9 age category, and the combined age group improved by 6% during the past year. Other categories where New Hampshire rated below the national average were spirometry testing for COPD and inappropriate antibiotic treatment of bronchitis.

* As of July 2007, the National Committee for Quality Assurance changed the name of the measures from Health Plan Employer Data and Information Set to Healthcare Effectiveness Data and Information Set.

Generally, New Hampshire results for the 62 measures (50 performance measures and 12 utilization measures) were similar to or more favorable than the national, New England and Vermont and Maine combined regional benchmarks. There were measures, however, where New Hampshire's results were significantly less favorable than the regional benchmarks. These include Adolescent Well Care, Upper Respiratory Infection (URI) Treatment, Chlamydia Screening, Low Back Pain Imaging Studies, Monitoring for Diabetic Nephropathy, and Use of Appropriate Medications for People with Asthma.

New Hampshire's overall rates for a majority of the performance measures have significantly improved since the first Health Plan Performance Summary Report in 2005. Most noteworthy are Adolescent Immunizations and Monitoring for Diabetic Nephropathy. In 2005, just over half of the state's adolescents were adequately immunized. Two years later, that figure has jumped to 80%. Similarly, 56% of diabetics in New Hampshire were monitored for nephropathy in 2005. In 2007, 81% of this population received such monitoring. Other measures where a significant positive trend is apparent include Well-Child Visits (Ages 0-15 months), Adolescent Well-Care and Chlamydia Screening.

Childhood and Adolescent Health Care

New Hampshire results were higher than national benchmarks on all 12 performance measures in this health topic area. Compared with the Maine and Vermont region, the New Hampshire results were significantly higher for all measures, with the exception of URI treatment, which was below the benchmark. New Hampshire's rates were similar to or higher than New England, except for Adolescent Well-Care.

Adult Effectiveness of Care

New Hampshire results were higher than national benchmarks on 16 out of 18 performance measures in this health topic area. Both categories where New Hampshire's rates were less favorable than the national averages were new HEDIS measures: Inappropriate Antibiotic Treatment of Adults with Acute Bronchitis and the Use of Spirometry Testing in the Assessment and Diagnosis of COPD. Regionally, New Hampshire's cervical screening results were significantly higher than both benchmarks, as was access to preventive/ambulatory services for the 20-44 and 45-64 age groups. However, the measures involving spirometry testing and imaging studies for people with low back pain were below the regional benchmarks, while chlamydia screening was less favorable than the New England benchmark. In addition, New Hampshire's rate of antibiotic treatment for bronchitis was less favorable than both regional benchmarks. Despite the fact that chlamydia screening has substantially improved within the state, this is the third consecutive year that this measure has failed to meet the New England benchmark.

Care for Chronic Illnesses

New Hampshire results were higher than national benchmarks on 8 out of 11 performance measures in this health topic area, with lower rates for Use of Appropriate Medications for People with Asthma. The New Hampshire results overall were similar to the regional benchmarks. New Hampshire performed more favorably in the categories of HbA1c Testing and Control, LDL-C Control, Diabetic Eye Exam and Controlling High Blood Pressure.

Meanwhile, New Hampshire lagged behind the regional benchmarks for Monitoring for Diabetic Nephropathy and Use of Appropriate Medications for People with Asthma.

Maternity and Newborn Care

New Hampshire results were higher than national benchmarks on both performance measures in this health topic area. Compared with both regional benchmarks, the New Hampshire results were similar, with timeliness of prenatal care significantly better than the New England benchmark, and postpartum care slightly lower but similar to both regional benchmarks.

New Hampshire results were similar to all three benchmarks for the 3 Delivery and the 3 Newborn Average Length of Stay (ALOS) utilization measures. In contrast with previous years, the ALOS for complex newborns was lower than the national and regional benchmarks.

Mental Health and Substance Abuse Care

New Hampshire results were significantly higher than national benchmarks on all 5 performance measures in this health topic area. New Hampshire results overall were similar to both regional benchmarks. New Hampshire had significantly higher rates than the regional benchmarks in the areas of Follow-Up After Hospitalization and Antidepressant Medication Management.

New Hampshire results were similar to all three benchmarks for the Mental Health and the Chemical Dependency Average Length of Stay (ALOS) utilization measures, except for an inpatient ALOS that was nearly 1.5 days shorter than the New England regional rate.

Frequency of Selected Procedures

Generally, the rate of tonsillectomies in New Hampshire was significantly higher than the benchmarks. The rate of myringotomies was lower than the nation for the 0-4 age group, but overall New Hampshire's rates for the procedure were higher than the regional averages.

CAHPS Health Plan Survey

Depending on the health plan in which they were enrolled, between 66% and 84% of New Hampshire residents were satisfied with their health plan overall. Most of those surveyed rated their physicians highly in overall care, access to immediate care, ease in scheduling appointments, and communication. Health plans received high scores in the areas of telephonic customer service, ease of completing health forms and claims processing. Opportunities for improvement exist in the areas of education by physicians about preventing illness, counseling on smoking cessation and written communications from health plans to members. Based on the 2007 CAHPS Health Plan Survey Chartbook published by the AHRQ, which highlights some of the survey measures, New Hampshire's survey ratings are comparable to or more favorable than the commercial national average. Details on key findings can be found in Appendix 2 of this report.

Limitations

This report summarizes HEDIS measure results as reported by New Hampshire health plans. The report assesses statistical significance of measure differences from 2006 reporting to 2007 reporting for the health plans and begins to look at statistical significance between health plans where the New Hampshire rate indicates a significant change.

Although this data provides useful information for assessing the state of health in New Hampshire's population, a more comprehensive picture would include data on all Medicaid measures, Medicare, populations from health plans that do not have HEDIS data, and people with no health insurance coverage. Future reporting will continue to address these limitations.

Conclusion and Next Steps

New Hampshire continues to demonstrate overall high performance and incremental measure improvements. The measures with the greatest opportunity for improvements in subsequent re-measures are Adolescent Well-Care, Follow-Up Care for Children Prescribed ADHD Medication, Antidepressant Medication Management, Chlamydia Screening, Antibiotic Treatment of Bronchitis, and Spirometry Testing for COPD.

Introduction

This report was developed by the New Hampshire Comprehensive Health Care Information System (CHIS) to provide summarized information, or topic summaries, for key measures of health care services using the Healthcare Effectiveness Data and Information Set (HEDIS) of health care measures.

HEDIS measures were developed and are updated annually by the National Committee for Quality Assurance (NCQA). NCQA publishes specific measurement guidelines for each measure in the HEDIS measurement set. Each year, health insurance carriers across the United States are encouraged to assess the health characteristics of their insured members using the HEDIS measurement set. Additionally, those health carriers that have obtained or are seeking NCQA Excellent Accreditation are required to complete HEDIS reporting to maintain or achieve this accreditation level. Measurement results are made available to employers and consumers for use in reviewing the performance and quality of health plans and their health provider networks.

The New England region has historically been the highest performing HEDIS region across the health care industry. As a result of continued high performance, comparison to national benchmarks may not yield identification of improvement opportunities. To gain the most insight into the health care provided in New Hampshire, this report will focus on analysis of rates over time and comparison of New Hampshire results to New England regional results.

As an aid to organizing and understanding the large amount of information in Appendix 1, this report focuses upon, and is organized by, a selection of HEDIS measures pertinent to six health topic areas:

- Childhood and Adolescent Health Care
- Adult Effectiveness of Care
- Care for Chronic Illnesses
- Maternity and Newborn Care
- Mental Health and Substance Abuse Care
- Frequency of Selected Procedures

Overview and Purpose of Report

Under New Hampshire law (RSA 420-G:11. II-a) and resulting administrative rules, all New Hampshire carriers who collect New Hampshire-specific HEDIS data must submit the HEDIS information set to the State. For HEDIS 2007 reporting year (2006 data year), three health plans with significant NH membership submitted their HEDIS information: Anthem, CIGNA, and Harvard Pilgrim.

The data were reviewed against regional and national averages to measure New Hampshire health care performance both as an individual year and across years for trending. The results were reviewed to identify opportunities for improvement and to communicate the overall quality of health care in New Hampshire.

Population Studied in the Report

This report studied members of NCQA Accredited New Hampshire private carriers who have an HMO and/or POS benefit plan. For HEDIS 2007 reporting year (2006 data year), three health plans with significant NH membership submitted their HEDIS information: Anthem, CIGNA, and Harvard Pilgrim.

Members were identified for inclusion according to the individual measure-specific criteria based on HEDIS 2007 Specifications.

Data Sources and Methods

This report used New Hampshire-specific HEDIS data as provided by New Hampshire carriers under New Hampshire law (RSA 420-G:11. II-a) and resulting administrative rules. CHIS computed statewide New Hampshire rates (weighted averages were computed by multiplying separate health plan results by their enrolled membership in the age group covered by the measure, then summing the results and dividing by 3 health plans) and acquired comparative benchmark data from NCQA.

For each of the major HEDIS measures, NCQA supplied a table of benchmark averages for aggregate health plans at the national level (270 health plans), New England (NE, 26 health plans) and Vermont and Maine combined (VT+ME, 7 health plans). Shown in Appendix 1 of this report are comparisons showing HEDIS measure results for each of the major HEDIS measures broken out for each of three major health plans serving New Hampshire (Anthem, CIGNA, Harvard Pilgrim).

Interpretation of Results

An important interpretative limitation should be noted. This report was intended to summarize HEDIS measure results as reported by health plans. The report assesses statistical significance of measure differences from 2006 reporting to 2007 reporting for the health plans and begins to look at statistical significance between health plans where the New Hampshire rate indicates a significant change.

Although this data provides useful information for assessing the state of health in New Hampshire's population, a more comprehensive picture would include data on all Medicaid measures, Medicare, populations from health plans that do not have HEDIS data, and people with no health insurance coverage. Rates in these other groups may be different from the rates reported here for the privately insured New Hampshire population. Future reports will continue to address these limitations by potentially including statistical testing and HEDIS-like measures for the Medicaid population and other possible methods.

Childhood and Adolescent Health Care

Many important developmental milestones are reached during childhood and adolescence. It is very important that during this time of physical and mental growth, children and adolescents receive appropriate health care. Regular visits with their primary care providers and immunizations are crucial to providing effective disease prevention and health monitoring. In addition, children with acute and chronic illnesses require proper diagnosis, treatment, and management.

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of the state's children and adolescents. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in 2006 and prior as specified by each measure.

Measures included in this report are: access to primary care practitioners, well-child visits, adolescent well-care visits, childhood immunizations, adolescent immunizations, appropriate testing for pharyngitis and appropriate treatment of upper respiratory infection. Benchmark data are provided for national data and two regions—New England (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 6 HEDIS measure results (12 sub-measures) relevant to health care provided to New Hampshire children and adolescents. Observations of note in the data include:

- New Hampshire exceeded national average benchmarks on all 12 measurement areas.
- On average, 96% of children and adolescents aged 12 months to 19 years old had access to a primary care practitioner.
- Although the rates of well-child visits were generally high, well-care visit rates for adolescents were significantly lower than the rates for younger children.
- New Hampshire's HEDIS immunization rates for children and adolescents exceeded the national and regional HEDIS averages. As with previous years, adolescent immunization rates were lower than children's immunization rates. However, adolescent immunization rates showed significant improvement, going from 56% in 2005 to 81% in 2007.
- Although the immunization rates were generally high, it is possible that the actual rate for immunizations may be underestimated in these HEDIS measurement results due to New Hampshire's state immunization program, which provides immunizations free of charge to all residents from birth to 18 years regardless of insurance coverage.

- Other measures where New Hampshire showed significant improvement are Access to Primary Care Practitioners for the 12-19 age group, Well-Child Visits for the 0-15 months age group and Adolescent Well-Care.

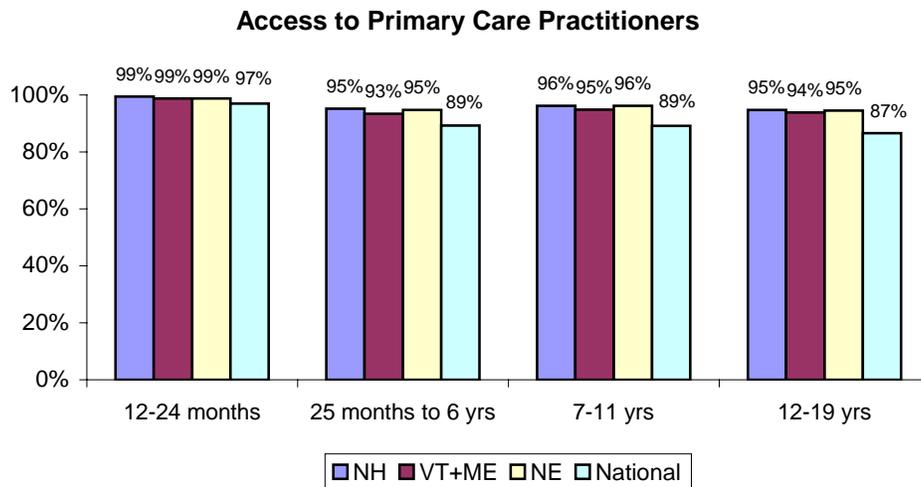
It is important to remember that the data provided in this report only includes children and adolescents who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of health in New Hampshire's children and adolescents, a comprehensive picture would include data on the Medicaid and uninsured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

Access to Primary Care Practitioners

Access to a primary care provider is the cornerstone for ensuring healthy children. Preventive care is much more likely when children and adolescents seek care with a primary care provider. Also, immunizations, screenings for physical and developmental progress, and care management for chronic illnesses like asthma and diabetes are much more likely when children and adolescents seek care with a primary care provider.

HEDIS Measurement Definition

Percentage of children aged 12 months to 6 years with at least one primary care provider visit in 2006, and adolescents aged 7 to 19 years with at least 1 visit with a primary care provider in 2005 or 2006.



Results

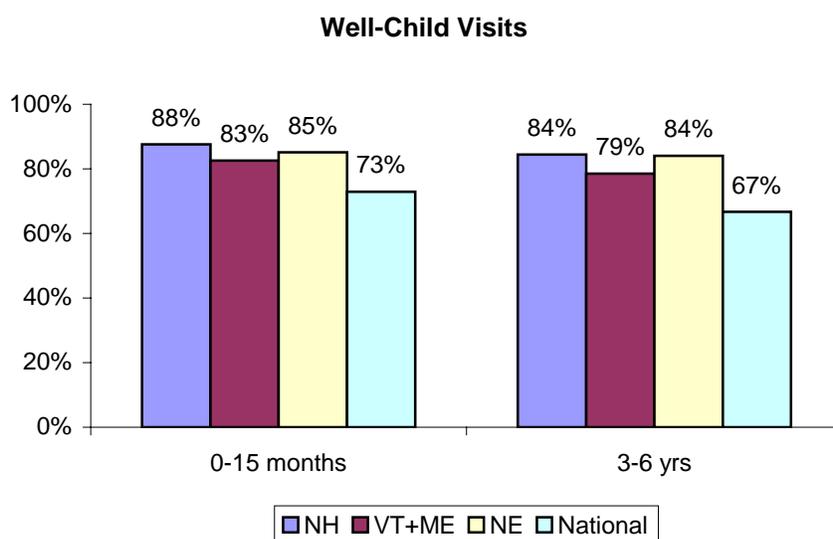
- Most children in New Hampshire had access to a primary care practitioner, and at a higher rate for all age groups than the national average.
- NH rate was at or above the VT+ME and the NE rates for all age groups.
- Access to primary care providers in the state has increased slightly over the past two years.

Well-Child Visits

Well-child visits are routine visits to the child's physician for physical examinations, immunizations, tracking growth and development, and finding any problems before they become serious. The frequency of well-child visits varies by age.

HEDIS Measurement Definition

Percentage of children aged 0 to 15 months with 6 or more well-child visits with a primary care provider. Percentage of children aged 3-6 that have had at least one comprehensive well-care visit with a primary care practitioner in 2006.



Results

- In New Hampshire, more than 87% of children aged 0-15 months and 84% of children aged 3-6 received the appropriate number of well-child visits. New Hampshire's rate is significantly higher than the national and regional averages for both age groups.
- Since 2005, the percentage of children who received the appropriate number of well-child visits in NH has increased by 7% for those 0-15 months and nearly 2% for children aged 3-6 years.

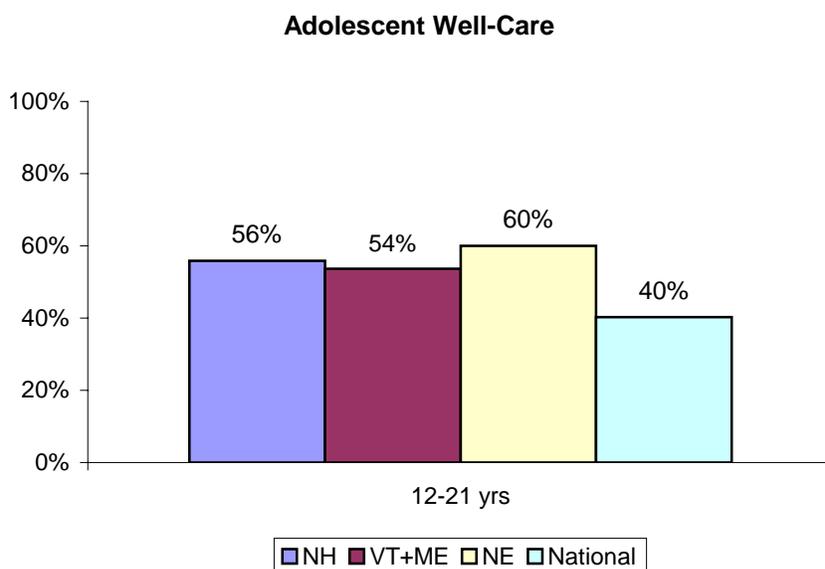
Adolescent Well-Care Visits

Accidents are the leading cause of mortality in adolescence. In fact, injury, which includes accidents as well as suicide and homicide, accounts for close to 80% of adolescent deaths.¹ Many injuries are a result of engaging in risky physical activity, sexual activity, and alcohol and drug use. Mental illness, such as depression, can also contribute to injuries. A routine well-care visit with a health care practitioner who promotes discussion and confidentiality can provide an ideal environment to address and potentially reduce those risky behaviors, while providing an opportunity for the physician to assess both the physical and mental well-being of the adolescent.

Well-defined guidelines exist for both adult and childhood preventive care visits. However, recommendations for adolescent preventive care are less definitive and can have variability between resource recommendations. NH Prevention Guidelines recommend annual routine examinations for ages 11-18 and every 3-5 years for ages 19-21, while the American Academy of Pediatrics recommends annual routine visits for ages 11-21.

HEDIS Measurement Definition

Percentage of adolescents aged 12-21 years old who have had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN in 2006.



Results

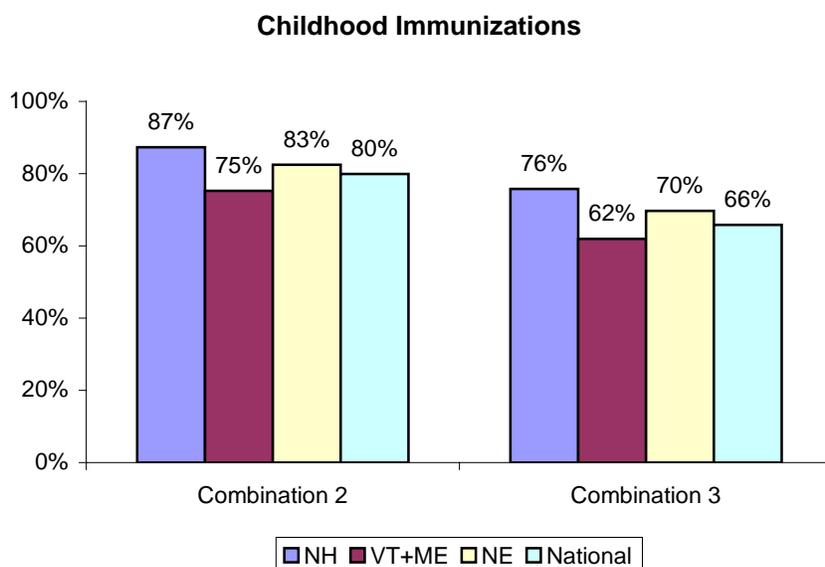
- Just over half of the state's adolescents received an annual well-care visit. Despite this low number, New Hampshire is actually significantly better in this area than the national rate.
- New Hampshire is significantly higher than the Vermont and Maine combined region, but significantly lower than New England.
- During the past two years, New Hampshire's rate for adolescent well-care has improved by more than 4.5%.

Childhood Immunizations

Immunizations are the most effective method of primary prevention of communicable diseases. While national immunization rates are high, it is still imperative to continue comprehensive and timely administration of vaccines. Most immunizations are given during the first 2 years of life, a time when the body is more susceptible to severe diseases. Not all children are properly immunized. Although many states have laws that children who attend public schools must be immunized to attend school, children can be exempted for medical and religious reasons.

HEDIS Measurement Definition

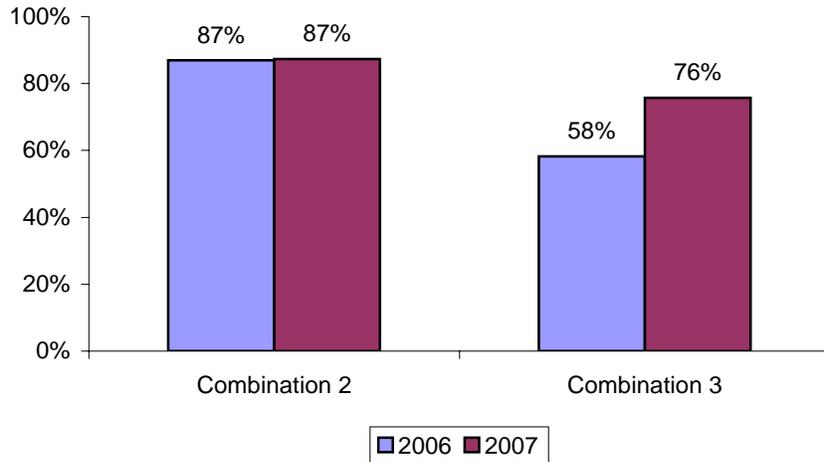
Percentage of children two years of age who have had the appropriate series of immunizations referred to as Immunization Combination 2 and Immunization Combination 3. Combination 2 includes vaccinations for 4 doses of diphtheria, tetanus, and pertussis, 3 doses of polio, 1 dose of measles, mumps, rubella, 3 doses of Haemophilus influenza type B, 3 doses of hepatitis B and one vaccination for varicella (chicken pox) or documented history of disease. Combination 3 includes all vaccines in Combination 2 plus 4 doses of pneumococcal conjugate.



Results

- More than 87% of children in the state received the vaccines in Combination 2, which is significantly better than the national and regional rates.
- In New Hampshire, 76% of children received the vaccines in Combination 3, which is significantly better than the national and regional rates.
- While the NH rates for Combination 2 remained level from the previous year, the Combination 3 rate increased by nearly 20%.

Childhood Immunizations in NH 2006-2007



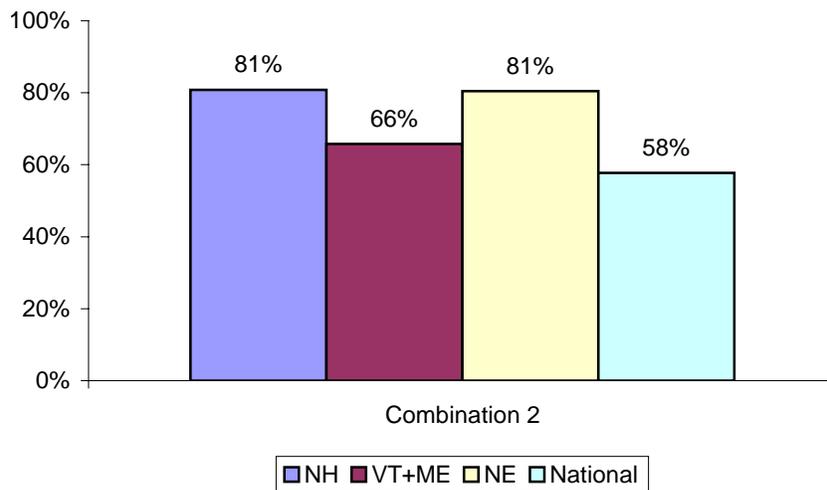
Adolescent Immunizations

Adolescents, more specifically defined as 13 year-olds for the purposes of this HEDIS measure, continue to be affected by vaccine-preventable diseases; therefore, ensuring that they are fully vaccinated is important. For instance, the highest rate of Hepatitis B is among people aged 20-49. Therefore, it is increasingly important for adolescents to be vaccinated because adolescents are more likely to see a health care provider than young adults.²

HEDIS Measurement Definition

The percentage of adolescents who had a second dose of measles, mumps, rubella, three hepatitis B and one chicken pox vaccine by their 13th birthday.

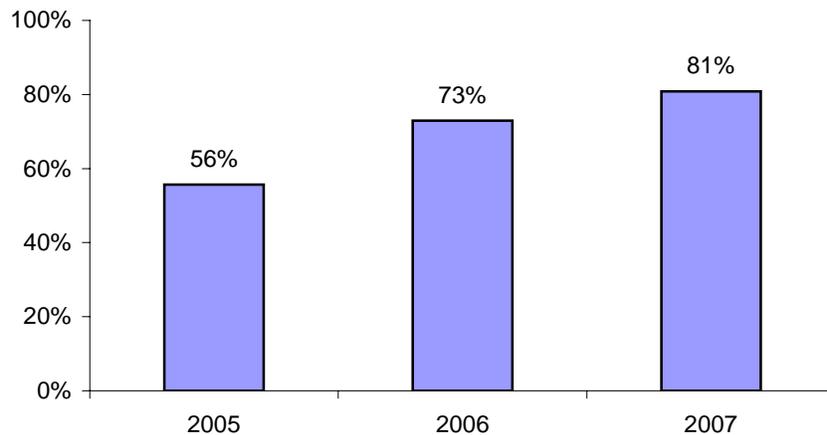
Adolescent Immunizations



Results

- While not as high as the childhood immunization rates, 81% of adolescents in New Hampshire were properly immunized. The New Hampshire rate is significantly higher than the VT+ME and national averages, and the same as New England.
- The percentage of immunized adolescents in the state has substantially increased over the past two years.

**Adolescent Immunizations in New Hampshire
2005-2007**



Appropriate Testing for Common Acute Illnesses

Although the discovery of antibiotics led to a dramatic decrease in illnesses and deaths caused by bacteria, inappropriate use and overuse of antibiotics has led to resistant strains of bacteria. As a result, some illnesses that were once curable with the use of antibiotics now cannot be treated with antibiotics. Clinical guidelines do not support the use of antibiotics for Upper Respiratory Infections, including pharyngitis. The Centers for Disease Control and Prevention calls antibiotic resistance one of the world's most pressing public health problems.³

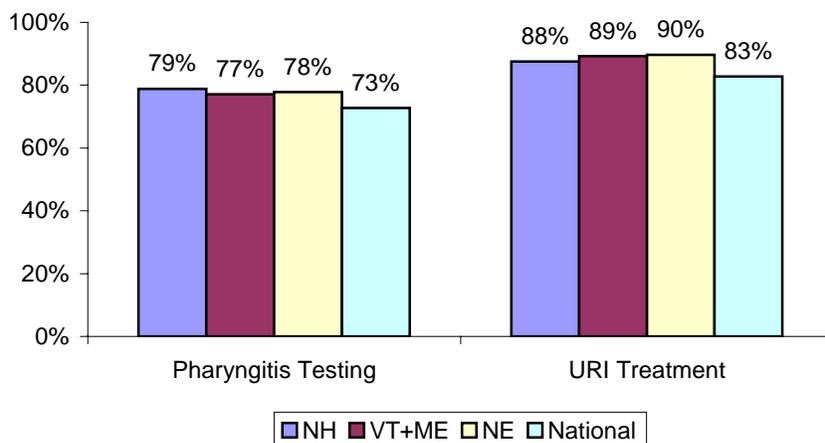
HEDIS Measurement Definition Proper Testing for Pharyngitis

Percentage of children 2 to 18 years of age who were diagnosed with pharyngitis and received a Group A streptococcus (strep) test before antibiotics were administered.

HEDIS Measurement Definition Proper Treatment of an Upper Respiratory Infection (URI)

Percentage of children 3 months to 18 years of age who were diagnosed with an URI and did not receive antibiotic prescription for that episode of care within 3 days of the visit.

Appropriate Testing and Treatment for Common Acute Illnesses



Results

- In New Hampshire, 79% of children and adolescents received proper testing for pharyngitis. The NH rate is significantly above the national and VT+ME rates, and similar to the NE rate for Pharyngitis Testing.
- The state significantly exceeded the national average for proper treatment of an URI.
- New Hampshire's rate of proper URI treatment was less favorable than the Vermont and Maine combined region and New England.
- After a 9% decline in appropriate pharyngitis treatment in 2006, the percentage of children receiving proper testing for the condition in NH rose 5.5% in 2007. Meanwhile, the treatment of URI remained the same.

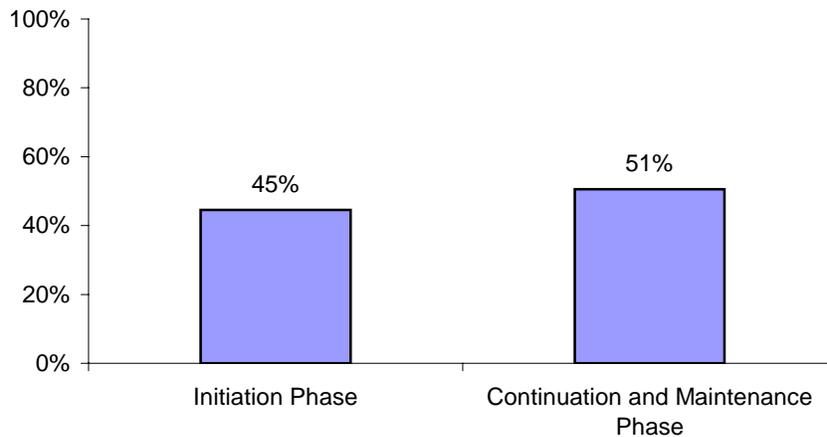
Follow-Up Care for Children Prescribed ADHD Medication

Attention-Deficit with Hyperactivity Disorder (ADHD) is a neurobehavioral disorder that primarily affects children but can also continue on into adulthood. Those with the condition have difficulty paying attention and may be overly active and impulsive. Estimates vary, but generally experts state that between 3-12% of children have ADHD. For these 4+ million children, treatment may involve psychological counseling/behavior therapy, medication or a combination of the two. As of 2003, 2.5 million children aged 4-17 received medication for ADHD.⁴ If treated with medication, it is very important to closely monitor the child's progress, particularly during the first year, to ensure optimal dosage and treatment effectiveness as well as to prevent and/or address adverse side effects.

HEDIS Measurement Definition

Percentage of children 6-12 years of age newly prescribed ADHD medication who have had at least three follow-up care visits within a 10-month period (continuation and maintenance phase), one of which is within 30 days of dispensing the medication (initiation phase).

Follow-Up Care for Children in NH Prescribed ADHD Medication



Results

- Less than half of the state's children who are newly prescribed ADHD medication received a follow-up visit within 30 days of commencing treating. Just over half of these children received the recommended minimum three follow-up visits during the first 10 months of treatment.
- The NCQA did not publish regional or national benchmarks for this measure due to confusion among health plans on how to properly compute the rates. Therefore, it is possible that the NH rates do not accurately reflect the extent of follow-up care for this population.
- This is a new measure for 2007.

Adult Effectiveness of Care

Receiving recommended preventive tests and services is essential for catching health problems at an early stage and for maintaining good health in adulthood. For example, use of cervical cancer screening has been a major contributor to a 74% reduction in cervical cancer death rates between 1955 and 1992, with a continuing death rate decline of 4% per year.⁵

A recent study by the Agency for Health Care Research and Quality (AHRQ) assessed the quality of health care in the U.S through the review of 40 health care performance measures.⁶ The study found that only about half of Americans received the recommended preventive care. Specific findings from the AHRQ report include:

- Only 48% of adults with diabetes reported receiving all three recommended screenings for blood sugar, foot exams, and eye exams in order to prevent complications of diabetes.
- Fewer than half of obese adults reported being counseled about diet by a health care professional.
- Only 52% of adults reported receiving recommended colorectal cancer screenings. About 56,000 Americans die from that type of cancer each year, and 150,000 new cases are diagnosed annually.

When symptoms or medical conditions arise, it is equally important to initiate proper testing and treatment. Optimal care is achieved when illness and injury are treated in such a way that symptoms are mitigated, adequate testing is utilized and appropriate medication is prescribed and monitored, all while avoiding medically unnecessary overutilization.

Measures included in this report are breast cancer, cervical cancer and chlamydia screening; access to preventive ambulatory care; antibiotic treatment of bronchitis; beta-blocker treatment after a heart attack; spirometry testing for COPD; imaging studies for low back pain; drug therapy for rheumatoid arthritis; and annual monitoring for patients on persistent medications. Benchmark data is provided for national data and two regions—New England (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 10 HEDIS Measure results (18 sub-measures) relevant to health care provided to New Hampshire adults. Observations of note in the data include:

- New Hampshire significantly exceeded national average benchmarks on sixteen measurement areas.
- Both categories where New Hampshire's rates were less favorable than the national averages were new HEDIS measures: inappropriate antibiotic treatment of adults with acute bronchitis and the use of spirometry testing in the assessment and diagnosis of COPD.

- New Hampshire's rates for breast and cervical cancer screening and access to preventive/ambulatory services for the 20-44 and 45-64 age groups were significantly better than both regional benchmarks.
- New Hampshire had significantly lower rates of spirometry testing and appropriate use of imaging studies for low back pain when compared to Maine and Vermont, and lower rates of chlamydia screening and annual monitoring for patients on persistent medications compared to New England. In addition, New Hampshire's rates of antibiotic treatment for bronchitis were less favorable than both regional benchmarks.
- Chlamydia screening rates for New Hampshire women appear to be low, around 40%. However, the rate has increased by 10% since 2005. In addition, these rates may not be a true indication of the actual percentage of women being screened. Many women between the ages of 16-25 receive screening tests at clinics that may offer either free screening or may not submit medical claims to insurance companies. In addition, the New Hampshire Department of Health and Human Services has implemented the Infertility Prevention Project that provides free chlamydia screening. Therefore, it is possible that the actual rate for chlamydia screening may be underestimated in these HEDIS measurement results.

It is important to remember that the data provided in this report only includes patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of health in New Hampshire's adults, a comprehensive picture would include data on the Medicaid and uninsured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

Breast Cancer Screening

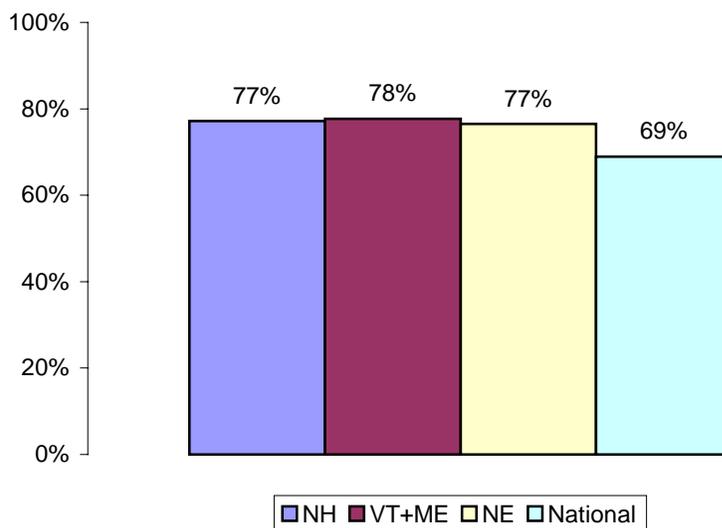
The American Cancer Society (ACS) estimates that in the United States, 180,510 new cases of breast cancer will be diagnosed in 2007. In the same year, the ACS estimates 40,910 people nationwide will die from invasive breast cancer.⁷

Research has shown that early detection of breast cancer can dramatically improve a person's chance of survival and becoming free of cancer. Experts agree that mammograms are the best way to detect the earliest, most treatable stage of breast cancer. The American Cancer Society recommends that annual mammograms begin at age 40.⁸

HEDIS Measurement Definition

Percentage of women aged 40-69 who had at least one mammogram in the past two years.

Breast Cancer Screening



Results

- Approximately 77% of women in New Hampshire had a mammogram, which is significantly higher than the national rates and similar to the regional results.
- Since 2005, the rate of breast cancer screening in the state has decreased by 7%. It should be noted, however, that in 2007 the lower age limit was lowered from 52 to 40, which substantially increased the population included in this measure.

Cervical Cancer Screening

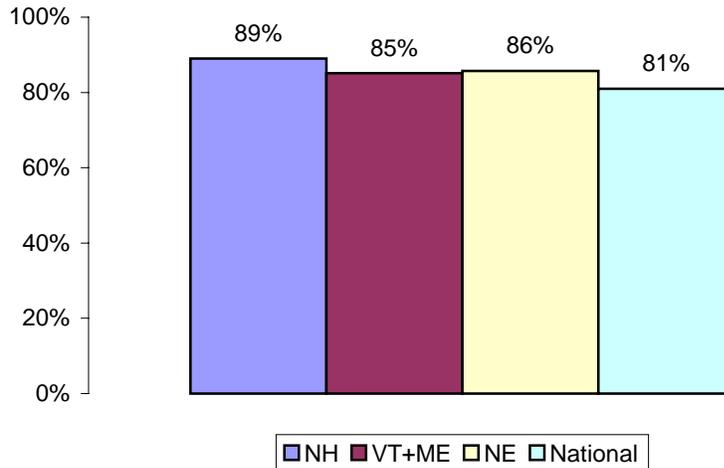
The American Cancer Society (ACS) estimates that in the United States, 11,150 new cases of cervical cancer will be diagnosed in 2007. In the same year, the ACS estimates nationwide 3,670 women will die from cervical cancer.⁹

The best method of screening for cervical cancer is a Pap test. The United States Preventative Services Task Force (USPSTF) recommends that women receive a Pap test at least every 3 years, within 3 years of onset of sexual activity, or age 21, whichever comes first.¹⁰

HEDIS Measurement Definition

Percentage of women aged 21-64 who had at least one Pap test in the past three years.

Cervical Cancer Screening



Results

- Nearly 90% of the state's female population had at least one Pap test in the past three years. This rate is significantly higher than all three benchmarks.
- During the past two years, cervical cancer screening rates in NH have remained level.

Chlamydia Screening

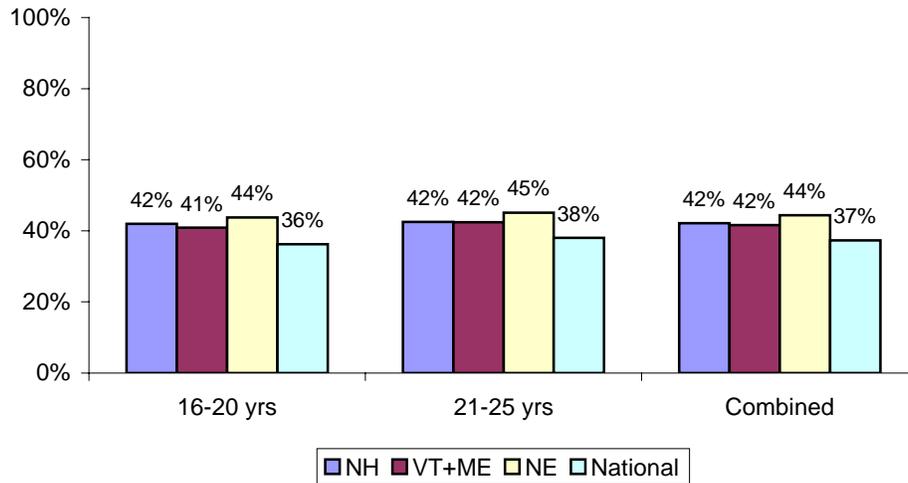
Chlamydia is the most commonly reported sexually transmitted disease in the United States. In 2006, over 1 million cases of chlamydia were reported in the country.¹¹ From 1987 through 2006, the rate of reported chlamydial infection dramatically increased from 50.8 to 347.8 cases per 100,000 population. This rate continues to climb at a rate of 5% annually.

Although chlamydia can cause permanent damage to the reproductive organs, including infertility, symptoms can be mild or absent in women. Therefore, regular screening of sexually active women is imperative.

HEDIS Measurement Definition

Percentage of sexually active female members aged 16-20 years and 21-25 years who had at least one test for chlamydia during the measurement year.

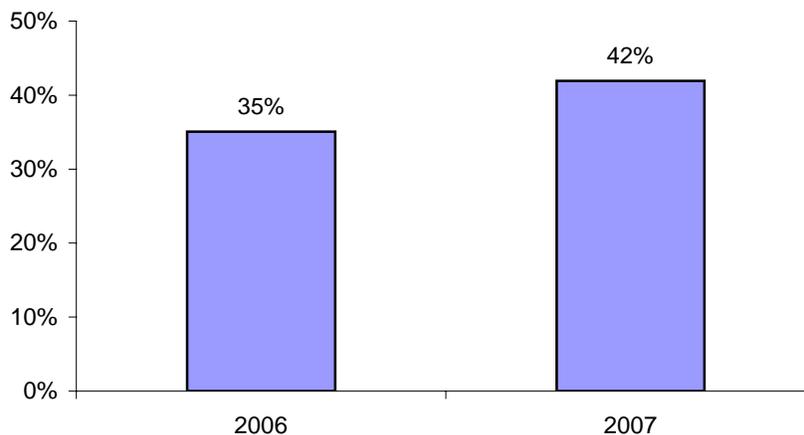
Chlamydia Screening



Results

- A little less than half of the state’s young women were screened for chlamydia, which is significantly above the national rate for all age groups.
- The NH rate is similar to VT+ME, but significantly below the NE rates for all age groups.
- The rate of chlamydia screening in the state has greatly improved during the past year.

Chlamydia Screening in New Hampshire 2006-2007

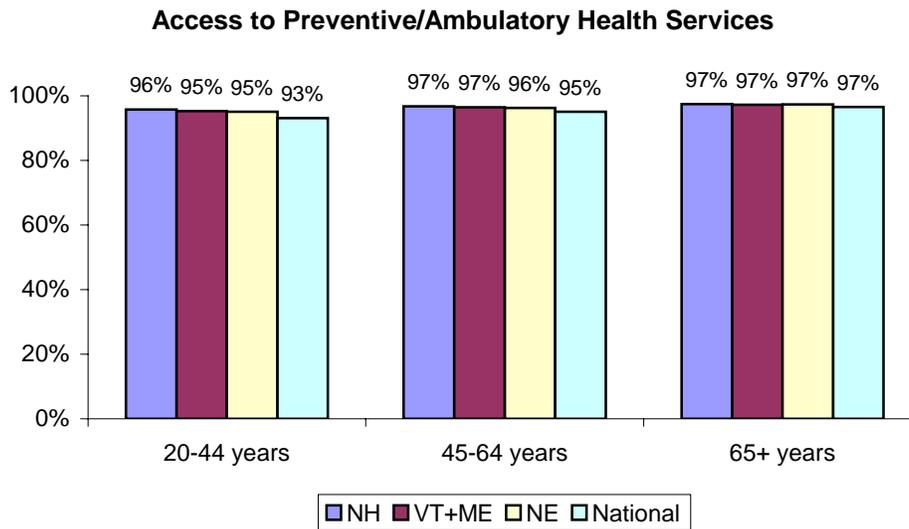


Access to Preventive Ambulatory Care

NH Prevention guidelines recommend routine exams every 3-5 years for ages 19-39, every 2 years for ages 40-49 and annually for ages 50+, based on American Academy of Family Physicians recommendations. However, in the absence of a preventive care visit an ambulatory visit can be the gateway for assessing preventive care needs and providing basic counseling for preventive services.

HEDIS Measurement Definition

Percentage of members aged 20-44, 45-64, and 65+ who had at least one ambulatory or preventive care visit during the measurement year.



Results

- Nearly everyone in New Hampshire had access to preventive/ambulatory care.
- Access to preventive care is significantly higher in New Hampshire than nationally.
- The NH rate is similar to the VT+ME and NE rates for all age groups.
- Access rates to preventive ambulatory care in the state remained the same as the previous year.

Use of Imaging Studies for People with Low Back Pain

The National Institutes of Health (NIH) cites low back pain as one of the most significant health issues facing adults, with 80% of all people experiencing back pain at some point in their lives.¹² Back pain is the most frequent cause of activity limitations and disability in people younger than 45 years. In fact, back problems are second only to cough among symptoms of people seeking medical care at physician offices, outpatient departments, or emergency rooms.¹³

The Institute for Clinical Systems Improvement has issued a guideline for the care of Adult Low Back Pain that supports multiple studies and other guidelines in recommending conservative treatment for acute low back pain.¹⁴

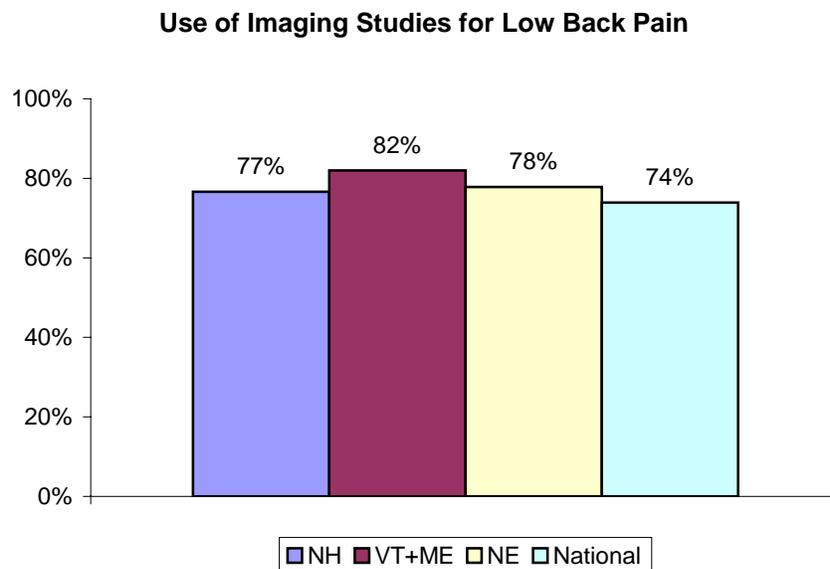
The guideline recommends:

1. Increased use of conservative treatment as first line approach
2. Reduction of unnecessary use of imaging studies
3. Increased appropriate assessment
4. Increased use of appropriate outcome tools

The American College of Physicians (ACP) and the American Pain Society (APS) have recently issued comprehensive joint clinical practice guidelines for the diagnosis and treatment of low back pain.¹⁵ Per the ACP and APS, clinical evidence suggests that regardless of treatment, most low back pain improves within one month. For patients with nonspecific low back pain, the guidelines state that clinicians should not routinely order imaging studies and that these tests should be used to evaluate only those patients who have severe or progressive neurologic deficits or who are suspected to have cancer, infection, or some other underlying condition as the cause of their low back pain.

HEDIS Measurement Definition

Percentage of members aged 18-50 years who had a new episode of low back pain who appropriately did not receive an imaging study as a first line diagnostic test.



Results

- Less than 25% of people with acute low back pain in New Hampshire received an imaging study that may have been medically unnecessary. This rate is significantly more favorable than the national average.

- New England and the combined Vermont and Maine region had more favorable rates than NH for this measure.
- NH results for this measure remained unchanged from the previous year.

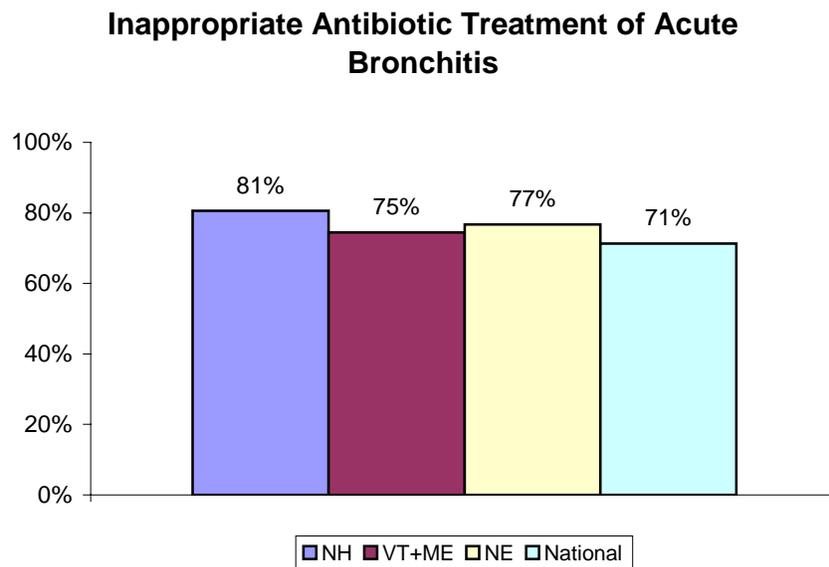
Inappropriate Antibiotic Treatment of Adults with Acute Bronchitis

Bronchitis is an inflammation of the lungs that causes coughing, wheezing, and sometimes a fever. According to a 2006 review published by the New England Journal of Medicine, antibiotics may reduce the duration of symptoms of acute bronchitis, but at best modestly. Specifically, a meta-analysis of eight trials involving patients with acute bronchitis suggested that symptoms were reduced by a fraction of a day with the use of erythromycin, doxycycline, or trimethoprim–sulfamethoxazole. The results showed no difference between groups in the health-related quality of life at 7 days or in the proportion of patients who returned to work, school, or usual activities at home on day 3 or 7.¹⁶

Not only are antibiotics generally ineffective for bronchitis, they can actually do harm. Researchers say taking antibiotics for this type of cough will give you all of the side effects and none of the relief that a patient might want from the medication. The drugs may cause stomach pain, diarrhea, and rashes, while antibiotic overuse can also lead to antibiotic resistant bacterial infections.¹⁷

HEDIS Measurement Definition

Percentage of adults aged 18-64 years with a diagnosis of acute bronchitis who were dispensed an antibiotic within three days of the episode. A lower percentage indicates better performance.



Results

- More than 80% of people in New Hampshire diagnosed with bronchitis received an antibiotic despite the fact that the drug is not an effective treatment for the condition. This could contribute to an increase in antibiotic resistance in the state.

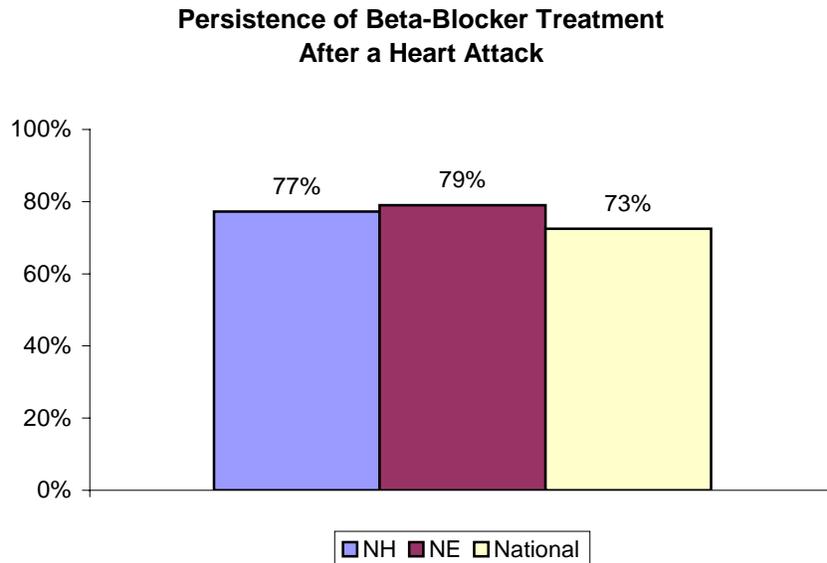
- The rate at which individuals diagnosed with bronchitis in NH were prescribed an antibiotic was significantly higher than the national and regional averages.
- This is a new measure for 2007.

Persistence of Beta-Blocker Treatment After a Heart Attack

According to the American Heart Association, 250,000 Americans die each year following heart attacks. Beta-blockers have been shown to reduce the risk of death in patients who have had a recent heart attack and to reduce sudden cardiac death in patients with a recent heart attack. Heart attack survivors are frequently prescribed beta-blockers upon hospital discharge. The challenge is to ensure that these patients continue treatment long-term.

HEDIS Measurement Definition

Percentage of adults aged 35 years of age and older who were discharged from the hospital with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months.



Results

- In New Hampshire, 77% of those who survived a heart attack received appropriate beta-blocker treatment on an ongoing basis, which is similar to New England and higher than the national rates.
- Benchmark averages were not available for the combined Vermont and Maine region.
- This is a new measure for 2007.

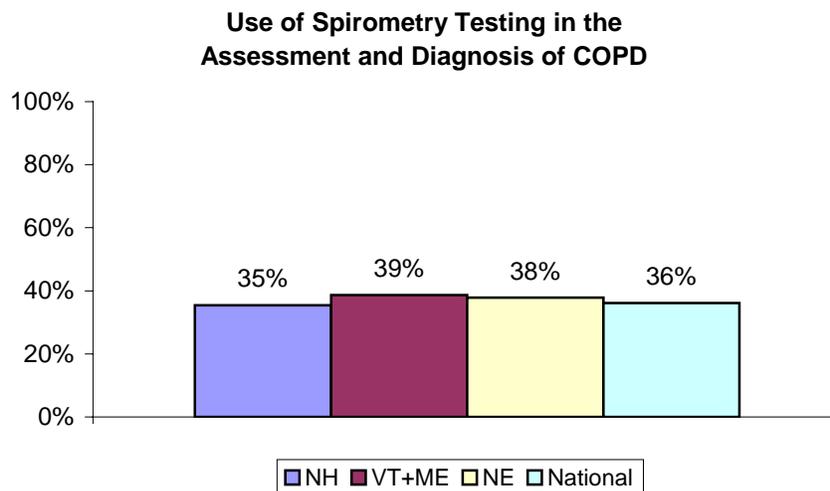
Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that makes it very difficult to breathe. The NIH estimates that 12 million individuals have been diagnosed with the disease, and another 12 million are symptomatic or developing COPD, costing the nation approximately \$37 billion per year. COPD is currently the fourth leading cause of death in America and in New Hampshire, with someone in this country dying every 4 minutes of the disease, resulting in more than 130,000 deaths annually.^{18 19}

Although incurable, COPD is treatable, especially if diagnosed early. The use of spirometry is the most effective way to diagnose COPD, and is extremely helpful in developing an effective treatment plan that may include smoking cessation, medications such as inhalers, and in some cases oxygen and/or lung surgery. Spirometry is a simple, non-invasive and frequently performed test involving a device that measures how much air the lungs can hold and how well the respiratory system can move air into and out of the lungs. COPD is a chronic, often debilitating, disease, but when detected early via spirometry, the condition can often be controlled with treatment that can slow down the disease progression and increase the person's life expectancy and quality of life.

HEDIS Measurement Definition

Percentage of adults aged 40 years of age and older with a new diagnosis of COPD who received appropriate spirometry testing to confirm the diagnosis.



Results

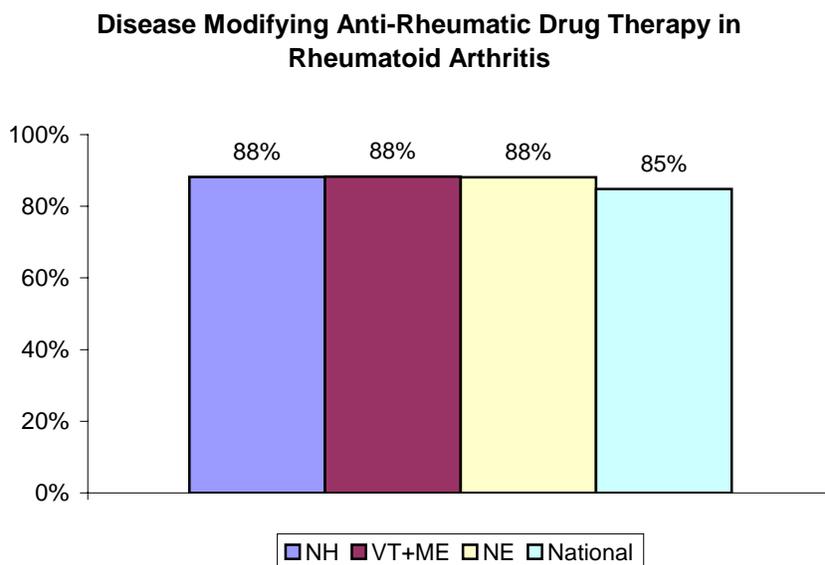
- In New Hampshire, only one in three people with COPD are receiving appropriate spirometry testing. While that rate is fairly consistent with the national and regional averages, a large number of individuals with the disease in the state may not be properly treated, which can ultimately lead to escalated disease progression.
- This is a new measure for 2007.

Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

Rheumatoid Arthritis (RA) is a chronic disease involving inflammation of the joints, affecting 1.3 million Americans.²⁰ Symptoms include severe joint pain and stiffness, fatigue, weakness and muscle pain. If untreated, joints can erode, skin ulcers may develop, and range of motion is limited. Activities of daily living become increasingly difficult, which can then lead to appetite loss and depression. Since RA is incurable, the goal of treatment is to slow down disease progression while restoring function and quality of life. Disease Modifying Anti-Rheumatic Drugs (DMARDs) are currently the standard for aggressively treating RA. According to the American College of Rheumatology, those newly diagnosed with RA should be started on DMARD therapy within three months of diagnosis.²¹

HEDIS Measurement Definition

Percentage of adults aged 18 years of age and older with a diagnosis of Rheumatoid Arthritis who had at least one prescription dispensed for a Disease Modifying Anti-Rheumatic Drug.



Results

- Nearly 90% of people diagnosed with Rheumatoid Arthritis in New Hampshire were treated with a Disease Modifying Anti-Rheumatic Drug (DMARD). This rate is significantly higher than the national average and comparable to the regional rates.
- This is a new measure for 2007.

Annual Monitoring for Patients on Persistent Medications

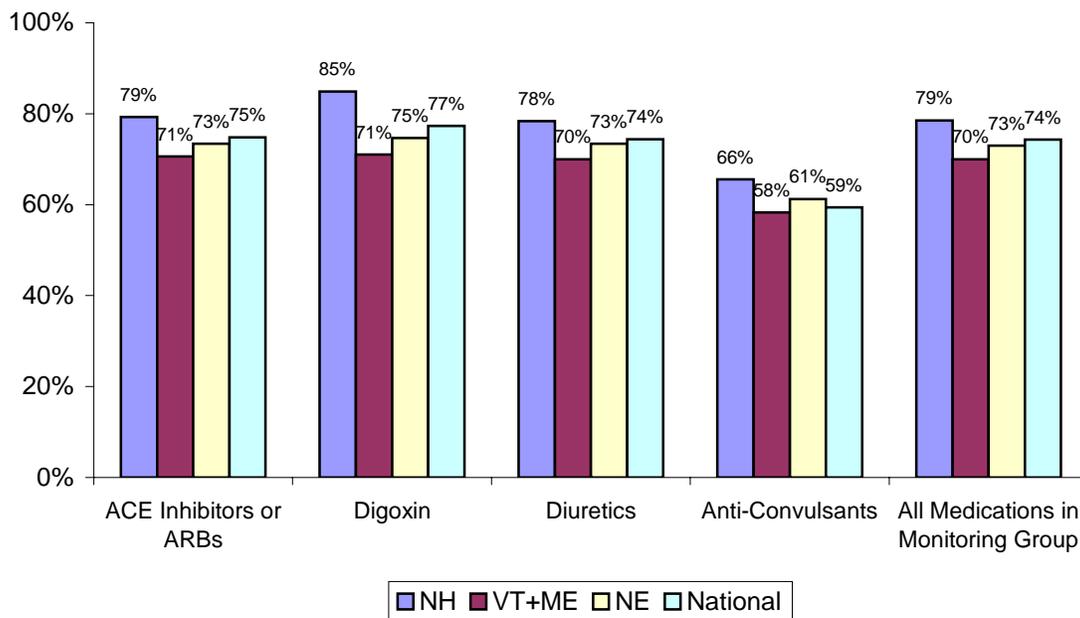
Nowadays, long-term treatment with various medications is very common. As a result, it is increasingly important to closely monitor the condition of those on medication in order to ensure their safety. Such monitoring includes assessing whether a particular drug is still necessary, whether the dosage needs to be adjusted, whether a different drug may be more

helpful and whether the patient is experiencing dangerous side effects. The elderly and chronically ill, in particular, require close medication management since they frequently require multiple medications that may interact with one another.

HEDIS Measurement Definition

Percentage of adults aged 18 years of age and older who received at least a 180-day supply of ambulatory medication therapy and at least one monitoring event, such as relevant laboratory testing.

Annual Monitoring For Patients on Persistent Medications



Results

- Overall, approximately 79% of New Hampshire residents treated with ACE Inhibitors, ARBs, Digoxin, Diuretics, or Anti-Convulsants received appropriate annual monitoring.
- Those prescribed anti-convulsants received the least monitoring, while patients taking Digoxin were monitored the closest.
- New Hampshire’s rates in all categories were significantly higher than the national and regional averages.
- It should be noted that the data for this group of measures from one of the New Hampshire health plans were incomplete and require re-calculation. For purposes of this report, the weighted average was calculated using the rates from the other two health plans only.
- This is a new measure for 2007.

Care for Chronic Illnesses

Living with chronic illnesses often means making lifestyle changes, including special diets, exercise, and daily medication(s). Diseases such as diabetes affect all major systems of the body and increase the risks of other chronic illnesses, including hypertension. It is imperative for people with chronic illnesses to seek regular medical care and obtain the necessary testing and monitoring to improve overall health and decrease the risk of complications.

From the Behavioral Risk Factor Surveillance System in 2006:²²

- An estimated 7.4% of New Hampshire adults had been told by a doctor they have diabetes, which is similar to the national median of 7.5%.
- An estimated 14.9% of New Hampshire adults had been told by a doctor they have asthma, which is higher than the national median of 13.0%.
- The most recent New Hampshire statistics regarding hypertension is for 2005, at which point an estimated 23.3% of New Hampshire adults had been told by a doctor they have hypertension, which is lower than the national median of 25.5%.

The following review of HEDIS measure results provides information on how well New Hampshire serves the health care needs of people with chronic illnesses. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents and reflect diabetic, asthmatic and hypertension health care provided in 2005-2006.

Measures included in this report are: Comprehensive Diabetes Care, which includes eye exams, blood glucose (blood sugar) testing (hemoglobin A1c test) and the result; serum cholesterol level (LDL-C) screening and the result; screening for kidney disease; use of appropriate asthma medications; and blood pressure control. Benchmark data is provided for national data and two regions- New England (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 3 HEDIS Measure results (11 sub-measures) relevant to health care provided to New Hampshire residents living with chronic illnesses. Observations of note in the data include:

- New Hampshire exceeds national average benchmarks on 8 of 11 measurement areas. New Hampshire's rates for the use of appropriate medications for people with asthma for the 5-9, 18-56, and combined age categories were slightly lower than the national average. However, the New Hampshire rates in this area have significantly improved over the past 2 years.
- New Hampshire's rate was more favorable than or similar to the regional rates for 10 of the 12 measures. New Hampshire was significantly lower than VT+ME in the areas of appropriate medications for people with asthma and monitoring for diabetic nephropathy.

- The rate for blood glucose (hemoglobin A1c) testing is relatively high at 94%.
- 16% of those tested have poorly controlled blood glucose levels, which is a 5% improvement over the previous year.
- The percentage of people with diabetes who received a cholesterol (LDL) test significantly declined from 93% in 2006 to 88% in 2007. Of those tested, 52% had optimal LDL levels <100 mg/dL.
- The rate of blood pressure control in the state significantly exceeded the national and regional benchmarks.

It is important to remember that the data provided in this report only includes patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of chronic illness in New Hampshire, a comprehensive picture would include data on the Medicaid and uninsured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

Hemoglobin A1c Testing

Glycosylated hemoglobin testing (A1c) indicates a person's average blood glucose level over a period of three months. For the 14.6 million people in the United States who have been diagnosed with diabetes,²³ the results of this test are particularly important because they show how well the patient's diabetes is being controlled. Lifestyle behaviors, such as eating habits and exercise, can affect blood sugar levels; these effects can be monitored through A1c testing. Poor results may imply a need for more intensive education and patient case management. Blood glucose levels greater than 9% are considered poor A1c results.

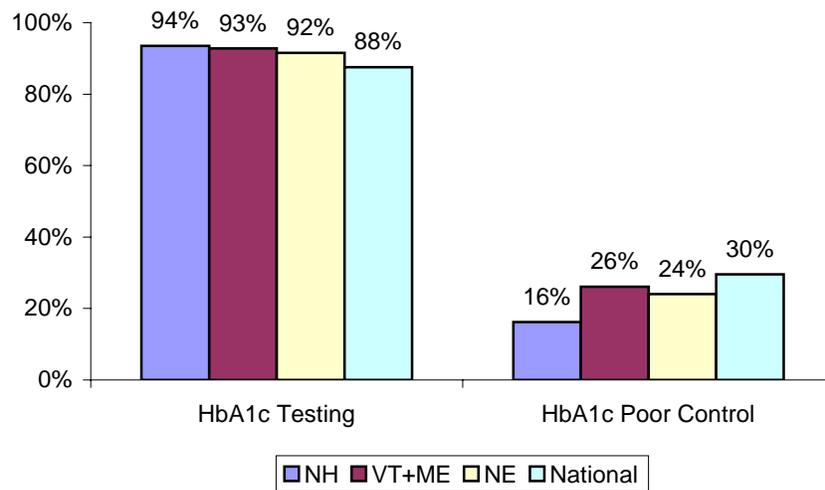
HbA1c Screening Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes who had an A1c test during the measurement year.

Poorly Controlled HbA1c Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes whose most recent A1c test during the measurement year indicated a poor blood glucose level (greater than 9%). A lower percentage indicates better performance.

Blood Glucose Testing & Control



Results

- Nearly 94% of adult diabetics in New Hampshire received appropriate HbA1c testing, which is significantly above the national and New England rates and slightly higher than the VT+ME region.
- More than 83% of those who received the HbA1c testing in NH showed good blood glucose control. This is significantly more favorable than the national and regional rates.
- Appropriate blood glucose testing among the state's diabetics increased slightly over the past two years. During that period, control improved by 3.25%.

Serum Cholesterol Level Testing (LDL-C)

Heart disease and stroke account for 65% of deaths in people with diabetes nationally. Research has also shown that people with diabetes have a 2-4 times higher risk of developing heart disease and/or a stroke than someone without diabetes.²⁴ Serum cholesterol screening (LDL-C) is the recommended standard for assessing cholesterol levels, with a level of 100 mg/dL considered to be optimal.

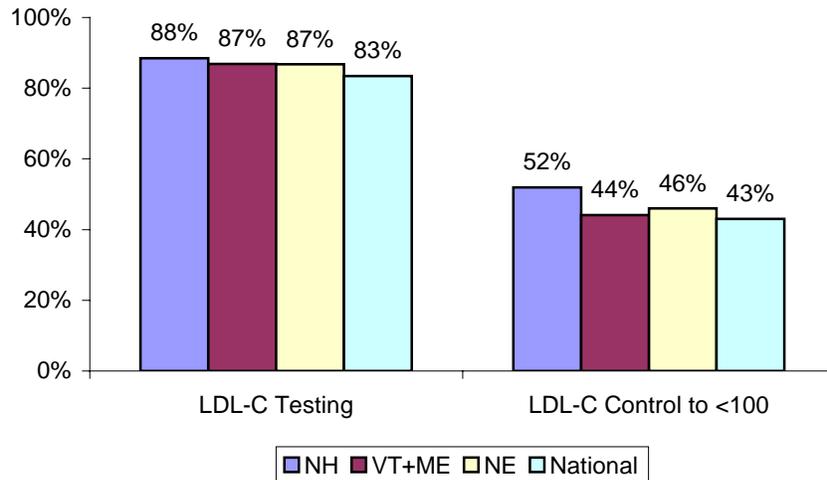
LDL-C Screening HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes who had a serum cholesterol level (LDL-C) screening during the measurement year.

LDL-C Less than 100 mg/dL HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes whose most recent serum cholesterol level (LDL-C) screening indicated their cholesterol level was controlled to less than 100 mg/dL during the measurement year.

Cholesterol Testing & Control in Diabetics



Results

- More than 88% of adult diabetics received appropriate cholesterol testing, which is significantly above the national rates but similar to New England and the combined Vermont and Maine region.
- Nearly half of these individuals had less than optimal cholesterol levels. Despite the poor results in NH, the state actually had rates that were significantly more favorable than the national and regional rates.
- After remaining level in 2006, appropriate cholesterol testing among the state's diabetics declined by nearly 5% in 2007. However, between 2005 and 2007, an additional 5.5% of those tested had properly controlled cholesterol levels.

Diabetic Eye Exam

According to the CDC, diabetes is the leading cause of new cases of blindness in people aged 20-74 years. Estimates indicate that between 12,000 to 24,000 new cases of blindness each year are caused by diabetic retinopathy.²⁵

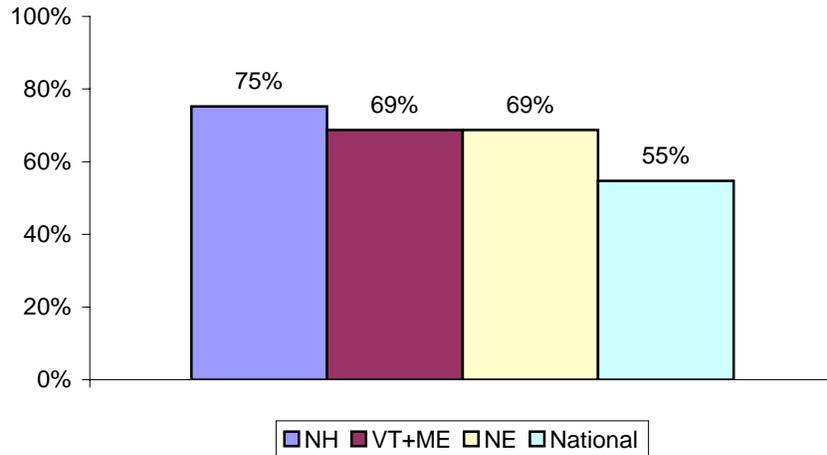
Between 40 to 45% of Americans diagnosed with diabetes have some stage of diabetic retinopathy.²⁶ However, close monitoring, including eye exams, can greatly assist in determining proper treatment aimed at preventing its disease progression.

The American Diabetes Association recommends a dilated retinal exam for people with diabetes at yearly intervals.

HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes who had a retinal eye exam in the measurement year or a negative retinal exam in the previous year.

Diabetic Eye Exams



Results

- In New Hampshire, 75% of adults with diabetes had an eye exam, which is significantly above the national and regional rates.
- During the past two years, the rate of appropriate diabetic eye exams in the state has increased by more than 4.5%.

Nephropathy Monitoring

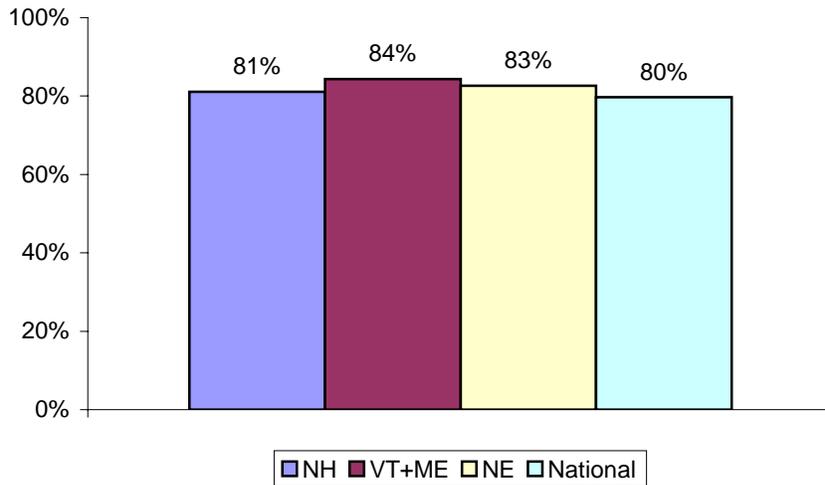
Diabetes is the leading cause of kidney failure in the United States.²⁷ Nationally, 153,730 people face kidney dialysis treatments or kidney transplants due to complications of diabetes.²⁸ Diabetes accounts for about 44 percent of the people who start treatment for kidney failure each year, and about 38 percent of all Americans being treated for kidney failure.²⁹ On a positive note, the United States Renal Data System (USRDS) reports that the incidence of end-stage renal disease has fallen slightly over the past few years, perhaps due to more vigilant nephropathy monitoring.

The American Diabetes Association recommends that people with diabetes have an annual nephropathy screening (microalbuminuria) test that screens for kidney disease.

HEDIS Measurement Definition

Percentage of adults aged 18-75 years old with type 1 or type 2 diabetes who had a screening test for kidney disease or who were treated for nephropathy during the measurement year.

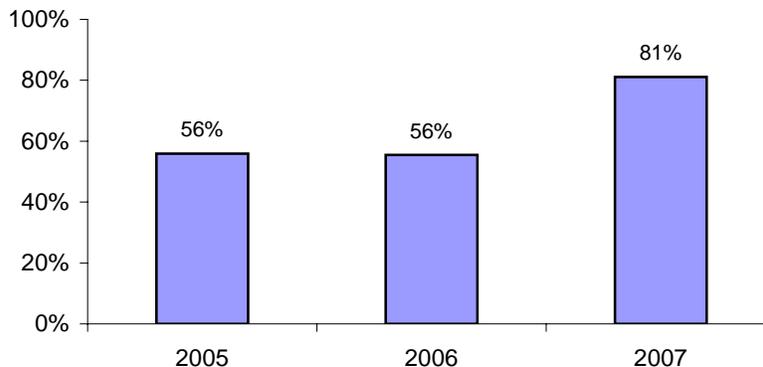
Monitoring for Diabetic Nephropathy



Results

- More than 80% of adults with diabetes in New Hampshire received appropriate monitoring for kidney disease, which is similar to the national and New England rates, but significantly below the combined Vermont and Maine rate.
- After remaining level in 2006, New Hampshire's rate of appropriate monitoring for diabetic nephropathy increased considerably in 2007.

Monitoring for Diabetic Nephropathy in New Hampshire 2005-2007



Appropriate Prescriptions for People with Asthma

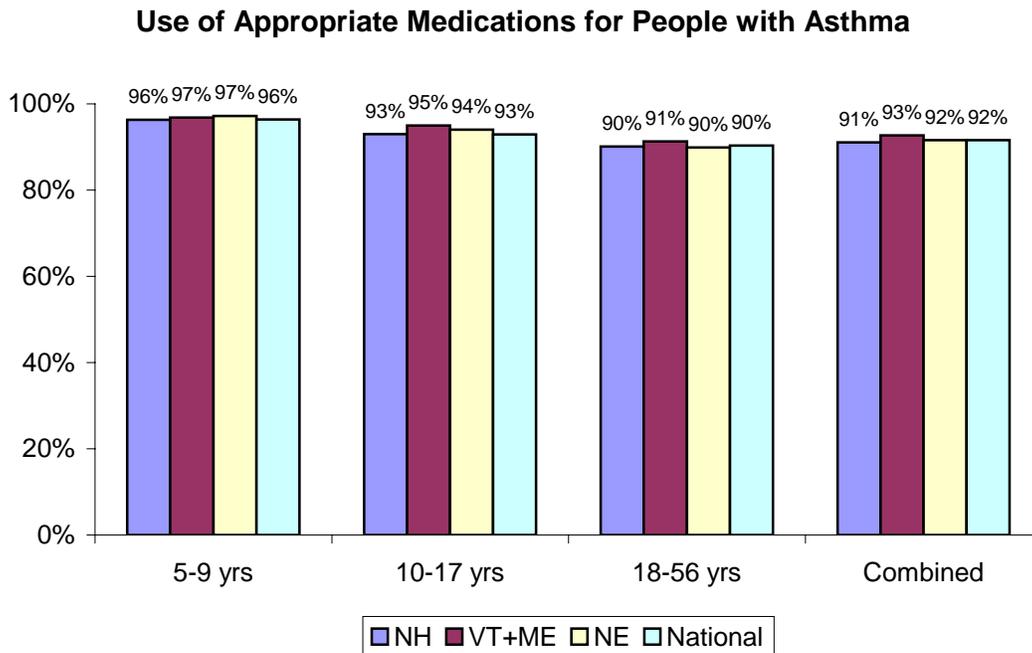
Asthma is comprised of two main components: airway constriction and airway inflammation. Two types of asthma medications address these components—rescue medications for immediate treatment of acute asthma symptoms and controller medications for long-term

reduction of airway inflammation. The addition of a controller medication for people with persistent asthma is crucial in gaining and maintaining control of their asthma.

With appropriate medical care and management, children and adults can avoid emergency room visits, inpatient stays, and missed days from school and work.

HEDIS Measurement Definition

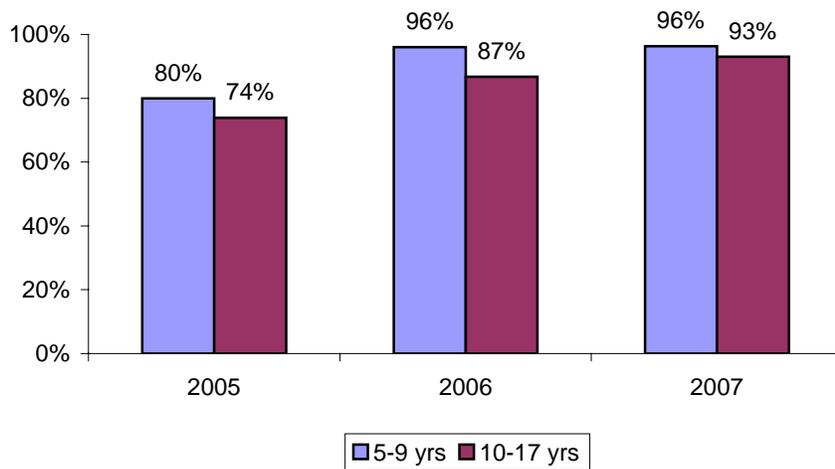
Percentage of people aged 5-9, 10-19 and 18-56 years who were identified as having persistent asthma, and who were appropriately prescribed medication for long-term asthma control.



Results

- More than 90% of asthmatics in New Hampshire are receiving appropriate medication. This rate is similar to the national and New England averages, but significantly below the VT+ME combined region.
- The younger age groups fared best when it came to being prescribed medication for long-term asthma control.
- The percentage of children with asthma in the state who are properly medicated has substantially increased over the past two years.

**Appropriate Asthma Medications in New Hampshire
2005-2007**



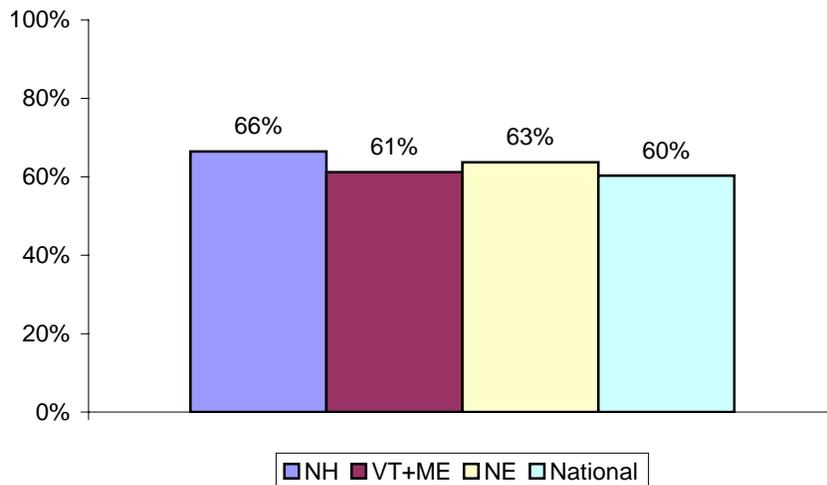
Controlling High Blood Pressure

Anyone can develop high blood pressure regardless of age, sex, or race. Nearly one in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people do not know they have it.³⁰ Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure.

HEDIS Measurement Definition

Percentage of members aged 18-85 years who had a diagnosis of hypertension and whose blood pressure reading was adequately controlled (<140/90) during the measurement year.

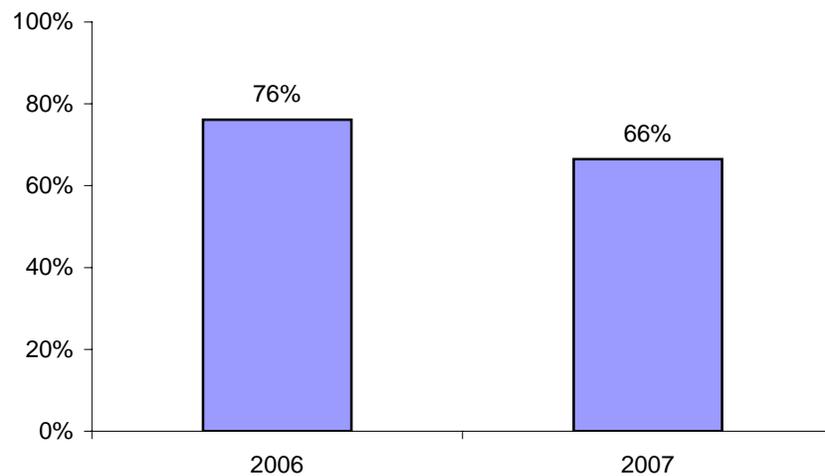
Controlling High Blood Pressure



Results

- In New Hampshire, 66% of patients with a history of hypertension had adequately controlled blood pressure. This rate is significantly above the national and regional rates.
- During the past year, the percentage of New Hampshire individuals with hypertension whose blood pressure levels were well controlled declined significantly. However, the lower age limit for this HEDIS measure changed from 46 to 18, resulting in a substantial increase in the population measured. This change may have contributed to the significant decline in the NH rate during the past year.

Blood Pressure Control in New Hampshire 2006-2007



Maternity and Newborn Care

Women's health care needs evolve throughout their lives, with a large focus often placed on pregnancy. HEDIS measures relating to women's health care look at women's reproductive health care during and after pregnancy.

Proper maternity care is crucial to the health of mother and newborn. Maternity care is provided to the mother during labor, delivery, and the first 24-96 hours after birth. Care provided to the mother following delivery is important for monitoring health recovery, identifying complications and infections, and assisting with newborn care needs.

Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.³¹

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of women. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2005-2006 time period.

Measures included in this report are: Timeliness of Prenatal Care, Timeliness of Postpartum Care, Delivery Utilization, and Newborn Utilization. Benchmark data is provided for national data and two regions- New England (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 2 HEDIS Performance Measure results relevant to maternity and newborn health care provided in New Hampshire and 2 HEDIS Utilization Measure results (6 sub-measures). Observations of note in the data include:

- New Hampshire exceeded national average benchmarks on 2 of 2 performance measurement areas and had similar results on the utilization measurement areas.
- Only 2% of pregnant women did not receive prenatal care during their first trimester, or within 42 days of enrollment in the health plan.
- Nearly 85% of women received a postpartum visit within 8 weeks of the delivery.
- New Hampshire Length of Stay (LOS) results were similar overall to national and regional benchmarks. The measure for which New Hampshire was shorter was LOS for Complex Newborns.

It is important to remember that the data provided in this report only includes patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of health in New Hampshire, a comprehensive picture would include data on the Medicaid and unin-

sured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

Timeliness of Prenatal and Postpartum Care

Timely prenatal care is important to a healthy birth and newborn. During the prenatal care time period, a series of screenings and tests normally are conducted in order to determine the need for additional medical interventions. Studies have shown that appropriate prenatal care can greatly reduce the risk of low birth weight, infant mortality, and other complications.

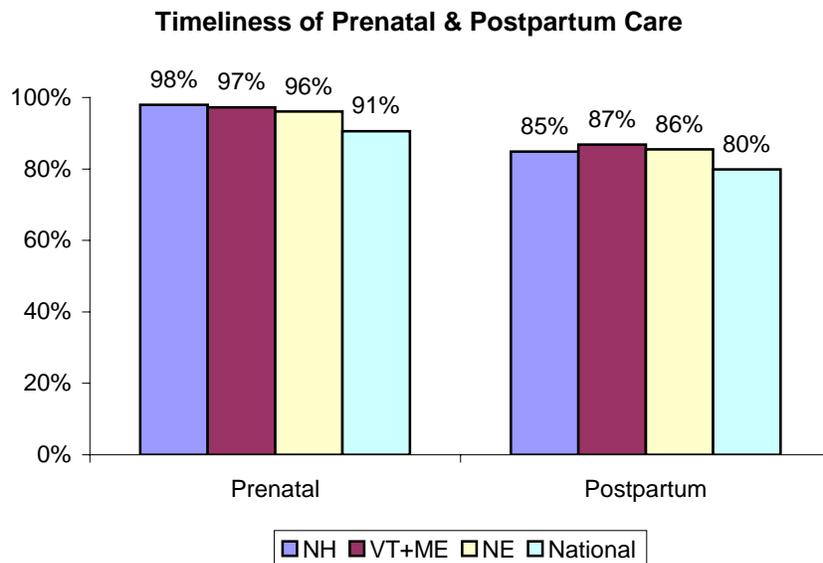
Pregnancy care does not end with the birth of the child. Postpartum care is a standard of care provided to women after delivery. A medical visit post-delivery typically includes a pelvic exam, evaluation of weight, blood pressure, breasts, and abdomen, screening for postpartum depression and assessing birth control needs.

Prenatal HEDIS Measurement Definition

Percentage of women beginning their prenatal care during their first trimester of pregnancy, or within 42 days of enrollment if already pregnant at the time of enrollment.

Postpartum HEDIS Measurement Definition

Percentage of women who had a visit to a health care provider on or between 21 and 56 days after delivery.



Results

- Most pregnant women in New Hampshire received timely prenatal care, and 85% had a follow-up postpartum visit within two months of delivery. The state's rates for both prenatal and postpartum care are significantly above the national rates.

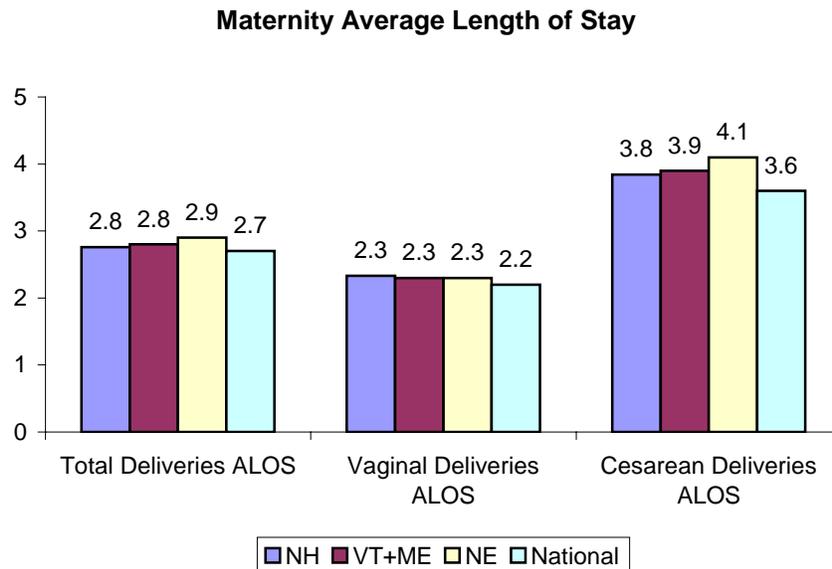
- In New Hampshire, the prenatal rate is significantly higher than the New England rate and similar to the VT+ME region, while the postpartum rate is below but similar to the VT+ME and NE averages.
- Since 2005, the timeliness of prenatal care in the state has increased slightly, but declined by more than 2.5% for postpartum care.

Delivery Utilization

Between 1970 and 1995, the length of a postpartum hospitalization declined from 3.9 days to 1.7 days after a vaginal delivery, and from 7.8 days to 3.6 days after a cesarean section.³² In 1995, the federal government enacted legislation that required health insurance companies to cover minimum stays for women who just gave birth, to ensure adequate time for recovery. As a result, the average length of stay (ALOS) increased. A 2003 Hospital Discharge Survey reported that two- and three-day hospital stays increased from 54% of all maternity stays in 1995 to 64% of maternity stays in 1997.

HEDIS Measurement Definition

Summary of the length of stay, in days, for women who had live births during the measurement year. Maternity inpatient lengths of stay are reported for total deliveries and the sub-categories of vaginal delivery and Cesarean section (c-section) delivery.



Results

- In New Hampshire, the average length of stay for deliveries overall is nearly the same as the national and regional averages.
- During the past two years, the average length of stay for deliveries in the state remained relatively unchanged.

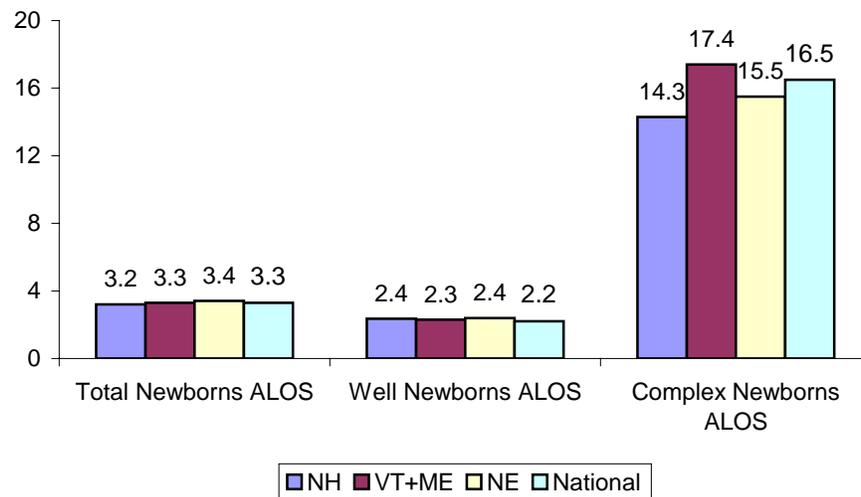
Newborn Utilization

Approximately 14,000 live births occur in New Hampshire each year. The majority of newborns are considered healthy or 'well'. A small number of newborns are considered 'complex' cases due to serious health conditions such as prematurity and low birth weight.

HEDIS Measurement Definition

Summary of inpatient utilization for newborns enrolled in a health plan during the measurement year. Newborn inpatient lengths of stay are reported for total newborns and the sub-categories of well newborns and complex newborns.

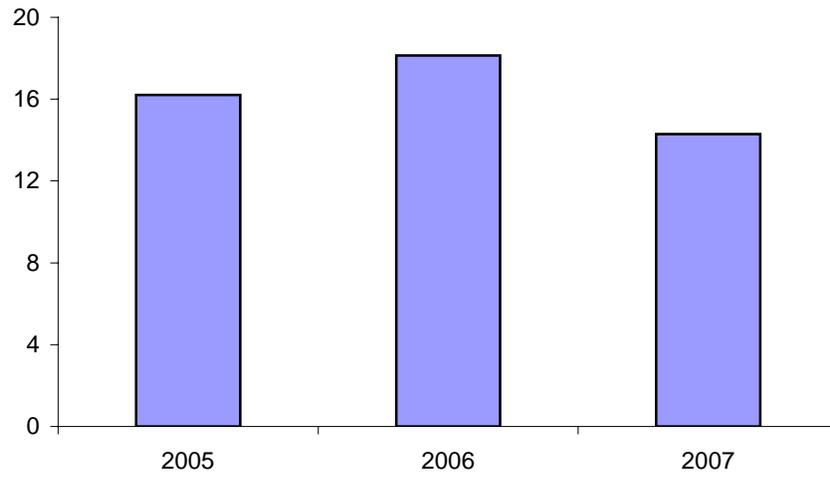
Newborn Average Length of Stay



Results

- New Hampshire's average length of stay for total newborns and well newborns is nearly the same as all three benchmarks.
- Complex newborns in New Hampshire spent between 1-3 fewer days in the hospital than in New England, the Vermont and Maine combined region, and nationally.
- The average length of stay for well newborns in the state has remained level since 2005.
- After rising in 2006, the average length of stay for complex newborns in NH decreased substantially in 2007.

Complex Newborns ALOS in New Hampshire 2005-2007



Mental Health and Substance Abuse Care

Mental health and substance abuse disorders are increasingly common health conditions, and are often seen together as co-morbid health conditions. An estimated 26.2% of Americans, or 1 out of 4 people aged 18 and older, suffer from a diagnosed mental health disorder in a given year.³³

According to the 2006 National Survey on Drug Use and Health, nearly 20.4 million people, or 8.3% of the United States population aged 12 years and older, were diagnosed with substance abuse. This survey also measured the relationship between mental health disorders and substance abuse. According to the report, substance abuse is more prevalent among people who have had a major depression episode (MDE), at 24.3% of survey respondents with major depression, compared to just 8.1% of survey respondents without an MDE.³⁴

The following review of HEDIS measure results provides information on how New Hampshire is doing at the statewide level in serving the health care needs of the patients with mental health and substance abuse disorders. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2005-2006.

Measures included in this report are: mental health utilization, follow-up after hospitalization, antidepressant medication management, and chemical dependency utilization. Benchmark data is provided for national data and two regions: New England region (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 2 HEDIS performance measure results (5 sub-measures) and 2 HEDIS Utilization measure results relevant to mental health and substance abuse care provided in New Hampshire. Observations of note in the data include:

- New Hampshire exceeded national average benchmarks on 5 of 5 performance measurement areas.
- Compared to the regional benchmarks, New Hampshire had a significantly higher rate of care following a mental health hospitalization.
- New Hampshire significantly exceeded the national and New England rates for people diagnosed with depression who were prescribed and remained on an antidepressant drug for the entire 84-day acute phase.
- Despite favorable results in the antidepressant medication management category compared to the national and regional rates, 75% of depression patients received less than 3 follow-up visits with a health care practitioner during the 12-week period after being prescribed medication.
- New Hampshire's ALOS for inpatient mental health was similar to the national average but lower than the regional rates.

- New Hampshire had a similar average length of stay for chemical dependency compared to the national and regional benchmarks.

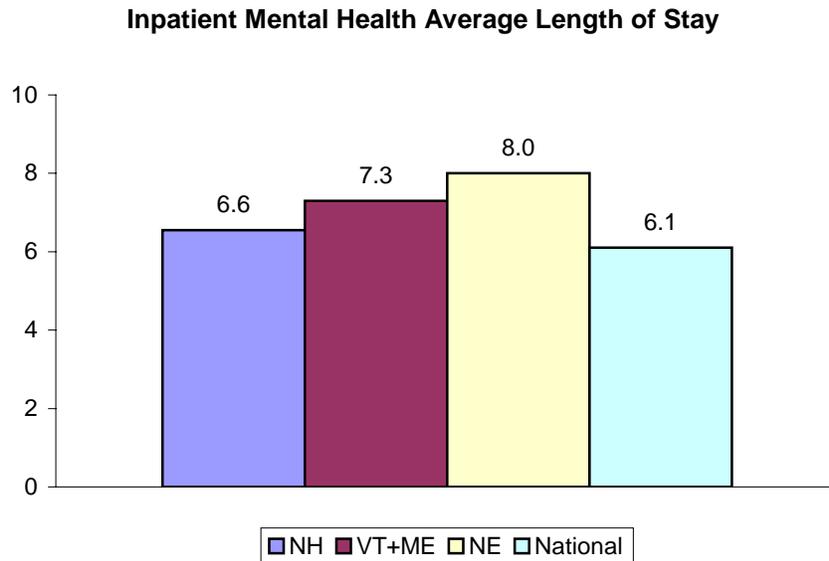
It is important to remember that the data provided in this report only includes patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of mental health in New Hampshire, a comprehensive picture would include data on the Medicaid and uninsured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

Mental Health Utilization

Many mental health disorders can be managed effectively through outpatient care, including prescription drug management by a primary care provider and counseling with a trained professional. People with serious mental health disorders, especially those who attempt suicide, typically receive treatment in a hospital inpatient setting. Inpatient settings may include acute treatment at a general medical hospital or longer-term treatment at a mental health hospital.

HEDIS Measurement Definition

Summary of inpatient mental health average length of stay in days.



Results

- In New Hampshire, the average length of stay for inpatient mental health services was similar to the national average, but shorter than the regional benchmarks by an average of 1 day.
- The average mental health length of stay in the state has remained unchanged since 2005.

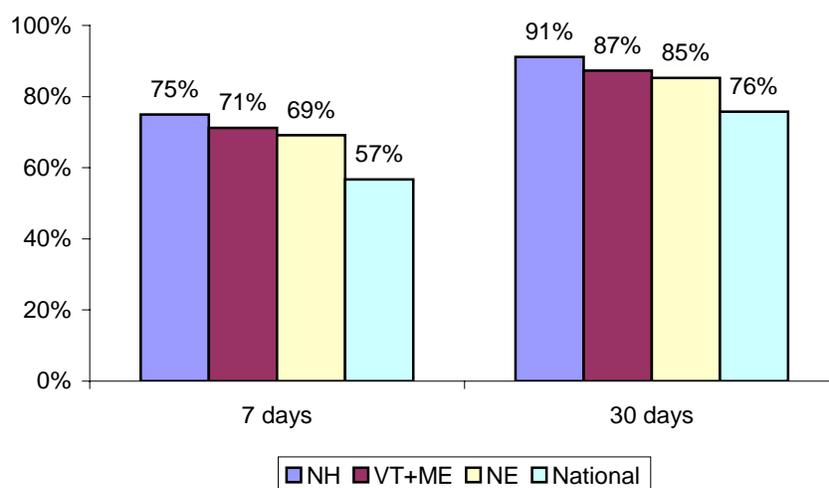
Follow-Up After Hospitalization for Mental Illness

Most serious cases of mental illness involve hospitalization for determining proper diagnosis, observation, medications, and referral to outpatient mental health services, such as counseling. Serious cases include people who pose a threat to others or themselves. Appropriate follow-up care after hospitalization can reduce the rate of re-hospitalization and ensure patients are accessing needed services (The State of Health Care Quality, NCQA, 2007).

HEDIS Measurement Definition

Percentage of children and adults aged 6 years and older who received inpatient treatment for a mental health disorder and who had an ambulatory or other specified type of follow-up visit within 7 and 30 days after hospital discharge.

Follow-Up Care After Hospitalization for Mental Illness



Results

- Nearly 75% of patients hospitalized in New Hampshire for a mental health condition had an ambulatory follow-up within 7 days of discharge, and 91% within 30 days. These rates significantly exceeded the national and regional averages.
- The percentage of NH residents receiving follow-up care 7 days following hospitalization for a mental illness has increased by 5%, and increased by 2% for follow-up within 30 days.

Antidepressant Medication Management

Nearly 15 million people in the United States are suffering from major depressive disorder (MDD), making MDD the leading cause of disability in the country for people between the ages of 15-44 years.³⁵ Depression is often seen as a co-morbidity with other chronic conditions such as diabetes, cardiovascular disease, and HIV/AIDS. Appropriate medication

management is an important strategy in helping to treat a person's depression, and in many cases can improve a patient's overall well-being.

Optimal Practitioner Contacts HEDIS Measurement Definition

Percentage of adults aged 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and had at least 3 follow-up contacts with a primary care practitioner or mental health practitioner during the 84-day acute treatment phase.

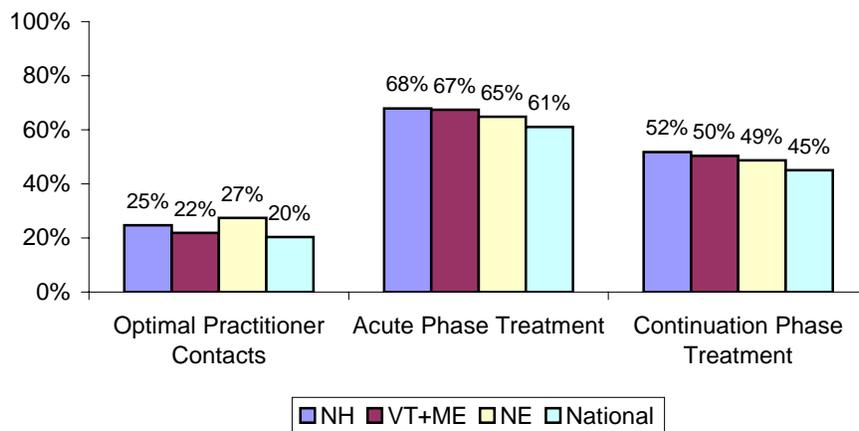
Acute Phase Treatment HEDIS Measurement Definition

Percentage of adults aged 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and remained on an antidepressant drug for the entire 84-day acute phase treatment.

Continuation Phase HEDIS Measurement Definition

Percentage of adults aged 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug for at least the 180-day continuation phase treatment.

Antidepressant Medication Management



Results

- Only 25% of New Hampshire patients newly diagnosed with depression and treated with an antidepressant medication had at least 3 visits with a provider within the initial 84 days of treatment. This rate is significantly above the national and VT+ME averages, but below the New England rate.
- Approximately two-thirds of New Hampshire patients newly diagnosed with depression remained on an antidepressant medication for at least 84 days, and a little over half remained on the medication for at least 180 days. Compared to the national and regional benchmarks, New Hampshire's rates for acute and continuous phase treatment were more favorable.

- The rate of optimal practitioner contacts in the state remained level since 2005. Meanwhile, acute and continuation phase treatment rates declined slightly.

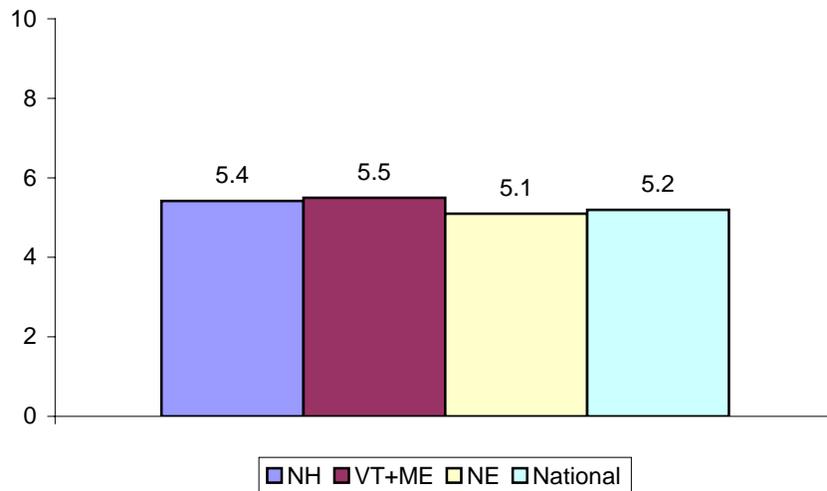
Chemical Dependency Utilization

Like mental health conditions, some with serious substance abuse or chemical dependency disorders receive treatment through a hospital inpatient setting. Inpatient settings may be a hospital or another facility providing inpatient dependency treatment.

HEDIS Measurement Definition

Summary of inpatient chemical dependency length of stay in days.

Chemical Dependency Average Length of Stay



Results

- In New Hampshire, the average length of stay for inpatient substance abuse services is similar to the national and regional averages.
- Since 2005, the average length of stay for chemical dependency increased by ½ day.

Frequency of Selected Procedures

Measures that focus on evaluating the frequency of particular procedures allow consumers, health care payers, health care planners, health care administrators, and others to monitor and better understand the use and medical necessity of health care services. Comparing utilization to selected benchmarks can help to identify potential areas of under- or over-use, and may lead to interventions targeted at changing patterns of undesirable utilization.

The following review of HEDIS measure results provides information on New Hampshire's utilization of selected procedures and compares the state's rates to national and regional benchmarks. The information shown below are statewide aggregations of HEDIS measure results reported by the major private health plans serving New Hampshire residents; these reflect health care provided in the 2006.

Measurement categories included in this report are: frequency of tonsillectomy and frequency of myringotomy. Benchmark data is provided for national data and two regions- New England (ME, NH, VT, CT, MA, RI) and Vermont and Maine combined (VT+ME).

Key Findings

This analysis reviewed 2 HEDIS measure results (4 sub-measures) relevant to the frequency of selected procedures in New Hampshire. Observations of note in the data include:

- Overall, utilization of myringotomies and tonsillectomies in New Hampshire is higher than the regional and national averages, except for the national rate for myringotomies for the 0-4 age group.

It is important to remember that the data provided in this report only includes patients who were privately (commercially) insured by Anthem, CIGNA, and Harvard Pilgrim during 2006. Although this data provides useful information for assessing the state of health in New Hampshire, a comprehensive picture would include data on the Medicaid and uninsured populations. Rates including Medicaid and uninsured populations may be different from the rates reported here for the privately insured New Hampshire population.

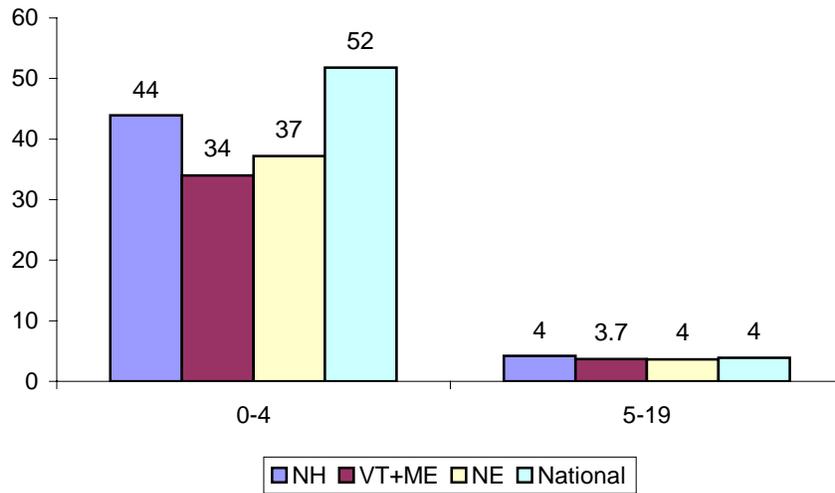
Myringotomy

Persistent ear infections can lead to permanent damage to the eardrum, hearing loss, and speech and balance problems. Treatment for children who have persistent or chronic infections (more than three episodes in six months or more than four episodes in 12 months) is often myringotomy with tubes in the ear.³⁶ This is a common procedure that has wide demographic variation where higher rates may be indicative of overutilization.

HEDIS Measurement Definition

The rate of myringotomies per 1000 children performed during the measurement year.

Myringotomy Rates



Results

- The rate of myringotomy procedures for the 0-4 age group was substantially lower than the national rate, but significantly higher than the regional averages.
- Children aged 5-19 in the state had a rate of myringotomy utilization similar to the national and regional benchmarks.
- Myringotomy rates in the state remained level from the previous year.

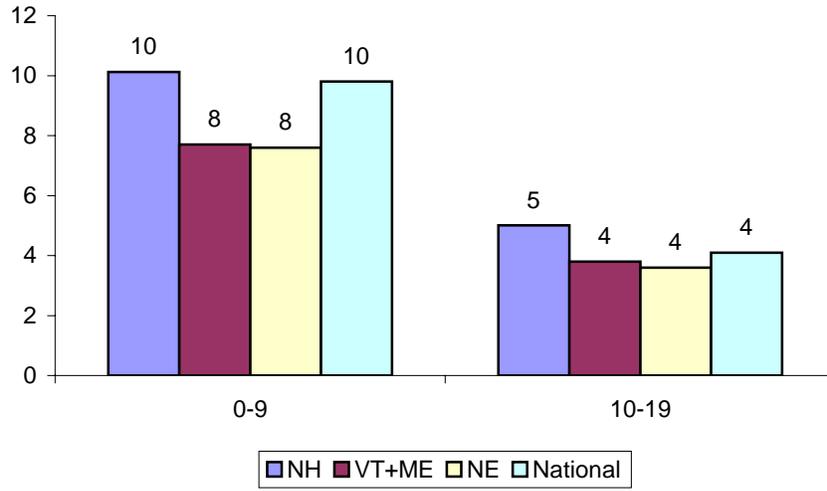
Tonsillectomy

Chronic tonsillitis that is not resolved by other medical treatment can lead to obstructed airways, sleep disturbances, and ear infections. The American Academy of Otolaryngology recommends that patients who present with 3 or more tonsillar infections in a rolling year be considered for tonsillectomy. This is a common procedure that has wide demographic variation where higher rates may be indicative of overutilization.

HEDIS Measurement Definition

The rate of tonsillectomies per 1000 children performed during the measurement year.

Tonsillectomy Rates



Results

- The rate of tonsillectomies in New Hampshire for both age categories was significantly higher than the national and regional averages, with the exception of children aged 0-9 nationally, who had a similar rate as the state.
- Tonsillectomy rates in the state remained level from the previous year.

Appendices

Appendix 1: HEDIS Measure Data Submitted to NH CHIS by Private Health Plans Serving New Hampshire, Benchmarked with NH Weighted Averages

The following statistics are based upon the national guidelines for HEDIS reporting, set by the National Committee for Quality Assurance (NCQA). Annually, health plans analyze their claims and medical chart data to calculate rates based on strict NCQA criteria. Managed care health plans voluntarily send their data to NCQA annually. NCQA calculates rates for national and regional breakdowns. The rates are published in the NCQA report "The State of Health Care Quality."

Under New Hampshire law (RSA 420-G:11. II-a), all New Hampshire carriers who collect HEDIS data must annually submit the HEDIS information to the state. The information contained in this report is based on this required submission. The data supplied by Anthem represents 162,364 members, CIGNA data represents 104,472 members, and Harvard Pilgrim data represents 65,507 members.

Report Time Period: HEDIS measures were reported in mid-2007 using claims data from the 2005-2006 time period.

Benchmark Source: The benchmark rates shown in this report are provided directly by NCQA.

Health Plans: HEDIS data from three New Hampshire health plans are displayed in this report: Anthem, CIGNA and Harvard Pilgrim. National benchmark data represents aggregated data from 270 health plans across the United States. New England benchmark data represents aggregated data from 26 health plans in New Hampshire, Maine, Vermont, Connecticut, Massachusetts and Rhode Island. Northern New England benchmark data represents aggregated data from 7 health plans in Maine and Vermont.

LEGEND	
NS	Rate is not statistically significantly different from the average
Sig Below	Rate is statistically significantly below the average
Sig Above	Rate is statistically significantly above the average

EFFECTIVENESS OF CARE MEASURES

Adolescent Immunizations		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Adolescent Immunization Status (Hepatitis B) Percentage of adolescents who had 3 doses of hepatitis B vaccine by their 13th birthday.	0-12	94.68%	88.08%	94.52%	92.78%	NS	Sig Below	NS
Adolescent Immunization Status (MMR) Percentage of adolescents who had a second dose of measles, mumps, rubella vaccine by their 13th birthday.	0-12	95.21%	92.94%	95.89%	94.69%	NS	NS	NS
Adolescent Immunization Status (VZV) Percentage of adolescents who had one chicken pox vaccine by their 13th birthday.	0-12	81.91%	83.21%	92.24%	84.20%	NS	NS	Sig Above
Adolescent Immunization Status (Combo 2) Percentage of adolescents who had a second dose of MMR, 3 doses of Hepatitis B, and 1 dose of the chicken pox vaccine by their 13th birthday.	0-12	80.59%	75.18%	89.95%	80.80%	NS	Sig Below	Sig Above

Antidepressant Medication Management		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Antidepressant Medication Management (Acute Phase) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug during the entire 84-day acute treatment phase.	18-75	69.05%	68.59%	62.38%	67.64%	NS	NS	NS

Antidepressant Medication Management (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Antidepressant Medication Management (Continuation) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who remained on an antidepressant drug for at least 180 days.	18-75	52.53%	53.02%	47.52%	51.73%	NS	NS	NS
Antidepressant Medication Management (Optimal Contacts) Percentage of members 18 and older who were diagnosed with a new episode of depression, treated with an antidepressant medication, and who had at least 3 follow-up contacts with a primary care practitioner or mental health practitioner during the 84-day acute treatment phase.	18-75	24.17%	21.61%	31.19%	24.70%	NS	NS	NS

Appropriate Testing for Pharyngitis & URI		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard
Appropriate Testing for Children with Pharyngitis. Percentage of children 2-18 years of age who were diagnosed with pharyngitis, were prescribed an antibiotic and who received a Group A streptococcus test before antibiotics were administered. Higher rates indicate more appropriate use of antibiotics.	2-18	78.08%	80.15%	78.82%	78.81%	NS	NS	NS
Appropriate Testing for Children with an URI. Percentage of children 3 months -18 years of age who were diagnosed with an Upper Respiratory Infection (URI) and did not receive an antibiotic prescription for that episode of care within 3 days of the visit.	<1-18	86.54%	88.04%	89.47%	87.52%	NS	NS	Sig Above

Appropriate Medications for Asthma		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Asthma Medication Use (All Ages Combined) Percentage of enrolled members aged 5-56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	5-56	90.78%	91.84%	90.53%	91.05%	NS	NS	NS
Asthma Medication Use (Age 5-9) Percentage of 5-9 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	5-9	95.38%	96.88%	97.96%	96.28%	NS	NS	NS
Asthma Medication Use (Age 10-17) Percentage of 10-17 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	10-17	92.07%	93.97%	93.94%	92.98%	NS	NS	NS
Asthma Medication Use (Age 18-56) Percentage of 18-56 year olds who were identified as having persistent asthma and who were appropriately prescribed medication deemed acceptable by the Heart, Lung, and Blood Institute as preferred therapy for long-term asthma control.	18-56	90.00%	90.92%	89.05%	90.10%	NS	NS	NS

Beta-Blocker Treatment after a Heart Attack		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Beta-Blocker Treatment after a Heart Attack. Percentage of members 35 years of age and older who are hospitalized and discharged from the hospital after surviving a heart attack and who received a prescription for a beta-blocker upon discharge.	35-85	100.00%	98.75%	100.00%	99.59%	NS	NS	NS
Persistence of Beta-Blocker Treatment after a Heart Attack. Percentage of members 35 years of age and older who are hospitalized and discharged from the hospital after surviving a heart attack and who received persistent beta-blocker treatment for 6 months after discharge.	35-85	82.52%	66.67%	81.82%	77.21%	NS	NS	NS

Breast and Cervical Cancer Screening		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Breast Cancer Screening Percentage of women aged 40-69 enrolled in a health plan who had at least one mammogram in the last two years.	42-69	76.55%	76.97%	79.08%	77.14%	Sig Below	NS	Sig Above
Cervical Cancer Screening Percentage of women aged 21-64 enrolled in a health plan who had at least one Pap test in the past three years.	21-64	88.11%	88.80%	91.78%	89.03%	NS	NS	NS

Chlamydia Screening		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Chlamydia Screening (Age 16-20) Percentage of sexually active female plan members aged 16-20 who had at least one test for chlamydia during the measurement year.	16-20	41.17%	43.49%	41.35%	41.91%	NS	NS	NS
Chlamydia Screening (Age 21-25) Percentage of sexually active female plan members aged 21-25 who had at least one test for chlamydia during the measurement year.	21-25	42.13%	41.12%	45.36%	42.48%	NS	NS	NS
Chlamydia Screening (Combined) Percentage of sexually active female plan members aged 16-25 who had at least one test for chlamydia during the measurement year.	16-25	41.63%	42.41%	43.20%	42.17%	NS	NS	NS

Cholesterol Management		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Cholesterol Management for Patients With Cardiovascular Conditions (Screening) Percentage of health plan members 18-75 years of age who had evidence of an acute cardiovascular event, or who had a diagnosis of ischemic vascular disease, whose LDL-C was screened in the year following the event.	18-75	92.02%	91.73%	93.83%	92.27%	NS	NS	NS

Cholesterol Management (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Cholesterol Management for Patients With Cardiovascular Conditions (LDL < 100) Percentage of health plan members 18-75 years of age who had evidence of an acute cardiovascular event, or who had a diagnosis of ischemic vascular disease, whose LDL-C was less than 100mg/dL in the year following the event.	18-75	68.08%	70.56%	64.78%	68.23%	NS	NS	NS

Childhood Immunizations		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Childhood Immunization (Combo 2) Percentage of children who turned 2 years old during the measurement year and received 4 doses of DTaP, 3 doses of OPV or IPV, 1 dose of MMR, 3 doses of Hib, and 3 doses of Hepatitis B, and 1 dose of chicken pox.	0-2	89.07%	84.18%	86.62%	87.30%	NS	NS	NS
Childhood Immunization (Combo 3) Percentage of children who turned 2 years old during the measurement year and received all vaccines in Combination 2 plus 4 doses of pneumococcal conjugate.	0-2	82.66%	56.45%	84.18%	75.78%	Sig Above	Sig Below	Sig Above
Childhood Immunization (DTP) Percentage of children who turned 2 years old during the measurement year and received 4 doses of Diphtheria, tetanus, and pertussis (DTP or DTaP) vaccines.	0-2	94.30%	93.67%	93.43%	93.97%	NS	NS	NS

Childhood Immunizations (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Childhood Immunization (HIB) Percentage of children who turned 2 years old during the measurement year and received 3 doses of <i>Haemophilus influenzae</i> type B.	0-2	97.62%	99.03%	96.84%	97.86%	NS	Sig Above	NS
Childhood Immunization (Hepatitis B) Percentage of children who turned 2 years old during the measurement year and received 3 doses of Hepatitis type B.	0-2	96.20%	96.59%	95.86%	96.25%	NS	NS	NS
Childhood Immunization (IPV) Percentage of children who turned 2 years old during the measurement year and received 3 doses of polio (IPV).	0-2	95.96%	97.57%	96.59%	96.51%	NS	NS	NS
Childhood Immunization (MMR) Percentage of children who turned 2 years old during the measurement year and received 1 dose of measles, mumps, rubella (MMR).	0-2	96.67%	96.84%	97.32%	96.83%	NS	NS	NS
Childhood Immunization (VZV) Percentage of children who turned 2 years old during the measurement year and received 1 dose of chicken pox vaccine.	0-2	93.59%	91.24%	91.73%	92.62%	NS	NS	NS

Colorectal Cancer Screening	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE		Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Colorectal Cancer Screening Percentage of adults 50-80 years of age who had appropriate screening for colorectal screening.	50-80	65.12%	62.03%	65.36%	64.09%	NS	NS	NS

Comprehensive Diabetes Care	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE		Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Comprehensive Diabetes Care (Eye Exams) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who had a retinal eye exam during the measurement, or a retinal exam in the prior year finding no evidence of retinopathy.	18-75	75.16%	76.64%	73.24%	75.26%	NS	NS	NS
Comprehensive Diabetes Care (HbA1c Testing) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a HbA1c test.	18-75	94.99%	92.46%	91.48%	93.52%	NS	NS	NS
Comprehensive Diabetes Care (LDL-C Screening) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a serum cholesterol level (LDL-C) screening.	18-75	89.11%	88.32%	87.10%	88.48%	NS	NS	NS

Comprehensive Diabetes Care (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Comprehensive Diabetes Care (Nephropathy) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had a screen for kidney disease.	18-75	79.52%	82.00%	83.45%	81.05%	NS	NS	NS
Comprehensive Diabetes Care (Poor HbA1c Control) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had poorly controlled HbA1c test (level greater than 9.0 percent).	18-75	13.94%	17.76%	19.71%	16.24%	NS	NS	NS
Comprehensive Diabetes Care (LDL<100) Percentage of health plan members with type 1 and type 2 diabetes who are 18-75 years old and who, during the measurement year, had their cholesterol level controlled to less than 100 mg/dL.	18-75	51.42%	54.99%	48.42%	51.98%	NS	NS	NS

Controlling High Blood Pressure		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Controlling High Blood Pressure Percentage of adults aged 18-85 who have diagnosed hypertension and whose blood pressure has been controlled. Adequate control is defined as a blood pressure lower than 140/90 mmHg.	18-85	65.27%	68.61%	63.02%	65.90%	NS	NS	NS

Follow-up after Hospitalization for Mental Illness		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Follow-up after Hospitalization for Mental Illness (30 days) Percentage of health plan members 6 years of age and older who received inpatient treatment for a mental health disorder and had an outpatient or other specified types of follow-up within 30 days after hospital discharge.	6-75	91.12%	87.22%	97.44%	91.11%	NS	NS	Sig Above
Follow-up after Hospitalization for Mental Illness (7 days) Percentage of health plan members 6 years of age and older who received inpatient treatment for a mental health disorder and had an outpatient or other specified types of follow-up within 7 days after hospital discharge.	6-75	73.13%	68.89%	89.74%	74.97%	NS	NS	Sig Above

Antibiotic Treatment for Adults w/Acute Bronchitis		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Inappropriate Antibiotic Treatment for Adults w/Acute Bronchitis Percentage of health plan members 18-64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic on or within 3 days after the episode date.	18-64	80.42%	80.09%	82.08%	80.63%	NS	NS	NS

Spirometry Testing for COPD		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Use of Spirometry Testing in the Assessment and Diagnosis of COPD Percentage of health plan members aged 40 older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.	40-85	38.55%	33.07%	31.51%	35.41%	NS	NS	NS

F/U Care for Children Prescribed ADHD Medication		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase Percentage of children with newly prescribed ADHD medication who had 1 follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.	6-12	45.53%	37.32%	52.73%	44.56%	NS	NS	NS
Follow-up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase Percentage of children with newly prescribed ADHD medication who remained on the medication for at least 210 days, and who had an Initiation Phase visit and at least 2 other follow-up visits in the next 9 months.	6-12	52.58%	36.67%	65.63%	50.53%	NS	NS	NS

Use of Imaging Studies for Low Back Pain		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Use of Imaging Studies for Low Back Pain Percentage of health plan members 18 years or older with a diagnosis of low back pain who had appropriate use of imaging studies to evaluate their condition.	18-50	75.41%	78.36%	77.24%	76.65%	NS	NS	NS

Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis Percentage of health plan members aged 18 or older with a diagnosis of rheumatoid arthritis who had at least one prescription for a disease modifying anti-rheumatic drug (DMARD).	18-85	89.32%	83.46%	93.28%	88.22%	NS	NS	Sig Above

Annual Monitoring of Persistent Medications	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)*	Health Plan Measure Significant Differences From NH Average		
		Anthem	CIGNA*	Harvard Pilgrim		Anthem	CIGNA*	Harvard Pilgrim
MEASURE Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs Percentage of health plan members aged 18 or older who received at least an 180 days supply of medication therapy and at least one therapeutic monitoring visit.	18-85	77.93%		82.78%	79.28%	Sig Below		Sig Above
Annual Monitoring for Patients on Persistent Medications - Digoxin Percentage of health plan members aged 18 or older who received at least an 180 days supply of medication therapy and at least one therapeutic monitoring visit.	18-85	84.00%		87.27%	84.91%	NS		NS
Annual Monitoring for Patients on Persistent Medications - Diuretics Percentage of health plan members aged 18 or older who received at least an 180 days supply of medication therapy and at least one therapeutic monitoring visit.	18-85	76.67%		82.79%	78.37%	Sig Below		Sig Above
Annual Monitoring for Patients on Persistent Medications - Anti-Convulsants Percentage of health plan members aged 18 or older who received at least an 180 days supply of medication therapy and at least one therapeutic monitoring visit.	18-85	62.69%		73.09%	65.58%	NS		Sig Above
Annual Monitoring for Patients on Persistent Medications - All Medications in the Annual Monitoring Group Percentage of health plan members aged 18 or older who received at least an 180 days supply of medication therapy and at least one therapeutic monitoring visit.	18-85	76.99%		82.45%	78.51%	Sig Below		Sig Above

***CIGNA's rates for the Annual Monitoring of Persistent Medications measures were incomplete and require re-calculation. Therefore, CIGNA is excluded from this measure on this report.**

ACCESS/AVAILABILITY OF CARE

Prenatal and Postpartum Care		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Prenatal and Postpartum Care (Postpartum Care) Percentage of women who had a visit to a health care provider on or between 21 days and 56 days after delivery		81.55%	89.04%	87.24%	84.87%	NS	NS	NS
Prenatal and Postpartum Care (Timeliness) Percentage of women beginning their prenatal care during their first trimester or within 42 days of enrollment if already pregnant at the time of enrollment.		98.54%	97.72%	96.94%	97.99%	NS	NS	NS

Adults' Access to Preventative/Ambulatory Services		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Adults' Access to Preventative/Ambulatory Services 20-44 Percentage of health plan enrollees 20-44 years of age who had an ambulatory preventative visit during the measurement year.	20-44	95.88%	95.62%	95.79%	95.79%	NS	NS	NS
Adults' Access to Preventative/Ambulatory Services 45-64 Percentage of health plan enrollees 45-64 years of age who had an ambulatory preventative visit during the measurement year.	45-64	97.04%	96.48%	96.63%	96.77%	Sig Above	NS	NS

Adults' Access to Preventative/Ambulatory Services (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Adults' Access to Preventative/Ambulatory Services 65+								
Percentage of health plan enrollees 65 years of age and older who had an ambulatory preventative visit during the measurement year.	65+	97.66%	97.17%	97.52%	97.47%	NS	NS	NS

Children's Access to Primary Care Practitioners		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Children's Access to Primary Care Practitioners 12-19								
Percentage of health plan enrollees aged 12-19 years old who had a visit with a managed care organization primary care practitioner during the measurement year or the prior year.	12-19	94.85%	93.97%	95.74%	94.76%	NS	Sig Below	Sig Above
Children's Access to Primary Care Practitioners 7-11								
Percentage of health plan enrollees aged 7-11 years old who had a visit with a managed care organization primary care practitioner during the measurement year or the prior year.	7-11	96.04%	95.77%	97.18%	96.18%	NS	NS	Sig Above
Children's Access to Primary Care Practitioners 25 mos - 6 yr								
Percentage of health plan enrollees aged 25 months-6 years old who had a visit with a managed care organization primary care practitioner during the measurement year.	25mos - 6yrs	95.19%	94.97%	95.59%	95.20%	NS	NS	NS
Children's Access to Primary Care Practitioners 12-24 mos								
Percentage of health plan enrollees aged 12-24 months old who had a visit with a managed care organization primary care practitioner during the measurement year.	12-24mos	99.46%	99.35%	99.63%	99.46%	NS	NS	NS

Alcohol and Other Drug Dependence		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Initiation of Alcohol and Other Drug Dependence Percentage of adults diagnosed with alcohol or other drug dependence (AOD) who initiate treatment through an inpatient AOD admission or through an outpatient service for AOD abuse or dependence and any additional AOD services within 14 days.	13-65	46.22%	42.53%	41.38%	44.15%	NS	NS	NS
Engagement of Alcohol and Other Drug Dependence Percentage of adults diagnosed with alcohol or other drug dependence (AOD) who engage in treatment with two additional AOD treatments within 30 days after initiating treatment.	13-65	18.89%	16.69%	15.09%	17.48%	NS	NS	NS

USE OF SERVICES

Well Child Visits	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
		Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
MEASURE								
Well-Child Visits in First 15 Months of Life- 0 visits Percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the managed care organization from 31 days of age and who received zero visits with a primary care practitioner during their first 15 months of life.	0-15months	0.72%	0.52%	0.00%	0.51%	NS	NS	Sig Below
Well-Child Visits in First 15 Months of Life- 1 visits Percentage who received 1 visit with a primary care practitioner during their first 15 months of life.	0-15months	0.16%	1.17%	0.00%	0.46%	Sig Below	NS	Sig Below
Well-Child Visits in First 15 Months of Life- 2 visits Percentage who received 2 visits with a primary care practitioner during their first 15 months of life.	0-15months	0.16%	0.52%	0.00%	0.25%	NS	NS	Sig Below
Well-Child Visits in First 15 Months of Life- 3 visits Percentage who received 3 visits with a primary care practitioner during their first 15 months of life.	0-15months	0.32%	1.04%	0.74%	0.64%	NS	NS	NS
Well-Child Visits in First 15 Months of Life- 4 visits Percentage who received 4 visits with a primary care practitioner during their first 15 months of life.	0-15months	2.89%	2.46%	1.48%	2.46%	NS	NS	NS
Well-Child Visits in First 15 Months of Life- 5 visits Percentage who received 5 visits with a primary care practitioner during their first 15 months of life.	0-15months	6.67%	10.62%	7.04%	8.05%	NS	Sig Above	NS

Well Child Visits (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Well-Child Visits in First 15 Months of Life- 6 or more visits Percentage who received 6 or more visits with a primary care practitioner during their first 15 months of life.	0-15months	89.08%	83.68%	90.74%	87.62%	NS	Sig Below	NS
Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life Percentage of members who were 3, 4, 5, or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and who received one or more well-child visits with a primary care practitioner during the measurement year.	3-6	84.16%	83.68%	86.30%	84.42%	NS	NS	NS

Adolescent Well-Care		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)	Health Plan Measure Significant Differences From NH Average		
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim		Anthem	CIGNA	Harvard Pilgrim
Adolescent Well-Care Visits Percentage of members who were 12-21 years of age during the measurement year, who were continuously enrolled during the measurement year and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	12-21	54.80%	53.43%	62.78%	55.90%	Sig Below	Sig Below	Sig Above

Inpatient Utilization		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Inpatient Utilization Total Discharges 1,000/member years.		42.45	47.14	48.98	45.13
Inpatient Utilization Medical Discharges 1,000/member years.		16.33	20.14	19.22	18.05
Inpatient Utilization Surgery Discharges 1,000/member years.		14.45	16.76	18.05	15.84
Inpatient Utilization Maternity Discharges 1,000/member years.		13.60	11.59	13.44	12.95
Inpatient Utilization Nonacute Care Discharges 1,000/member years.		1.44	3.07	1.75	2.00
Inpatient Utilization Nonacute Care Days 1,000/member years.		18.07	33.84	28.85	24.97
Inpatient Utilization Nonacute Care Average Length of Stay		12.56	11.01	16.46	12.82

Ambulatory Care		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Ambulatory Care Outpatient Visits Visits 1,000/member years.		4084.81	3647.63	3994.94	3933.14

Ambulatory Care (cont'd)		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Ambulatory Care Emergency Room Visits Visits 1,000/member years.		247.92	218.35	206.02	230.88
Ambulatory Care Ambulatory Surgery/Procedures Procedures 1,000/member years.		141.40	147.52	142.22	143.44
Ambulatory Care Observation Stays Resulting in Discharge Stays 1,000/member years.		20.49	5.50	11.11	14.10

Maternity Care		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Maternity Care Total Deliveries Discharges 1,000/member years.		24.89	20.36	25.10	23.59
Maternity Care Total Deliveries Days 1,000/member years.		66.24	60.68	67.31	64.81
Maternity Care Total Deliveries Average Length of Stay		2.66	2.98	2.68	2.76
Maternity Care Total Vaginal Deliveries Discharges 1,000/member years.		17.01	15.65	17.63	16.73
Maternity Care Total Vaginal Deliveries Days 1,000/member years.		37.11	40.72	40.40	38.82
Maternity Care Total Vaginal Deliveries Average Length of Stay		2.18	2.60	2.29	2.33

Maternity Care (cont'd)	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE		Anthem	CIGNA	Harvard Pilgrim	
Maternity Care Total Cesarean Deliveries Discharges 1,000/member years.		7.87	4.70	7.47	6.86
Maternity Care Total Cesarean Deliveries Days 1,000/member years.		29.13	19.97	26.90	25.99
Maternity Care Total Cesarean Deliveries Average Length of Stay		3.70	4.24	3.60	3.84

Births	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE		Anthem	CIGNA	Harvard Pilgrim	
Births Total Newborn Discharges/1,000 member years		12.80	10.73	11.53	11.86
Births Total Newborn Days/1,000 member years		40.26	36.48	35.04	37.96
Births Total Newborn Total Length of Stay		3.14	3.40	3.04	3.21
Births Well Newborn Discharges/1,000 member years		11.94	9.80	10.83	11.01
Births Well Newborn Days/1,000 member years		26.78	24.44	25.74	25.79
Births Well Newborn Total Length of Stay		2.24	2.49	2.38	2.35

Births (cont'd)	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE		Anthem	CIGNA	Harvard Pilgrim	
Births Complex Newborn Discharges/1,000 member years		0.86	0.94	0.70	0.85
Births Complex Newborn Days/1,000 member years		13.48	12.04	9.30	12.16
Births Complex Newborn Total Length of Stay		15.69	12.88	13.38	14.29

Mental Health Utilization	Measure Age Range	NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE		Anthem	CIGNA	Harvard Pilgrim	
Mental Health Utilization Discharges/1,000 member years		3.51	2.90	4.27	3.47
Mental Health Utilization Average Length of Stay		6.51	6.75	6.34	6.55
Mental Health Utilization - Any Mental Health Service Percent of Members		10.32%	9.78%	9.90%	10.07%
Mental Health Utilization - Inpatient Mental Health Service Percent of Members		0.28%	0.22%	0.31%	0.27%
Mental Health Utilization - Intermediate Mental Health Service Percent of Members		0.07%	0.03%	0.05%	0.05%
Mental Health Utilization - Ambulatory Mental Health Service Percent of Members		10.29%	9.74%	9.88%	10.04%

Chemical Dependency Utilization		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Chemical Dependency Utilization Discharges/1,000 member years		1.25	0.97	0.70	1.06
Chemical Dependency Utilization Average Length of Stay		5.72	5.54	4.42	5.42
Outpatient Drug Utilization Average Cost of Prescriptions per member per month.		\$58.51	NR	\$58.43	\$58.49

Outpatient Drug Utilization		NEW HAMPSHIRE HEALTH PLAN			NH Average (weighted for Health Plan enrollment percentages)
MEASURE	Measure Age Range	Anthem	CIGNA	Harvard Pilgrim	
Outpatient Drug Utilization Average Number of Prescriptions per member per year.		12.05	13.23	12.24	12.45

LEGEND	
NS	Rate is not statistically significantly different from the average
Sig Below	Rate is statistically significantly below the average
Sig Above	Rate is statistically significantly above the average

Appendix 2: CAHPS Survey Measuring Adult Member Satisfaction With NH Health Plans

Question	Anthem	Cigna	Harvard Pilgrim
Overall Rating (% responding to 8, 9 or 10 on a scale of 0-10)			
Overall Satisfaction - Rating of health plan	66%	71%	84%
Rating of personal doctor	80%	83%	86%
Rating of specialist seen most often	79%	88%	89%
Rating of all health care provided in past 12 months.	78%	80%	83%
Getting Needed Care (% usually or always)			
How often was it easy to get appointments with specialists?	80%	87%	84%
How often was it easy to get care, tests, or treatment you needed via health plan?	89%	93%	93%
Getting Care Quickly (% usually or always)			
How often did you get urgent care as soon as you needed?	91%	96%	92%
Not counting urgent care, how often did get an appointment for care as soon as you needed?	89%	90%	89%
How Well Doctors Communicate (% usually or always)			
How often did your personal doctor listen carefully to you?	92%	96%	93%
How often did your personal doctor show respect for what you had to say?	95%	97%	96%
How often did your personal doctor spend enough time with you?	90%	93%	91%
How often did your personal doctor explain things understandably to you?	95%	98%	94%
Shared Decision Making (% definitely/somewhat yes or usually/always)			
Did a doctor discuss the pros and cons of each treatment choice?	97%	96%	97%
Did the doctor ask you which treatment choice was best for you?	94%	92%	94%
How often did you and a health provider talk about specific things you could do to prevent illness?	58%	67%	60%
Customer Service (% usually or always)			
How often were you able to find needed information in written materials or on the Internet?	65%	69%	73%
How often did your health plan's customer service give you the information or help you needed?	86%	80%	88%
How often did your health plan's customer service staff treat you with courtesy and respect?	94%	94%	97%
How often was it easy to fill out health plan forms?	95%	96%	97%
Claim Processing (% usually or always)			
How often did your health plan handle your claims quickly?	92%	92%	94%
How often did your health plan handle your claims correctly?	94%	93%	97%
Continuity of Care (% usually or always)			
How often did your personal doctor seem informed about care received from other health providers?	80%	89%	84%
Smoking Cessation (yes or no)			
Have you been advised to quit smoking by a doctor or other health provider?	83%	86%	75%
Was medication recommended or discussed with you to assist with quitting smoking?	50%	64%	44%
Did your doctor discuss other strategies (other than medication) to assist you with quitting smoking?	58%	50%	45%
Flu Shots (yes or no)			
Have you had a flu shot since September 1, 2006?	53%	55%	50%

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